



CENTRALISED MONITORING OF DATA

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AGENDA



Fast Track to Approval: Speed and Efficiency

- ★ Why start to implement a risk-based approach
- ★ Risk-based approach and centralised monitoring
- ★ What have we done so far in Lundbeck
- ★ Examples of metrics and centralised monitoring
- ★ Next steps
- ★ Summary

What is a **risk-based** approach?

Targeted?

Adapted?

Planned?

Intelligent?

Focused?



Why start to implement a risk-based approach?

- ★ Regulatory guidance
- ★ Change focus from quantity to quality
- ★ Increased number and more complex clinical trials
- ★ Increased costs

Definition of Centralised Monitoring 1(2)

ICH E6 R2 draft version,
Centralised monitoring



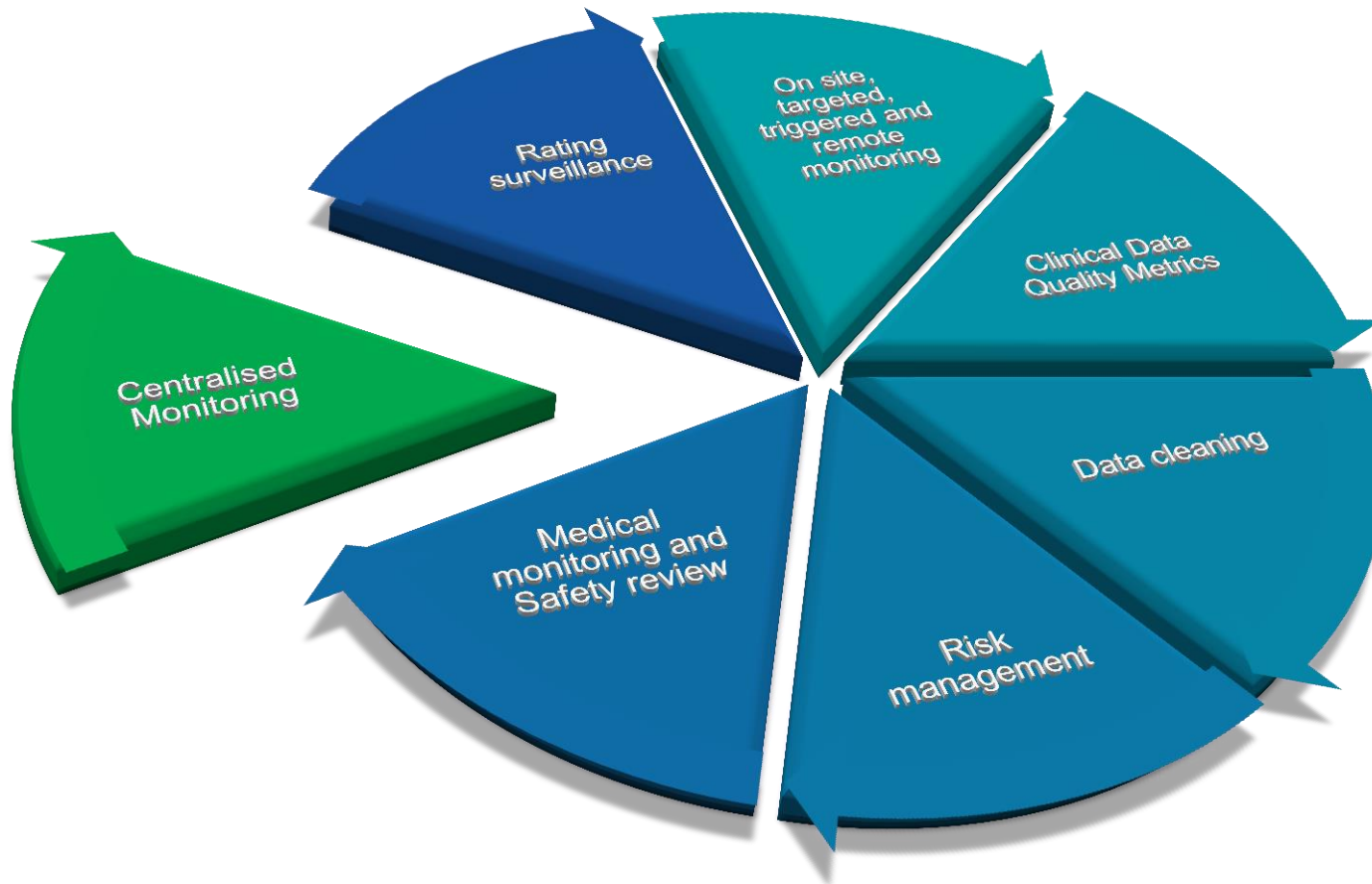
“is a remote evaluation of ongoing and/or cumulative data collected from trial sites, in a timely manner”

