

# **Registry Based Trials**

## **DCRI Clinical Operations**

***Britt Barham***

***Duke Clinical Research Institute***

***Project Leader***



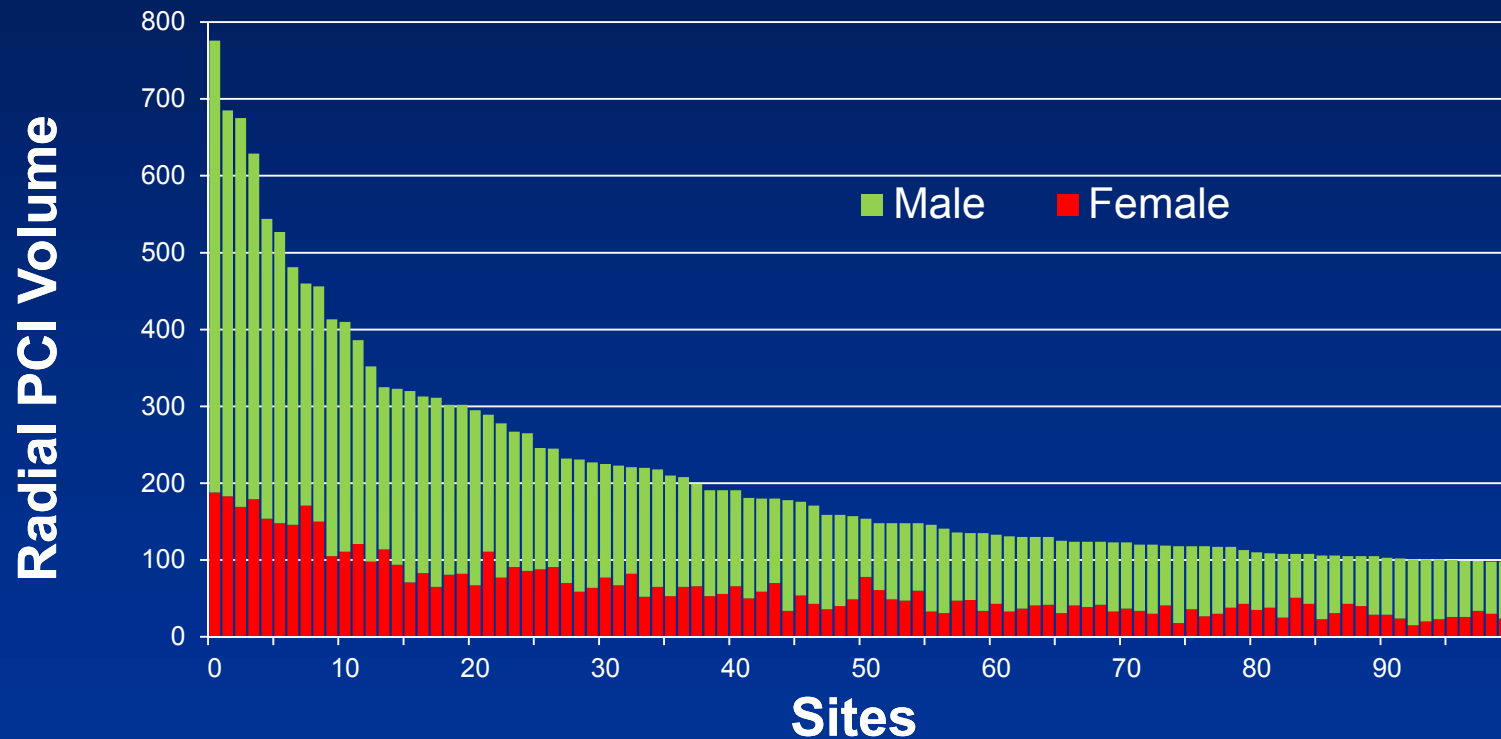
Duke Clinical Research Institute  
DUKE UNIVERSITY MEDICAL CENTER

# SAFE-PCI for Women Trial Structure

- **Clinical and Data Coordinating Center – DCRI**
- **Study Chair – Mitchell W. Krucoff, MD**
- **Principal Investigator – Sunil V. Rao, MD**
- **DCRI Project Leader – Britt Barham**
- **Funding Sources**
  - Terumo Medical, Abbott Vascular, The Medicines Company, Eli Lilly, Medtronic, ACIST Medical Systems, FDA Office of Women’s Health\*, Guerbet\*
- **Partners**
  - National Cardiovascular Research Infrastructure (NCRI), American College of Cardiology (ACC), FDA Office of Women’s Health, Cardiac Safety Research Consortium (CSRC)
- **DSMB**
  - Spencer King (chair), Olivier Bertrand, Alexandra Lansky, Timothy Morgan

