

Session 11 – Good Clinical Practices & Quality Assurance

MTQ - 620/RAS 633

Medical Device Quality & Regulatory Fundamentals

Summer 2023

UNLEASHAMAZING

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Frestedt Incorporated **Best of 2021 and 2020 Minneapolis** (Minneapolis Awards Program), **2019 Company of the Year** (Pharma Tech Outlook) **Best for Biotechnology Clinical Research 2016 – Minnesota** (GHP Magazine)

President and CEO of **Frestedt Incorporated** (www.frestedt.com) and **Alimentix, the Minnesota Diet Research Center** (www.alimentix.com), Dr. Frestedt has managed clinical trials, negotiated regulatory submissions and updated quality systems for more than 40 years in health care, pharmaceutical, medical device and food industries including University of Minnesota, Orphan Medical, Johnson and Johnson, Astra Zeneca, CNS Therapeutics, Mayo Clinical Trial Services, Medtronic, and many others.

Dr. Frestedt holds a PhD in Pathobiology from the University of Minnesota Medical School and BA in genetics from Knox College.

A member of AAPS, ASCO, RAPS, SOCRA and many other organizations, Dr. Frestedt is among the “**100 Most Inspiring People in the Life Sciences Industry**” (PharmaVOICE, 2011) and **top 25 “Industry Leaders”** (Minneapolis/St. Paul Business Journal, 2011).

She authored two books: “**Warning Letters: 2016 Reference Guide**” with Barnett International and “**FDA Warning Letters About Food Products: How to Avoid or Respond to Citations**” with Elsevier. Next book about **Writing Clinical Evaluation Reports** is in press....

Session Agenda

Settle In & Speaker Introduction Steve Gompertz 9:00 – 9:15

GCP Overview Joy Frestedt 9:15 – 9:35

Quality Roles in GCP Joy Frestedt 9:35 – 9:55

Regulatory Roles in GCP Joy Frestedt 9:55 – 10:15

Best Practices Joy Frestedt 10:15 – 10:30

Course Wrap-Up Steve Gompertz 10:30 – 11:00

Learning Objectives

After attending this course, learners should be able to:

1. Explain GCP
 - a) not just what the acronym means, but
 - b) how quality systems work in medical device clinical trials
2. List a few quality roles in GCP
3. List a few regulatory roles in GCP
4. Describe a few best practices for GCP QUALITY

Who is attending this course?

Please introduce yourself and your role in clinical trials.

What do you really like about clinical trial work?

Please describe your clinical trial experience.

What aspects of clinical trials are most difficult for you?

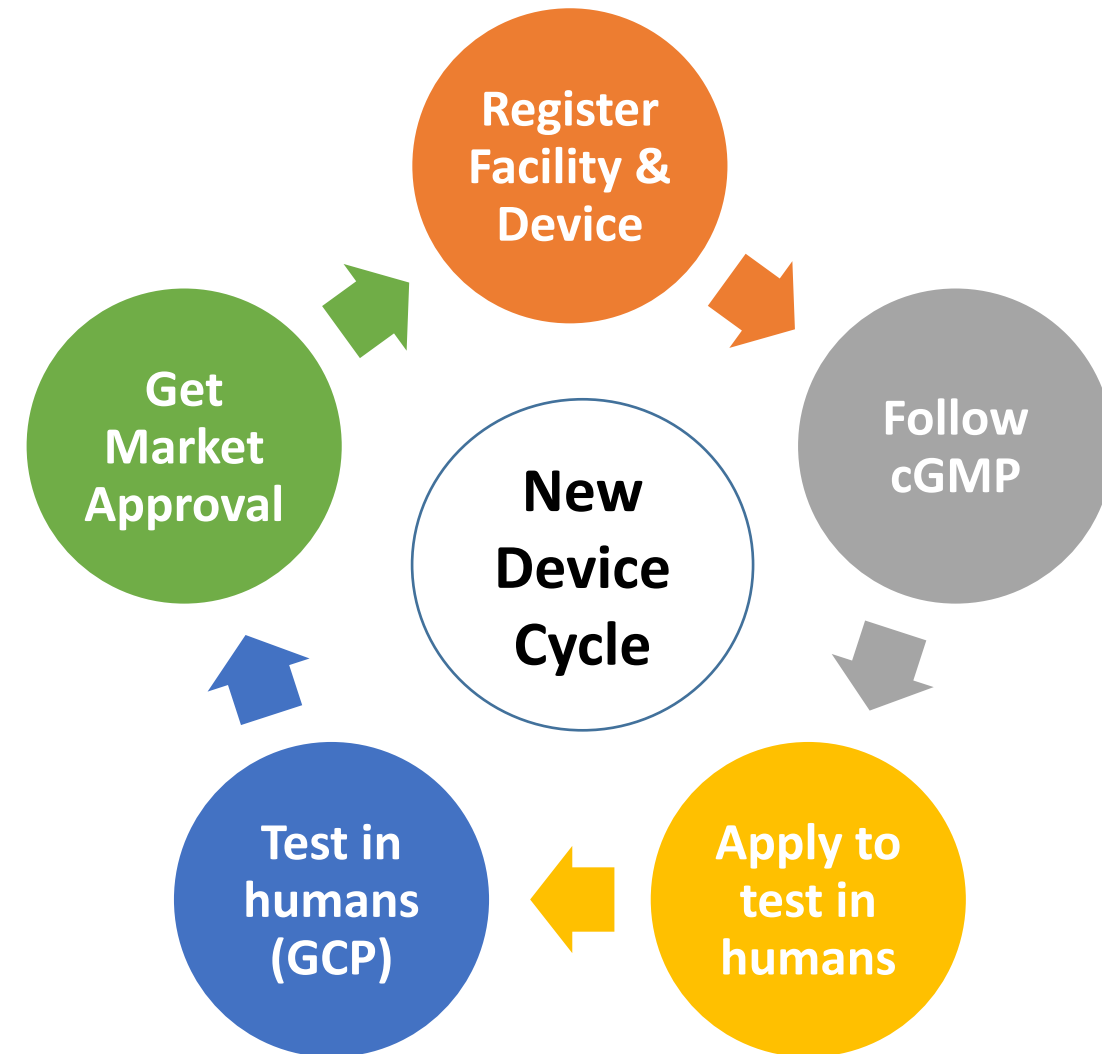
Please share any topics or questions you'd like to be sure we cover.

