Onerous and wasteful practices emanating from ICH GCP

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Disclosures

- Physician
- Clinical researcher

Goals of presentation

- Aspiration of researchers, regulators, IRBs, privacy councils
- What has most potential for impact
- Could some of our actions harm patients
- Problems with ICH GCP
- Way forward

Aspiration of those involved in health research

- Help people
- Tone

Perspective of physician

- What has most potential to improve health
  - research
- Thesis
  - more patients are harmed or we fail to help because of lack of reliable research than are harmed through failure to comply with GCP
  - GCP is inhibiting research
    - turning physicians off research
    - opportunity cost

Problems with ICH-GCP

- Developed by “appropriate ICH expert working group”
  - did not include clinical trialists
- 2.9 - freely given informed consent should be obtained from every subject prior to clinical trial participation
  - emergency situations
  - cluster trials
- 3.3.8 c –Investigators should promptly report to the IRB all adverse drug reactions that are both serious and unexpected
  - unhelpful to risky - blinded, few events, not in context of other data, duplicate activities

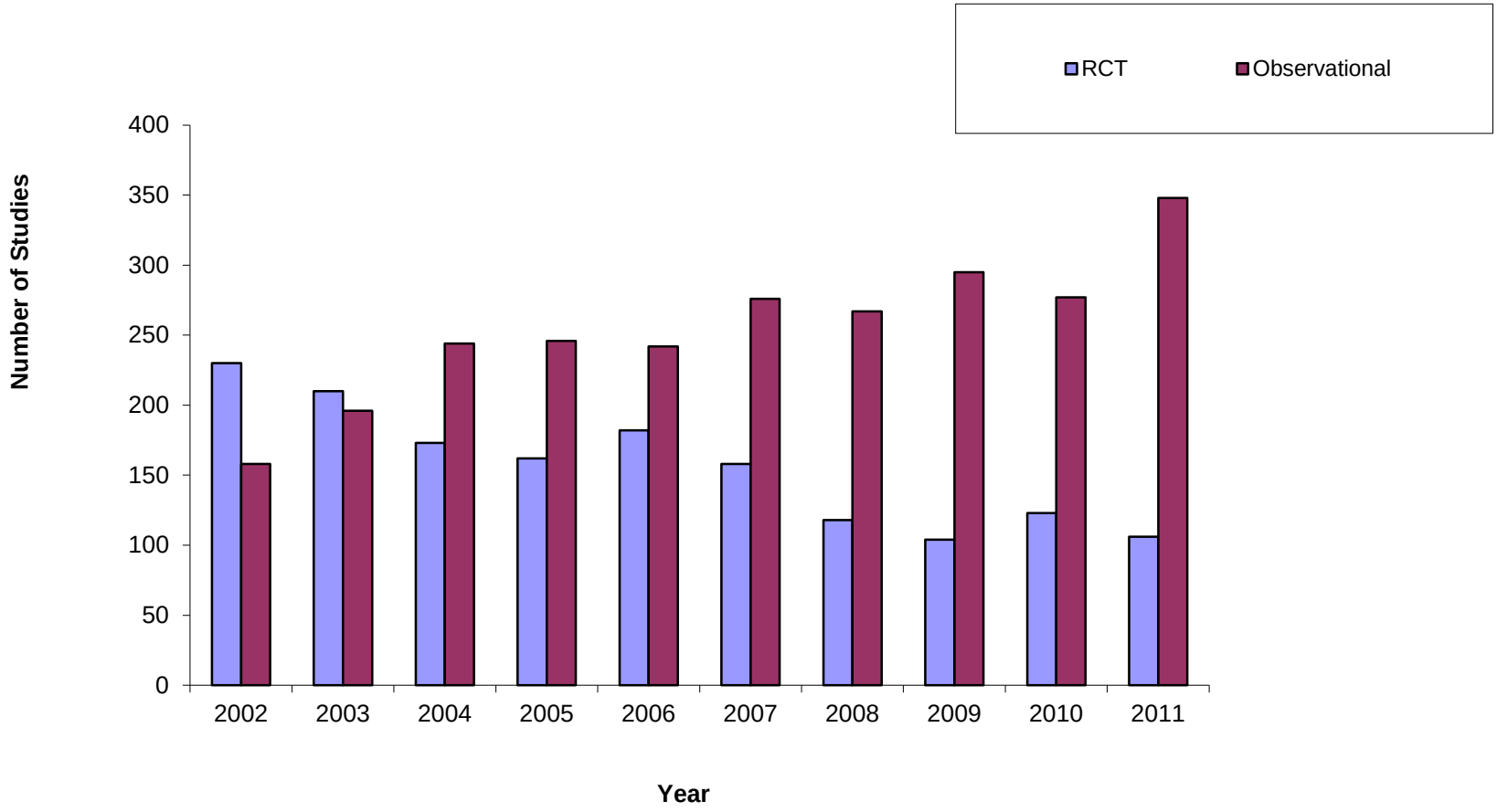
Onerous aspects of GCP

- 4.8.10 - Informed consent needs to address 20 points
  - Carleigh Piché, Tina Arnosti and Suzette Salama
  - IRB submissions over last decade at HHS
    - consent form 2002 mean 7 pages, 2011 mean 23 pages
- 8.1 – the minimal list of essential documents (>50)
  - e.g., investigator and sub-investigator CVs

Onerous aspects of GCP

- 5.1.3 – quality control should be applied to each stage of data handling to ensure that all data are reliable and have been processed correctly
  - current Health Canada inspection
    - maintenance and calibration records of scales were unavailable
    - lab results not signed off as reviewed by investigator
    - ethnicity could not be verified in medical records
    - no documentation of where study records would be archived for 25 yrs and who is responsible to ensure records if investigator retires
  - consequences
    - opportunity costs
    - investigator contemplating whether she wants to keep doing research

Decline in RCTs at HHS



Wasteful practices emanating from GCP

- 5.18.3 – In general there is a need for onsite monitoring before, during, and after the trial; however in exceptional circumstances the sponsor may determine that central monitoring in conjunction with procedures such as investigators' training and meetings, and extensive written guidance can assure appropriate conduct of the trial in accordance with GCP
  - current experience – default to most extreme position
    - enormous opportunity cost
    - Janice Pogue

Aspects of GCP that people ignore

- 2.7 – The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician or, when appropriate, a qualified dentist

Reliable research

- Dominant factor
  - large sample size
  - not 100% accuracy of all collected data

A way forward

- Recognition that what overwhelming matters is getting trials undertaken
  - with large sample sizes
- Is this a false dichotomy
- Continue course of action we have taken for last 6 years
- Write alternative to GCP