

Building Quality into Clinical Research

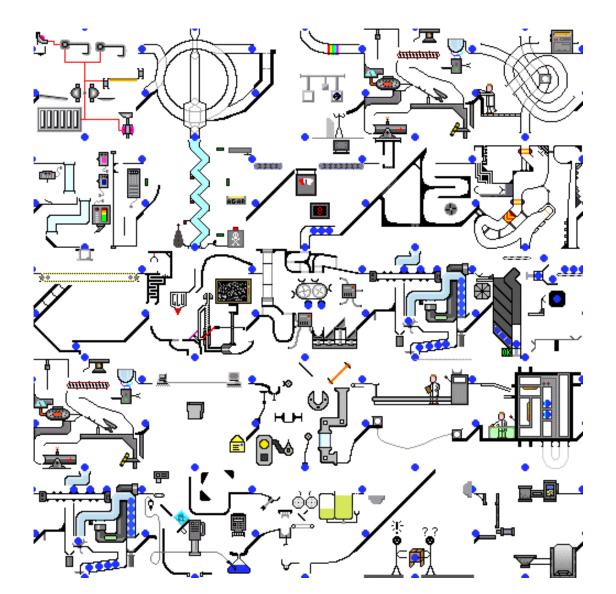


David Burrow, Pharm.D., J.D.

Acting Director Office of Scientific Investigations Office of Compliance Center for Drug Evaluation and Research



A Quality System



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Severity and Probability \rightarrow Risk

High Risk Increasing **Medium Risk Probability of** Occurrence Low Risk \rightarrow **Increasing Severity of** Harm/Consequence



Building Quality Into Clinical Trials

 "The most important tool for ensuring human subject protection and high-quality data is a well-designed and articulated protocol."

FDA Risk-Based Approach to Monitoring Guidance (published August 2013)

- At the trial level, the protocol is the blueprint for quality.
 - Prospectively identify the important risks to subject safety and data reliability
 - Tailor the protocol and its delivery to *eliminate* or *mitigate* these important risks



How Sites Can Build Quality

- 1. Create a system designed to support quality research
 - Create systems that limit opportunities for errors
 - Create systems that increase the visibility of errors
 - Simplify protocol and outcomes assessments
 - Standardize systems and formats where possible; use validated instruments and standard definitions
 - Keep protocol amendments to a minimum; check CRFs and consent forms against each change
 - Insist on training, and then test it



How Sites Can Build Quality

- 2. Select qualified staff and ensure that they receive adequate training and supervision
 - Ensure that staff are qualified to performing assigned tasks
 - Ensure proper oversight of sub-investigators and study staff
 - Adequate time, staff, and equipment
 - Knowledge of applicable regulations
 - Understanding of the "clinician vs. clinical investigator"
 - Adequate training and re-training

How Sites Can Build Quality



3. Fully understand the scope of your responsibilities

- Ensure that protocol is consistent with best interests of patients and allows adequate monitoring for subject safety
- Assess your ability to comply with protocol visits; laboratory testing; electronic systems for data capture, archiving, and transmission to sponsor; maintaining records; drug/device accountability; and inspections by FDA
- 4. Implement system to detect and correct errors in real time
 - Pay attention to monitoring queries, and respond promptly
 - Evaluate need for system wide corrections
 - Ensure that audit trail of changes makes clear what was changed, who changed it, and why it was changed



1 – Clinical Investigator v. Physician

- Change in mindset
- Follow a protocol v. full treatment flexibility
- Hippocratic Oath Do no harm
- Team member v. absolute authority





2 – Time



- If you "spend money to make money"
- And you believe "time = money"
- Then you must spend time to make time
- Change in perspective



3 – Christmas Tree Protocols

- Start with a basic protocol
- Add provisions, tests, forms, reports
- Next study, you add more
- And more...
- And more...

But when do you remove them?



4 – Awareness and Understanding

"Everyone has a plan until they get punched in the face" – Mike Tyson

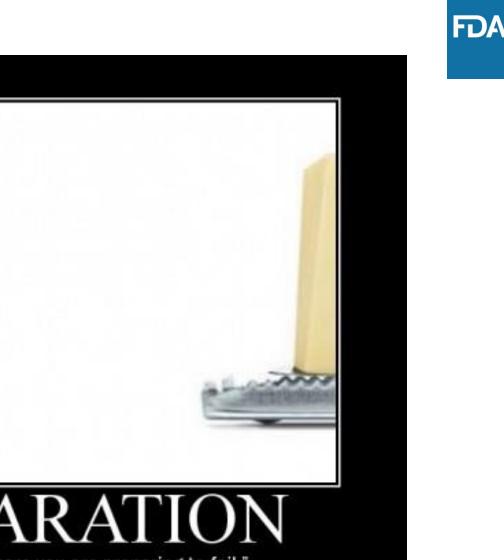


- Perfection v. resilience
- Aware of rules/regulations
- Aware of process, and responsibilities
- System and relationships supporting success



