CCTS Lunch & Learn

September 17, 2019

Agenda

Introduction/Welcome- Meredith Fitz-Gerald

Clinical Trials Initiative- Dr. Robert Kimberly

OSP- Debbie Graves

IRB- Adam McClintock

Job Ladder- Mark Marchant

Pharmacy Fee Structure- Christopher Chapleau

CBR - Ashley Knight Specht

OnCore- John Sandefur

i2b2- Matt Wyatt

TIN- Frannie Horn

SAVE THE DATES

Research Orientation: September 26, 2019 and November 21, 2019

Special Topics in Clinical Research/Research Seminar:

- October 3: CT.Gov Workshop: Reporting Results
- October 17: How to Write IRB Submissions
- November 12: The How To's With OSP Submissions WEST PAVILION
- November 21: HIPAA Texting and Email 101
- December 5: Self Help-Stress Management

Next Lunch and Learn: December 10, 2019

Questions on training, please email: CRSPtraining@uabmc.edu

How to Gain Access:

Monitor Access to EHR:
https://www.uab.edu/medicine/ctao/investigators/monitor-access-to-ehr

OnCore Information:
https://www.uab.edu/ccts/research-commons/oncore/resources

OnCore Access:
https://www.uab.edu/medicine/ctao/images/OnCore_ID_Request_Form_V4_10.pdf

PowerTrials:
powertrials@uabmc.edu
Contact: Alicia Martin-Gunter abmartin@uabmc.edu

Children's of Alabama:
https://www.uab.edu/medicine/peds/resources/resources/training-resources/research-team-training

CT.gov Registration and Result Reporting:
Denise McKenzie dhmckenzie@uabmc.edu or Dorothy Shaw dshaw@peds.uab.edu

Clinical Trials Initiative

Robert P. Kimberly, MD
Senior Associate Dean
Center for Clinical and Translational Science

Overview: Clinical Trials Initiative

- Identification / Recruitment of Trial Opportunities
- Clinical Trials Workforce Development
- Tools and Processes
- Participant Recruitment
- Finances and Close-out

OSP Updates

Debbie Graves
OSP Training Coordinator

dggraves@uab.edu (205) 934-1408

OSP/RBO Updates

- Alice Harding – Non-Profit Grants & Contracts Associate Director, OSP
- UAB Updated F&A Policy – effective October 1, 2019
- Upcoming Research Administration Forum (RAF)

Primary Changes to UAB F&A Policy

- Policy terminology updated to incorporate 2 CFR 200, more commonly known as Uniform Guidance
- Investigator-initiated clinical trials will be charged Other Sponsored Activities rate (currently 36% MTDC)
- Fee-for-Service Activities will be charged Organized Research Rate (48.5%)

Research Administration Forum (RAF)

- New meetings series held three times a year: October, January, May
- Research faculty and administrators can hear from central research offices (OSP, IRB, GCA, etc.) about best practices and hot topics
- Hosted by Research Administration Network Group (RANG)
- Inaugural forum – October 9, 2019
  - 2:00 – 3:30 PM
  - Spain Auditorium

IRB Updates & Current Events
CCTS Lunch & Learn

Adam J. McClintock | Director
Office of the Institutional Review Board

What are they doing over at the IRB office?

1. Launched Personnel eForm in July 2019
2. Piloting a Comprehensive Staff Training & Development Program
3. Establishing Metrics & Baseline Data
4. Preparing for AAHRPP Reaccreditation
5. Recruiting for Open Positions
    i. Training Coordinator
    ii. Systems Analyst
    iii. Receptionist

Updates on Clinical Trials Initiatives

Mark Marchant, MPH, MBA, CCRP
Director
Clinical Trials Administrative Office

Career Ladder

- Pilot
  - O'Neal Comprehensive Cancer Center
  - February-April
- Phase I
  - Anesthesia, Civitan, CRSP, Dermatology, Emergency Medicine, Exercise Medicine, ICOS, Radiology
  - June/July
- Phase II
  - Neurosurgery, OB/GYN, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pediatrics, Psychiatry, Rad/Onc, Surgery, Urology
  - July/August

Career Ladder

- Phase III
  - Arts & Sciences, Health Professions, Public Health, Optometry, Dentistry
  - August/September
- Phase IV
  - Department of Medicine
  - September/October
- Phase V
  - Genetics, Neurology, Pathology, Nursing
  - October/November

