Risk-Based Monitoring in Clinical Trials: An Evolution of Practices During the COVID Pandemic

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The Association of Clinical Research Organizations (ACRO) is a trade association that brings together the leading global CROs and technology companies.

Currently 15 member companies

ACRO hosts several committees including:
- Risk-Based Quality Management (RBQM) Working Group,
- Decentralized Clinical Trials (DCT) Working Party,
- Diversity & Inclusion (D&I) Committee
ACRO Member Companies
About ACRO’s RBQM Working Group

Today’s speakers are all members of the RBQM Working Group (founded in 2015)

– Collaborative effort to promote and advance the adoption of Risk-Based Monitoring (RBM) and RBQM principles in clinical trials
– CROs and technology companies coming together to support sponsors, sites, regulators and each other
– Pursuing our annual landscape project
– Brought about by frustration within regulatory authorities, sponsors and CROs that RBM and RBQM components were not being implemented to their fullest potential
– DCT components added to the project over the last two years
ACRO’s Annual Landscape Survey

PRIOR YEAR’S SURVEY // 2019 Landscape Data
• 6,513 studies ongoing in 2019 from 7 different CROs

LAST YEAR’S SURVEY // 2020 Landscape Data
• 5,987 studies ongoing in 2020 from 6 different CROs
• 908 of these studies were new study starts in 2020

THIS YEAR’S SURVEY // 2021 Landscape Data
• 4,889 studies ongoing in 2021 from 7 different CROs
• 1,270 of these studies were new study starts in 2021
RBQM Components Included in Survey

– Initial Cross-functional Risk Assessment
– Ongoing Cross-functional Risk Assessment
– Quality Tolerance Limits (QTLs)
– Key Risk Indicators (KRI) Specific to Data Quality / Subject Safety
– Centralized Monitoring
– Off-site / Remote-site Monitoring
– Reduced SDV
– Reduced SDR
Considerations in our Dataset

- Dataset is made up of outsourced clinical trials
- Sponsors maintain oversight of some components (QTLs, for example) – which would not show up in our dataset
- Results may be an underestimate of RBM and RBQM uptake, but they are valuable indicators and still show adoption trends
- Each year, we are working to improve tracking capabilities
The Changing Landscape Over Time

2019 Landscape

- At least one RBQM component: 53%
- Traditional Trials: 47%

n=6,513 ongoing studies in 2019

2020 Landscape

- At least one RBQM component: 77%
- Traditional Trials: 23%

n=5,987 ongoing studies in 2020

2021 Landscape

- At least one RBQM component: 88%
- Traditional Trials: 12%

n=4,889 ongoing studies in 2021
A Closer Look at the 2021 Dataset

### Study Phase
- **Phase I**: 30%
- **Phase II**: 27%
- **Phase III**: 35%
- **Phase IV**: 7%

### Study Size Based on # of Patients
- **Small**: 59%
- **Mid**: 14%
- **Large**: 7%
- **Mega**: 1%
- **Unknown**: 20%

- **Small**: less than 300 patients
- **Mid-sized**: 300-999 patients
- **Large**: 1,000-5,000 patients
- **Mega**: More than 5,000 patients
RBQM Components in 2019-2021 Ongoing Studies

2019 ongoing studies (n = 6,513 trials)
2020 ongoing studies (n = 5,987 trials)
2021 ongoing studies (n = 4,889 trials)
YoY % change
RBQM Components in 2019-2021 New Study Starts

- 2019 new study starts (n = 709 trials)
- 2020 new study starts (n = 934 trials)
- 2021 new study starts (n = 1,270 trials)

YoY % change

<table>
<thead>
<tr>
<th>Component</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Change (YoY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Risk Assessment</td>
<td>84%</td>
<td>84%</td>
<td>91%</td>
<td>+8%</td>
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<tr>
<td>Ongoing Risk Assessment</td>
<td>83%</td>
<td>83%</td>
<td>86%</td>
<td>+0%</td>
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<tr>
<td>QTLs</td>
<td>20%</td>
<td>27%</td>
<td>22%</td>
<td>-19%</td>
</tr>
<tr>
<td>KRLs specific to data quality/patient safety</td>
<td>34%</td>
<td>39%</td>
<td>42%</td>
<td>+15%</td>
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<tr>
<td>Centralized Monitoring</td>
<td>31%</td>
<td>39%</td>
<td>43%</td>
<td>+10%</td>
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<tr>
<td>Off-Site/Remote Monitoring</td>
<td>50%</td>
<td>48%</td>
<td>39%</td>
<td>-19%</td>
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<tr>
<td>Reduced SDR</td>
<td>21%</td>
<td>29%</td>
<td>27%</td>
<td>+26%</td>
</tr>
<tr>
<td>Reduced SDV</td>
<td>26%</td>
<td>32%</td>
<td>32%</td>
<td>+35%</td>
</tr>
</tbody>
</table>
Observations & Recommendations

Key observations
- Risk assessments are on almost every study
- Reduced SDV and reduced SDR have potential to increase
- Strong adoption of Centralized Monitoring, combination of reduced SDV/SDR remains paramount

Top recommendations for how we can support sponsors, sites to increase adoption
- Continued support for risk assessment practices, remain core driver for proper implementation of RBQM components
- Flexibility – there is not a one size fits all approach, each study must be assessed for greatest impacts to participant safety and data quality
Hopes for Next Year’s Survey & Adoption Metrics

- Increased adoption of reduced SDV and reduced SDR
- Increased use of centralized monitoring
- Continue to understand adoption of operationalization of RBQM & DCT – and the evolution of clinical trial operations
- Interest in success measures, value-driven success metrics
- Opportunity to collect adoption levels of DCT components
  - eConsent / eConsent eSignature
  - Direct to / from patient shipment
  - Home health visits
  - Telemedicine
  - eCOA / ePRO
  - Connected devices / digital endpoints
  - Local / community labs
ACRO’s Publications on RBQM

• PRIOR YEAR’S SURVEY // 2019 Landscape Paper
  • RBM in Clinical Trials: Past, Present & Future (TIRS 4/21)

• LAST YEAR’S SURVEY // 2020 Landscape Paper
  • RBM in Clinical Trials: Increased Adoption Throughout 2020 (DIA TIRS 3/22)

• THIS YEAR’S SURVEY // 2021 Landscape Paper in Progress
  • Today we’ll share highlights from the results

• Publications can be found online: acrohealth.org/risk-based-quality-management
Thank You

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