Gynecologic Cancer InterGroup
Cervix Cancer Research Network

Good Clinical Practice, GCP

Clinical Trials 101

GCIG CCRN QA

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GCIG-CCRN

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GYNECOLOGIC CANCER INTERGROUP
An Organization of International Cooperative Groups for Clinical Trials in Gynecologic Cancers

Background:

1949 The Nuremburg Code
1964 Declaration of Helsinki (World Medical Association)
1990 EU, USA & Japan – unified approach
1996 International Conference on Harmonization (ICH)
2000 revised Declaration of Helsinki

ICH GCP

ICH GCP

Definition: an internationally mandated ethical and scientific quality standard for the **design, approval, conduct, performance, monitoring, auditing, recording, analyzing and reporting** of clinical trials that involve the participation of human subjects

** adherence to ICH GCP is required for all (international) submissions to regulatory authorities **

versions of implementation differ but underlying principles do not

- eg: ICH GCP versus FDA GCP
- eg: European Directive

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ICH GCP

- Glossary
- Principles
- Investigator
- Sponsor
- Trial Protocol and Amendments
- Investigator's Brochure
- Essential Documents

Composition of Ethics Committees

GCP

key points:

1) The objectives, design, conduct, analysis and reporting of a clinical trial must be defined in a **written protocol** before study initiation and **strictly followed** throughout.

2) **Protection of subjects** is the shared responsibility of the investigator, the sponsor, and the ethics review board(s).

3) Investigator must select, train and keep a **log** of study team members with **delegated responsibilities**.

GCP

key points:

4) Accurately predict **recruitment** and maintain subject **enrollment** log.

5) Strict attention to **ethical considerations**; such as informed consent procedures and vulnerable populations.

6) Immediately report **serious adverse events**.

7) Document product accountability precisely.

GCP

key points:

8) Collect and record reliable **study data** diligently.

9) Maintain organized collection of **source documents, files and archives**.

10) Integrity: the rights, safety and well-being of the trial subjects prevails over the interests of science and society.

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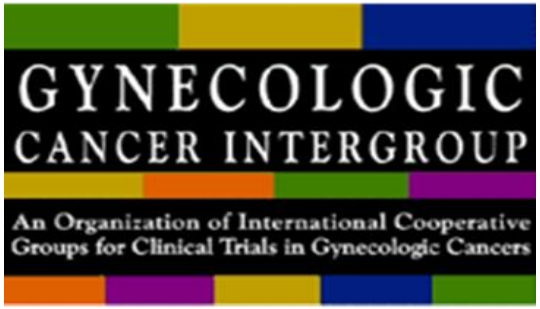

OVERSIGHT:

National Regulatory Authorities

National, Regional and Local -- Ethics Review Boards

Trial Steering Committees

Data Safety Monitoring Boards/Committees

GCP Certification

Resources and Checklist (ref.ONS CTN Manual, 3rd ed.,2015. pp.71-76) and

WHO GCP handbook
www.who.int/medicines/areas/quality_safety/safety_efficacy/gcp1.pdf

The standard for clinical research conduct has evolved and it is viewed as necessary to provide public assurance of trial participant protection and public and policymaker assurance that credible and reliable evidence exists for making informed decisions about medical practice and public health.

(Woltz & Moore, 2015)

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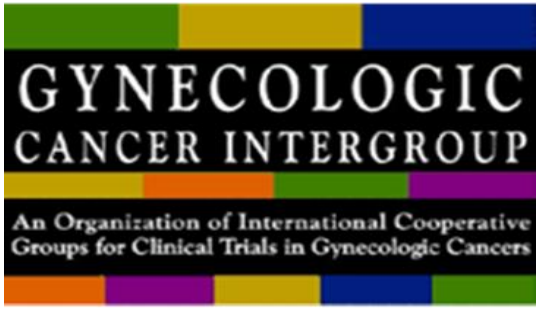
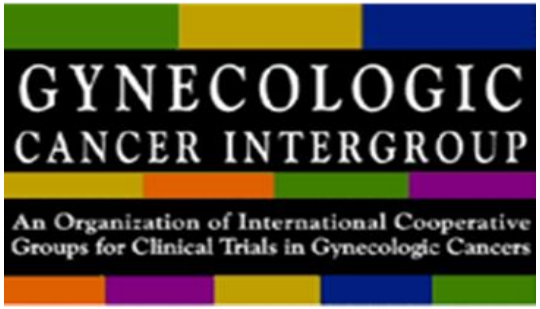


