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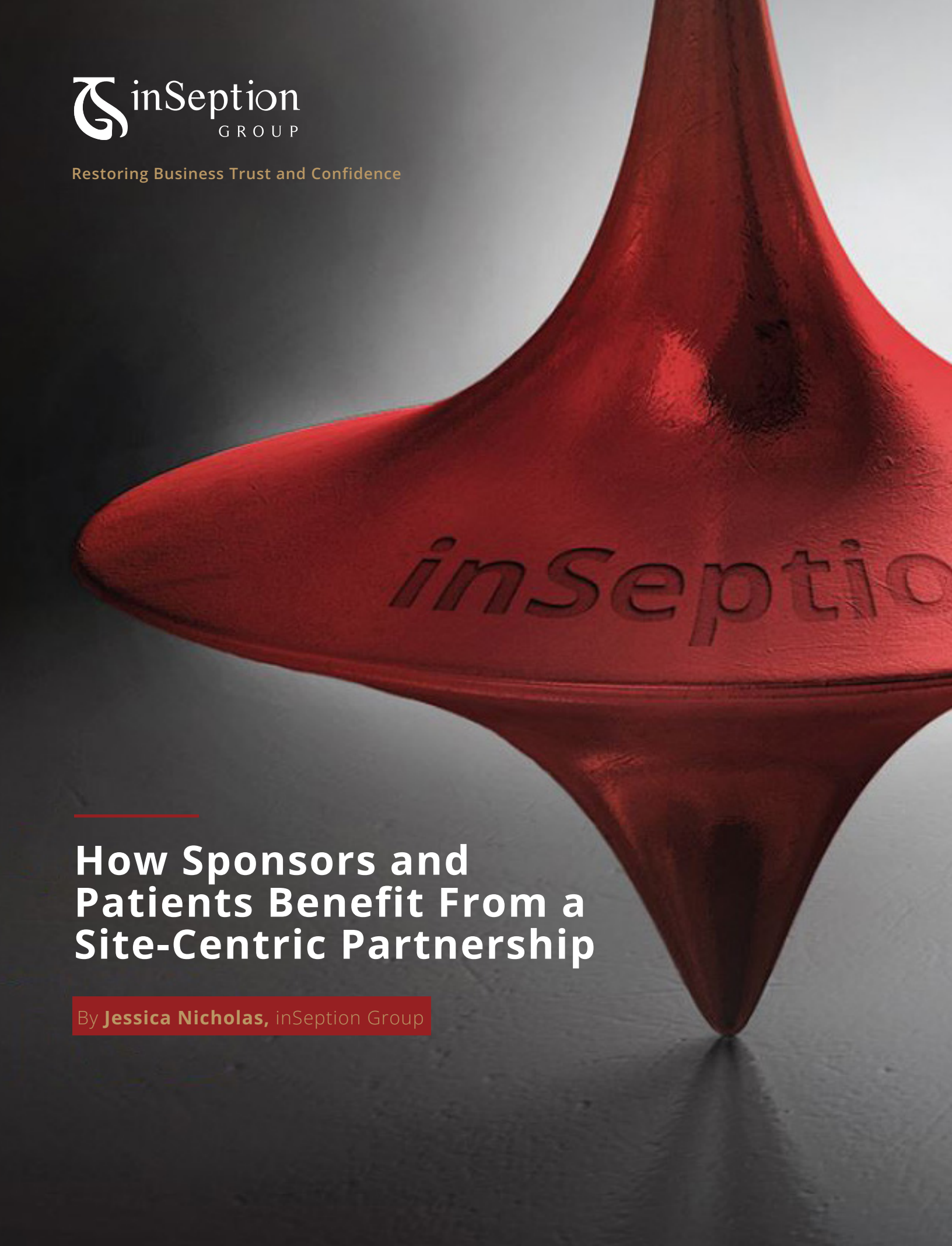

How Sponsors and Patients Benefit From a Site-Centric Partnership

By **Jessica Nicholas,** inSeption Group

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How Sponsors and Patients Benefit From a Site-Centric Partnership

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Creating a site-centric partnership between a pharmaceutical/biopharmaceutical sponsor and a clinical trial site can ease personnel and patient burdens, driving high-quality data collection and documentation. This partnership thrives when all parties involved, including study monitors/regional site managers (RSMs), principal investigators (PIs), patients, and study coordinators, understand the potential challenges and unique needs of each trial and can face them together.

