

Practical Elements of Trial Development: Regulatory Standards and Contracts

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If There is A Main Message ...

Make sure you are working with pros!



Objectives

To review:

- Broad principles of randomized controlled trials
- Linking principles to regulations
- Linking principles to roles and responsibilities

Broad Principles of Randomized Controlled Trials



If There is A Main Message ...

- There are two extreme “attitudes” in conducting clinical trials: “Pragmatic” and “Explanatory”
- The trials have different objectives and are associated with results that have different uses
- Understanding where a the research question of a trial fits in this spectrum will help you understand many aspects of trial preparation, conduct and interpretation
- Consider the “continuum”

Meyer RM. Contrasting Explanatory and Pragmatic Randomized Controlled Trials in Oncology. Education Book, American Society of Clinical Oncology

2011: 72-75.

“The Architecture of Clinical Research”



“The Architecture of Clinical Research”



**RCTs have control and experiment groups
that are assigned by random allocation**

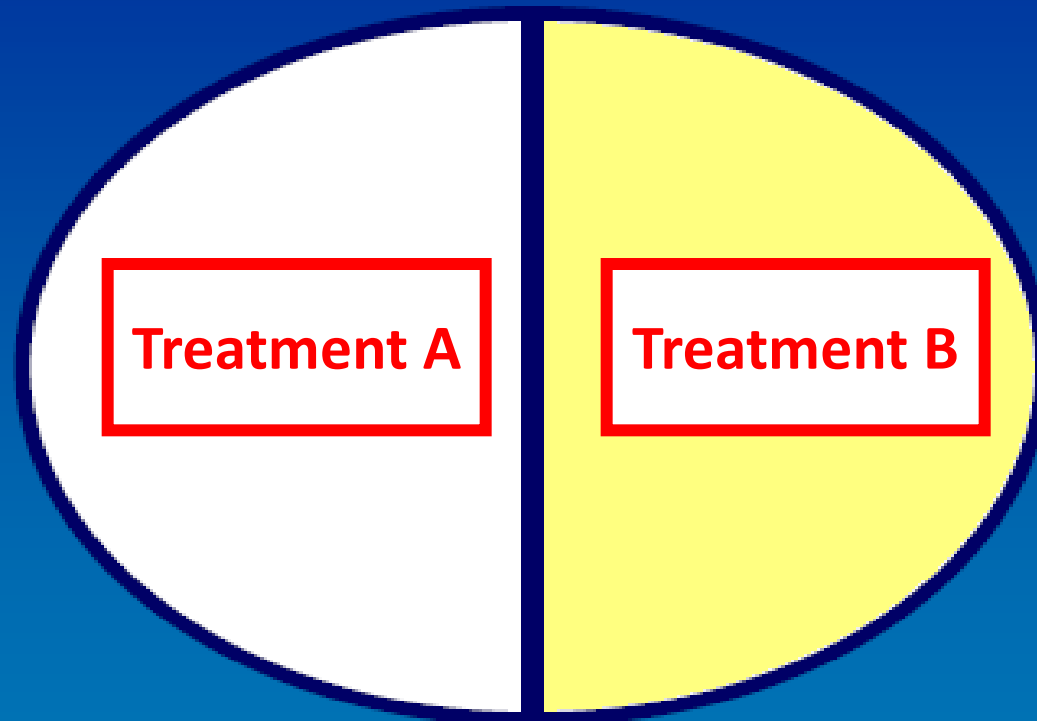
“The Architecture of Clinical Research”



