# Risk Based ::::: Monitoring in eCOA

Anders Mortin, TriTiCon











#### **Pre-conference Survey Highlights:**

Experienced & current Risks

Missing assessments

Reporting Compliance

Site Entry and Response Delays

Protocol Compliance

Data integrity

Deanonymizing data / patient id disclosure

Data Security.

21 Part 11 Compliance

Issues that existing monitoring failed to identify

"Trends"

"Signals"

"Performance"

"Incorrect use"

Can RBM help?













1) Introduction 10min	2) eCOA Risks  25 min	3) Workshop 40 min	4) Recommendations & Summa 55 min
<ul> <li>RBM in 1 slide,</li> <li>RBM and eCOA,</li> <li>eCOA for RBM</li> </ul>		Risk, Data, Visuals	<ul> <li>Data and Tools</li> <li>Q&amp;Discussion</li> <li>Cases from survey(?)</li> </ul>





## ..... Introduction

eCOA and RBM







### RBM in 1 slide







#### We have a problem



Cost 🛨

Quality 🖶

Throughput 🛡

Timelines 1

Patient safety?

Compliance ?

Complexity 1

Shortcuts, tweak, fraud?

### **Proactively Manage Risk**

**Regulatory Focus** 

Patient Safety Data Integrity

Trial Conduct Trial Results

**Company Focus** 

Quality By Design Prevent issues by: Design, Set-up, Preparations etc

#### Structured, analytical



Focus on *Key* Risks



Data driven, structured, analytical



Take action
And Document







## RBM in eCOA – A Case?













Any Problems?

Any Risks?





## RBM in eCOA – Key Risks?







### Structured, analytical



Focus on *Key* Risks

2



Data driven, structured, analytical



Take action
And Document

### eCOA Features

- Data Source → No going back.
- High data volume & frequency → 1 problem generates a massive number of issues.
- Behaviour dependent → Impact on protocol and assumption compliance.
- (Often) Endpoint → Critical impact on trial results
- Challenging Many and diverse data collectors.
- Complex → Difficult task for sites and patients.
- Expensive





## RBM in eCOA – Data suitable?



How?

#### Structured, analytical



Focus on *Key* Risks

2



Data driven, structured, analytical



Take action
And Document

### **eCOA Specific Data Features**



- Direct → Immediate indicator
- Sensitive → Good indicator
- High volume/frequency → Strong indicator
- Rich in meta-data and behavioural information → Sharp indicator

#### Cons

- Individual → Can be difficult to use for corrective actions.
- Event driven → What is expected ?





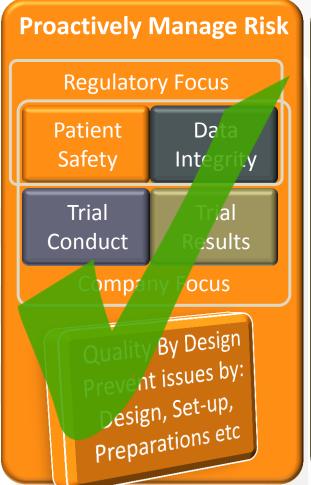
### RBM - Case in eCOA?

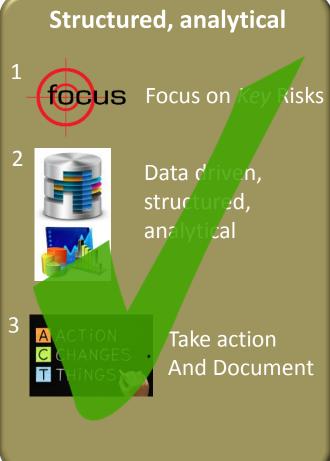
















## eCOA Risks

eCOA and RBM







## eCOA Risks – 1st Step



Risk	Example
Compliance	Daily question not answered
Patient behaviour not as assumed	Patient entering data in retrospect
Misunderstanding / Incorrect use	Patient enter rescue medication as IMP
Incomplete Data	Time of IMP missing
Inconsistent Data	Entered data inconsistent with device data
Technical Issues	Timestamps, device-link, broken devices
Influenced Data	Patient influenced to "tweak" data
Invented Data	Invented patients, invented data

