

Clinical Protocol Metadata – From Concept to Conclusion

David Gemzik

Medidata Solutions

VP, Implementation Services



Trends in Study Design

Annual Trend¹ (from 1999 – 2005)

- # of unique procedures: ↑ 6.5%
- Frequency of procedures per protocol: ↑ 8.7%
- Site work burden to administer each protocol: ↑ 10.5%

Major Contributor...

- Duration of trial time: ↑ 74%
- Patient enrollment cycle time: ↑ 65%
- Number of amendments (\$250~450K to implement one amendment¹)
- Length of CRF: ↑ 270%

Implications for...

- Study results quality
- Scientific value of study²
- Operational efficiencies³
- Time to market
- Cost of development

¹ Assessing the impact of protocol design changes on clinical trial performance, Tufts Center for the Study of Drug Development, Tufts University, Boston, MA

² Tufts CSDD Impact Report Volume 10, No. 1 January/February 2008; Science Magazine Volume 322, 210-213 October 10, 2008;

³ American Journal of Therapeutics Volume 15 No. 5, 1075-2765 September/October 2008

Controlling bloat and complexity in study design can impact millions of dollars in study budget

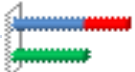
Why Study Design and Protocol?

- Complex protocols have on average one amendment more than simple protocols¹
- Nearly 40% of amendments occur before first subject first dose²
- Protocol Design flaws responsible for 11.3% of amendments²
- 34% of all amendments are partially or completely avoidable²
- 15-30% data never used in NDA¹
 - Simply ensuring the purpose for conducting a procedure is known will reduce cost

¹ 2008 study by Tufts Center for the Study of Drug Development

² Applied Clinical Trials: Protocol Amendments: A costly solution, By Ken Getz, 01 May 2011

Impact of Protocol and Study Design

Clinical Study Analysis (ANTI-INFECTIVE)					
Sponsor vs Industry Median (indications, phase and year)					
Complexity - Study Work Effort	Sponsor	80.57			224% higher
	Industry	36.05			
Total Procedures	Sponsor	254.27			217% higher
	Industry	117.25			
Unique Procedures	Sponsor	31.69			149% higher
	Industry	21.27			
Total Study Visits	Sponsor	10.94			128% higher
	Industry	8.58			
Patients per site	Sponsor	15.40			160% higher
	Industry	9.63			
Cost Per Patient	Sponsor	\$13,810			171% higher
	Industry	\$8,083			
Benefit Per Study (Potential)					
Sponsor spend compared to Industry	Avg/study	\$69,205	Avg of individual study details		