RCTs have control and experiment groups that are assigned by random allocation

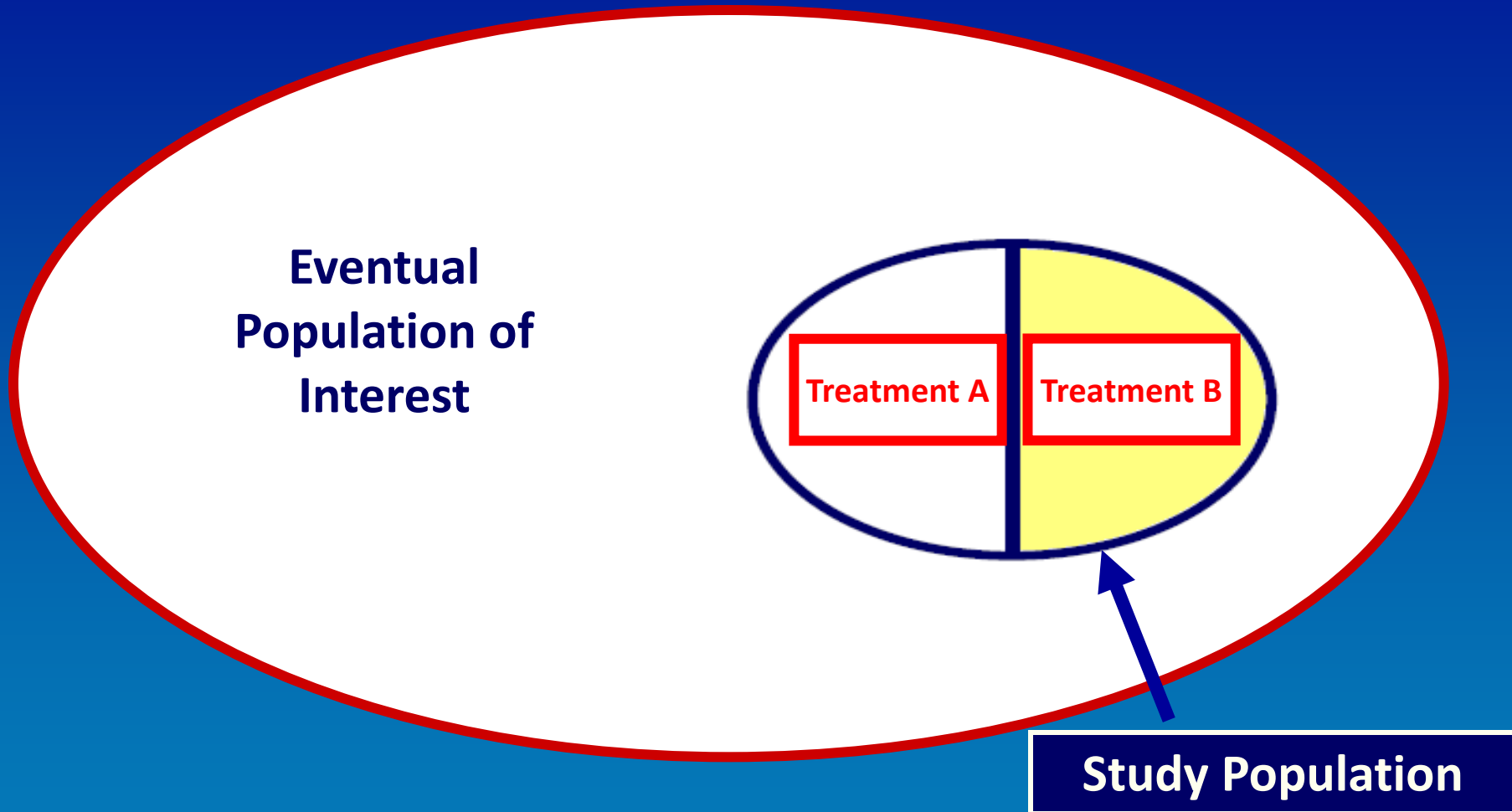
Two main things can go amiss: ...

Bias



Bias: Are these 2 populations similar?

Generalizability



Suitability: Does the study population represent the population of interest?

Factors Influencing Bias and Generalizability

- How the cohorts are assembled
- How therapy is implemented
- What (and how) outcomes are assessed
- How data are analyzed

Factors Influencing Bias and Generalizability

- How the cohorts are assembled

Trade-offs will exist:

**Strategies to reduce bias may also
reduce generalizability**

- How data are analyzed

Explanatory vs. Pragmatic Trials

Explanatory

- Tests a biologic principle
- Emphasize efficacy

Pragmatic

- Tests a treatment policy
- Emphasize effectiveness

Example 1



The explanatory trial: Does 30 days of a radiosensitizer have a **biologic** benefit?

Example 2

Control Group

RT

← 30 days →

Expt'l Group

treat

RT

The pragmatic trial: Does 30 days of a radiosensitizer have a **clinical** benefit?

Explanatory vs. Pragmatic Trials

Explanatory

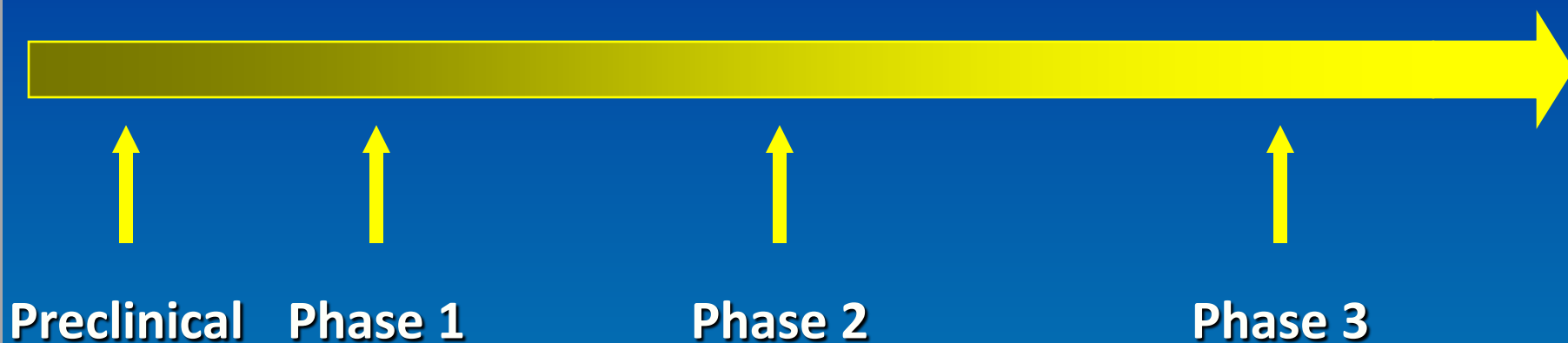
- Tests a biologic principle

Today's trials do not have such extremes.

