

Key Elements for Effective and Successful Clinical Data Collection

CRITICAL ROLE OF CLINICAL INVESTIGATIONAL PLANS (CIPS) AND STUDY PLANS

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In this session...

- We will discuss the critical role of Clinical Investigational Plans (CIPs) and study plans in ensuring effective and successful clinical data collection.
- We will cover strategies for preparing and designing data collection with risk management in mind.
- We will see how effective data collection is crucial to avoid prolonged data collection, study analysis and failed outcomes.

Key Concepts



Designing Effective Data Collection

1. Planning

- Define clear objectives and endpoints for the study.
- Identify key data points needed to meet study objectives.
- Develop a comprehensive Clinical Investigational Plan (CIP).

2. Tools and Systems

- Utilize Electronic Data Capture (EDC) systems for real-time data entry and monitoring.
- Implement standardized Case Report Forms (CRFs) to ensure consistency.

3. Risk Management

- Conduct a risk assessment to identify potential issues in data collection.
- Develop mitigation strategies to address identified risks. (Develop DMP, MP etc.)
- Continuously monitor and adjust the data collection process as needed.

Planning

Define clear objectives and endpoints for the study



Identify key data points needed to meet study objectives



Develop a comprehensive Clinical Investigational Plan (CIP)

Tools and Systems



Utilize Electronic Data Capture (EDC) systems for real-time data entry and monitoring



Implement standardized Case Report Forms (CRFs) to ensure consistency

EDC Systems and CRFs

Facilitates accurate and timely data collection.

Ensures data integrity with automated validation checks.

Provides instant access to data for monitoring and analysis.

Standardized CRFs ensure that all sites collect data uniformly, reducing variability and improving the comparability of results across different study centers.

Ensures that all necessary data is captured systematically, supporting comprehensive analysis and accurate assessment of study objectives.

Simplifies the data entry process, reducing the burden on site staff, and minimizing the risk of data entry errors.

Risk Management

01

 Conduct a risk assessment to identify potential issues in data collection. 02

• Develop mitigation strategies to address identified risks. 03

 Continuously monitor and adjust the data collection process as needed.





Data Quality:

Implement quality control measures to ensure data accuracy and completeness.

Use automated checks and validation rules within EDC systems to identify discrepancies.



Consistency and Standardization:

Standardize data collection procedures across all sites.

Train site personnel thoroughly on data collection protocols and tools.



Auditing and Monitoring:

Conduct regular audits to verify data integrity.

Use centralized monitoring to identify and address issues promptly.



Analyzing Datasets and Results

Data Management:

- Develop a robust data management plan to handle data from collection to analysis.
- Ensure proper data cleaning and preparation before analysis.

Statistical Analysis:

- Collaborate with biostatisticians to plan appropriate statistical analyses.
- Predefine analysis plans to avoid datadriven biases.

Interim Analyses:

- Conduct interim analyses to monitor progress and identify issues early.
- Use interim results to make informed decisions about study modifications



Addressing the Human Factor



Training and Education:

Provide comprehensive training for all study personnel on protocols and data collection tools

Offer continuous education and refresher courses to maintain high standards.



Engagement and Communication:

Foster open communication channels between study teams and site personnel.

Engage site staff by involving them in decision-making processes and providing regular feedback.

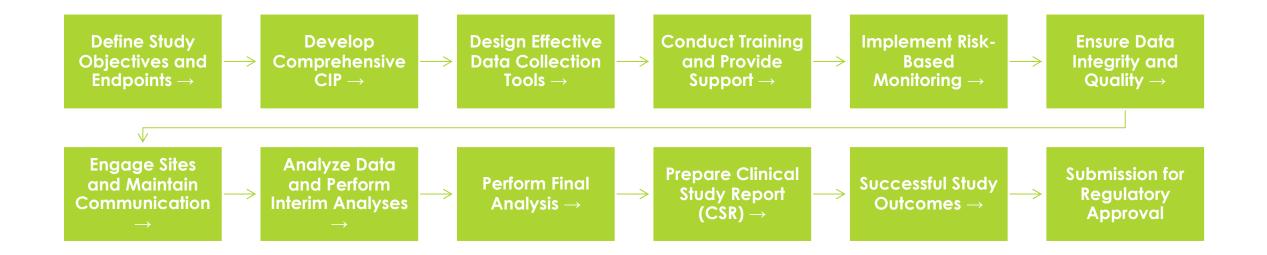


Motivation and Support:

Recognize and reward high-performing sites and individuals.

Provide support to sites facing challenges to ensure they can meet study requirements.

