The Society for Clinical Trials 34th Annual Meeting

Minimizing Reconciliation between Safety and Clinical Databases

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20-MAY-2013

Agenda

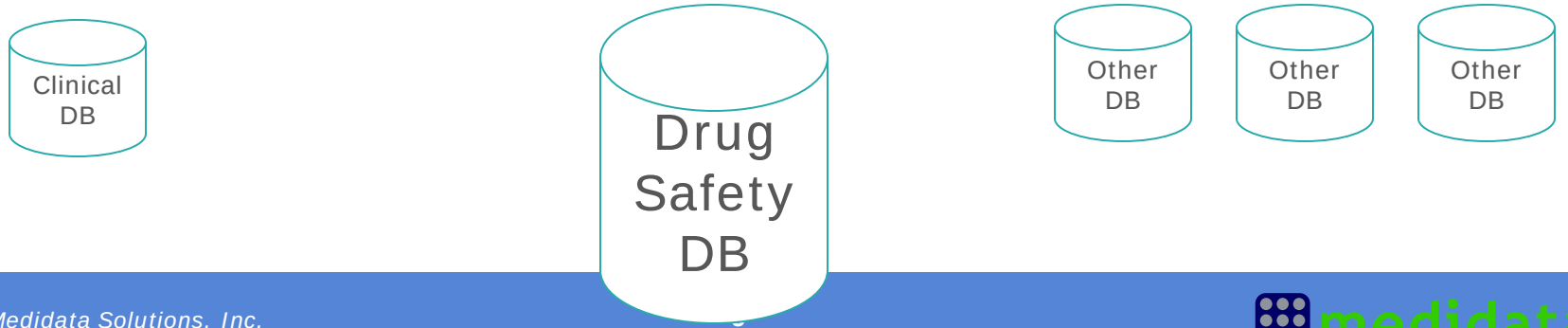
- What is Database Reconciliation?
- Challenges
- Best Practices
- Benefits

Database Reconciliation

- **Clinical Operations**
  - AE Intake and Triage
  - Process and Code AE Report
  - Assess AE Report
  - Investigate AE Report (Query)
  - Report AE Information (expedited & non-expedited)
  - Submit Cumulative AE Information
  - Proactive Trending

- **Medical Affairs**
  - Receive and Triage Medical Inquiries
  - Manage and Respond to Medical Inquiries
  - Manage and Reports AEs
  - Literature Searches

- Medwatch/CIOMS
- PSURs
- etc.



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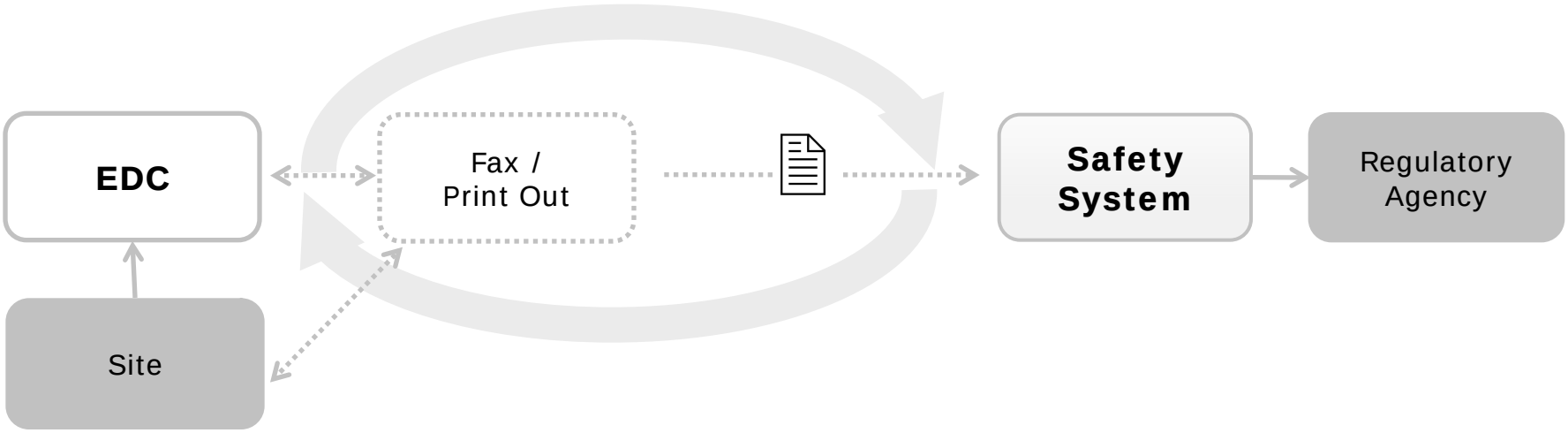
Current Manual / Paper process