Definition of Centralised Monitoring 2(2)

- ★ Support the routine monitoring (targeted approach)
- ★ Routine review of data
- ★ Review of:
 - ★ missing and inconsistent data
 - ★ outliers or unexpected lack of variability
 - ★ protocol deviations
 - ★ etc.
- ★ Site performance, within or across sites

How will this be better?

Combination of automated, analytical and visualization tools and processes



What have we done so far at Lundbeck? 1(2)

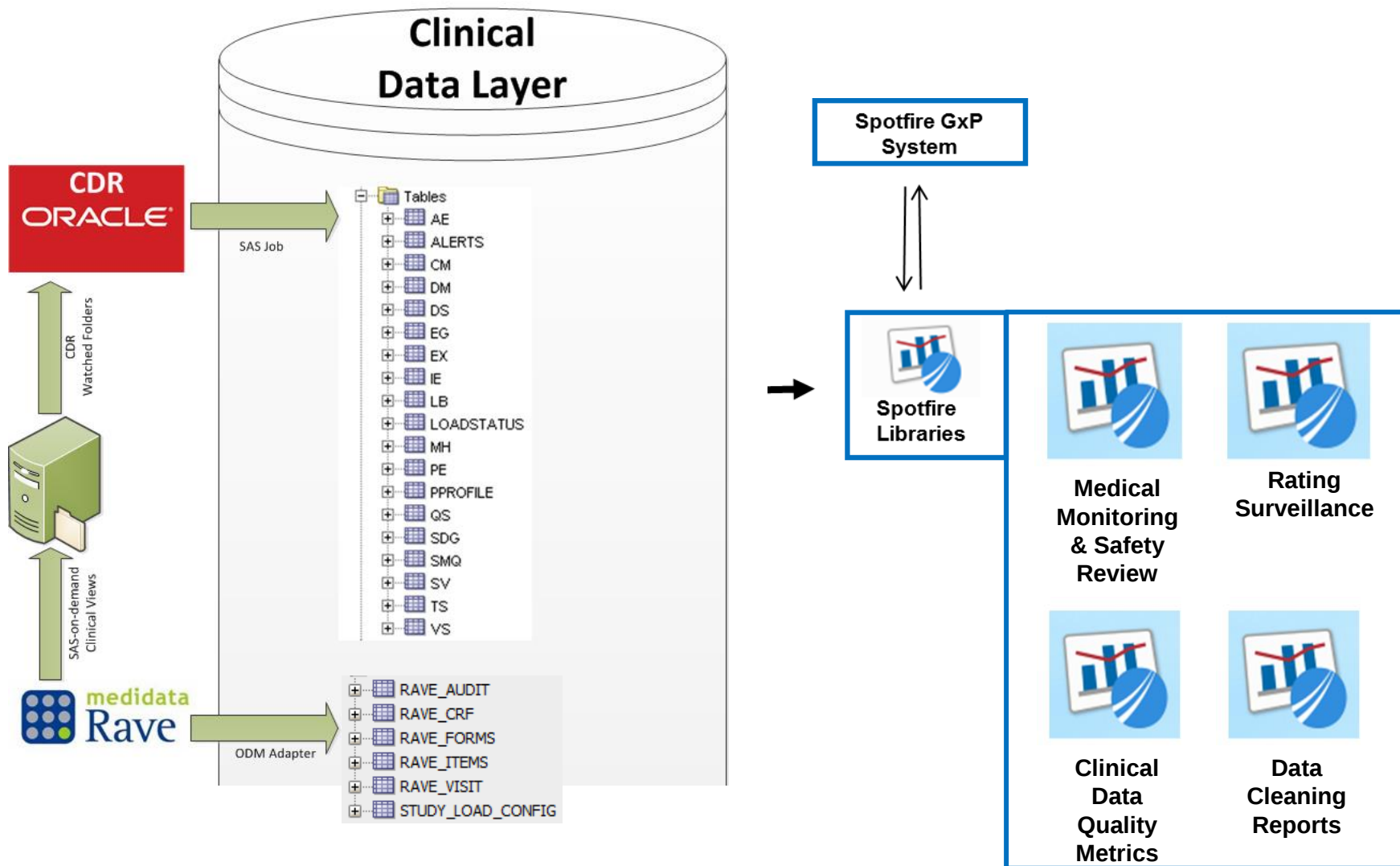
- ★ Identification of risks, triggers and creating of action plans
- ★ Identification of critical data variables and processes
- ★ Communication between team, CRO, site
- ★ On-site, targeted, triggered and remote monitoring
- ★ Regular meetings – assess safety and quality trends

