

The process of investigator sponsored research to move advances in cardiology

Rafael Cavalcante, MD, PhD

Vice President, Global Medical Affairs

Interventional Cardiology

Boston Scientific



Disclosures

- Dr. Cavalcante is a full-time employee of Boston Scientific
 - Before joining BSC...
 - Alumnus of the William J. Harrington Program for LATAM students & Physicians – Univ. of Miami School of Medicine
 - Interventional Cardiologist at the University of Sao Paulo
 - PhD in coronary imaging
 - Post-doctoral research fellowship at Cardialysis / Erasmus MC, Rotterdam
 - Now...
 - Chairman of BSC Global Investigator Sponsored Research Committee
 - Member of BSC Clinical Evidence Strategy Committee



Product Lifecycle

Multiple research components





Research pathways in partnership with Industry

- Bench / pre-clinical research
- Company sponsored trials
 - FIH, EFS, Pivotal IDE trials, PMCF, Phase IV trials
- Investigator Sponsored Trials (Company act as grant giver)
 - Post-market, indication expansion, market expansion, evidence building, cost-effectiveness studies
- Collaborative research agreements
 - Investigator sponsored
 - Certain activities performed by the company (grant giver)



Company sponsored clinical trials

- Principal investigator roles
 - Extensive research knowledge / experience
 - Track record in the specific field
 - Leadership
 - Experience with regulators
 - Podium influence
- Steering committee
- **Site investigator roles**
 - **Frequently, the first experience with Industry trials**
 - **Track record of clinical results**
 - **Volume of cases eligible for enrollment**
 - **Site research infra-structure (contracting team, research coordinators, fellows)**
 - **Drive / commitment of site PI / team**