Practice

- Separate data collection and submission processes
- Print out and/or fax to safety team
- Manual transfer of data into safety system

Challenges

- Manual entry of safety case data from paper SAE form
- Duplicate data entry
- QC of data entry
- Creation of paper queries for clinical data and transcription errors
- Tracking of and updating responses from queries
- Reconciliation of SAE database with clinical data

Challenges

- Tufts Center for Study of Drug Development estimates:
  - Study Coordinators spend 10% to 20% of their total work effort on trials just on AE/SAE reporting
  - Some sites have suggested charging ~$500-750 per SAE
    - This would represent an additional ~ quarter of a million dollars per study to the sponsor on a typical Phase III study

"Inside the EU's Next Generation of Pharmacovigilance," Medidata Solutions, S. Araujo, Applied Clinical Trials, 2012; "Burying Sites Under Safety Reporting,", K. Getz, Applied Clinical Trial, Jan 2009

Challenges

- It has been estimated at 2.15 FTE days per SAE – just in Sponsor effort
- The majority (59%) of trials experience SAE rates of up to 10%
  - Oncology specific SAE trial rates are 3 times higher
- On a typical 1500 patient Phase III study this represents 322 FTE days!

"SAE Rates in Clinical Trials," J. Handen, Applied Clinical Trials, 2012

Challenges

- And while 59% of trials exhibit SAE rates of 10% or less
- 10% of trials have SAE rates between 10% and 20%
- 17% of trials have SAE rates between 20% and 50%
- 6% of trials exhibited SAE rates of greater than 50%

"SAE Rates in Clinical Trials," J. Handen, Applied Clinical Trials, 2012

Best Practices

- Leveraging technology and standards
  - Over 90% of data required for safety reporting is already captured at the site in EDC
    - SAE
    - subject
    - investigation product
    - medical history
    - concomitant medications
    - etc.
  - Extending the adverse event clinical report form to include the additional safety information
  - MedDRA auto-coding at initial point of data entry in EDC, not batch-processing out of the safety system
  - Packaging the safety case into E2B (the ICH standard for AE data structure – used to transfer SAE data to regulatory agencies and between companies)
  - Transmitting this structured data to the safety system

Automated Business Objective

To provide clients with an online and secure solution, which is more efficient and accurate than current processes for transferring clinical data related to serious adverse events (SAEs) to their safety system

Benefits

- Identifying “single source of truth” for the clinical data.
- Eliminating duplicate data entry by safety personnel into safety systems.
- Minimizing impact on site personnel to report SAEs and ensuring a single streamlined data entry process, thus facilitating compliance.
- Increased data quality on initial transfer.
- Allowing safety personnel to focus on case assessment and monitoring, and not data queries.
- Reducing follow-up communication for data clarifications/errors.

Benefits

- Generating more complete initial case submissions due to availability and cleanliness of data
- Optimizing safety case processing productivity through more tightly coupling processes between safety, CDM, and development
- Significantly reducing or eliminating reconciliation between clinical and safety databases, e.g. for;
  - event seriousness
  - causality to investigational product (IP)
  - MedDRA-coded event term
  - patient death flag

Benefits

- **39% fewer safety queries to the sites in total – less work for the sites!**
- **30% of safety-relate queries system auto-generated - less work for the sponsors!**
- **Reduces or Eliminates Reconciliation**

"Transforming SAE Life-cycle Management in Clinical Trials – Enabling a Streamlined Business Process through Electronic Systems, J. for Clinical Studies, M. Markley, 2012

Thank You!

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