

Does Your Site Measure Up?

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Be the Site of Choice

hosted by the WCG Global Research Network (GRN)

The Business of Clinical Research: Sponsor/Vendor View

- Sponsors approach the Study Planning / Feasibility Lifecycle with the following objective criteria in mind when assessing the ideal site:
 - o Start-Up Timelines
 - o Enrollment Capability
 - o Data Quality
- Significant shift toward data-driven study design and feasibility within last 5 yrs
- Sponsors/CROs seek data and service providers to support objective study planning processes
 - o Data trends
 - o Indicators of historical performance
 - o Indicators of potential study success



Study Start Up Time

- Contracts/Budgets Turnaround Time
 - o Managed at the institution level or investigator level?
 - o MSA in place?



- o Are contracts and budgets managed by the same department/Individual?
- WCG Standard: Top quartile investigators <65 day turnaround time
- Use of Central IRB
 - o Central vs Local IRB
 - If local only, most sponsors will not select under tight start-up timelines
 - Does your institution require additional review board approval?
 - If so, what is the review cycle for the secondary panel review?
 - WCG Standard: Top quartile investigators always able to use central IRB



Clinical Research Budgeting & Contracts

- Budgets: Managed by Office of Clinical Research, Budget Financial Analysis Unit
 - Budget Development & Negotiation Approx. 3 weeks
 - Tools and Best Practices
 - Negotiations, # of iterations = 3 (Sponsor, Site, Counteroffer)
- Contracts Managed by Research & Development Department
 - $\circ~$ Status and timelines communication is key among all parties
 - Contract turnaround time Approx. 2-3 weeks (R&D Alliances & TUHS Health System Legal Departments)



Central IRB Use

Oversight by QA & Compliance Division:

- Commercial, largely utilized to identify and vet required safety, privacy, scientific and contractual submissions
- Benefits to site Pool of faculty serving on IRB is shrinking
- For underfunded studies, internal IRB is an option



- Historical Performance Metrics
 - How well has investigator performed in trials of similar indication/ phase within the last 5 years?
 - Total number of studies in indication in last 5 years
 - Indicator of experience in contemporaneous trial designs
 - o Total number of enrolling studies
 - Indicator of clinical research infrastructure adequate for participation
 - \circ Number of times the investigator has been re-selected by a sponsor (s)
 - Indicator of ability to meet enrollment targets
 - o Number of patients consented vs. enrolled vs. completed
 - Indictor of investigator's ability to recruit viable subjects



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- Patient Availability
 - $\circ~$ EHR as indicator of historical prevalence
 - Supports protocol feasibility / study design
 - Indicators of trends in patient population
 - What evidence exists for # of patients in active disease state that are eligible for recruitment?
 - Indicates potential ability to achieve enrollment target
 - $\circ~$ Identify site personnel dedicated to finding and maintaining patients in study
 - Indicates capacity for study conduct





Cottman Avenue



Temple – Broad Street



East Norriton





- Historical Performance Metrics
 - o Data Warehouse analytics for historic eligibility criteria
 - Focus also on exclusion criteria downstream impacts on staffing and finances
- Patient Availability
 - $\circ~$ PI-led Disease Site meetings
 - o Feasibility Committee
 - o Assessing U.S. patient availability by ICD-10 code
 - o Sponsor Accrual targets



Clinical Research Coordinators

- Managed by Clinical Operations Division
- o Staff 3X in size!
- Association of Clinical Research Professionals (ACRP) Certifications
- Disease Site operational management responsibilities, leadership tiers, Committee membership

Investigator-Sponsored Research Unit (ISRU)

- Support for Investigators
- Investigator-Sponsored Trials:
 - Study Development
 - Study Operations



Data Quality

- Number of data corrections / data queries
 - How many data corrections were made after CRF entry?
 - Indicator of data accuracy / attention to detail
- Number of protocol deviations
 - $\circ~$ How many deviations were noted for an investigator?
 - Indicator of investigator's ability to follow protocol
 - Indicator of investigator's ability to assess appropriateness of protocol
- Number of days from site visit to data entry
 - o How many days, on average, does it take the site personnel to enter CRF data?
 - Indicator of capacity of site for additional studies
 - Indicator of appropriately resourced site





Data Quality

- Dedicated Clinical Research Data Specialists (CRDS) for data entry
- Robust CTMS for tracking, particularly with patient visits
- Business Operations Systems Coordinators (not IT) responsible daily data operations
 - o Certification
 - Deliver training and education:
 - Comprehensive 2-week training for Oncology, specialized role-based
 - Teaching data awareness
 - o Weekly reports to Clinical Operations leadership
 - o 'Data Quality is everyone's concern'



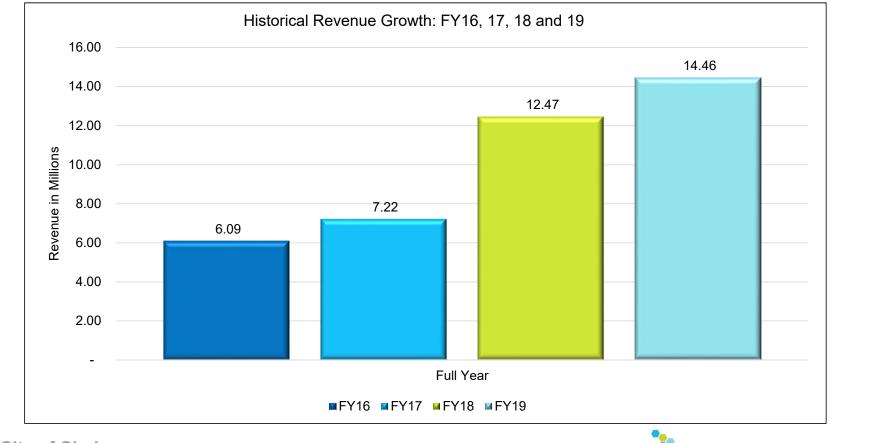
The Business of Clinical Research – The Sites' Perspective

- Business Operations Division Financial and Operational leadership
 - o Financial Management Unit
 - o Patient Financial Counseling Unit
 - o Patient Navigation Unit
- Community Outreach Programs FCCC Office of Community Outreach
 o Biospecimen Research Participation
- Technological Enhancements

 Biospecimen Module (BSM)



Business Operations Division: Financial Management Unit



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Business Operations Division: Patient Navigation Unit

Aligning callers with available clinical research studies Total Types of Calls to the Intake Line Schedule Inquiry, 57, 6% Sponsor / Protocol Inquiry, 140, 14% Insurance/Billing Inquiry, 28, 3% International Medicine, 15. 1% Potential PT, 638, 63% Physician / Staff Inquiry, 129, 13%

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Questions?

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