

# Make more out of your clinical data collection

Benefits of technical innovations  
within clinical trials

# INTRODUCTION SPEAKER



## Speaker

- Thomas Kissner, Chief Operating Officer
- Responsible for company data driven developments, consultation for EDC systems and data acquisition
- Oversees all CRO activities, focus on effective data management and client benefit



## Company

- GCP-Service International
- EU-based, international full-service CRO, founded in 2004
- Conducts 30+ clinical trials per year with medical devices, IVDs and drugs (phase I-IV, pre- and post-market)



# OUTLINE OF PRESENTATION

## Outline



➤ Risk-based monitoring (RBM) and why do we need it?



➤ Which monitoring concepts does it entail and how can they be implemented?



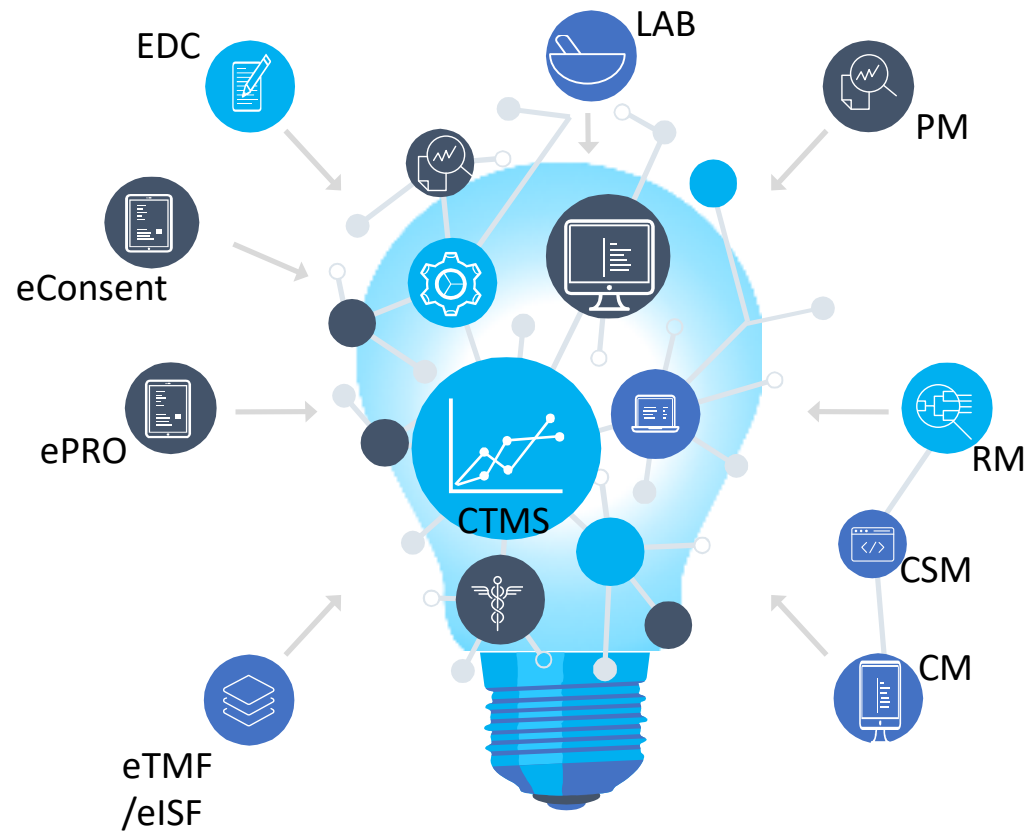
➤ Where are we and what does the future hold?