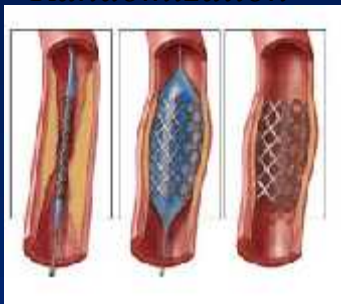
# Site Identification: Male vs. Female Radial PCI

NCDR PCI records from 2009Q3 through Jan 2011

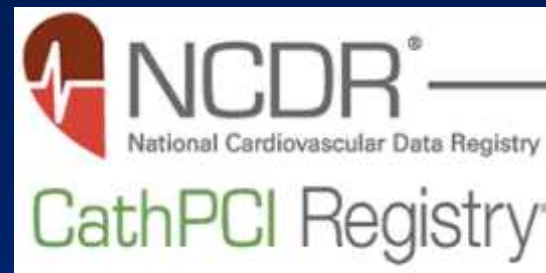


# SAFE-PCI for Women Workflow

*Randomization*



*Demographics*  
*Medical Hx*  
*Procedural data*  
*Index Hosp MACE*



*Autopopulate*  
*Part 11 Compliant*



**60% site coordinator workload reduction**

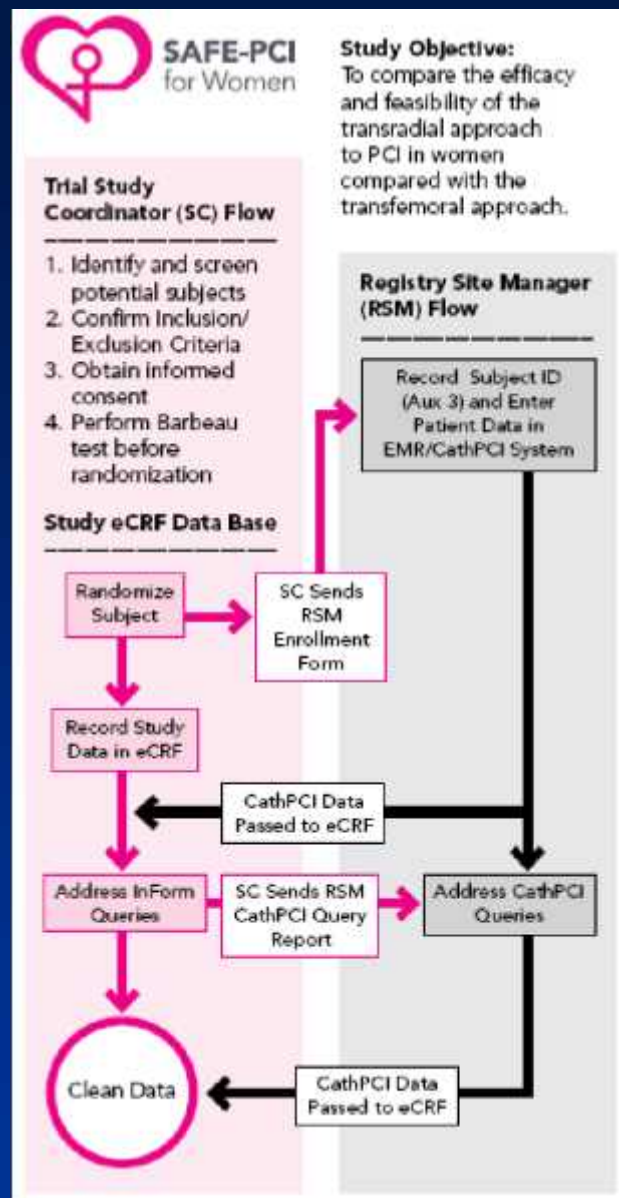
**Analytic Database**

*Unique pages for trial*



## Site Workflow

Entry and harvest of registry data within 14 days post discharge for study patients



