

# Developing an Efficient TMF Management Process with a Lean Clinical Team



Continuously Making a Difference

**24 Years of Unparalleled Canadian Oncology Experience**

## **Niche Canadian Oncology CRO**

**Acting for global North American Study Sponsors in collaboration with Canada's Oncology Research Centers**

- ❖ **Persistent & Continuous focus on successful conduct of cutting-edge ONCOLOGY clinical trials in CANADA**
- ❖ **Extensive active network of +50 Canadian Cancer Research Centers**
- ❖ **Optimal vendor teaming**
- ❖ **Proven track record bundled with 24 years of lessons learned!**

# Objectives:

How Scimega Research deployed Connect eTMF from set-up, to document upload, to QC, to audit preparedness with accuracy and speed.

## Key insights include strategies to:

1. Understand the steps a smaller organization can implement to maximize the utility of an eTMF
2. Identify background processes needed to stand-up eTMFs and train users
3. Appreciate how to maintain the eTMF audit-ready through intelligent use of available QC processes



# Typical eTMF Usage

Prior to deploying Connect, Scimega archived Canadian essential documents via global CRO or 3<sup>rd</sup> party vendor eTMF access

2 levels of access typically granted:

- Emailing documents to another organization for uploading and QC into a non-accessible eTMF
- Direct upload access into the eTMF
- Our solution to deploy Connect eTMF for our studies came about when a partner CRO refused Canadian document upload into the global eTMF



# Preparing Your Lean Team

# Typical **Scimega** Lean Team

## Scimega team composition:

- Led by a Clinical Trial Leader/PM
- Sufficient CRAs to manage participating sites
- No CTAs or archival document department

**eTMF Program Specialist oversees eTMF set-up and administration, including training program**

# Use the **Right Team to Connect** with Sites & Meet **All** Your Milestones

- Engage an extended Team with robust oncology & clinical research experience
- Set low turnover as a critical success factor for engagement of your extended team
- Make a careful and critical examination for local, in-depth understanding and applied knowledge of known and 'behind-the-scene' site policies & particularities
- Never underestimate the Importance of Trust:
  - In clinical research as everywhere, teams are made up of people, and people work most effectively for and with those they trust
  - Every PI relies on their trusted support staff to undertake their clinical research studies



# Invest in Your **Culture & Team**

Lean teams require **all-hands on deck** approach

A global and holistic training approach is required, as all study team members are required to upload, index, QC, and publish documents to the eTMF

Standardized training encompasses:

- Document collection timelines
- Naming convention compliance
- QC procedures
- System features

# Invest in Your Culture & Team

## Company Programs to Keep Turnover Low!

- Establish living archive: High intelligence capital + high continuity

## Training Strategy

- Further than initial asap onboarding = **train for what's coming**
- Continuous coaching & encourage knowledge-sharing

## Beyond having the right systems in place

- Hiring the right people is critical
- Ongoing assessment & investment in employee development
- **Continuously strengthening** team's talents

# **Lean Teams are Efficient**

**Background Processes Required**



**2019 to 2022**

**Same Areas of  
Concern**

**Different  
Challenges**

**Start-up timelines**

**eTMF functionality**

**Audit/inspection**

**Readiness**

# eTMF Study Start-up Success

KPI Targets Scimega Shares for Each Sponsor's Project	Study #1 Performance	Study # 2 Performance (migration from a 3 <sup>rd</sup> party eTMF)	Study # 3 Performance
Time to Deploy eTMF (from "Go" to eTMF ready)	<u>24 days</u>	<u>32 days</u>	<u>13 days</u>
Time to upload study documents (from deployment to publishing)	<u>1</u>	<u>4</u>	<u>1</u>

# Efficient Start-up **Requires** the **Correct Tools**

- Pre-production of easy to use and complete tools is a **key component** of quickly deploying your eTMF
  - ❖ eTMF management templates, Structure and Content listings, and a company-wide standardized document naming system
- Engaging with all Stakeholders at the earliest possible stage, brings clarity to the system requirements and **produces shortened timelines** for Sponsor review of draft documents
- Study Lead works in conjunction with the eTMF Czar, who can aid the study Lead and **ensure that consistency is maintained across studies/programs**



# Well Written Templates

## 8 Conducting TMF Reviews

### [General Considerations:

Comprehensive reviews of the TMF content should be performed based on the study design, the current status of the study, decisions that have been made, events that have occurred, and SOPs and standards that apply.