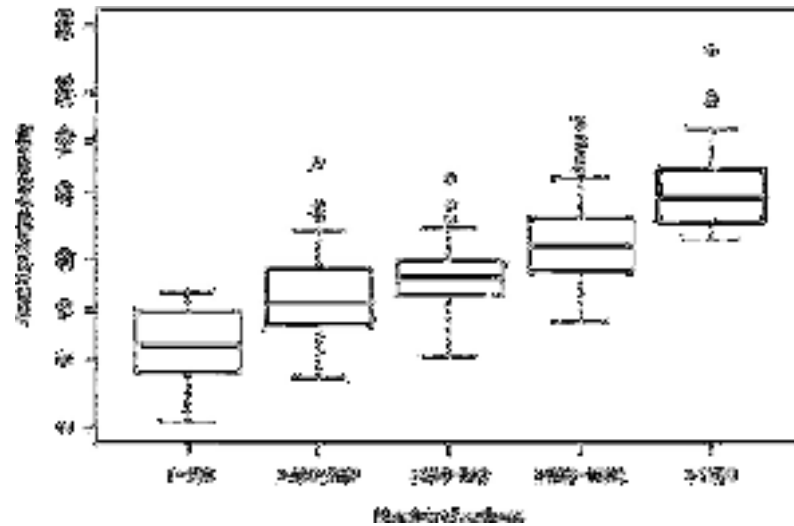
➤ There is more than RBM in clinical trials

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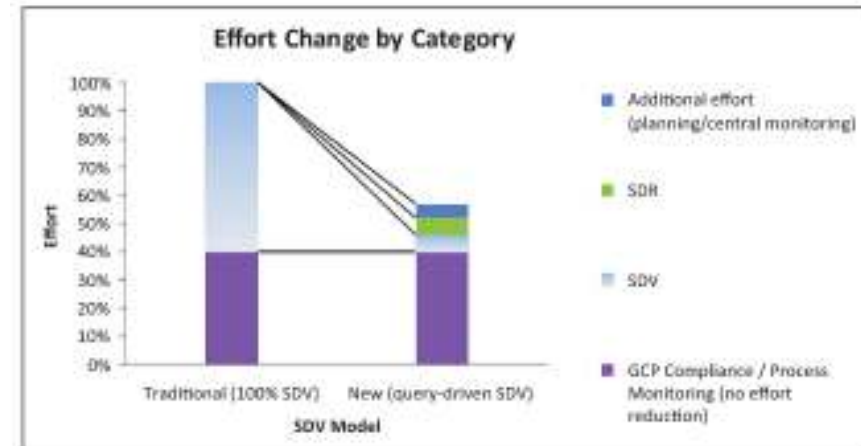
# EVOLUTION OF CLINICAL TRIALS SYSTEMS



# WHY RISK-BASED MONITORING?



Moore et al. (2020), BMJ Open



Tatsyura et al. (2016), Ther Innov Regul Sci

**Monitoring** is among the **most expensive** parts of clinical trials



9-14% monitoring costs (U.S. Department HHS, 2014)  
25% source data verification costs (Funning et al., 2009)

# RISK-BASED MONITORING



- Mixture of on-site, remote and statistical monitoring based on risk evaluation



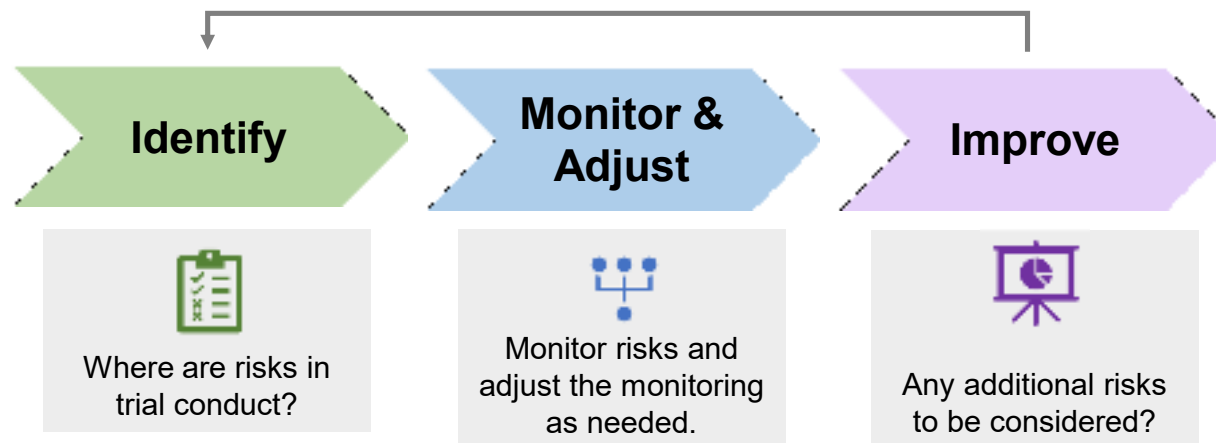
- Monitoring frequency and intensity adjusted based on risk profile of study/site



