

**A B C** OF  
**CLINICAL  
TRIALS**

**ARE YOU CLINICAL  
TRIAL CURIOUS?**



*"The cure for boredom is curiosity. There is no cure for curiosity."- Dorothy Parker*



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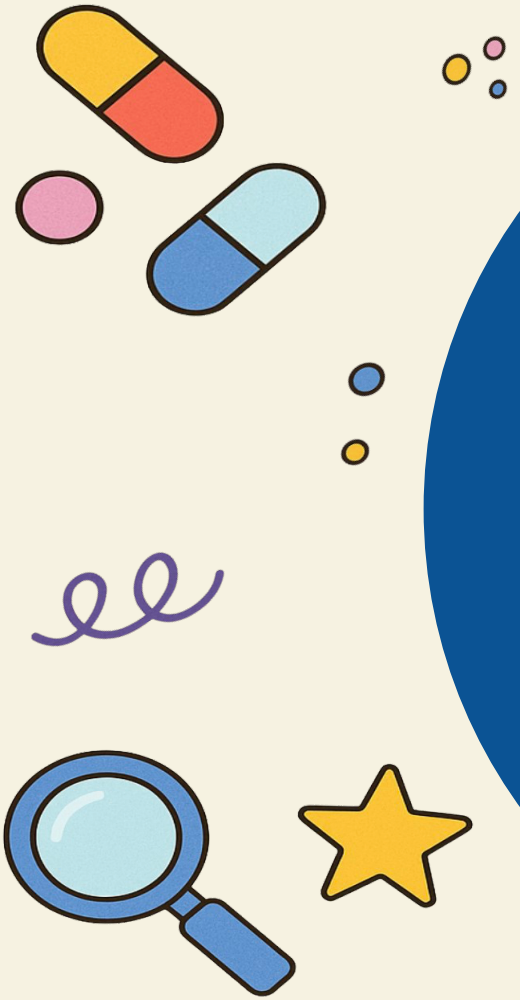
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Research

Clinical  
Research

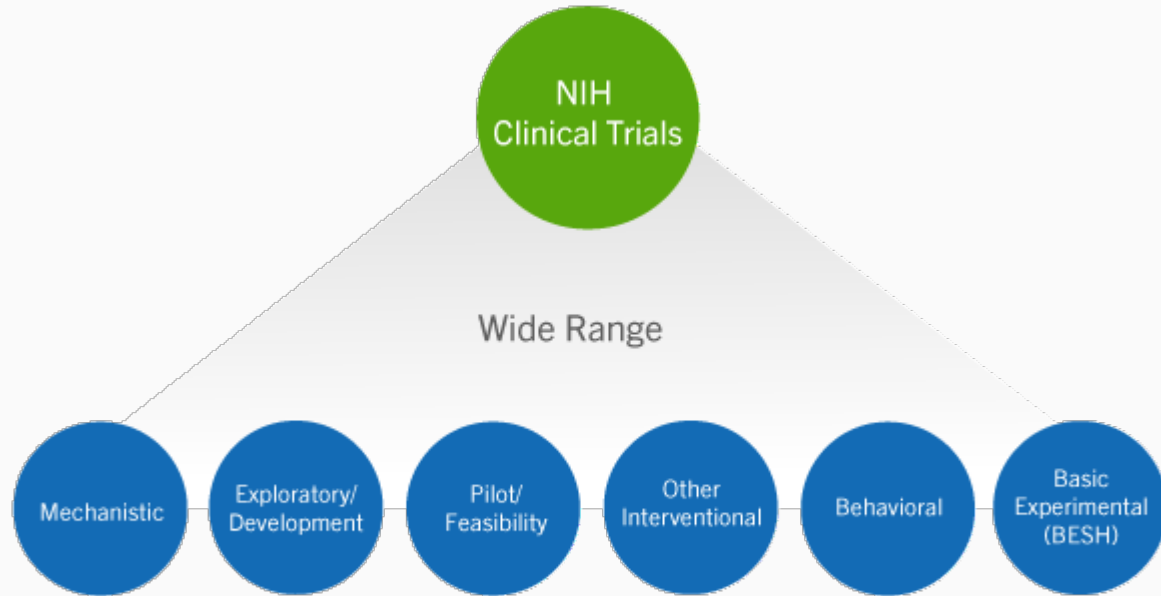
Clinical  
Trials



# Clinical Trial Definition - NIH

[NIH](#) - Use the following four questions to determine the difference between a clinical study and a clinical trial: [Tool Linked here](#)

1. Does the study involve human participants?
2. Are the participants prospectively assigned to an intervention?
3. Is the study designed to evaluate the effect of the intervention on the participants?
4. Is the effect being evaluated a health-related biomedical or behavioral outcome?