Some questions to ask when completing a TMF content review:

- Are the TMF specifications up to date to provide visibility on expected records? If not, what is missing?
- Are all versions of expected records available?
- Are all correspondence/emails relevant to the study present?
- Are there any duplicate records that can be removed?
- Are all records complete, legible and, where appropriate, signed?

Ensure to reference any list of process standards/SOPs and/or work instructions and guidance documents to be followed for the TMF content review in **Section 8, Applicable SOPs**.

### 8.1 Conducting Periodic Reviews of the eTMF

The study CTL is responsible for conducting periodic reviews of the eTMF to ensure completeness of the eTMF content and quality of filed documents.

CTL periodic review will be conducted quarterly on **all/50%** of activated sites, as well as prior to the site Close-out visit, in order to identify any remaining unfiled or inadequate documents. The review will encompass a verification of completeness of the eTMF against the ISF trackers, as well as metadata verification. Approximately 5-**10%** of documents in each process zone will be reviewed by viewing the PDF **NOTE: CTL add separate column in ISF tracker for this specific**

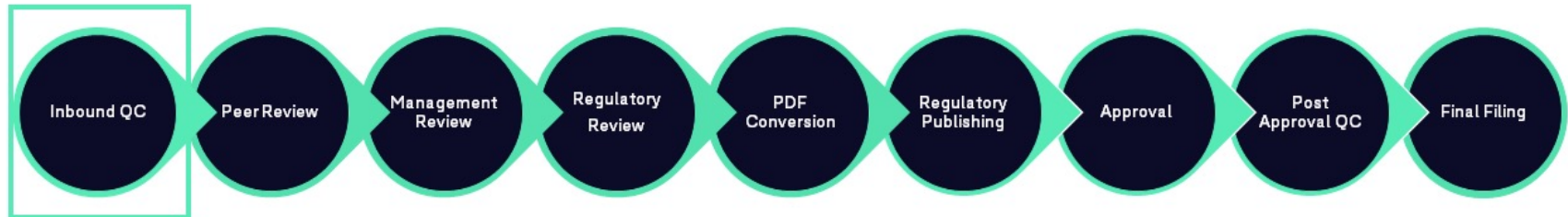
# Document Quality Control Process

## Determination of the **APPROPRIATE** document QC set-up is key

- Large CROs = entire department dedicated to document review pre-publishing to the Records Center
- Large CROs = pathways dedicated to reviews by different functional groups (Regulatory, Clin Ops, finally Publishing dept)
- Small Teams = 1 Uploader and 1 Reviewer
- Scimega's **Initial** document QC program envisioned a multi-checkpoint pathway would result in the cleanest eTMF.....

# Initial Document Workflow

Envisioning of a multi-checkpoint review process....



- **Result:** 100s-1000s of email notifications to the entire study team for each document ready for this QC step or that QC step
- **Further Result:** any editing led to document rejection back to owner to begin the entire complex pathway all over again
- **Did this make the eTMF cleaner or more efficient??**