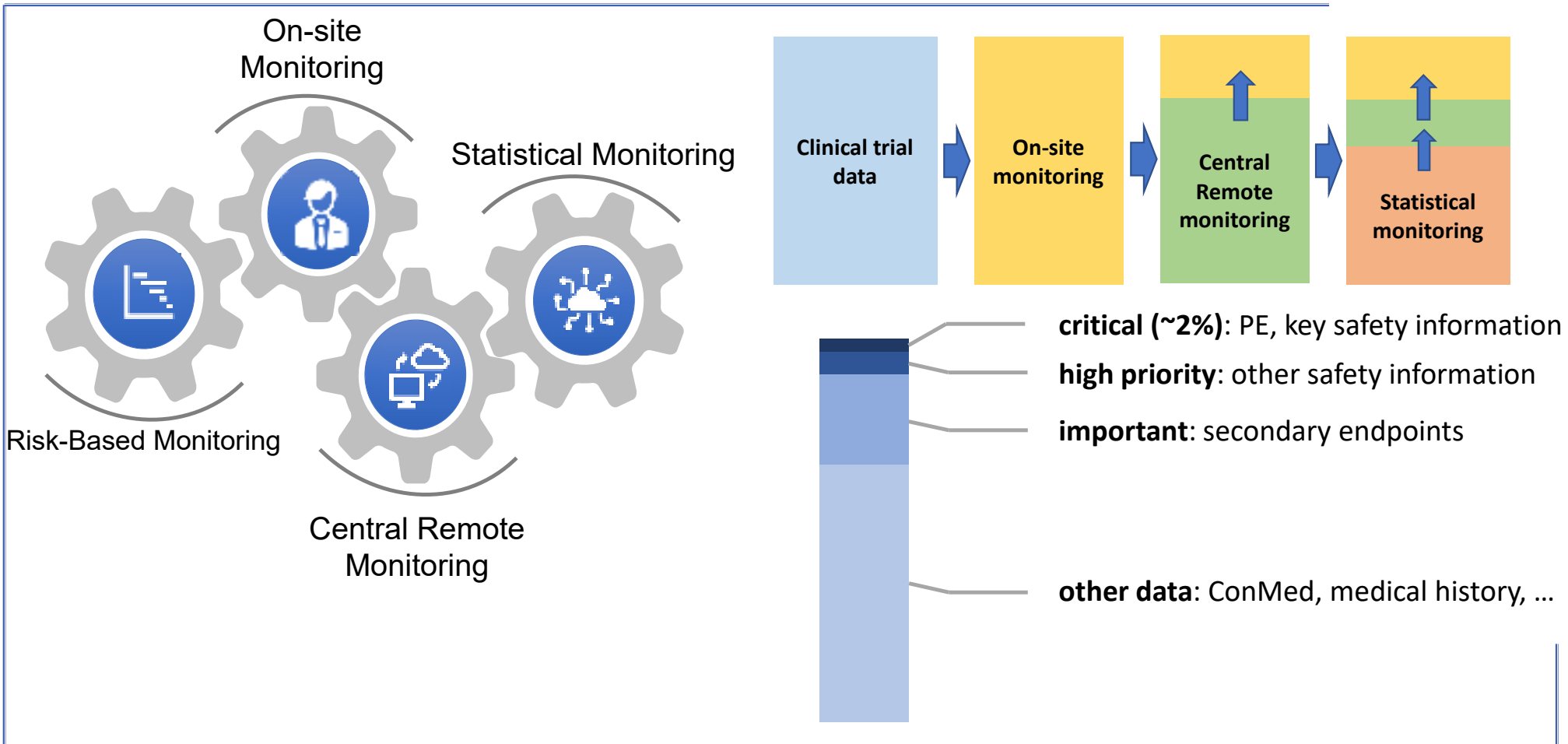
- Supported (requested) by FDA and EMA



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH



# RISK-BASED MONITORING



# RISK-BASED MONITORING

## Risk-based Monitoring

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✓ Adjust frequency and intensity

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✓ Rational based on risk factors

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✓ Combine different monitoring approaches

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## Remote Monitoring

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✓ Remote (source) data review