CLINICAL TRIALS 101

- Cancer diagnosis; cancer staging.
- Cancer evaluation & treatment options
  - Molecular diagnostics, imaging, surgery, radiotherapy, chemotherapy, supportive care (anemia, mucositis, fatigue, etc)

  Common Toxicity and Adverse Events (CTCAE)
  - Patient-reported Outcomes
- Common Data Elements (CDE)
- Health-related Quality of Life instruments
- RISKS vs BENEFITS



CLINICAL RESEARCH

Essential elements at the site:

- Commitment by institutional leadership
- Protected time for research team (doctors, physicists, nurses, pharmacists, etc)
- Recognition of research accomplishments in performance evaluations, promotions, salaries & publications
- Functional and timely Ethics Committee

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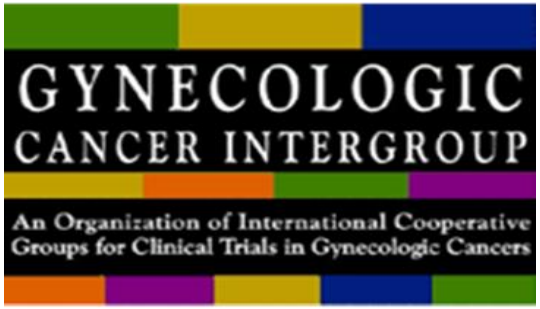

- Functional clinical trials office (infrastructure)
- Support for data managers and robust informatics system
- Ongoing training on principles of clinical research and GCP
- Communication, support and education for patients and their families

- Involvement of cancer survivors as advocates

CLINICAL RESEARCH

Essential elements – national/regional:

- Timely and synchronized ethical, regulatory, & scientific review for research proposals and protocols
- Financial support for clinical research infrastructure
- Financial support for research projects/trials
- Insurance and indemnity coverage
- Training about principles of clinical research in core educational curricula at schools of medicine, nursing, pharmacy, biostatistics, etc.

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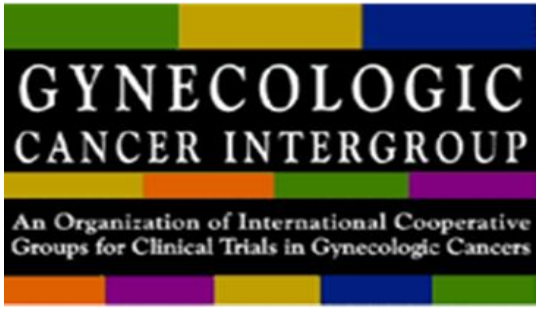
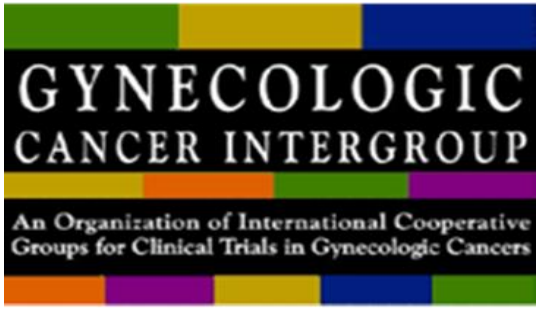


- Regulatory framework for trans-border exchanges
  - Shipment of experimental drugs & devices; data sharing; shipping specimens to core laboratories, etc
- Robust health informatics
  - To link individual patient data from clinical research studies with databases (lead group, cancer registries, death registries, & other health care organizations)
- Regulatory framework for partnership with industry
  - Novel drugs, devices, imaging, RT equipment
- Partnership with cancer advocacy groups to promote clinical research



GLOBAL NETWORKS

- Sources of financial and administrative support
- Sources of funding for specific research projects/trials
- Regular meetings, conference calls, & email/text communications; publications guidelines; etc
- Robust global informatics & data management system
- Core laboratories
- Infrastructure for distribution of experimental drugs & devices
- System for QA/QC for imaging, cancer therapy, supportive care, etc

GCIG CCRN Quality Control

- Site referral from a GCIG member group leading a CCRN trial
- CCRN Chair approves initiation (as SOPs)
- Capability Questions through an electronic pre-qualification questionnaire
- Facility RPC Questionnaire
- Site Review Visit
- Activated

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CAPABILITY QUESTIONS

Insurance/Indemnity:

A. Are your clinical trial subjects entitled to medical management without cost as long as required; and entitled to financial compensation for clinical trial related injury or death? In case of death of the subject, is the compensation payable to the nominee(s) of the subject?