Risk levels



What have we done so far at Lundbeck? 2(2)

- ★ Review of clinical data quality metrics
- ★ Medical monitoring and safety review
- ★ Data cleaning activities
- ★ **Centralised monitoring**



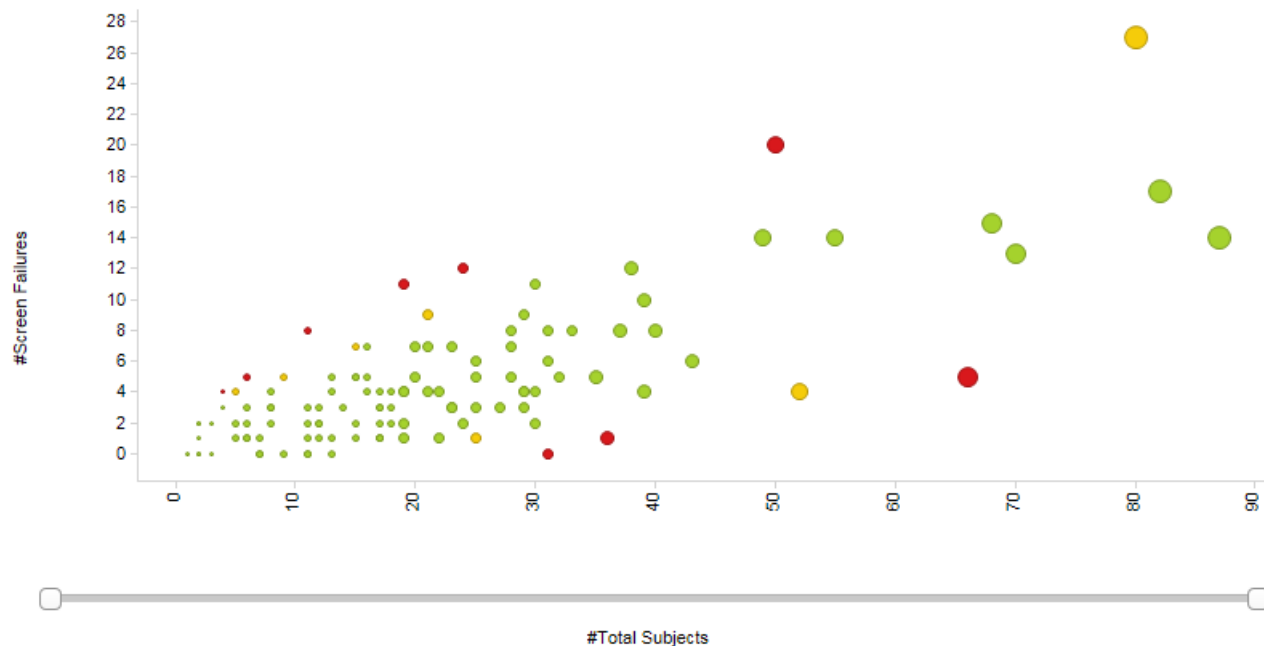
Risk Indicators – Screening Failure Rates