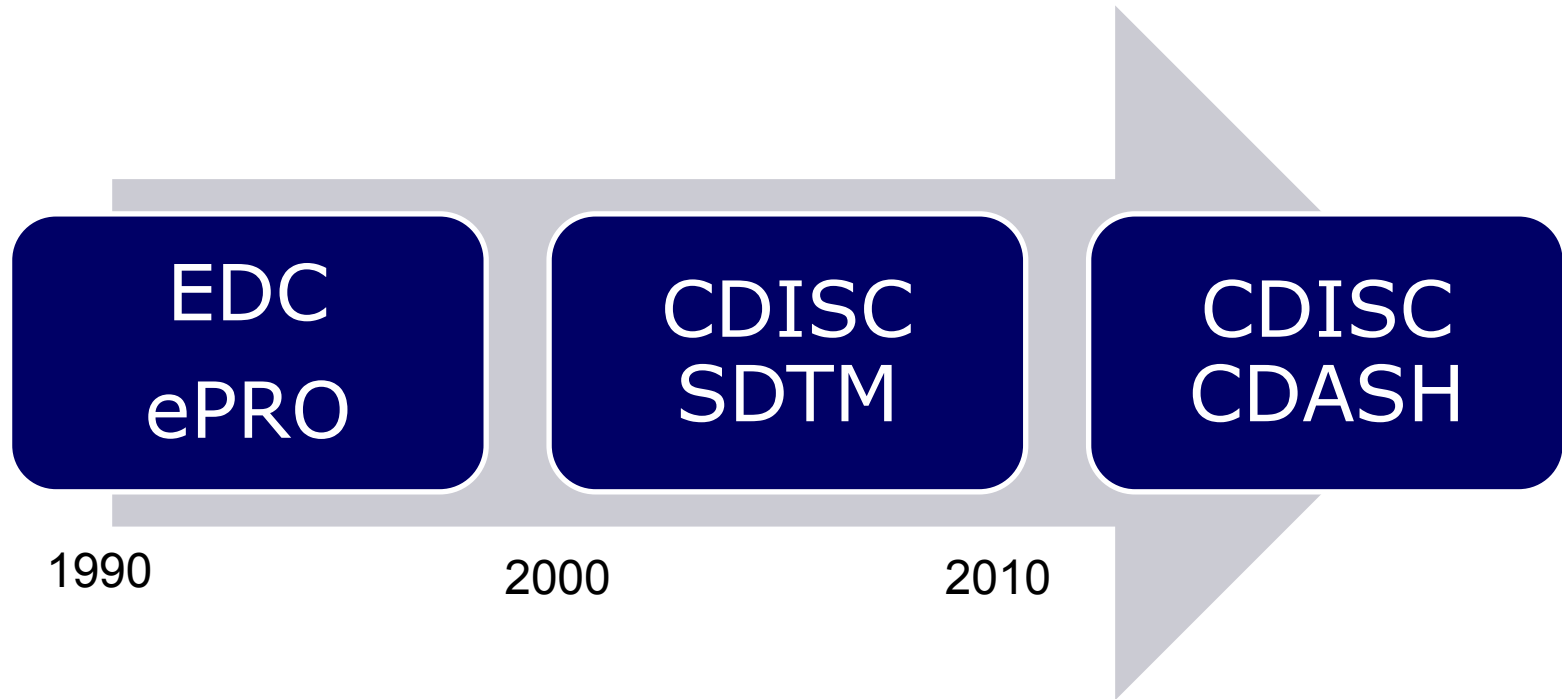
Analysis includes 32 sponsor studies – Medidata PICAS and CROCAS data