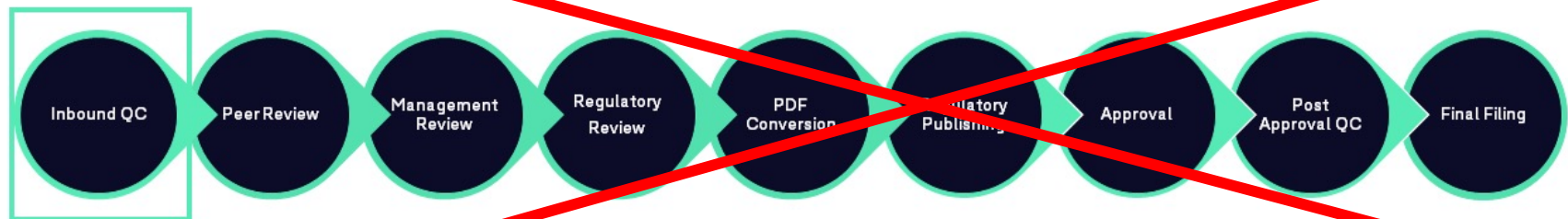


# What Needs to be QC'd?

If a multi-step QC process **isn't effective for your smaller team** you must define the steps that are absolutely required in order to produce a clean eTMF

1. Reviewer must **view each document in entirety**
2. Reviewer must be able to **confirm correct indexing/metadata**

These are the **only verifications** that actually need to be completed



# Repercussions of "One and Done" QC

- Connect permits only the use of Inbound QC and direct publishing into the Records Center
- If a single QC step is chosen - for visually verifying the document - all other Workflow steps DO NOT permit document visualization
- Determining that teams of 2-5 **DO NOT** require multi-step QC pathways, and that a single QC step is acceptable ...
  - What are the downstream effects?
  - How to correct incorrectly published documents?

# eTMF QC Success

	<b>Study #1 Performance</b>	<b>Study # 2 Performance (migration from a 3<sup>rd</sup> party eTMF)</b>	<b>Study # 3 Performan ce</b>	<b>Overall</b>
<b>Percentage of Documents Requiring Deletion</b>	<b>0.35%</b>	<b>0.31%</b>	<b>2.24%</b>	<b>0.56%</b>

# Document Tracking **for eTMF**

## Completeness

- When ALL published documents have completed a thorough QC process - **HOW** do you verify all documents that **should be collected** are collected?
- Track every document collected from sites/Regulatory Authorities/Sponsors **AND** proactively “pre-track” every document/version that **SHOULD** be filed
- Perform prescribed eTMF reconciliations **on time** to ensure that no document is missed.

# Document Tracking for eTMF Completeness

DIA Reference Model 3.0 Sub-Section	DIA Reference Model 3.0 Document Type	Description	Signature date or date of visit or license expiry date	Present in Scimega drive	Present in ISF			Uploaded to eTMF	eTMF reconciliation, QC..... TO BE ALIGN WITH SOW	Comments
			dd-mmm-yy	(initials + date)	(Y/N)	On site QC by (CRA initials)	date dd-mmm-yy	(initials + date)	(initials + date)	(if applicable)
05.02.07	Medical License	File per Year								
	2021 - 2022	Dr. Sam Sydney	31-Mar-22	SY 27Sep2021	Y	LD	2022-03-23	LD 27Oct2021	MD, 10-Dec-2021	
		Dr. Bia Mycroft	31-Mar-22	SY 27Sep2021	Y	LD	2022-03-23	LD 27Oct2021	MD, 10-Dec-2021	
		Dr. Jack Tuskert	31-Mar-22	SY 27Sep2021	Y	LD	2022-03-23	LD 27Oct2021	MD, 10-Dec-2021	
		Dr. Stella Watson	31-Mar-22	SY 27Sep2021	Y	LD	2022-03-23	LD 27Oct2021	MD, 10-Dec-2021	
	2022 - 2023	Dr. Sam Sydney								New MLs released 10May2022; new expiry date 31MAR2022
		Dr. Bia Mycroft								New MLs released 10May2022; new expiry date 31MAR2022
		Dr. Jack Tuskert								New MLs released 10May2022; new expiry date 31MAR2022
		Dr. Stella Watson								New MLs released 10May2022; new expiry date 31MAR2022
05.02.08	FDA Form 1572									
		1572 form	30-Sep-21	LD 27Oct2021	Y	LD	2022-03-23	LD 27Oct2021	MD, 10-Dec-2021	
		1572 form	6-Dec-21	LD 23-3-22	Y	LD	2022-03-23	LD 11Apr2022	MD, 04-May-2022	
05.02.09	Investigator Regulatory Agreement	A regulatory statement from the investigator required by certain health authorities e.g. includes but is not limited to 'Clinical Trial Site Information' form required by Health Canada								
		CTSI	7Dec2021	8Dec2021	Y	LD	2022-03-23	LD 8Dec2021	MD, 10-Dec-2021	
05.02.09	Qualified Investigator Undertaking									
		QIU	30-Sep-21	LD 29Oct2021	Y	LD	2022-03-23	LD 29Oct2021	MD, 10-Dec-2021	
05.02.10	Financial Disclosure Form									
		Dr. Sam Sydney	09-Sep-21	SY 27Sep2021	Y	LD	2022-03-23	LD 29Oct2021	MD, 10-Dec-2021	
		Dr. Bia Mycroft	08-Sep-21	SY 27Sep2021	Y	LD	2022-03-23	LD 29Oct2021	MD, 10-Dec-2021	
		Dr. Jack Tuskert	17-Sep-21	SY 27Sep2021	Y	LD	2022-03-23	LD 29Oct2021	MD, 10-Dec-2021	
		Dr. Stella Watson	2021-12-10	LD 23Mar2022	Y	LD	2022-03-23	LD 12Apr2022	MD, 04-May-2022	
05.02.12	Clinical Trial Agreement	Confirm if sponsor wants it filed in eTMF - NO, not required in								
05.02.17	IP Site Release Documentation	To document approval for sites to receive drug supply / investigational product. Includes Scimega Essential Start-up Document Package checklist and Sponsor version								
		IP Release Checklist	16-Dec-2021	20-Dec-2021				LD 20Jan2022	MD, 31-Jan-2022	

