

PROTOCOL REGISTRATION

AND RESULTS RECORD OVERSIGHT AND

COMPLIANCE MANAGEMENT

September 10, 2018

Arash Naeim, MD PhD

Associate Director, Clinical Translational Science Institute Senior Leader and Director of Informatics, Jonsson Comprehensive Cancer Center Director, UCLA Center for SMART Health Chief Medical Officer for Clinical Research, UCLA Health

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Registration and Results Reporting

- **FDA**: "The Final Rule" for Clinical Trails Registration and Results Information Submission (42 CFR Part 11), took effect on January 18, 2017, and organizations were expected to be in compliance by April 18, 2017. The legislation allows the **FDA to issue fines up to \$11,569 day/per study for non-compliance**.
- **CMS**: Released Transmittal 2955 went into effect in 2015 requiring the mandatory reporting of an 8-digit clinical trial number on claims for items/services provided in clinical trials.
- NIH: Broader requirement that all trials funded by the NIH, Be registered, with the suggestion that the NIH would withhold clinical trial funding to grantee institutions if the agency is unable to verify adequate registration and results reporting from all trials funded at that institution.

Challenges

- Only a minority of institutions have a registration and results reporting policy.
- Of those that have a policy, only 11% required registration prior to IRB approval, and only 35% required registration prior to accrual.
- Only 19% have an electronic system to monitor compliance.
- Monitoring compliance, facilitating registration, and ensuring timely results reporting requires significant staff time.

What is PR³OCOM

The PR³OCoM System helps the institutional PRS Administrator(s) in the management of PRS "problem" records by providing:

- 1. More sophisticated filtering capabilities
- 2. Space for administrative notes on individual study records,
- 3. Study personnel (Record Owner and Responsible Party) contact information
- Reports and metrics on problem longevity and resolution status
- 5. Capability to send bulk emails customized with problemresolution instructions and study title.

NCATS Supplement Specific Aims

Specific Aim 1: Provide a HIPAA Safe Cloud environment to host PR³OCoM Tracker

Specific Aim 2: Implement PR³OCoM Tracker at 10 sites and Train PRS administrator(s)

Specific Aim 3: Pilot the PR³OCoM system at each site for 9 months

Specific Aim 4: Measure qualitative and quantitative outcomes of the PR³OCoM system

PR³OCOM Supplement Sites

- 1. Yale
- 2. Oregon
- 3. Tufts
- 4. Johns Hopkins
- 5. Michigan
- 6. UCSF
- 7. UCSD
- 8. UCI
- 9. Cedars
- 10. Harbor

- 1. Setup up PRS institutional accounts.
- 2. Access to institutional email
- 3. Log-in credentials to PRS administrator
- 4. Four hours of web-based training
- 5. Ad-hoc 1-on-1 support
- 6. Monthly phone calls to assess

Universal Video & eConsent for Biobanking and Precision Medicine

October 3rd

Arash Naeim, M.D. PhD

Refresher

- NCATS Supplement was awarded to UCLA as lead site, in collaboration with UCSD, UCI, UCSF, and UCD for developing and implementing a biological samples universal video eConsent for Biobanking and Precision medicine.
- UCLA's developed video consent approach that is currently live across the hospital and clinics was used as guide for the other UCs to pilot.
- For most pilots were completed this summer

Accomplishments across UCD, UCI, UCSD, UCSF

- All sites received IRB approval to pilot a eConsent and animated video on iPads at pilot locations.
- Pilot locations vary across sites: Cancer Centers (UCD), Phlebotomy Clinics (UCSF), Center of Clinical Research (UCSD), Clinical Trials Unit (UCI).
- Most sites were able to GoLive with their pilots and consent patients.
 UCD Go Live is November 14th.
- UCI and UCSD piloted using UCLA version of the consent.
- UCSF developed their own animated video consent
- UCD developed their own as well using adapted language and style from UCSF and UCLA video consents

Metrics across UCI, UCSD, UCSF

	Yes to Remnant/Extra Sample	NO to both	Total patient consented
UCSD	77	17	94
UCI	34	4	38
UCSF	44	6	50

Future Contact opt in rate:
UCI 76%
UCSD 73%

Learning Lessons across UCD, UCI, UCSD, UCSF

- Early engagement with Regulatory Compliance
- Clinical I.T. is critical to integration of process
- Solicit stakeholder engagement at onset
- Widespread recognition that eConsent is an essential component of Precision Medicine
- Animated video style is effective; patients and other stakeholders love it
- Enhanced capacity for making video accessible to diverse audiences
- UC campus contexts are unique; institutional context matters a lot
- Opt- in rate is high, still ROI model is needed for collecting and storing the research samples for all patients.

