

# NEUROENDOVASCULAR TRIALS

Understanding your Research Role  
in Stroke and Device Trials

## Biography




Christy Anton is a Clinical Research Coordinator at Rush University Medical Center. She received her degree in Biological Sciences from the University of Illinois. Christy spent 5 years at the Northwestern University Lurie Comprehensive Cancer Center as a Research Study Program Coordinator working on ECOG studies prior to focusing on the development of the Brain Tumor Institute Bio-specimen Biorepository. She joined the Rush Neuroendovascular Team in 2012 focusing on device trials. She has since worked on over 20 studies; including the SWIFT PRIME study, recently published in the New England Journal of Medicine



## Disclosures:

None

# TOPICS FOR DISCUSSION

	Clinical Trials: Definitions and The Importance of Clinical Trials
	Introduction to the FDA and Medical Device Approval Process
	Roles and Responsibilities of the Research Team

# RESEARCH

- The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions

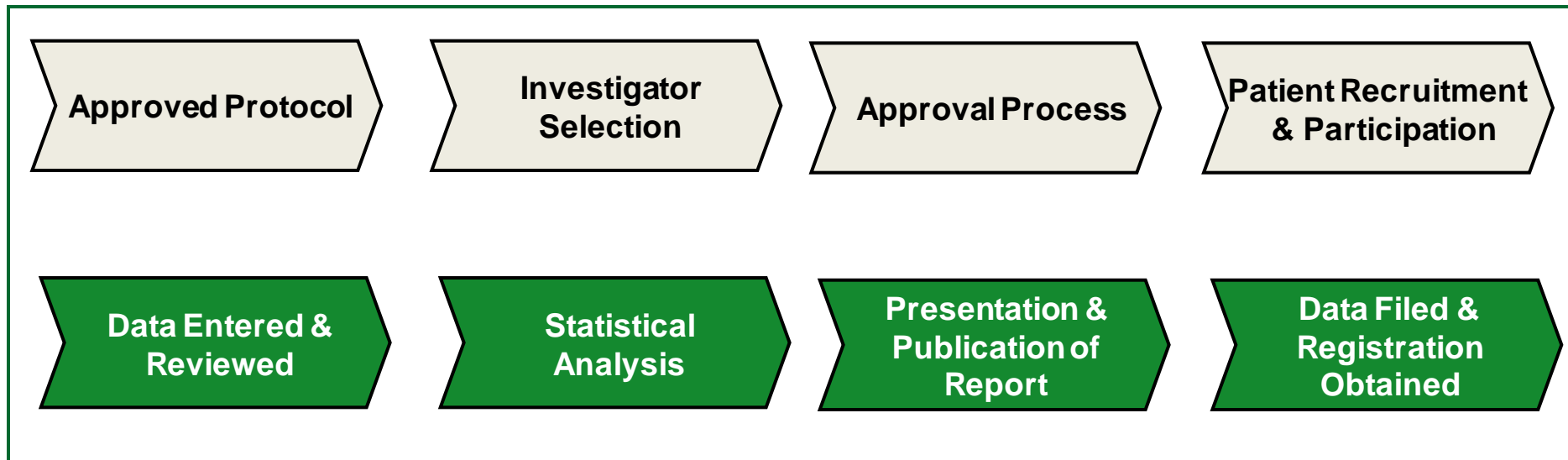
## Why offer research trials to our patients?

- Potential treatment options not available at all hospitals
  - Late or Wake-Up Stroke Treatments in DAWN

# CLINICAL TRIALS

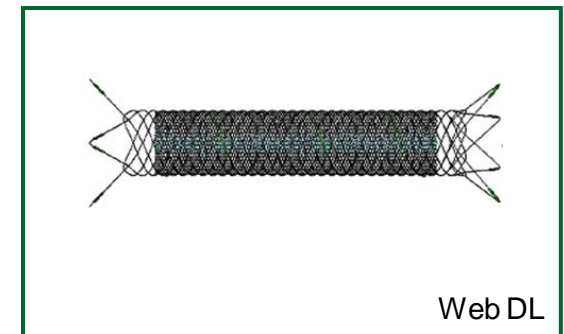
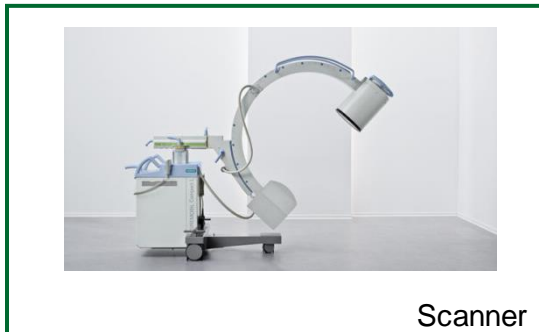


- A company or research institution will select from one of the many available paths for securing FDA approval for their medical device