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✓ Standardized comparison across sites

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✓ More time and cost efficient

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## On-site Monitoring

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✓ Source data verification

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✓ Identification of unreported issues

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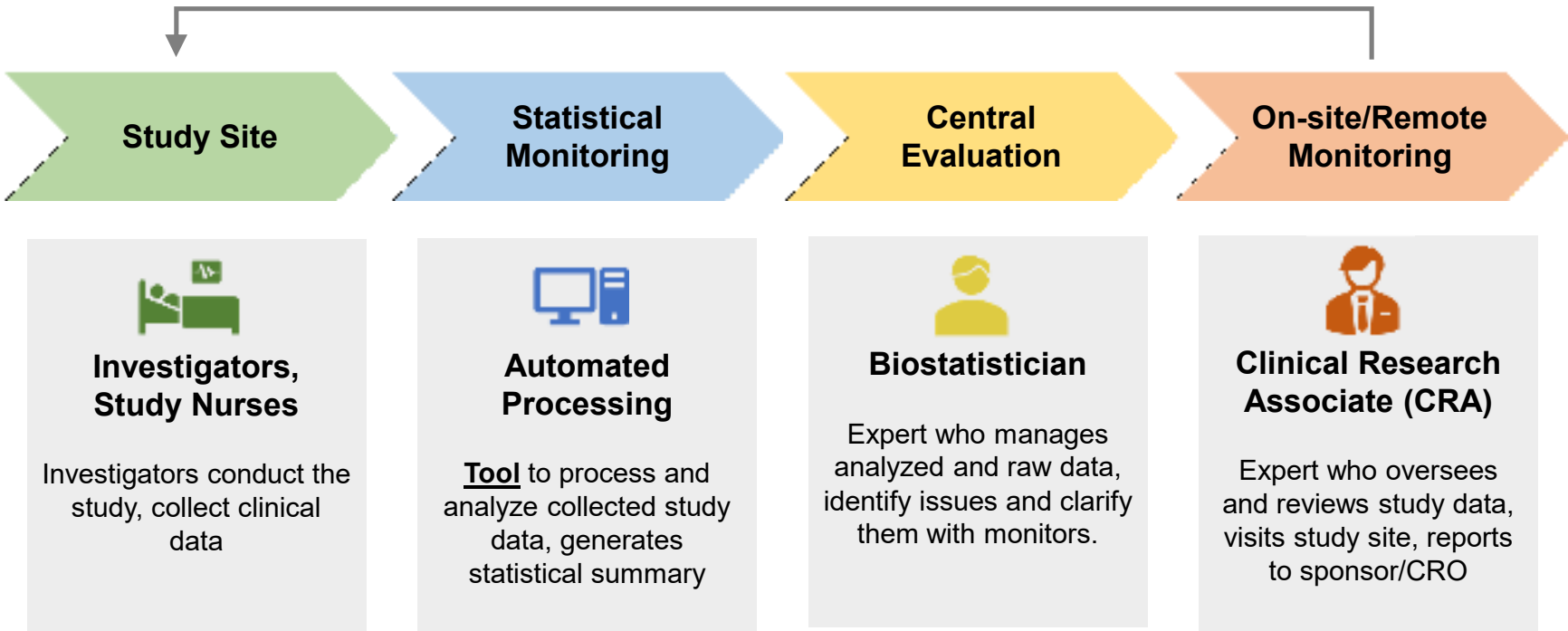


