OEWG Background

• Clinical Trials Working Group Report Operational Efficiency Initiative 2
  *Identify the institutional barriers that prolong the time from concept approval to accrual of first patient, and develop solutions for overcoming these barriers*

• Clinical Trials Advisory Committee Charge
  *Establish an Operational Efficiency Working Group (OEWG) to recommend strategies and implementation plans for reducing the time for activation of Cooperative Group and Cancer Center trials*
OEWG Membership…
63 Clinical Trial Stakeholders

- 10 Cooperative Group Chairs
- 8 Cancer Center Directors
- Clinical Investigators
- Statisticians
- Protocol/Trial Specialists
- Community Oncologist
- NCI Clinical Trials Leadership and Staff
  - DCTD, CTEP, DCP, CCR, NCICB, CCCT, Cancer Centers
- Pharma/Biotech
- Patient Advocates
- FDA
- CMS
- CTSU
Trial Categories Addressed by OEWG

- Cooperative Group Phase III Trials
- Cancer Center Investigator-Initiated Trials
- IDB Early Drug Development Phase II Trials
  - N01 Contract Holders
  - Cooperative Groups
- Cancer Center Activation of Cooperative Group Trials
Topics Outside OEWG Purview

- Industry sponsored trials
- OHRP regulated issues
- CMS coverage determinations
- State laws and requirements
- Congressional funding mandates
OEWG Deliberations

- Agreement on key barriers to timely trial activation
- Commitment to achieve new target timelines for steps in trial activation
- Developed new process maps for trial activation
- Identified external factors outside of NCI or investigators’ control that delay activation
- Established firm dates to terminate protocol development if all issues are not resolved
- Developed recommendations and associated implementation plans to achieve target timelines
Operational Efficiency Working Group

- Cooperative Group Phase III Trials
  - Current State
  - Proposed OEWG Timeline
  - Recommended Process Improvements

- Median Days per Step:
  - Protocol approval to trial activation: 94 days
  - Protocol receipt to protocol approval: 348.5 days
  - Concept approval to protocol receipt: 138.5 days
  - Concept receipt to concept approval: 93 days

Percentage of Trials:
- Less than one year: 2%
- 1-2 years: 40%
- More than two years: 58%

Number of revisions

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Proposed OEWG Timeline – 300 days

Timeline pauses if industry negotiations causes delay

Feedback on major challenges in 5 days

If registration trial, FDA review in 30 days

Protocol terminated if not activated in two years

(Timeline excludes IRB, contracting, drug supply)
Time to Trial Activation…
Current vs OEWG Target

Current median time includes CIRB approval, industry negotiations, and FDA approval.
Recommendation 1: Group-specific Action Plan to achieve OEWG target timeline

**Implementation Plan**

- Potential staffing changes
  - Physician Senior Protocol Officers
  - Non-physician Trial Development Managers
  - Specialist medical writers
- Trial development steps performed in parallel
- Direct, coordinated interactions to resolve issues
- Project management/protocol tracking tool
Cooperative Group Process Improvement

Recommendation 2: CTEP Action Plan to achieve OEWG target timeline

Implementation Plan

- Project Managers
  - Manage overall protocol review, revision and approval process
  - Facilitate interactions between CTEP and the Groups
- Coordinated CTEP/DCTD scientific/clinical review to identify all issues at time of initial concept and protocol review
- Prompt communication of critical issues in advance of formal written review
- Streamlined methods for communicating comments
- Distinguish advisory comments from those requiring response
- Project management/protocol tracking tool
Cooperative Group Process Improvement

**Recommendation 3: Collaborative Group/CTEP process for concept and protocol revision**

*Implementation Plan*

- Direct, coordinated interactions to resolve issues
- High priority on devoting time to issue resolution
- Fundamental aspects of study design resolved at concept stage
- Interactions at protocol stage focused on mechanics of completing a protocol embodying an agreed concept
  - Prompt communication and resolution of major differences
  - Minimal time spent discussing non-critical differences of opinion
  - Minimization of time and effort for routine or pro forma revisions
- Rapid arbitration for any issues not resolved quickly
Recommendation 4: Develop approaches to reward performance against timelines

