

Alliance New Investigators: Trial Funding in the NCTN

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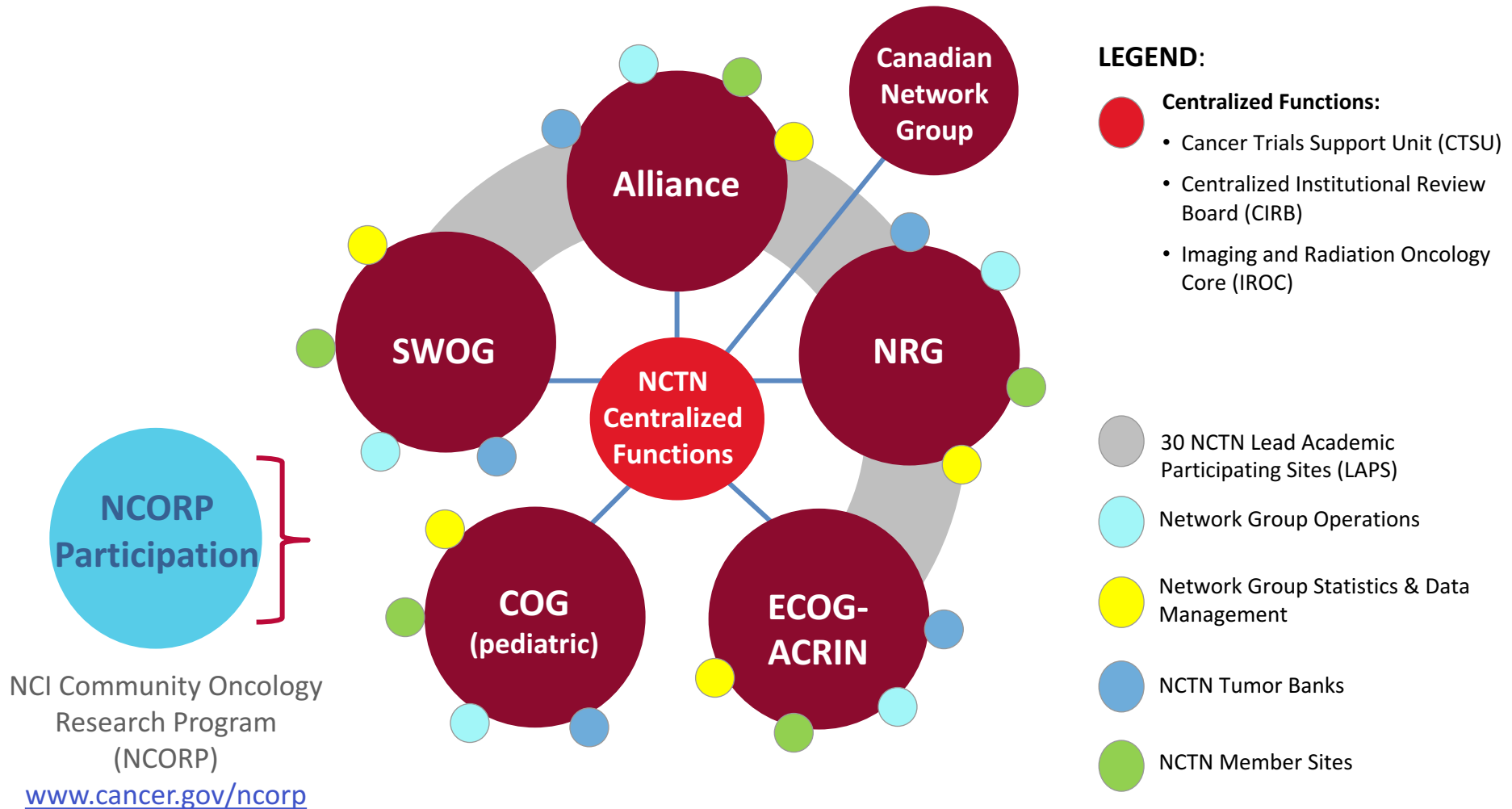


a National Cancer Institute program

Key Topics

- 1. NCTN Structure and Grants**
- 2. Trial Funding Goals**
- 3. Standard NCTN Trial Funding:
Site Capitation**

