Moving Towards a Single Ethics Review for Multi-Centre Clinical Trials in Ontario

Clinical Trials Ontario Inaugural Meeting
Thursday, July 26th, 2012
Toronto, ON

AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9:30 - 9:40am</td>
<td>Introduction</td>
<td>Arthur Slutsky</td>
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<td>Board Chair, Clinical Trials Ontario</td>
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<tr>
<td>9:40 - 9:45am</td>
<td>Welcome</td>
<td>Bill Mantel</td>
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<td>ADM, Research, Commercialization and Entrepreneurship, Ministy of Economic Development and Innovation</td>
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<tr>
<td>9:45 - 10:00am</td>
<td>Introduction to Clinical Trials Ontario</td>
<td>Ronald Heslegrave</td>
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<td>Executive Director, Clinical Trials Ontario</td>
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<td>10:00 - 10:15am</td>
<td>National streamlining initiatives</td>
<td>Tina Saryeddine</td>
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<td>Assistant Vice-President, Research and Policy Analysis, Association of Canadian Academic Healthcare Organizations (ACAHO)</td>
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<td>10:15 - 10:30am</td>
<td>Provincial streamlining initiatives</td>
<td>Paul MacPherson</td>
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<td>Director, Grants, Contracts and Ethics Review Services, UHN</td>
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<td>Suzette Salama</td>
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<td>Chair, HHS/FHS Research Ethics Board, Hamilton Health Sciences</td>
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<td>10:30 - 11:00am</td>
<td>Break</td>
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<td>11:00 - 12:15pm</td>
<td>Coordinating framework for Ontario</td>
<td>Ronald Heslegrave</td>
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<td>Executive Director, Clinical Trials Ontario</td>
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<tr>
<td>12:15 - 12:30pm</td>
<td>Call to establish Working Groups</td>
<td>Ronald Heslegrave</td>
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<td>Executive Director, Clinical Trials Ontario</td>
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<tr>
<td>12:30 - 1:30pm</td>
<td>Lunch</td>
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Making Ontario a Preferred Location for Global Clinical Trials

Ronald J. Heslegrave, Ph.D.
Executive Director, Clinical Trials Ontario
Thursday, July 26th, 2012

ABOUT CLINICAL TRIALS ONTARIO

- Clinical Trials Ontario is an independent not-for-profit organization that has been established through the Ministry of Economic Development and Innovation as part of Ontario’s Life Sciences Commercialization Strategy.

- Our mandate is to provide the life sciences industry with a streamlined approach to conducting multi-centre clinical trials in Ontario while ensuring the highest ethical standards for patient safety.

- Clinical Trials Ontario will help to ensure that Ontario benefits from:
  - Greater investments in Ontario clinical trial sites from industry sponsors;
  - Access to leading edge medical research, and as a result, local access to the best, and most advanced, evidence-based care; and
  - Opportunities for economic growth through job creation, and attraction to the best and brightest researchers from around the world through infrastructure improvement.
GLOBAL TRENDS

- The global trend over the last 5+ years has seen a shift in investment away from Canada and the Western economies to other countries around the world to reduce costs, increase speed to start and complete clinical trials and enhance patient recruitment.

- Global companies have been more attracted to emerging markets on the basis of lower absolute costs, relatively comparable quality given the cost differential, and less bureaucracy with regard to the necessary approvals to conduct clinical trials.

- Many developed economies are providing public sector support to reverse this trend to allow their citizens access to new therapies as well as the economic benefits associated with clinical trials.

THE CHALLENGE

- Performance metrics suggest that Canada is facing challenges to meet competition for its share of trial activity.

- Canada ranks fifth in the world in its share of trials, exhibits a steeper rate of decline in sites opened, and ranks tenth in site capacity.

- Globally, Canada has a greater rate of decline in recruitment reliability and an intermediate time to first subject enrolled. It also tends to have a higher per-subject cost relative to other countries.

- In 2010, the pharmaceutical industry invested close to $500 million in life sciences research in Ontario with about $200-250 million invested in clinical trials.