Risk Indicators

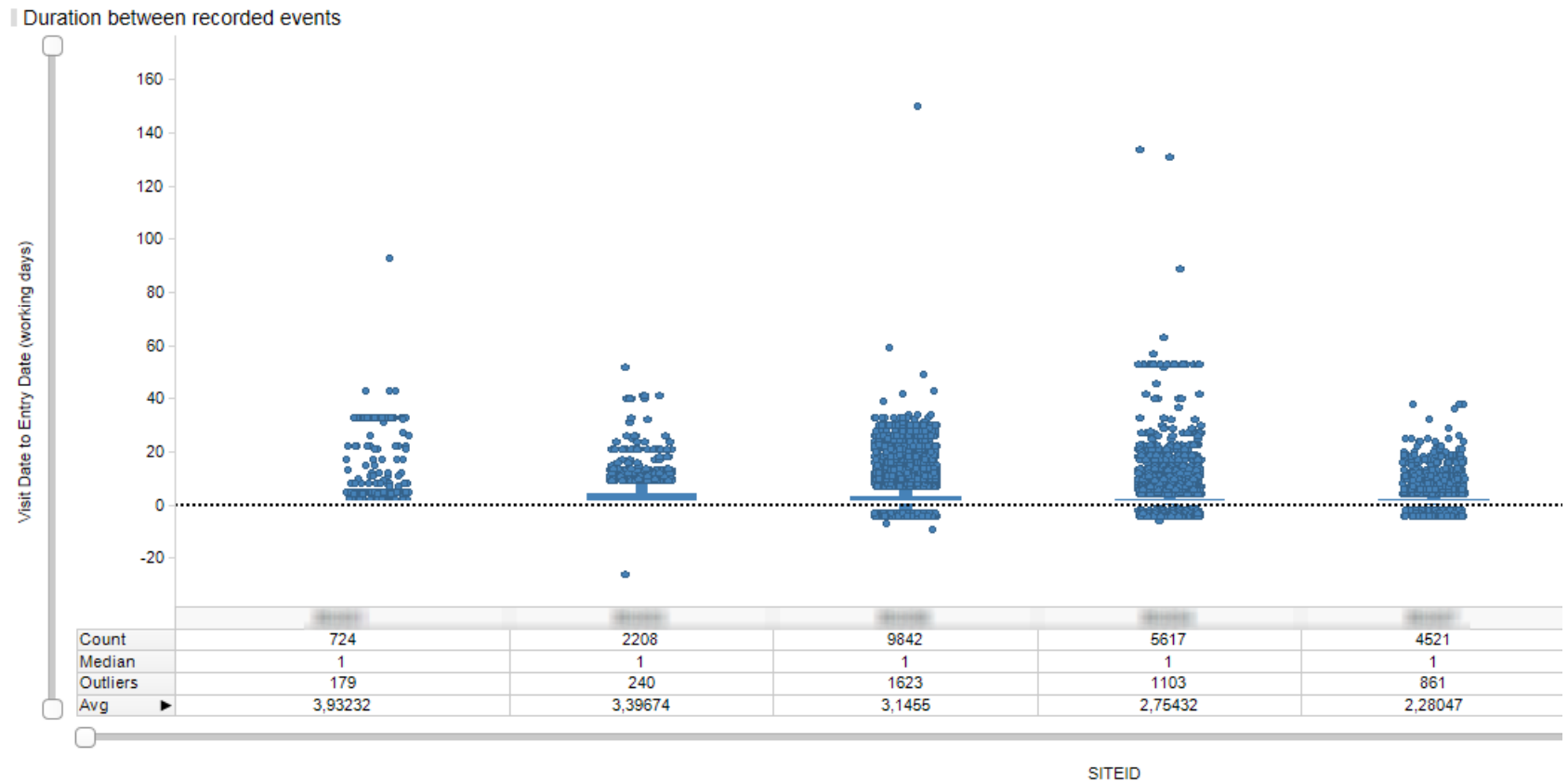
SITEID	Overall Risk Indicator Level ▲	Site AE Rate (per PatientYears)	Site SAE Rate (per PatientYears)	Site CM Rate (per PatientYears)	Site MH Rate (per PatientYears)	Site Withdrawal Rate (per PatientYears)	Site Screening Failure Rate (per Total Subjects)
100001	HIGH	3,77	0,00	1,80	2,60	0,27	0,00
100002	HIGH	2,76	0,00	0,50	2,32	0,06	0,11
100003	HIGH	1,06	0,00	0,23	2,87	0,35	0,22
100004	HIGH	2,52	0,00	0,48	2,62	0,13	0,08
100005	HIGH	3,44	0,00	0,19	3,25	0,32	0,04
100006	HIGH	2,66					
100007	HIGH	1,46					
100008	HIGH	1,37					
100009	HIGH	8,34					
100010	HIGH	1,51					
100011	HIGH	30,42					
100012	HIGH	1,87					
100013	HIGH	3,61					
100014	HIGH	12,21					
100015	HIGH	5,82					
100016	HIGH	2,59					
100017	HIGH	15,46					

