

Clinical Trials Reporting Program (CTRP) Update

Clinical and Translational Research Advisory Committee
(CTAC)

December 15, 2010

Discussion Points

- Background
 - Rationale for the Clinical Trials Reporting Program (CTRP)
 - Rationale for changes to assist in compliance with FDA Amendment Act of 2007
- Status of clinical trial registration in CTRP
- Plans for reporting patient accrual on clinical trials
- Outcomes reporting
- Tentative timeline

Rationale: Clinical Trials Reporting Program

- **NCI has no electronic database for more than half of its clinical trials portfolio (> 20,000 patients accrued per year)**
 - R01s, R21s, P01s, SP0REs etc.
 - Institutionally-supported using CCSG resources
- **Currently available databases do not allow NCI and the broader cancer community to:**
 - Manage portfolio accountably by monitoring accrual, identifying gaps and duplicative studies
 - Effectively prioritize clinical trials
 - Identify toxicity trends across all NCI-supported trials

CTWG Goals for Establishment of CTRP

- ***“Create a comprehensive database containing information on all NCI-funded clinical trials to facilitate better planning and management across clinical trial venues” - CTWG 2005***
- **Predates enactment of FDA Amendment Act (FDAAA) by >2 yrs**
- **The recent IOM report on NCI’s clinical trials system reiterates the need for a complete database of active and planned trials**

FDA Amendment Act and NIH policy

- **FDA Amendment Act (FDAAA) of 2007**
 - Requires registration of all applicable trials (Phase II/III) with ClinicalTrials.gov
 - Sets rules for determining “Responsible Party” for this activity
 - Penalties for non-registration include large fines and withdrawal of NIH funding
 - Substantive outcomes reporting requirements
 - NIH policy: It is no longer permissible for NIH institutes to register trials on behalf of Responsible Parties (*e.g.*, via any NCI system)
 - What NIH Grantees Need to Know About ClinicalTrials.gov and FDAAA:
http://grants.nih.gov/ClinicalTrials_fdaaa/index.htm
- **NCI is not in control of these requirements**

CTRP Registration

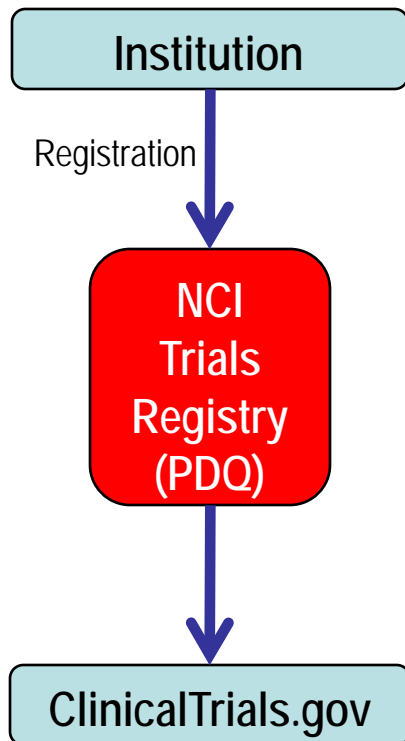
- Registration of interventional trials in CTRP is open to all NCI grantees
 - 36 NCI-designated Cancer Centers and 14 other institutions have submitted over 3000 Cancer Clinical Trials to CTRP as of December 2010
- CTRP Registration can be completed manually via the Internet or electronically
 - Registration requires information on the lead organization, principal investigator, trial title, phase, purpose, and status

CTRP Registration

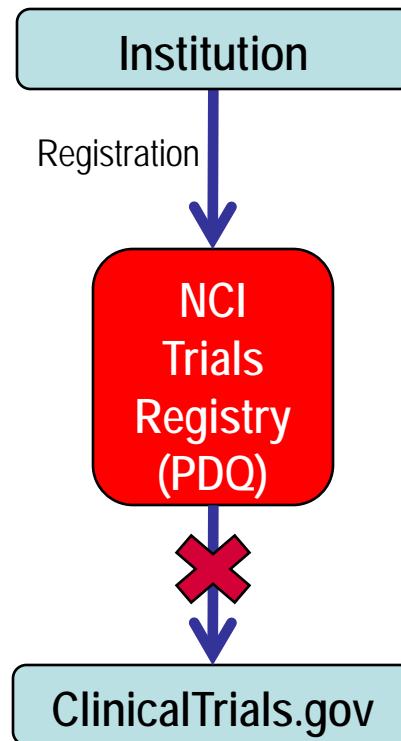
- The Clinical Trials Reporting Office (CTRO) abstracts protocol information in CTRP
 - Information abstracted includes brief and detailed description, trial design, outcome measures, disease/conditions, and interventions
- A Trial Summary Report (TSR) is sent from CTRP to the submitter as “Trial Owner” and any other identified “Trial Owners”
- If requested, a file (XML format) that can facilitate registration in ClinicalTrials.gov is also sent to the Trial Owner