- In Ontario, between 2009 and 2010 alone, there was a drop in clinical trial investment of about 12% - a trend that has been increasing over the last 5 years.

- Ontario needs to reform its clinical trials infrastructure to become more competitive.  

Clinical Trials Ontario intends to realize this opportunity.
ESTABLISHING CLINICAL TRIALS ONTARIO

- **Vision:** To make Ontario a preferred location for global clinical trials while maintaining the highest ethical standards.

- **Strategic Pillars for Reform:**
  1. Improve speed and reduce the cost of multi-centre clinical trials by streamlining the research ethics approval process to a single review in Ontario and harmonizing other administrative processes and platforms.
  2. Leverage strategic partnerships with investigators, industry, and government to gain access to global decision makers for clinical trials and attract clinical trial investment to Ontario based on the success of Clinical Trials Ontario.
  3. Engage patients and the public to recognize the benefits of clinical trials for their own health and that of their families and society and to improve patient recruitment through education.

FUNDING CLINICAL TRIALS ONTARIO

- Seed funding was provided by the Ministry of Economic Development and Innovation to establish Clinical Trials Ontario as an entity by December, 2011.

- In June, 2012, Ministry funding was secured for 3 years based on submission of the multi-year Strategic Plan (2012-2017).

- Follow-on funding is expected to come from alternative sources based on Clinical Trials Ontario’s performance.

- New initiatives to advance Ontario’s competitiveness in the clinical trials space will be funded by parties that will benefit from such initiatives. Clinical Trials Ontario will provide the operational environment to accomplish these objectives.

- Clinical Trials Ontario is working with industry to develop long-term financial sustainability through the establishment of Clinical Trials Ontario performance metrics acceptable to industry. It is expected that industry will provide sustained funding based on the success of reforming the clinical trials infrastructure.
Clinical Trials Ontario established a skills-based Board of Directors to guide the organization in this critical endeavor.

**Board Chair**
Arthur Slutsky  
Vice-President, Research  
St. Michael’s Hospital

**Vice-Chair and Secretary**
Mark Lundie  
Regional Director, R&D  
Pfizer Canada

**Treasurer**
Michael Owen  
Associate Provost, Research  
University of Ontario Institute of Technology

**Michael Wood**  
Vice President, Research  
Thunder Bay Regional Health Sciences Centre

**Anne Snowdon**  
Chair, International Centre for Health Innovation  
Richard Ivey School of Business, University of Western Ontario

**James Wilson**  
Chair  
MEDEC

**Raphael Saginur**  
Chair, Research Ethics Board  
Ottawa Hospital

**Clive Ward-Able**  
Executive Director, R&D  
Amgen

**Raphael Hofstein**  
Chief Executive Officer and President  
MaRS Innovation

Clinical trial sites are awarded to countries in a globally competitive environment. We need to reform the clinical trial infrastructure and oversight system – not only in Ontario but across Canada as clinical trials represent important access to new treatment alternatives for patients.

Various infrastructure initiatives are being pursued across Canada such as the streamlining of the research ethics review process, common contracts, and national standards.

Ontario has made a significant investment to reform its clinical trials infrastructure and we need to continue working on a pan-Canadian solution for increasing clinical trials investment.
To Your Health & Prosperity…
An update on selected national Clinical Trial Related Initiatives

Tina Saryeddine*, PhD, MHA, CHE
Assistant Vice President Research and Policy Analysis
Association of Canadian Academic Healthcare Organizations

Presentation Outline

- National Clinical Trials Summit
  - To Your Health & Prosperity…An Action Plan overview
  - Relationship to the CTO action plan
- A perspective on progress
  - Implementation
  - Ethics reviews
  - Model Clinical Trials Agreement
  - Asset mapping
- Next Steps
  - Leverage points
Meet ACAHO…

ACAHO is the National Voice of Canada’s Research Hospitals, Academic Regional Health Authorities and their Research Institutes.

Vision Statement: To advance patient care and the health & well-being of Canadians through research discovery and innovation.

Mission Statement: To create an environment in which research discovery, innovation and learning benefit patients, populations, health systems and the economy.