# Management Level Reports

Are eTMF uploads up-to-date for all sites?	<p>Yes</p> <p>And list last eTMF upload date for each site:</p> <p>200: 16Sep2021</p> <p>201: 27Sep2021</p> <p>202: 27Sep2021</p> <p>203: 09Sep2021</p> <p>204: 10Jun2020</p> <p>205: 21Sep2020</p> <p>206: 27Sep2021</p> <p>207: 23Sep2021</p> <p>208: 03Sep2021</p>		
Are eTMF reconciliations up-to-date for all sites?	<p>Yes</p> <p>Document last reconciliation date:</p> <p>28Sep2021 Ongoing</p> <p>Next recon due Jan2022 (Sept2021 to Dec2021 docs)</p>		
Are country-level documents uploaded? List when and which category of <u>country</u> level documents were confirmed as present in eTMF	Documents (version- date)	Date of upload in eTMF	Date of confirmation as present in eTMF
	<p>Notification of SUSARs</p> <p>18Dec2020 x2</p> <p>21Jan2021 x2</p> <p>PI Ack Emails for all</p> <p>SUSARs (x35 across sites)</p>	<p>02Sep2021</p>    <p>25 Jan 2021</p>	



# Maintain Audit/Inspection Readiness

- ❖ Am I ready in case of audit/inspection?
- ❖ Are my risk management programs adequate? i.e. sufficient to flag risk areas while not overly burdensome (hard questions, especially for small teams)

## Risk Mitigation

- ✓ 'Re-qualify' sites following changes in working methods
- ✓ Train & coach CRAs on critical tasks & 'new' CRA role
- ✓ Push for efficient processes & systems

## 2021 – Same Level of Sponsor Satisfaction

*“We are very satisfied with and confident in Scimega’s management activities. We are not at all worried and appreciate Scimega’s work especially during the COVID.”*

### Straight Talk from Our Sponsors

# Interested in Learning More About the 'Canadian' Opportunity? **Explore an Expansion with Us**

Our optimal operations design is **robust in the face of this transition** and allows us to go above-and-beyond for your study.

We'll work with you to devise innovative solutions **specific to the unique challenges of your oncology clinical trial.**

[www.Scimega.com](http://www.Scimega.com)



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