Study Design Remains Document Centric



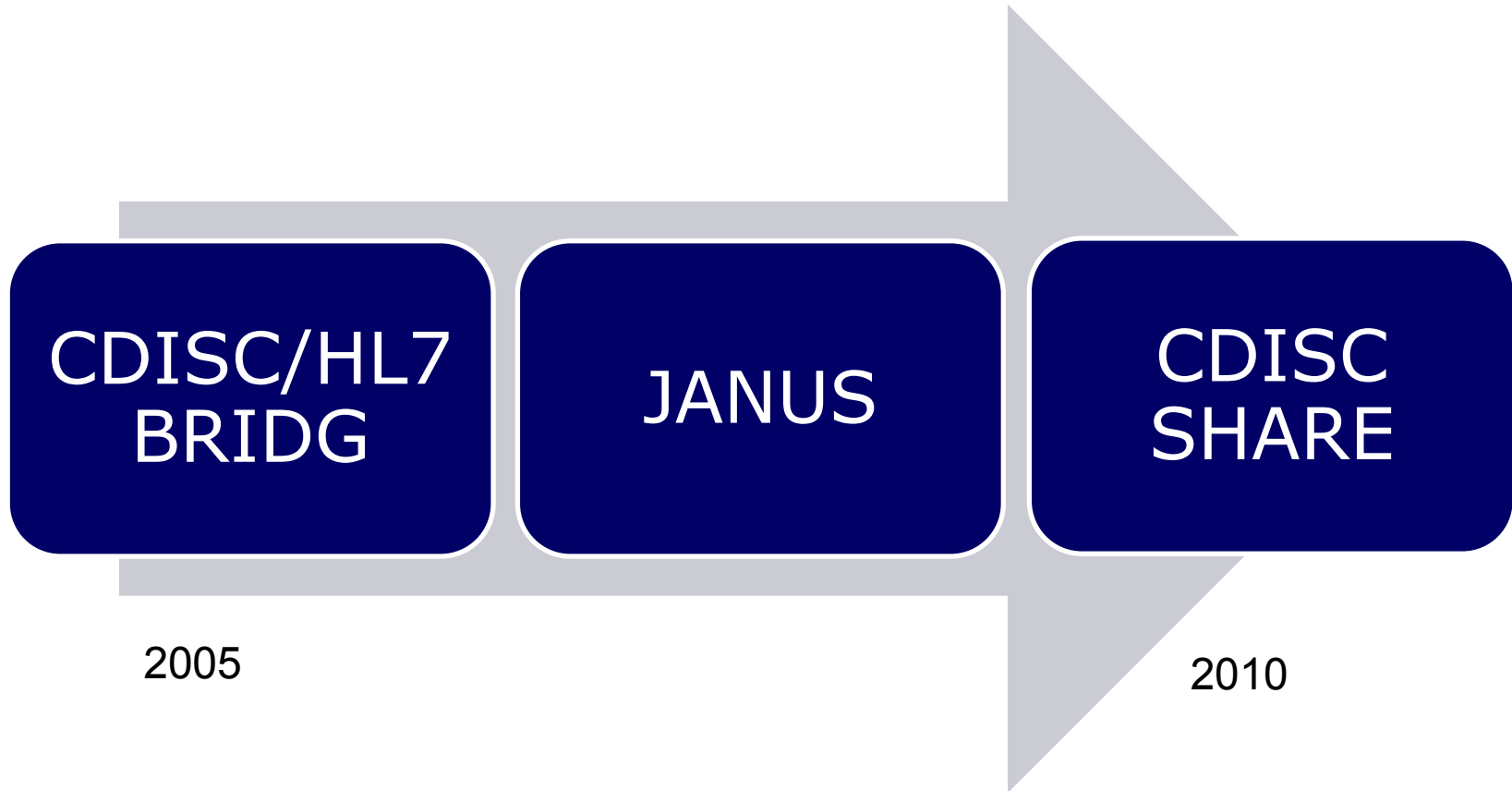
Industry Approach

- Early focus on data collection and submission



Recent Shift in Focus

- Latest focus on consistency of data and metadata throughout lifecycle



Metadata and Study Design

Complexity

- Standard CRF's mapped directly to clinical procedures
- Align Schedule of Activities with anticipated Statistical Analyses

Consistency

- Linking of data within study design (e.g Objectives, Endpoints, Procedures)