Screening Failures

Size is based on the number of subjects at site, and color is based on the risk level.



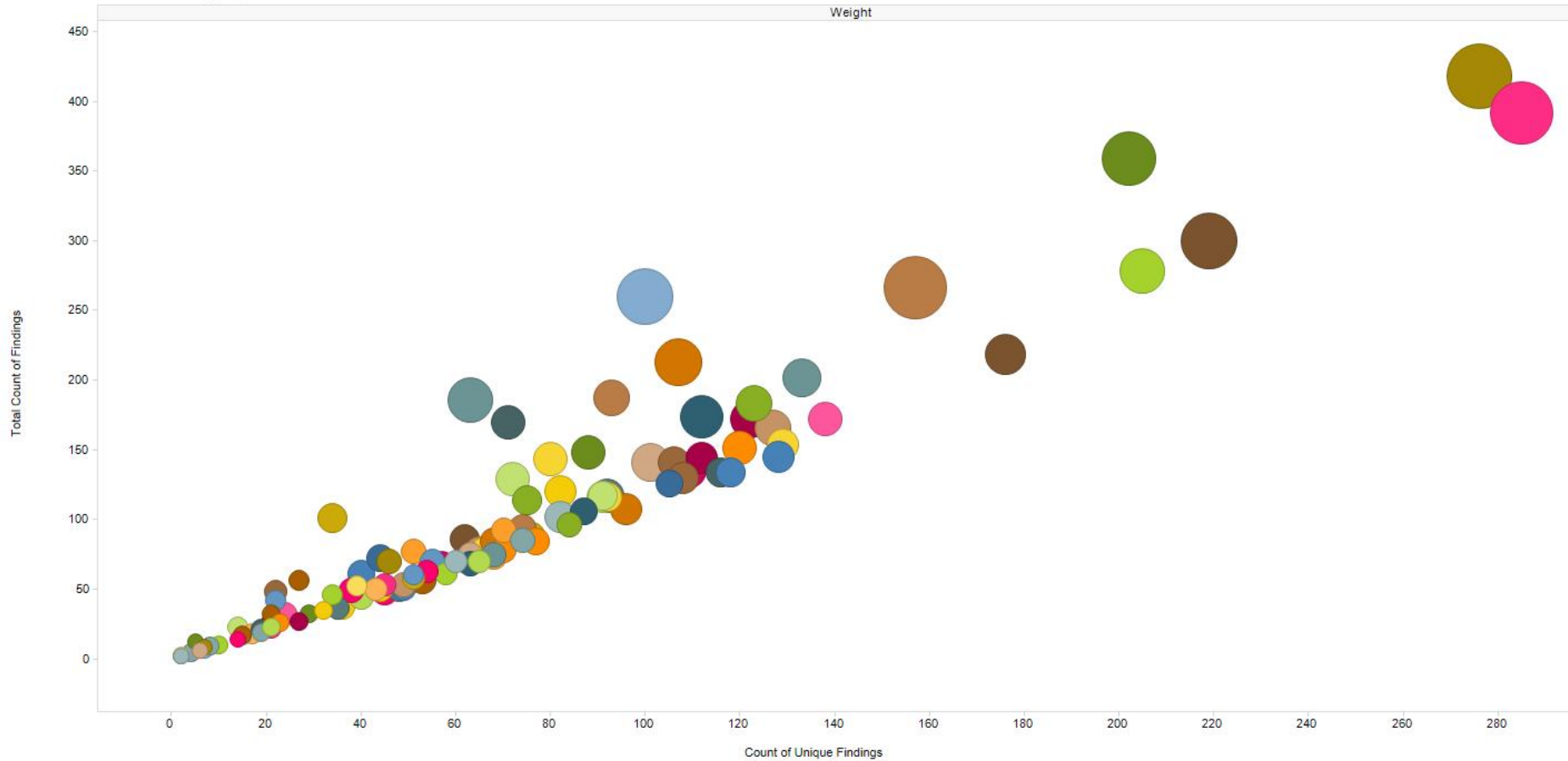
