

Quantum Leap: Realizing the Long-Held, Mostly Undelivered Promise of EDC

Case Study – The Benefits of Leveraging Real-time (Direct) Data Entry

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A Touch of Philosophy

Every truth passes through three stages before it is recognized:

In the first it is ridiculed

In the second it is opposed

In the third it is regarded as self-evident

(Arthur Schopenhauer)

Questions???

What is keeping you *today* from fully adopting 21st century tools and processes?

\$200,000 - \$250,000

Direct Savings in one 18-site study, in nine months, as a result of reduced on-site monitoring

This figure does **not** take into account:

- Savings accrued to sites
- Improved site/sponsor relationships
- *Value* of making faster, mid-course corrections
- Improved quality of data (w/associated cost savings)

Themes for Today's Talk

- “Young Frankenstein”
- “All You Need is Love”
- “There’s No Place Like Home”

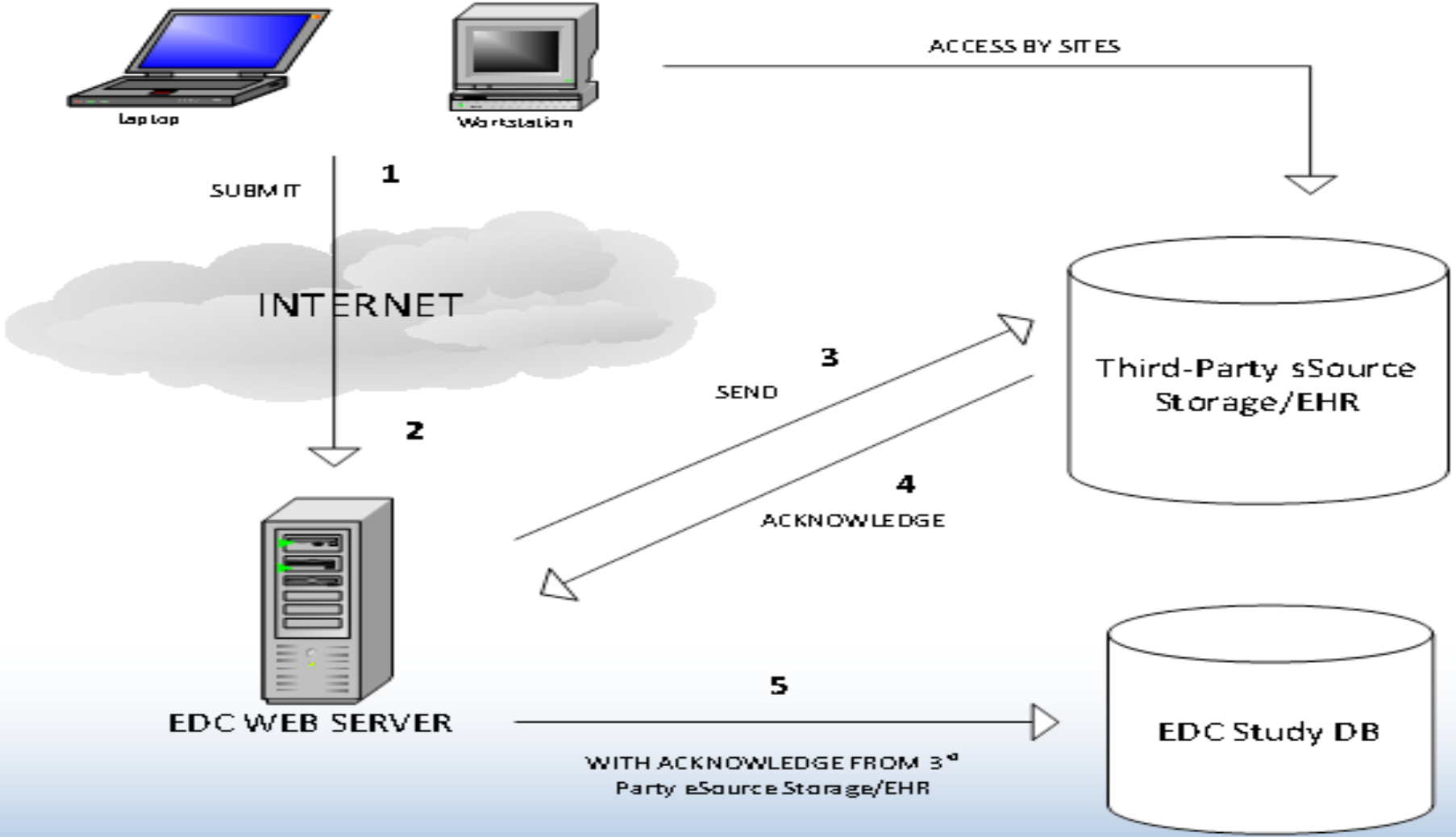
“Young Frankenstein”