Roadmap to high-quality data and successful study outcomes

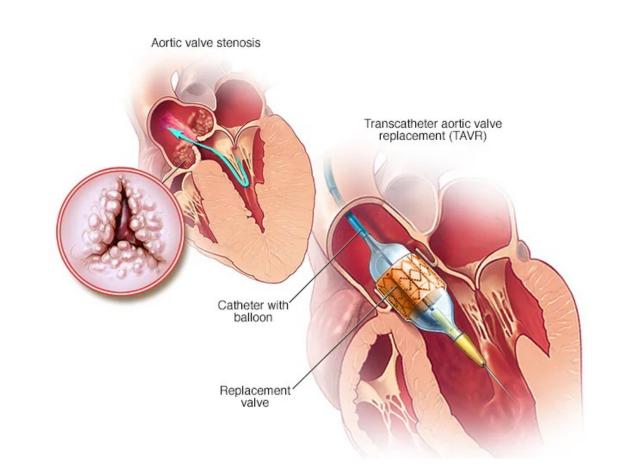


Case Example: Effective and Successful Clinical Data Collection



Effective and Successful Clinical Data Collection

- Define Clear Objectives and Endpoints for the Study
- Identify Key Data Points Needed to Meet Study Objectives
- Develop a Comprehensive Clinical Investigational Plan (CIP)



Example: Transcatheter Aortic Valve Replacement Study Define Clear Objectives and Endpoints

Objective:

•To evaluate the safety and efficacy of a new transcatheter heart valve (THV) in patients with severe aortic stenosis who are at high surgical risk.

Primary Endpoint:

• All-cause mortality at 12 months post-implantation.

Secondary Endpoints:

- Incidence of major adverse cardiovascular and cerebrovascular events (MACCE) including stroke, myocardial infarction, and re-intervention.
- •Improvement in New York Heart Association (NYHA) functional classification at 12 months.
- •Change in valve hemodynamics as measured by echocardiography at 30 days, 6 months, and 12 months.

Identify Key Data Points

Demographic Data:

• Age, gender, comorbidities, and baseline characteristics of patients.

Clinical Data:

- •Baseline and follow-up NYHA classification.
- Baseline and follow-up echocardiographic measurements (e.g., aortic valve area, mean gradient).
- Incidence and timing of adverse events (e.g., death, stroke, myocardial infarction).

Quality of Life Data:

• Patient-reported outcomes using standardized questionnaires (e.g., EQ-5D, SF-36).

Procedural Data:

- •Technical success of the THV implantation.
- Procedural complications and device-related issues.

Develop a Comprehensive Clinical Investigational Plan (CIP)



Introduction:

Background and rationale for the study.

Summary of preclinical data and any prior clinical studies. ¢

Objectives and Endpoints:

Clearly defined primary and secondary objectives and endpoints.

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Study Design:

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Detailed description of the study design (e.g., prospective, multicenter, randomized). Inclusion and exclusion criteria for patient selection. Study Procedures:

Step-by-step protocol for the THV implantation procedure.

Schedule of assessments and follow-up visits.



Data Collection and Management:

Methods for data collection, entry, and management. Use of Electronic Data Capture (EDC) systems.



Safety and Risk Management:

Risk assessment and mitigation strategies. Monitoring and reporting of adverse events.



Statistical Considerations:

Sample size calculation and justification.

Statistical analysis plan for primary and secondary endpoints.

CIP Summary Template

CLINICAL INVESTIGATION PLAN (CIP) SUMMARY

This order starts with general identification and overview aspects, moving to specifics about study subjects and study methods, and ends with details about oversight and ethical considerations, ensuring a coherent flow of information.

Parameter	Description	
Title	Introduce the study at a glance	
Clinical Investigation Identification	Provide Unique code/reference	
Version Number and Date	Specify the revision or edition	
□ Sponsor	Highlights who's driving and funding the study. Essential for communication and clarity.	
	Add name	
	Add Address & Contact Details	
European Authorized Representative	Specific contact for European considerations.	
(if applicable)	Add name	
	Add Address & Contact Details	
Study Principal Investigator	Lead researcher overseeing the study	
	Add name	
	Add Address & Contact Details	
	Define the study's goals	
	Introduce the study objective	
Device Under Investigation	Define central focus of the study	
	Add name of device(s)	
Clinical Investigation Design	Outlines the study's methodology	
	Introduce the study design	
Planned Number of Sites	Indicates the scope and spread of the study	
	Insert number	
Planned Number of Subjects	Gives an idea of the study's scale	
· · · · · · · · · · · · · · · · · · ·	Insert number	
Inclusion Criteria & Exclusion Criteria	Describes participant eligibility	
	Insert criteria	
Primary Endpoints	Details expected primary outcomes	
	Insert endpoints	
Secondary Endpoints	Details expected secondary outcomes	
	Insert endpoints	
Subject Follow-up	Defines post-procedure engagement with participants	
	Insert time period	

