SCDM Exam CCDM Cram Questions: Certified Clinical Data Manager - PassTorrent Assist you to Pass One Time

Certified Clinical Data Manager (CCDM) Practice Exam

Question 1: What does Clinical Data Management primarily involve?
A. Developing clinical protocols
B. Ensuring accurate and timely collection, validation, and reporting of trial data
C. Marketing clinical research findings
D. Overseeing patient recruitment processes
Answer: B
Explanation: Clinical Data Management focuses on collecting, validating, and reporting trial data accurately and on time, which is essential for reliable study outcomes.

Question 2: Which stakeholder is primarily responsible for overseeing regulatory compliance of clinical trial data?
A. Clinical Data Manager
B. Sponsor
C. Regulatory Bodies
D. Site Investigator
Answer: C
Explanation: Regulatory bodies, such as the FDA, are charged with ensuring that clinical trial data meets regulatory standards.

Question 3: Which document outlines the procedures for data collection and management in clinical trials?
A. Informed Consent Form
B. Data Management Plan
C. Clinical Study Report
D. Investigator Brochure
Answer: B
Explanation: The Data Management Plan (DMP) details the procedures for data collection, validation, cleaning, and reporting throughout the trial.

Question 4: What is a key responsibility of a Clinical Data Manager?
A. Designing marketing strategies
B. Managing data validation and query resolution
C. Recruiting study participants
D. Developing new drugs
Answer: B
Explanation: Clinical Data Managers are responsible for data validation, ensuring data integrity, and managing queries to resolve discrepancies.

Question 5: Which guideline is commonly followed to ensure data quality in clinical trials?
A. ICH-GCP
B. ISO 9001
C. Six Sigma

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SCDM CCDM Exam Syllabus Topics:

Topic	Details
Topic 1	• Data Processing Tasks: This section measures skills of Clinical Systems Analysts and focuses on handling, transforming, integrating, reconciling, coding, querying, updating, and archiving study data while maintaining quality, consistency, and proper privileges over the data lifecycle.
Topic 2	• Design Tasks: This section of the CCDM exam measures skills of Data Managers and covers how to design and document data collection instruments, develop workflows and data flows, specify data elements, CRF forms, edit checks, reports, database structure, and define standards and procedures for traceability and auditability.

Topic 3	• Testing Tasks: This section measures the skills of Data Managers and involves creating test plans, generating test data, executing validation and user acceptance testing, and documenting results to ensure systems and processes perform reliably and according to specifications.
Topic 4	• Review Tasks: This section measures the skills of Data Managers and involves reviewing protocols, CRFs, data tables, listings, figures, and clinical study reports (CSRs) for consistency, accuracy, and alignment with data handling definitions and regulatory requirements.
Topic 5	• Coordination and Project Management Tasks: This domain evaluates the skills of a Clinical Systems Analyst in coordinating data management workload, vendor selection, scheduling, cross-team communication, project timeline management, risk handling, metric tracking, and preparing for audits.

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SCDM Certified Clinical Data Manager Sample Questions (Q105-Q110):

NEW QUESTION # 105
A sponsor may transfer responsibility for any or all of their obligations to a contract research organization. Which of the following statements is true?

- A. A description of each of the obligations being assumed by the contract research organization is required.
- B. A description of each of the obligations being transferred to the contract research organization is not required.
- C. Any written description is not transferred to the contract research organization.
- D. A general statement that all obligations have been transferred is acceptable.

Answer: A

Explanation:
Under ICH E6 (R2) Good Clinical Practice and 21 CFR Part 312.52, when a sponsor delegates or transfers obligations for a clinical trial to a Contract Research Organization (CRO), there must be a written description of each specific obligation being assumed by the CRO.
According to the Good Clinical Data Management Practices (GCDMP), while sponsors may outsource responsibilities such as data management, monitoring, or biostatistics, ultimate accountability remains with the sponsor. The documentation of the transfer of responsibilities ensures regulatory transparency and compliance.
This written agreement, often referred to as a Transfer of Obligations (TOO) document, defines exactly which duties the CRO is responsible for (e.g., CRF design, data cleaning, database lock), as well as any retained sponsor oversight. A general statement that "all obligations are transferred" (option D) is insufficient per regulatory expectations, as sponsors must retain traceability of responsibility.
Therefore, Option B is correct - a detailed written description of transferred obligations is required.
Reference (CCDM-Verified Sources):
SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Regulatory Compliance and Oversight, Section 5.2 - Sponsor and CRO Responsibilities ICH E6 (R2) Good Clinical Practice, Section 5.2.1 - Transfer of Trial-Related Duties and Functions FDA 21 CFR 312.52 - Transfer of Obligations to a Contract Research Organization

NEW QUESTION # 106
A Data Manager is importing data from an external facility. Which is commonly checked first?

