INTERFACE FOR SUCCESS

Annette Bested Toft, director of clinical trial supply at Nycomed, examines the challenges of internal relationships from a clinical trial supply perspective.

It is increasingly important that clinical trials are conducted as efficiently as possible. Pharmaceutical companies are, therefore, quite willing to spend a substantial amount of time and money finding the best outsourcing partners. The focus on external cooperation is intense, but what about internal relations? Are these as efficient as they could be?

KEY POINTS

- Clinical trial success can depend on communication and cooperation.
- Internal departmental relationships are just as important as external ones.
- Time devoted to internal cooperation is time well spent.

Many larger pharmaceutical companies have an internal clinical trial supply (CTS) department. As part of an organisation dealing with clinical trials, several departments depend on information and services from CTS. Among these may be the regulatory department and the main customer clinical operations. To keep things moving, CTS depends on different departments gathering and providing relevant information.

The main interface is clinical operations, but also the regulatory department, the analytical department, quality assurance, manufacturing sites and warehouses. The interfaces are many, making the job of coordinating in CTS challenging. Despite the number of interfaces, these are often straightforward, as roles and responsibilities are fairly clear.

There may be another set of interfaces that is more difficult, as these do not have an obvious split of responsibilities. So what are these grey areas, and where are the potential risks?

Label text

This may be the responsibility of CTS, but who ensures that the label text is properly translated and compliant with local regulations? This may be the responsibility of a local affiliate, but does CTS have the mandate to determine who exactly must deal with this locally? How does CTS ensure the quality of the translation and compliance check?

Supplies

Supplies must be stored according to specifications. For most products, this means that temperature and possibly humidity have to be logged during transport and storage. It is vital that there is clarity regarding at what point CTS hands over responsibility for supplies and the timing of clinical operations. Normally, site responsibility will be with clinical operations, but storage conditions may not be their main area of focus. So does CTS turn a blind eye or take responsibility in an area not under its control?

Profile

Annette Bested Toft is director of clinical trial supply at Nycomed. Her pharmaceutical career spans over 12 years of experience in coordinating clinical trial supplies activities, including in-house packaging and labelling, as well as outsourcing of these and other activities. In recent years she has spent time working on interfaces within the company.

Procurement

The procurement of clinical supplies is normally a CTS responsibility, but what about rescue medication? Should CTS be expected to supply this or is it the responsibility of clinical operations? One could argue that this depends on whether it is part of the drug order. This is debatable, but it is important to decide what is needed according to the protocol. The protocol may require labelling, distribution or drugs to be accounted for at the end of the trial. CTS as a supplies expert may find it hard to trust this to clinical operations and may fear that they will not remember to secure recall information.

Interactive voice response systems (IVRS)

IVRS may be needed for several reasons: for randomisation, for logistics and so on. But who is responsible for the contract with the IVRS provider? Again, this could be CTS, clinical operations or, perhaps, an outsourcing manager.

In addition, responsibilities for auditing, approving the user requirement specification, testing the system and so on, must be agreed. It is also important to remember that the system may share data with another system, for example, an e-CRF.

In general, when dealing with contractors, such as warehouses, pharmacies and distributors, responsibilities might be hazy. With regards to warehouses, one could argue that this is good manufacturing practice and here CTS are the experts. But when it comes to pharmacies acting as local warehouses, clinical operations could well be responsible, especially considering that CTS may not have any direct contact with sites and is not involved in site-selection and the hospital pharmacies that come along with these.

Coping with a recall

No one wants to experience a recall, but it is, nonetheless, vital to be prepared. A recall involves many different departments, possibly in different countries in different time zones, working under great time pressure. It is important to ensure that emergency telephone numbers of distributors and sites are available and to decide whether this information is to be requested by CTS before distributing supplies or whether clinical operations is expected to have collected these.

Destruction of returns

When it comes to the destruction of returns, it is important to establish who is responsible for requesting destruction, clinical operations or CTS. Can destruction take place locally? Does it require a final report or final drug accountability? There may be a variety of issues to consider, such as whether this is the same for all trials or whether it depends on the participating countries and the nature of the drug. There may be controlled substances that cannot be exported from all countries or just very bulky material taking up too much room at sites.

Arranging archiving

There are a variety of issues to consider when archiving documentation. It may take place internally in each department or there may be a shared archive. Does CTS make sure that clinical operations does not have access to blinded information, not only randomisation lists, but also packaging and labelling documentation? Is it agreed who archives originals of documents that originate in CTS?

Requirements for the archiving of documentation for manufacture to market are different than for investigational medicinal products. This should be agreed upon in a contract. However, if the manufacturing site is part of the company, a contract may not be the answer.

Encouraging cooperation

Many of these grey areas may not appear to be relevant, and this may be a good sign indicating that the discussions with interfacing departments have already taken place. It is noticeable that many of the grey areas are between CTS and clinical operations, which is quite natural, as the main CTS customer is clinical operations.

When cooperating with an external partner, a range of measures will be in place to ensure things progress as expected. The external partner is audited and evaluated in every matter, contracts and quality agreements, which include every possible detail are drawn up, and penalties may even be introduced However, if a partner suddenly becomes internal, nothing can be done. Internal departments simply have to live with each other, whether they like it or not.

When working on a project, measures can be taken to encourage inter-departmental cooperation. Spending time on a meeting at the beginning of a project usually pays off. Although it uses precious time, it is valuable to discuss expectations and the rules of cooperation. Project teams are becoming more international and cultural differences within the teams must not be neglected.

Departments need to agree on timelines, for example, whether only one common timeline exists, or whether there is both an official plan approved by management and a realistic plan, which the team work to meet. Again make sure that everybody speaks the same language. Does the 'first patient in' date mean that supplies must be available for all countries by that date or is this a political milestone?

It is also advisable to decide on a preferred way of communicating – telephone, email or meetings. Having a weekly meeting with clinical operations during the preparation phase is very fruitful. It often seems that no one has anything to discuss, but there is always the apparently unimportant comment that actually turns out to be vital or key information that might not appear in an email. The risks that may be run in the project must be agreed to prevent risks conflicting with departmental goals.

There are also precautions that can be taken in terms of interfacing procedures. Try to have discussions on interfacing procedures before it is urgently needed for a specific project. One recommendation is to meet at full-day interface workshops to discuss procedures. Agreement should be reached and procedural flow charts drawn up during the workshop for use in future. Take the time to review and comment on interfacing procedures before authorisation takes place.

It is easy to overlook the importance of internal cooperation when there are so many external relationships to be built. However, some time spent considering the questions and problems of this type of interfacing is hugely worthwhile. Clinical trial success relies on communication and cooperation at all levels. END

CTS RESPONSIBILITIES

The responsibilities of the CTS department vary depending on the size of the company, the organisation, whether it is part of the headquarters and so on. However, responsibilities will generally include the following:

- Procurement of trial product and comparator
- Elaboration of label text and translation of text to local languages
- Packaging and labelling
- Shipment and distribution (import/export licences)
- Interactive voice response system (IVRS)
- Contracts and auditing
- Contract packers
- IVRS providers
- Warehouses/distributors
- Overall drug accountability
- Recall
- Destruction