# Test Our Knowledge on NIH Definition

1. The study involves the recruitment of research participants who are randomized to receive one of two approved drugs. It is designed to compare the effects of the drugs on the blood level of a protein.

2. The study involves the analysis of de-identified, stored blood samples and de-identified medical records of patients with disease X who were treated with an approved drug. The study is designed to evaluate the level of a protein in the blood of patients that is associated with therapeutic effects of the drug.

3. The study involves the recruitment of patients with disease X to be evaluated with a new visual acuity task. It is designed to evaluate the ability of the new task to measure visual acuity as compared with the gold standard Snellen Test

4. The study involves the recruitment of individuals to receive a new behavioral intervention for sedentary behavior. It is designed to measure the effect of the intervention on hypothesized differential mediators of behavior change.

1. Clinical Trial? Yes or No

2. Clinical Trial? Yes or No

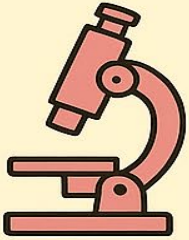
3. Clinical Trial? Yes or No

4. Clinical Trial? Yes or No

# PHASES OF A CLINICAL TRIAL

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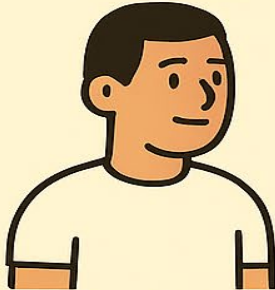
PRE-CLINICAL



Lab-based research to tell if a treatment useful and safe

1

SAFETY



10-80 participants to assess effect of in humans

2

SAFETY & DOSING



100-300 participants to evaluate safety & effective dose of treatment

3

SAFETY & EFFICACY



300-3000 participants confirm benefit and safety of treatment

4


POST-APPROVAL

Post-approval surveillance to evaluate long term effects of treatment






# Clinical Trial Parties and Their Roles

## Commonly found *within* Institution

- **PI** - Physician who oversees the entire trial and responsible for participant safety and data integrity
- **Co-Is** - Support PI, may see patients or perform assessments outside of PI's specialty.
- **Clinical Research Coordinator (CRC)** -  Manages the day-to-day operations,, overseeing tasks like patient recruitment, data collection, and is the main point of contact for patients.
- **Regulatory Manager** - Prepares and maintains regulatory documents (IRB/EC submissions, FDA/EMA filings).
- **Research Nurse** - Provides hand-on nursing care such as administering treatments, monitoring side effects, and can advocate for patients.
- **Clinical Trial Project Manager** - Oversees the trial as a whole and coordinates teams

# Clinical Trial Parties and Their Roles

## Commonly found *outside* Institution

- **Sponsor –**
  - Funding Sponsor – Party that is supplying the financial support for the trial
  - Regulatory Sponsor – The party or individual responsible for the regulatory reporting and safety in the trial
    - You can have a funding sponsor that is a pharmaceutical company and the regulatory sponsor being the PI/Institution responsible for reporting to the FDA.
- **Study Monitor** -  Works for sponsor, visits sites to monitor compliance, review data, and ensure adherence to good clinical practice. Sometimes this is called a Clinical Research Associate (CRA).
- **Medical Monitor** - Physician reviewing safety data, advises on [adverse events and serious adverse events](#) 
- **Contracted Research Organization (CRO)** -  a specialized company that provides outsourced operational services for industry sponsors during. They can provide scientific, clinical and business continuity for sponsors.