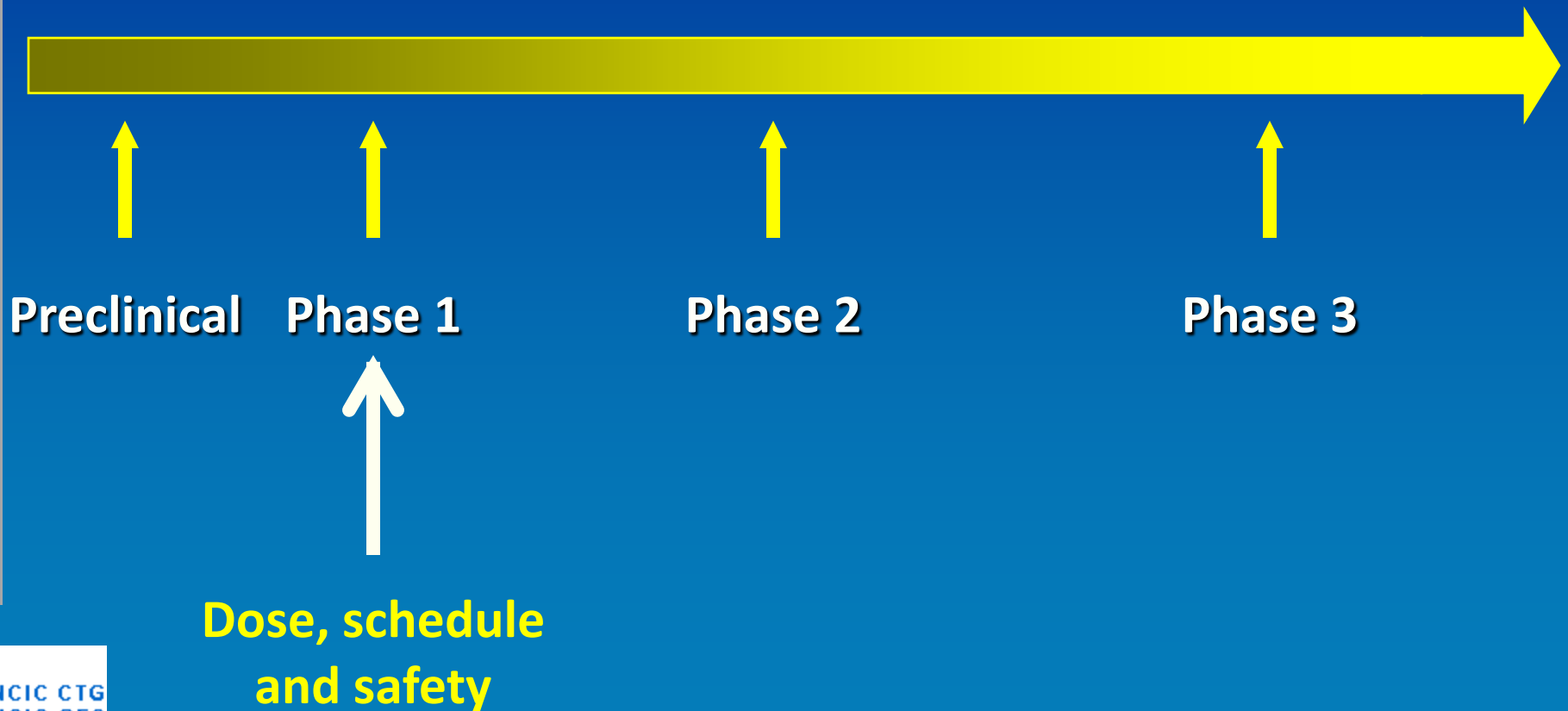
The methodologic differences are more subtle