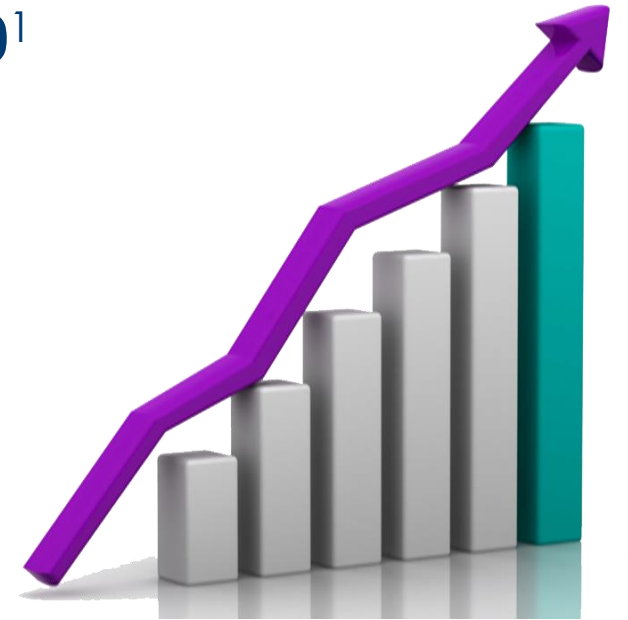
Site selection

Critical for trial execution

The average **cost to open an investigation site is \$50,000**¹

11% of sites enrolled **ZERO** participants¹

Poor selection of trial sites, **increase the cost by > 20%**²



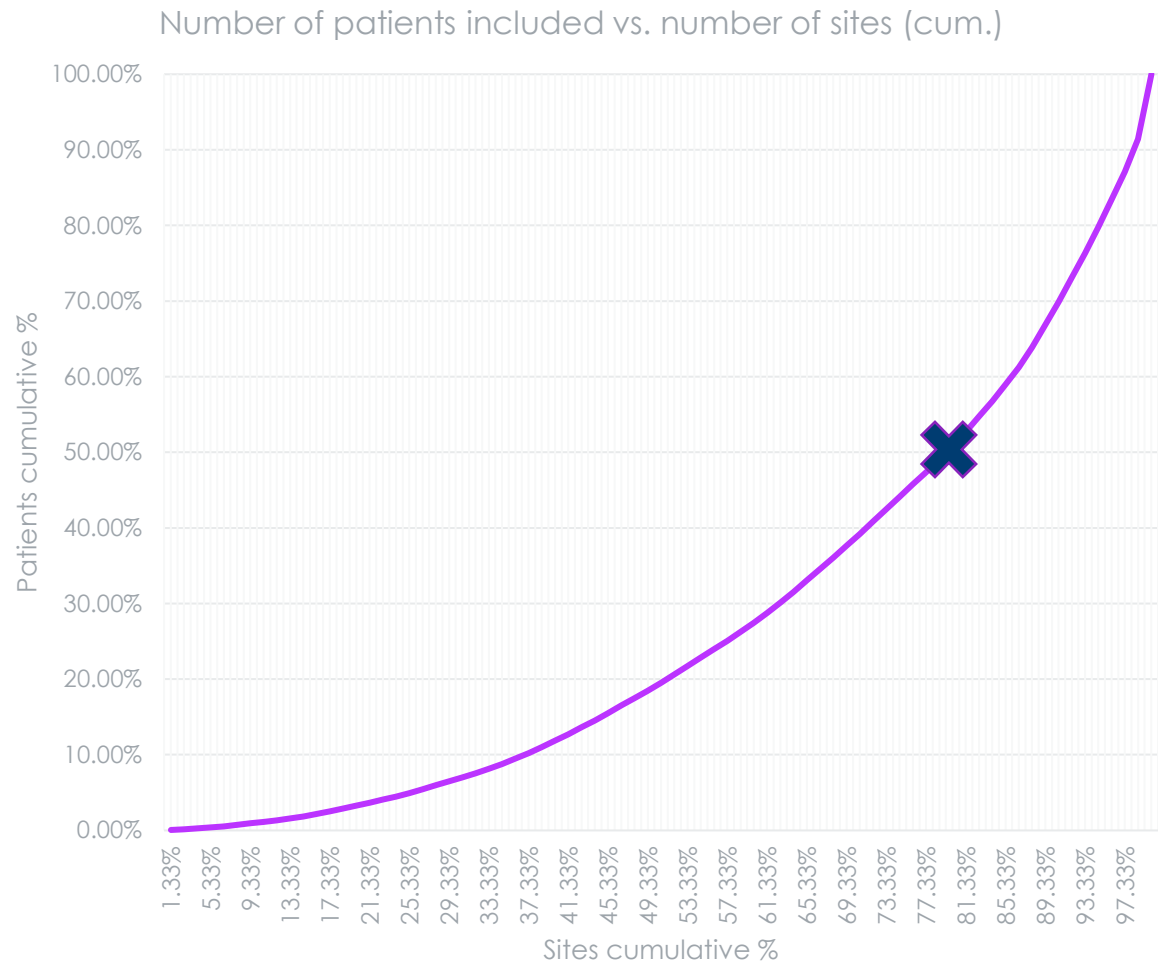
¹<https://www.advarra.com/blog/strategies-for-successful-site-selection-in-clinical-trials/>

