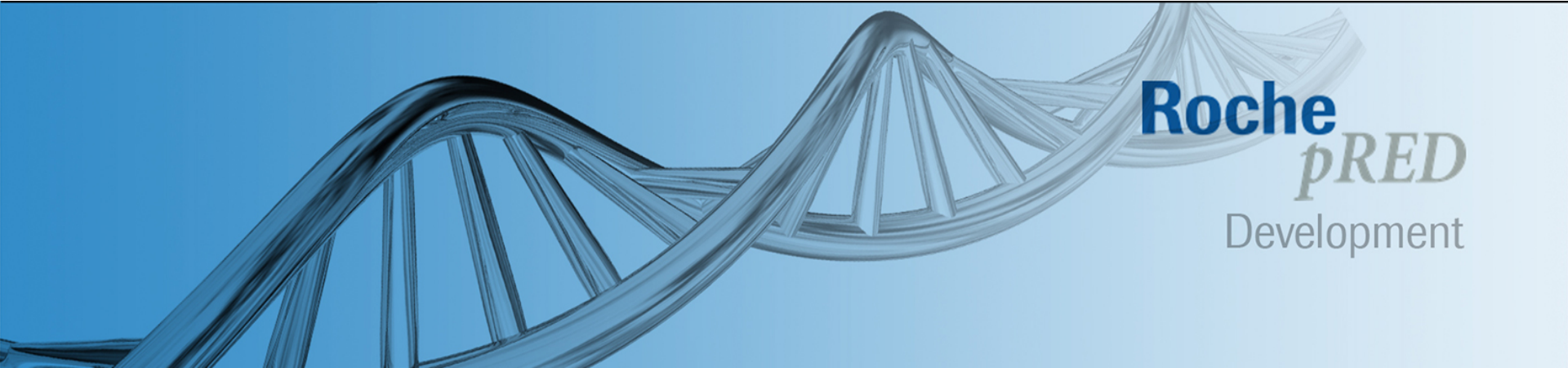


Standard Protocols using Guided Navigation

Phuse 2013, CD07

Michaela Jahn



Roche
pRED
Development

Background

Situation at pRED Roche 1 year ago

Various Protocol Templates

- 13 Protocol synopsis templates
- Multiple protocol templates
 - Phase I pharmacology studies
 - Phase III oncology study
- Word-based documents, pre-populated text, hidden text to cover instructions, color coding for examples
- Where is the most current version?
- Have all templates been updated systematically?
- Ensure all templates reflect the latest regulations

Characteristics of a Clinical Protocol

- Multiple stakeholders
 - Internally (e.g. members of study management teams, deciding bodies, sponsoring bodies)
 - Externally (e.g. ethics boards, health authorities, investigators)
- Multiple contributors
 - Science, Pharmacology, Statistician, Regulatory, Data Management, Drug Safety, ...
- Multiple purposes
 - Scientific explanations, procedural guidance, safety considerations, statistical plans and justifications
- Multiple users
 - Study management team, investigational site staff, (central) laboratories, ...

Various Facets of a Clinical Protocol

- Early vs late phase during drug development
- Healthy volunteers vs patients
- Different therapeutic areas (e.g. Oncology, Neuroscience, Metabolism)
- Different procedures (e.g. IxRS, labs, imaging)
- Different statistical analysis methods
- Up to date re regulations
- Different country requirements

ONE Protocol Template



But, HOW

Approach

- Functional approval to work on one protocol/synopsis template
- Form interdisciplinary team across the whole organization
- Cover all functions involved in the management of a clinical study (~25 team members)
- Include IT as well
- Evaluate existing templates and use one template as starting point
- Review and compare template
 - Identify areas that differentiate protocols
- Team review
 - Brainstorm technical solution
- Functional review
 - Implement solution
 - Testing with end users
- Training and roll-out to all members of a study management team

Solution: Guided Navigation Using Trigger Points

Protocol Selection

Protocol Selection List

Select All Reset

☐ All SELECT FOR PROTOCOL BACKBONE!