GCP OVERVIEW

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What are GCP and GMP?

- GxP Emphasis is on the word “**Good**”
 - GCP=**Good** Clinical Practice
 - GMP=**Good** Manufacturing Practice
 - “**Good**” is about **controlling** “practices”
 - “Practices” are about how people work
 - cGMP means mfg. practice is “current”
- **Goodness** is all about **QUALITY**
- What is the role of quality in GCP?
 - To ensure **GCP**



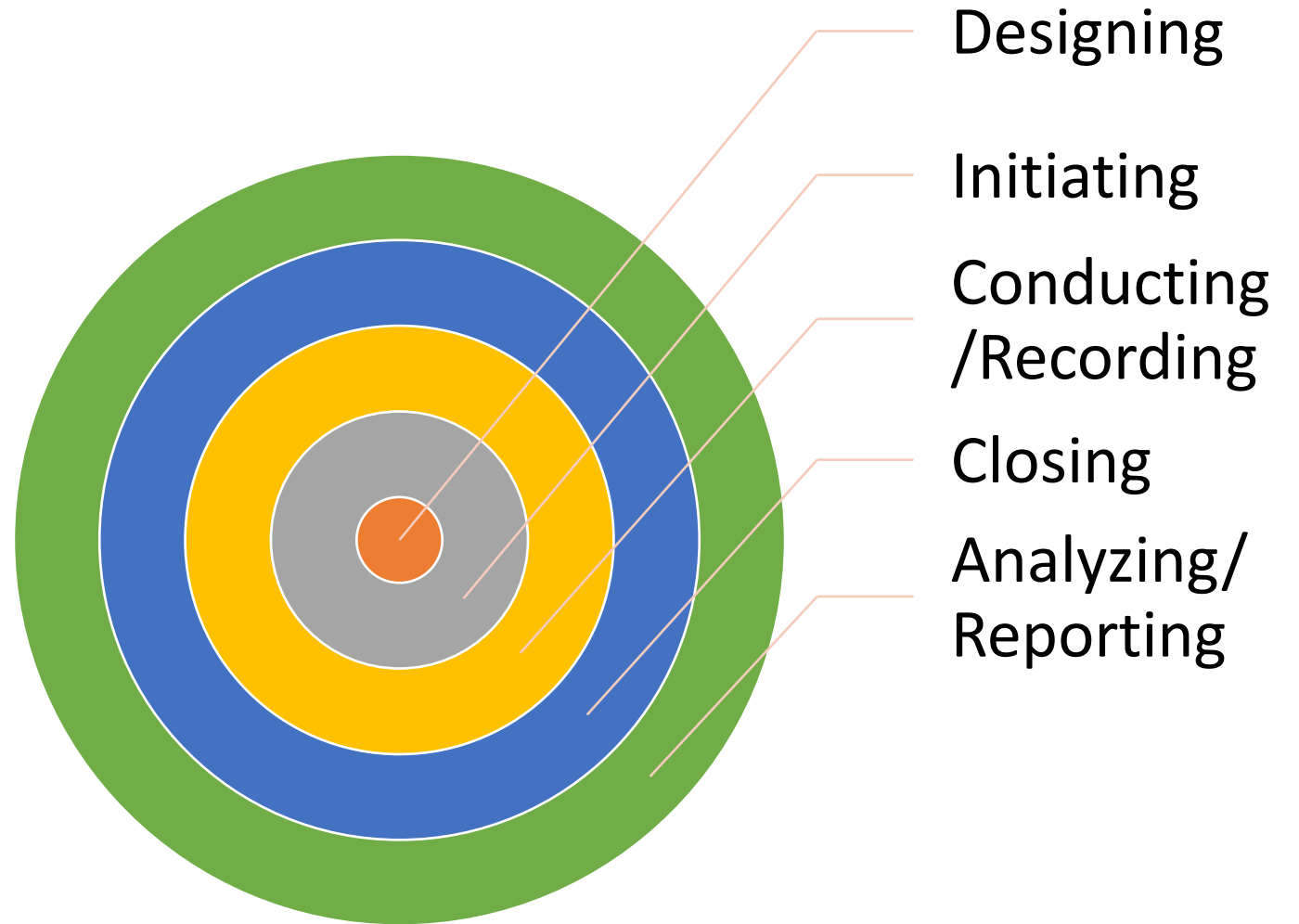
GCP is all about **Clinical Trials**

- Protect our patients
- Defend our data integrity
- Ensure we have scientific **QUALITY!**

- We need REGULATIONS & STANDARDS for this work
 - 21CFR820 Quality System Regulations in the US
 - ISO 14155 GCP for Medical Devices in the world

Clinical Trial Activities

- Clinical trials involve **HUMAN** participants
- Clinical trial Activities are **COMPLEX**
- **Clinical trials must be monitored and audited**



GCP must...

- Provide controls and assurances (QC/QA) to:
 - Enforce international, ethical standards for all humans in all clinical trials, investigations or studies
 - Ensure mutual accountability between regulators, sponsors, sites/IRBs, investigators, patients
 - Protect human (study participant) rights (i.e., clarity of information, safety, well-being, privacy, confidentiality)
 - Create credible and accurate data (data integrity with clean, well, analyzed data and results in all reports)

...all studies (interventional, observational, specimen collection, natural history studies, etc.)

Monitoring, Auditing... QC/QA

QC=Quality Control

- Quality at a given moment in time
- Deliver the quality requested
- Identify/react/fix defects
- Subset of quality activities
- **Monitoring**, testing, reporting
- Performed during project
- Manage the quality

QA=Quality Assurance

- Quality over entire project
- Process to assure quality
- Prevent/block defects/vulnerabilities
- Comprehensive quality system
- **Auditing**, reviewing, revising
- Performed after project completed
- Verify the quality

Laws and Regulations Apply

- Countries have laws and regulations about clinical trials
- For example:
 - US: 21CFR312 (drugs), 612 (biologics), 812 (devices)
 - Canada: CAN-23 (drugs/biologics – devices too...?)
 - EU: EU Reg 536/2014 (Clinical Trial Regulation)
 - 20 Countries – US National Institutes of Health Database
[NIH ClinRegs database provides international clinical trial regulations - Fogarty International Center @ NIH](#)

NIH ClinRegs database

SELECT A COUNTRY TO GET STARTED

Countries

Select the checkbox to filter the updates

- Australia
- Bangladesh
- Brazil
- Canada
- China
- DRC
- Guinea
- India
- Kenya
- Liberia
- Malawi
- Mali
- Mexico
- Peru
- Sierra Leone
- South Africa
- Tanzania
- Thailand
- Uganda
- United Kingdom
- United States
- Vietnam
- Zimbabwe



Aggregates clinical research regulations world wide.