NCTN Structure



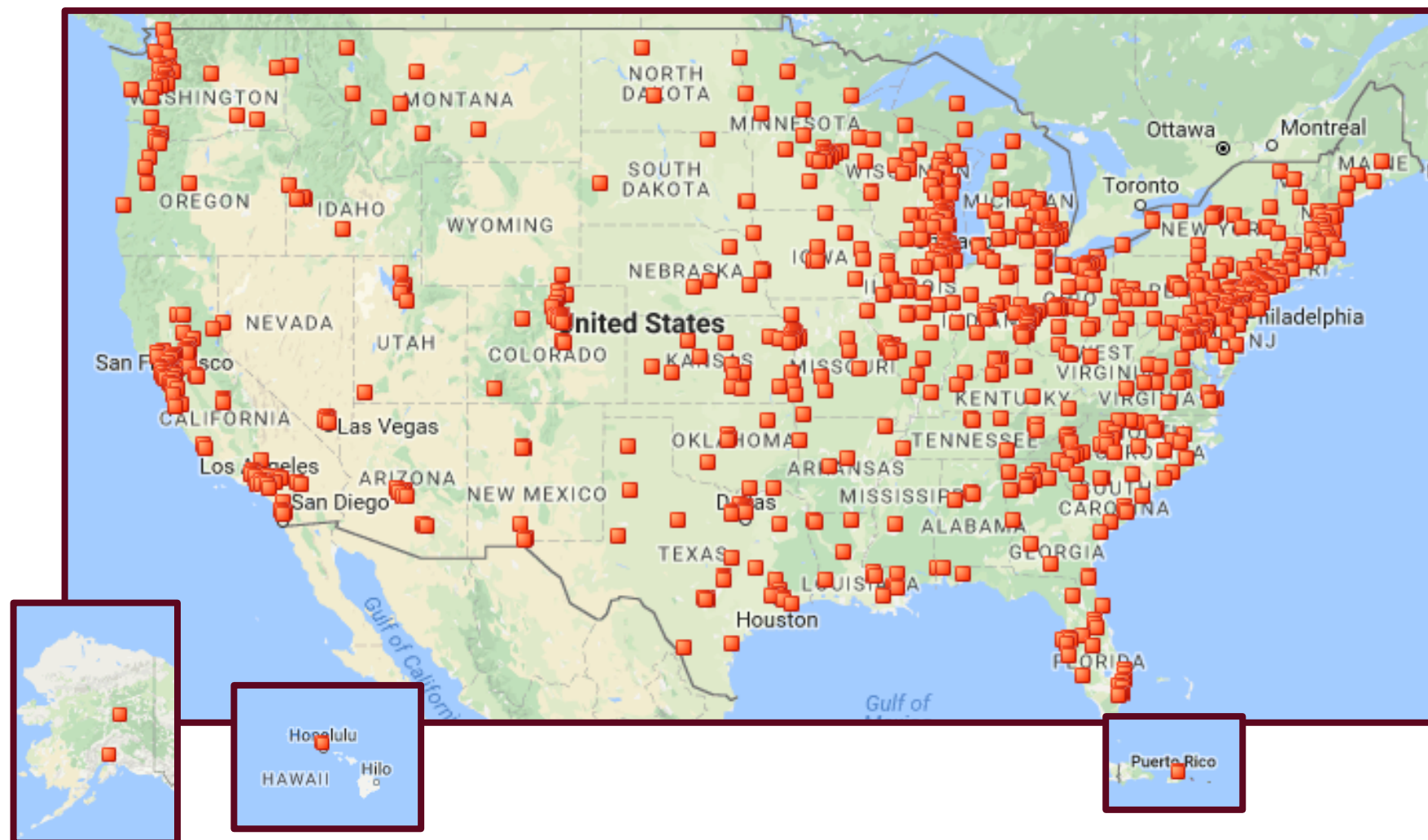
NCTN Group Grants

- 5 US groups (4 adult, 1 pediatric) and 1 Canadian group
 - Alliance, ECOG-ACRIN, NRG, SWOG, COG (pediatric), CCTG (Canadian)
- Group-specific NCTN grants
 - **Operations** – group infrastructure and clinical trials operations support
 - Accrual capitation to member sites is provided through the Operations grant
 - **Statistics and Data Management** – trial data and biostatistics
 - **Biospecimen Banks** – trial specimen intake and storage
 - This grant is funded out of the Cancer Diagnosis Program
 - **Integrated Translational Science Awards (ITSAs)** – awards associated with one or more groups to support translational research in the NCTN