☒ Protocol Backbone (minimum)

☐ All DTA / Grouping

☐ ClinPharm ☐ CVM ☐ NeuroSci
☐ ONC ☐ VIR

☐ All Study Objectives

☐ Pharmacodynamics ☐ Pharmacokinetics ☐ Genotyping

☐ All Study Type

☐ Drug-Drug Interaction ☐ Single Ascending Dose ☐ Multiple Ascending Dose
☐ Mass Balance ☐ Bioequivalence ☐ Dose-Finding
☐ Efficacy

☐ All Study Design

☐ Single-Blind ☐ Double-Blind ☐ Interim Analysis

☐ All Study Incl/Excl Criteria

☐ Genotoxic Potential ☐ Teratogenic Potential ☐ No Sample Text

☐ All Study Parameters

☐ Exploratory ☐ Patient Reported Outcome ☐ Electronic PRO
☐ Mortality Follow-up ☐ RCR

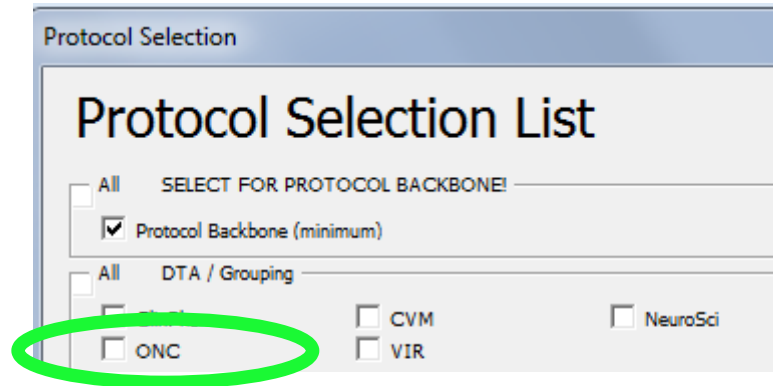
☐ All Study Support

☐ IVRS ☐ Safety Plan Required ☐ Post-Trial Treatment Access
☐ Permitted Therapy Req ☐ Prohibited Therapy Req ☐ Review Committees
☐ EU Centers ☐ US Centers ☐ Roche Data Management
☐ CRO Data Management ☐ FDG PET Imaging

Export

Cancel

Example

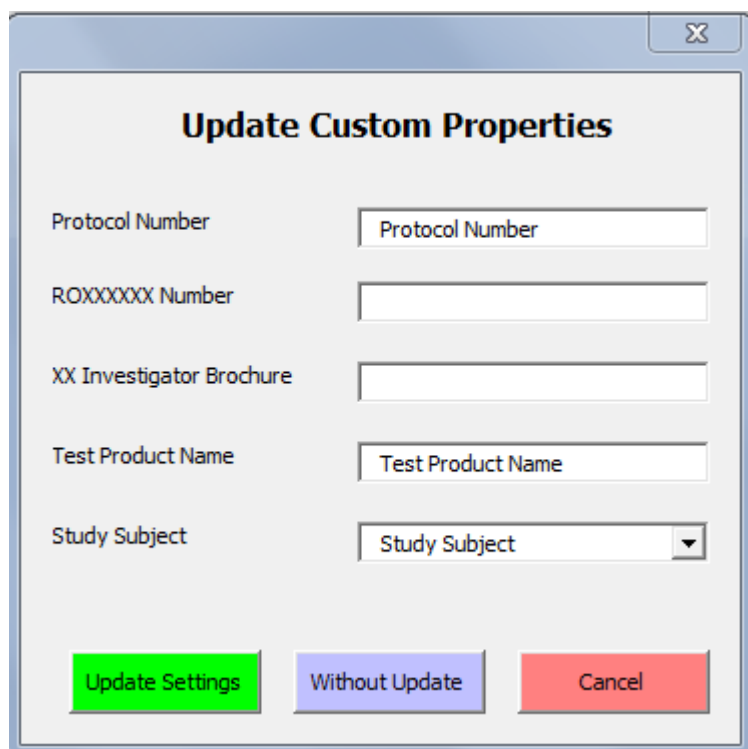


The image shows a software window titled "Protocol Selection". Inside, there is a section titled "Protocol Selection List". Below this title, there are two main sections. The first section is labeled "SELECT FOR PROTOCOL BACKBONE!" and contains a checkbox labeled "All" and a checked checkbox labeled "Protocol Backbone (minimum)". The second section is labeled "DTA / Grouping" and contains several checkboxes: "All", "ONC", "CVM", "VIR", and "NeuroSci". The "ONC" checkbox is circled in green.