Value Added by CTRP

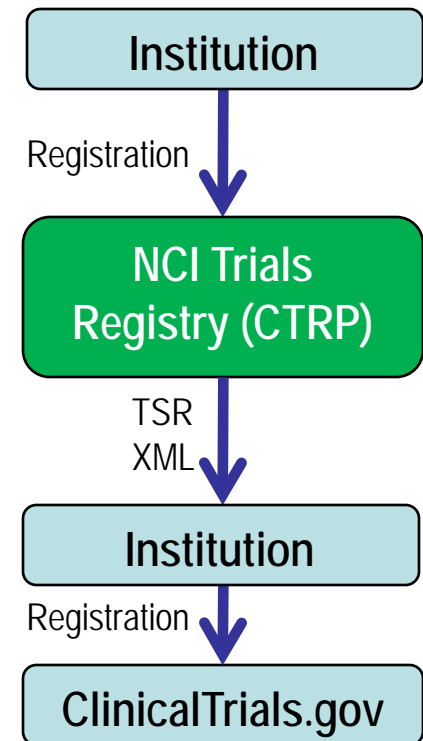
2005: **Voluntary** ClinicalTrials.gov registration from NCI Registry (PDQ)



2007: FDAAA **requires** registration and outcomes by Responsible Party. NIH policy prohibits registration by any Federal System



2009: CTRP enhanced to abstract information for ClinicalTrials.gov registration and return file to institutions for independent validation and submission



Accrual

- CTRP is planning to have the capability for sites to report patient accrual electronically for all interventional trials, including grant-supported, in April 2011
 - The CTRP patient accrual data elements will be based on the CDUS Abbreviated elements currently reported for trials managed by the CTEP and DCP protocol offices.
 - CDUS Abbreviated includes Patient ID, Demographics, and Patient Disease
 - The NCI will provide support to Cancer Centers and software vendors to facilitate the automation of registration and accrual reporting

Patient Accrual Data Elements

Patient Accrual Data Elements	Mandatory=M Optional=O
Patient ID	M
Patient Zip Code* (Only first 5 digits)	M/O
Patient Country Code (Mandatory if not U.S.)	O
Patient Birth Date (Month/Year)	M
Patient Gender (To be harmonized with CRF Demography)	M
Patient Ethnicity (To be harmonized with CRF Demography)	M
Patient Method of Payment	O
Date of Patient Entry	M
Registering Group Code (all studies with Group participation)	M
Registering Institution Code	M
Patient Disease Code**	M
Patient Race (To be harmonized with CRF Demography)	M

*-Mandatory for US studies

** -Based on CTEP MedDRA Simplified Disease Code (SDC)

CTRP Strategic Subcommittee

- Co-Chairs:
 - Kevin Cullen, M.D., Director, University of Maryland Greenebaum Cancer Center
 - Sheila Prindiville, M.D., Director, Coordinating Center for Clinical Trials, NCI
- Members include representatives of Cancer Centers, Cooperative Groups, and community stakeholders
- Activities:
 - Review data elements for registration and accrual
 - Discuss issues regarding collection of outcome data
 - Collaborate on defining a feasible timeline for implementation

