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PI Perspective Why should we be involved?

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 From a clinician standpoint, why should we want to be involved in clinical research programs?

- Let alone be a PI
- Time factor: consents, meetings, audits
- Extra personnel
- Interfacing with IRB
 - Cost involved

Must deal with the following concepts

- Responsibility
- Evaluation
- Treatment
- Integrity of patient care and soundness of the research data
- Ethics

Scientifically sound principles (evidence based)



- Why?
- Reasons for participation can be summed up by one letter---"Q"
- Query: an inquiry or a form of questioning
- Edward Derrick and Q Fever
- "Query" as it applies to Clinical Trials
 - A form of questioning about clinical topics where we don't know the answer similar to the "query" of Derrick's fever



- I have since related Dr. Derrick's methodology of the "query" to the rationale for performing Clinical Trials
 - Query: a form of questioning
 - That question then becomes the Clinical Trial
 - Participation in Clinical Trials then programs us to look at *all* clinical questions from Dr. Derrick's view of....Query



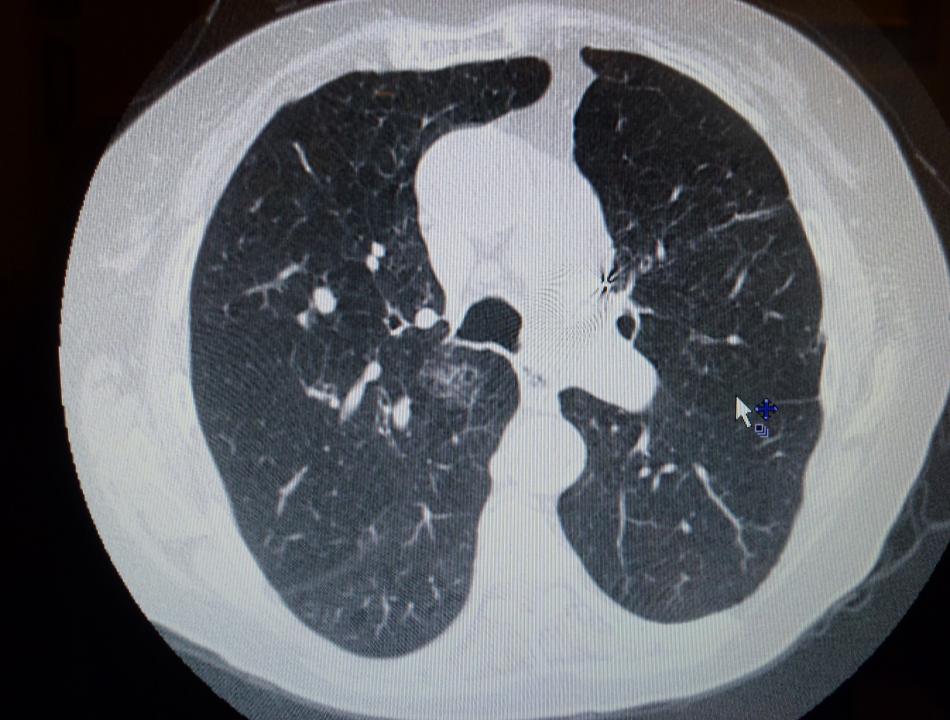
- When all patients are treated as if they are in a Clinical Trial, not only does patient care benefit but the entirety of the clinical experience improves
 - We become better physicians
 - Patient care improves



• Why do I participate in Clinical Trials

- Passion for the "query"
- Patient outcomes are improved
- Definite benefit in applying protocol workup and treatment to all patient care
- Surveillance
 - Better QoL and Survival because patients are seen and evaluated at regular intervals





- [An investigator is] ... a physician who assumes <u>full responsibility</u> for the <u>treatment</u> and <u>evaluation</u> of patients on research protocols, as well as the <u>integrity* of the research data</u>.
- The investigator <u>assures CTEP</u> that the clinical trial will be conducted according to ethically and scientifically sound principles."

*integrity: 1. Unimpaired condition; soundness. 2. Adherence to a code; 3. State of completeness.



Prior to Audit

- Treat each patient as if he/she will be audited.
- Make the treatment program, dose modifications, and schedule of tests an obvious portion of the patient's chart.
- Provide complete documentation of clinical care and the <u>rationale for protocol</u> <u>deviations</u>.
- Demand compulsivity from other medical personnel.



Prior to Audit

- Perform periodic mock-audits of your institution and affiliates. Don't assume that everything is fine--- <u>assure yourself!</u>
- Be certain that IRB and Pharmacy policies conform to Alliance standards; negotiate compliance, if necessary!



Preparation for Audit

- Recognize stress level and "clear the decks."
- Be available for last-minute data resolution.
- Provide audit correspondence and information to all personnel involved with the audit, especially affiliates/components.
- Impress ancillary departments with the importance of cooperation and support.



Be available for introductions and exit interview.

Post Audit

 Share results with other investigators and departments that are involved in Alliance research.
Re-examine strengths and weaknesses in the structure of the research office/program.



Post Audit

- Address clinical and organizational issues in a written response to the audit findings, including findings that may have been erroneous or require clarification.
- Use the critique of the extramural reviewers to help improve the research/overall cancer program.



- I have come to appreciate the concept of looking at all of my patients through Derrick's "Q"—adopting it to the Clinical Research setting of constantly questioning.....
- Participating in Clinical Trials undoubtedly takes extra time, work, effort, planning, etc.
 - Answers to critical clinical questions
 - Benefit of overall better patient care surely justifies the input

