PCE Mapping tips and reminders

I. Any blast event that negatively impacts the participant should be categorized as an uncontrolled blast.
   a. Negative impacts are reported in Medidata by answering "yes" to any of the screening questions (cause?, dazed?, memory gap?, LOC?)
      i. Currently, this is the only method LIMBIC-CENC utilizes when determining if a blast was controlled or uncontrolled. Please reach out to the TBI Diagnosis Committee if you are unsure how to categorize a blast event.
   b. The event may be categorized as an uncontrolled blast by moving event from the controlled blast question (6a in PCE Mapping part 1) to the uncontrolled blast question (6f in PCE Mapping part 1) or by selecting uncontrolled as the "specific type" (6c iv in PCE Mapping part 1). details.

II. Check combat RCDIs dates with combat deployment date ranges in MSMH DVBIC.
   a. If a combat event date is reported outside of the combat deployment date range then please confirm event date, deployment type and deployment date range with the participant then update the corresponding Medidata forms.
      i. If the participant reports they are unable to disclose a deployment where a PCE occurred then please respond to the query generated in Medidata stating so. No further action will be required.
   b. If site PI determines participant is an unreliable source then refer the impacted RCDIs to the TBI Diagnosis Committee noting the date inconsistency.

III. Events that occur during a non-combat deployment should be reported in mapping part 2.
   a. This includes both controlled and uncontrolled blast events that occur during training in a non-combat deployment.

IV. The minimum number of CDIs for each PCE Mapping Part is 3 for a total of 6 RCDIs in Medidata.
   a. The only exception to this minimum is if the participant does not report at least 3 events, regardless of TBI rating, within a PCE Mapping Part.

V. Interviewers should orient themselves and the participant in order to get an idea of how many of each event type the participant has before entering data into Medidata. This can help the interviewer keep track of events in relation to deployment date ranges and ensuring the correct reporting of worse, 2nd,worse, and first events.
   a. mTBI definition and symptoms
      i. LOC, memory gap, dazed
   b. Event types; fall, motor vehicle accident, uncontrolled and controlled blast, assault, sports

VI. The monthly TBI Diagnosis Committee Review is based on Medidata flagged RCDIs. These flags are determined by certain key words that have been found to indicate non-mTBI events (EX: syncope/alcohol events).
   a. Please select refer to committee in Medidata if you are unsure of event rating. This will immediately trigger a committee review of the event as reported in Medidata.
   b. Site PIs are encouraged to seek additional information from the participant and enter their detailed responses into Medidata prior to requesting committee review in order to provide further clarification or information.
   c. Current recommendation is to provide site PIs will the completed PCE Mapping interview data while the participant is completing other assessments on-site. This allows for site PIs to discuss any questions with the participant without requiring additional communication after a visit has been completed.