National Clinical Trials Summit

Available: www.acaho.org or www.canadapharma.org
National Clinical Trials Summit

Source: National Clinical Trials Steering Committee, Starting the Conversation, ACAHO, Rx&D, CIHR, 2011.

Vision: A premier country for industry led trials
Goals: (1) Help halt/reverse –ve CT trend; (2) improve business practices; (3) create stable forward looking opportunity

Strategy 1
Implementation Capacity...
Recommendation 1
Implementation & national coordination...
Recommendation 2
Performance...
Recommendation 3
System issues...

Strategy 2
Business Operations...
Recommendation 4
Ethics Reviews...
Recommendation 5
Patient Recruitment...
Recommendation 6
Certification & SOP...
Recommendation 7
Model Clinical Trial Agreement...

Strategy 3
Future Business Environment...
Recommendation 8
SR&ED/IP Policy...
Recommendation 9
Storefront...
Feedback on March 30th Draft

Staunch support for “What”: Agreement with recommendations, support for “what” is in the plan, strong national sentiment, clear pan-Canadian aspiration.

Constructive comments on “How”: Literally pages of thoughtful and constructive feedback on “how” to execute the recommendations. Clear need to balance many factors, levers, and elements.

Concern about “How Much”: Scope of the plan is double-edged sword. It is focussed so it is a good starting-point, but it is narrow, so it has to serve as springboard not as an end-point.

To Your Health & Prosperity: An Action Plan to Help Attract More Clinical Trials to Canada

Clinical Trials Ontario: Making Ontario a Preferred Location for Global Clinical Trials

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<thead>
<tr>
<th>Strategy 1</th>
<th>Strategy 2</th>
<th>Strategy 3</th>
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<tr>
<td>Implementation Capacity...</td>
<td>Business Operations...</td>
<td>Future Business Environment...</td>
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<tr>
<td>Recommendation 1 Implementation &amp; national coordination...</td>
<td>Recommendation Ethics Reviews...</td>
<td>Recommendation SR&amp;ED/IP Policy...</td>
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<tr>
<td>Recommendation 2 Performance...</td>
<td>Recommendation Patient Recruiter...</td>
<td>Recommendation Storefront...</td>
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<tr>
<td>Recommendation 3 System issues...</td>
<td>Recommendation Certification &amp; SOP...</td>
<td>Recommendation 2</td>
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= similarity to CTO plan
To Your Health & Prosperity: An Action Plan to Help Attract More Clinical Trials to Canada

Clinical Trials Ontario: Making Ontario a Preferred Location for Global Clinical Trials

**Strategy 1**
Implementation Capacity...

- Recommendation 1: Implementation & national coordination... ✔
- Recommendation 2: Performance... ✔
- Recommendation 3: System issues... ✔

**Strategy 2**
Business Operations...

- Recommendation 4: Ethics Reviews... ✔
- Recommendation 5: Patient Recruitment... ✔
- Recommendation 6: Certification & SOP... ✔
- Recommendation 7: Model Clinical Trial Agreement... ✔

**Strategy 3**
Future Business Environment...

- Recommendation 8: SR&ED/IP Policy... ✔
- Recommendation 9: Storefront... ✔

Recommendation 1: Implementation, Coordination, & Resources

**Intent**
National office for implementation of action plan recommendations + coordination of provincial & domain specific CT improvement activities aligned with SPOR

**Status**
Action plan presented to SPOR Steering committee supportive in principle. Query is “how” to implement this. Options presented to Rx&D and ACAHO; stay true to vision.

**Next**
Ensure that appropriate implementation structure achieved, CIHR, ACAHO & Rx&D.
## Recommendation 4: Improve ethics review efficiencies and advance strategic issues

**Intent**

Explore feasibility of common consent, application, harmonization elements, information sharing, standard evaluation.

**Status**

New SPOR Streamlining Health Research Ethics Review (SHRER) Committee. Addressing issues in CT Action Plan but not limited to CT issues (all REB reviews).

