Investigator Initiated Research: Risks, Responsibilities, and Rewards

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A Growing Concern

- PhRMA recently reported that spending on IIR had increased by 20%
- IIR spending is rising faster than on Phase I through III studies
- OIG suggests IIR activity be carefully watched to ensure that the activity is legitimate, and not just a pretext to expand a product’s market
- Recipe for risk and corporate liability
- Research professionals must manage the risks
Considerations

– Who are the parties?
– What are their roles?
– How can you manage the risk of IIR?
– What are the criteria for an appropriate IIR project?
– How should IIR be reviewed and processed?
Survey Details

- Online survey
- Distributed through central office of ACRP in February, 2007
- \( n=285 \)
- Demography of participants includes response from Industry and Academic Research
Does your standard contract language clearly indicate when the investigator was the sponsor?

- Yes: 62%
- No: 38%
Undefined Roles
Ambiguous Roles and Responsibilities

Taking on responsibilities outside the scope of an assigned role
What Am I?
(And what are they?)
Sponsor

A person who takes responsibility for and initiates a clinical investigation. . .
.may be an individual or company, government agency, academic institution, private organization, or other organization. . .

21 CFR 312.3
• Financial Support
• Protocol Development Assistance
• Provision of Product
• Anything other than a contractual statement and/or listing on the 1571 designating “Sponsor”
Investigator

An individual who actually conducts a clinical investigation (i.e., under whose immediate direction the drug is administered or dispensed to a subject).

21 CFR 312.3
Sponsor-Investigator

Individual who both initiates & conducts a clinical investigation, and under whose immediate direction the investigational drug is administered or dispensed.

The term does not include any person other than an individual. The requirements applicable to a sponsor investigator under this part include both those applicable to an investigator and a sponsor.

21 CFR 312.3
Why Do Investigator Initiated Research?

- Improve Science/Data
- Patient Benefit
- Support a New Use/Indication
- Supports Product Strategy
Potential Risk Perspective

**Industry**

- Ineffective use of resources (financial and personnel) that do not support strategic plan.

- Lack of up front planning leading to potential non-validated data that can not be utilized for publication or support of FDA submission.

- Data results oppose current data results or strategic plan.

- Inappropriate budgets suggesting marketing influence

- Legal issues from non-compliance
Potential Risk Perspective

Institution / Investigator

• Local sponsorship ambiguity
• Inadequate resources to act as sponsor
• Presentation / publication of data that may not have been validated (False Claims).
• Pivotal impact for research subject safety
• Legal issues from non-compliance to regulation
• Lack of indemnification of site from funding sources.
An invalid study resulting from the inappropriate/incomplete conduct of any study, places the subject at risk, potentially without providing any benefit....even to medical generalizable knowledge.
Categories of IIR

- Traditional IND/IDE
- Non-IND/IDE Drug or Device studies
- Non-Drug or Device studies
- Each may be industry/association sponsored or not
Standards of Accountability

- Federal Regulation
- ICH Guidelines
- State Laws
- Institutional Policy
- Contractual Agreements
- The Protocol
- Investigator SOPs
IIR: Responsibilities
Plan to Succeed
(or failing to plan is planning to fail)

- Make a Plan
- Follow the Plan
- Report on the Plan
- Record the conduct of the Plan
Make A Plan

- Protocol (including oversight)
- Infrastructure Review
- Contracts
Protocols and Oversight Plans

• Sample size (power) of study appropriate for study design and purpose.

• Appropriate Endpoints

• Detailed plan for oversight of study conduct, subject safety, validity of data
Does your company/institution have a formalized policy and/or procedures for oversight of IIS?

Yes 59%

No 41%
Review of Infrastructure

• Knowledge Base
• Personnel Resources
• Facility (space, services and equipment) Resources
• Recruitment Potential
• Financial Resources
Functional Infrastructure

Infrastructure appropriate for:

- monitoring regulatory submissions
- oversight of study conduct (including qualification and education of staff)
- oversight of data and research subject safety
Start Responsibly

- Spell out roles and responsibilities in contracts with industry collaborators.
- Read all agreements or conditions of awards.
Financial Budgets

Assure that budget is representative of full study costs.

- Personnel
- Procedures
- Supplies
- Facilities
- Recruitment
- Training
- Monitoring
Warning: Assure not in violation of anti-kickback statute.

OIG:

Any remuneration from a manufacturer provided to a purchaser that is expressly or impliedly related to a sale potentially implicates the anti-kickback statute and should be carefully reviewed.

To reduce risk, manufacturers should insulate research grant making from sales and marketing influences.

Contract Financial Considerations

- A written budgetary agreement should be in place, specifying the type of the research services to be provided and the basis for payment for those services.
- Investigator compensation should be reasonable for services performed.
- Payment should not be tied to study outcome.
- The Investigator team (or their families) should not have conflict of interest related to the product being studied.
Sponsor-Investigators
21 CFR 312.50

- Maintain the IND or IDE as required
- Qualify investigators and monitors (all sites)—CV’s, 1572, financial disclosures
- Ensure proper monitoring (all sites)
- Ensure appropriate study conduct (all sites)
- Inform FDA and investigators of significant new AEs or risks with respect to the drug.
- Maintain accountability of investigational product (all sites).
Follow the Plan

- Obtain approvals
- Stay the course
Record the Conduct of the Plan

Essential Documents:

• Who?
• What?
• Where?
• Why?
• How?
Essential Documents:
(see ICH E6 Consolidated Guidance, Section 8)

Examples:
- Protocol/Investigator Brochures
- Informed Consent and Recruitment Materials
- CV/License/Certifications
- Approvals
- Key Communication
- Accountability of test articles
- Training
- Staff permissions (not delegation)
- 1571 & 1572 when applicable
- Adverse Event reports
- Source documents and CRF when applicable
The FDA’s “ALCOA” requirement for source documentation

- **Attributable**: is it obvious who recorded it?
- **Legible**: can it be read?
- **Contemporaneous**: is the information in the correct time frame (how much time elapsed from the time of observation to the time of recording)?
- **Original**: is it a copy; has it been altered?
- **Accurate**: are conflicting data recorded elsewhere?
Report on the Plan

- Waivers, Deviations, and Amendments
- Continuing Review
- Progress Reports
- Interim and/or Final Analysis
- DSMB reports
- Clinical Study Report/Manuscripts to IRB, FDA, and perhaps collaborating group
Rewards

- Promotes innovative thinking.
- For already approved drugs, there is a potential expansion of medical knowledge.
- Less “resource” intensive for industry.
- When partnered with industry financial support, a means to fund research programs.