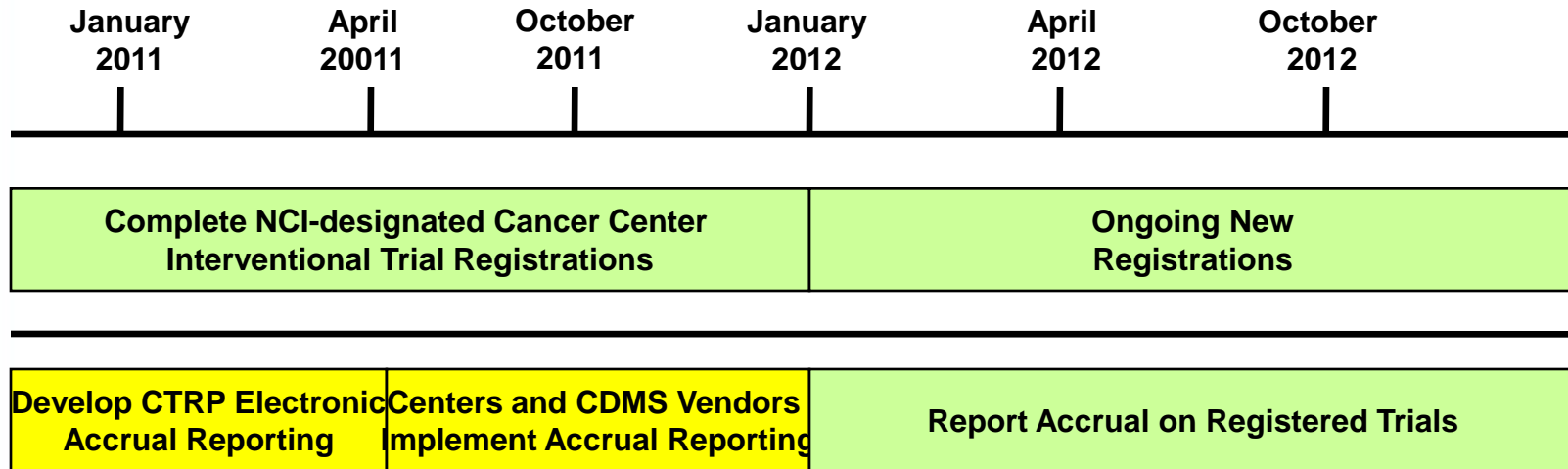
CTRP: Outcome Reporting

- Outcome reporting on all NCI trials was a recommendation in the 2005 CTWG report
 - NCI currently only receives outcome data in the form of “CDUS Complete” on Phase 1 and Phase 2 DCTD treatment trials using NCI agents
- NCI is assessing the feasibility and added value of outcome data for other NCI supported trials
 - “CDUS Complete” and NLM Basic Results Reporting do not contain the same data set
 - Extramural input will be needed to determine outcome reporting requirements
 - NCI continues to work with NLM to avoid duplication of data reporting requirements

CTRP: 2011 Goals

- Cancer Centers received administrative supplements to:
 - Ensure Cancer Centers are successfully registering their interventional clinical trials in CTRP
 - Support implementation of electronic reporting into CTRP to submit patient accrual on registered trials
- Completion of transfer of registration of CTEP and DCP trials already managed by their respective Protocol Information Offices (NCI will enter these in CTRP)
- Continue to work with the CTRP Strategic Subcommittee to establish implementation timelines for complete registration and accrual reporting
- Discuss outcome reporting with extramural stakeholders

Tentative Timelines*



* NCI is working with the CTRP Strategic Subcommittee to establish final implementation timelines (pending information from Cancer Centers and vendors on timelines for electronic interfaces)



National Cancer Institute

Background Slides

Pilot Sites and Early Adopters

Pilot/Tier	NCI designated Cancer Center
P	Dana–Farber/Harvard Cancer Center, Dana–Farber Cancer Institute
P	Mayo Clinic Cancer Center, Mayo Clinic Rochester
P	Robert H Lurie Comprehensive Cancer Center, Northwestern University
P	St. Jude Children's Research Hospital
P	Wake Forest Comprehensive Cancer Center, Wake Forest University
1	Case Comprehensive Cancer Center, Case Western Reserve University
1	Fred Hutchinson/University of Washington Cancer Consortium, Fred Hutchinson Cancer Research Center
1	NYU Cancer Institute, New York University Medical Center
1	The Herbert Irving Comprehensive Cancer Center, Columbia University
2	Duke Comprehensive Cancer Center, Duke University Medical Center
2	Memorial Sloan-Kettering Cancer Center
2	OHSU Knight Cancer Institute, Oregon Health & Science University
2	Sidney Kimmel Cancer Center at Johns Hopkins University
2	UVA Cancer Center, University of Virginia
3	Abramson Cancer Center, University of Pennsylvania
3	Chao Family Comprehensive Cancer Center, University of California at Irvine
3	City of Hope National Medical Center Beckman Research Institute
3	Fox Chase Cancer Center
3	Kimmel Cancer Center, Thomas Jefferson University
3	Lombardi Comprehensive Cancer Center at Georgetown University
3	Moore's Cancer Center, University of California, San Diego
3	Roswell Park Cancer Institute
3	The University of Texas M. D. Anderson Cancer Center
3	UC Davis Cancer Center, University of California, Davis
3	UNMC Eppley Cancer Center, University of Nebraska Medical Center
3	USC/Norris Comprehensive Cancer Center, University of Southern California