**Members**

Sharon Freitag (Chair, St. Michael’s), Larry Felt (NL), Laurel Evans (BC), Diane Martz (SK), Brian Rowe (AB), Janet Manzo (OCREB), Nathalie Desrosiers (QC), Susan Zimmerman, Tina Saryeddine (ACAHO), Genevieve Dubois-Flynn (CIHR).

## Recommendation 4 cont: Improve ethics review efficiencies and advance strategic issues

<table>
<thead>
<tr>
<th>Application &amp; consent forms</th>
<th>Study of 100+ application and 100+ consent forms for harmonization potential. Includes e-scan, best practices, lit review, options &amp; barriers</th>
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<tr>
<td>Harmonization</td>
<td>Studying harmonization initiatives across Canada to provide recommendations</td>
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<tr>
<td>Standard for REBs reviewing Biomed. CTs</td>
<td>Standard passed (82%); evaluation tool &amp; indicators commissioned by HC (available); next steps TBD; up for renewal within 5 years.</td>
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### Recommendation 7: Advance Model Clinical Trial Agreement

**Intent**

**Status**
Pilot completed; data analysis ongoing by CIHR; significant leadership in QC (FQRS) & BC (BCCRIN) (19/42 sites consolidated comments into 2 working versions). Process issues, but significant progress made.

**Next**
CIHR finish analysis; go back to sponsors, then come back to sites, then possibly have workshop.

### Recommendation 9: Advance Model Clinical Trial Agreement

**Intent**
Develop a storefront/concierge service for global companies as a “one stop shop” to Canada. Begin with an asset map.

**Status**
Dr. Shurjeel Chaudhri (Bayer) and Dr. Ken Hughes (Rx&D) leading committee. Includes members of ACAHO, Rx&D, Government, others. Inventoried asset maps, refocussed initiative so that database will serve feasibility study purposes.

**Next**
Identify data elements, “rules of the game” for data collection & sharing.
Other Recommendations...

- Recommendation 2
  - Metrics developed by many expert groups
  - Essential component of plan

- Recommendation 6
  - Network of Networks strong leadership
  - ACAHO staff interested in exploring federal role and mechanics of national certification

- Recommendation 8
  - Rx&D significant leadership on IP file

Concluding remarks...

- Alignment, momentum & support
  - Provincial leaders showing a pan Canadian vision
  - Pan Canadian vision depends on provincial strength
  - National action plan should support not limit

- Leverage points
  - Implementation and national coordination
  - Ethics reviews
  - Model Clinical Trials Agreement
  - Asset mapping

- Congratulations & Best Wishes CTO...
  - “To Your Health & Prosperity!”
TAHSN REB Qualification

Paul MacPherson
Director, Grants, Contracts and Ethics Review Services
University Health Network

TAHSN

- Toronto Academic Health Science Network (TAHSN)
  - University of Toronto and its affiliated academic hospitals (10 fully affiliated)
  - TAHSN Research Committee (TRC) and TAHSN Research Ethics Committee (TREC) are sub-committees of TAHSN
  - Represents more than > 3000 new REB submissions per year

- Mandate includes harmonization of REB review. Projects include:
  - Harmonized application form in 2004; 2006 and 2010 revisions
  - Harmonized consent form
  - Issued an RFP for a joint REB software package
REB Qualification

- The goal is for each TAHSN hospital to be able to designate other TAHSN-member REBs as a board of record in multi-centre studies
- It is also recognized that this process has quality improvement effects, and facilitates other TAHSN harmonization efforts

- The REB Qualification Committee was formed with the ultimate goal of qualifying local Research Ethics Boards to harmonize approvals across TAHSN sites.
- The committee is composed of individuals working at different stages of the REB process.