- List of abbreviations
- Specific examples in various sections (e.g. dose escalation decision criteria, rational for study design, disease specific assessments, study subject discontinuation, assessment of severity of adverse events)
- Abnormal liver function test
- Definition of lack of efficacy or worsening of condition
- Efficacy outcome measures proposed
- (Prolonged) hospitalization
- Recording of post study adverse events

Define Protocol Parameters

- Protocol Number
- Reference to protocol population (subjects, healthy volunteers, patients ...)
- “Save as” as final step to get to the tailored protocol template



Update Custom Properties

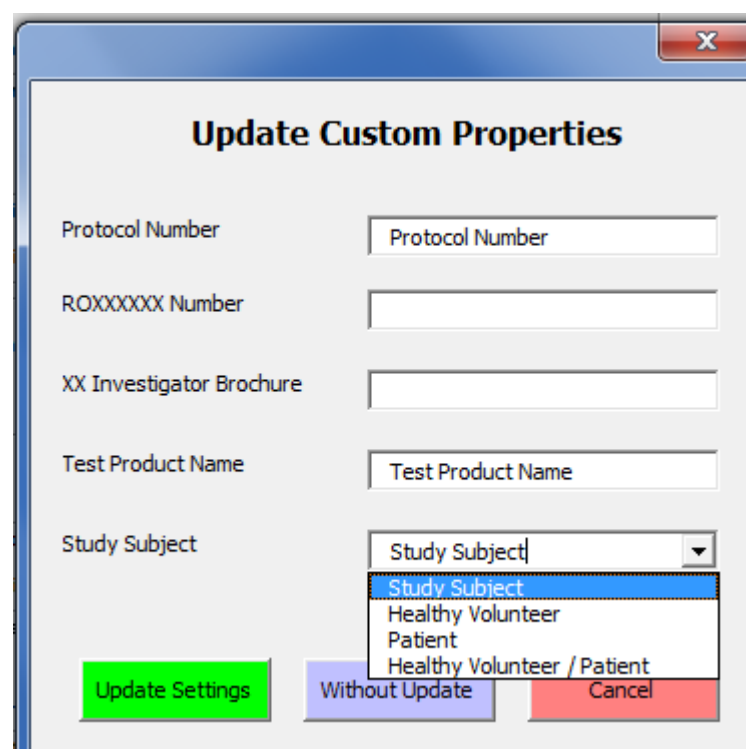
Protocol Number

ROXXXXXX Number

XX Investigator Brochure

Test Product Name

Study Subject



Update Custom Properties

Protocol Number

ROXXXXXX Number

XX Investigator Brochure

Test Product Name

Study Subject

- Study Subject
- Healthy Volunteer
- Patient
- Healthy Volunteer / Patient

Technical Implementation

- Concept similar to component-based authoring – create optimized protocol for starting protocol development from identified triggers which compile the appropriate text blocks for protocol
- Text building blocks are stored in the Word template and identified by triggers selected by the protocol author
- Trigger points that are selected within the guided navigation form are managed in VBA macro
- End user installs one file locally on system, the triggers are kept on a central server that can be updated by maintenance team and is automatically updated when the protocol is downloaded from the server

Maintenance and Updates

- Maintenance group with representation from all functions involved in study management is in place
- Template and guided navigation is owned by the maintenance group
- Corrects / additions to the template or the guided navigation are proposed by end users
- Addition of new triggers is easy and quickly done

Success Factors - People Focus

- Regular update to whole team
- 1-1 with key players
- Stakeholder management
- Team members as ambassadors and reps within their functions
- Close collaboration of IT skilled people and end users
- Tailored presentations to individual functions
- Tailored training and roll-out plan

Outlook – Schedule of Assessment

Poster Session, PP15, Anna-Louise Willson

“Supporting End to End Standards in Study Set Up”

Table: Schedule of Assessment 1						
	Screening/ Baseline	Treatment Visit				
		Visit 1			Visit 2	
Day	-28 to -1	-1	1	2	-1	1
Informed Consent						
Physical Examination						
Randomisation	X					
Demography	X					
Eligibility	X					
Medical History	X					
Anthropometric Measurements						
Vital Signs			X	X	X	X
ECG - 12 Lead			X	X		
PK Blood Samples			X			
Adverse Event or Intercurrent Illness						
Previous and Concomitant Treatments						

Table 1: Study Grid 1

Index for
this grid:

927

ence Cost
ex for
pecific
ssment

DO NOT
MODIFY

0	0	MDD
0	0	MDD
0	0	
104	104	
0	0	

Visit/Cycle that is
repeated (only if no
hourly is used):



of Assessments / and Reference Cost Index per Visit

0	0	0	0
840	58	29	0

Cycle	Form OID	Results loaded to Rave (Flow 2)	Results loaded to BCE (Flow 3)	Other storage solution (Flow 4)	Subject Level Forms	Screening	Study 1		Unscheduled Forms
Day						D-28 to D-2	Day 1	Day 2	
Visit Window						notime			
Assessments									
Enrollment	EN					X			
Visit Date	VISIT					X	X	X	
Randomisation	RAND					X			
Demography	DM					X			
Eligibility	ELIG					X			

***Doing now what patients need
next***