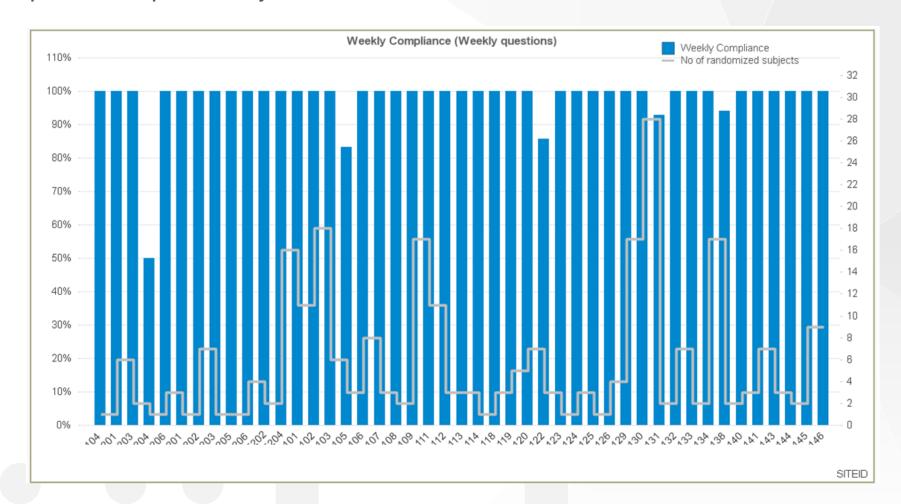




### eCOA Risks - 1st step



### Example – Compliance by site



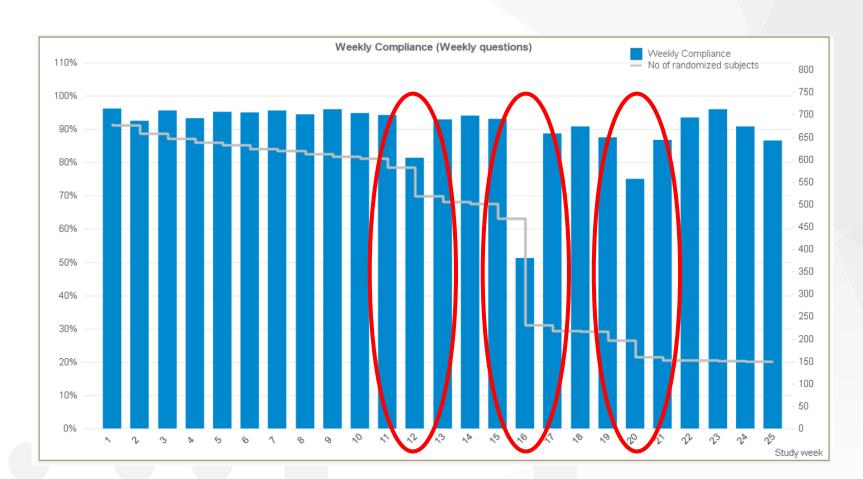




### eCOA Risks - One more step



Example – Compliance by study visit schedule



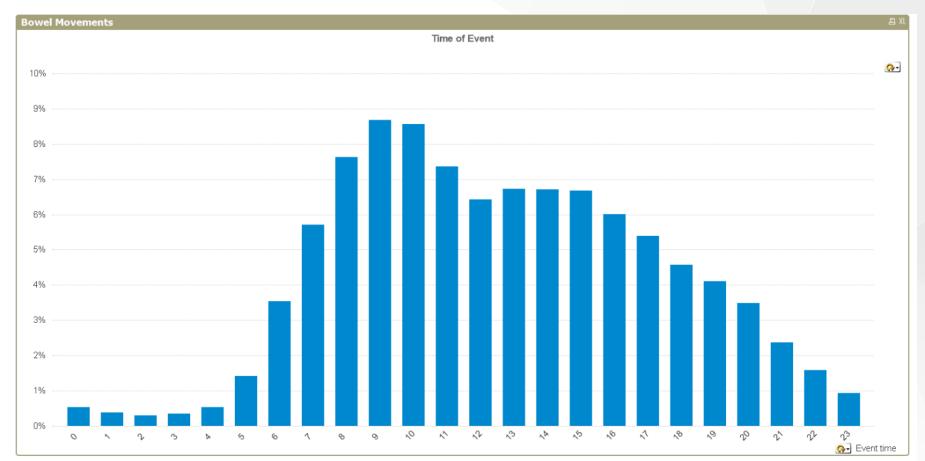




## eCOA Risks - 1st step



### Example – Patient reported time by hour



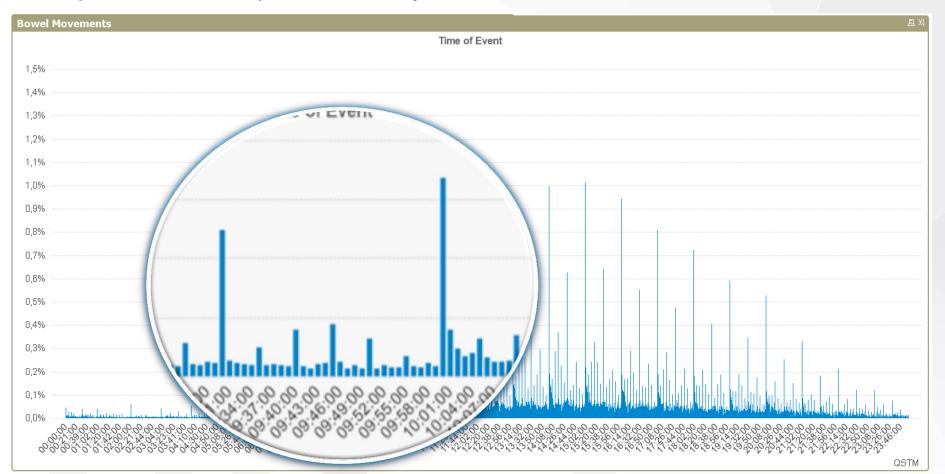




## eCOA Risks – One more step



### Example – Patient reported time by minute



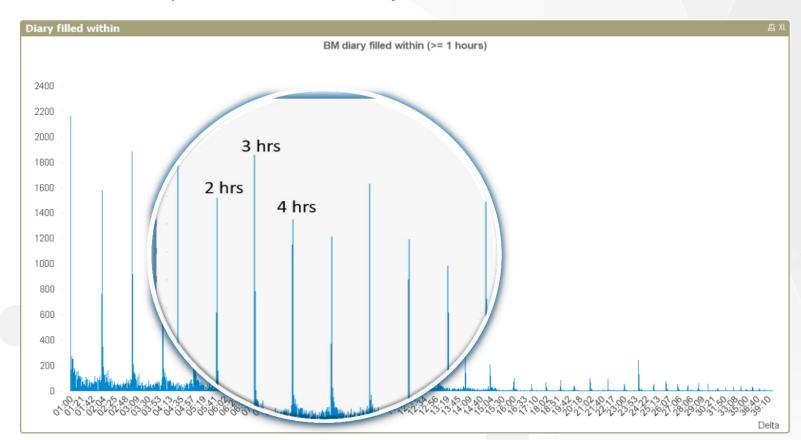




### eCOA Risks - One more step



Example – Patient reported time vs entry time





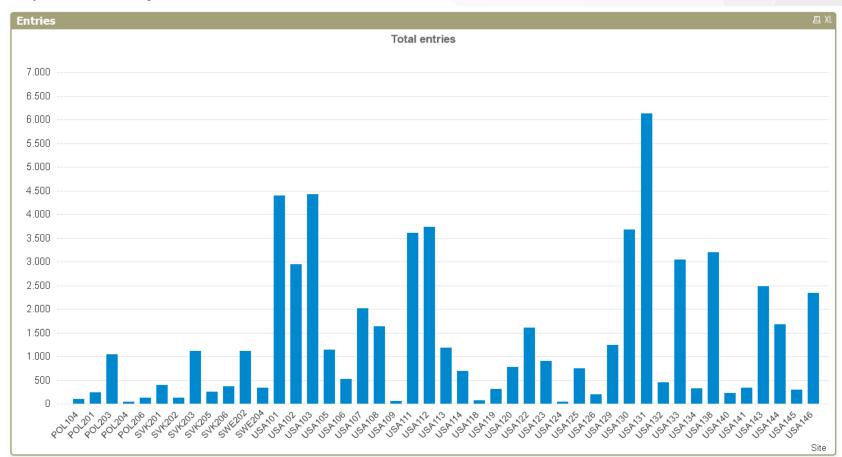


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### eCOA Risks - 1st step



### Example – Diary entries



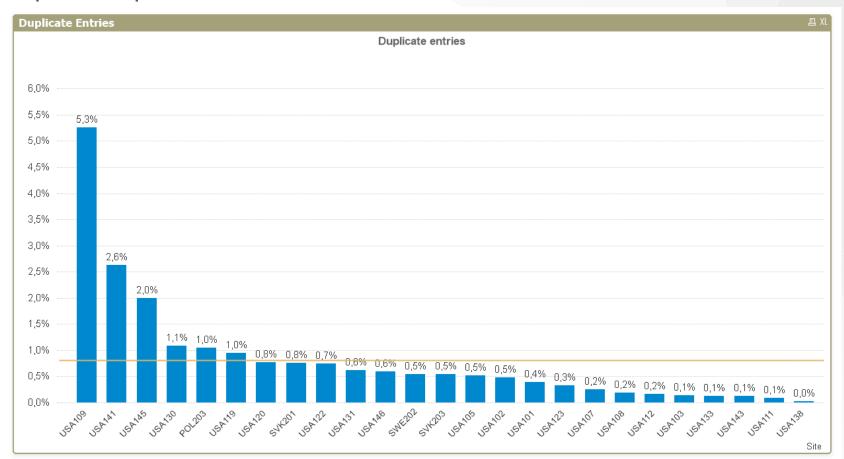




### eCOA Risks - One more step



#### Example – Duplicate entries









## eCOA RBM Methodology

eCOA and RBM





### eCOA Risks – 1st Level Challenges



Risk	KRI	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6
Compliance with daily question							
Patient entering in retrospect							
Patient entering rescue med as IMP							
Patient not reporting meal							
Timepoint not matching glucometer							
Technical Issues – Device failure							
Influenced Data ?							
Compliance with dose reporting							
Device phase not changed correctly							
Patient rounding important timepoints							\
Incomplete Data in another way							
Inconsistent Data with 3 <sup>rd</sup> source							
Technical Issues of another kind							
Influenced Data as well							