NCTN Infrastructure Support

- **Imaging and Radiation Oncology Core (IROC)** (grant)
 - Provides quality assurance via site qualification, trial credentialing when needed, and collection of images and radiotherapy parameters in NCTN trials. www.irocqa.org/
- **Cancer Trials Support Unit (CTSU)** (contract)
 - Provides centralized services to support NCTN trials, and other NCI network trials, including administrative, regulatory, central registration and enrollment, and other services to streamline clinical trial (CT) processes, facilitate site access to CTs and reduce burden to investigators. www.ctsu.org
- **Centralized Institutional Review Board (CIRB)** (contract)
<https://ncicirb.org>

NCTN US Accruing Sites – 2016





Trial Funding Goals

Trial Funding Goals: Considerations During Protocol Development

Minimize financial burden on patients

- Follow national guidelines for billable items to minimize insurance denials
- Recognize patients may have more co-pays & higher costs when the trial has more procedures, etc. than usual care

Include the tests and procedures needed to meet key scientific objectives

- Patient assessments
- Correlative science

Minimize financial burden on sites

- Minimize procedures that are not billable to insurance
- Provide adequate funding for items that are not billable
- Do NOT provide funding for items that ARE billable

Balancing How Much Things Cost with What is Scientifically Gained

- Requiring narrow window for eligibility assessments
 - If a patient is outside of narrow eligibility timeframe and a test must be conducted again, sites may not have the medical justification to bill it to insurance. As a result:
 - The site/patient may decide not to move forward with trial enrollment
 - The site may bear the cost
 - The patient may bear the cost
 - The site may ignore a one-day delay and be at risk for a protocol violation
- Requiring more frequent patient monitoring
 - Monitoring is generally billable if it is within established guidelines used by insurance payers
 - Institutions have different standards, so monitoring is not likely to be covered at **all** NCTN sites unless the scheduling is based on **national** guidelines

Billable Costs in Clinical Trials Are an Emerging Issue

- Medicare issued a National Coverage Determination in 2007 stating that routine costs of participation in qualified clinical trials is covered
- Since then, high-profile settlements by the Medicare Office of the Inspector General have resulted in institutions paying fines, penalties, and refunds for what inspectors determined were inappropriate billing for services on government-funded clinical trials

The following fines included inappropriate clinical trial billing:¹

- | | |
|---------------------------------------|-------------------------------------|
| ■ Yale – \$7.6M | ■ Cornell – \$4.3M |
| ■ Mayo Clinic – \$6.5M | ■ Johns Hopkins – \$2.6M |
| ■ Medical College of Georgia – \$6.1M | ■ USC Norris Cancer Center – \$2.2M |
| ■ Northwestern – \$5.5M | ■ Emory – \$1.5M |
| ■ UCSD – \$4.7M | |
- As a result, institutions are increasingly wary of potentially billing insurance for non-billable trial procedures

Billable Costs in Clinical Trials Are an Emerging Issue

- Private insurers have provided greater coverage for routine costs in clinical trials since the implementation of the Affordable Care Act in 2014¹
 - The ACA amended Section 2709 of the Public Health Service (PHS) Act to mandate non-grandfathered health plans:
 - (1) may not deny the qualified individual participation in an approved clinical trial with respect to the treatment of cancer or another life-threatening disease or condition;
 - (2) may not deny (or limit or impose additional conditions on) the coverage of routine patient costs for items and services furnished in connection with participation in the trial
- But how are routine costs defined?

Billable Costs Under the Medicare Clinical Trials Policy

National Coverage Determination (NCD) for Routine Costs in Clinical Trials (310.1)

- Items or services that are typically provided absent a clinical trial (e.g., conventional care)
- Items or services required solely for the provision of the investigational item or service (e.g., administration of a non-covered chemotherapeutic agent), the clinically appropriate monitoring of the effects of the item or service, or the prevention of complications
- Items or services needed for reasonable and necessary care arising from the provision of an investigational item or service, in particular, for the diagnosis or treatment of complications

Costs That Cannot Be Billed

- The investigational item or service itself unless otherwise covered outside of the clinical trial
- Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient (e.g., monthly CT scans for a condition usually requiring quarterly scans)
- Items and services provided by the research sponsors free of charge for any enrollee in the trial

Use of Guidelines During Coverage Analysis Review

- Conventional care is justified as “Reasonable and Necessary” and supported with professional guideline
 - Up to the sites to ensure that Medical Necessity is appropriately documented
- In the absence of professional guidelines, look for peer-review publications
- For a single institution study, “institutional guidelines” may be used if supported
- Without documentation, conventional care cannot be supported and is **not billable**

