Good Clinical Practice (GCP) Key Topics

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FDA’s Clinical Investigator Course
Cosponsored by

FDA’s CDER, Office of Medical Policy
and
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Topics

- Investigator responsibilities
- Clinical Investigator financial disclosure
- Expanded access to and charging for investigational drugs and devices
- Resources
Investigator responsibilities

- Both 21 CFR Part 312 and 812 hold the clinical investigator (CI) responsible for the conduct of the study at the study site.
- Lack of appropriate study oversight by the CI is a commonly cited noncompliance in bioresearch monitoring (BIMO) inspections.
Investigator responsibilities

• FDA final guidance document issued October 2009

• Guidance covers:
  – Appropriate delegation of study tasks
  – Appropriate training of study staff
  – Supervision of staff, including contracted personnel
  – Subject protections, including necessary medical care
Investigator responsibilities

• Appropriate delegation of study tasks
  – Any individual to whom a task is delegated must be qualified by education, training, and experience (and state licensure where relevant)
  – Individuals delegated must meet any protocol specified requirements
  – Listing of tasks and individuals delegated should be maintained
Investigator responsibilities

- Appropriate training of study staff
  - Familiarity with protocol and specific tasks
  - Knowledge of applicable regulations and HSP and GCP principles
  - Individuals competent or trained to cover tasks assigned
  - Updates and additional training provided as needed
Investigator responsibilities

• Supervision of staff, including contracted personnel
  – The level of supervision should be appropriate to the staff, the nature of the trial, and the subject population
  – A supervisory plan should include routine meetings with study staff and procedures for determining appropriate completion of delegated tasks
  – Oversight extends to SMO staff, CI-contracted providers (radiologists, labs), and medical device engineers
Investigator responsibilities

- Subject protections, including necessary medical care
  - Reasonable medical care for study-related medical problems
  - Provision of access to appropriate medical care when specialized care is required
  - Adherence to the study protocol
Clinical investigator financial disclosure

- Investigators and sub-investigators (those who play a significant role in the conduct of the study) are required to supply information (+ spouse and dependent children)
- Requires reporting to the study sponsor prior to participation in the study and updates yearly, as needed, until one year after study completion
Clinical investigator financial disclosure

• Requires applicant of a marketing application/permit to
  – Certify that there are no financial arrangements with each investigator or
  – Disclose specific financial arrangements with study investigators and what was done to minimize bias
Clinical investigator financial disclosure

Disclosable arrangements

1. Compensation where the value could be affected by the study outcome (e.g., royalties)

2. Significant Payments of Other Sorts (SPOOS) – i.e., not including the payments for conducting the study – to either the investigator or the institution (e.g., grants, equipment, retainers for on-going consultation, honoraria)
Clinical investigator financial disclosure

Disclosable arrangements (cont.)

3. Proprietary interest in the product, such as a patent, trademark, copyright, or licensing agreement

4. Equity interest in a publicly traded company whose value >$50,000 or Equity interest such as ownership interest or stock options whose value cannot be readily determined through reference to public prices
Clinical investigator financial disclosure

• OIG inspection in 2009
• Recommended
  – Greater accountability of CIs, sponsors, and FDA
  – Additional guidance/training for FDA review staff
  – Follow-up during CI and sponsor inspections
Clinical investigator financial disclosure

• Revised draft guidance issued May 24, 2011; comment period closed July 25; final guidance in clearance
  – Addresses OIG concerns
  – FDA considering if information should be made publicly available

• Requested comment and suggestions as to method for making the information public
  – Summary information in marketing approvals
  – Anonymous individual CI listing; group listings
Expanded access

• Long history of providing access outside of study participation
  – Emergency use
  – Treatment INDs/IDEs

• FDAMA (1997) provides for access to experimental therapies for individuals and small groups of patients with serious or immediately life-threatening diseases
Expanded access – investigational drugs

• August 13, 2009 – final expanded access regulation issued

• Strives to balance competing issues
  – Access to unproven therapies for patients with serious or life-threatening diseases/conditions who have no satisfactory alternative
  – Potential to impede development and marketing of life-saving therapies
  – Minimizing risk to individuals
Expanded access – investigational drugs

• Regulation recognizes
  – primary goal is treatment
  – evidentiary standard necessary to support use varies by size of population:
    • Individual patients, including emergency use
    • Intermediate-size patient populations
    • Treatment IND or treatment protocol
Charging for investigational drugs

- Removal of 312.7(d) + renaming 312.7 “Promotion of investigational drugs”
- Addition of 312.8 – “Charging for investigational drugs under an IND”
- Changes/addition issued August 13, 2009, with expanded access regulations
Charging for investigational drugs

Purpose of changes/additions:
• Provide clarity about circumstances under which charging in a clinical trial is permitted
  – Evidence drug has potential clinical benefit and a clinical trial is essential to demonstrating safety and effectiveness
  – Cost extraordinary due to manufacturing complexity, scarcity of a natural resource, large quantity needed, or some combination of the above
Charging for investigational drugs

Purpose of changes/additions (cont):

• Set criteria for charging for all types of access described in new expanded access regulations
  – In general, reasonable assurance charging will not interfere with development of the drug for marketing approval
  – For treatment INDs and protocols
    • Assurance to include evidence of sufficient trial enrollment and adequate progress towards marketing
    • Required to submit development milestones for the following year
    • Authorization limited to a specified number of patients and for a maximum of 1 year, though a request for reauthorization is possible
Charging for investigational drugs

Purpose of changes/additions (cont):
• Clarify what costs can be recovered
  – For a clinical trial – only the direct costs of making the investigational drug available (manufacturing and/or acquiring and shipping and handling, not research and development or labor)
  – For expanded access – cost of monitoring, complying with reporting requirements, and other administrative costs may be added to direct costs
Early/Expanded access* – investigational devices

*http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/InvestigationalDeviceExemptionIDE/ucm051345.htm
Charging for investigational devices

- 21 CFR 812.7(b) – prohibits a price larger than necessary to recover costs of manufacture, research, development, and handling
- 21 CFR 812.20(b)(8) – IDE application to include amount to be charged and an explanation of why sale does not constitute commercialization of the device
- 21 CFR 812.(c)(1)(x) – treatment IDE – if device to be sold, application must include price, which is to be based on manufacturing and handling costs only
Resources


Resources

- Expanded access to and charging for investigational drugs
- Include preambles explaining rationale and comments received to proposed rules
HSP/GCP Resources

GCP website –
http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/default.htm
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