

THE UNIVERSITY OF ARIZONA Cancer Center

Background

The Clinical Trials Office (CTO) provides clinical and regulatory support for all human subject research conducted under the auspices of the University of Arizona (UACC), Cancer Center NCI-designated an Comprehensive Cancer Center. The QAQC Program, an arm of the institution's Data Safety Monitoring Board, provides monitoring support for all Investigator Initiated Trials, assists with ad-hoc reviews and audits of additional study types and serves as a resource for compliance matters. Previous audit and internal monitoring findings of CTO studies identified discrepancies in adherence to International Council For Harmonization (ICH) Good Clinical Practice (GCP) and/or regulatory and institutional guidelines for the completion of Informed Consent Forms (ICFs). As such, the QAQC Program integrated an ICF review process as part of our quality management We created a centralized review process, systems. where all original ICFs undergo rigorous review by members of the QAQC Program to ensure compliance with GCP, regulatory, and institutional requirements.

Goals

The primary goal of this project continues to be to identify from ICH-GCP/ regulatory/ institutional deviations requirements in the completion of ICFs and rectify them in real-time. The secondary goal is to generate benchmark data on compliance trends, identify gaps in the study team's understanding of ICF requirements, and leverage this data to create tailored, staff-centered trainings for the CTO collectively.



National Cancer Institute

First, a robust ICF Review Checklist, which comprised all required elements of the ICF per ICH-GCP/ regulatory/ institutional requirements, was developed and used as tool to document deficiencies. Data from the ICF Review Checklist was simultaneously collected in a database (Figure 1) to document the following:

Once the ICF review is completed, the original ICF and checklist are returned to the study coordinator(s) to address all observed deficiencies, during which internal compliance monitors confirm comprehension of findings and expectations. Lastly, trends gathered from the database are consistently analyzed and utilized to develop proactive initiatives.

- Status of consent

A significant efficacy improvement we are exploring is the timepoint at which the ICF reviews are executed. At present, ICFs are collected from the research offices every 2-3 weeks due to the location difference of the Compliance Department offices. However, strategies are being developed to perform this review in real-time, including a standardized review schedule. Additionally, as a proactive initiative, we are exploring creating a pre-ICF checklist to provide study teams as a resource, ensuring full understanding of expectations prior to initiation of an ICF process.

A Robust ICF Review Tool to Facilitate GCP adherence and Broaden Study Team Knowledge of Regulatory Requirements: Framework and Outcomes

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Solutions and Methods

1.Track ICF status (I.e., "Open" if deficiencies identified; "Closed" if ICF was completed accordingly or all deficiencies have been resolved)

2.Generate data on study coordinators' knowledge of ICH-GCP/ regulatory/ institutional requirements as indicated by nature and frequency of deficiencies 3. Provide an ICF "chain of custody" audit trial

Figure 1. Contents of ICF Review Database

Associated study and patient identifiers

Description of ICF version and purpose

Associated clinic personnel and study team

Consent review data (for single and multiple reviews, as needed): • QAQC reviewer, time of review, and date

• Description of findings/discrepancies as noted in the ICF Review Checklist • Date ICF returned to study personnel if findings/discrepancies present OR;

Date ICF was securely filed in designated storage location

Since the ICF Review implementation in January of 2023, the QAQC program has reviewed 982 individual ICFs. Of the 982, 934 have a "Closed" status with either no deficiencies noted, or all observed deficiencies adequately resolved. The remaining 49 ICFs have an "Open" status and are being diligently monitored by our internal compliance monitors to ensure prompt resolution of findings. Notably, the quantity of observed deficiencies has decreased since the QAQC review process was instituted. While accounting for the difference in absolute number of ICFs reviewed between 2023 and 2024, the ratio of ICFs observed to contain deficiencies per month was reduced by nearly 50% (32 ICFs/month in 2023 to 17 ICFs/month in 2024, Figure 2). This significant increase in adherence to ICH-GCP/ regulatory/ institutional requirements can be attributed to the study team's increased awareness of expectations facilitated by the QAQC program's robust ICF review process.

Further, in the last year, the CTO has undergone 6 audits, all of which received favorable outcomes and resulted in zero ICF deficiencies. While we cannot ascertain this was due to the ICF Review process alone, we can deduce that all deficiencies and subsequent corrections facilitated by the review process contributed to the successful audit outcomes.

Additionally, a "Checking in With Compliance" segment, directed by internal compliance monitors, was instituted during standing meetings for the CTO's clinical and regulatory departments and is utilized to disseminate observed trends and tailored educational opportunities.

YR 2023 YR 2024

Lessons Learned and Future Directions

Outcomes