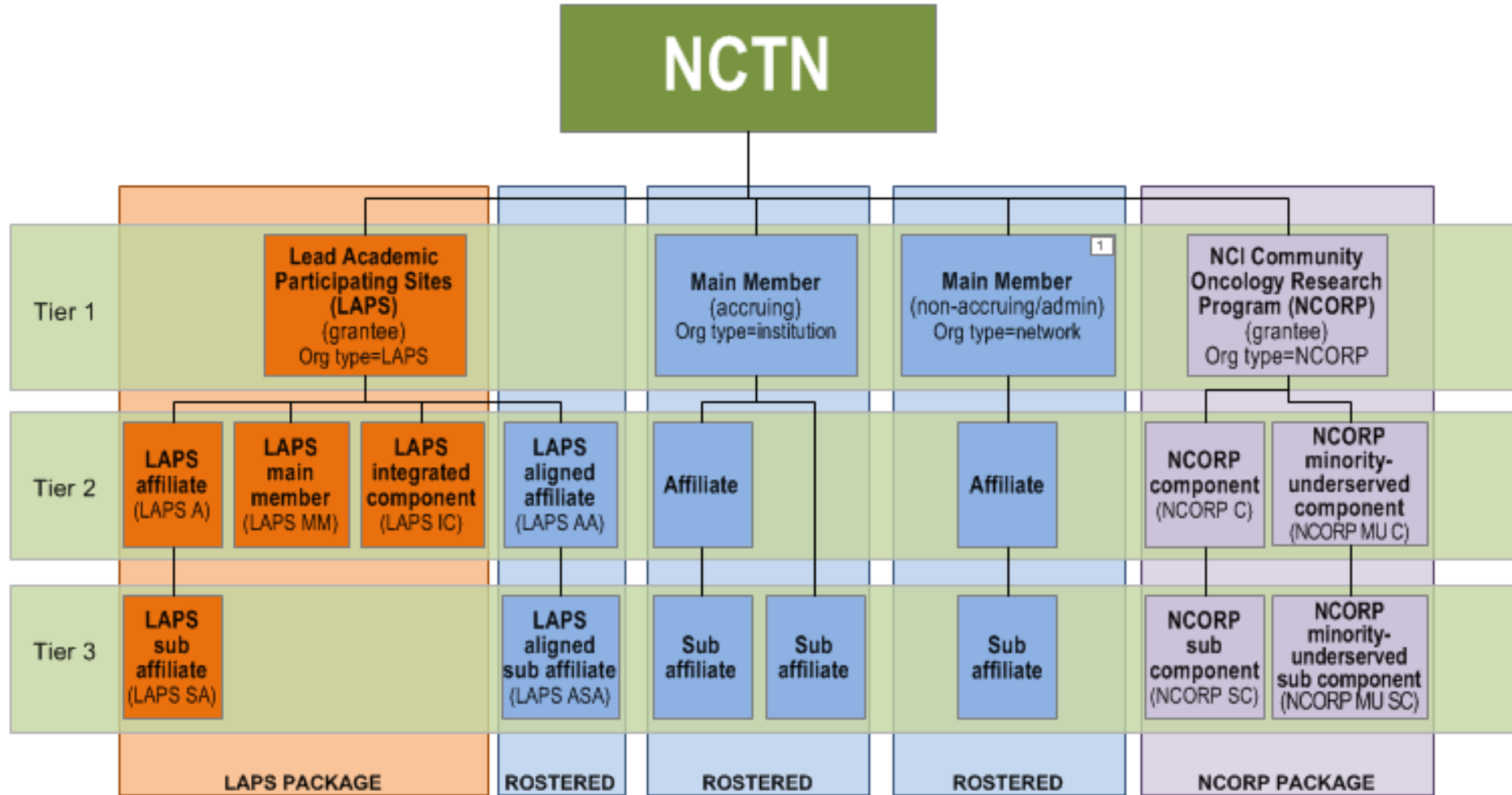
Types of Guidelines Used

- NCCN Treatment Guidelines www.nccn.org
- American Society of Clinical Oncology Practice Guidelines
- American Society of Radiation Oncology Guidelines
- American College of Radiology Appropriateness Criteria
- Agency For Healthcare Research and Quality
www.guideline.gov
- Other guidelines and published scientific data used as needed