✓ Site support and motivation

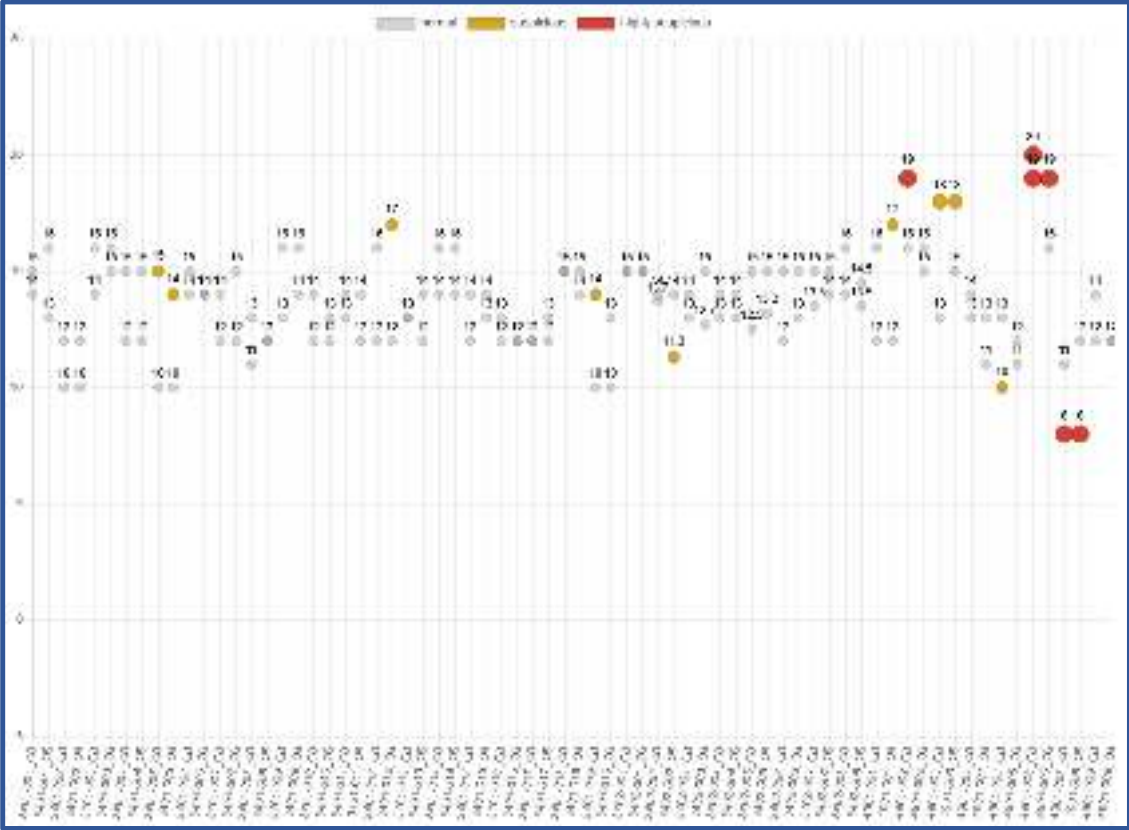
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# STATISTICAL MONITORING



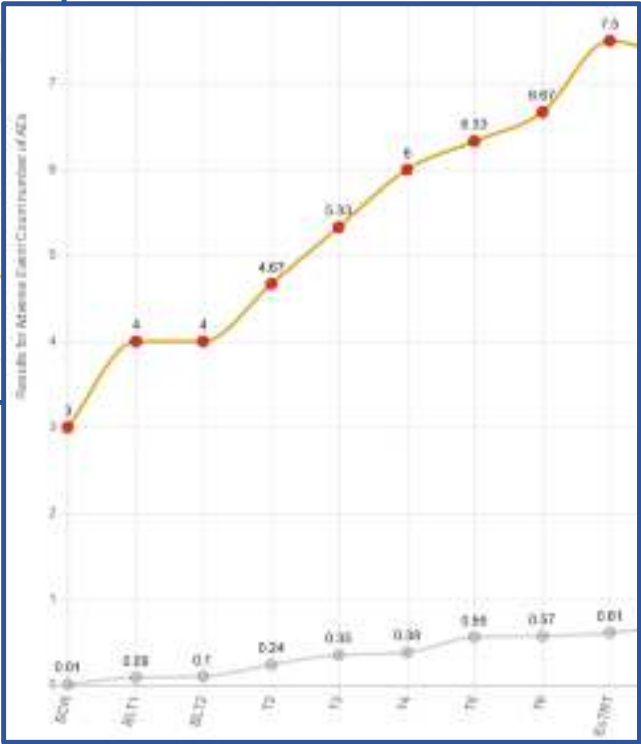
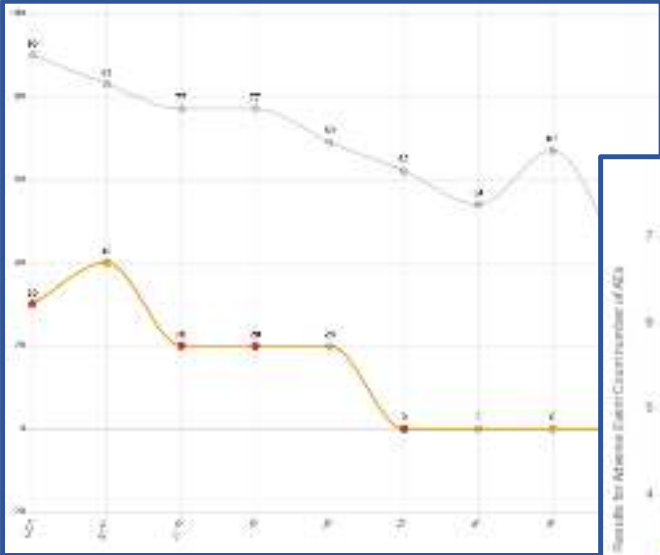
# STATISTICAL MONITORING