# Clinical Trial Protocol

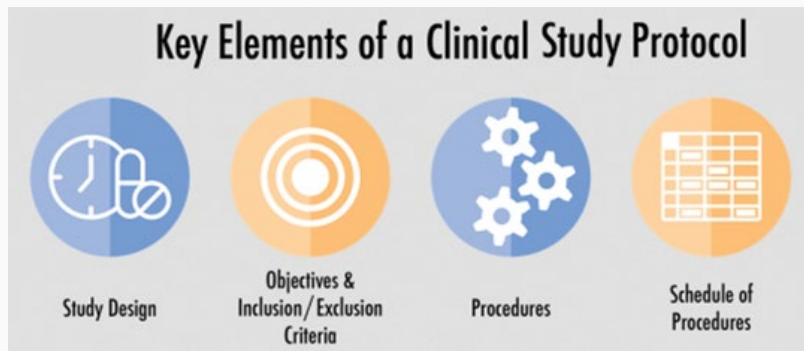
ALIAS Trial  
Version 1.00 (11/22/05)



## CLINICAL TRIAL PROTOCOL SYNOPSIS

<b>Protocol Title</b>	Albumin in Acute Stroke Trial: A Phase III Randomized Multicenter Clinical Trial of High-Dose Human Albumin Therapy for Neuroprotection in Acute Ischemic Stroke
<b>Acronym</b>	ALIAS
<b>Clinical Trial Phase</b>	Phase III
<b>Study Sites</b>	<ul style="list-style-type: none"> <li>University of Miami (Study Chair Site and Fiscal Management Office)</li> <li>DCU at MUSC (Data and Project Management and Statistics Center)</li> <li>University of Calgary (Canadian Coordinating Center)</li> <li>Approximately 60 clinical centers in US, Canada, and possibly other countries</li> </ul>
<b>Study Period</b>	Planned enrollment period – 4 years Planned duration of the study – 5 years
<b>Study Population</b>	Acute ischemic stroke patients.
<b>Primary Study Objective</b>	To ascertain whether high-dose human albumin (ALB) therapy confers neuroprotection in acute ischemic stroke. (Specifically, to determine whether ALB therapy increases the proportion of acute ischemic stroke patients with favorable outcome compared to placebo therapy at 3 months from randomization.)
<b>Secondary Study Objectives</b>	<p>To evaluate:</p> <ul style="list-style-type: none"> <li>overall clinical outcome (as assessed by the global statistical test of NIHSS, mRS, and BI scores) at 3 months post-randomization.</li> <li>neurological outcome as assessed by NIHSS score at 3 months post-randomization.</li> <li>functional outcome as assessed by mRS and BI at 3 months post-randomization.</li> <li>quality-of-life as assessed by EuroQol at 3 months and 1 year post-randomization, and by Stroke-Specific Quality of Life (SSQOL) instruments at 3 months post-randomization.</li> <li>robustness of ALB therapy as measured by a favorable outcome of mRS of 0 or 1 at 1 year post-randomization.</li> <li>likelihood of recurrent ischemic stroke at 3 months and 1 year post-randomization, as assessed by Questionnaire to Validate Stroke-Free Status (QVSFS).</li> </ul>

## Definition

- It instructs the physician (primary investigator) and staff (study coordinators) how to execute the trial.
- It describes how a trial is conducted, ensures the safety of study participants and ensures the integrity of the data collected throughout the trial.
- It is also a communication tool with regulators and ethical review boards to share the intent and desired outcomes of a study.