- Metadata definition consistent across systems

Reuse

- Up to 80% of study design is not unique to a given study
- Standardized content in study design drive standardized downstream activities (e.g. CDASH CRF's mapped to Clinical Procedures)

From Protocol to Submission

- Make submission metadata available to Clinicians and Writers during study design and protocol creation process and persist through submission



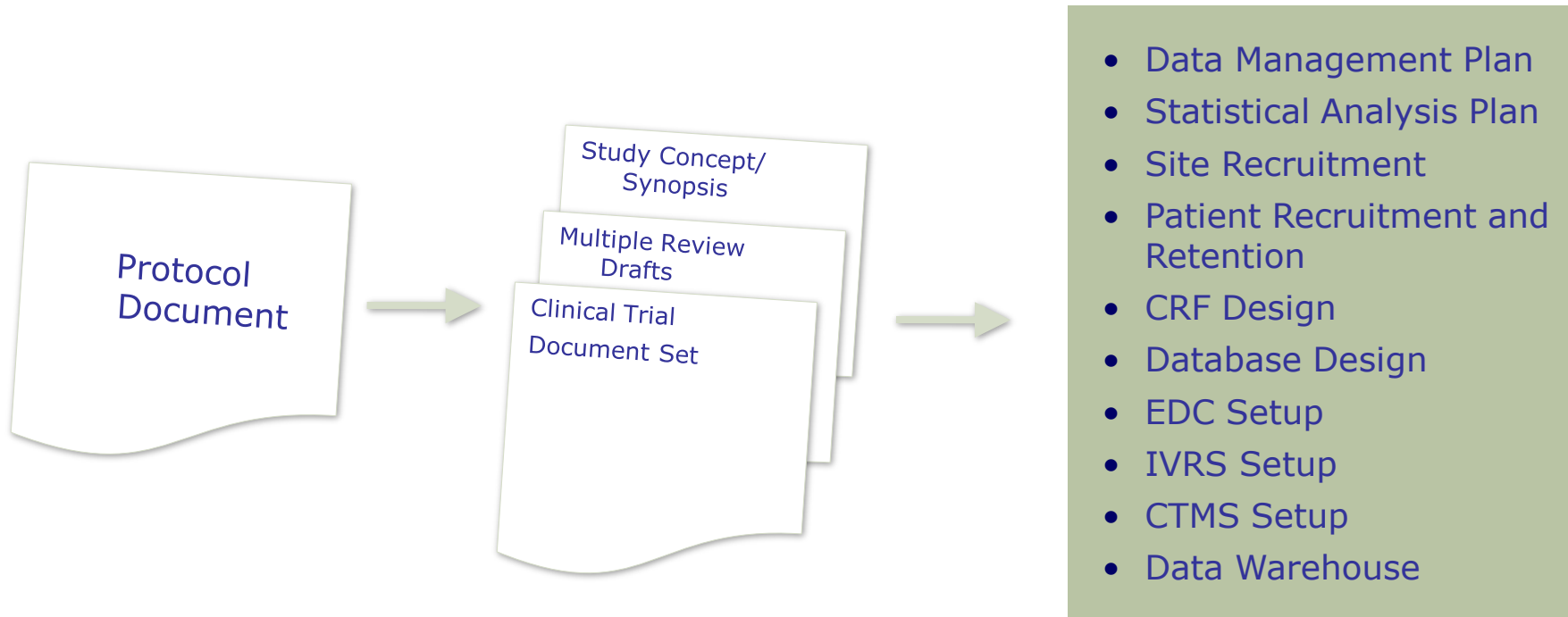
Need for Standard Metadata: Phase of Study