Qualification Process

- Preliminary self-assessment

- Qualification site visit:
  - review of the policies, established process, and facility review of the REB
  - each is evaluated for compliance against the regulations
  - each is assigned a green, yellow or red rating

- Qualification will be conducted by an external auditor
Qualification Manual

A set of qualification standards was created, based on the following:

- Health Canada Food and Drug Regulations (FDR)
- Health Canada Natural Health Products Regulations (NHPR)
- Health Canada Medical Devices Regulations (MDR)
- ICH Good Clinical Practice / ICH GCP
- Tri Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2)
- PHIPA 2004 ONTARIO REGULATION 329/04 Section 15
- Provincial professional practice standards

Next Steps

Current Status

- Qualification Manual approved in principle by TRC; currently making its way through the approval process at each institution
- External auditors have been contacted for quotes

Next Steps

- Multi-centre review process will be developed during approval process for Manual
- Once Manual is approved, external auditor will be hired and qualification process can begin immediately
- Once first REB is qualified, first studies can go through process
HHS/McMaster Experience With Streamlined REB Reviews

Clinical Trials Ontario Inaugural Meeting July 26, 2012

Suzette Salama, Ph.D.
Chair, HHS/McMaster REB

Overview

• Successful harmonized reviews
• Challenging experience
• Recommendations
Brief overview of McMaster/HHS REB

- REB has 30 members and meets once monthly
- We review about 65 new studies a month
- 3 subcommittees: retrospective, tissue, and student studies.
- Broad range of therapeutic areas.

Successful initiatives

- OCREB
- Reciprocal approval of St. Joseph’s REB reviews.
- Ontario Brain Institute
Canadian Longitudinal Study on Aging (CLSA)

- Observational cohort study designed to understand the complexity of aging health through interdisciplinary approaches following participants over the age of 45 years for a period of 20 years.
- Funded by CIHR and CFI, the lead Principal Investigator is located at McMaster University. The data is collected at 11 sites across Canada and the sample size is 20,000.
- We used the Canadian Network for Public Health Intelligence (CNPHI), a secure web-based website developed by the Public Health Agency of Canada (PHAC) for the exchange of public health intelligence between the provinces, and subsequently made available to support streamlined ethics reviews involving multiple sites.
- Multiple training sessions were offered to all participating personnel and several teleconferences with all REB chairs to discuss process and clarify issues.

Streamlining Plan

- McMaster REB to review the study. A special multi-disciplinary sub-committee was designated to do the reviews.
- Comments to be downloaded on CNPHI. Upon downloading any document, a personal email was sent to all REB personnel to alert them and to give them guidance on when and how to respond.
- Site REBs were to amend, approve or reject McMaster comments and to post responses on CNPHI within specified time.
- McMaster REB to collate all responses and send them to the lead PI. His response to be posted on CNPHI.
- Final letter of approval to be issued by McMaster REB to lead PI, upon receipt of all site REB acceptance.
What actually happened

- Most of the site REBs decided to submit the CLSA proposal to their full board. Since each one operates under different schedules, this led to a staggered REB submission of the study.
- There were some site-specific delays: for example, one REB required provincial approval of McMaster REB, requiring a comprehensive submission of files and SOPs, and another REB required translations of all correspondence and postings on CNPHI into French. One site REB demanded that all documents be sent in hard copy as they had problems downloading material off CNPHI. One REB decided to withdraw from the streamlined process.
- Each REB insisted on using their own application forms, further delaying the process of submission.
- Site responses were all sent to McMaster REB at different times over 3 months.
- McMaster REB collated all the responses and ended up with 9 pages of single spaced provisional approval letter.
- The lead PI office addressed all the issues and made the necessary changes. All amended documents were sent out to the sites via CNPHI.
- Site approvals were posted on CNPHI.
- The final letter of approval was sent to the lead PI.
Time to final letter of approval

• ONE YEAR.
Factors which could have contributed to the prolonged process

- Perceived fear from local players of losing control over decisions which will ultimately affect their participants
- Lack of trust
- Lack of understanding of roles and responsibilities of other parties
- Lack of flexibility- eg. Unwilling to accept McMaster application form.
- Specific site process issues
- Some inconsistent communications between local site staff and lead PI office.