Interesting, no EU or Russia

Ethical Considerations Apply

- Belmont Report
- Declaration of Helsinki
- International Ethics Committees (IECs)
- Institutional Review Boards (IRBs)

Running a **clinical trial** assumes certain things about the company running the trial:

1. **QMS** is in place (ISO 13485, 21CFR820 QSR, ISO 14971 risk management, etc.)
2. **cGMP** has produced a safe-enough and effective-enough device for use in a human
3. **GCP** requires a high quality, **ethical** and scientifically sound treatment for each patient

QMS=quality management system; cGMP=current Good Manufacturing Practice, GCP=Good Clinical Practice

Trials must be registered

- Clinical Trials.gov at <https://www.clinicaltrials.gov/>
- Health Canada at <https://health-products.canada.ca/ctdb-bdec/?lang=eng>
- ISRCTN Registry at <https://www.isrctn.com/search?q=>
- WHO, others...

Clinical Data must be EVALUATED

- US: 21CFR814 PMA, 510(k), *de novo*
- EU: MDR (EU Reg 2017/745) and IVDR (EU Reg 2017/746)
- Health Canada: [Guidance on clinical evidence requirements for medical devices: Clinical data and evaluation - Canada.ca](#)

QUALITY ROLES IN GCP

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Clinical Quality Management

Quality Management processes include SOPs, computerized quality systems and personnel training

Sponsor is responsible for clinical study quality even if study management is outsourced to third-party

Document control process for essential documents such as protocol, IB, informed consent, financial disclosures, etc.

Complete records maintenance

Preparation for monitors and auditors

Identify, justify and document exceptions to requirements

SOPS and Work Instructions

- Clinical Trial Registration in Public Database** (ISO 14155:2020 §5.4)
- Clinical Trial Risk Management System** (investigational device, procedure and clinical trial process risks) (ISO14155:2020 refers to ISO14971:2012 as REQUIRED)
- Protocol/Clinical Investigation Plan** (ISO 14155:2020 §6.4 & Annex A; MDR Annex XV(3))
- Investigator's Brochure** (ISO 14155:2020 §6.5 & Annex B; MDR Annex XV(2))
- Patient Information Sheet/Informed Consent Form** (ISO 14155:2020 §5.8; MDR Art. 63)
- Case Report Form** (ISO 14155:2020 § 6.6, Annex C)
- Monitoring** (ISO 14155:2020 §6.7, 7.2, 8.3 & 9.2.4; MDR Annex XV Chapter III(3))
- Investigator & Investigator Site Selection** (ISO 14155:2020 §6.8)
- Safety Events** (ISO 14155:2020 §5.6.4, 5.6.5, 7.4, 9.2.5, 10.8, Annex F, MDR Art. 80)
- Trial Master File** (ISO 14155:2020 § 6.5, Annex E; MDR Annex XV Ch III (3))
- Electronic Data Management System** (ISO 14155:2020 §7.8.3; MDR Art. 72(4))
- Local Representative / contact person** (if manufacturer based outside of EU; MDR Art.)
- Close Out & Report** (ISO 14155:2020 §8.3, 8.4 MDR Annex XV Ch III(7))

https://www.swiss-medtech.ch/sites/default/files/2022-06/20220616_Randall_%20Clinical%20Compliance%20Gap%20Analysis.pdf

PI Sets Minimum Quality

- PI=Principal Investigator Responsibilities
 - Conducts clinical trial overall (FDA Form 1572)
 - Follows protocol and IRB details
 - e.g., consenting, randomizing, blinding, ongoing reporting
 - Thoroughly familiar with Investigational Product (IP)
 - Treats study participants and tightly controls IP
 - Trains all study staff
 - Proactively **DELEGATES** activities to **RIGHT** people
 - Reviews all activities (sponsor monitors/audits)
 - Reports safety - adverse events (AE)
 - Reports performance – device dysfunctions (DD)

Sponsor-Side
Quality team
members can
help review
PI/site selection

Site-Side Quality
Team can help PI
with team
training and
oversight

CRC/CRA test, monitor, report

Clinical Research Coordinator (CRC)

- Site coordinator
- Day-to-day operations
- Patient visits, data records
- Keeps track of visits/data
- Reports safety and efficacy concerns

Clinical Research Associate (CRA)

- Study monitor
- Initiation, interim, close out visits
- Issues queries for correction
- Clarifies patient info/data
- Reports site problems/closes sites

Quality Roles in GCP are EVERYWHERE...
Review charts, data, reports

Timelines, Metrics, Results

Sponsor

- What is slowing enrollment?
- What problems are challenging data collection?
- How are protocol amendments changing the analysis plan?
- Why are patients withdrawing?
- What data do the Data Safety Monitoring Board need?

Site

- Tracking reports, deliverables, training activities
- Ensuring data are clean and correct
- Double billing?

Sponsor-Side Quality team members can help review PI/site **PROGRESS**

Site-Side Quality Team can help PI with team **RE-training** and **quality improvement**

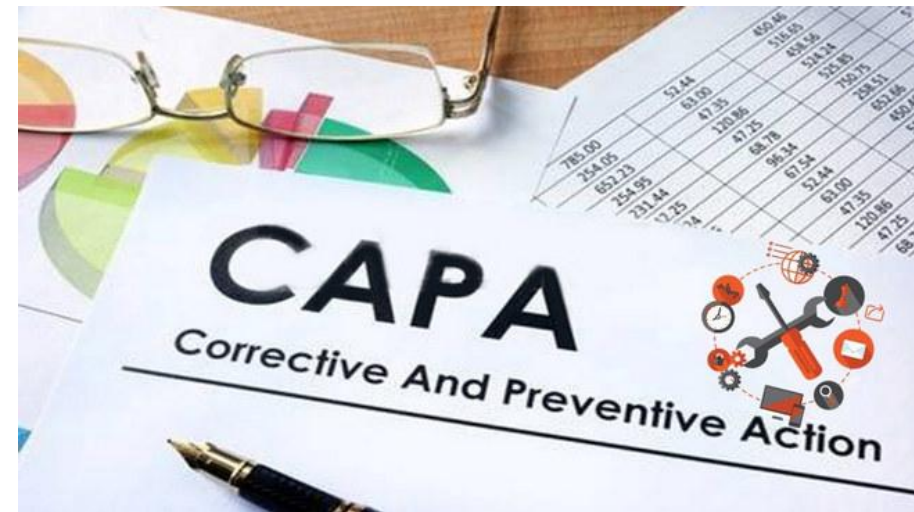
IRB has quality functions too!

