ORIENTATION FOR NEW CLINICAL RESEARCH PERSONNEL

WEEK 5

Presented by

NC TraCS Institute
UNC Office of Clinical Trials
UNC Network for Research Professionals
Overall Agenda for Orientation

Week 1 –
• Introduction to the series, NCRP and educational programs, Running a clinical trial beginning to end

Week 2 –
• UNC Institutional Review Board Processes, Conflict of Interest

Week 3 –
• Good Clinical Practice and Study Documentation, Informed Consent Processes, Research Monitor Access

Week 4 –
• Contracts and Clinical Trial Agreements, Billing Coverage Analysis, Budgeting and Accounting of Research Funds, Preparing and Executing NIH Budgets

Week 5 –
• Study Startup and Roles of Research Personnel, Recruitment Services and CDW, UNC Investigational Drug Services, Investigational Device Management Policy

Week 6 –
• Investigator-Initiated Study Processes, ClinicalTrials.gov and ICMJE requirements, Investigational Drug and Device studies at UNC
RESEARCH
RECRUITMENT & RETENTION PROGRAM

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tracs.unc.edu/consultation to request a consult
WHAT’S THE BIG DEAL?

• A 2015 analysis of registered trials revealed that 19% were closed or terminated early because they could not accrue enough participants.

• As many as 86% of clinical trials do not reach recruitment targets within their specified time periods.

• Data suggest that study timelines have potentially doubled beyond planned enrollment periods due to low recruitment rates.

• Failures to meet recruitment goals has important scientific, financial, and ethical implications.

BARRIERS TO STUDY RECRUITMENT SUCCESS

- A 2017 poll on public perception of research asked:
  “Fewer than 10% of Americans participate in clinical trials. Why don’t people take part in research studies?”

- What do you think??
ANSWERS TO PUBLIC PERCEPTION SURVEY: 2017

“Fewer than 10% of Americans participate in clinical trials. Why don’t people take part in research studies?”

- Not aware/lack of information = 53%
- Lack of trust = 53%
- Too risky = 51%
- Adverse health outcomes = 44%
- Little or no monetary compensation = 35%
- Privacy Issues = 27%
- Too much time = 27%
- Not sure = 11%

*Research!America survey of U.S. adults conducted in partnership with Zogby Analytics in July 2017.*
What’s the Big Deal?

On average, a coordinator will need to identify 10 potentially eligible people for every 1 enrolled into the study.

Industry benchmark data suggests:
- 69% of patients will fail to meet the pre-screening criteria
- 90% of those who meet pre-screen will not enroll
  - 58% of patients will decline the opportunity to be in a study
  - 32% will fail to meet the full screening criteria
- 18% of enrolled participants will drop out of the study for preventable or unpreventable reasons

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Participation

Engagement

Screening Consent

Awareness

Follow-Up

- Be proactive not reactive
- Communication is key
- You are the face of research

- Negative public perception
- Community/individual biases
- Reads negative article about a trial
- Research oversaturation
- Encounters recruitment material with jargon
- Can’t figure out how to reach research team
- Is approached with a poor pitch
- Is approached with too much information
- Is approached by a team member without knowledge of the study or condition
- Team can’t adequately pre-screen
- Ineligible during pre-screening
- Failure to assess population feasibility
- Use of wrong recruitment strategies

- Not called back for multiple days
- Lack of research education
- Treated like a number
- Poor communication
- Undesirable protocol elements
- Undesirable potential risks
- Difficult incl/excl criteria, screen fail
- Too many visits
- Too much time off of work
- Inconvenient times/locations
- Difficulty obtaining records

- Poor consent
- Loss of trust
- Loss of confidence in team
- Time/travel/adherence
- Randomization or AE
- Not enough incentive
- Confusion
- Poor communication
- Loss of interest/investment

YIKES. WHERE DID THEY ALL GO?
WHEN SHOULD YOU BE THINKING ABOUT RECRUITMENT?

**Foundation**
- Population Identification
- Stakeholder Engagement
- Study Design
- Protocol Development
- Grant-Writing

**Framing**
- Budgeting
- Resource Availability
- Site Selection
- Staff Training
- Feasibility Assessment
- Recruitment Planning
- Material Development
- Messaging & Language

**Concept & Design**

**Planning & Startup**

**Implement & Manage**

**Analyze & Disseminate**

**Neighborly**

**Systems and Curb Appeal**

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UNC
North Carolina Translational and Clinical Sciences Institute
BIGGEST IMPACTS ON RECRUITMENT AND RETENTION

- Planning and Strategies (*design*)
- Feasibility (*plan*)
- Barriers and Facilitators (*plan*)
- Communication and Transparency (*implement*)
- Tactics and Tools (*implement*)
- YOU! (*implement*)
PLANNING AND STRATEGIES

WHO, WHAT, HOW, AND WHY

• Clearly define your population and confirm that they exist within your reach
• Select a research question that is relevant and impactful to your population
• Design a protocol that makes it easy for your population to join, participate, and that speaks to their motivations
• Include stakeholders from your population in the planning!
• Be mindful of diversity inclusion and considerations for special populations
• Who will you need buy-in from? Do you already have those relationships?
• Why should your population care and participate?
FEASIBILITY

CAN AND SHOULD YOU DO THIS STUDY?