How has UCLA expanded in the last year its Universal Consent for Precision Health efforts?

- Over 31,000 UCLA patients have gone through the consenting process.
- We are live at 12 physical locations and MyChart
- Plan to expand consenting efforts to UCLA satellite clinical labs across LA County
- Collected over 12,000 samples
- Going live with a return of results survey in October
- Gearing up to roll out an educational campaign around Precision Health and the Universal Consent

STUDY ACTIVATION PROJECT PLAN

MAGGIE LINDENBAUM

DIRECTOR, COORDINATION SERVICES & EDUCATION STUDY ACTIVATION TEAM



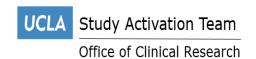
CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE





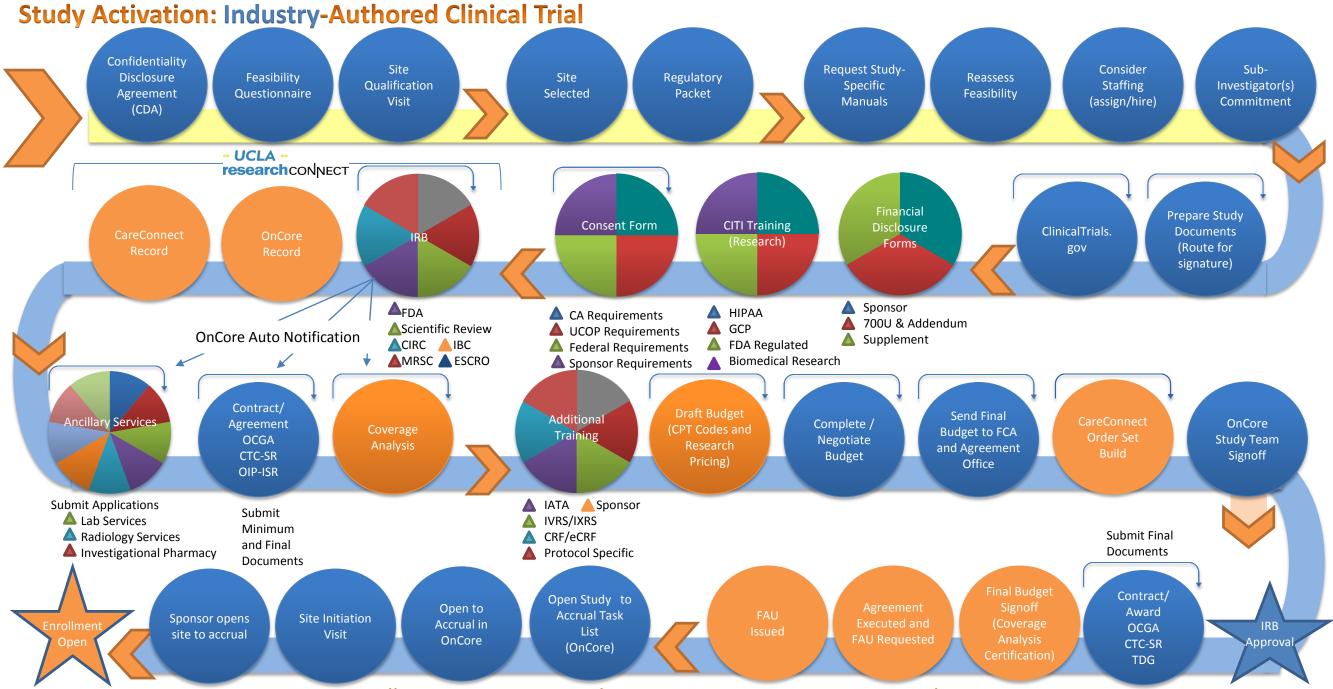
Study Activation

Common Questions from Investigators



- How do I identify all of the study activation steps?
- How do I track the study activation process and stay on target?
- How can I minimize hurdles to study activation?
- Patients are waiting. When can I start screening?