Recommendations

- Accreditation of participating REBs is essential.
- Establishing a firm time flow chart with the key players’ commitment to adhere to it.
- Using the same processes and definitions, ie. General standards for REBs
STREAMLINING THE ETHICS REVIEW SYSTEM FOR MULTI-CENTRE CLINICAL TRIALS IN ONTARIO

Ronald J. Heslegrave, Ph.D.
Executive Director, Clinical Trials Ontario
Thursday, July 26th, 2012

STRATEGIC PILLARS FOR REFORM

1. Improve speed and reduce the cost of multi-centre clinical trials by streamlining the research ethics approval process to a single review in Ontario and harmonizing other administrative processes and platforms.

2. Leverage strategic partnerships with investigators, industry, and government to gain access to global decision makers for clinical trials and attract clinical trial investment to Ontario based on the success of Clinical Trials Ontario.

3. Engage patients and the public to recognize the benefits of clinical trials for their own health and that of their families and society and to improve patient recruitment through education.
STRATEGIC PILLAR 1: IMPROVING SPEED AND REDUCING COSTS

- Establish an integrated system for research ethics review with a single REB review for multi-centre trials.
- Implement standard operating procedures across Ontario clinical trial sites to improve efficiencies and reduce barriers to timely trial initiation.
- Improve communication and coordination between provincial clinical trial sites to support clinical trial initiation and ongoing oversight.
- Track, document and benchmark Ontario’s strengths and economic growth of clinical trials through an industry-registration database.
- Based on its successes, develop Clinical Trials Ontario as a single point of entry for industry sponsored multi-centre clinical trials.

STRATEGIC PILLAR 2: ATTRACTING INVESTMENTS TO ONTARIO

- Build a provincial network of investigators, institutional & industry leaders to build and promote common processes, platforms and communication strategies.
- Promote clinical trial investments in Canada and the benefits, quality and efficiency of Ontario’s newly streamlined clinical trial infrastructure.
- Connect with global stakeholders to influence key policies and decisions to locate clinical trials in Ontario.
STRATEGIC PILLAR 3: IMPROVING PATIENT RECRUITMENT

- Work with volunteer associations to build public awareness and distribute education related to the social value of clinical trials.
- Establish educational strategies to support more successful patient recruitment and retention by building trust in the safety and importance of clinical trials.

PROPOSED MODEL FOR THE STREAMLINED SYSTEM
STEPS IN STREAMLINING THE RESEARCH ETHICS REVIEW PROCESS

YEAR ONE OPERATIONS

- The Clinical Trials Operations Plan has identified five core projects for the first year of operations:

1. Develop Ontario Standards (harmonized with national and international standards).
2. Define the framework for streamlining research ethics review.
3. Develop Standard Operating Procedures for the Delegated Board of Record REB review system for Ontario.
4. Conduct an evaluation and gap analysis of current online administrative and application systems for REBs.
5. Develop appropriate clinical trial metrics and targets to support the financial sustainability.
1. ONTARIO STANDARDS
- **Goal:** To develop an REB standard that will credential REBs for review and oversight of clinical trials.
- **Objective:** To develop a clinical trial REB standard against which REBs can be credentialed.
- **Approach:**
  - Review and evaluate current initiatives on REB standards.
  - Assess the status of Health Canada’s CGSB initiative.
  - Survey hospital/institutional REBs mechanisms for establishing Board of Record arrangements (e.g., Standards, Reciprocity Arrangements by agreement (under the Integrated System Project)).
  - Establish an Expert Working group to develop recommendations for credentialing REBs in Ontario.
  - Evaluate the mechanisms for independent evaluation and credentialing of REBs.
  - Obtain legal advice on the recommended mechanism.

2. FRAMEWORK FOR RESEARCH ETHICS REVIEW STREAMLINING
- **Goal:** To define and foster an integrated system for research ethics review.
- **Objective:** To develop a framework to support a Delegated Board of Record Review Model
- **Approach:**
  - Develop a comprehensive database of REBs and their experience in reviewing multi-centre clinical trials in broad disease/discipline specific categories.
  - Survey REBs/Institutions regarding their use of Board of Record arrangements and mechanisms to accomplish this relationship.
  - Get stakeholder feedback and develop a framework and implementation strategy.
  - Establish a process whereby multi-centre clinical trials can access this review system.
  - Develop criteria for assigning clinical trials to specific Delegated REBs.
  - Develop underlying IT infrastructure necessary to support the framework.
  - Conduct a review of the necessary steps to minimize any legal liability of institutions participating in this process.
3. SOPS FOR THE DELEGATED BOARD OF RECORD SYSTEM

- **Goal:** To develop and implement standard operating procedures for the Delegated Board of Record approach.

