Early Feasibility Studies: Metrics Update

Liliana Rincon-Gonzalez, PhD
Program Director, Clinical Science
Early Feasibility Studies (EFS) may provide patients early access to innovative devices and therapies.
MDIC: EFS Through The Years

2013 - FDA Published EFS Guidance
2015 – Blueprint for Early Feasibility Study (EFS) Success
2017 – Baseline EFS Performance Metrics
2018 – Tools & Processes
2019 – EFS Site Network Pilot
2017: EFS Challenges – “60:60:60” Goal

EFS Metrics: Administrative Baseline‡

Mean Time from (Days)

- IDE Approval: 68
- IRB Approval: 72
- Contract Approval: 133
- 1st Subject Enrollment: 187

Done in Parallel

60 Days

Next 60 Days

‡Baseline metrics collected from EFS trials conducted FY14 – FY17, compiled from 13 EFS trials and 48 sites.
MDIC EFS Initiatives: 2018 – 2019

Site Network Pilot:
• 31 sites & 18 partners
• Develop a national EFS learning system
• Track and report EFS metrics
• Test the utility and effectiveness of EFS-specific tools and methods
• Serve as a launching point for a future network of high-performing EFS sites

Administrative Issues:
• Best Practices Workshop (March & June 2019)

Contracting Working Group:
• Updating Master Clinical Trial Agreement

Regulatory Working Group:
• IRB workshop (October 2019)
• Updating Informed Consent Template

Budgeting Working Group:
• Still figuring out what issues to address
2019 Sponsor Metrics
Sponsor Metrics: Basis for Comparison

Baseline FY14 - FY17

- 13 EFS trials
  - 9 Cardiovascular
- 48 sites

New FY18 - FY19

- 9 EFS trials
  - 9 Cardiovascular
  - 6 FIH
- 60 sites
  - 40 different sites
  - 21 from our network
- Coverage
  - FDA assigned Cat A to 6 trials and Cat B to 3 trials
  - All studies applied for CMS Coverage
  - 6 of 9 studies got approved
- MDIC Tools
  - 4 Sponsors used MDIC tools
  - 33 Sites used MDIC’s MCTA

*FY refers to Federal Fiscal Year
IDE Approval to 1ˢᵗ Subject Enrollment Time Improved by 2 Months

<table>
<thead>
<tr>
<th></th>
<th>FY14 - FY17</th>
<th>FY18 - FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDE Approval</td>
<td>68</td>
<td>53</td>
</tr>
<tr>
<td>IRB Approval</td>
<td>72</td>
<td>51</td>
</tr>
<tr>
<td>Contract Approval</td>
<td>133</td>
<td>164</td>
</tr>
<tr>
<td>1st Subject Enrollment</td>
<td>187</td>
<td>88</td>
</tr>
</tbody>
</table>

Done in Parallel

IDE approval to 1ˢᵗ Enrollment: 120 day target

Baseline: 320 Days
New: 252 Days
### FDA Review Process Continues to Improve

- **Minimum (days)**: Baseline: FY14 - FY17 (25) vs. New: FY18 - FY19 (13)
- **Median (days)**: Baseline: FY14 - FY17 (30) vs. New: FY18 - FY19 (32)
- **Maximum (days)**: Baseline: FY14 - FY17 (238) vs. New: FY18 - FY19 (148)

- Time to IDE approval has decreased and it is now under 60 days
- CDRRH doing a good job with turn around of IDEs
IRB Process Has Improved

- Time to IRB approval has decreased and is now meeting the 60-day goal.

<table>
<thead>
<tr>
<th></th>
<th>Baseline: FY14 - FY17</th>
<th>New: FY18 - FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum (days)</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Median (days)</td>
<td>56</td>
<td>38</td>
</tr>
<tr>
<td>Maximum (days)</td>
<td>246</td>
<td>372</td>
</tr>
</tbody>
</table>
Contract Approval Remains Too Slow

<table>
<thead>
<tr>
<th></th>
<th>Baseline: FY14 - FY17</th>
<th>FY17 - FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum (days)</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>Median (days)</td>
<td>120</td>
<td>149</td>
</tr>
<tr>
<td>Maximum (days)</td>
<td>329</td>
<td>469</td>
</tr>
</tbody>
</table>

- Time to Contract approval has increased
- Budget approval is taking 113 days in average
- Negotiating EFS contract and budget is still a big issue
Time to 1\textsuperscript{st} Subject Enrollment is Improving