Implementation Plan

- Establish comprehensive, reliable system for reporting timeline performance for each step in trial activation
- Collect timeline performance data for at least one year and assess accuracy and value of the data and reports
- Analyze performance data by individual Groups and across the Group system compared to target timelines
- Joint Group/CTEP deliberations concerning
  - Linking incentives to Group-specific timeline performance
  - Incorporating performance against timeline targets in Subcommittee H review
- CTEP to include timeline performance in annual staff performance evaluations
Operational Efficiency Working Group

• Cancer Center Investigator Initiated Trials
  – Proposed OEWG Timeline
  – Recommended Process Improvements
Proposed OEWG Timeline – 90 days

(Timeline excludes writing of protocol, contracting, institutional financial review, drug supply)

Performance benchmark for trial activation = 180 days
**Recommendation 5: Center-specific Action Plan to achieve OEWG target timeline**

*Implementation Plan*

- **Potential Action Plan Elements**
  - Specialist medical writers
  - Direct coordinated interactions to resolve differences
  - Project management /protocol tracking tool

- **Center-Specific Timeline Targets**
  - OEWG target modified to reflect specific Cancer Center environment
  - Targets analyzed for reasonableness by Cancer Center Directors/NCI
  - Timeline data reported annually against target
  - Centers performing below expectations report annually on actions taken

- **Funding Sources**
  - Explicitly allow use of CCSG funds for protocol development
  - Provide supplemental funds to implement Action Plan
Recommendation 6: Streamline university contracting and financial review processes

Implementation Plan

• System level
  – Educate universities on NCI Standardized Clauses for Clinical Trial Agreements
  – Develop standardized clauses for other types of agreements
  – Collaborate with CTSA program to streamline processes

• Institution level activities
  – Educate stakeholders on NCI Standardized Clauses for Clinical Trial Agreements
  – Establish master agreements with individual companies
  – Consider use of non-federal funds for university legal/contracting staff devoted to Cancer Center trials
  – Direct interactions among Center/university/hospital staff to resolve issues
Operational Efficiency Working Group

- IDB Early Drug Development Phase II Trials
  - Current State
  - Proposed OEWG Timeline
  - Recommended Process Improvements
Time to Activation - Current State

Percentage of Trials

- Less than 1 year: 16%
- 1-2 years: 61%
- More than two years: 23%

Time from LOI Submission to Trial Activation

- Median Days per Step:
  - Protocol approval to trial activation: 44 days
  - Protocol receipt to protocol approval: 259 days
  - LOI approval to protocol receipt: 59 days
  - LOI receipt to LOI approval: 111 days
Review/Revision of Protocols

Number of Trials

Number of Revisions

Trials

Number of Trials

0 1 2 3 4 5

1 35 41 31 14 15

0 5 10 15 20 25 30 35 40 45
Proposed OEWG Timeline – 210 days

Timeline pauses until point of final industry decision
Timeline pauses if industry negotiations cause delay

LOI review
LOI revision/review
Protocol development
Protocol review
Protocol revision/review Form

0 30 60 120 150 210

Time in days
(Timeline excludes contracting, drug supply, IRB, FDA)

Protocol terminated if not activated in 18 months
Time to Trial Activation…
Current vs OEWG Target

Current median time includes IRB approval and industry negotiations

Current median time includes IRB approval and industry negotiations
**Recommendation 7: CTEP Action Plan to achieve OEWG target timeline**

*Implementation Plan*

- Project managers
  - Manage overall protocol review, revision and approval process
  - Facilitate interactions between CTEP, PIs, and industry
- Teleconferences to resolve issues for “on hold” LOIs
- Prompt communication of disapprovals in advance of review letter
- Streamlined methods for communicating comments
- Distinguish advisory comments from those requiring response
- Project management/protocol tracking tool
Recommendation 8: Collaborative Group/N01/CTEP process for LOI and protocol revision

Implementation Plan

• Direct, coordinated interactions to resolve issues
• High priority on devoting time to issue resolution
• Fundamental aspects of study design resolved at LOI stage
• Interactions at protocol stage focused on mechanics of completing a protocol embodying an agreed LOI
  – Prompt communication and resolution of major differences
  – Minimal time spent discussing non-critical differences of opinion
  – Minimization of time and effort for routine or pro forma revisions
• Rapid arbitration for any issues not resolved quickly
Process Improvements Applicable Across Trial Categories

- Standardization of Tools and Templates
- Cancer Center Trial Prioritization
- Enhanced Biomarker Funding and Capabilities
Standardization of Tools and Templates