When these challenges and their associated risks are well understood and appreciated, they can be openly addressed and mitigated before study kickoff, ultimately benefiting the operations and experience for all involved.

EMPOWER THE STUDY COORDINATORS WHO PROPEL THE TRIAL

The PI determines whether a site is capable of conducting a study. However, it can be easy for PIs to overestimate their staff's ability to conduct a trial, to make a problematic decision based on a misunderstanding of available resources, or to approve a study without a comprehensive understanding of every task it will entail.

As clinical programs dig deeper into niche patient populations, advanced drug development chemistry, and personalized medicine, trials become more complex and the need for specialized personnel

becomes critical. PIs are responsible for ensuring the trial has adequate resources in place, including a site management organization (SMO) if necessary, specialized personnel, and training processes to execute a study according to Good Clinical Practice (GCP) standards and guidelines set by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH).

Study monitors can and should act as double-checkers to this effort, helping the PI and making sure nothing has been overlooked. This is the first of many collaboration opportunities for PIs and study monitors. A study monitor or RSM needs to confirm the accuracy and feasibility of the PI's assessments. This is not a combative exercise, seeking to discredit the PI's judgment; engaging another set of eyes is a form of due diligence to ensure all project elements have been considered. This is particularly important to sponsors partnering with large sites, where the disconnect between top and bottom may be more pronounced. A large, well-known institution may have several substitute investigators ("sub-I") per PI, each of whom sees a multitude of patients.

The monitor's oversight is meant to confirm the PI has awareness of the capabilities and limitations of their site, equipment, and personnel. Where discrepancies exist between the PI's claims and what the staff report, the monitor can help explore implementation of mitigating factors, helping the site to better accommodate the trial. In practice, many sites assume any study coordinator can manage any trial, as the basic requirements of their roles do not change. Unfortunately, this assumption may impede successful management of the trial. When a study coordinator is trained in the specific therapeutic area, study procedures, and collecting the data generated from those procedures, the site becomes more proficient, which can significantly improve trial operations.

Coordinators may be seasoned clinically trained individuals who have worked as nurses, pharmacists, or physician assistants. But more often, coordinators are newly graduated individuals with little scientific or clinical knowledge relevant to what is being studied at the site. Inadequate staff, high turnover, and a limited knowledge base of the therapeutic area being studied can create intense workloads for all coordinators.

Moreover, study coordinators are being challenged to establish an environment conducive to collecting research data without compromising clinical care. In a research setting, these two demands would ideally complement one another. However, there are times when they may not. Research knowledge may indicate a patient's lab results deviating slightly from the protocol is fine. In a clinical setting, however, those same test results might be indicative of another issue or complication that will need to be addressed. Ultimately, research is designed to take place in an ideal setting, but that simply is not the reality of clinical care: patients get better, patients get worse. Coordinators should adapt and act upon what they observe in the present to ensure clinical care needs are met while working within the protocol guidelines.

In these dynamic scenarios, the value and applicability of prior training, as well as unofficial mentorship from more knowledgeable colleagues, only go so far. Because we are human, something always will be missed or incomplete. Thus, a proficient site will establish a system of checks and balances that mitigate those occurrences.

HIRE AND TRAIN FOR OPTIMAL OUTCOMES

Hiring for optimal outcomes means targeting skillsets applicable to the types of studies your site conducts. For example, hiring in an oncology center should be differentiated: a solid tumor team (segmented into groups specializing in, for example, breast, pancreatic, and lung cancers) and a liquid tumor team (broken down into such groups as lymphomas and leukemia). So, when a study

focusing on a particular area becomes available, the site has a team of subject matter experts (SMEs) with above-average understanding and training applicable to the disease.

To start this process, the site should identify its core SME team once study feasibility has been completed and the site has agreed to conduct the trial. If training to establish the foundational knowledge necessary to handle the trial is not already complete, therapeutic area training should begin at this phase so chosen site staff will be fully versed in the disease and its common treatment through standard clinical care techniques.