- **Objective:** To develop standard operating procedures for REBs to work in a coordinated fashion within the Board of Record system.

- **Approach:**
  - To support the Delegated Board of Record REB review system through a set of standard operating procedures.
  - Develop a framework for the Board of Record integrated system which will be refined and resourced to provide the standard operating procedures to accompany the procedural and electronic system for the new framework.
  - Recruit a contractor with training expertise to provide site specific training for the overall integrated system.

4. EVALUATION OF CURRENT ONLINE REB SYSTEMS

- **Goal:** Need to harmonize the electronic submission and communication processes across Ontario.

- **Objective:** To assess the current internal IT resources necessary to support the REB documentation needs and regulatory requirements.

- **Approach:**
  - Survey institutions and other REBs (e.g. OCREB, IRB Services) regarding their internal REB IT support and related systems.
  - Conduct a needs assessment and gap analysis with respect to centres involved in multi-centre clinical trials with support from a specialized IT expert.
  - Establish an advisory group to provide advice on the appropriate direction for future development in infrastructure.
  - Develop the functional requirements for potential IT support systems.
  - Develop a business case in support of a comprehensive strategy to facilitate communication among REBs and clinical trial sites.
5. PERFORMANCE METRICS TO SUPPORT FINANCIAL SUSTAINABILITY

- **Goal:** To support the financial sustainability mandate, Clinical Trials Ontario will develop clinical trial performance metrics to benchmark the efficiency of clinical trials REB review and approval with this new integrated system.

- **Objective:** To develop a web-based database to track, document and benchmark change in clinical trial parameters over time and against comparative jurisdictions.

- **Approach:**
  - Establish an advisory group to identify the most appropriate minimal dataset for tracking the approval, initiation and completion of clinical trials.
  - Work with industry to identify acceptable clinical trials performance metrics
  - Work with industry to define thresholds in performance improvement
  - Identify specific opportunities to further enhance support from industry through the Advisory group or select company initiatives.
  - Obtain legal counsel input to support this activity.

PILOT STUDY TO EVALUATE STREAMLINING ACTIVITIES

- Clinical Trials Ontario will launch a pilot study of the Delegated REB Board of Record review model in early 2013 to evaluate the implementation of the new system.

- The pilot study will be based on 1-2 clinical trials being conducted at 2-4 sites.

- Ideally, this pilot study will also take place on a common IT platform.

- Clinical Trials Ontario will work with industry to identify candidate clinical trials and clinical trial sites able to participate in this pilot study.

- Rollout of the REB Review model for all Ontario institutions and private partners participating in multicentre clinical trials will follow the evaluation of pilot study outcomes.
Institutional Survey Results

Part of Clinical Trials Ontario’s Mandate is to streamline the research ethics review process and examine the technological infrastructure to facilitate a single delegated Board of Record model for multi-centre clinical trials in Ontario.

As a start to this process, Clinical Trials Ontario surveyed 55 institutions in a very brief survey over the month of July to better understand the current state of affairs.

The survey collected some basic contact information and statistics on the volume and types of clinical trials, the use of a Delegated Board of Record REB, and the technology infrastructure to support REB Operations.

