

eCOA metatext development: An essential step to maintaining UX/UI across all languages in eCOA solutions



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Background

- Electronic solutions are quickly becoming the primary means of data collection in clinical trials. Though good practice recommendations for linguistically validating and culturally adapting Clinical Outcome Assessments (COAs) are well established, most notably through the ISPOR Task Force guidelines (Wild et al., 2005)¹ and subsequent refinements by the ISOQOL Translation and Cultural Adaptation Special Interest Group (McKown et al., 2020)², these guidelines primarily focus on COA instrument content. As such, there is a lack of comprehensive instruction on translating and maintaining non-COA metatext (essential button text, navigation instructions, privacy messages (Fig 1)). This gap is particularly significant given that non-COA metatext forms an integral part of the user interface through which users interact with eCOA systems. While considerable attention is given to eCOA user interface (UI) and experience (UX) design, the translation and testing of this translated content remain underexplored, potentially diminishing end user experience and impacting data collection and participant retention.
- From a translation standpoint, this lack of structural guidance is reflected in practice, where non-COA metatext is a common source of issues during electronic migration, despite its seemingly simple and functional content³.



Objectives

- To address this gap, a project was undertaken by IQVIA Language Solutions (ILS) in conjunction with the IQVIA eCOA solution provider to develop, standardise, and centrally manage translations of non-COA metatext in accordance with best practice. The outputs of this work, including the development of a dedicated terminology glossary, form the basis for the recommendations presented in this study.



Methods

- A cross-functional approach was applied to the translation of non-COA text used across eCOA studies regardless of indication, study design, and device type. 60 'common' languages were identified across all indications, where 'common' was defined as any language requested in more than five studies within a one-year period.
- The project methodology is shown in Figure 2. The translation methodology followed established 'reduced' linguistic validation practices, including the development of concept elaboration guidance (CEG) forward translation (FT), back translation (BT), back translation review (BTR), and on-device screen review (SSR) conducted by in-country linguistic validation specialists.
- Resulting translations were consolidated into a centralised glossary maintained by the eCOA solution provider (see Fig 3). This glossary was subsequently applied to 10 eCOA studies involving 10-50 languages.



Results

- During development of the glossary, 30% of languages required minor contextual adjustments (e.g., truncation, device-specific phrasing) during on-device screen review (SSR), demonstrating the importance of this step beyond forward translation, back translation, and back translation review.
- When use of the glossary was applied to later studies, the rate of changes required to non-COA metatext fell to 1% (see Fig 4), with changes primarily driven by study-specific requirements (e.g., use of plural when using labels (see Fig 3)).
- This reduction in re-work resulted in a lesser scope expected of LSPs, fewer rounds of screen review, and therefore shorter overall timeline for language development.
- The greatest improvements in timeliness and submission-readiness were seen in non-Latin scripts and right-to-left languages.



Recommendations

The development and ongoing maintenance of a standardised glossary of translated eCOA metatext should be considered a critical component of eCOA implementation, enabling consistent UX/UI for eCOA solution end users. Incorporating such glossaries into eCOA application development workflows may contribute to improved design consistency, data collection integrity and participant engagement in electronic trials.

Figure 1. Example of eCOA metatext screens. IQVIA Scribe eCOA application 2026.