Once clinical training is completed and the site initiation visit nears, the study coordinator and site monitor or RSM can work closely to identify trial aspects that may differ from the standard of care treatment for the disease area. Identifying these differences early can better prepare the site to schedule study procedures and enable them to judge the significance of any missed procedures. Not all diseases or indications (for example, orphan diseases) have a robust treatment regimen, but even in those cases, it is easier to assemble a staff based on their specialties.

Regardless of whether a site is nationally known or a small center with only a handful of staff, its selection for inclusion in a clinical trial generally begins with an examination of the demographics of patients who typically frequent the site. Next, the study monitor should assess the capabilities of the PI and site staff. Depending how well-researched a disease is, it may be a struggle to find an institution that has the appropriate patient load and employs physicians experienced in treating that disease. Often, the study monitor or RSM needs to work with the PI to implement additional training before the trial initiates.

If personnel are open to learning what is presented, even if it contradicts information gleaned from their previous experiences or education, the training will succeed. In my experience, the mindset usually is more important than the educational foundation. As a recipe, it is up to the PI and study monitor to create a positive setting, establish a firm knowledge baseline within the organization, and build upon that knowledge to help individuals grow into the roles required.

ESTABLISH AN ORGANIZATIONAL STANDARD

Some study coordinators may feel they already have all the answers without additional training. Others recently graduated from college and are still finding themselves. That dynamic can lead to a lot of turnover, disproportionately placing responsibility on longer-tenured or more adept personnel, which can lead to staff burnout (and thus, more turnover).

Additionally, clinical trial focus is a large arena to try to master; it can be overwhelming. This is why site resourcing is so important—the PI and study monitor must determine how extensive a training regimen is required to promote capable staff. Can you just hire someone and have them on their feet in two weeks, or is a three-month course in the disease and trial conduct warranted? The latter may delay an otherwise qualified site's ability to conduct the trial.

With a basic understanding of the disease being studied, the treatment's mechanism of action, and the appropriate laboratory testing required to confirm or negate a response, a PI or an SME can train the site on how to conduct a trial to best meet the study endpoints. As site staff become more knowledgeable about the data being generated, they become more efficient in recording data, scheduling study procedures, and tracking patient response appropriately. In turn, the data generated from protocol assessments can be trusted to illustrate the study drug's efficacy.

TAKE TWO!

Even when all angles are seemingly considered at the start of a clinical trial, there are times in which remedial training is necessary to correct course. When this occurs, the collaboration between the RSM and the site is vital to implementing corrective and preventative action (CAPA) plans. These CAPAs are used to help the sites realign their procedures with the trial's specifications to prevent more significant issues arising due to scientific misconduct or continued nonadherence to ICH/GCP guidelines.

Overall, in the research arena, a good reputation is essential for sites to maintain, as a diminished reputation will negatively impact the site's opportunities to participate in other clinical trials while possibly endangering the PI's medical license and ability to conduct clinical trials.

Conversely, some PIs are champions for their trials. High-enrolling sites can be highlighted when a product comes to market, boosting the site's reputation and the PI's notoriety by noting their critical role in delivering on that drug's promise. At the end of the day, the research and clinical arenas are aligned in their desired outcomes: to provide high-quality, safe, and effective care to clinical trial participants.

YOU SCRATCH OUR BACKS, WE'LL SCRATCH YOURS

A site-centric partnership, in name, sounds one-sided—as if the pharmaceutical/biopharmaceutical sponsor or SMO operates subservient to the clinical trial site. But successfully completing a clinical trial, as the common child-rearing phrase states, "takes a village." Clinical programs are increasingly complex and target more niche patient populations than ever before. Thus, minimizing site burdens is not just a service to the site but a boon to the patients whose experience is improved, and to the sponsor or SMO, which reaps the benefits of a well-run, well-coordinated trial.

Seeking input and expertise from study monitors, PIs, patients, and study coordinators before study kickoff drives high-quality data collection and documentation by acknowledging those individuals' challenges and making their solution a priority. Pre-trial discussions are just the first of many opportunities for these stakeholders to collaborate throughout a product's development cycle and set a precedent for the partnership by committing early and fully.

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