# SAFE-PCI for Women eCRF Screenshot

safe\_pcitm

**TR**  
TRAINING

testform

Home | Help | Login

BASE | DISCHARGE | SIGN

RT | INCEXC | VSPE | RAND | HIST2 | ACCDET | HEM

Patient: XXX/INVALID-0115

**PATIENT INFORMATION**

1.	Patient Number	INVALID-0115	
2.*	Date of Birth	Apr / 14 / 1924	
3.	NCDM Patient ID		
4.*	Hispanic or Latino Ethnicity	<input type="radio"/> No <input type="radio"/> Yes	
5.*	Date of Informed Consent	Oct / 17 / 2012	
6.*	Intend to use [DD]a inhibitors?	<input type="radio"/> No <input type="radio"/> Yes	
7.*	Did the patient smoke (regularly or infrequently) or attempt?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
8.	Did the patient undergo HRT, IVUS, or OCT?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
9.*	Was the lab sample obtained?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
10.*	Is the patient treated chronically with oral anticoagulants?	<input type="radio"/> No <input type="radio"/> Yes, agent: <input type="radio"/> Coumadin <input type="radio"/> Factor Xa inhibitors (e.g., apixaban, rivaroxaban) <input type="radio"/> Factor IIa inhibitors (e.g., dabigatran)	

[See also: Action] Apply

Submit Return

2013

Traced sites 100%

# SAFE-PCI in STEMI for Seniors

- **Clinical and Data Coordinating Center – DCRI**
- **Study Chair – Mitchell W. Krucoff, MD**
- **Principal Investigator – David F. Kong, MD**
- **DCRI Project Leader – Lisa Hatch**
- **Funding Sources**
  - Medtronic, Philips Healthcare/Volcano, Terumo Medical
- **Partners**
  - National Cardiovascular Research Infrastructure (NCRI), American College of Cardiology (ACC)

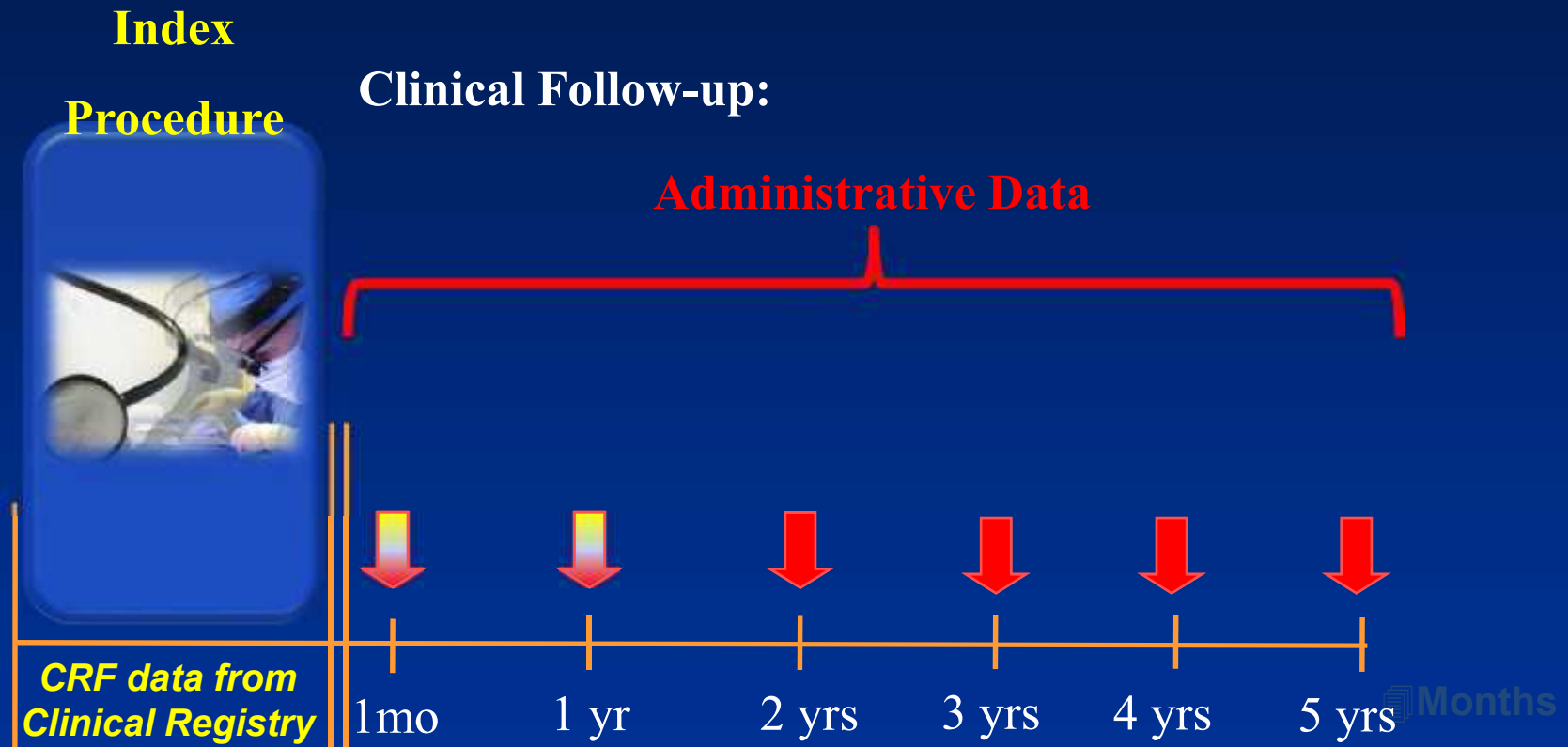
## What is SAFE-PCI in STEMI for Seniors?