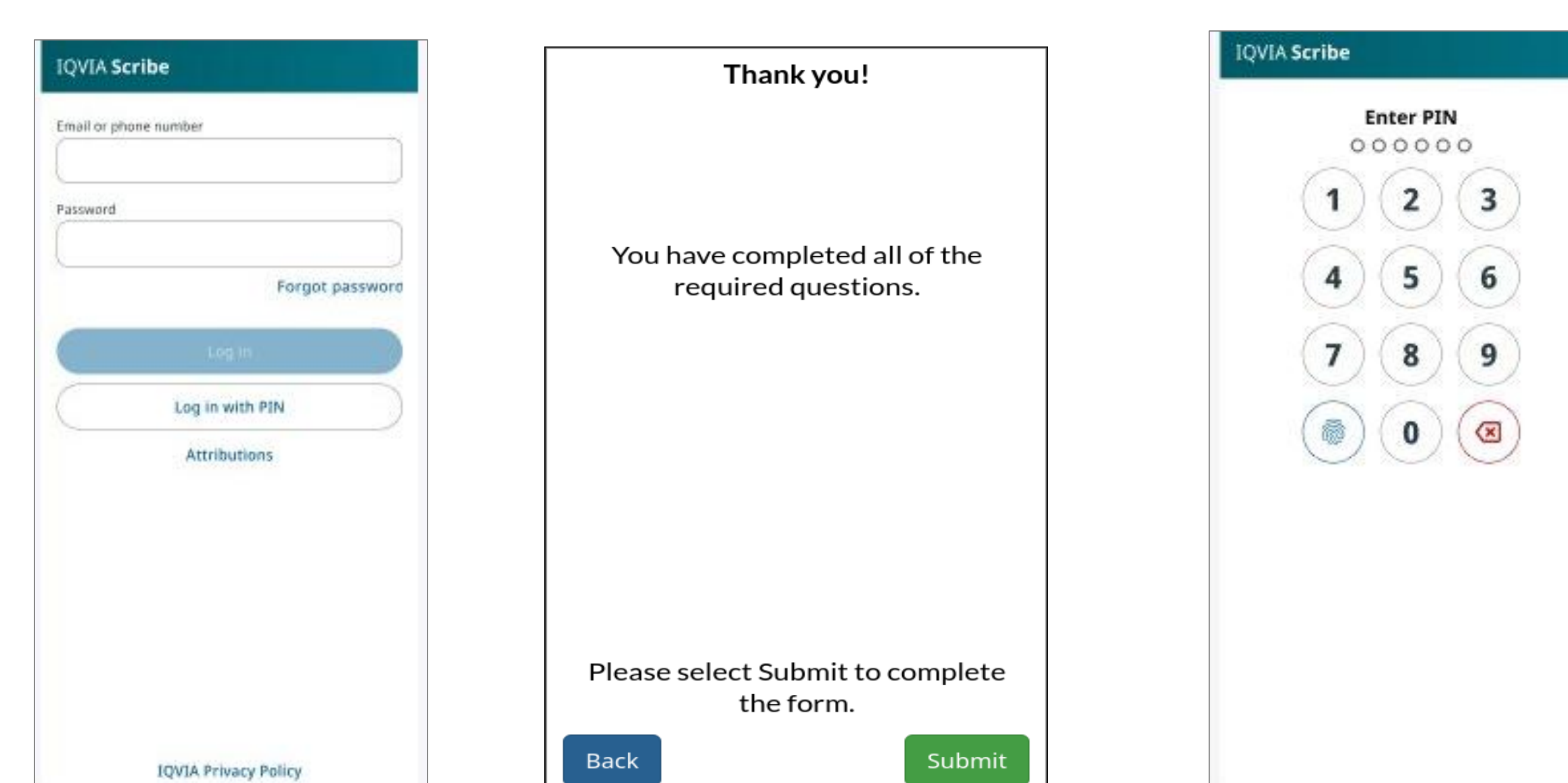


Figure 2. Methodology