- Confirm availability and accessibility to population
- Confirm sample size and effort to achieve sample size
- Consider competition for participants time
- Think about realistic required resources
- Budget for realistic required resources
- Do you have appropriately trained staff
- Do you have appropriately invested sites
- Consider your timeline
- Recruitment Planning
BARRIERS AND FACILITATORS

WHAT WILL WORK FOR AND AGAINST YOU?

• Know what you are up against, solve problems when you can, and highlight your strengths

• Potential Barriers
  – What would prevent participation?
  – Transportation issues, time commitment, fear, lack of trust, lack of credibility, study recruitment budget, lack of site investment, etc

• Potential Facilitators
  – What would encourage participation?
  – Appropriate compensation, perceived benefit, providing data/results, flexible appointment times, childcare, strong community relationships, etc
COMMUNICATION AND TRANSPARENCY

HOW WILL YOU EXPLAIN THE STUDY?

• Messaging in recruitment materials:
  – Will people understand what you’re doing?
  – Why should they care?
  – Avoid coercion
  – Avoid too much information
  – 8th grade reading level

• Elevator pitches and screening scripts
  – Research in general
  – Your study

• Letters, emails, voicemail, and texting – considerations for privacy and language
COMMUNICATION AND TRANSPARENCY

HOW WILL YOU EXPLAIN THE STUDY?

• Responsiveness
• Staff knowledge and communication skills
• Be honest and give them enough information to make an informed decision, but
  – Avoid overwhelming them
  – Be sure to address any potential barriers – you don’t want them to be surprised by something during consent
• Be patient
• Be flexible
• Develop a clear consent form and proper IC process!
TACTICS AND TOOLS

HOW WILL I REACH THEM, ENROLL THEM, AND RETAIN THEM?

REMEMBER: Your detailed recruitment plan and any patient-facing materials require IRB approval!

The promotion of each study requires a customized approach. Consider utilizing multiple strategies, messages, and materials. Be creative!

- Where will you recruit?
- How will you recruit?
- How will you describe the study?
- How will potential participants contact you?
- What resources do you have available?
- What tools will you use to keep participants invested and on track?
TACTICS AND TOOLS

HOW WILL I REACH THEM, ENROLL THEM, AND RETAIN THEM?

• Active Recruitment
  – You identify and pursue individual potential participants

• Passive Recruitment
  – You rely on potential participants to contact you and express interest

• Word of Mouth and Participant Networks
  – Encourage participant ambassadors; create peer to peer networks, create registries, create advisory boards

• Effort Tracking to inform future studies
TACTICS AND TOOLS

EXAMPLES

• Cold contact – chart review or registries (letter, phone call, secure email)
• In-clinic recruitment (in-person)
• Carolina Data Warehouse eligible patient list
• List on JointheConquest.org – use in other materials – done via IRB application
• Use ResearchMatch.org
• Advertising (print, TV, radio, buses)
• Social media campaigns
• Flyers, pamphlets, info cards
• UNC Mass Email
• Physician referral
• Websites and Screening Tools
• Lunch ‘n’ Learns
• In-services
• NRP listserv to learn from others
• Consult with patient advisory boards
• Plug into existing networks
• Community events and outreach
NOTE ABOUT PHYSICIAN REFERRALS

• “Dear Doctor” letters:
  – Any written communication to local providers to ask for their assistance with recruitment for a study.
  – Not patient facing, but the UNC IRB does require review/approval of any “dear doctor” communication. The FDA guidance is less stringent, but you must follow local policy.

• Finder’s Fees:
  – Sites may be provided with funds in support of the additional time and effort required by their staff to recruit for the study. This must be the same across sites.
  – This MAY NOT be tied to actual referral numbers.
  – UNC IRB SOP 26.2 - “…prohibited are finder’s or referral fees to colleagues who may identify or refer eligible subjects to a research study (e.g., a general practitioner sending patients to a specialist conducting a study.)
YOU!

YOU ARE THE FACE OF RESEARCH FOR THE PARTICIPANT

• Think about everything from the perspective of a participant
• Judgement
  o is this a good candidate?
• Relationship building
  o Remember that they are a person, not a number
• Competence
  o know your stuff, your participant is likely an expert in their own condition
• Honesty and Trust
  o Don’t guess and be up front about points of frustration
• Informed consent process
  o Make sure they understand
• Tracking windows and communicating
• Tracking effort
**How Can We Help?**

### Consultations
- **Targeted consultations**
  - Planning prior to study launch
  - Troubleshoot an ongoing study
  - Review individual recruitment/retention components
- **Comprehensive consultations**
  - All of the above – study-long support
- **CDW recruitment consultations**
  - Material development for recruitment via CDW

### Tools and Resources

### Education and Training
HOW CAN WE HELP?

Consultations

Tools and Resources

Education and Training

- Join the Conquest
- Recruitment QuickStart Guide
- Recruitment and Retention LibGuide
- Screening and Enrollment Log Template
- Recruitment and Retention website
- Custom tool or resource development based on need
HOW CAN WE HELP?