Invented Data Other aspect							<b>∧</b> for
Compliance with weekly questions						J	AIUI

### RBM - Methodology - One more step ::::



### Structured, analytical

Focus on ! Risks



Data driven, structured, analytical



Take action **And Document** 

#### One more step

- 1 Actual Risk (Consequence!)
- 2 Right data to identify issue
- 3 Efficient visual / analysis
- <Identify and Understand>
- 4 Action with impact







# Work-shop — Table Relay eCOA and RBM







### RBM Workshop – One more step



### Structured, analytical

1 focus

Focus on ! Risks

2



Data driven, structured, analytical

3



Take action
And Document

#### One more step

1 Actual Risk (Consequence!)

2 Right data to identify issue

3 Efficient visual / analysis

<Identify and Understand>

4 Action with impact





## eCOA Work-shop





### Table Relay

	focus Risk	Data	Visual/Analysis
Table1	Risk 1	Data for Risk n	
Table2	Risk 2	Data for Risk 1	Visual for Risk n
	Risk 3	Dara for Risk 2	Visual for Risk 1
			Visual for Risk 2
	Risk n	••••	••••





## eCOA Work-shop





### Table Risk Relay

#### Preparations: Find (at your table):

- a) Someone with legible handwriting, b) A messenger, c) Pen and the form (Yes, apologies, pen & paper)
- 1) 5 minutes to define a! Risk
- Shift : Table 1  $\rightarrow$  Table 2, Table 2  $\rightarrow$  Table 3 etc
- 2) 5 minutes to suggest data for monitoring the received risk
- Shift -: Table 1  $\rightarrow$  Table 2, Table 2  $\rightarrow$  Table 3 etc (Hand over Risk AND Data Notes)
- 3) 5 minutes to suggest a visual (draw?) to monitor the received risk, using the received data.