Clinical Trials Ontario received responses from 26 institutions (47%) ranging from community hospitals to academic health science centres.
### RESPONDING INSTITUTIONS

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<tr>
<th>RESPONDING INSTITUTIONS</th>
<th>REB RESEARCH ACTIVITY</th>
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<tr>
<td>Baycrest</td>
<td>Brock University</td>
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<tr>
<td>Bridgepoint Health</td>
<td>CAMH</td>
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<td>Hamilton Health Sciences</td>
<td>Holland Bloorview</td>
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<td>Humber River</td>
<td>Kingston General/Queens</td>
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<td>OCREB</td>
<td>Ottoman Hospital</td>
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<td>Sick Kids</td>
<td>St. Joseph’s (Hamilton)</td>
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<td>Sunnybrook</td>
<td>Thunder Bay Regional</td>
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<td>University Health Network</td>
<td>Western Ontario (Lawson)</td>
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<td>William Osler</td>
<td>Women’s College</td>
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**REB RESEARCH ACTIVITY**

Number of Research Studies in the last group ranged from 320 to 1070 with a median of 400.
Number of Clinical Trials in the last group ranged from 120 to 30 with a median of 200.

**CLINICAL TRIALS AREAS OF SPECIALTY**

- **Highest Volume**
  - Oncology (about 50%)
  - Cardiology, Respirology, Gastroenterology, Endocrinology, Dementia

- **Second Highest Volume**
  - Cardiology (about 50%)
  - Oncology, Rheumatology, Infectious Disease

- **Third Highest Volume**
  - Evenly split between Oncology, Cardiology, Emergency, Nephrology, Infectious Disease
USE OF ALTERNATE BOARD OF RECORD

- When asked if the institution allows the use of other REBs to review clinical trials, all but 3 institutions allow the use of external REB reviews in some manner.
- The use of REBs other than the institutional REB occurs between 3-5% to 50% depending on the type of study.
- As OCREB provides REB review for some 24 of 27 institutions, if the institution is more focused on oncology, a higher percentage is reviewed by another REB.

UNDER WHAT CIRCUMSTANCE DOES THE INSTITUTION RELY ON ANOTHER REB?

- OCREB review
- Reciprocal Agreements (McMaster)
- Reliance on a TAHSN REB if a TAHSN hospital
- Minimal Risk studies reviewed by another REB (delegated)
- Delegated review based on Expertise only
- Accept REB review if no site involvement but investigator involvement
WHAT CIRCUMSTANCES WOULD NEED TO BE PUT IN PLACE TO USE ANOTHER REB FOR YOUR BOARD OF RECORD?

- 20 of 26 cited the need for an Institutional Agreement
- 3 cited Institutional Approval only
- 2 cited Accreditation only
- 2 cited both Institutional Agreement and Accreditation
- 1 included the need for local input as well
- Only UHN talked of Standards development but most referenced TCPS2

TECHNOLOGY SUPPORT OF REB OPERATIONS

- All institutions have some form of database for tracking studies
- Most have limited functionality but are searchable
- 5 are using Excel
- 7 are using Access
- 1 using simple in-house system but is developing on-line system – 2 others reported more sophisticated and elaborate in-house systems
- 2 are using ROMEO (Process Pathways) and 1 may purchase
- 2 purchased Infonetica
- OCREB using Click Commerce/Huron Consulting
Call to Establish Working Groups

COLLABORATIVE INVOLVEMENT THROUGH EXPERT WORKING GROUPS

- One purpose of this meeting is to establish 2 Expert Working Groups.
- These 2 groups are expected to provide experienced advice on some aspects of the 5 Core projects.
- The expectations are 4-6 members in each group with 3-4 meetings over 4-5 months.
- Clinical Trials Ontario will provide contractor support for both Working Groups to draft documents arising from discussion.
- Call for working group membership in first week of August, 2012.
KEY ACTIVITY AREAS FOR WORKING GROUPS

WORKING GROUP 1: RESEARCH ETHICS REVIEW STREAMLINING

- Draft outline of Ontario REB Standard to credential REBs
- Advise on credentialing process
- Develop Guidance on Operational SOPs for Delegated Review
- Provide advice on Roll-out Plan for Pilot Study
- Completion – end of 2012
WORKING GROUP 2: INFORMATION TECHNOLOGY HARMONIZATION

- Provide guidance on technology infrastructure options and cost for providing REB support
- Propose a robust IT solution
- Develop a draft Business Plan for implementation
- Develop preliminary performance metrics
- Completion – end of January 2013

Questions and Discussion

Clinical Trials Ontario Inaugural Meeting
Thursday, July 26th, 2012
Toronto, ON