Consultations

Tools and Resources

Education and Training

- **Seminar Series**
  - How to Elevator Pitch Your Study
  - Beyond the Flyer: Novel Strategies
  - Recruitment and Retention Best Practices
  - Relationship Building

- **Recruitment Boot Camps**

- **Guest Lecturers and Webinars**

- **Customized/targeted trainings with individual study teams**
WHERE CAN I LEARN MORE?

- Visit NC TraCS Recruitment Services Website
  - http://tracs.unc.edu/index.php/plan-research/research-recruitment

- Request a Consult with Recruitment Services
  - https://tracs.unc.edu, click “request a consult” in the top right
  - Use your ONYEN to register in the system
  - Submit a request and select “Recruitment Services”

- Access the Recruitment Boot Camp Slides:
  - https://tracs.unc.edu/index.php/services/recruitment-services/webinars-training
RESOURCES

• Online study listing (can use in recruitment materials):  jointheconquest.org

• Recruitment and Retention LibGuide:  https://guides.lib.unc.edu/researchrecruitment

• Learn more about TraCS services and tools: tracs.unc.edu
  – Community and Stakeholder Engagement
  – IDSci (i2b2, Emerse, CDW-H)
  – Integrating Special Populations
  – Research Coordination and Management Unit
  – Tools (REDCap, Semblie, etc)

• Trial Innovation Network Webinars:  https://trialinnovationnetwork.org/elements/network-events/?category=archives

• IRB SOPs:  https://ohresop.web.unc.edu/files/2018/05/Complete_Current_SOP.pdf

• Office of Research Support and Compliance (entities): ORSC@unchealth.unc.edu

• HSL and health literacy librarians:  https://guides.lib.unc.edu/healthliteracy

• CHAI Core:  https://www.chaicore.com/

• Odum Institute:  https://odum.unc.edu/
USING THE CAROLINA DATA WAREHOUSE FOR STUDY RECRUITMENT

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tracs.unc.edu/consultation to request a consult
WHAT IS THE CDW?

• The Carolina Data Warehouse for Health is a service of NC TraCS
• Central data repository which allows mining of UNCHCS data for the purposes of trial recruitment, retrospective analysis, inter-institutional sharing, and more
• Includes medical, financial, and other hospital data form 2004-present
• Includes data from the UNC Entities which are actively using Epic (Rex, Chatham, Nash, etc)
  – If you’re interested in recruiting from an entity, contact the Office of Research Support and Compliance first (ORSC@unchealth.unc.edu)
WHAT CAN THE CDW DO FOR ME?

• "I need to determine feasibility for an upcoming trial. Can you tell me how many patients between the ages of 18 and 55 have had more than five HbA1c values greater than 6.5 over the past three years?“

• "I am recruiting for a trial, and would like a pool of potential participants to contact. Can you give me names and contact information for female patients who were newly diagnosed with Crohn’s disease in the past year?“

• "I need a retrospective dataset on patients diagnosed with kidney stones, covering their diagnoses, procedures, medications and lab results for five years preceding their diagnosis."

• "I need to mine clinical notes and discharge summaries to extract data points about my patient population that are not collected discretely in the chart."

• “I would like to build custom Epic features, such as receiving a notification when there is an inpatient eligible for my study.”
The CDW serves as a gatekeeper for EMR data on patients that can be used for recruitment purposes.

If recruiting using the CDW, recognize that patient information provided could be for patients at many locations.

You may want to narrow recruitment search to those in specific zip codes to avoid getting patients outside main UNC campus area (if so desired).

You must have CDW-specific recruitment materials IRB approved before you can receive your data.
HOW DO I REQUEST USE OF THE CDW?

• Request a consult or office hours
• Modification to IRB application
• Recruitment Materials
• Submit a data request
MEET WITH THE CDW FOR A CONSULTATION

- Request a free consult from CDW through TraCS Central
  - tracs.unc.edu/consultation
  - Learn about how the CDW team can tailor your request to your needs
  - First 4 hours of work by the CDW team are free
  - Hourly rate for remaining required work is $75/hr
    - Consider budgeting for this recruitment tool

- Office Hours: no appointment necessary, walk-in to speak with a CDW analyst and ask questions related to datasets, i2b2, or other CDW “stuff”
  - 1st Wednesday and 3rd Thursday of each month: 1-5pm. TraCS, room 219

- FAQs:
  - tracs.unc.edu/index.php/services/informatics-and-data-science/cdw-h/cdw-h-faq
**INDICATING CDW USE IN THE IRB APPLICATION**

- **A.9 Identifiers**: Mark all identifiers you will receive from CDW (names, telephone #s, dates or date of birth, zip code, email, medical record number). Must match CDW request form.