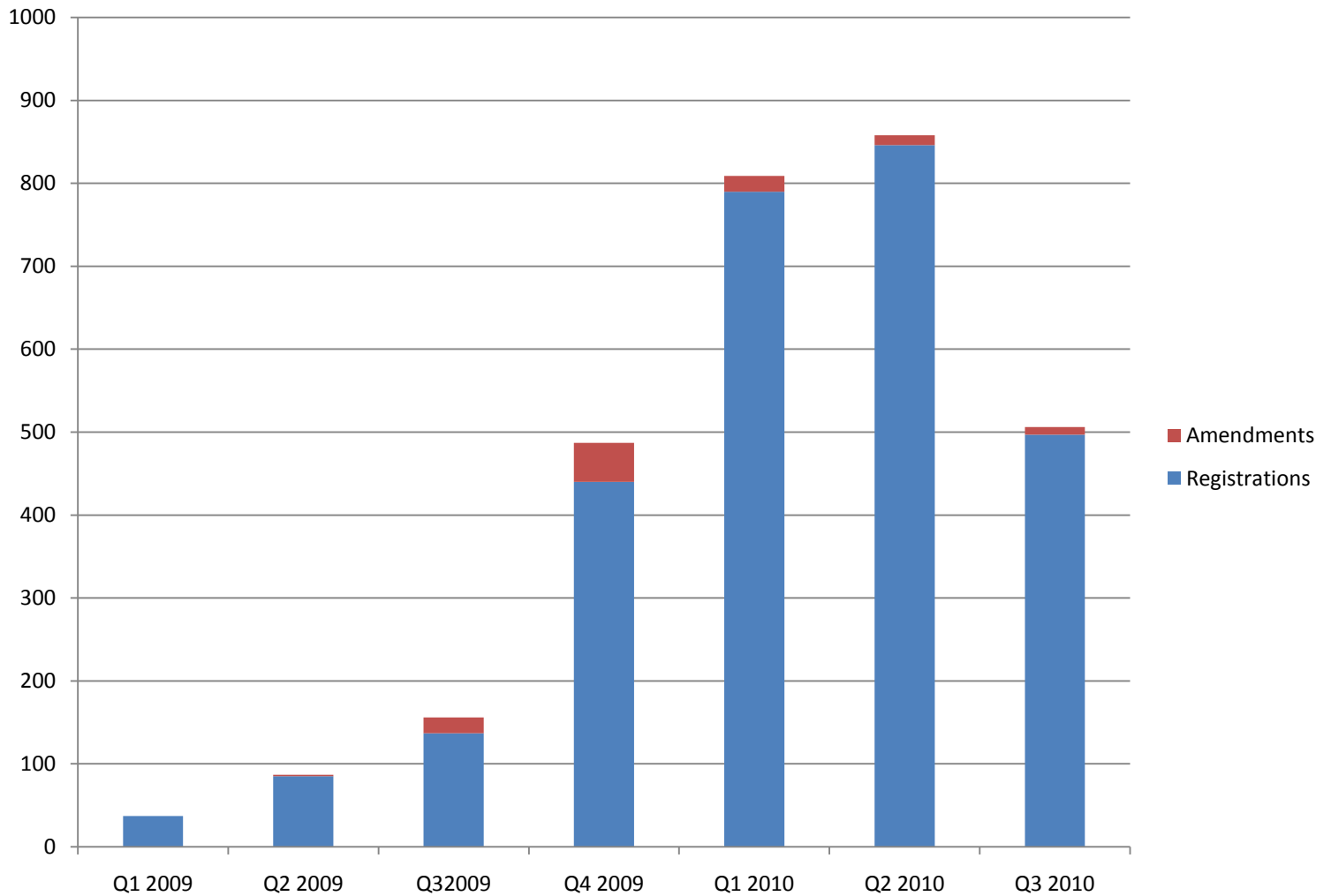
Background – Information Systems

- **CTRP – Clinical Trials Reporting Program**
 - NCI's comprehensive database containing regularly updated information on all NCI-funded clinical trials. CTRP fulfills a recommendation made by the [NCI Clinical Trials Working Group \(CTWG\)](#) to the National Cancer Advisory Board.
- **PDQ – Physician Data Query**
 - An NCI database that contains summaries of topics relevant to health care professionals and the lay public as well as a clinical trial searching capability. In the future, the clinical trials searching capability will be transferred to CTRP.
- **ClinicalTrials.gov**
 - NIH, through its National Library of Medicine (NLM), developed ClinicalTrials.gov in collaboration with the FDA as a result of the FDA Modernization Act (FDAAA). ClinicalTrials.gov is a registry of federally and privately supported clinical trials conducted in the United States and around the world.
- **RSS – Regulatory Support System**
 - An NCI database, managed by CTSU's Central Regulatory Office designed to track regulatory compliance in an effort to reduce the administrative and regulatory burden on the Cooperative Groups.

CTRP Status

- **January 2009:** Pilot registration of interventional trials with 5 NCI-designated Cancer Centers
- **July 2009:** Registration expanded to 21 Early Adopter Cancer Centers
 - System functionality enhanced based on requests from pilot and early adopters
- **January 2010:** Registration of interventional trials open to all NCI supported grantees
- **December 2010:** 37 NCI-designated Cancer Centers and 14 other institutions have submitted over 3000 Cancer Clinical Trials to CTRP

Quarterly Submissions to CTRP



Clinical Trials Reporting Program (CTRP) Origin

- Clinical Trials Working Group (CTWG) Report
 - *“The CTWG envisions an enhanced cancer clinical trials enterprise in which increased participation by the extramural community in the prioritization process more effectively focuses resources on those trials judged most likely to facilitate advances in treatment. The success of this strengthened prioritization process depends on a **shared foundation of comprehensive, up-to-date information about the status of cancer clinical trials.**”*