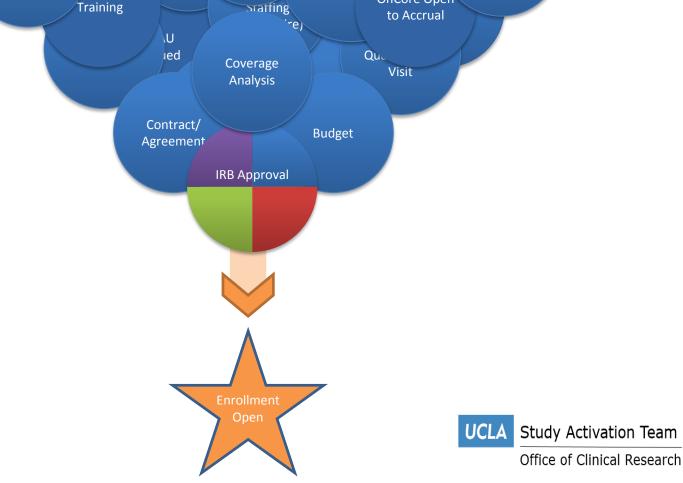


Illustrative Purposes Only – activation process not sequential

Study Activation when there is no transparency







Financial

Disclosure

Forms

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Study Activation

Key Considerations

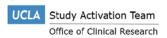
UCLA Study Activation Team

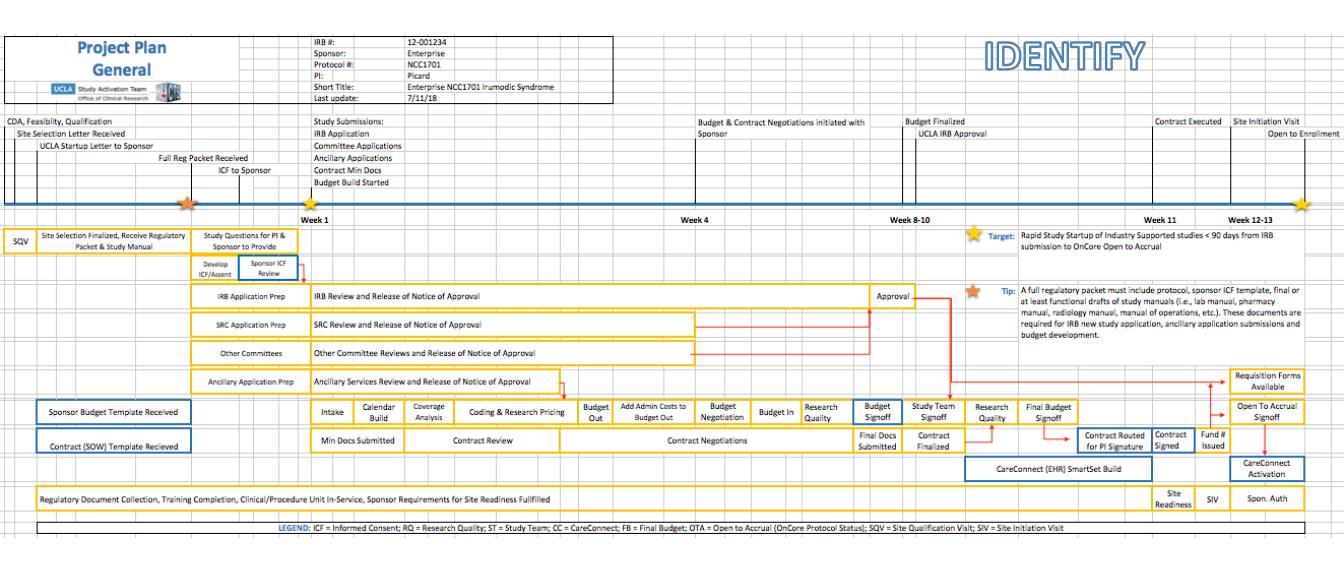
Office of Clinical Research

- Identify Steps
- Track Progress
- Minimize Hurdles
- Project Open to Enrollment Date