- **B.1 Methods of Recruiting**: Indicate use of a telephone script, recruitment letter, email, or MyChart message to reach out to potential participants. IRB will require you submit the documents for approval. CDW will ensure correct approved materials prior to data release.

- **B.2.1 Request a Limited Waiver of HIPAA** to identify potentially qualified subjects in order to contact them to elicit their interest in study.

- **B.3.4 Where are you studying subjects**: Indicate Healthcare setting and check places that apply (UNC medical center, Rex Hospital, Chatham Hospital, etc.) and specify where in the facility subjects will be studied (e.g., CTRC, ACC, Peds Clinic).

- **C.1 Data Sources**: Indicate use of UNC Health Care System Medical records, then check electronic medical records using CDW-H.
CDW Recruitment Templates

- Templates for CDW recruitment materials are currently in development for “cold” recruitment via mailed letters, email outreach, MyChart, and phone call.

- Templates for:
  - Initial outreach
  - Follow-up outreach
  - Appropriate answers to frequent questions
  - Response to interest or decline

- Meet with Recruitment and Retention for help with your materials
Submit a CDW Data Request

• After the above steps have been completed, visit tracs.unc.edu/consultation to request service from the CDW

• Register with TraCS, sign in with your ONYEN, select Informatics and Data Sciences, and follow prompts to provide information about your request.
RECRUITMENT ETIQUETTE

• UNCHCS is an academic medical institution with a research mission. We are very familiar with what research is, why it’s important, and how it’s conducted. Patients on the CDW list and their providers may not yet be familiar with the research process or opportunities that research can offer.

• Review carefully the list of potential participants provided by CDW-H and exclude any that are not eligible
  – Build in the staff time and resources for detailed review of the list, material development, and contact of potential participants.

• Be patient and courteous. Have a “research” pitch prepared. Be prepared for some patients to be defensive.

• If a patient enrolls as a participant, you may consider/need to send notice of their participation to their PCP for continuity of care. This should also be indicated in the consent form if part of your SOP for the study.
Dear XXX:

- We are contacting you because you were seen by UNC Health Care or one of our affiliate hospitals or clinics in the past year... or

- Your records in the UNC Health Care System indicate you may be eligible to participate in our research study entitled “Xxxxxxxxxxxx”. We are contacting people who have either an xxxx (lab value) or xxxxx (specific inclusion criteria) ... or

- You were seen by UNC Health Care in the past year. We are contacting people who are in the xx to xx age range who have been seen by the UNC Health Care System in the past year in order to tell them about a research program that we are doing... or

- Based on your medical history, you may be eligible to participate in this study.
SUGGESTED LANGUAGE — CDW PHONE SCRIPTS

Telephone scripts should begin with something similar to the recruitment letters:

Hello, may I speak with (patient’s name)? (verify before proceeding)

My name is __________ and I am a researcher with the Department of ____ at UNC. We are currently conducting a study on ______ which we think you may be eligible for. Do you have a few minutes for me to tell you more about what we are doing and see if you may be interested in participating?

If they say yes, THEN go into more detail.

If they say no or are too busy to talk, say “No problem, would it be alright if I mailed/mailed you some information instead?”

COME SEE ME FOR MORE DETAILS ON WRITING A PHONE SCRIPT!
Recruitment emails should begin with one of the following:

Dear XXX:
- We are contacting you because you were seen by UNC Health Care or one of our affiliate hospitals or clinics in the past year.
- Your records in the UNC Health Care System indicate you may be eligible to participate in our research study.
- You were seen by UNC Health Care in the past year. We are contacting people who are in the xx to xx age range who have been seen by the UNC Health Care System in the past year in order to tell them about a research program that we are doing.
- Based on your medical history, you may be eligible to participate in a study conducted by UNC researchers.
SPECIAL CONSIDERATIONS FOR EMAIL

- Because email messaging may not be secure or an unintended person may receive a message or open an email message (spouse if joint email or boss if work email address), it is not acceptable to include sensitive information such as a medical condition, lab result, specific clinic or study title in an email message.

- As such, researchers should only include general statements like those listed in their email recruitment message. If one is able to infer from the information in the email the person’s health condition, the PI may consider only including the recipient’s first name and sending the email securely.
“How did you get my name and contact information?”

Answer: Part of the UNC Health Care mission is to support research. Since UNC is a teaching and research institution, it is part of the policy that your information may be shared with UNC researchers who are conducting studies that have been reviewed and approved by our IRB (which is the group on campus who protects the rights of research participants). This is all indicated in the Notice of Privacy that is provided to all patients when they check in for a UNCHCS appointment.