Parameter	Description	
Expected Duration of the Study	Time estimate from start to finish	
	Insert time period	
Electronic Data Capture System	Provider for data collection and analysis	
	Add name	
	Add Address & Contact Details	
Steering Committee (if applicable)	Expert group providing oversight of the scientific	
	conduct of the study	
	Add name(s)	
	Add Address & Contact Details	
Data Monitoring Committee (if applicable)	Expert group providing safety and treatment efficacy oversight of the study	
	Add name(s)	
	Add Address & Contact Details	
Clinical Event Committee (if applicable)	Expert group providing adjudication of significant	
	clinical events	
	Add name(s)	
	Add Address & Contact Details	
Core Laboratories (if applicable)	Provider and/or facilities handling specialized tests or	
	analyses	
	Add name(s)	
	Add Address & Contact Details	
Contract Research Organization (CRO)	Provider and/or facility handling clinical study	
(if applicable)	monitoring, safety analyses, or other sponsor	
	responsibilities Add name	
	Add Address & Contact Details	
	Brief overview of procedures (or reference to plan)	
Safety & Adverse Event Reporting	for reporting any adverse events of incidents	
	Specify the procedure or plan	
	Summary on ethical guidelines followed (such as ISO	
Ethical Considerations and Approvals	14155 GCP Standard) and approvals obtained for the	
	study	
	Specify the procedure or plan	
Publication and Data Sharing Plans	Brief overview (or reference to plan) how to	
	disseminate results and share data with the broader	
	scientific community	
	Specify the procedure or plan	

Develop a Comprehensive CRF

Section	Data Point	Description	
Patient Demographics	Patient ID	Unique identifier for each patient.	
	Age	Age of the patient at the time of enrollment.	
	Gender	Gender of the patient (e.g., Male, Female).	
	Medical History	Relevant medical history (e.g., hypertension, diabetes).	
Pre-Procedure Assessment	NYHA Classification	Functional classification of heart failure severity.	
	Aortic Valve Area	Measurement of the aortic valve area (e.g., cm ²).	
	Mean Gradient	Mean pressure gradient across the aortic valve (e.g., mmHg).	
Intra-Procedure Data	Procedure Date	Date of the transcatheter valve implantation procedure.	
	Device Model	Model of the transcatheter heart valve used.	
	Valve Positioning	Positioning accuracy of the valve (e.g., correctly positioned).	
	Deployment Success	Whether the valve deployment was successful (Yes/No).	
	Procedural Complications	Any complications encountered during the procedure.	
Post-Procedure Follow-Up	Follow-Up Date	Dates of follow-up visits.	
	NYHA Classification	Post-procedure functional classification.	
	Aortic Valve Area	Post-procedure measurement of the aortic valve area.	
	Mean Gradient	Post-procedure mean pressure gradient.	
	Adverse Events	Any adverse events reported since the procedure.	
	Hospitalizations	Any hospitalizations since the procedure.	
Quality of Life	EQ-5D Score	Patient-reported quality of life score.	

CRF Example

Poorly Designed CRF:	Data Point	Data Collected	Details	Data Collected
Intra-Procedure Data	Procedure Date	April 5	Missing data	April 5, 2024
	Device Model	Model A	Missing data	Model A, version 1.1
	Valve Positioning	Adequate	Vague terminology	Correctly Positioned
	Deployment Success	Yes	Vague	Full
	Procedural Complications	Yes	No specifics provided	Yes - Paravalvular Leak, Managed
Post-Procedure Follow-Up	Follow-Up 30 days	Yes	Vague	Yes – AE reported
	NYHA Classification	Improved	Vague terminology	Improved from III to II
	Echo Measurements	Improved	No specific values recorded	AVA: 1.5 cm², Mean Gradient: 20 mmHg
	Adverse Events	Yes	No details on type or severity	Yes - Stroke on Day 10
	Hospitalizations	Not recorded	Incosistent considering AE	Yes
Quality of Life	EQ-5D Score	Not recorded	Missing data	75

Bad example

Good example



Maria Nyåkern, Ph.D.

Maria Nyåkern, Ph.D., is an accomplished leader and entrepreneur with two decades of expertise in the healthcare and MedTech industries. She has successfully established and expanded several consulting firms focused on medical device innovation and clinical research. As the founder of AKRN Scientific Consulting, a leading Madrid-based medical device CRO, Maria spearheaded significant business growth, culminating in the strategic acquisition of AKRN by the North American CRO, NAMSA, in 2022. This acquisition significantly enhanced clinical development and commercial capabilities in the medical devices sector.

Maria is celebrated for her extensive expertise in the clinical evaluation and investigation of medical devices, particularly those integrated with AI, adhering to stringent EU MDR 2017/745 and ISO 14155:2020 standards. Her dedication to advancing medical technology and fostering emerging scientific talent has been recognized on a European level, underscoring her contributions to scientific progress, technology transfer, and societal improvement across Europe.

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