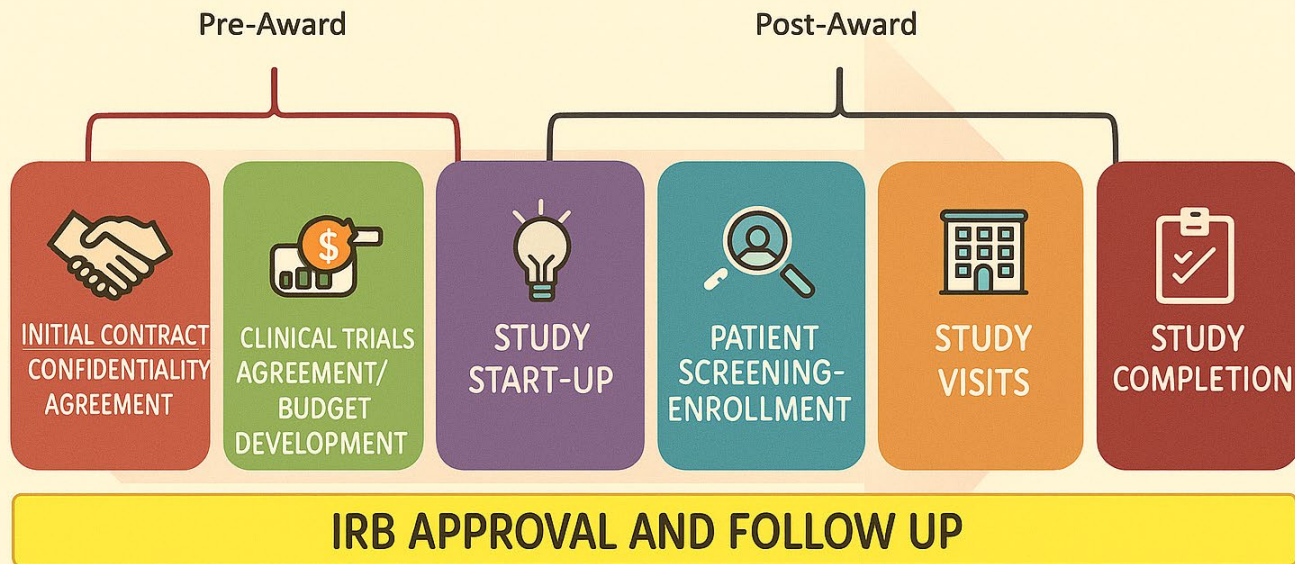


-  **SOE:** Table in a clinical trial protocol that provides a detailed timeline of all the study procedures, treatments, and assessments participants will undergo and when they will occur.
- Who drafts a protocol?
  - PI or Funder (ex: pharmaceutical company).
  - If PI drafts protocol, this is often called a Investigator Initiated Trial **(IIT)** 



# Timeline for an Individual Clinical Trial Protocol

## STUDY PROCESS



# Clinical Trials - Pre-award (Study Startup)



**Initial Contact  
/ Request  
Confidential  
Disclosure  
Agreement  
(CDA/NDA)** 💡



**Pre-study  
visit and site  
selection**



**Initiate  
Clinical Trial  
Agreement  
(CTA) 💡  
and budget  
negotiations**



**Prep  
Regulatory  
Documents  
for  
Institutional  
Review Board  
(IRB) approval** 💡



**IRB Approval,  
CTA agreed  
upon, budget  
agreed upon =  
Execute CTA**



**Site Initiation  
Visit (SIV) 💡**

\*Startup events can happen in varying orders from above or several events in parallel

# Clinical Trial Study Startup: Common Research Administrator Involvement



- Development and negotiation of CDA and (CTA)💡
  - Research Related Injury💡
  - Intellectual Property💡
  - Publication and Data rights
- Enforcing institutional specific policies
- Ensuring budget, contract align, and informed consent form (ICF) align
- Help study team think through feasibility💡 / logistics
- Depending on institution and individual positions may be involved in other tasks related to regulatory, feasibility, or conducting the trial

# Clinical Trial Study Startup: Common Research Administrator Involvement



- Development and negotiation of budget
  - Fixed Price Contract vs. Cost-Reimbursable
  - FTE vs. Per Patient Budget
  - Ensure effort is captured for study team
  - [Coverage analysis](#) 💡
  - [Payment Terms](#) 💡
  - Hospital Costs - [CPT Codes](#) 💡 (uniform language for coding procedures/services)
  - Invoiceables – fees directly related to the work on the clinical trial but happen at varying frequencies.

# Example of CPT Codes and Budgets: ECG Tech Fee



**Tech Fee:** These are charges related to the use of technology or equipment during a medical procedure or service. For example, if a patient undergoes imaging studies (like X-rays, MRIs, or CT scans), the tech fee would cover the costs associated with the use of the imaging equipment, maintenance, and the technical staff who operate the machines.

	<b>Procedure Name</b>	<b>CPT</b>	<b>Price</b>
<b>Tech Fee</b>	HC ECG HOSP	93005	\$ 1,692*

\*Every institution uses their own fees for CPT codes and apply research discounts in based on their own practices

# Example of CPT Codes and Budgets: ECG Pro Fee



**Pro Fee:** These fees are associated with the professional services provided by healthcare providers, such as physicians, surgeons, or specialists. Professional fees compensate the healthcare provider for their expertise, time, and the clinical services rendered to the patient. This could include consultations, examinations, procedures, and follow-up care.