As a team member on an IRB-approved study, we have a limited HIPAA waiver and are able to review basic medical information to determine which patients may be eligible to participate in our research study.
“I told the last researcher that called me that I want to be taken off of the list – I don’t want to be contacted about this”

- **Answer:** When you tell a researcher that you don’t want to participate, we are not allowed to keep your contact information. This actually helps to protect your privacy since your information is not stored, but unfortunately, does mean that you may be contacted again by another researcher in the future.

- The UNCHCS privacy policy that every patient signs at check-in does indicate that your name may be provided to researchers. If you wish to discuss that policy or if you have further questions, I’d be happy to provide you with the number to the UNC IRB, whose job it is to protect your rights.
  - UNC IRB: 919-966-3113 or IRB_subjects@unc.edu
  - UNCHC Privacy Office: 919-962-6332 or privacy@unc.edu
TROUBLESHOOTING

- “Did my doctor refer me to this study?” or “Does my doctor know about this study?”

  - **Answer:** The answer to this will depend a bit on the study.
  - Never mislead a patient into thinking that their PCP referred them to the study if they did not. You may provide them with a copy of the consent form which they make take to talk over with their doctor. Indicate that you are available to answer any questions that the doctor might have. You may also offer to contact the doctor with information.
  - You can also indicate that although their doctor may not specifically be familiar with the study, it has been reviewed by a committee whose job it is to protect participant rights and safety. You may also indicate that the study is overseen by the PI, who is ultimately responsible (and qualified) for determining whether the patient is a good candidate for the study.
“But I am not a UNC Health Care patient. I go to Rex (or other) hospital”

Answer: UNC Health Care System now includes several affiliate hospitals and clinics, including Rex (or name of other UNC hospital affiliate). So, even though you receive your care at Rex (or other name), your records are part of the UNC Health Care System.
WHAT NOT TO SAY...

- Be careful in describing how you received access to patient data – language in recruitment materials and conversations with patients should only describe medical records as coming from the UNC Health Care System and Affiliate Hospitals / Clinics.

- One should NEVER say “We are contacting you because you signed up with the Carolina Data Warehouse for Health” as this is incorrect. No reference to the CDW should be made in recruitment letters or scripts either.

- Subjects do NOT sign up for the Carolina Data Warehouse for Health. The names of potential research participants are in the CDW by virtue of them having been seen by the UNC Health Care System (includes affiliate Hospitals and Clinics) in the last few years.
TAKE AWAY

- You are the face of UNC research for any patient that you contact and any participant that you enroll

- Be professional, knowledgeable, kind, clear, and empathetic

- Participant experience with you will determine whether they decide to volunteer again and will impact their perception of UNC the research community. Make the experience for every participant positive, so that they become research ambassadors, share their positive experiences, and encourage others to Join the Conquest!
CONTACT INFORMATION

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STUDY TEAM RESPONSIBILITIES

Laura Viera, MA, CCRP
Program Manager, Research Coordination and Management Unit

Text: LAURAVIERA039 TO 22333
The Research Team

In order to efficiently and effectively perform clinical research, you need staff with sufficient time, knowledge, skills and resources.
Principal Investigator (PI)

Oversight of Study Conduct

- Science
- Integrity & Ethical Conduct
- Team Training
- Participant Rights & Safety
- Protocol Compliance
- Business Operations
PI Responsibilities from FDA 1572

FDA 1572 is a legally binding document, in which the PI agrees to:

1. Conduct study in accordance with protocol
2. Personally conduct or supervise the study
3. Ensure proper informed consent is obtained
4. Report adverse events
5. Understand the information in the IB, including risks/side effects
6. Ensure all members of study team understand responsibilities
7. Maintain adequate and accurate records
8. Maintain compliance with IRB
9. Comply with all FDA regulations (21 CFR 312)

PI is also responsible for adhering to all local regulations!
Form FDA 1572 continued

“I agree to **personally conduct or supervise** the described investigation(s).”
Study Coordinator

- Research Assistant
- Project Manager
- Research Associate
- Research Nurse
- Research Manager
Study Coordinator Role

• Manages and conducts day-to-day study activities in accordance with the protocol, regulations and requirements

• Per UNC, the role of a study coordinator is to “. . . ensure smooth, accurate progress of the project from the planning stage through study end (and often beyond) by acting as liaison to the investigator, the subject, the institution, and the company or government sponsor.”
Metaphors for 3 primary advocacy roles:

- Parent – patient welfare / patient advocate
- Lawyer – participant rights and welfare / providing neutral information
- Teacher / Policeman – understand value of protocol and defend it

(The Invisible Hand in Clinical Research: The study coordinator’s critical role in human subjects protection (Davis et al., 2002))
Universally applicable, globally relevant competency framework for clinical research professionals

Joint Task Force for Clinical Trial Competency, 2014
Which competency area do you feel is the most important for the success of your work?

