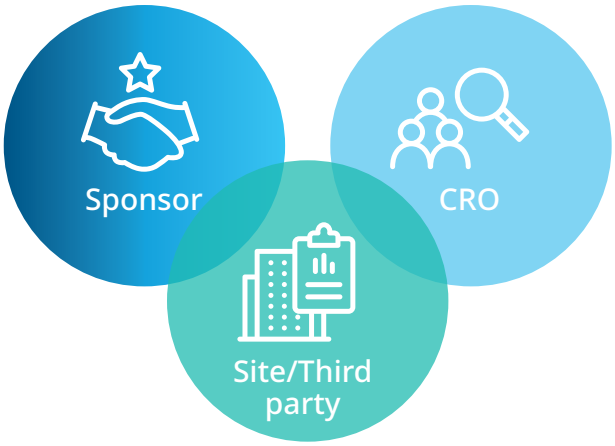
FACT SHEET

Good Clinical Practice (GCP)

One size does not fit all

Tailoring your QMS for best fit

The establishment and implementation of global standards and leading practices for proactive quality management and oversight of outsourced clinical development projects are essential for both sponsors and CROs to achieve the right balance between meeting competitive timelines and achieving the highest level of quality and compliance. Include the Clinical Investigator Site and third parties like vendors when considering the effectiveness of your quality management system (QMS)..



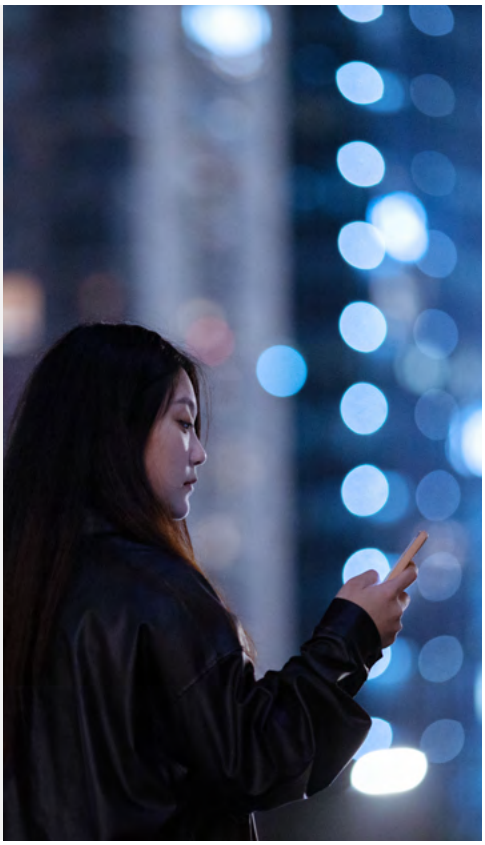
After we look at a traditional agnostic QMS model, we will consider other types of studies that involve a variation towards a QMS design and application. **Decentralized Clinical Trials** and programs like **Real-World Evidence** have brought forward some further considerations.

The traditional QMS model includes the basic **"5"** components to achieve quality oversight of operations. The five components and the associated activities and behaviors should be tailored and fit-for-purpose for the organization under review based on the maturity and capabilities of the organization and their regulatory responsibilities.

Within the clinical development space, there are inherent GCP risks we need to associate documentation and their respective procedure as a quality "control" measure. The initial QMS assessment will lead to a deeper dive and possible additional system audits to include Site and vendor audits.

THE "10" GCP RISKS INCLUDE:

1. Qualifications, training and competence
2. Source data (alcoa-ccea) and regulatory documents collection
3. Systems, facilities, equipment design, validation and maintenance
4. Introduction bias/blinding/randomization
5. Subject eligibility confirmed
6. Protocol endpoints met
7. Investigational product (IP) management
8. Subject protection/welfare – informed consent/safety management/data privacy
9. Vendor management
10. Effective monitoring



Resources

But first, how you determine your **resourcing** needs from establishing functions and roles to creating job descriptions (JDs) to onboarding and training should be clearly laid out in procedures. Does your organization identify required functional areas supporting the clinical development program? Other than the operational areas, do your shared services include an independent QA function or legal representatives that can serve as data privacy experts to handle data breaches? You may need to outsource in order to fulfill functional areas.