- Minimum (days): Baseline (FY14 - FY17) 7, New (FY18 - FY19) 16
- Median (days): Baseline (FY14 - FY17) 105, New (FY18 - FY19) 67
- Maximum (days): Baseline (FY14 - FY17) +600, New (FY18 - FY19) 264

- 1\textsuperscript{st} Subject Enrollment time has decreased
- Need more work to get to the 60-day goal

@MDICAnnualForum
Summary

- FDA IDE review process continues to improve
- IRB process seems to go well
- Contract approval is still too slow
- Time to 1st subject enrollment is improving but remains significantly above target
  - 252 days vs. 120 day target
- The fastest sites easily achieve the 60 day targets, other sites have very lengthy internal processes
2019 Survey of Sites in the Pilot Network
Sites ranked **Budgeting and Contracting** as the highest delaying factors when initiating an EFS

- **Budgeting**: Weighted Average 3.33
- **Contracting**: Weighted Average 2.93
- **Private payer coverage for IDE**: Weighted Average 2.92
- **Patient enrollment**: Weighted Average 2.6
- **Private payer reimbursement for routine care**: Weighted Average 2.53
- **Medicare coverage for IDE**: Weighted Average 2.29
- **IRB**: Weighted Average 2.29
- **Staffing requirements**: Weighted Average 2.27
- **Medicare reimbursement for routine care**: Weighted Average 2

Sample Size = 17 sites
Most Sites Go With The Local IRB

What type of IRB do you utilize for sponsored EFS?

<table>
<thead>
<tr>
<th>Type</th>
<th># of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>3</td>
</tr>
<tr>
<td>Local</td>
<td>15</td>
</tr>
</tbody>
</table>

Is your site allowed to utilize a Central IRB for sponsored EFS?

<table>
<thead>
<tr>
<th>Allowed</th>
<th># of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
</tbody>
</table>

Sample Size = 18 sites
Patient Recruitment Tools

What patient recruitment tools do you utilize the most?

<table>
<thead>
<tr>
<th>Tool</th>
<th># of Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>15</td>
</tr>
<tr>
<td>Physician Referral</td>
<td>14</td>
</tr>
<tr>
<td>EHR</td>
<td>11</td>
</tr>
<tr>
<td>Social Media</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Vendor</td>
<td>1</td>
</tr>
</tbody>
</table>

Sample Size = 18 sites
MDIC Tools:
Awareness Is Good But Usage Is Low

<table>
<thead>
<tr>
<th></th>
<th>MCTA</th>
<th>ICF</th>
<th>Patient Educational Aid</th>
<th>IRBs and Site Study Staff Educational Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aware</strong></td>
<td>11</td>
<td>10</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td><strong>Reviewed</strong></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Utilized</strong></td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Not Aware</strong></td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Sites are Familiar with FDA Guidance and CMS Instructions

<table>
<thead>
<tr>
<th>IDE-EFS Guidance</th>
<th>FDA Categorization of IDE</th>
<th>CMS coverage Instructions for IDE</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Sites</td>
<td># of Sites</td>
<td># of Sites</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Not at all familiar</td>
<td>Not very familiar</td>
<td>Somewhat familiar</td>
</tr>
</tbody>
</table>

@MDICAnnualForum
Conclusions

1. Administrator processes reported by Sponsors have gotten better to yield faster time to 1\textsuperscript{st} subject enrollment
   - Contract and Budgeting are very significant issues
   - Total average time of \(~8\) months greatly exceeds target of 4 months.

2. Sites report contracting and budgeting are the biggest issues followed by reimbursement

3. Very helpful to periodically assess administrative challenges to provide guidance on what is more helpful and to create tools that can have an impact
Upcoming Events

Regulatory RoundTable
- MDIC and Baylor Scott & White Research Institute
- October 2\textsuperscript{nd} & 3\textsuperscript{rd}
- Dallas Texas
- Who:
  - Manager/Director IRB
  - Regulatory Affairs

https://mdic.org/event/
Panel Discussion
Our Panelists

- Andrew Farb, MD, FACC
  - Chief Medical Officer, Office of Cardiovascular Devices, CDRH, FDA
- David R. Holmes, Jr., MD, MACC
  - Professor of Medicine, Mayo Clinic College of Medicine
- Mark Carlson, MD
  - Chief Medical Office, Abbott
- Tamara Syrek Jensen, JD
  - Director, Coverage and Analysis Group (CAG), CMS

- Moderator – Chip Hance
  - EFS Board Champion