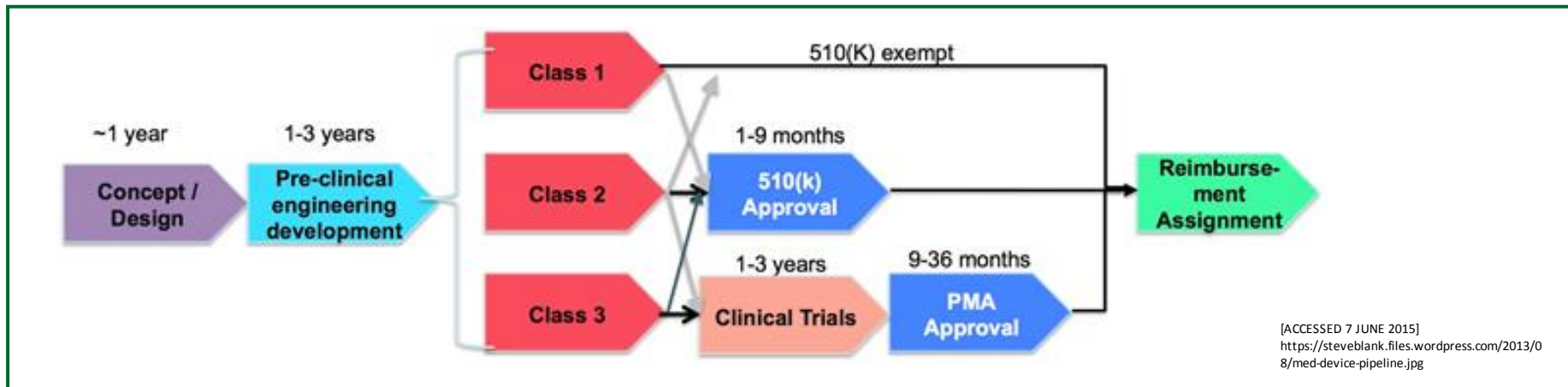
# MEDICAL DEVICES

- The FDA defines a medical device as any healthcare product that does not achieve its principal intended purposes by chemical action or by being metabolized.
  - Simple Devices: Thermometer, Tongue Depressor
  - Complex Devices: Imaging devices, Intracranial Stents



# PROCESS FOR US FDA DEVICE APPROVAL

- Neuroendovascular devices tend to follow the 510(K) or PMA approval pathway





# PROCESS FOR US FDA DEVICE APPROVAL

Three major factors dictate time to approval for Medical Devices by the FDA

## Number of Sites

- How many sites are participating the trial?
- Is it a global or domestic trial?

## Patient Recruitment

- How difficult is it to enroll in this study?
- What is the incidence and prevalence of device use?

## Study Design

- How long will it take to determine a Primary Outcome?
- Do you show efficacy or safety concerns sooner than expected?

# COLLABORATION & EFFECTIVE RESEARCH TEAMS



The ideal Research Structure is comprised of  
**7 Active, Engaged Stakeholders**



US FDA



Study Coordinator



Trial Sponsor



Data Manager



Principal Investigator (PI)



Study Monitor



Institutional Review Board (IRB)

# KEY EXTERNAL STAKEHOLDERS

## US FDA

- Domestic Food and Drug Administration
- Oversight and protection for consumers (e.g. emphasis on safety)
- IDE and PMA or 510(devices)
- Post Approval Engagement (Inspections, Recalls, FINS)

## TRIAL SPONSOR

- Academic Institutions
- Pharmaceutical and Medical Device Companies (Manufacturers and Commercialization Experts)
- Investigator Initiated Trials
- Government Entities & Institutions (NCI/NIH/CDC)

# KEY INTERNAL STAKEHOLDERS

## PRINCIPAL INVESTIGATOR (PI)

- Maintains a complete understanding of the Investigator Brochure and protocol
- Conducts study in compliance with protocol
- Responsible for safety of the study subjects
- Delegate work to qualified staff
- Manage the informed consent process
- Report any serious adverse events
- Maintain accurate records for inspection

## STUDY COORDINATOR

- Conduct the study from screening to close-out
- Execute and sustain the informed consent process
- Screening and eligibility determination
- Schedule and conduct subject visits
- Responsible For:
  - Study documents, data collection, reporting
  - Education of treating team
  - Report Adverse Events and/or SAE's

# COLLABORATION & EFFECTIVE RESEARCH TEAMS



Teamwork is the key to effectively conducting research across a platform

The Principle Investigator (PI) is ultimately responsible for the study conduct



- Education of all participating team members
- Clearly defining roles & responsibilities of team. Providing training where/when needed
- Maintain adaptability
- Removal of institutional and external hurdles to success

# COLLABORATION & EFFECTIVE RESEARCH TEAMS

- **The Coach (PI) & Quarterback (Study Coordinator) work with the team for a win**
  - ❖ **Education and Training**
    - **All personnel that will be part of the patient surgery (pre-op, procedure, PACU) understand the treatment the patient is undergoing and why it is investigational**
      - ✓ **Have team attend Site Initiation Visits (SIV's), review new studies at monthly team meetings**
    - **Conduct in-services for staff unable to attend initial training**

# ROLES & RESPONSIBILITIES

## PROCEDURE NURSE

- Help capture study required data points prior to and during procedure
  - Non-Standard of Care labs
  - Pregnancy Test
  - New time points for standard labs
    - ACT values, PRU/ARU's
- Communicate patient report to coordinator for subject screening during tele-stroke patients
- Input data into the patient EMR and verify congruency to study data