How We Did It

- Committed to 21st Century Approach
- Focused on Quality (mind-set)
- eSource-enabled EDC system (tool)
- Risk-based Monitoring plans (process)
- Central/Remote Monitoring (process)
- "QbD" Meetings (process)

----- Site -----



Credibility From Ongoing Programs

Met with FDA at Type C meeting under a US IND

11 Studies initiated under 6 INDs

- 2 INDs with Big Pharma

- 2 INDs with mid-size pharma

- 2 INDs with small pharma

NDA planned Q4 2013

Quality Defined

Quality in clinical trials = the absence
of errors that matter

What are “Errors that Matter”?

Errors that have a meaningful impact on

- Patient safety or
- Interpretation of trial results

What We Achieved (1)

- Dramatic reduction in on-site Monitoring visits and associated costs
- 90(+)% of data entered *during subject visits*
- Queries back to sites within hours
- Comfort level that sites were properly managing subject safety

What We Achieved (2)

- Numerous, rapid, mid-course corrections
 - Protocol changes
 - Additional sites
 - EDC form or edit-check changes
 - Site and monitor re-training
- Comfort level that sites understood and were following protocol
- Comfort level that study enrollment was consistent with sponsor expectations

Benefits of eCTR-enabled DDE

Predicated on:

1. Getting the data into the database early, i.e., in real-time
2. Reviewing the data early and often, coupled with
3. a willingness to act on the data

“All You Need is Love”

ALL
YOU
NEED
IS
LOVE



“All You Need is Love”

**There's nothing you can do
that can't be done.**

...

It's easy.

**There's nothing you can
make that can't be made.**

Very Sage

Why Innovating Is About Doing, Not Talking

From <<http://www.linkedin.com/today/post/article/20130321172703-5935179-why-innovating-is-about-doing-not-talking>>

"An idea not coupled with action will never get any bigger than the brain cell it occupied." - Arnold H. Glasgow

From <http://www.linkedin.com/home?trk=hb_tab_home>

Real-time data capture NOT coupled with "real-time" monitoring will yield little value.

"Real-time" monitoring NOT coupled with associated action plans (and willingness to take action) will also yield little value. – D. Gittleman

Very Sage

Misquoted from the review of the book, *The Power of Positive Deviance*

“...it is easier to act your way into a new way of thinking, than to think your way into a new way of acting...”

From <http://www.anecdote.com.au/archives/2010/07/book_review_the.html>

“There’s No Place Like Home”



“There’s No Place Like Home”

The ability to adopt 21st century clinical development processes is **not** a function of outside forces and obstacles

-- rather, it depends on internal *mind-set and willingness* to move past comfort zone.

You have had the capability all along.

Thank You

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TARGET HEALTH INC., founded in 1993, is a private, New York City-based, full-service eCRO, engaged in all aspects of Drug and Device Development, including Regulatory Affairs Strategic Planning, Clinical Research, Data Management, Biostatistics, Medical Writing and the paperless clinical trial.