- *Public health clinical trial: >65 y.o STEMI <6 hrs*
  - Radial access PCI in seniors
  - Multivessel PCI in seniors
- *IDE(s) clinical trial:*
  - DES labelling for STEMI (Medtronic)
  - iFR guided multivessel PCI (Philips Healthcare/Volcano)
- *Registry-based CRN randomized trial:*
  - Index procedure (NCDR Cath-PCI)
  - Long term follow up (Claims data)
- *Lesson in partnered problem solving*





# SAFE STEMI for Seniors: Linked NCDR-Claims Data “CRN” Structure



# The Randomized Registry Trial — The Next Disruptive Technology in Clinical Research?

Michael S. Lauer, M.D., and Ralph B. D'Agostino, Sr., Ph.D.

## Embedding a randomized clinical trial into an ongoing registry infrastructure: Unique opportunities for efficiency in design of the Study of Access site For Enhancement of Percutaneous Coronary Intervention for Women (SAFE-PCI for Women)

Connie N. Hess, MD, MHS,<sup>1\*</sup> Sunil V. Rao, MD,<sup>2</sup> David F. Kong, MD,<sup>3</sup> Laura H. Aberle, BSPH,<sup>4</sup> Kevin J. Anstrom, PhD,<sup>5</sup> C. Michael Gibson, MD,<sup>6</sup> Ian C. Gilchrist, MD,<sup>6</sup> Alice K. Jacobs, MD,<sup>6</sup> Sanjit S. Jolly, MD,<sup>6</sup> Roxana Mehran, MD,<sup>4</sup> John C. Messenger, MD,<sup>7</sup> L. Kristin Newby, MD, MHS,<sup>8</sup> Ron Waksman, MD,<sup>8</sup> and Mitchell W. Krucff, MD<sup>9</sup> *Durham, NC; Boston, MA; Hershey, PA; Ontario, Canada; New York, NY; Denver, CO; and Washington, DC*



Lauer M et al, NEJM 2013

Hess C et al, Am Heart J 2013

Rao S et al JACC Cardiovascular Int 7(8)2014



<http://www.forbes.com/sites/larryhusten/2013/09/01/a-disruptive-taste-of-the-future/>



# Registry Based Trial Challenges

- **Technological**
  - *Hemodynamic/auto-populating system (EMR → CathPCI software)*
  - *Staging database at site level*
- **3<sup>rd</sup> Party**
  - *Utilization of outside vendor for registry data entry*
- **Site Personnel (Registry Site Managers)**
  - *Understanding and buy-in*
  - *Chart abstraction, coding, scanning*



# Registry Based Trial Start-up Challenges

- **Budget Negotiation**
- **Study Site Agreements:**
  - Multi-party agreements (heavy revision process, lengthened signature timeline)
  - Insurance for investigator initiated trial: required professional and general liability coverage amounts higher than “industry standard”
  - Indemnification language required by investigator initiated trial



## Registry Based Trial Advantages

- Mechanism for identifying participating sites and evaluating site metrics (such as extent and proportion of transradial procedures)
- Reduction of redundant data entry (~60% data needed for SAFE PCI patients from CathPCI registry)
- Reduced trial costs, specifically per patient reimbursement
- Enrollment proceeding as projected