Registry requirement	Data element	Data element definition
Clinicaltrials.gov	Study Phase	Phase of investigation, as defined by the US FDA for trials involving investigational new drugs. (N/A, Phase 0, Phase 1, Phase 1/Phase2, Phase 2, Phase 2/Phase 3, Phase 3, Phase 4)
EudraCT v8	Trial Type	Eight different elements: ■ Trial type human pharmacology (phase I) ■ Trial type First Administration to Humans ■ Trial type Bioequivalence Study ■ Trial type Other ■ Trial type Other specification ■ Trial Type Therapeutic Exploratory (Phase II) ■ Trial type Therapeutic Confirmatory (Phase III) ■ Trial Type Therapeutic Use (Phase IV)
WHO	Study Type - Phase	Phase of investigation, as defined by the US FDA for trials involving investigational new drugs. (N/A, Phase 0, Phase 1, Phase 1/Phase2, Phase 2, Phase 2/Phase 3, Phase 3, Phase 4)

Need for Mappings Does Not Go Away

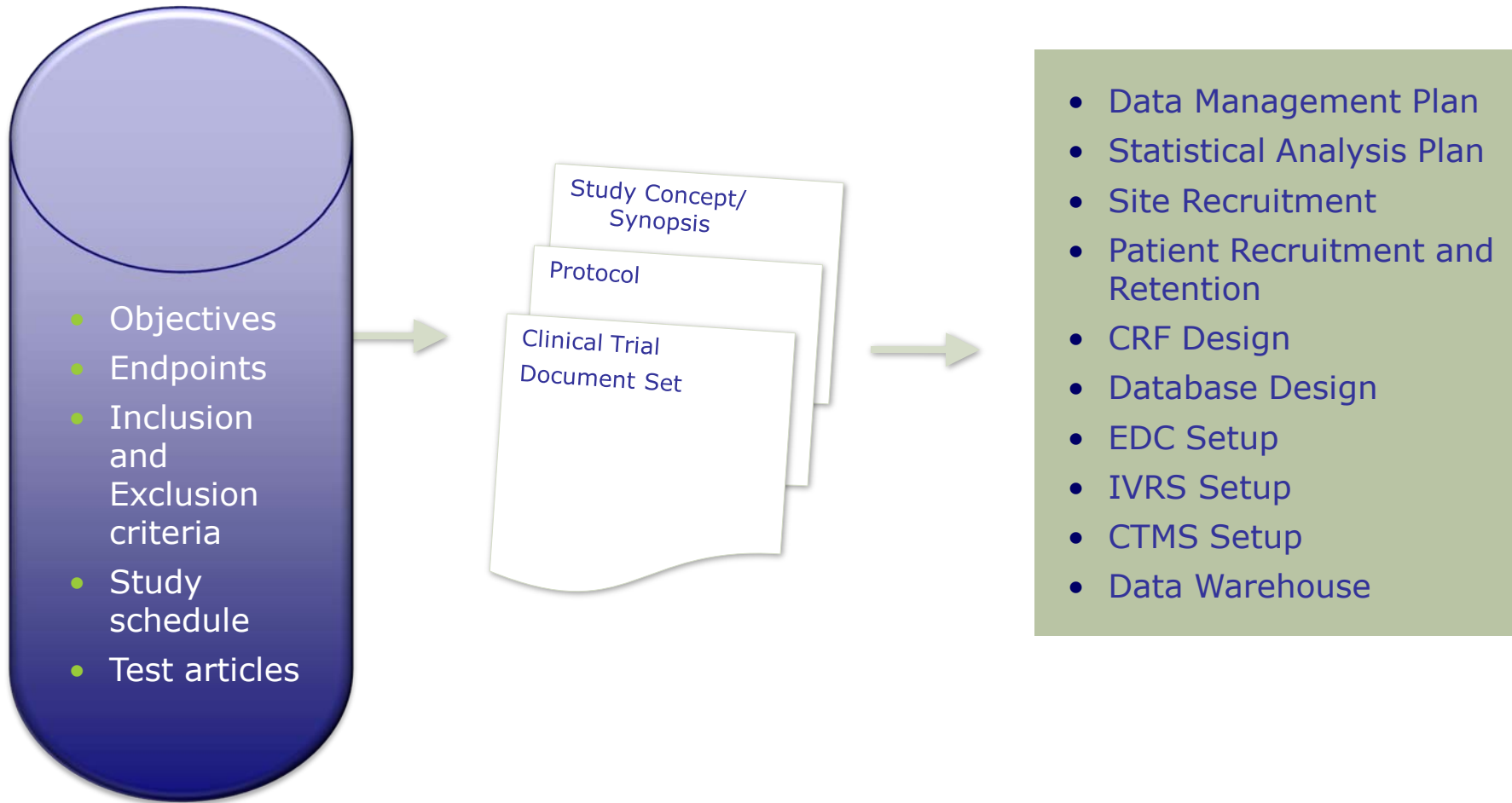
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Current Document Evolution