- Scientific concepts and research design
- Ethical and participant safety considerations
- Investigational products development and regulations
- Clinical study operations (GCP’s)
- Study and site management
- Data management and informatics
- Leadership and professionalism
- Communication and teamwork
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The GREAT coordinator will have:

- Superior attention to detail
- Excellent communication skills
- Ability to build rapport and positive relationships
- Collaborative nature
- Ability to identify appropriate times for flexibility vs. rigidity
- Ability to work independently
- Strong organizational skills
- Positive and proactive approach
- Perseverance
- Leadership and professionalism
- Passion
Coordinator Responsibilities: Protocol Evaluation

- Confirm availability of appropriate: subjects/participants, personnel, equipment, facilities, testing capabilities
- Develop timelines, documentation standards, SOP’s as needed
- Ensure protocol is thorough and clear and can be implemented as written
- Ensure protocol is consistent with all other materials (CRF’s, IRB application, SOP’s)
- Propose & negotiate alternatives to improve implementation
Coordinator Responsibilities: Financial

- Develop/negotiate study budget
- Submit billing coverage analysis
- Review hospital billing
- Submit invoices
- Track milestones
- Monitor budget and expenditures
- Obtain and disburse participant incentives
- Track and report participant incentives for tax reporting
Coordinator Responsibilities: Regulatory

- Collect and maintain regulatory documentation
- Prepare IRB applications
- Submit IRB modifications, renewals, closures
- Coordinate and participate in monitoring and/or audit visits
- Stay informed of regulations and policies
- Instate tools/methods/standards to maintain compliance
Coordinator Responsibilities: Documentation and Reporting

- Observe, document and report adverse events.
- Maintain appropriate and sufficient documentation of study activities, including: data collection, protocol deviations or changes, dispensing drugs, disbursing funds, team training, etc.
- Over-documentation > under-documentation
- Over-reporting > under-reporting
Coordinator Responsibilities: Study Visits and Participants

- Recruit study participants
- Track, document and project accrual
- Review and document participant eligibility
- Discuss study details
- Obtain informed consent
- Schedule and conduct study visits
- Ensure all study tests and visits are performed in accordance with the protocol
- Promote participant compliance by providing patient support and education
- Serve as primary point of contact for participants
Coordinator Responsibilities: Data Collection and Management

- Order, receive, log supplies
- Obtain, process and ship biological samples
- Conduct study procedures to collect data
- Complete data collection forms
- Review data for completeness and accuracy
- Enter data into database
- Maintain data security
- Respond to data queries
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demanding timelines and goals</td>
<td>Create positive relationships</td>
</tr>
<tr>
<td>Encountering barriers to recruitment and protocol execution</td>
<td>Meet and work with diverse groups of people</td>
</tr>
<tr>
<td>Tight budgets, Slow progress</td>
<td>Make significant, positive impact on the people we work with daily</td>
</tr>
<tr>
<td>Paperwork, paperwork, paperwork!</td>
<td>Produce science that will shape our future!</td>
</tr>
</tbody>
</table>

**CHALLENGE ACCEPTED.**
STUDY START-UP AND IMPLEMENTATION

Laura Viera, MA, CCRP
Program Manager, Research Coordination and Management Unit
"Strength and speed are useful, son, but coordination is crucial!"
We have a great idea or a proposal from a sponsor... now what?

Assess feasibility!

1. Is the protocol innovative?
2. Are there competing trials?
3. Is the risk to subjects acceptable?
4. Does the protocol address underserved populations?
5. Does the work build on prior UNC findings?
6. Is the inclusion/exclusion criteria reasonable and do we have access to participants?
7. Is the budget sufficient?
8. Is the schedule of events feasible?
9. Does our staff have capacity to do the work?
10. Does our team have appropriate training?
11. Do we have the necessary equipment?
12. Do we need to involve ancillary departments?
We are funded!! Now what?

Contracts, agreements, approvals, Oh, my!

1. Gather your team:
   • Team training (and documentation!)
   • Notify providers, nurses, clinic staff, etc. of upcoming research protocol
   • Consult your stakeholders and subject-matter experts
   • Hold a study start-up meeting
We are funded!! Now what?...cont.

2. Create/gather your materials:
   • Develop detailed protocol and/or SOP’s
   • Finalize data management plan
   • Refine recruitment materials (eg. flyers, emails, tracking logs)
   • Create source documents
   • Create various study tracking logs (eg. accrual, AE’s, protocol changes)
   • Organize regulatory materials
   • Obtain and organize other study materials (eg. specimen kits, order forms, study drug, participant materials)
   • Create visit checklists

Allow time to review all study materials for completeness and consistency!
3. Practice, test, evaluate:
   • Perform mock informed consent discussions
   • Visit the facilities and observe clinical flow and procedures
   • Ensure everyone has appropriate access to buildings and systems
   • Perform dry-runs of study visits
   • Test equipment
...and this is the form you send back to confirm you’ve sent back all the other forms!
INVESTIGATIONAL DRUG SERVICE (IDS)

Andrew Thorne, PharmD, MS
System Clinical Manager, UNC IDS
Investigator Responsibility for Drug Product