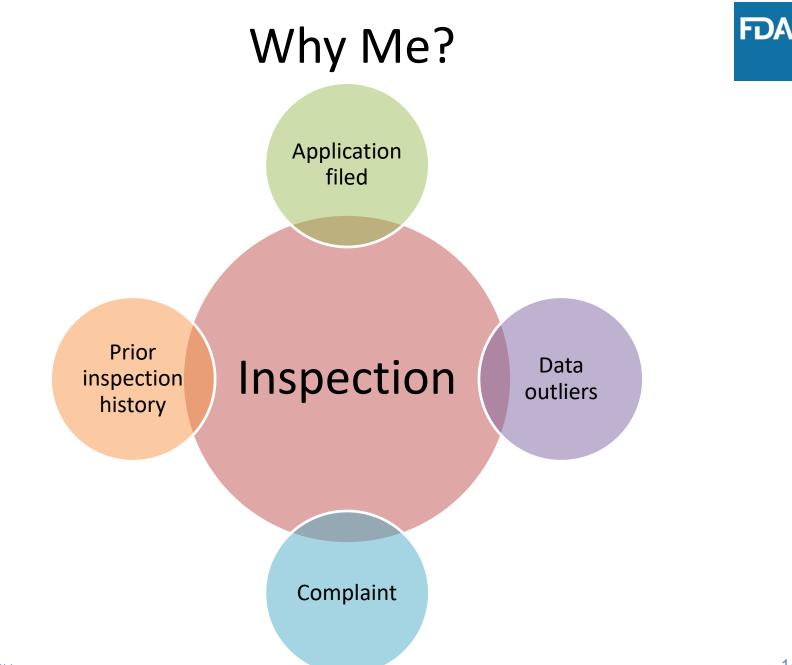
Preparing for Inspections

Chrissy J. Cochran, PhD Director Office of Bioresearch Monitoring Operations Office of Regulatory Affairs



"By failing to prepare you are preparing to fail." Benjamin Franklin

DIVDESINGLOW



Trust but Verify



Data Integrity

- Can the data be relied upon?
- Support safety and effectiveness profiles?
- Fraud, recordkeeping issues?
- Failure to follow investigational plan

Human Subject Protection

- Were subjects informed?
- Were subjects protected?

Scope



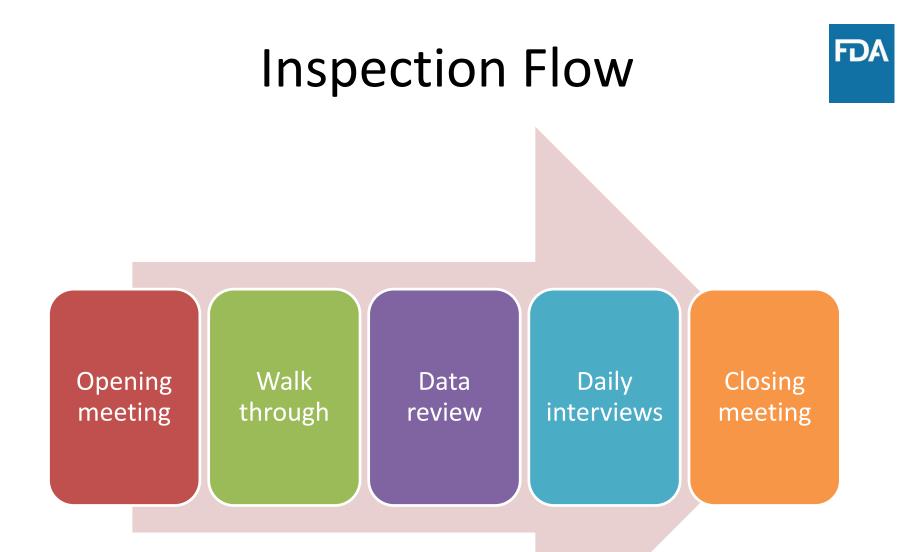




What to do when FDA calls...



- Identify any commitments which cannot be changed (annual conferences, surgery, etc.)
- Mark your calendar
- Gather your records
- Allocate time and workspace





Records on the Ready

- Protocol with amendments
- Investigator's Brochure
- IRB, sponsor, site correspondence
- Informed Consent Forms
- FDA-1572 / Statement of Investigator
- Financial Disclosure Forms
- Case Report Forms

- Medical records
- Shadow charts
- Test article accountability
- Curriculum Vitaes
- List of studies
- Publications referencing audited study
- Recruiting materials (TV/newspaper/radio advertisements)