Report of the
Clinical Trials Working Group
of the
National Cancer Advisory Board

Restructuring the
National Cancer Clinical Trials
Enterprise

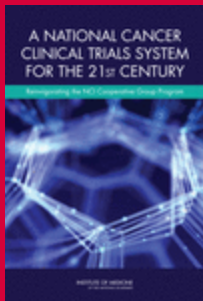
June 2005



Clinical Trial Reporting Program (CTRP) Reiteration of Need: IOM Report

A National Cancer Clinical Trials System for the 21st Century: Reinvigorating the NCI Cooperative Group Program, described the need for:

- “A robust, standardized, and accessible clinical trials infrastructure
- A complete database of active and planned trials
- Standardized electronic data capture
- Publicly accessible tissue repositories with high-quality, fully annotated, and inventoried samples collected and stored in a standardized fashion”



CTRP Outcomes

- Outcomes in the [CTWG Report](#)
 - **New Initiative 1: Establish a comprehensive database containing regularly-updated information on all NCI-funded clinical trials.**
 - Rationale:
 - An electronic database containing complete, up-to-date information about the status of all cancer clinical trials would be extremely valuable to the clinical trials community. Benefits include the following:
 - When preparing new trial concepts and proposals, investigators could take into account other trials already completed or underway addressing similar questions, and thus eliminate unnecessary duplication of effort.
 - Prioritization would be enhanced by having available a full picture of the cancer clinical trials enterprise. □ Patient accrual to trials would be enhanced because physicians and patients would be aware of relevant opportunities for participation in clinical trials.
 - Potential patient harm would be reduced because **toxicity and adverse events** that are recognized in active trials would be rapidly disseminated to other investigators and practicing clinicians.
 - Patients would benefit because patterns of favorable **outcomes** that are recognized in active trials would be rapidly disseminated to the clinical trials community.