	<b>Procedure Name</b>	<b>CPT</b>	<b>Price</b>
<b>Pro Fee</b>	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	93000	\$ 124*

\*Every institution uses their own fees for CPT codes and apply research discounts in based on their own practices

# Example of CPT Codes and Budgets: Pro + Tech Fee



	<b>Procedure Name</b>	<b>CPT</b>	<b>Price</b>
<b>Tech Fee</b>	HC ECG HOSP	93005	\$ 1,692*
<b>Pro Fee</b>	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	93000	\$ 124*
<b>TOTAL Fee</b>	ECG Fee Total	NA	\$1,816

- For the budget: multiple the total fee by the # of occurrences for the procedures in the SOE.
- Some initiations add in inflation and contingency if hospital costs change yearly

\*Every institution uses their own fees for CPT codes and apply research discounts in based on their own practices

# Coverage Analysis

- [What](#) - Coverage Analysis is a systematic review that determines how each protocol-required item/service should be billed: to the study participant (insurance) or to the research account (sponsor). Started in 2000 when Medicare implemented its first [Clinical Trial Policy \(NCD 310.1\)](#), which established rules for Medicare to cover "routine costs" in qualifying trials. The practice expanded with other regulations, such as the 2007 revision to the Medicare policy and the 2014 [Affordable Care Act](#)
- It requires a three-part process according to [NCD 310.1](#) to determine:
  - Whether a study meets Medicare's definition of a Qualifying Clinical Trial that may support billing to a payor
  - Which items/services meet Medicare's definition of a Routine Cost
  - Whether other Medicare rules allow or limit coverage for the items/services (e.g., NCDs/LCDs)

\*The document resulting from the review is referred to as the coverage analysis (CA).

# Coverage Analysis

- [When](#) - The initial review and draft is completed in pre-award before patient enrollment. Then the CA is followed in post-award to help direct the flow of hospital charges in the compliant direction (insurance vs. sponsor).
  - This helps inform the budget on if we need to include clinical costs for sponsor to pay or if the procedure is standard of care(SOC) this is left out of the budget.
    - A patient's SOC refers to an item or service done as part of their routine care
- [Why](#) - Helps ensure clinical research billing compliance is followed to protect both the participant and the institution.
- [Who](#) - Depends on the institution (dedicated institutional official, third party vendor, or PI) - It is best an individual who has the knowledge of medicare billing compliance.


# Example of Coverage Analysis - Billing Grid

Example of a coverage analysis grid

RBC-Patient Insurance Paid													
S-Sponsor Paid		Screening	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	End of Study	Follow-Up				
Required Studies	CPT/HCPCS	Day 1	Day 1	Day 1	Day 1	Day 1	Day 1						
<b>Physical</b>											NCD/LCD	Coverage Analysis Notes	Protocol Notes
Physical Exam, History, Vital Signs	99211, 99212, 99213, 99214, 99214, 92201, 99202, 99203, 99204, 99205, G0463	S	RBC	RBC	RBC	RBC	RBC	S	RBC		No NCD/LCD	No NCD/LCD for this service. NCD 310.1 allows for coverage of routine cost of conventional care of items or services that are typically provided absent a clinical trial	
<b>Laboratory</b>													
CBC w Differential	85025	S	RBC	RBC	RBC	RBC	RBC	S	RBC		NCD 190.15	NCD 190.15 Blood counts are used to evaluate and diagnose diseases relating to abnormalities of the blood or bone marrow. Many treatments and therapies affect the blood or bone marrow, and blood counts may be used to monitor treatment effects	
<b>Specimen Submission</b>													
Research Blood for Banking	N/A	S					S	S	S			Research Lab	Protocol Notes: Collect specimen for research purpose
Research Tissue for Banking	N/A	S					S	S	S			Research Lab	Protocol Notes: Collect specimen for research purpose
<b>Scans</b>													
CT Chest w Contrast	71260, Q9967	S	RBC				RBC		RBC		LCD:133459	LCD:133459 The following clinical indications apply to the computerized axial tomography (CT or CAT) of the thorax. Diagnosis and/or staging of neoplastic and hematologic processes arising in the thorax or with potential involvement of the thorax	Protocol Notes: Disease assessments and CT/MRI must be performed every 8 weeks +/- 1 week)
<b>Drug Administration</b>													
Infusion 1st hr of Administration	96413		R	R	R	R	R				No NCD/LCD	No NCD/LCD for this service. NCD 310.1 allows for coverage of routine cost of conventional care for items or services that are required solely for the provision of the investigational item or service (e.g., administration of a noncovered chemotherapeutic agent)	