Goal: Facilitate rapid assembly of protocols

Recommendation 9: Form working group involving NCI, Group and Center staff to coordinate standardization efforts

Implementation Plan

- Compile inventory of protocol templates, data elements, case report form modules, etc. from Groups and Centers and NCI
- Analyze inventory to identify current standards, best-in-class products, redundant development efforts and unmet needs
- Analyze status and output of existing standardization efforts
- Identify tools and templates where standardization is mandatory and those where recommended or optional
- Identify needed standards for interoperability
- Develop a coordinated process for implementing standards
Goal: Optimize use of resources by reducing the number of protocols in development

Recommendation 10: Perform rigorous review of clinical trial concepts in advance of protocol development

Implementation Plan

- Concept review process specified in CCSG guidelines
  - Approval/disapproval by disease group or Center-wide
  - Uniformity of reviews across diseases
  - Content of a concept document
  - Criteria by which concepts are reviewed
- NCI should not mandate the specific process or criteria
- Applicable to all trials – investigator-initiated, Cooperative Group and N01
Enhanced Biomarker Funding & Capabilities

Goal: Facilitate rapid activation of trials involving critical biomarker studies

Recommendation 11: Enhance funding and capabilities for use of biomarkers in NCI-funded clinical trials

Implementation Plan

- Expand the Biomarker, Imaging and Quality of Life Studies Funding Program (BIQSFP) to large randomized Phase II trials
- Create program to fund biomarker studies for early-phase trials
- Require clinical trial concepts/LOIs to describe proposed integral or integrated biomarker studies
- Provide funding for development, validation, and conduct of clinical grade assays
- Develop standards for qualifying sites to conduct imaging studies associated with clinical trials
Process Improvements to Enhance Overall Clinical Trials Program

- Robust OEWG discussion of several improvements in the NCI clinical trials program not directly linked to activation time
  - Cancer Center Participation in Cooperative Group Trials
  - Cancer Center Clinical Trials Strategic Review
  - Clinical Research Mentorship and Training

- Developed recommendations and implementation plans for improvements in each of these areas
Process Improvements to Enhance Overall Clinical Trials Program

- **Enhance Cancer Center Participation in Cooperative Group Trials**
  - Cooperative Group leadership and accrual scored CCSG review criteria
  - NCI officially recognizes investigators for leadership in the design and conduct of Cooperative Group trials
  - Enhance the stability and size of accrual funding
  - Create incentives for institutions to include Cooperative Group accrual as a “service” criterion for tenure and promotion

- **Cancer Center Clinical Trials Strategic Review**
  - Requirement for Comprehensive Cancer Centers
  - Allocate clinical trial resources based on scientific/clinical advances, basic/translational/clinical research strengths and patient population

- **Enhance Clinical Research Mentorship and Training**
  - Flexibility in use of CCSG funds for mentorship and training
  - Clinical research training required for Comprehensive Cancer Centers
  - Create new training awards, programs and tools
Goal is aggressive but necessary...

Commitment will result in significant progress but success will not be fully achieved without incremental funding.

(Current median time includes IRB approval, industry negotiations, and FDA approval)
OEWG ARRA Funding and Beyond

- **ARRA administrative supplements**
  - Develop Cooperative Group, Cancer Center, NCI Action Plans
  - Dedicated protocol development staff (protocol writers, trial development managers, etc)
  - Acquisition and deployment of project management/protocol tracking software tools

- **Long Term**
  - Economic incentives for Cooperative Groups and Cancer Centers to meet the new timelines

- **Ultimate Vision**
  - A coordinated, collaborative, interactive process for timely development, review, revision, and approval of all NCI-supported clinical trials
  - Commitment will result in significant progress but success will not be achieved without devoted incremental funding
OEWG Next Steps

- Prepare Phase I OEWG Final Report

- Launch OEWG Phase II addressing rate of accrual and time to trial completion
Thanks to:

- OEWG members
- NCI professional staff
- Science Technology Policy Institute: Judy Hautala, Oren Grad, Brian Zuckerman
Questions for NCAB Discussion…

• Will the recommendations result in fewer trials, but with higher priority?

• Will the timelines be embraced by the drug companies and are they sufficiently aggressive?

• How could NCI best facilitate the development and/or expansion of academic incentives to participate in the development and conduct of multi-site trials?

• Will the changes result in improved accrual?