Assessment of **outliers** by comparing across data sources and assessing changes. Enables **targeted investigation** of expected outcome.

Patient-Level

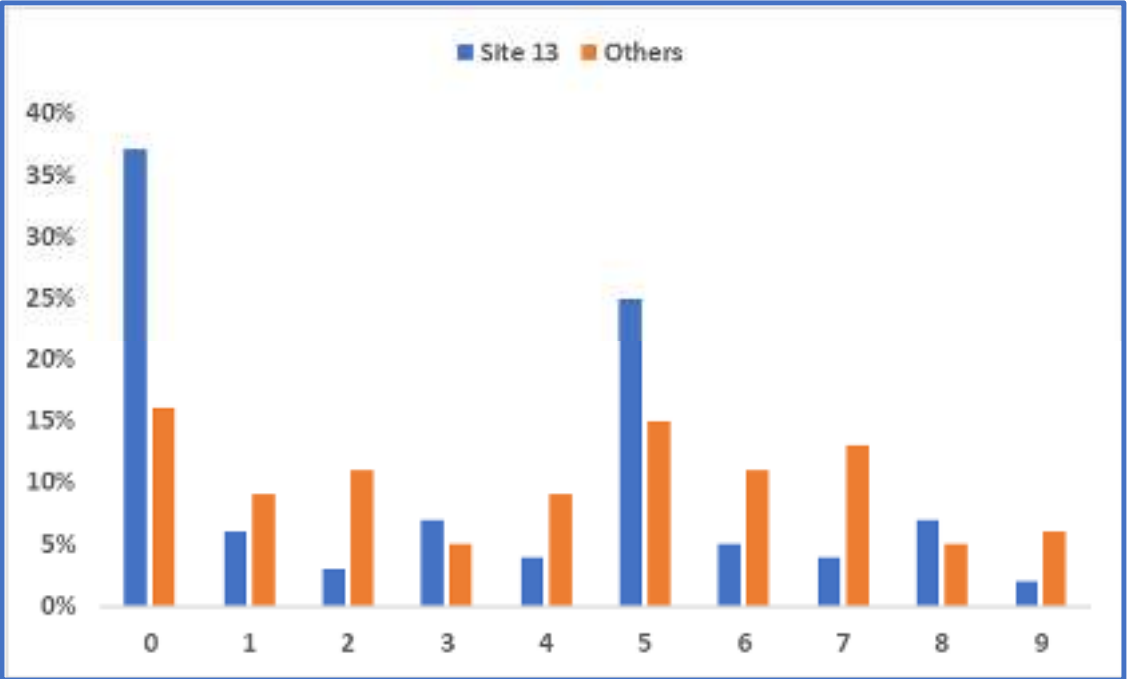
# STATISTICAL MONITORING



Assessment of **systematic differences** between data sources. Enables proactive identification of **analysis risks**.

Site-Level

# STATISTICAL MONITORING



Assessment of **number preferences, inliers, suspicious dates, identical patient profiles**, etc. to identify **fraudulent data**.