- ICH E6 GCP (Section 4.6): The investigator is responsible for product accountability at the study site ……

- Investigators can delegate duties
  - At UNC, the IDS Pharmacist is delegated this responsibility

- Joint Commission Medication Management Standards
  - ENTER THE NUMBER AND THE TEXT OF IT HERE
IDS Operational Overview

• IDS staff
  – 9.6 Pharmacist and 9.0 Technician FTEs
  – 1.0 Reimbursement analyst FTE

• Dispensing for 500+ studies

• Hours of operation
  – 0730 to 1600, M - F
  – Closed on major hospital and university holidays
  – Weekly IDS meeting Thursdays 2:30 – 3:15pm

• Locations
  – 3rd floor Memorial Hospital - IV products
  – Ground floor Neurosciences Hospital- Products that require no significant
  – 3rd floor North Carolina Cancer Hospital
On Call: for Emergencies

• Outside of normal business hours – IDS maintains an on-call pager
• In an emergency, an IDS clinical pharmacist can be paged at 919-216-9727
• They will provide assistance with:
  • Individual drug or research questions
  • The breaking of a treatment blind
  • Provide support for inpatient or IV room pharmacy staff who may be unfamiliar with a particular research protocol
Investigational Drug Service

Memorial Hospital, 3rd Floor
- 984-974-6359 (fax for orders)
- Prepares medications for protocols that contain IV products

Neurosciences Hospital, Ground Floor
- 984-974-3471 (fax for orders)
- Prepares medications for protocols that only contain oral, non-chemotherapy medications
Do I need to use IDS for my med-related research protocol?

- Within the Hospital system, the clinical and distributional services of IDS are required
- Joint Commission Medication Management standards dictate pharmacy control of dispensing/storage
- Any agent/drug (potentially including supplements) could be considered investigational
  - If IND required ➔ investigational
  - If IND not required ➔ could still be considered investigational
- Sometimes decided on a case by case basis
  - If you’re unsure, just ask!
How and when do I initiate a request for IDS services?

- Request for IDS services should be initiated simultaneously with Contract negotiation (OCT) and request for IRB approval
- Use Clinical Research Management System (CRMS)
  - Submit protocol materials to IDS
  - Use CRMS worksheet to estimate complexity score and estimate billing
  - IDS will review and send confirmation letter to IRB
  - Coordinator requests a pharmacist assignment through CRMS
  - Lead pharmacist assigned by IDS manager
  - Study ready for dispensing 6 weeks after lead pharmacist assigned
What do the services of IDS cost?

• Complex protocol
  → more pharmacy labor
  → higher IDS fees

• Protocol Intensity Worksheet estimates protocol complexity
  – Point-based system (scoring tool in CRMS)
  – 4 levels of complexity - the level determines fees
  – Must be completed before IDS will process a confirmation memo for IRB
  – Score may be modified by IDS once lead pharmacist prepares study for dispensing
What do the services of IDS cost?

• **Start-up fee**
  • Only charged once
  • Non-refundable
  • Charged at pharmacist assignment

• **Monthly maintenance fee**
  • Begins when IP is delivered to IDS
  • Ends when IP is removed from pharmacy *and* a close-out visit has been conducted

• Billing model update coming soon
What do the services of IDS cost?

- Billing processed through Vestigo
- Bills will come from Support@McCreadiegroup.com
  - Please whitelist this email domain
  - If you aren’t getting bills, please contact IDS
- Bills will be sent via email to whomever is designated as the billing contact in CRMS
- If your study is open any portion of the month you will be billed for that month.
  - Notify IDS of study closings ASAP to avoid further billing
What types of products can be compounded by IDS?

- IDS can do minimal compounding
  - Blinding for solid oral dosage forms
  - If pharmacy special formulations already makes it, we can purchase from them
- More complex compounding not already prepared by special formulations are outsourced to a local compounding pharmacy
  - Compounding fees of the local pharmacy apply in addition to standard IDS fees
What if my study needs dispensing outside of normal business hours?

• If a research protocol will require after hour dispensing, this must be arranged from the start
• We can coordinate with the inpatient pharmacy to assist with these services
• After hours dispensing or 24 hour dispensing increases the intensity score and can lead to higher fees

• When billing model updated, we may further stratify after hours support options (updates to come)
Scheduling a Monitoring Visit

• Visits must be coordinated in advance
• Call 984-974-3777 to schedule a monitoring visit
• We can accommodate 2 monitors per day per location
  • excepting Thursday afternoon
• Scheduled typically a month or more in advance
• “Remote” monitoring visits
  • Older studies
    • IDS documents are on paper → prefer in-person monitor visits
  • Newer studies
    • IDS documentation is stored electronically → prefer that monitors review documents remotely
    • If monitors don’t have to review physical product, they may not even need to come onsite
How is IP Dispensed?