B. Do you have (national) definitions of what constitutes 'clinical trial related injury or death'?

C. Is the Sponsor or representative [whosoever has obtained regulatory permission to conduct the clinical trial in country] ("Sponsor Representative") obligated to bear the expenses of the Subject's medical management and provide financial compensation?

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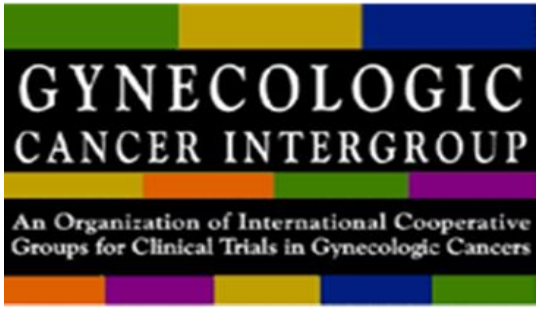

SAE/GCP:

D. Is 'Serious Adverse Event' defined in country, as per the definitions of 'Adverse Event' and 'Serious Adverse Event' set out in ICH Good Clinical Practice [GCP] Guidelines)?

E. As well as protocol-mandated reporting through the data reporting mechanism, is there a national regulatory procedure for reporting serious adverse events and processing of incidental claims of financial compensation for country? As country's sponsor of the study, does the site's Principal Investigator and Ethics Committee have to submit a report of these events to a national Regulatory Committee within a stipulated time?

Responses reviewed/queried/commented/approved by CCRN QA

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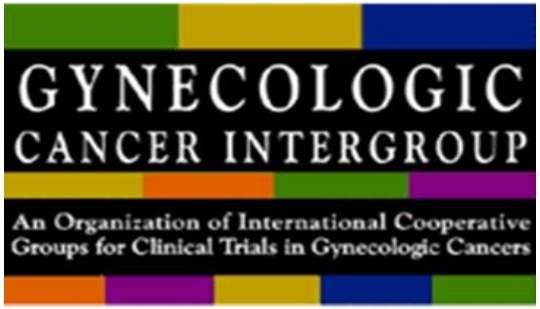


RPC QUESTIONNAIRE

- The IROC Houston QA Center in conjunction with the Advanced Technology Consortium (ATC) developed an electronic facility questionnaire to gather site information for participation in the Gynecologic Cancer InterGroup (GCIG) Cervix Cancer Research Network (CCRN) clinical trials.

- Questionnaire: Current information regarding the status of staff, contact information, equipment, and QA procedures.

Responses reviewed/queried/commented/approved by CCRN QA

SITE REVIEW VISITS

- Site visitors (at least 1 independent of the referring trial group) will perform QA checks as per CCRN QA Checklist.

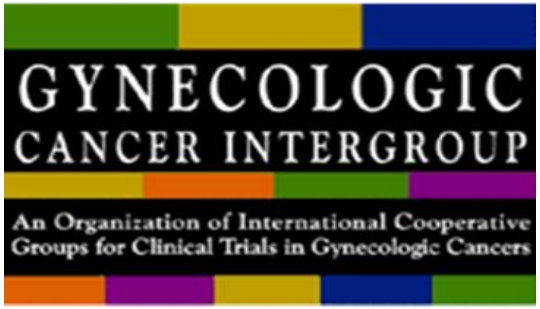
  - Includes:
    - Infrastructure – clinical trials operations, ethics, regulatory, staffing, record-keeping
    - Radiation Therapy SOPs, equipment and facility
    - Physics
    - Pharmacy

ACTIVATION

- Site visit team will provide written report to Chair of CCRN of findings and recommendations.
- CCRN Chair will notify site of approval (or not); contingencies.
- Referring lead group study chair will be notified of CCRN QA approval (or not).
- Lead group will initiate study specific local activation requirements.

- **Additional trial-specific QA requirements are the responsibility of the lead group.**

- **OVERSIGHT**: independent CCRN QA committee should receive reports from trial-specific IDMC.



THANK YOU

questions???

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