- Tests a treatment policy
- Emphasize effectiveness

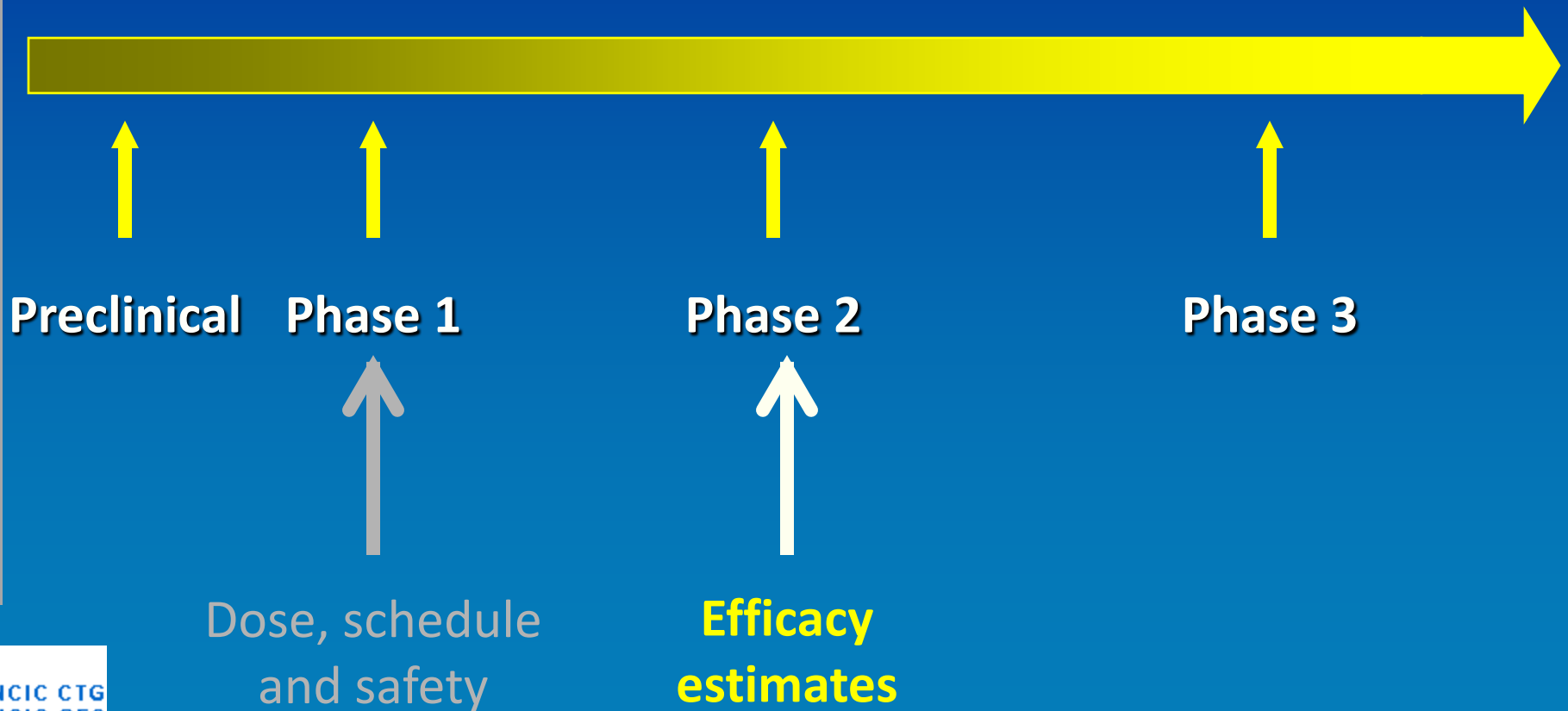
Progression of Trials



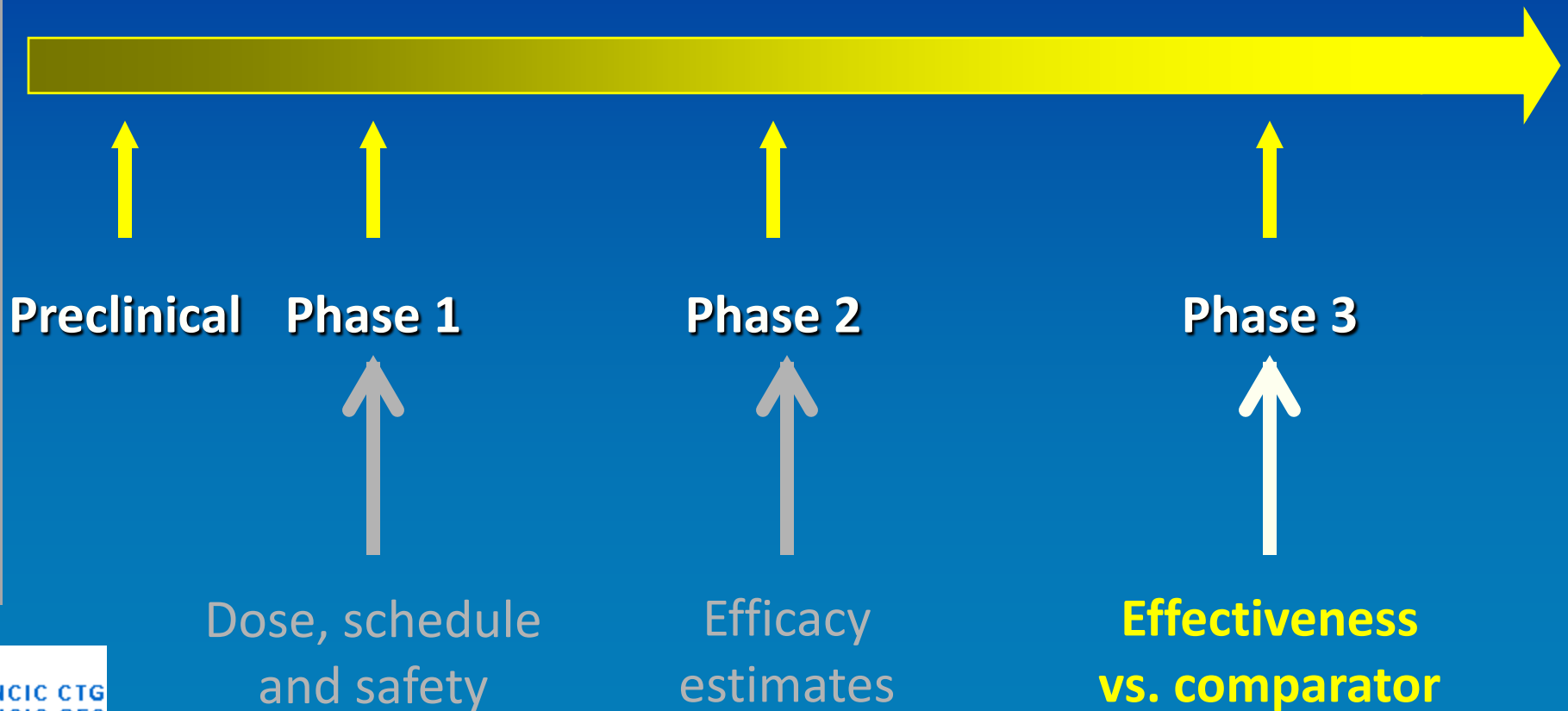
Progression of Trials



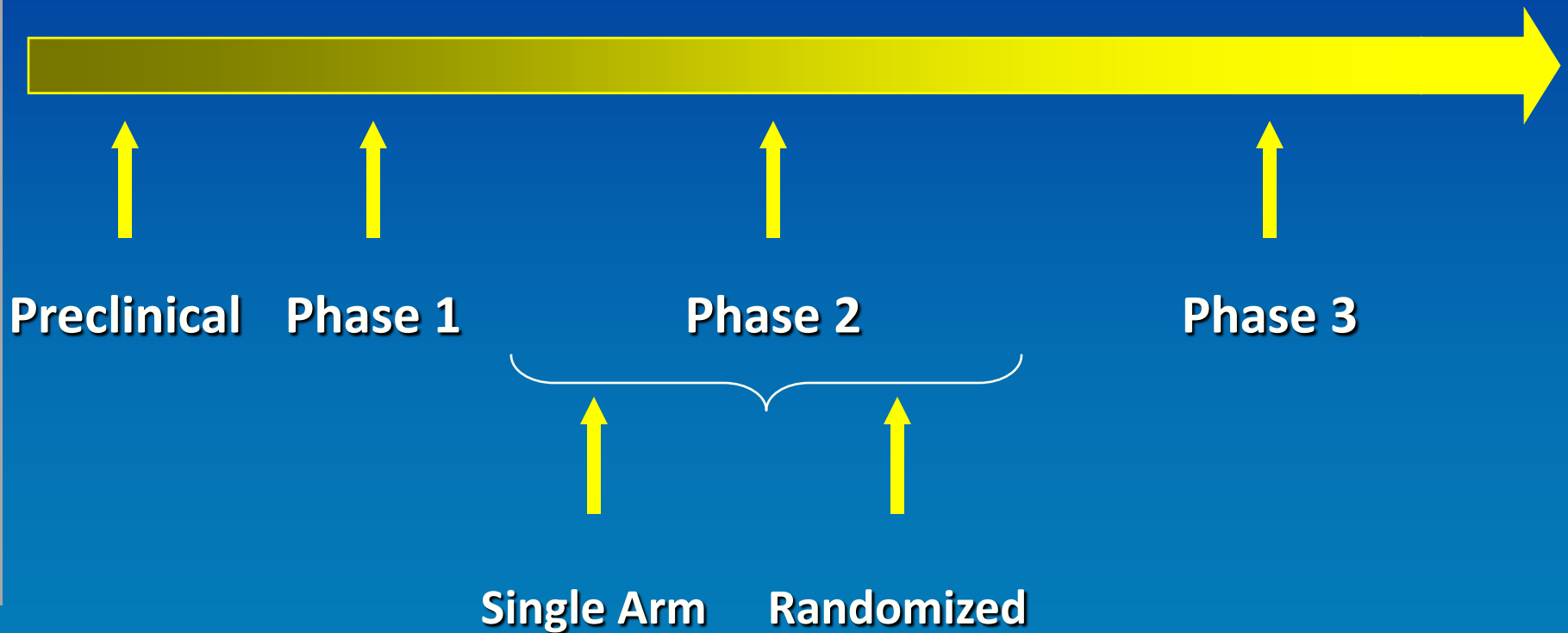
Progression of Trials



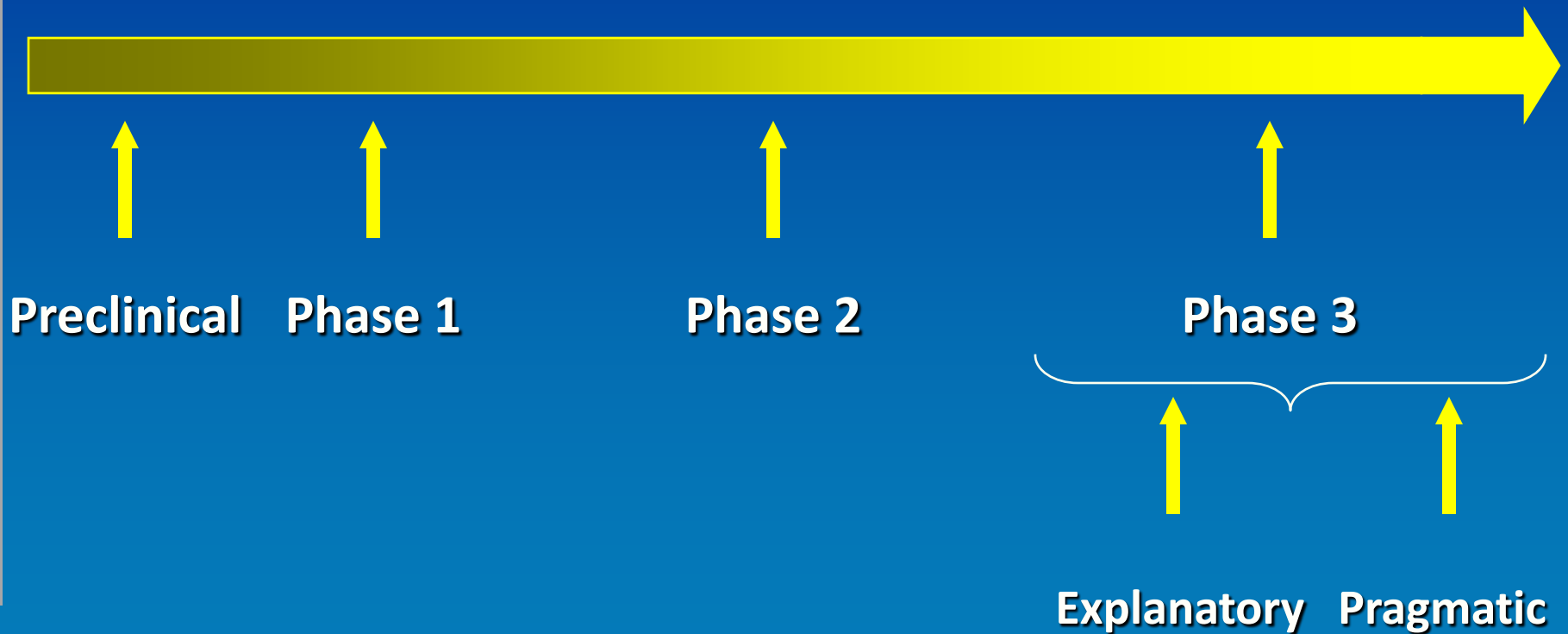
Progression of Trials



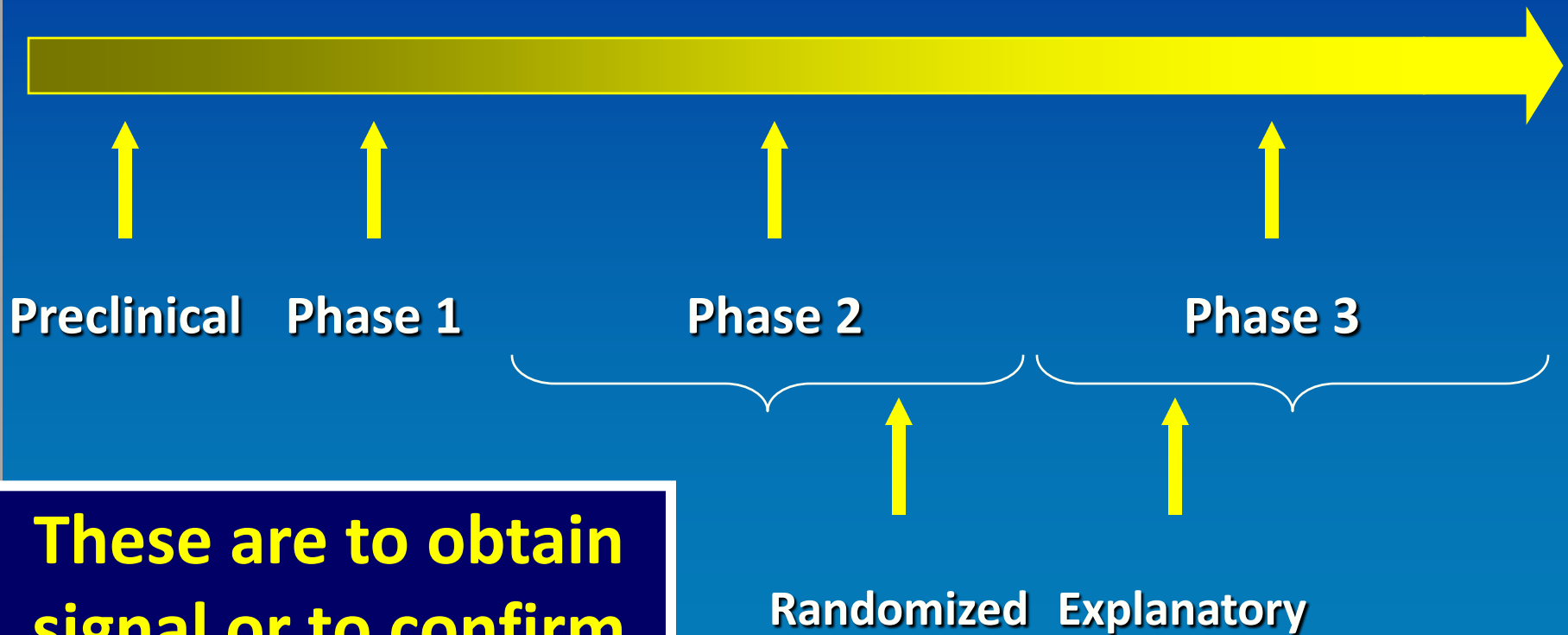
Progression of Trials



Progression of Trials



Progression of Trials



**These are to obtain
signal or to confirm
efficacy**

Explanatory Trials

- Knowledge of efficacy is necessary
- Causal mechanisms can be better understood, be these biologic or related to care delivery
- Because 'noise' is reduced, effect sizes of efficacy can be better estimated
- Regulatory requirements can be satisfied

Explanatory Trials

- Knowledge of efficacy is necessary
- Causal mechanisms can be better understood, be these

Explanatory trials generally have a reduced risk of bias.

- Because 'noise' is reduced, effect sizes or efficacy can be better estimated
- Regulatory requirements can be satisfied

Pragmatic Trials

- These fit Comparative Effectiveness Research paradigm
- They should be of direct clinical relevance
- Because 'noise' is > explanatory trial, superiority results are robust

Pragmatic Trials