Time from visit to data entry



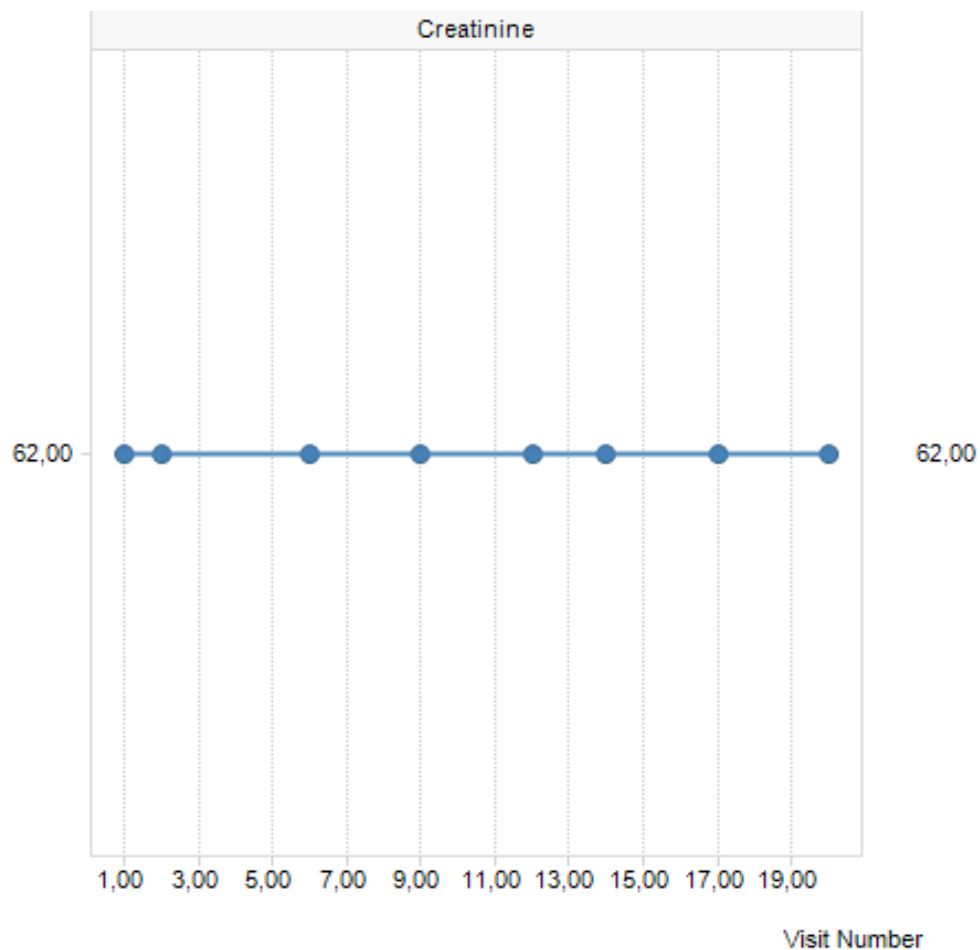
Results Variability - Weight

Results Variability