# Clinical Trials - Post-award



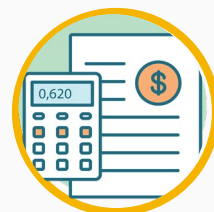
Recruitment /  
Screening -  
finding  
patients who  
are **eligible**   
in the trial



Enrollment -  
Patient  
approached  
with Informed  
Consent Form  
**(ICF)** and  
agrees to be  
in trial



Conduct Study  
visits outlined  
in protocol,  
monitor study,  
and collect  
data



Invoicing  
sponsor and  
financial  
reconciliation



Managing  
protocol and  
study  
amendments



Study  
closeout /  
Sponsor  
reviews data  
for next phase

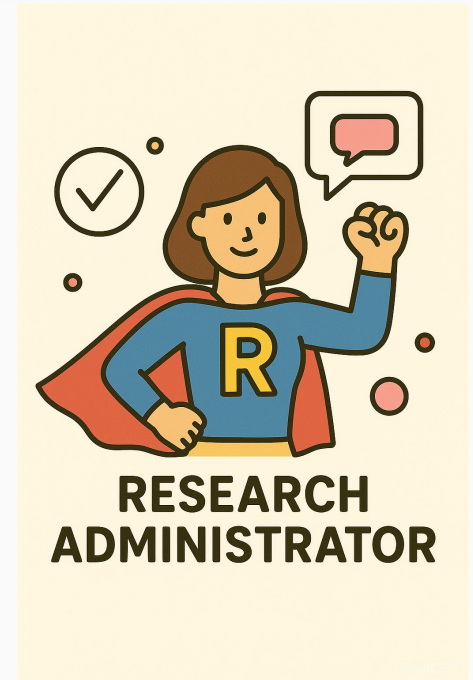
# Clinical Trial Post-Award - Common Research Administrator Involvement

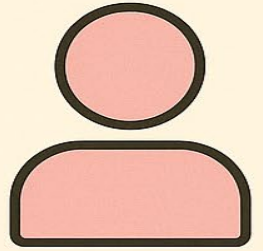
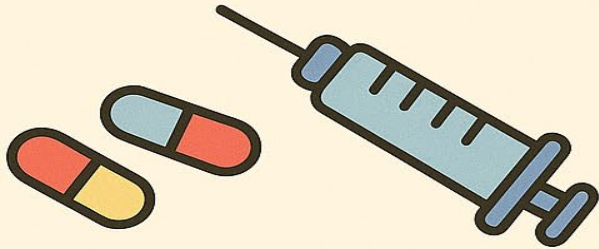


- Monitoring the budget
  - Especially with a fixed price trial - costs can fluctuate but the payment remains the same.
- Invoicing
  - Sending sponsor invoices for milestones met in contract (could be visits completed and data entered into [EDC](#)💡)
  - Working with CRC and PI to
- Financial reconciliation
  - Review hospital charges and they were charged based on CA.
  - Track payments received by sponsor
- Amendments to budget and contract
  - Can be driven by protocol amendment
  - Not all protocol amendments needs budget and contract amendments
- Ensuring compliance with award terms
  - Ex: Sabbaticals or disengaging in clinical trial
- Final Closeout - Final invoicing

# How can RA's help clinical trials?

- Act as central point of contact and liaison with stakeholders (study team, IRB, sponsor, CRO, institutional officials, etc.)
- Helping navigate institutional and federal compliance and processes
- Provide support with budget development and management
- Support contract drafting, execution, and management of amendments
- Help streamline complex processes and lessen administrative burdens





# Questions?

