



THREE PATHS TO CLINICAL TRIAL DATA RESCUE

Choosing the Right One Starts with Discovery

Not all data management rescues are the same. In practice, most fall into three distinct paths—from minimally disruptive to highly nuanced.



OPTION # 1

Maintain Existing EDC — Replace DM Services Only

Best when: technology is sound but the DM team was the failure point. New DM partner takes over within the current EDC. Minimal disruption to sites, audit trail, and data. SDC experts can also overlay an existing team to fill knowledge gaps without a full transition.



OPTION # 2

Full Migration to New EDC

Best when: the build is fundamentally broken. All patients and historical data get mapped and batch-loaded into new system.

Key consideration: Clean data prior to migration. Structural mismatches may require some manual re-entry.



OPTION # 3

Split-Lock Strategy

Best when: study is mid-enrollment. Existing patients are locked in the original validated DB; new patients go in the new EDC.

Cross-study reconciliation via SAS. Two-part audit trail documented in DMP. Accepted by FDA.



There's no one-size-fits-all solution. The right path forward emerges from a rigorous discovery assessment—making [Step 1 \(Discovery\) of SDC's Proven Rescue Process](#) essential, not optional.