Career Ladder

- Phase VI (Catch-up)
  - Any staff missed (new hires, transfers, etc.)
  - November/December
- Go-Live
  - Early 2020

Greenphire

- Pilot: Fall 2017
- Waves 1 & 2: 2018
- Wave 3: Q1/2 2019
- Wave 4: Q3 2019
- Wave 5: Q4 2019
  - Civitan, CCC, Orthopedic Surgery, Physical Medicine, Radiation Oncology, Dentistry, Nursing, Health Professions

Pending Accounts

- Initiated in January 2017 for industry-funded clinical trials
- Monthly reports to Award Managers of current accounts
- Expenses (especially PI effort) should be applied within 45 days of creation
- Going forward, contracts will be held by OSP until appropriate expenses applied

Research Summaries

- 1 page summary for treating physicians at point of care for participants in trials
- Created using standard template and emailed to powertrials@uabmc.edu
- Monthly report provided listing outstanding trials (6%)
- Must update OnCore if trial status changes to reflect in PowerTrials

Pharmacy Fee Structure

Christopher Chapleau
Manager, UAB Pharmacy Services

New fee structure for Investigational Drug Services

Processing Fees		Dispensing Fees	
☐ Protocol Initiation	$2,500 (once)	☐ Oral	$30
☐ Monthly Maintenance	$50 (monthly)	☐ Intravenous (IV)	$150
☐ Study Closure	$500 (once)	☐ Topical	$30
☐ Monitoring Visit	$100 (each)	☐ Extended IV Compounding	$250
☐ Randomization Schema	$250 (once)	☐ Over-Encapsulation	$ 1 per capsule
☐ Storage (Room Temp)	$100 (Monthly)	☐ Paper Documentation	$25 per form
☐ Storage (< 8 Celsius)	$300 (Monthly)	☐ After-Hours	$200 (each)
☐ Controlled Substance (CI-CII)	$500 (Monthly)	☐ IVRS assignment	$25 (each)
☐ Controlled Sub. (CIII-CV)	$200 (Monthly)	☐ Barcoding/Unit Dosing	$1 (each)
☐ After Hours Service	$1000 (Monthly)	☐ Patient Kit Creation	$10
☐ Drug Destruction	$100 (each)	☐ Delivery Fee	$10

Distribution Center	
☐ Central Distributor Fee	$500 (Monthly)
☐ Shipment - Room Temperature	$75 + Actual Shipping+ Supply Cost
☐ Shipment – Refrigerated (non-monitored)	$150 + Actual Shipping +Supply Cost
☐ Shipment – Refrigerated (Monitored)	$250 + Actual Shipping + Supply Cost
☐ Shipment – International	$300 + Actual Shipping +Supply Cost

Clinical Billing Review (CBR) Updates

Ashley Knight Specht

Manager, Clinical Billing Review

Introductions – New CBR Staff

CBR Staff Updates

- **Dawn Matthews -** Retired in May of 2019
- **Ashley Specht -** Manager
- **Shameka Clark -** Clinical Research Analyst

