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# Program-Wide DMCs' Pros and Cons

the Independent Statistical Center (ISC) point of view

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# Introduction

## *Outline*

- Program-wide DMC
- Benefits
- Challenges
- Summary

# Program-Wide vs Traditional DMC

| Traditional DMC                | Program wide DMCs                                  |
|--------------------------------|--|
| Single study                   | Multiple studies                                   |
| One compound, One disease area | One compound, more than one disease area           |
| Same population                | Different populations                              |
| 3-5 members                    | Might require more members and different expertise |
| One report                     | One pooled report or separate reports              |
| One set of documentation       | One set or Separate set of documents               |
| One study team                 | Separate study teams                               |

# Benefits

- Allows more rapid identification of emerging safety signals, especially for relatively rare safety issues
- Efficiency
- Operational simplicity
- Cost-effectiveness

# Challenges

## *Logistics*

- Long Meetings
- More members, harder to schedule
- Difficult and restrict timing of DMC meetings
- Extra Ad-hoc meeting for single study may occur

# Challenges

## *DMC Materials*

- Prolonged data cleaning time, data not current, too much to review
- Hard for the DMC to remember key differences in protocols and study populations
- DMC report format

# Sample Mock – Pooled Disposition Table

|   | Trt0       | Trt1       | Trt2       | Trt3       | Trt4       | Total      |
|---|------------|------------|------------|------------|------------|------------|
| Patients randomized/enrolled            | N          | N          | N          | N          | N          | N          |
| Study 1                                 | nn         | nn         |            | nn         |            | nn         |
| Study 2                                 | nn         | nn         |            |            | nn         | nn         |
| Study 3                                 | nn         |            | nn         |            |            | nn         |
| Patients receiving at least one dose    | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |
| Study 1                                 | xx (xx.x%) | xx (xx.x%) |            | xx (xx.x%) |            | xx (xx.x%) |
| Study 2                                 | xx (xx.x%) | xx (xx.x%) |            |            | xx (xx.x%) | xx (xx.x%) |
| Study 3                                 | xx (xx.x%) |            | xx (xx.x%) |            |            | xx (xx.x%) |
| Discontinued early from study treatment | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |
| Study 1                                 | xx (xx.x%) | xx (xx.x%) |            | xx (xx.x%) |            | xx (xx.x%) |
| Study 2                                 | xx (xx.x%) | xx (xx.x%) |            |            | xx (xx.x%) | xx (xx.x%) |
| Study 3                                 | xx (xx.x%) |            | xx (xx.x%) |            |            | xx (xx.x%) |

# Sample Mock – Disposition Table Separated

| Study 1                                 |            |            |            |            |
|---|------------|------------|------------|------------|
|   | Trt0       | Trt1       | Trt3       | Total      |
| Patients randomized/enrolled            | nn         | nn         | nn         | nn         |
| Patients receiving at least one dose    | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |
| Discontinued early from study treatment | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |

| Study 2                                 |            |            |            |            |
|---|------------|------------|------------|------------|
|   | Trt0       | Trt1       | Trt4       | Total      |
| Patients randomized/enrolled            | nn         | nn         | nn         | nn         |
| Patients receiving at least one dose    | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |
| Discontinued early from study treatment | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) | xx (xx.x%) |



# Challenges

## *Meeting Documentations*

- Open/Closed minutes
- Recommendation Form

# Sample pooled open Minutes

Title:           **Title for Study 1**  
                  **Title for Study 2**  
                  **Title for Study 3**  
Protocol: Study 1, Study 2, Study3  
Sponsor: XXX  
Date:           XX/XX/XXXX  
Time:          7:00 am – 8:00 am (PT)  
Location: Teleconference  
Review:       Safety Meeting

## **Action Items**

XXX

## **Discussion**

The Sponsor gave an study update of the enrollment, ....

Study 1:... Reinforce study conduct. ....

Study 2: ...Keep monitoring special AEs. ...

Study 3: ...No safety concerns. ...

The meeting was adjourned at 8:30 am PT.

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# Sample DMC Recommendation

|                  |   |
|------------------|---|
| TO:              | XXX   |
| FROM:            | XXX   |
| DATE:            | XX/XX/XXXX                                  |
| MOLECULE:        | XXXX  |
| PROTOCOL NUMBER: | Study 1                                     |
| SUBJECT:         | Recommendation following iDMC safety review |

The iDMC met on XX/XX/XXXX, and reviewed the safety data of study 1.

Based on review of the data and the meeting discussion, it is recommended that the Sponsor:

- Continue the trial without modification for Study 1
- Continue the trial with minor recommended modifications
- Stop the trial
- Put enrollment on hold pending further iDMC recommendation

# How an ISC can help overcome challenges

## *To DMC:*

- Being knowledgeable and clear about similarities/differences in studies
- Clean documentation: Report, Charter, Minutes and Recommendations

## *To Sponsor:*

- Be clear on point of contact for each study

# Summary

## *The Program-Wide DMCs*

- May be beneficial to have Program-wide DMCs
- It is becoming more common and the format for it depends on the Sponsor and the DMC's working style
- The support of the ISC for DMC activities is essential when dealing with multiple studies at once

# Questions?

Welcome to Email: [JiangY@axioresearch.com](mailto:JiangY@axioresearch.com)

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