- Did the board review the most current protocol and informed consent form?
- Did the investigator reply to all the questions posed?
- Are all the needed documents on file?
- Who's late with their annual updates again...?
- How should we group safety concerns (adverse events) and protocol deviations for board review?

How to stop things going wrong?

- Identify and then research problems
- Clinical Trial Risk Management
 - Based on device design controls
 - Doesn't quite fit
 - CAPA: corrective and preventive actions

[Resolving and Preventing Repetitive Problems in Clinical Trials - SOCRA Blog](#)



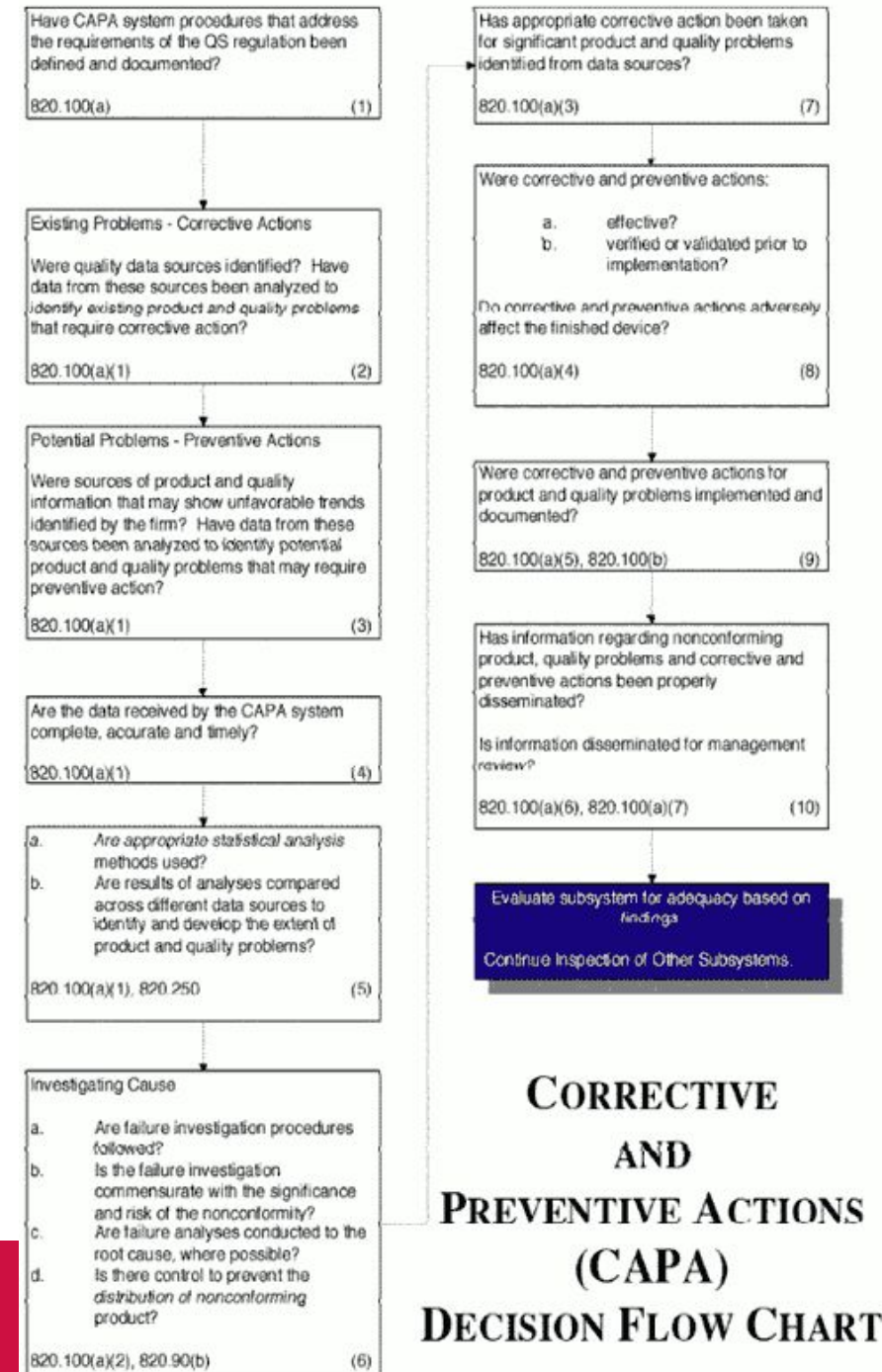
REGULATORY ROLES IN GCP

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CAPA as defined by FDA

- 1) CAPA SOP meets 21CFR820 Quality System Regulation (QSR)
- 2) Appropriate data used to identify problems
- 3) Unfavorable trends analyzed to identify problems
- 4) CAPA data must be complete and accurate
- 5) CAPA statistical analyses must be appropriate across sources
- 6) Failure investigation includes root cause analysis
- 7) Appropriate actions must be taken
- 8) CAPA effectiveness checks are required (verify and validate)
- 9) CAPAs must be implemented and documented
- 10) CAPAs must be reviewed by management

<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/inspection-guides/corrective-and-preventive-actions-capa>



Read the Article (5-10 minutes)

Go to the linked page at
<https://www.socra.org/blog/corrective-and-preventative-action/#Introduction>

Read the article (9 pages)

**Start with abstract, then conclusion,
then tables...**



The screenshot shows the SOCRA website interface. At the top left is the SOCRA logo with the tagline 'FOR CLINICAL RESEARCH EXCELLENCE'. To its right are navigation links for 'EVENT CALENDAR' and 'MEMBER PORTAL'. The main heading is 'Resolving and Preventing Repetitive Problems in Clinical Trials'. Below the title, the authors are listed: April Bishay, BA, MBA (Senior Manager, Clinical Compliance, MedImmune) and Anatoly Gorkun, MD, PhD (Chartered MCIPD, Senior Manager, Scientific & Compliance Training, MedImmune). An abstract follows, stating: 'Clinical trial findings from audits reveal the same type of problems year after year despite the implementation of quality systems, compliance training, and corrective and preventive action plans. This article provides an overview of the root cause of these problems and how to ensure that corrective and preventive actions are addressing the actual problem rather than its symptoms. Actual case study illustrates some of the common problems in clinical trials.'