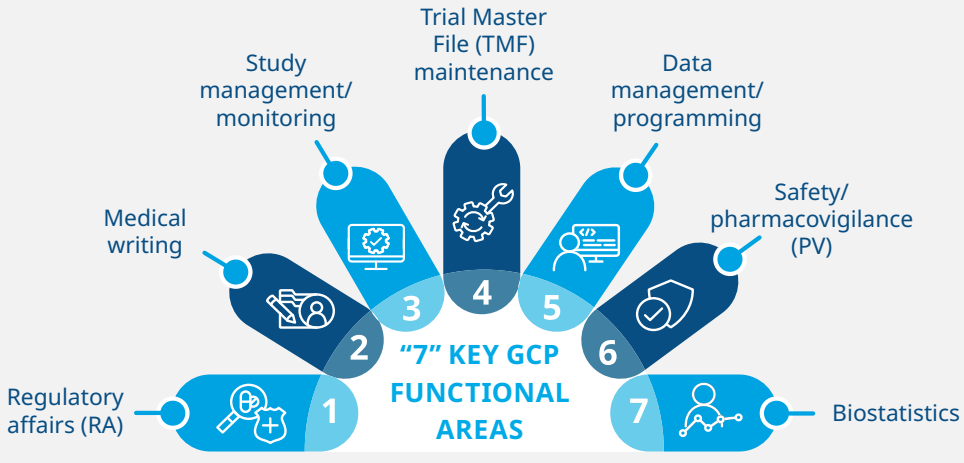
Management and oversight

A comprehensive program/project management plan is a key document for sponsors and CROs to consider demonstrating how they will successfully **manage** the outsourced activity.

Monitoring a Clinical Investigator Site is a two-way street: the sponsor/CRO sends out a monitor to the Site and executes a Clinical Monitoring Plan (CMP) while the Site manages the monitoring visit and provides access to source and regulatory documentation.

A Clinical Investigator can describe their ability to provide **oversight** of the study in a Principal Investigator (PI) Oversight and Supervision Plan as indicated in FDA Guidance: Investigator Responsibilities – Protecting the Rights, Safety and Welfare of Study Subjects.

Other functional plans will support the management of the GCP risks associated with the required **documentation and defined requirements** for each functional area.



Documentation

As they say about documentation, it not only provides evidence towards the Clinical Research activity in the form of an "audit trail" but it can demonstrate an acceptable standard applied to assure not only data integrity but it reconstructs the research activities so that it can be repeated by others. Standardized procedures and validated methods supporting the documentation establish the reliability and repeatable nature of the activity.

From the Site/Clinical Investigator perspective, we have to remember that source documentation and source data collected to support protocol-related activities are the responsibility of the Clinical Investigator (Principal Investigator) and therefore assume the data integrity risks.

Quality control

With that said, the responsible party whether you are the sponsor, CRO, Clinical Investigator or a vendor is obliged to ensure the study is conducted in compliance with the protocol, which should be supported by standardized procedures and project-related plans. We are not perfect, and mistakes in the form of noncompliance do occur which we associate with quality risks jeopardizing the reliability, integrity and validity of the data source. Earlier, we identified the "10" inherent GCP risks that we should identify control measures (Quality Control) through appropriate protocol design, planning documents, procedures and other documentation.

Quality culture

If we all behave with the mindset that we can always be inspected/audited, then we perform our roles professionally and ethically with the appropriate behavior to keep data privacy in mind as well as good documentation practices (GDP) abiding by the principles of ALCOA-CCEA (Attributable, Legible, Contemporaneous, Original, Accurate, Complete, Corroborated, Enduring and Available). Leadership support and communication across the organization are key and should be demonstrated through management review.

There are increasing and ongoing changes towards the clinical trial landscape, such as Decentralized Clinical Trials and Real-World Evidence (RWE). These types of studies require an adjustment towards their clinical QMS, specifically around assuring trial integrity requirements are still met.