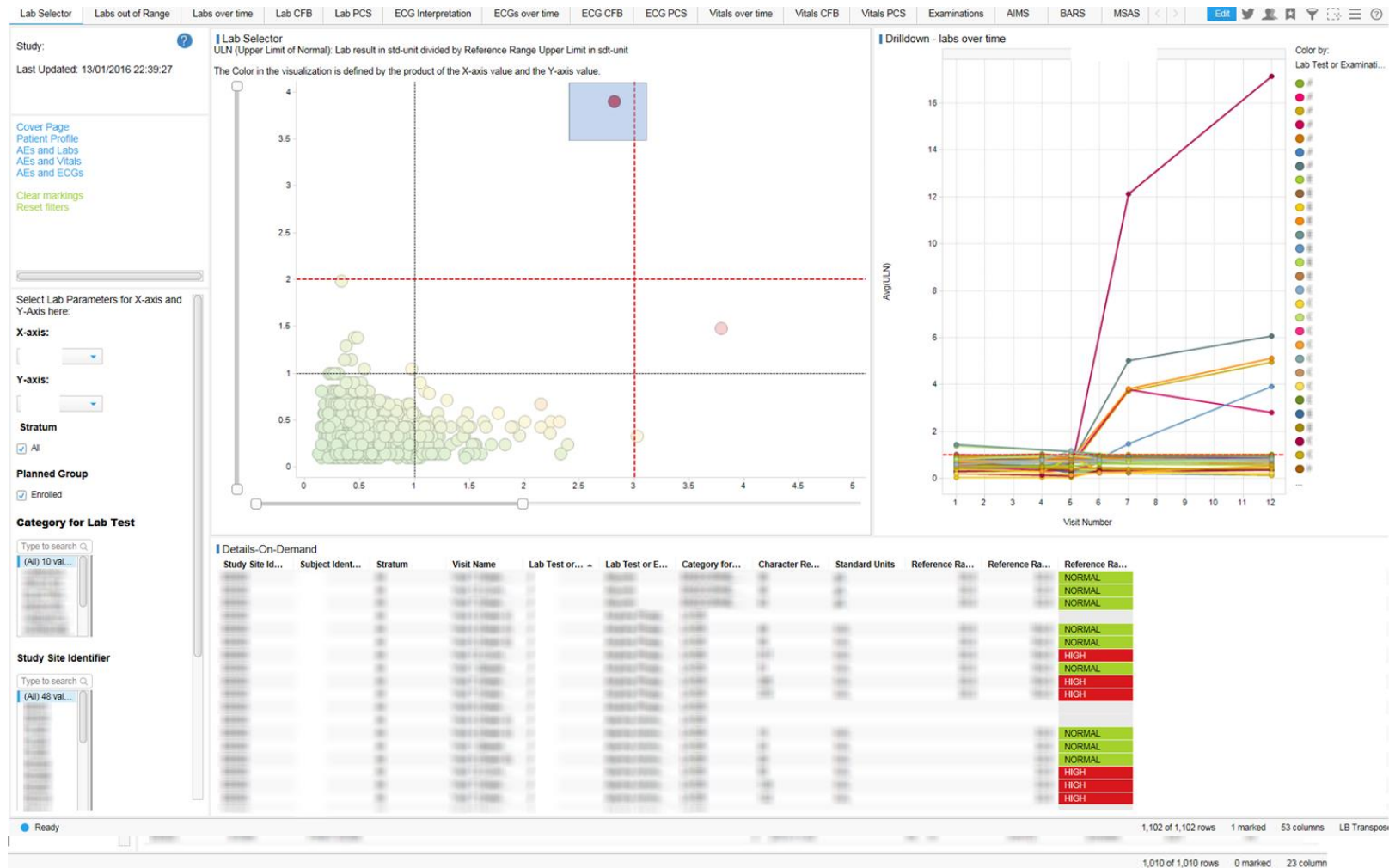
Size is based on the number of subjects, and color is based on the site identifier.