Regulatory Responsibilities

Sponsor Regulatory Binder

- Protocol development
- Investigator's Brochure
- Regulatory Plan
- Data Management Plan
- Statistical Analysis Plan
- Monitoring Plan
- Site Management Records
 - Site by Site: feasibility, initiation, interim monitoring, close out, final study report
- Reports and publications

Site Regulatory Binder

- **PI:** CV, Medical License, 1572
- **Trial:** Protocol, Informed Consent Form (ICF) & amendments
- **IRB:** Submissions, changes, approvals (Stamped and dated)
- **Data Management:** Case Report Form (annotation and cleaning instructions), Query List and Metrics, Reports
- **Financial:** Contracts, agreements, invoices, payments
- **Staffing:** Delegation of authority logs, signature/access log, training records

Relevant Standard/Regulations

ISO 14155:2020 GCP for Medical Devices

21CFR812 Investigational Device Exemption (IDE)

21CFR11 Electronic Records/Electronic Signatures

21CFR50 Protection of Human Subjects

21CFR54 Financial Disclosure by Clinical Investigators

21CFR56 Institutional Review Boards

45CFR46 Subpart A The Common Rule

Guidance documents and FDA Information Sheets

Regulatory Quality Team

members should understand regulatory requirements in order to QC/QA study regulatory compliance

ISO14155 Requirements

- **Protect** study subjects (rights, safety, well being!)
- Conduct a “credible” clinical trial with **data integrity**
- Be **RESPONSIBLE** (sponsor, investigator, study staff!)
- Know the **rules** (who does what and why?)

From a regulatory perspective, the **Quality Team** should ensure the international standard is being followed...

Released as an FDA Recognized Consensus Standard
https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfStandards/detail.cfm?standard_identification_no=41711

Integrates all ICH E6 (R2) principles from drug trials

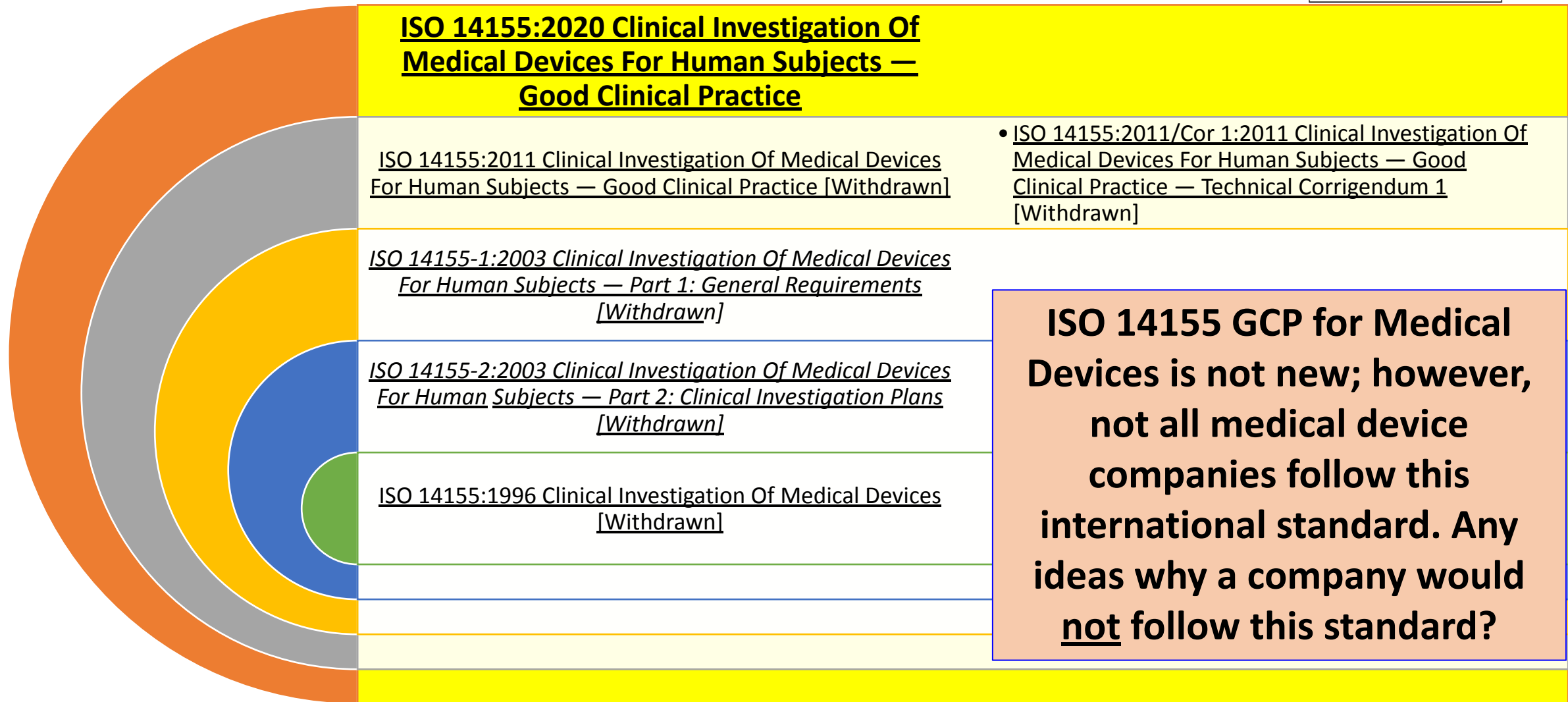
Aligns with EU Reg 2017/745 EU Medical Device regulation

← Click the link and note the US FDA regulations

Follow ISO 14155:2020

- **Ethics**
- Planning
- Conduct
- Close Out/Reporting
- **Responsibilities**
- **Checklists**

ISO14155 Version History



ISO 14155 GCP for Medical Devices is not new; however, not all medical device companies follow this international standard. Any ideas why a company would not follow this standard?