- A. Incoming files are conformant to the data transfer specifications
- B. Data in incoming files are consistent with existing data in the study database
- C. Data in the incoming files are internally consistent
- D. Incoming files have the expected number of records

Answer: A

Explanation:
When importing external data (e.g., laboratory or imaging results) into a clinical database, the first step in data import quality control is to verify that incoming files conform to the pre-specified data transfer specifications (DTS).
According to the GCDMP (Chapter: External Data Transfers and Integration), the Data Transfer Specification defines file structure, variable names, data types, delimiters, record counts, and validation rules. The initial import check confirms that the received file matches the technical and structural requirements before content or record consistency is evaluated.
Subsequent checks-such as record counts (A), data consistency with existing database (C), and internal logical consistency (D)-are performed only after the file structure is validated and confirmed to match the specifications. Failure to perform this first check may cause import errors or corrupted data loads.
Thus, the first and most critical verification step is ensuring file conformity to the agreed data transfer specifications, making option B correct.
Reference (CCDM-Verified Sources):
SCDM GCDMP, Chapter: External Data Transfers, Section 4.2 - Data Transfer File Validation and Import Checks ICH E6(R2) GCP, Section 5.5.3 - Validation of Computerized Systems and Data Imports

NEW QUESTION # 107

Query rules were tested with test data for each logic condition within each rule. Which of the following types of testing was conducted?

- A. White box testing
- B. T box testing
- C. User box testing
- D. Black box testing

Answer: D

Explanation:
Testing query rules with test data inputs to confirm expected outputs without examining the underlying program logic is an example of black box testing.
According to the GCDMP (Chapter: Data Validation and System Testing), black box testing is a functional testing approach used to verify that the system performs correctly from the end-user's perspective. In this method, testers input various conditions and observe outputs to ensure the system behaves as intended - for instance, that edit checks trigger correctly when data fall outside predefined limits.
In contrast, white box testing involves examining internal logic, code, and algorithm structures. Because data managers typically validate edit checks through data-driven test cases rather than code inspection, black box testing is the appropriate and industry-standard method. This ensures compliance with validation documentation standards as outlined in FDA 21 CFR Part 11, Section 11.10(a) and ICH E6 (R2) system validation expectations.
Reference (CCDM-Verified Sources):
SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Database Validation and Testing, Section 4.1 - Testing Approaches (Black Box and White Box) FDA 21 CFR Part 11 - System Validation Requirements ICH E6 (R2) GCP, Section 5.5.3 - Computerized Systems Validation

NEW QUESTION # 108

Which Clinical Study Report section would be most useful for a Data Manager to review?

- A. Rationale for the study design
- B. Clinical narratives of adverse events
- C. Description of statistical analysis methods
- D. Enumeration and explanation of data errors

Answer: D

Explanation:

The section of the Clinical Study Report (CSR) that is most useful for a Data Manager is the one that includes the enumeration and explanation of data errors. This section provides a summary of the data quality control findings, including error rates, missing data summaries, and any issues identified during data review, validation, or database lock.

According to the GCDMP (Chapter: Data Quality Assurance and Control), post-study reviews of data errors and quality findings are essential for evaluating process performance, identifying recurring issues, and informing continuous improvement in future studies. Other sections, such as clinical narratives (A) or statistical methods (C), are outside the core scope of data management responsibilities. The data error enumeration section directly reflects the quality and integrity of the data management process and is therefore the most relevant for review.

Reference (CCDM-Verified Sources):

SCDM GCDMP, Chapter: Data Quality Assurance and Control, Section 6.4 - Quality Reporting and Error Analysis ICH E3 - Structure and Content of Clinical Study Reports, Section 14.3 - Data Quality Evaluation

NEW QUESTION # 109

In the transfer of obligations for a double-blind, multi-center trial, a sponsor has maintained the task of creating the randomization schedule. Who at the sponsor company should create the randomization schedule?

- A. A sponsor's biostatistician not on the project
- B. The sponsor's project statistical programmer
- C. The CRO biostatistician
- D. The sponsor's project biostatistician

Answer: A

Explanation:

In a double-blind clinical trial, the randomization schedule must be generated by an independent biostatistician not directly involved in study operations or data management to preserve study blinding and integrity.

According to ICH E9 and the GCDMP (Chapter: Regulatory Requirements and Compliance), randomization generation and blinding must be handled in a way that prevents bias or unintentional unblinding of study personnel. The sponsor's biostatistician not assigned to the project (Option C) is the appropriate person because they have the necessary statistical expertise but remain operationally independent from study execution.

A project biostatistician (Option D) or programmer (Option A) directly involved in data analysis could inadvertently compromise blinding. The CRO biostatistician (Option B) should not perform this function if the sponsor retains randomization responsibility.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Regulatory Requirements and Compliance, Section 6.4 - Randomization and Blinding ICH E9 - Statistical Principles for Clinical Trials, Section 5.4 - Randomization Procedures and Blinding FDA Guidance for Industry: Adaptive Design Clinical Trials for Drugs and Biologics, Section 4.3 - Maintaining Blinding Integrity

NEW QUESTION # 110

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