Standard NCTN Trial Funding: Site Capitation

NCTN Accruing Sites Structure



Standard NCTN Trial Funding – Site Capitation


- **Treatment Base Intervention** (if no screening step)
 - \$2250 / \$2500 base intervention for Standard rostered / NCORP sites
 - \$4000 base intervention for High Performance LAPS / NCORP sites

- **Screening Step Before Intervention**
 - Typical \$500 for screening step (exceptions: ALCHEMIST and MATCH trials)

- **Biospecimen Collections and Advanced Imaging Submissions**
 - Amounts vary by complexity of request and number of time points
 - Do not pay for research biopsies ([BIQSFP program](#))

Trial Funding Information Posted On The Protocol Page:

www.ctsu.org



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By Lead Organization

ALLIANCE

A011104

A011106

A011202

A011203

A011401

A011502

A021302

A021501

A031102

A051301

A061202

A061402

A071102

A071401

A081105

A091101

A091202

A091302

A091304

A091305

Detail, Accrual and Specific Notes

Funding Information

LPO Documents

Drug Safety Notification

Study Agent

A091401

A091404

A151216

A211102

A211201

A211401

A221101

A221102

A221208

A221303

A221405

A221502

CALGB-30610

CALGB-50801

CALGB-51101

Home Funding Information Documents Drug Safety Notification Study Agent

A091305

Add to My Protocols

A Phase 2 Study of Efatutazone, an Oral PPAR Agonist, In Combination with Paclitaxel in Patients with Advanced Anaplastic Thyroid Cancer

Instructions

- NCI per case management funding will be made by the Network Group credited with the accrual or the equivalent will be provided via NCTN LAPS grant or NCORP grant directly.
- To receive per case funding for specific tests and/or biospecimen submissions, completion dates must be entered in the OPEN 'funding module' post enrollment.
- Completion dates for QOLs or any testing that is required at multiple time points are only required to be entered one time and can be the initial completion date.
- Completion dates may be entered in the OPEN funding screen for any trial component that was completed after March 1st, regardless of when the patient was enrolled to the trial.
- See protocol funding sheet for more details and information about non-NCI funding.
- Click on the [NCTN and NCORP Funding Instructions](#) for more information.

Coverage Analysis

- National Coverage Analysis (NCA) documents will be posted to the protocol specific funding folder for new NCTN Phase III treatment trials and select Phase II studies, as well as cross network NCORP cancer control and prevention trials activated after May 1st, 2016.
- The NCA is provided as a guidance tool for sites to assist with billing compliance. Institutions that chose to utilize this tool are responsible for the verification and modification of the coverage analysis in compliance with their institutional guidelines and local coverage determinations.
- Click on the National Coverage Analysis [FAQs](#) or the [National Coverage Analysis - CTSU Initiative Slides](#) for more information.

NCI Funding Information (other sources of funding may be available, please review the Funding Documents)

☐ Display inactive funding also

NCI Funding Sources

#	Funding Source	Funding Type	Funding Type #	Specify	Collect Type	NCTN \$ Value	NCORP \$ Value	Funding Status	Collect in OPEN
1	DCTD-DCP	Base Intervention			Mandatory	\$2,250.00	\$2,500.00	ACTIVE	No
2	DCTD-DCP	High Performance Intervention		LAPS or HP NCORP	Mandatory	\$4,000.00	\$4,000.00	ACTIVE	No
3	DCTD-DCP	Biospecimen		Biospecimen - Tissue - Unstained slides or paraffin block	Optional	\$50.00	\$50.00	ACTIVE	Yes
4	DCTD-DCP	Biospecimen		Biospecimen - Tissue - H&E stained slides	Optional	\$100.00	\$100.00	ACTIVE	Yes

Funding Documents

#	Document Title	Document Date	Format	Post Date
1	A091305 Funding Sheet	1/1/2015	PDF	2/18/2015

Sample Trial Funding Sheet



PROTOCOL A091305

**A PHASE 2 RANDOMIZED STUDY OF EFATUTAZONE, AN ORAL PPAR AGONIST, IN COMBINATION WITH PACLITAXEL
VERSUS PACLITAXEL IN PATIENTS WITH ADVANCED ANAPLASTIC THYROID CANCER**