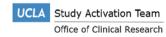


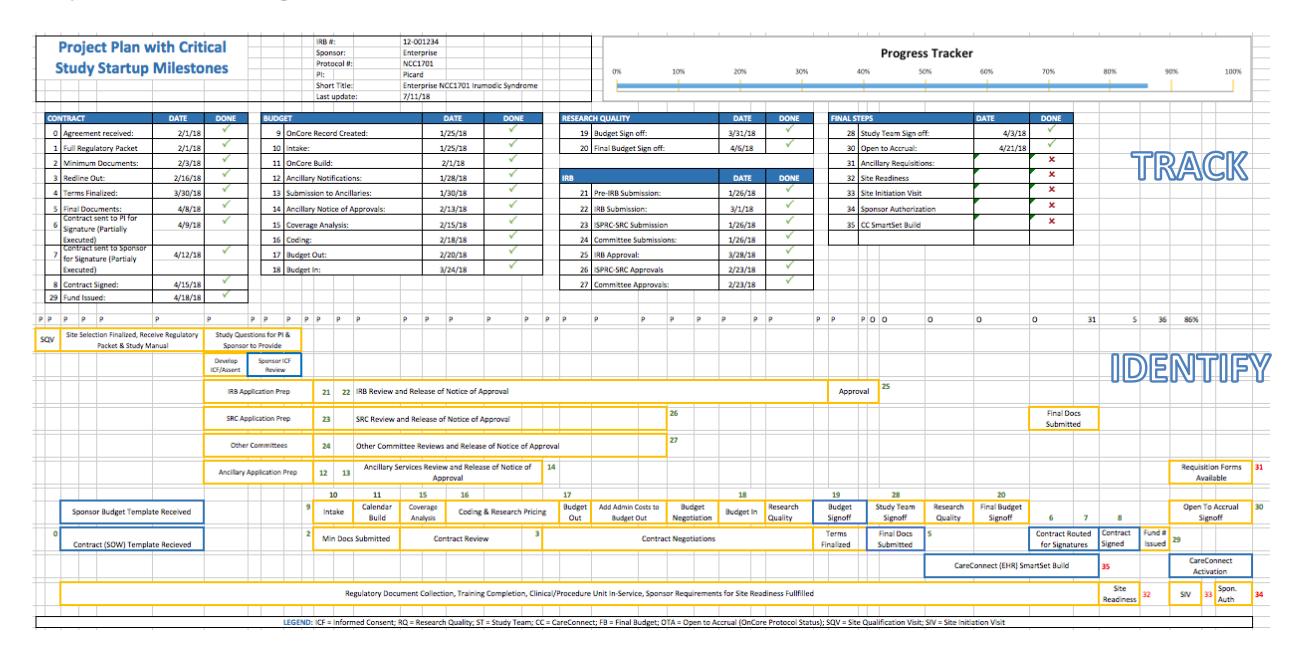
Study Activation Progress Plan - General

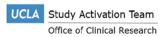




Study Activation Progress Plan - Milestones







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IDENTIFY

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MINIMIZE HURDLES

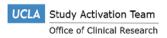


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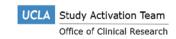
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MINIMIZE HURDLES