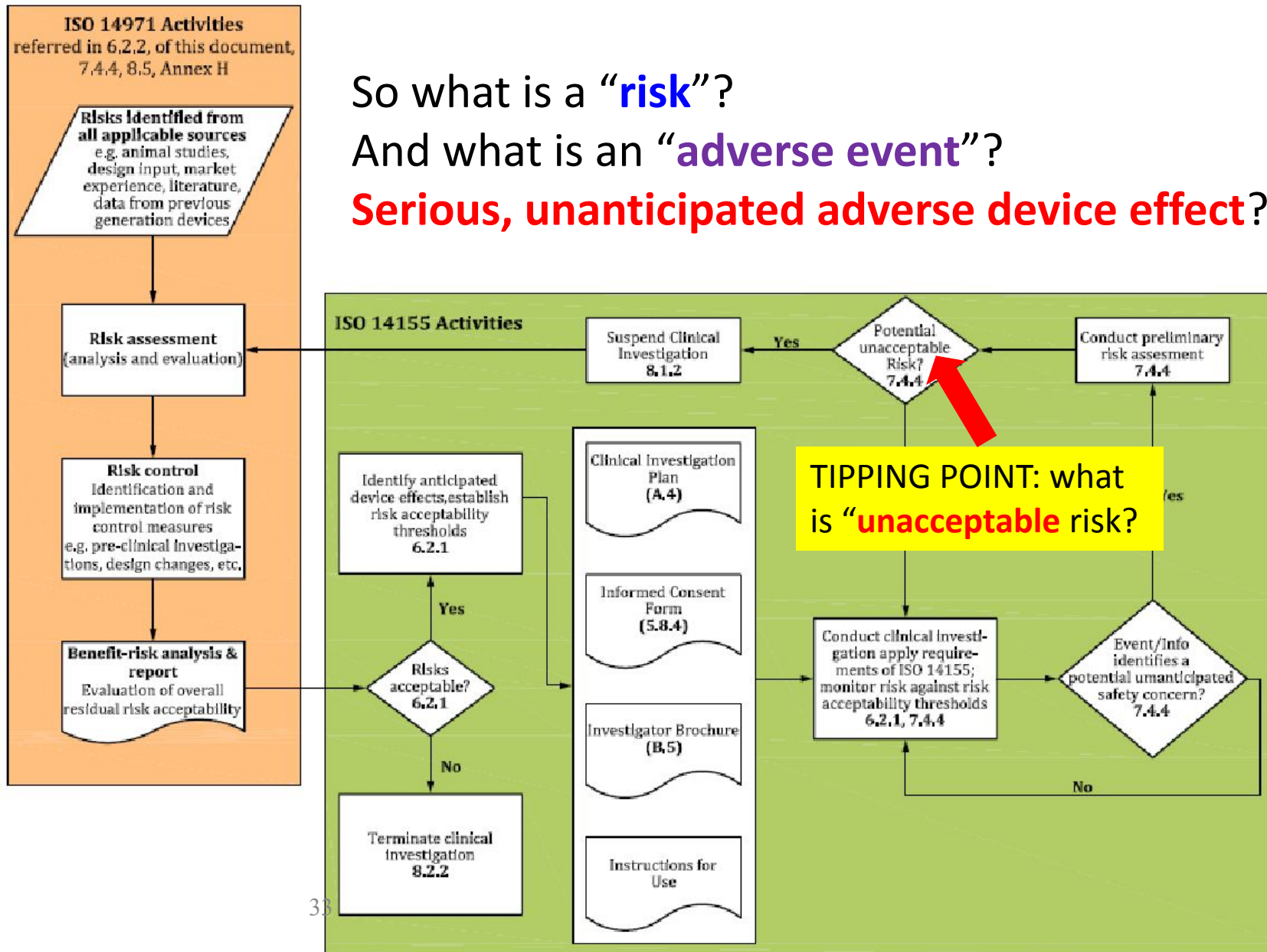
Fig. H-1: ISO 14971 includes 14155



So what is a “**risk**”?

And what is an “**adverse event**”?

Serious, unanticipated adverse device effect?



From a regulatory perspective, the **Quality Team** should ensure international standards are being followed...

CAPA & RCA for **noncompliance!**

Corrective and Preventive Action (CAPA) - 7 steps

- 1) **Identify** deviation
- 2) **Evaluate** facts, risks, impacts
- 3) **Investigate** (do RCA)
- 4) **Analyze** root cause/s
- 5) **Plan** Action
- 6) **Implement** Action
- 7) **Follow up**



Root Cause Analysis (RCA) - 3 Examples

- 1) **5 Whys?** (more or less)
- 2) **Change Analysis/Event Analysis** (leading up to event)
- 3) **Fishbone Diagram** (cause and effect mapping)