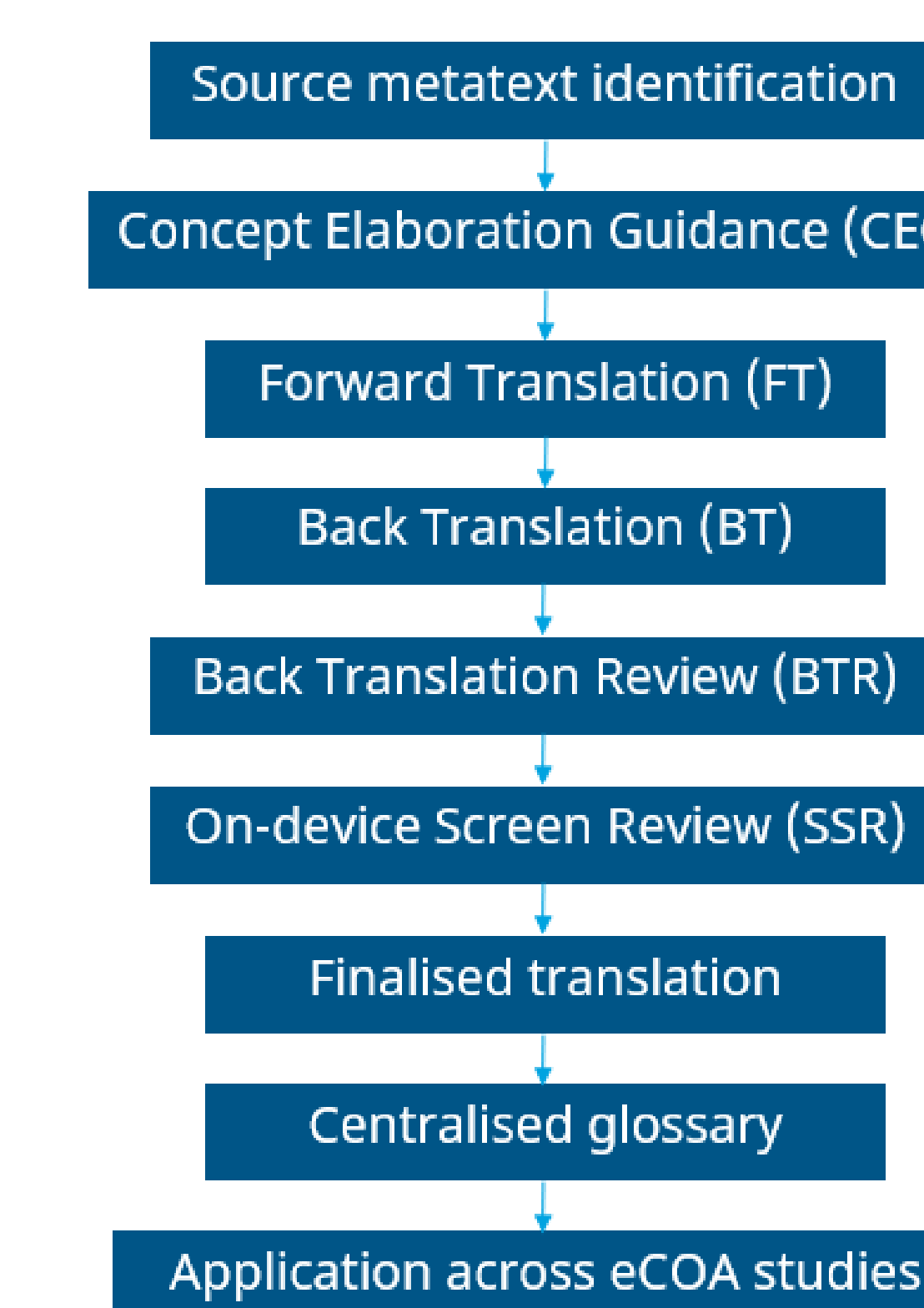
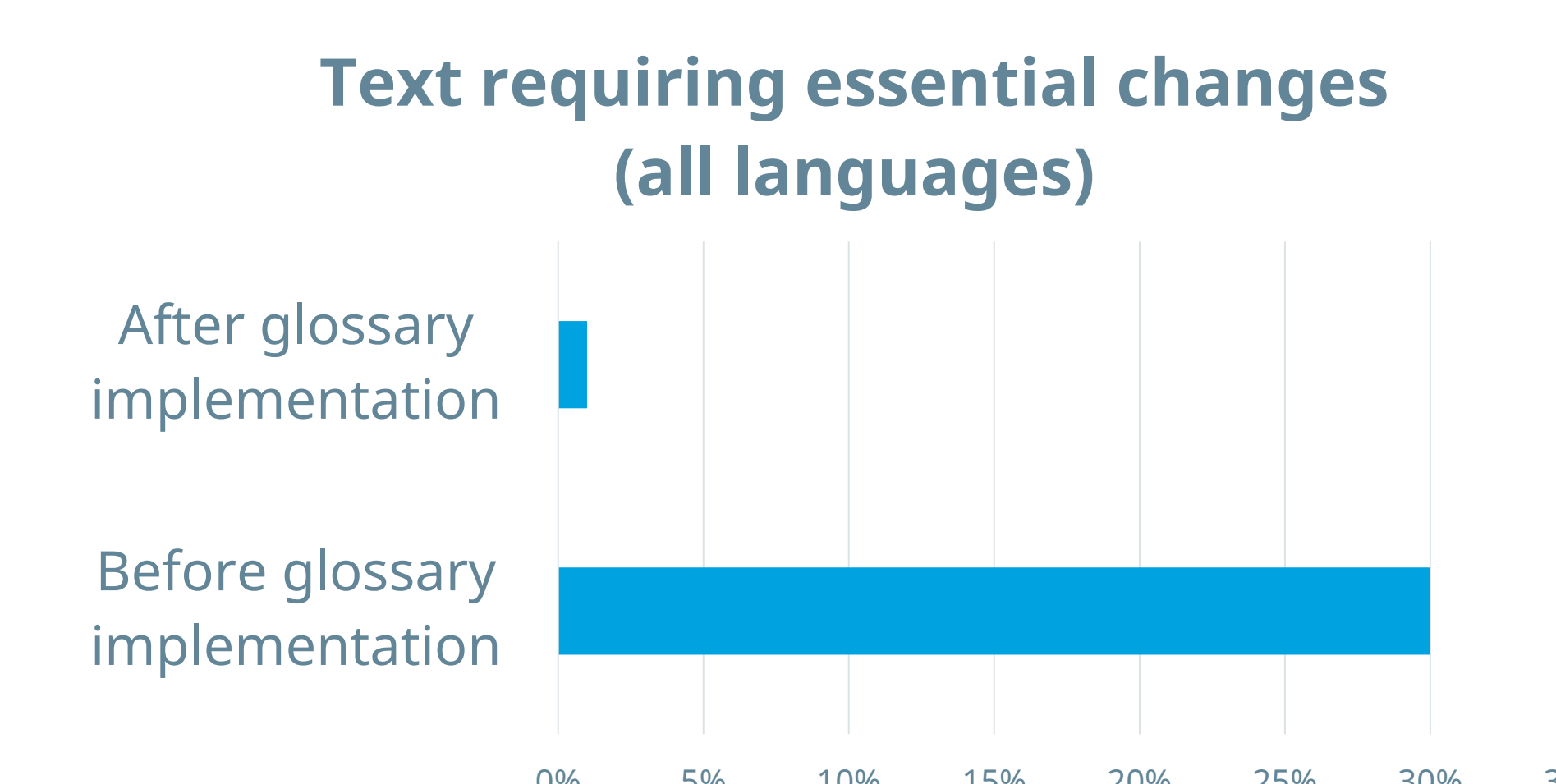