Responsible For Task Start	Task Started When	Task Completed when:	Study Team Contact	Study Team Contribution	UCLA Office Acronym	UCLA Office Full Name	UCLA Office Contact (email address and website)	Note			
Study Team vs. UCLA Office				(Tips and Best Practices)							
Study Team	Submission of New	IRB issues aprpoval notice	name of	Respond to IRB	OHRPP	Office of Human	Owner (IRB Staff) named on				
Study Team	SRC will email if	SRC issues approval notice	name of	Respond to SRC	CTSI SRC (non-	Scientific Review	ctsisrc@mednet.ucla.edu				
Study Team	Section 8.11	MRSC issues approval	name of	Connect with	MRSC	Medical Radiation	mrsc@mednet.ucla.edu				
Study Team	Submission of	CIRC issues letter with final	name of	CIRC meets once a	CIRC	Conflict of Interes	drc@mednet.ucla.edu				
Study Team	Submission of new	IBC issues approval notice	name of	Send blank IBC	BC	Instituational Bio	ibc@mednet.ucla.edu				
Study Team	Submission of	ESCRO issues approval	name of	Confirm with ESCRO if	ESCRO	Embryonic Stem (escro@mednet.ucla.edu				
Study Team	Submission of	VAC issues approval notice	name of	Required if	VAC	Value Analysis Co	vac@mednet.ucla.edu				
Study Team	Email summary of	Clinical Engineering issues	name of		CE	Clinical Engineering	vemilian@mednet.ucla.edu				

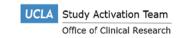
Responsibility Matrix and Resources



Study Activation	IRB #:	12-001234	Target IRB Submission:	2/1/18	
Study Activation	Sponsor:	Enterprise	Target Open Enrollment:	5/3/18 13.0	wks
Progress Report	Protocol #:	NCC1701			
Frogress Keport	PI:	Picard	Full Regulatory Packet:	1/1/18	
	Short Title:	Enterprise	Actual IDP Submissions	2/1/10	
UCLA Study Activation Team		NCC1701 Irumodic	Projected Open Enrollment:	6/11/18 18.6	wks
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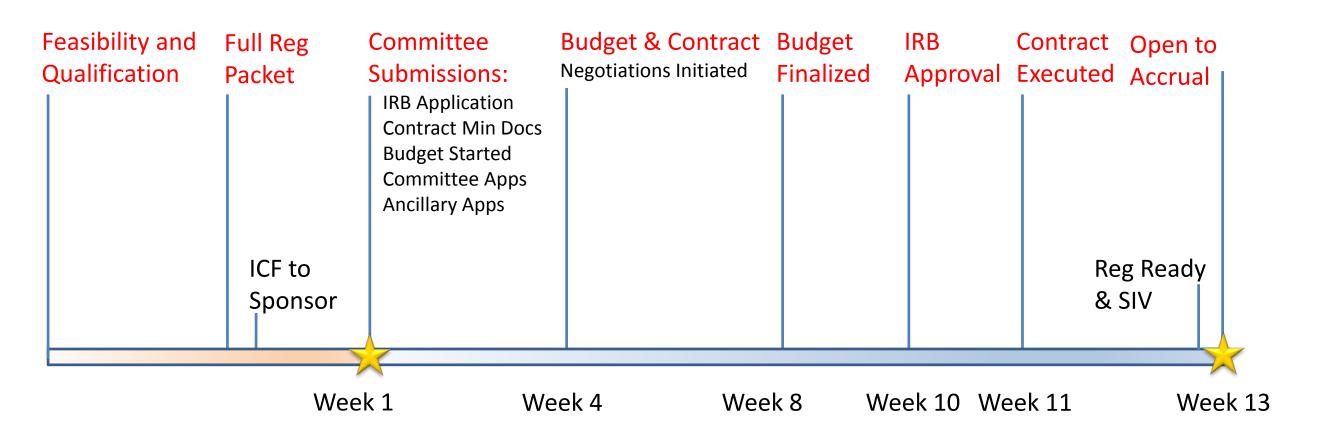
Project Open to Enrollment Date

Study Activation Team – 90-day Study Activation Model



Study Activation in 90 Calendar Days





Study Activation Team

UCLA Study Activation Team Office of Clinical Research

Further Development

- 1. Development phase: Define turn around times for all tasks
- 2. Testing phase: test functionality using expected cases
- 3. Pilot phase: track startup timelines of real studies
- 4. Use project plan to inform dashboards and analytics
- 5. Align with questionnaire to enable self-service Project Plans
- 6. Adapt to other workflows
 - HemOnc
 - IRB Reliance
 - Investigator Initiated Studies

THANK YOU