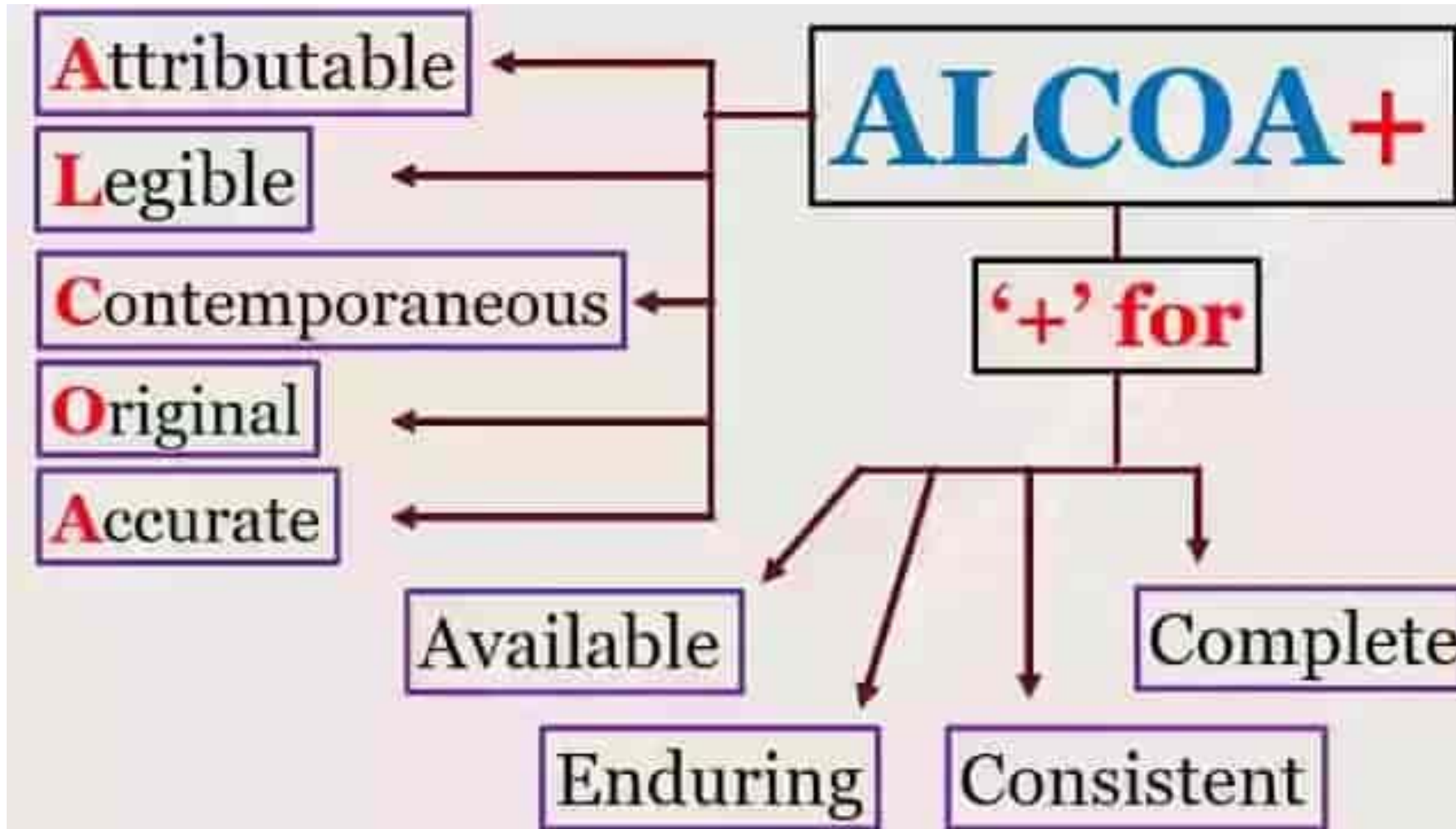
TRIAL MASTER FILE (Site)

1. Protocol Summary
2. Investigator Information
3. Investigational Product Documentation
4. Informed Consent Forms & Clinical Trial Agreements
5. Adverse Event Reporting Logs and Summaries
6. Case Report Forms (CRFs)
7. Source Data Verification Records
8. Drug Accountability Records
9. Lab Results and Quality Control Reports
10. Clinical Study Reports, Regulatory Submissions, and Correspondence with Health Authorities
11. Audit Trails
12. Monitoring Visit Reports
13. Training Documents
14. Electronic Data Capture Systems Validation Documents
15. Statistical Analysis Plans
16. Laboratory Certified Study Specimens

Sponsor also has:

- Design History File
- Design Control Records (21CFR820)
- Q-Sub Meeting Records
- Regulatory Submissions (PMA/510(k)/IDE)
- Clinical Development Plan

FDA Requires **GDP*** - all records



***Good Documentation Practices**

<https://pharmaguidesop.com/2020/08/what-is-alcoa-plus-alcoa-details-alcoa-principle.html>

ALCOA+ Details

Summary of ALCOA+

Attributable - Record who wrote it and when with sign/date

Legible - Data should be readable after it is recorded

Contemporaneous - Record the data at the time it was generated (online)

Original - Data in its unaltered state

Accurate - Data reflect its actual value / trueness, free from error

Available - Available for review at any time

Enduring - Making sure records exist for the entire period

Complete – Data in complete state to avoid recreation/ manipulation

Consistent – Data in sequential manner with a sign and date. Follow GDP for consistency in documentation.

<https://pharmaguidesop.com/2020/08/what-is-alcoa-plus-alcoa-details-alcoa-principle.html>

BEST PRACTICES

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My TOP 3 GCP Best Practices

1. Know your patients well, right from the start!

- medical and surgical history, medications past and present, disease state and progression, research concerns, interests, insights and motivations to participate in research

2. Know your study well from all angles...

- protocol, CRF, IRB concerns, sponsor needs, your own capabilities within the study

3. Be well prepared.

- keep your training, education and experience UP TO DATE and be sure you are paying attention to safety FIRST and efficacy at all times.

World Health Organization

- Principle 1: Ethical Conduct
- Principle 2: Research described in a protocol
- Principle 3: Risk Identification
- Principle 4: Benefit-Risk Assessment
- Principle 5: Review by Independent Ethics Committee/
Independent Review Board
- Principle 6: Protocol Compliance
- Principle 7: Informed Consent
- Principle 8: Continuing Review/Ongoing Benefit-Risk
Assessment
- Principle 9: Investigator Qualifications
- Principle 10: Staff Qualifications
- Principle 11: Records**
- Principle 12: Confidentiality/Privacy
- Principle 13: Good Manufacturing Practice
- Principle 14: Quality Systems**

Quality is mentioned 110 times in this “**Handbook for Good Clinical Research Practice**”

- ✓ **Quality** standards (QC/QA/QI*)
- ✓ Highest **quality** / data integrity
- ✓ Investigational Product **Quality**
- ✓ Data/Records **Quality**
- ✓ Scientific **Quality**
- ✓ Monitoring/Auditing **Quality**
- ✓ Good Laboratory Practice **Quality**

*QC=quality control; QA=quality assurance;
QI=quality improvement*

https://apps.who.int/iris/bitstream/handle/10665/43392/924159392X_eng.pdf;sequence=1

GCP Best Practices

- ISO 14155
 - Medical Device GCP
- ALCOA Plus
 - FDA requires this!
- SOPs
 - Develop and Apply them
- **Manage and IMPROVE quality**
 - Coordinate regulator, sponsor, PI, site staff, IRB/IEC activities

“**In the context of a clinical trial, quality** may apply to **data** (e.g. data are accurate and reliable) or **processes** (e.g. compliance with the study protocol and GCP; ensuring informed consent; adequate data handling and record-keeping, etc.).”

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COURSE WRAP-UP

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2. List a few quality roles in GCP
3. List a few regulatory roles in GCP
4. Describe a few best practices for GCP QUALITY

QUIZ: WHAT DID YOU LEARN TODAY? 10 QUESTIONS – READY, SET, GO!