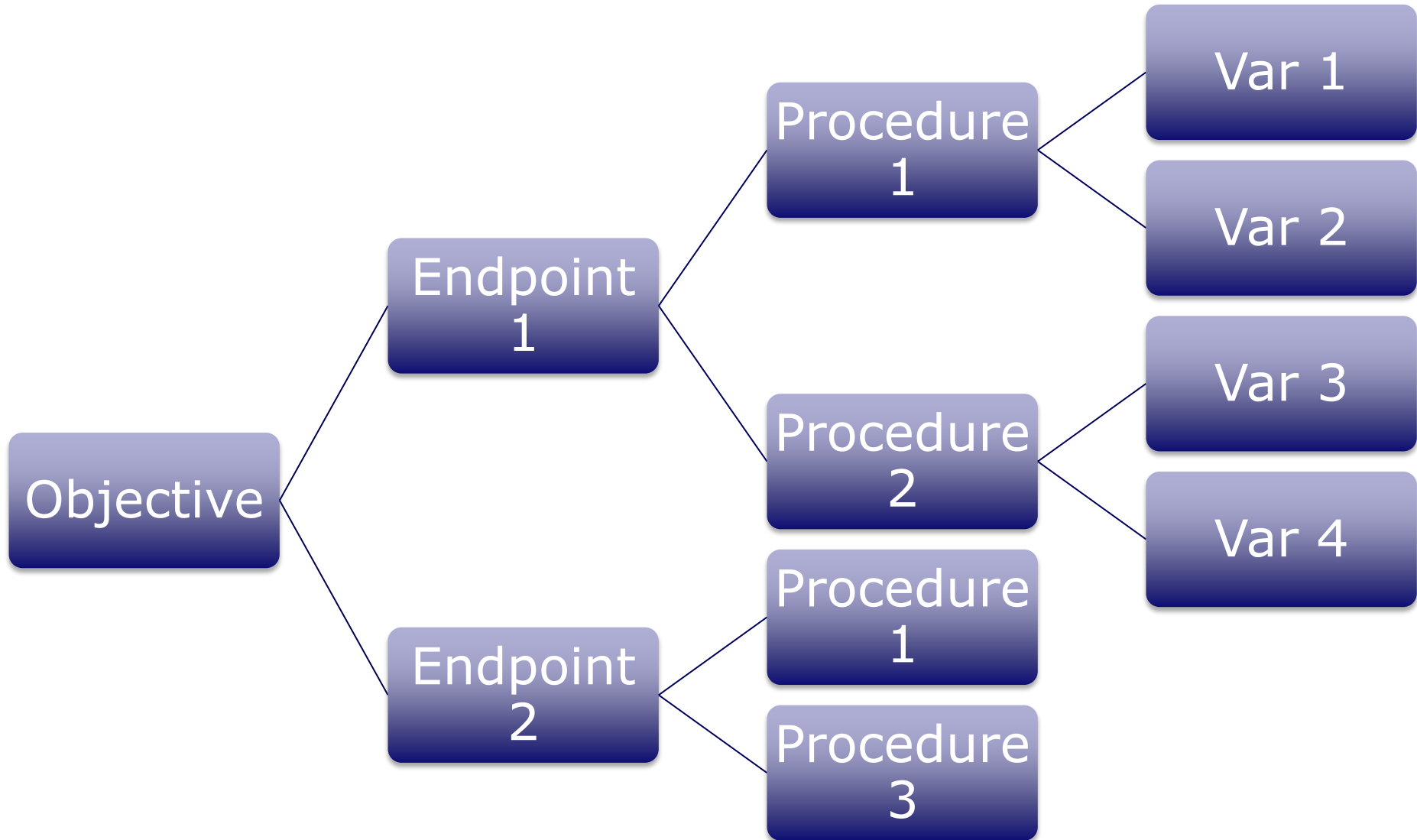


All clinical and operational activities conducted as part of the trial are derived from the protocol

Solution: Real World Design Centric Thinking



Metadata Relationships



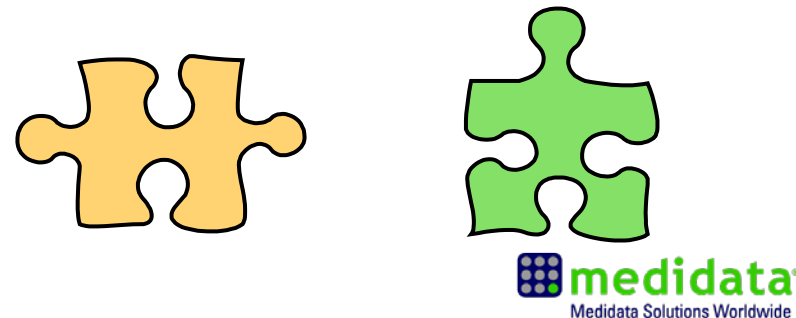
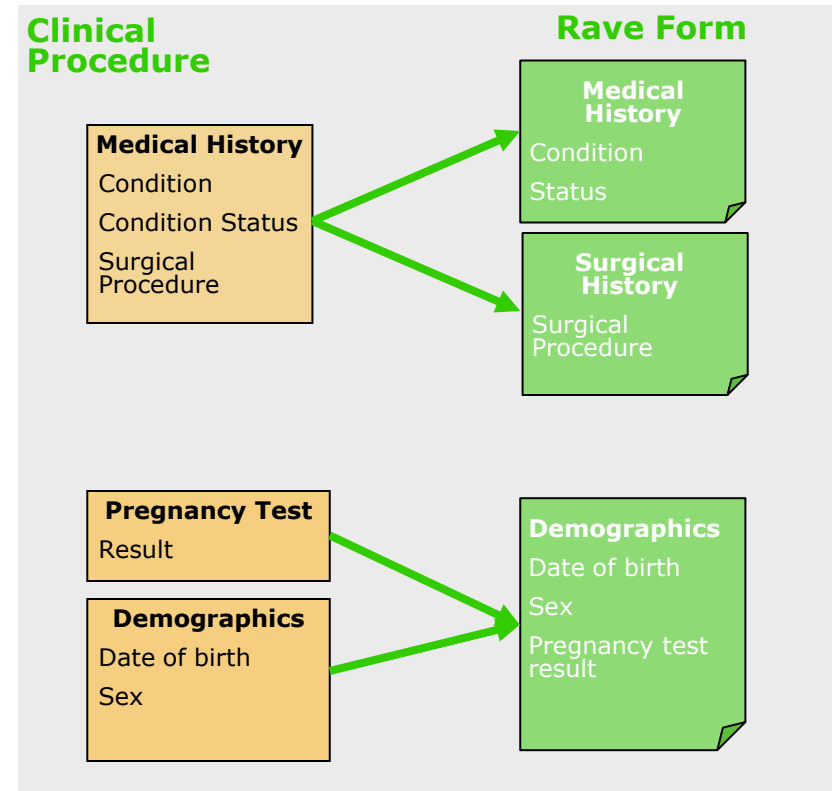
Protocol vs CRF Data Organization