- These fit Comparative Effectiveness Research paradigm
- **Pragmatic trials have enhanced generalizability.**
- Because 'noise' is > explanatory trial, superiority results are robust

Developmental Trials

- Typically developmental trials designed to inform an explanatory RCT emphasize detecting a signal of efficacy:
 - eg, the randomized phase II trial
- Typically developmental trials designed to inform a pragmatic RCT emphasize determining feasibility and evaluations of methodologic issues
 - eg, the pilot phase III trial

In patients with (**your disease priority**)
does (**new therapy**) improve (**relevant
outcome**) in comparison with (**standard
therapy**)?



Linking Trial Principles to Regulations

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If There is A Main Message ...

- **Clinical trials represent human experimentation**
- **They are absolutely essential to forward medical science and patient care**
- **They represent a unique form of patient care and require following the policies and procedures associated with the safe and ethical conduct of human experimentation**

Ergo – regulations and protocols are not a series of suggestions

Glossary - 1

Investigator

- A person responsible for the conduct of the clinical trial at a trial site. If a trial is conducted by a team of individuals at a trial site, the investigator is the responsible leader of the team and may be called the principal investigator.

Sponsor

- An individual, company, institution, or organization which takes responsibility for the initiation, management, and/or financing of a clinical trial.

IHC GCP available at <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/ich/efficac/e6-eng.php#a1.0>

Glossary - 2

Institutional Review Board (IRB):

- An independent body constituted of medical, scientific, and non-scientific members, whose responsibility is to ensure the protection of the rights, safety and well-being of human subjects involved in a trial by, among other things, reviewing, approving, and providing continuing review of trial protocol and amendments and of the methods and material to be used in obtaining and documenting informed consent of the trial subjects.
- Canada uses term Research Ethics Board (REB)

IHC GCP available at <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/ich/efficac/e6-eng.php#a1.0>

Ethics vs. Regulatory Approvals

Ethics Approval

- Conducted by REBs (local or central or both)
- Mandated by institution, funders, Health Canada

Regulatory Approval

- Conducted by Health Canada
- Mandated by: Clinical Trial Regulations for Drugs
Medical Devices Regulations
Natural Health Products Regs

Determining Your Accountabilities

- These vary by trial
- Considerations include:
 - use of human subjects
 - source of funding
 - intervention studied
 - local/institutional requirements

Determining Your Accountabilities

- **Research Involving Humans**
 - Declaration of Helsinki
 - Local REB requirements
- **Human Research funded by Canadian federal granting agencies (CIHR, NSERC, SSHRC)**
 - Tricouncil Policy Statement
- **Human Research funded by US federal funds (NIH)**
 - US Federal Regulations re: Human Subjects Protections
 - NIH Guidelines

Determining Your Accountabilities

- **Clinical Trials Involving Drugs**
 - **Canada: Health Canada Food and Drug Act Regulations re: Clinical Trials**
 - **US: FDA Regulations**
 - **ICH - Good Clinical Practice Guidelines (ICH-GCP)**

Health Canada has separate regulations for devices and natural products

Determining Your Accountabilities

The Health Canada Clinical Trials Application:

“Sponsors must file a Clinical Trial Application (CTA) to conduct clinical trials in Phases I through III of drug development and comparative bioavailability trials.