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GCP Overview #1

1. What does GCP stand for?
 - a) Generic Clerical Program
 - b) General Contents Preview
 - c) Good Clinical Practice
 - d) Good Control Process

GCP Overview #2

2. Which International Standard provides details about Medical Device GCP?

- a) ISO 10997
- b) ISO 13485
- c) ISO 14155
- d) ISO 14971

GCP Overview #3

3. What are 3 differences between QC and QA?

QC=Quality Control

- Quality at a given moment in time
- Deliver the quality requested
- Identify/react/fix defects
- Subset of quality activities
- Monitoring, testing, reporting
- Performed during project
- Manage the quality

QA=Quality Assurance

- Quality over entire project
- Process to assure quality
- Prevent/block defects/vulnerabilities
- Comprehensive quality system
- Auditing, reviewing, revising
- Performed after project completed
- Verify the quality

GCP Overview #4

4. When running a clinical trial, ethically, what are three specific requirements assumed to be in place before starting the trial?

Running a **clinical trial** assumes certain things about the company running the trial:

1. **QMS** is in place (ISO 13485, 21CFR820 QSR, ISO 14971 risk management, etc.)
2. **cGMP** has produced a safe-enough and effective-enough device for use in a human
3. **GCP** requires a high quality, **ethical** and scientifically sound treatment for each patient

Quality Roles in GCP #5

5. Who sets the minimum quality at the site and conducts the trial overall?

The PI (Principal Investigator)

Quality Roles in GCP #7

7. What are some differences between a CRC and CRA?

Clinical Research Coordinator (CRC)

- Site coordinator
- Day-to-day operations
- Patient visits, data records
- Keeps track of visits/data
- Reports safety and efficacy concerns

Clinical Research Associate (CRA)

- Study monitor
- Initiation, interim, close out visits
- Issues queries for correction
- Clarifies patient info/data
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Regulatory Roles in GCP #8

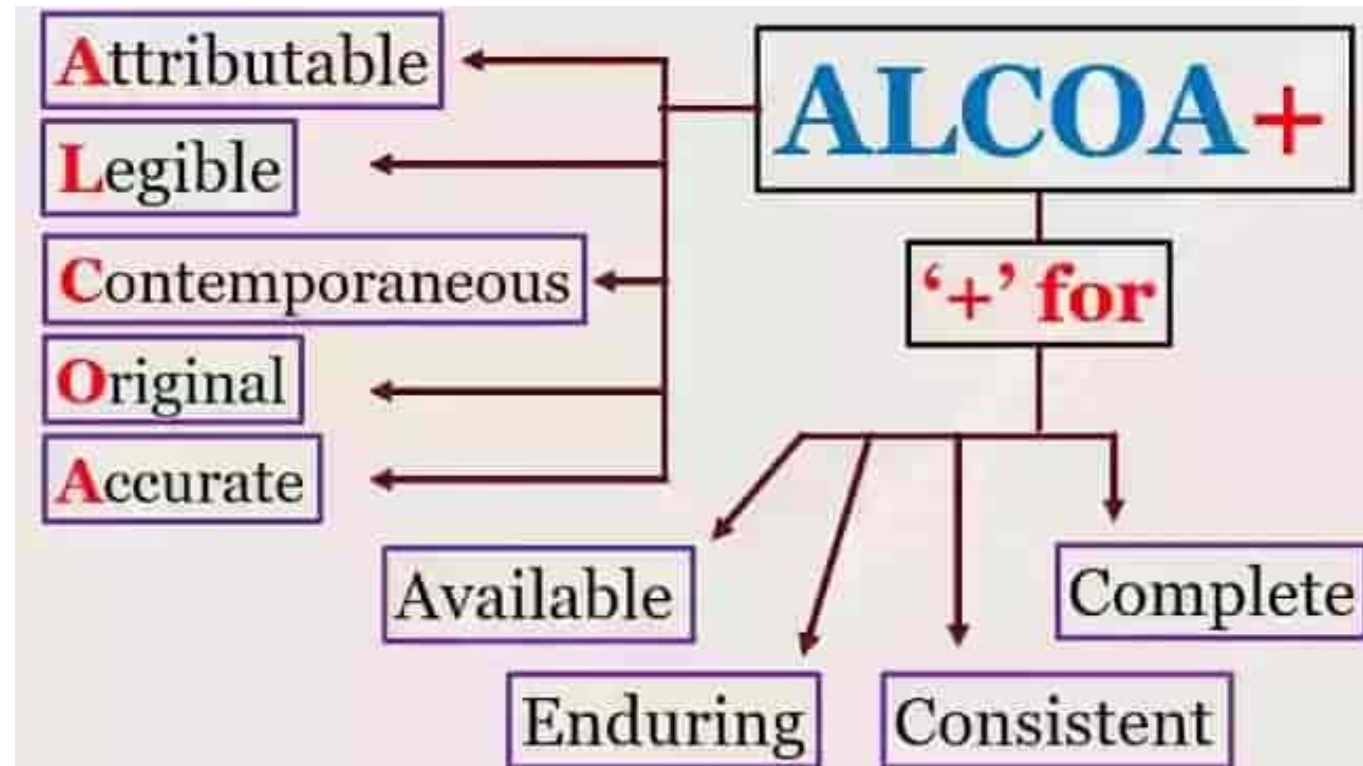
8. What do the terms CAPA and RCA mean and when are these tools used by the Quality Team Members?

Corrective and Preventive Action (**CAPA**) and Root Cause Analysis (**RCA**) are used for **NONCOMPLIANCE** (e.g., when ISO 14155 mistakes are made)

Regulatory Roles in GCP #9

9. What must be checked in each record for ALCOA+ compliance?

Each Record must be:



Best Practices #10

10. What are my top 3 best practices for GCP quality?

1. **Know your patients well, right from the start!**

medical and surgical history, medications past and present, disease state and progression, research concerns, interests, insights and motivations to participate in research

2. **Know your study well from all angles...**

protocol, CRF, IRB concerns, sponsor needs, your own capabilities within the study

3. **Be well prepared.**

keep your training, education and experience UP TO DATE and be sure you are paying attention to safety FIRST and efficacy at all times.

Best Practices #10

10. In the context of a clinical trial, what does quality apply to?

“In the context of a clinical trial, quality may apply to **data** (e.g. data are accurate and reliable) or **processes** (e.g. compliance with the study protocol and GCP; ensuring informed consent; adequate data handling and record-keeping, etc.).”

UNLEASH *PASSION*



ST. CLOUD STATE
UNIVERSITY

Thank you for attending!