- Collect all the notes and give them to me, I will type it up and share with everyone.







### RBM for eCOA - Data & Tools





#### **Data Considerations**

Clinical data (Vs Assumptions, Realistic, Completeness)

**Issue-data** (Protocol Deviations, DCFs)

Metadata (Timestamps, log-ons, variation)

**Data relations** (Duration, sequence, time-differences, distribution)



### **Tool and Analytics Recommendations**

**Visual** — To show the trend, pattern, correlation: "What is going on"

**Interactive** – To allow for efficient investigation of a signal: "Why?"

**Agile** – To look at the right thing in each study: "Sharp on the risks"

**Statistics** – Efficient in detecting irregularities and abnormal patterns

**KRIS** — Are good; But limited in trend, root cause analysis, and risk to aggregate out

signals.

**Listings** — Are sometimes needed; But are typically displaying consequences, not root

cause. For addressing, not to understand and act.





### RBM for eCOA - Summary



### We do have problems



#### There is a case for RBM in eCOA

Regulatory Focus		
Patient	Data	
Safety	Integrity	
Trial	Trial	
Conduct	Results	
Company Focus		

There are risks



..with a consequence



The data is there..

#### Mind the methodology



Be sharp in identifying risks – 1 step more



Use the right data...

...and efficient visuals/analytics



Identify the actual issue to take the appropriate action.
And Document





## RBM for eCOA - Summary









## Thank You!

#### **Anders Mortin**

Phone: + 45 52 19 34 99

Email: anders.mortin@triticon.com