Study Activation: 09/01/2014

Funding Source and Study Component		Mandatory/ Mandatory Request or Event/ Optional	Study Specific Notes	Enter Date in OPEN?	NCTN Funding Amount per Patient (a) Standard/ LAPS	NCORP Funding Amount per Patient (b) Std/HP
Federal	Base Intervention (Standard/ High Performance (HP) LAPS & NCORP)	Mandatory		No	\$2250 / \$4000	\$2500 / \$4000
Federal	Biospecimen – Tissue (H&E stained slides)	Optional	1	Yes	\$100	\$100
Federal	Biospecimen – Tissue (Unstained slides or paraffin block)	Optional	2	Yes	\$50	\$50
Total Potential Federal Funds (c)					\$2400 / \$4150	\$2650 / \$4150

Sample Trial Funding Sheet – Screening Step



PROTOCOL A011203

A randomized phase II trial of tamoxifen versus Z-endoxifen in postmenopausal women with metastatic estrogen receptor positive, HER2 negative breast cancer

Study Activation: 3/6/2015

Funding Source and Study Component		Mandatory/ Mandatory Request or Event/ Optional	Study Specific Notes	Enter Date in OPEN?	NCTN Funding Amount per Patient (a) Standard/ LAPS	NCORP Funding Amount per Patient (b) Std/HP
Federal	Screening for intervention – Pre-registration	Mandatory		No	\$250	\$250
Federal	Base Intervention (Standard/ High Performance (HP) LAPS & NCORP)	Mandatory		No	\$2000 / \$3750	\$2250/ \$3750
Federal	Biospecimen – formalin fixed tissue from breast core biopsies	Optional	1	Yes	\$150	\$150
Federal	Biospecimen – blood for CTC, cfDNA, and bone turnover studies	Optional	2	Yes	\$150	\$150
Federal	Biospecimen – blood for PG and PK studies	Optional	3	Yes	\$200	\$200
Total Potential Federal Funds (c)					\$2750 / \$4500	\$3000/ \$4500

What if you want to do more extensive biospecimen collections or have ideas for other correlative projects?

- **Industry**

- For studies with CTEP-held INDs, let us know EARLY what your budget looks like as the company will review and hopefully approve
- For non-CTEP INDs, negotiate funding for critical correlative projects early in agreement process
- If industry is making suggestions, ask if they will be providing funding as they can also provide additional project support, as well as additional site support

- **Biomarker, Imaging and Quality of Life Studies Funding Program (BIQSFP):** <https://www.cancer.gov/about-nci/organization/ccct/funding/biqsfp>

- Apply through your group with biomarker, imaging, QOL, and/or cost-effectiveness analysis proposals for large, randomized Phase 2 or Phase 3 trials

- **NCI's Division of Cancer Prevention NCORP Grants**

- NCORP grants cover health-related quality of life and patient reported outcomes
- DCP reviews and funds QOL and PRO collections in NCTN trials

Sample Trial Funding Sheet – Non-Federal Funds



PROTOCOL A091401

Randomized Phase II Study of Nivolumab With or Without Ipilimumab in Patient with Metastatic or Unresectable Sarcoma

Study Activation: 8/01/2015

Funding Source and Study Component		Mandatory/ Mandatory Request or Event/ Optional	Study Specific Notes	Enter Date in OPEN ?	NCTN Funding Amount per Patient (a) Standard/ LAPS	NCORP Funding Amount per Patient (b) Std/HP
Federal	Screening for intervention – Pre-registration tumor block or slides	Mandatory	1	No	\$500	\$500
Federal	Base Intervention (Standard/ High Performance (HP) LAPS & NCORP)	Mandatory		No	\$1750 / \$3500	\$2000 / \$3500
Federal	Biospecimen – Blood - Peripheral whole blood – 5 time points	Optional	2	Yes	\$250	\$250
Total Potential Federal Funds (c)					\$2500 / \$4250	\$2750 / \$ 4250
Non-federal	Biospecimen – Fresh tumor biopsy	Optional	3	No	\$4200	\$4200
Total Potential Non-Federal Funds (d)					\$4200	\$4200
Total Potential Funds					\$ 6700 / \$ 8450	\$6950/ \$ 8450



Final Thoughts

Think about funding early in trial development and often is essential to trial success

- Don't let surprise funding issues slow down protocol review and delay trial activation
 - Make sure that the timing and number of all biospecimen, imaging, and QOL collections are consistent throughout your protocol and consent, and that there is funding to cover them
- Avoid accrual challenges due to insufficient funding for sites
 - Ensure trial procedures align with national guidelines
 - Obtain sufficient funding for any additional procedures so that sites or patients do not shoulder the extra costs



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