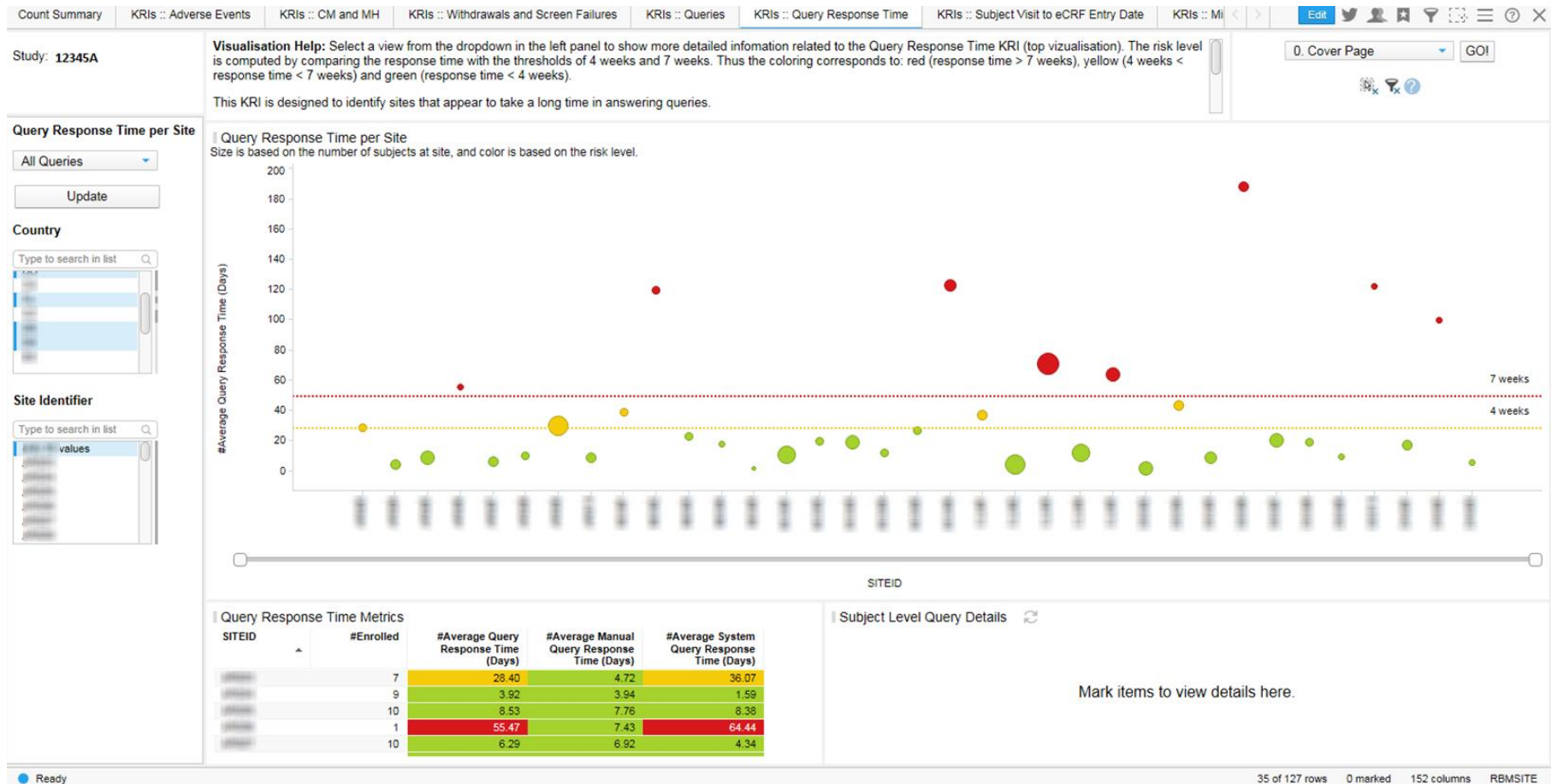
Site Quality – Value propagation Example



Medical Monitoring and Safety Review (MMSR)



Clinical Data Quality Metrics (CDQM)



Next steps

Continue to improve the risk-based process including centralised monitoring and adapt to ICH E6 (R2):

- ★ Develop standard tool/tracker for documenting & tracking discussion/actions taken throughout process
- ★ Further develop tools to assist in monitoring data quality
- ★ Use Spotfire to visualize data based on the Rave clinical views and audit trail as a source

Summary

Risk-based approach and centralised monitoring

Fast Track to Approval: Speed and Efficiency



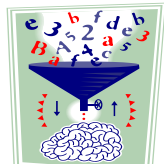
Authorities support



Holistic view across whole process



Proactive, targeted risk based approach



Centralised monitoring - Improve data quality, integrity



Greater and focused teamwork



Spent on “right” tasks



**Quality –
“fit for purpose”**

Questions

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