Figure 3. Example of glossary concept in French, Japanese, and Polish

Language	Source (enUS)	Concept Elaboration	Finalised Translation	Notes
French (France)	Resumable	This label refers to an electronic COA or diary that has been started but not completed and can be continued from where the user previously stopped.	Réactivable	This translation assumes that the content being referred to is 1 singular instrument. If items are plural, this should be edited.
Japanese (Japan)	Thank you!	This message will appear on the last screen of the questionnaire.	ご回答ありがとうございました。	This translation specifically thanks the user for their response, which is customary in Japanese.
Polish (Poland)	Please select Submit to complete the form.	This is the last instruction that the user will see before submitting (sending) the questionnaire. The 'Submit' button should be consistent with the actual button text.	Należy wybrać „Prześlij”, aby zakończyć formularz.	'zakończyć' implies that the action has been completed, consistent with the concept elaboration.

Figure 4. Bar graph depicting rate of improvement



1. Wild D, Grove A, Martin M, et al. Principles of good practice for the translation and cultural adaptation process for patient-reported outcomes (PRO) Measures: report of the ISPOR Task Force for Translation and Cultural Adaptation. Value Health. 2005;8(2):94-104.
 2. McKown S, Acquadro C, Anfray C, Arnold B, Eremenco S, Giroudet C, Martin M, Weiss D. Good practices for the translation, cultural adaptation, and linguistic validation of clinician-reported outcome, observer-reported outcome, and performance outcome measures. J Patient Rep Outcomes. 2020 Nov 4;4(1):89. doi: 10.1186/s41687-020-00248-z. PMID: 33146755; PMCID: PMC7642163.
 3. Hughes L, Frau M, Rees E. Migration inconsistencies in electronic quality of life (QOL) instruments in clinical trials [poster]. ISOQOL 2025 Conference; 2025 Dec 17; [Milwaukee, Wisconsin]