Site-/Trial-Level

# MONITORING IMPLEMENTATION

## Implementing Risk-based Monitoring

### ✓ Establish SOPs



- Establish necessary **tools**
- Establish **reporting paths**

### ✓ Train staff on new processes



### ✓ Assess study risks



- Add risk-based rationale to monitoring

### ✓ Inform and train **sites** (if necessary)



### ✓ Perform monitoring



### ✓ Continue monitoring risks

Overview	4.1.1 Missing PE Data	4.1.2 Missing Risk Factors	4.2.3 Random Disc.	4.2.4 Miss/Overdosing
Global	●	●	●	●
Germany	●	●	●	●
India	●	●	●	●
Netherlands	●	●	●	●
Poland	●	●	●	●
Romania	●	●	●	●
South Africa	●	●	●	●
Spain	●	●	●	●

# MOVING FORWARD

## Status Quo

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### ✓ Scientific foundation

- Off-site monitoring is more efficient
  - Preparedness part of risk-mitigation
- 



### ✓ Current practice

- More frequent adoption during COVID-19 pandemic
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### ✓ Perceived limitations

- Some remaining insecurity around regulatory compliance
  - Data protection limitations to remote source data review/verification
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## Outlook

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### ✓ Regulators!

- To provide guidance
  - To given insurance
- 



### ✓ Sponsors!

- To embrace risk-based monitoring
- 



### ✓ CROs!

- To support employees and sites
  - To support Sponsors
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# SUMMARY RBM



Adjusting monitoring **frequency** and **intensity** based on **risk-factors**.

RBM Definition



Start implementation by **identifying risks** to **assessments** and **processes**. Identify **data sources** to gain **oversight**.

Start With Risks



Based on the **risk profile**, find a corresponding **rational** to **combine different monitoring techniques**.

Implement RBM



**RBM** lives from **continuous adaptations**. Continuously **review risks**, and **adjust** monitoring **intensity** and **frequency**.

Adapt During Trial

# GENERATING OVERSIGHT

## Key Sources



✓ Available data in EDC system



✓ Consent / Randomization status



✓ (Remote and on-site) Monitoring reports



✓ eTMF and eISF status



✓ Protocol deviations



✓ ePRO compliance

Overview	4.2.1 Missing / Non-evaluable PE	4.2.2 Missing / Non-evaluable Confounder	4.2.3 Data Query Rate	4.2.4 Visit Window Compliance
Global				
Austria				
Czech Republic				
Spain				
3401				



# EXPLOSION DATA SOURCES AND VOLUME

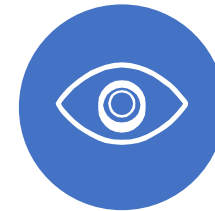
Electronic Case Report Forms (**eCRF**),  
Interactive Web/Voice Response Systems (**IxRS**)

Central Labs

Monitoring  
Reports



Imaging &  
Genomics



## VARIETY

Wide range of data sources and data formats

eTFM/eISF



Sensors &  
Wearables

Electronic Clinical Outcome Assessment (**eCOA**),  
electronic Patient Reported Outcomes (**ePRO**)



Electronic Health  
Records (**EHR**)

# PURPOSE-BUILT PLATFORM

## Data Integration

Central data platform

diverse data **integration** and **interoperability**



# PURPOSE-BUILT PLATFORM

## Cost intensive and Complex



**Monitoring** is among the **most expensive** parts of clinical trials



9-14% monitoring costs (U.S. Department HHS, 2014)  
25% source data verification costs (Funning et al., 2009)

**eSystem** cost ranges in the **lower expensive** parts of clinical trials overall costs



2-5 % eSystem costs. (Examination of Clinical Trial Costs and Barriers for Drug Development – ASPA)

# RBQM IN CLINICAL TRIALS



Review of **accuracy** and **completeness** (quality control) can be performed in a risk-based manner.

**TMF and ISF**



**Query processing** can be performed in a risk-based manner. Identifying **highly queried parts of the EDC** system can increase oversight.

**Data Management**



Risk-based approach to **program validation** for the final statistical output helps focus resources.

**Biostatistics**

# Thank you for your attention!

## Questions?

A business card for Thomas Kissner, Chief Operating Officer of GCP-Service International. The card features a circular profile picture of Thomas Kissner at the top, his name and title below it, a QR code in the center, and his email address tkissner@gcp-service.com at the bottom.

Thomas Kissner  
Chief Operating Officer  
GCP-Service International



tkissner@gcp-service.com

 YouTube **GCP Mindset Channel**