²<https://www.pharmavoices.com/news/2182/614012/>



Site selection

Share of Patient Enrolment is Uneven



- 75 enrolling sites
- 1528 out of 1670 patients included

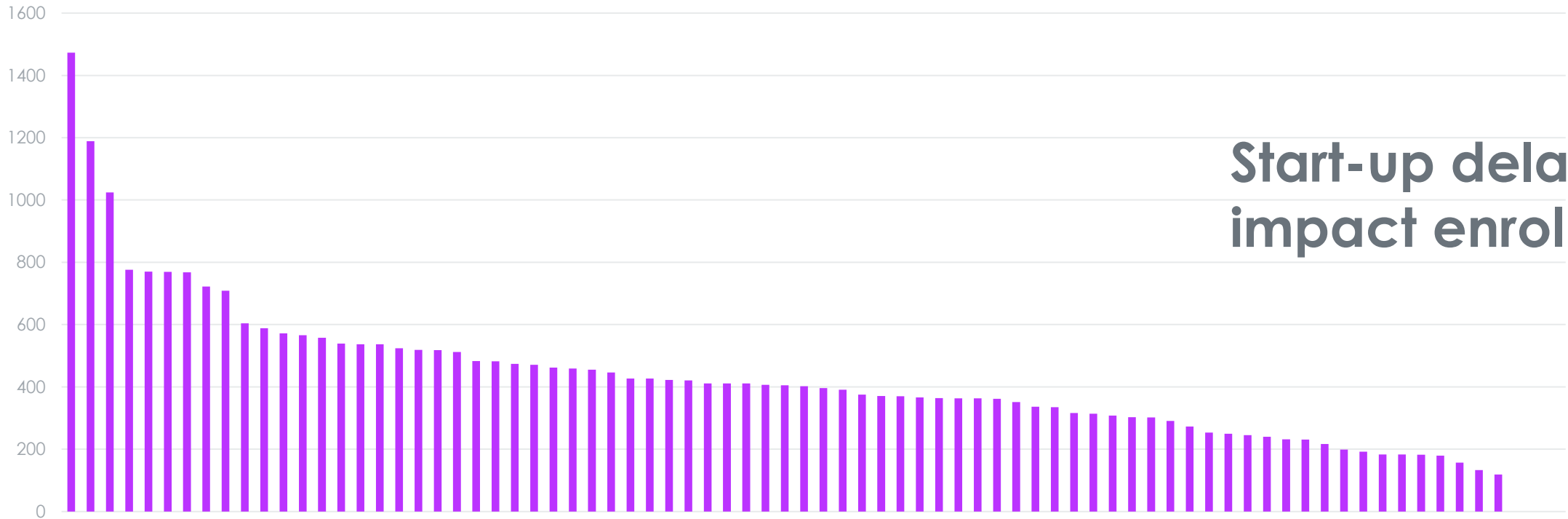
✘ 50% of patients enrolled by 20% of sites (15 out of 75)



Site selection

Start-Up Time Influences Time-to-Market

Days between acceptance and First Patient In (FPI)