## RADIOLOGY TECHNICIAN

- Obtain study required imaging & accessory devices prior to procedure
  - Know if calibration devices are required
- Review Investigational Devices
  - Become familiar with:
    - Device Storage Location
    - New device sizing
    - New materials
    - Changes to imaging protocols
      - Image submission to sponsor for core lab review

# TIPS & TRICKS

## PRIOR TO/DURING PROCEDURE

- Email unit directors to alert the team of a study subject and/or send weekly case schedule with anticipated research cases
- Have quick study reference binders in easy access locations
- Create screening flowcharts
  - Quick screening tools for clinic visits or while screening potential subjects during diagnostics angiograms
- Pre-procedure “Time-out”
- Review data collection worksheets with Study Coordinator
  - Ask for your own cheat sheets to record data during procedure

## POST PROCEDURE

- Save all device packaging
- Complete Imaging requirements
- Verify the data:
  - Have a post-procedure huddle:
    - What did the team do well?
    - Where are the areas for improvement?
    - When is the subject due back for a follow-up?
    - Review all required data points
      - Treatment lesion size consistency



# ACHIEVING DATA INTEGRITY:



Clinical trial results must be verifiable and replicable

**Quote:** “One of the most common inspection findings [...] lack of reliable, accurate and adequate source documentation”



Post-procedure team huddles are valuable tactics towards ensuring the correct data points and values are obtained

**Example:** You want the aneurysm size measurements written on the coordinator worksheet to match the data that goes into the EMR

# ACHIEVING DATA INTEGRITY: ALCOA

## ATTRIBUTABLE

It should be clear who has documented the data.

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## LEGIBLE

Readable and signatures identifiable.

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## CONTEMPORANEOUS

The info should be documented in the correct timeframe along with the event flow. If not documented immediately, a chronology should be.

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## ORIGINAL

Original, if not – should be an exact copy. The first record made by the appropriate person. The investigator should have the original source doc.

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## ACCURATE

Accurate, consistent and real representation of facts

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# HIGH-QUALITY COLLABORATION

## EFFECTIVE TEAM



**Everyone** in the procedure room **has a role** during a research case and everyone's data and actions will be examined by the FDA

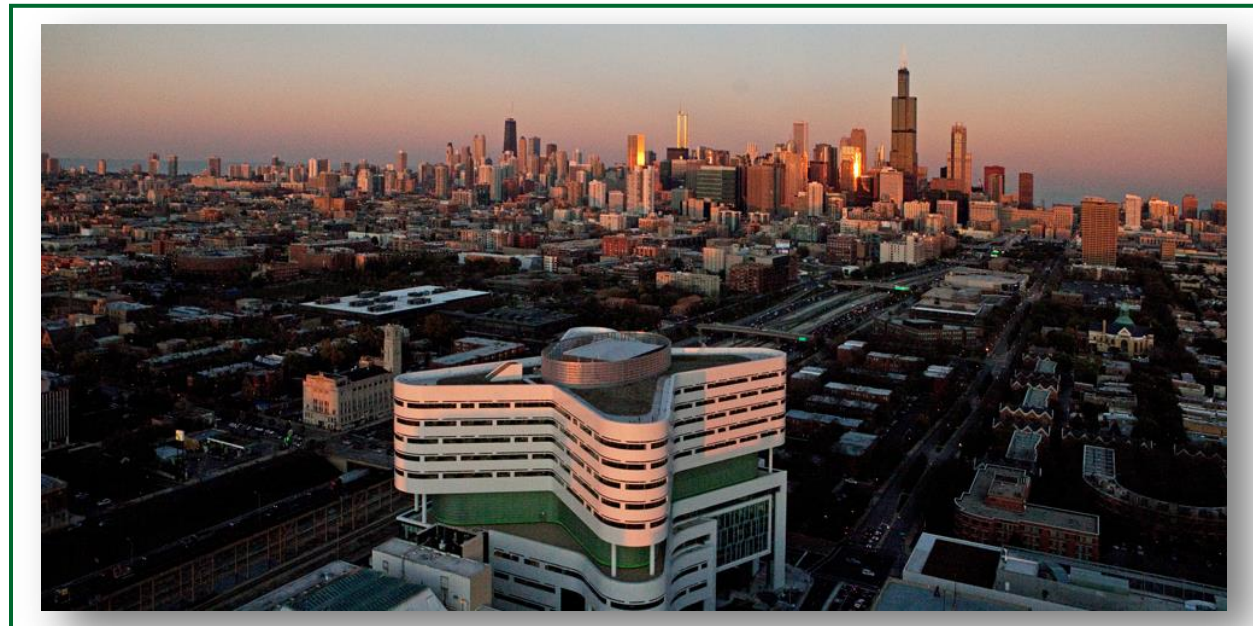
## COMMUNICATION

Effective communication is the key to the research team success



Determine which obstacles need to be overcome and the process for doing so:  
Driven by experience, collaboration and timeline feedback

# QUESTION & ANSWER



**THANK YOU**