1. Completed protocol orders are faxed to IDS or entered into Epic@UNC
2. Orders must be signed by provider listed on 1572 and IRB application
3. Per study, notification outside a signed order by a given deadline may be required
4. IDS needs original, signed prescription before we can dispense
How is IP Dispensed?

Verbal notification is not sufficient for preparation of dispense to begin

IP must be picked up from IDS on the same day as the patient visit
Epic Orders

- Outpatient dispensing to be taken home by subject → mostly paper orders
- Administered in the clinic or inpatient settings → orders in Epic to facilitate nurse charting
- EPIC study drug builds should start with ‘Study’ and include the protocol name or reference
- Epic orders should not be entered in advance of subject’s treatment day unless IP can be prepared ahead or this was arranged at study startup
IDS Shipping Address

Investigational Drug Services
3rd Floor, Room N3122
101 Manning Drive
Chapel Hill, NC 27514
Phone: 984-974-0469
Fax: 984-974-6359

- Do not include investigator’s name
- Do not raise shipments without first notifying IDS
INVESTIGATIONAL DRUG SERVICE (IDS)

Andrew Thorne, PharmD, MS
System Clinical Manager, UNC IDS
UNC INVESTIGATIONAL DEVICE POLICY

Amanda Wood, B.S., CCRP, RAC
IND / IDE Program Coordinator,
TraCS Regulatory Service

amanda_wood@med.unc.edu
919-843-9445
What Is A Medical Device?

An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which:

- Is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, or
- Intended to affect the structure or any function of the body, and
- Does not achieve its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes."

Section 201(h) of the FD&C Act
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Section 201(h) of the FD&C Act
What Is A Medical Device?
What Else can be classified as a Device?

Devices don’t need to be applied to or implanted in someone to be considered a device.

Novel blood tests, diagnostic algorithms, and software can all be classified as a device if they meet the federal definition: “Is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease.”

Section 201(h) of the FD&C Act
FDA’s new focus on APPS

“Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease”

reSET®: a prescription digital therapeutic to be used in conjunction with standard outpatient treatment for substance use disorder (SUD)
FDA’s new focus on APPS

“Intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease”
The University of North Carolina Health Care System must ensure compliance with regard to utilization of investigational devices.

There is a policy that governs investigational devices: https://research.unc.edu/human-research-ethics/resources/ccm3_034228/

- Administrative Procedures
- Device Receipt
- Device Storage
- Device Use/Dispensing
- Device Return
Administrative Procedures

Prior to use of an investigational device, the following has to occur:

• **IRB approval**

• **Final sponsor budget** - will sponsor provide device free of cost or must UNC Hospitals purchase? (contact Hospital Purchasing)

• **Contract** must be fully executed (UNC Office of Clinical Trials)

• Must enter trial in CRMS and complete Billing Coverage Analysis (to obtain codes and charges from Integrated Billing Office)

• Notify **UNC HCS Reimbursement** of pending trial. They will coordinate with Medicare Fiscal Intermediary.

• If the study is Investigator-Initiated, additional steps must be taken. (Federal submission and approval, PI oversight, etc.)
Receipt, Storage

- Device Receipt-
  - What Does Protocol say?
  - Request Sponsor to notify of shipment
  - Comply with Sponsor documentation requirements

- Device Storage-
  - Secure and segregated.
  - Clearly identified as investigational

Investigator-Initiated studies carry additional responsibilities pertaining to recordkeeping, etc.
NC TraCS IDE and IND Assistance

It is crucial if your PI is running an Investigator-Initiated Device Study (or drug study!) that they understand the federal requirements involved with holding an IND/IDE. This includes annual reporting, amendment and new protocol submissions, and SAE reporting.

**NC Tracs can assist with:**

- Determining if an IND or IDE is necessary, or if exemption is possible.
- Preparing IND & IDE submissions to the FDA
- Communicating with the FDA to ensure a smoothly executed clinical investigation

[ReGARDD.org](http://ReGARDD.org): A shared CTSA website that is comprised of helpful tools, templates, decision trees, and educational resources to support academic investigators’ regulatory needs. Hosted and maintained by ReGARDD affiliates at UNC, Duke, Wake Forest, and RTI.
Overall Agenda for Orientation

Week 1 –
• Introduction to the series, NCRP and educational programs, Running a clinical trial beginning to end

Week 2 –
• UNC Institutional Review Board Processes, Conflict of Interest

Week 3 –
• Good Clinical Practice and Study Documentation, Informed Consent Processes, Research Monitor Access

Week 4 –
• Contracts and Clinical Trial Agreements, Billing Coverage Analysis, Budgeting and Accounting of Research Funds, Preparing and Executing NIH Budgets

Week 5 –
• Study Startup and Roles of Research Personnel, Recruitment Services and CDW, UNC Investigational Drug Services, Investigational Device Management Policy

Week 6 –
• Investigator-Initiated Study Processes, ClinicalTrials.gov and ICMJE requirements, Investigational Drug and Device studies at UNC
Week 5 Evaluation Link:
https://tinyurl.com/y9zeln66