Medidata Designer

- Structured protocol information
 - Visits, procedures, variable information
- Requires information on variable attributes and procedure to variable mappings

Medidata Rave

- Libraries of CRF standards
 - Data standards, variable attribute information
- Requires configuration based on protocol structure



Accessing Average Procedure Costs

Design Guide

File Tools View Help | **B** *I* U **x** **x** **Ω** | Expand all Collapse all Format SOA Show Complexity

MDS130111

medidata Designer

Michelle Marlborough (mmarlborough)
Author
Mdsol Pharma (SAS270)

Bettertol >> SQA CONFIG >> MDS130111 >> Study Design >> Schedule(s) >> SOA1

Study Design Guide

Study Details

- Identification
- Planned Metrics
- Execution
- Organizations and Contacts
- Custom Elements Tab One
- Custom Elements Tab Two

Study Design

- Objectives
- Endpoints
- Eligibility Criteria
- Study Restrictions and Compliance
- Test Article
- Study Arms

Schedule(s)

- SOA1

Study Analysis

- Hypotheses
- Analyses
- Population Sets
- Statistical Models
- Analysis Variables

Study Design Overview

Period
SubPeriod
Event

Screening
Visit 1 Visit 2 Visit 3

Treatment
Visit 4 Visit 5 Visit 6

Follow Up
Visit 7 Visit 8

Manage Tasks

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	
Informed Consent Process	✓								100
Demographic Information	✓								20
Initial Gyn & Phys Exam, Vitals	✓								28
Inpatient Vitals	✓	✓	✓	✓	✓	✓	✓	✓	600
Hemogram (CBC) w/ Plate & Auto Diff	✓		✓		✓		✓		196
Creatine Kinase (CK)(CPK); Total		✓		✓		✓		✓	480
Physician Tol/Safety Rating (5 min)				✓		✓		✓	0
Patient Tolerability/Safety Rating			✓	✓	✓	✓		✓	0
Subj Global Assess of Pain Control			✓	✓	✓	✓			600
Total Cost									\$ 2204

Event Details | Timing | Footnotes

Visit 4 [Total Cost: 420\$ Total Complexity: 1.07]

Visit Name: Visit 4

Visit Type: Visit

Study Day:

Duration:

<select>

Copy Delete

View Schedule of Procedures

Save Exit Design Guide

Accessing Protocol Design Benchmarks



Michelle Marlborough (mmarlborough)
Author
Mdsol Pharma (SAS270)

Fixitol >> MDS10347 Food Interaction Study >> Procedure Benchmarks >> All Subjects >> PAIN

Study Design Guide

Study Design Overview

Study Design Metrics - Summary

- All Subjects

Procedure Benchmarks

- All Subjects

Procedure Benchmarks - By phase 2 / PAIN

Procedures (7)	Average US Cost (\$)	Complexity	Study Frequency	% of Studies	Benchmark Average Frequency	Benchmark Frequency Range	Specificity
Adverse Events Assessment	27	0.2	12	100	9	3-25	IG
Clinical Chemistry	73	0.3	18	8	2	2-2	IG
Demographic Information	50	0.2	2	NA	NA	NA	
Informed Consent Process	75	0.2	4	100	1	1-2	IG
Inpatient Vitals	56	0.4	20	16	7	1-20	IG
Review Concomitant Meds	25	0.2	2	95	10	1-26	IG
Single Drug Level	25	0.2	20	29	8	2-15	IG

IG - Indication Group

TA - Therapeutic Area

Out of Benchmark Range

Above Average

Save

Exit Design Guide

Questions?