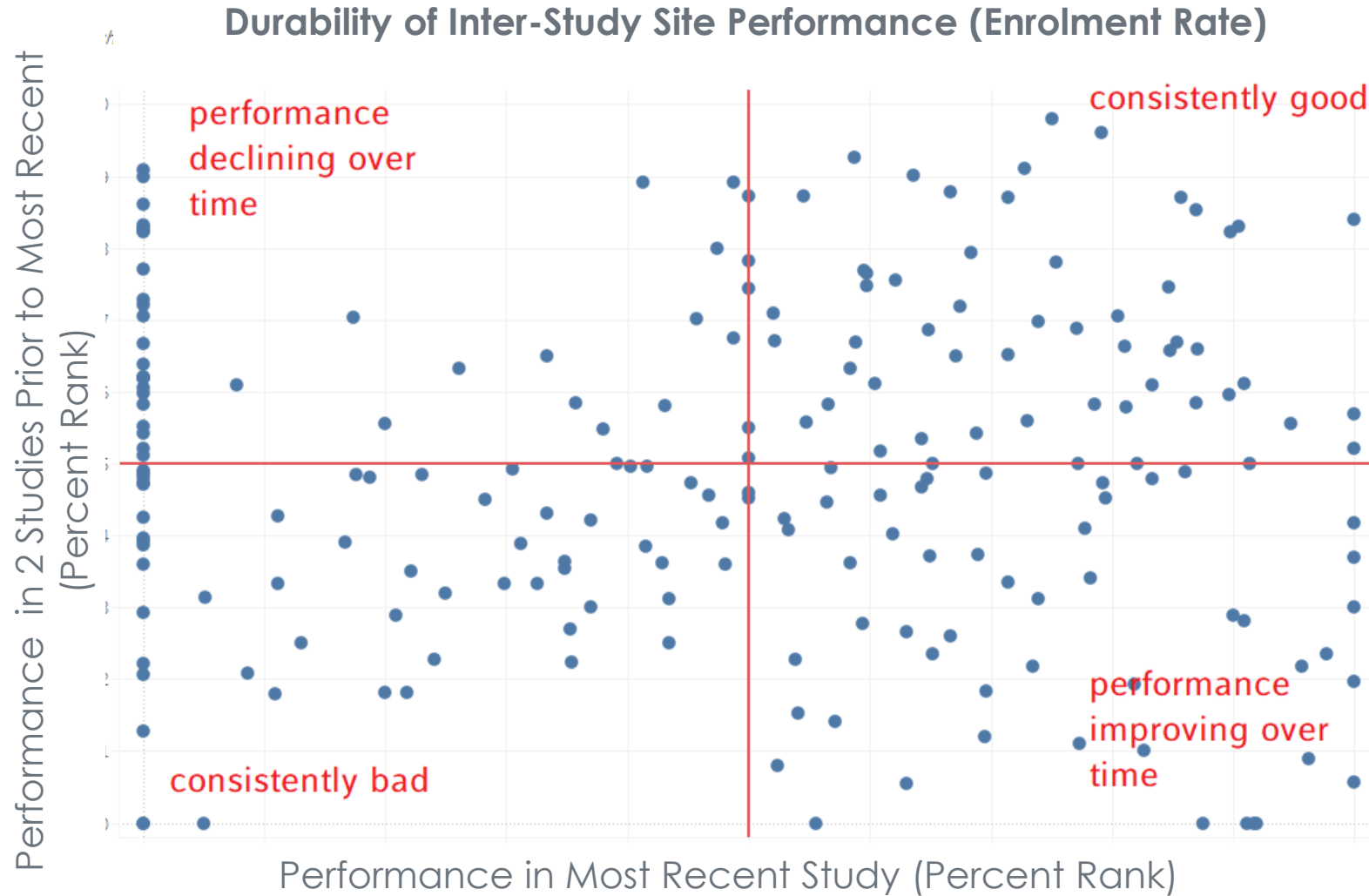
**Start-up delays
impact enrolment**

Average start-up time (from acceptance to FPI) is 405 days, however big outliers



Site selection

Past Performance Alone is not Predictive



Historical Single-variate Data Analysis is not Predictive of Future Site Performance



Site selection

Data quality issues

- Data quality issues = more monitoring required = ↑ costs
- Case selection introducing bias
- Completeness of patient follow-up





A good research site

It's about structure and commitment

- Good case volume / Strong referral base
- Committed, driven, accessible, responsive PI and research team
- Fast, agile contracting team
- Fast IRB review and approval
- Dedicated research coordinators
- Timely and accurate data entry
- Complete clinical follow-up





Investigator Sponsored Research

What is it?

Sponsor responsibilities

- Study design
- Protocol development
- Appropriate regulatory / ethics approval
- Study registration
- Study conduct (all aspects)
- Select/Coordinate/contract Sub-Investigators
- Analysis and interpretation of study data
- Communication of the study results
- Generation of abstract and/or publication
- Presentation at scientific forums
- Safety and Complaint reporting

Grant giver responsibilities

- Review, suggest edits and approve protocol internally
- Contract with sponsor
- Develop payment milestones in agreement with sponsor
- Provide timely payments according to contracted milestones
- Request regular updates on trial progression



Investigator Sponsored Research

Why to do it?

- Lack of bandwidth to sponsor/conduct all trials internally
- Invest in original ideas not generated internally
- Reduce research costs / increase efficiency of evidence generation
- Expand body of evidence for therapies/devices
- Better understand real-world use of technologies/devices
- Expand research infra-structure worldwide and disseminate good clinical research practices





A robust ISR proposal...

It's about planning and organization

- Demonstrates deep trial design understanding
 - Relevant research question – aligned with company's strategy
 - Avoiding duplication of efforts (published and ongoing trials)
 - Appropriate endpoint selection
 - Assumptions for sample size calculations (major cost impact)
 - Based on literature and/or site own retrospective data
 - Over-optimistic assumptions = ↑ risk of underpowered trial (unanswered question)
- Avoids over-restrictive inclusion/exclusion criteria
 - Impacts on enrollment and external validity
- Projects realistic (and reasonable) enrollment timeline
 - Based on volume of eligible cases at (each) institution
 - Account for attrition
 - Incorporating site start-up time (if multicenter)
- Details individual trial activities and respective parties responsible
 - Inform on internal or external (CRO) capabilities
- Provides reasonable and realistic budget estimations
 - Based on each individual trial activity (line-item budget)



*“Extraordinary claims
require
EXTRAORDINARY evidence”*

Carl Sagan