Decentralized clinical trials

Traditionally, the GCP landscape was driven by manual workflows and paper records and physical sites. Stakeholders involved limited partnerships i.e., Sponsor, Clinical Investigator and IRB. Now, we see expanded partnerships with CROs, vendors and other third parties supporting GCP activities. In lieu of paper records, we have GxP systems i.e., eTMF, EDC, ePRO/eCOA and eSource, etc. The Clinical Investigator used to oversee Site personnel at a physical location. Now there are virtual sites and telemedicine-style patient/subject interaction. Data integrity and data privacy measures are even more important to consider in the decentralized and virtual model.

Real-World Evidence

Other than the typical clinical trial in the context of randomized controlled trials (RCTs), wherein subjects are observed after being administered an investigational product (IP) with evidence collected to support the safety and efficacy of the IP in the form of source data, Real-World Evidence (RWE) and Real-World Data (RWD) serve to provide additional post-marketing usage and potential benefits, or risks associated with the marketed product. Now, we are shifting from original source data obtained from human subjects through a controlled GCP environment under one Principal Investigator to the collection of RWD outside of the clinical trial landscape, gathered through a patient via mobile devices and wearables and/or by way of the healthcare system electronic health record (EHR) and other clinical practice settings. In both cases, a traditional clinical trial or an RWE study design the merits of transparency, data integrity, reproducibility and reliability, and maximize the utility of the data source and its regulatory use in determining a drug product's effectiveness.

IQVIA QMS ASSESSMENT AND IMPLEMENTATION

Establishing the right fit for your organization

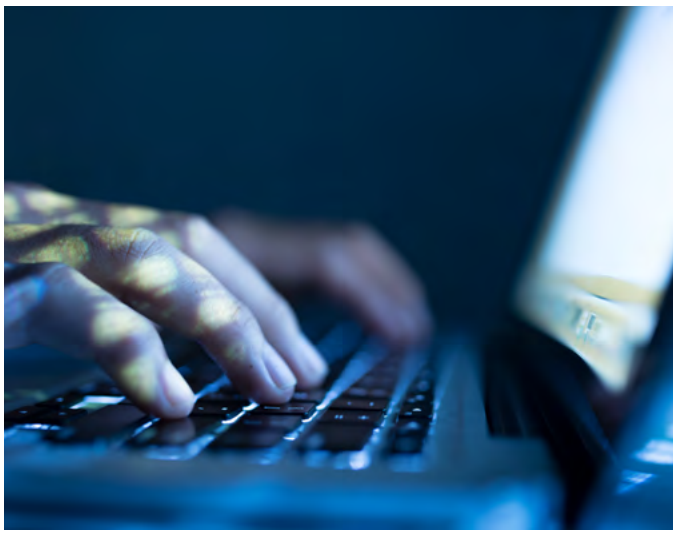
Understanding the role the organization plays in the clinical development (GCP) landscape and their respective global regulatory responsibilities is the first step when identifying the GCP/non-GCP activities under scrutiny that the QMS will need to address. Then other intersecting QMSs implemented by other stakeholders are essential in evaluating the overall approach to quality and regulatory compliance under the one clinical development program.

IQVIA can support your organization with identifying initial gaps in your QMS through an assessment, with follow-up remediation support to include:

Conclusion

An effective QMS emphasizes: appropriate resources and their management; appropriate documentation and data integrity/privacy; quality control of risks and a quality culture that cultivates an environment in which everyone takes ownership of quality and compliance in their role. Leadership should strive for continual evaluation and improvement of the QMS and ensure that the QMS will be responsive to change and able to continue to meet changes in the regulatory landscape.

Again, it is not a “one-size-fits-all” remedy, due to the stakeholder interest and regulatory responsibility as well as the size and maturity level of the organization.



IQVIA TECHNOLOGIES

CONTACT US

4820 Emperor Boulevard | Durham | NC 27703 | United States

iqvia.com/technologies