This includes applications to conduct clinical trials involving marketed products where the proposed use of the product is outside the parameters of the authorized Notice of Compliance (NOC) or Drug Identification Number (DIN) application (e.g. using a marketed product for a 'new' indication or using an unauthorized dose etc).”

Determining Your Accountabilities

The Health Canada Clinical Trials Application:

- CTA Trials must follow *International Conference on Harmonization Good Clinical Practice (GCP)*.
- You thus need to understand requirements of:
 - The REB
 - The Investigator
 - The Sponsor
 - The Clinical Trial Protocol and Amendments
 - The Investigator Brochure
 - Essential Documents for the Conduct of a Clinical Trial

The Investigator

4.	INVESTIGATOR
4.1	Investigator's Qualifications and Agreements
4.2	Adequate Resources
4.3	Medical Care of Trial Subjects
4.4	Communication with IRB/IEC
4.5	Compliance with Protocol
4.6	Investigational Product(s)
4.7	Randomization Procedures and Unblinding
4.8	Informed Consent of Trial Subjects
4.9	Records and Reports
4.10	Progress Reports
4.11	Safety Reporting
4.12	Premature Termination or Suspension of a Trial
4.13	Final Report(s) by Investigator

The Sponsor

- 5. SPONSOR
- 5.1 Quality Assurance and Quality Control
- 5.2 Contract Research Organization (CRO)
- 5.3 Medical Expertise
- 5.4 Trial Design
- 5.5 Trial Management, Data Handling, and Record Keeping
- 5.6 Investigator Selection
- 5.7 Allocation of Responsibilities
- 5.8 Compensation to Subjects and Investigators
- 5.9 Financing
- 5.10 Notification/Submission to Regulatory Authority(ies) ...

The Sponsor

5.11	Confirmation of Review by IRB/IEC
5.12	Information on Investigational Product(s)
5.13	Manufacturing, Packaging, Labelling, and Coding Investigational Product(s)
5.14	Supplying and Handling Investigational Product(s)
5.15	Record Access
5.16	Safety Information
5.17	Adverse Drug Reaction Reporting

The Sponsor

5.18	Monitoring
	5.18.1 Purpose
	5.18.2 Selection and Qualifications of Monitors
	5.18.3 Extent and Nature of Monitoring
	5.18.4 Monitor's Responsibilities
	5.18.5 Monitoring Procedures
	5.18.6 Monitoring Report
5.19	Audit
	5.19.1 Purpose
	5.19.2 Selection and Qualification of Auditors
	5.19.3 Auditing Procedures

The Sponsor

5.20	Noncompliance
5.21	Premature Termination or Suspension of a Trial . .
5.22	Clinical Trial/Study Reports
5.23	Multicentre Trials

In patients with (**your disease priority**)
does (**new therapy**) improve (**relevant
outcome**) in comparison with (**standard
therapy**)?



Linking Principles to Roles and Responsibilities



If There is A Main Message ...

- **Contracts are developed so that responsibilities and roles are clear**
- **They are required because stakeholders come from different perspectives and have different interests and accountabilities**
- **While collaborations develop because of mutual interests, there will not be complete overlap in these interests**

Ergo – you will need contract advice that includes access to legal expertize

Standard NCIC CTG “Contracts”

- Participating Centre Agreement
- Intergroup Roles and Responsibilities Template
- Contracts with Industry
- Trial Specific:
 - Data Sharing Policy
 - Policies for Access to Biospecimens

Roles and Responsibility Documents (Text)

1. Conduct of the Trial
2. Duties ... of NCIC CTG
 ... of (collaborator)
3. Indemnity
4. Access to Trial Data and Publication
5. Intellectual Property
6. Term and Termination of the Agreement
7. Confidentiality
8. Miscellaneous

Roles and Responsibility Documents (Table)

- Protocol
- Amendments
- Contracts
- CRFs
- Informed Consent
- Regulatory Authority
(including safety)
- IMP
- Ethics Activities
- Investigator Selection
- On-site A+M
- Informed Consent
- Centre Activation
- Investigator Meetings
- Data Management
- Trial Close Out
- Stats Analysis / Report

The Big Three

- Indemnification
- Intellectual property
- Confidentiality

Note: Publication is now generally straightforward

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does (**new therapy**) improve (**relevant
outcome**) in comparison with (**standard
therapy**)?