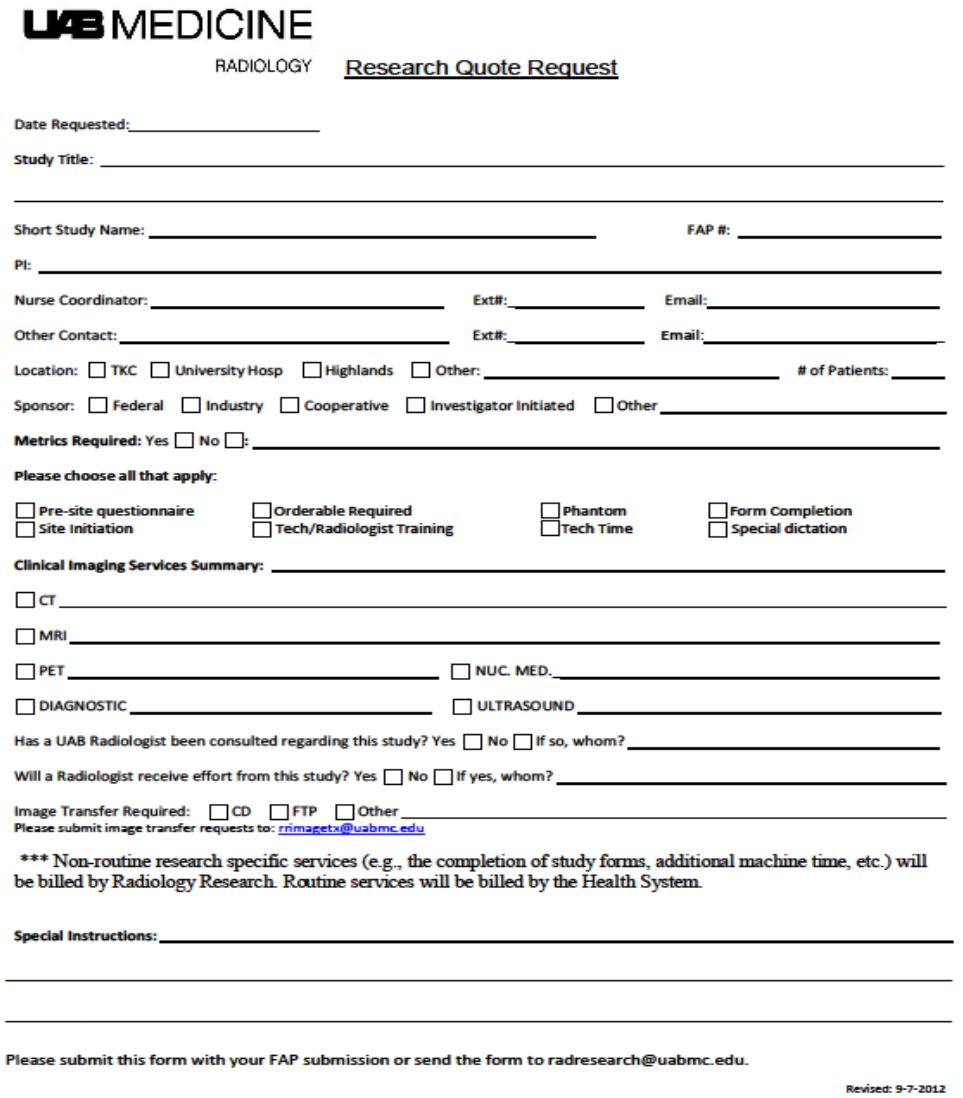
CBR Annual Departmental Meetings

Annual Meetings

- Goal – An opportunity to build relationships between the CBR Analysts and the research departments we support, and to discuss department-specific information, provide training, and to provide updates on our process
- Duration – Meetings conducted September and October. Meetings should take around one hour (a little more if there are questions)
- Location - We will come to you (if you do not have a projector, we will bring copies of the slides)
- Attendees – FAP Submitters, but please invite additional research staff if you feel it would be beneficial
- Information - Copies of slides and additional information about our forms and process will be sent to you after the training is complete

- Submit to CBR for pricing
  - This is to obtain the CPT code costs of imaging

- Submit Radiology Quote Request form
  - Include Protocol and Imaging Manual
  - radresearch@uabmc.edu
  - This form is mandatory for all studies that have a Radiology clinical billable exam
  - This review ensures that the protocol is implemented within the various Radiology Departments
  - Additional costs will be quoted at this time also
    - Tech time, image transfer, etc.



UAB MEDICINE
RADIOLOGY

Research Quote Request

Date Requested: _____

Study Title: _____

Short Study Name: _____ FAP #: _____

PI: _____

Nurse Coordinator: _____ Ext#: _____ Email: _____

Other Contact: _____ Ext#: _____ Email: _____

Location: ☐ TKC ☐ University Hosp ☐ Highlands ☐ Other: _____ # of Patients: _____

Sponsor: ☐ Federal ☐ Industry ☐ Cooperative ☐ Investigator Initiated ☐ Other _____

Metrics Required: Yes ☐ No ☐: _____

Please choose all that apply:

☐ Pre-site questionnaire ☐ Site Initiation
☐ Orderable Required ☐ Tech/Radiologist Training
☐ Phantom ☐ Tech Time
☐ Form Completion ☐ Special dictation

Clinical Imaging Services Summary: _____

☐ CT _____

☐ MRI _____

☐ PET _____ ☐ NUC. MED. _____

☐ DIAGNOSTIC _____ ☐ ULTRASOUND _____

Has a UAB Radiologist been consulted regarding this study? Yes ☐ No ☐ If so, whom? _____

Will a Radiologist receive effort from this study? Yes ☐ No ☐ If yes, whom? _____

Image Transfer Required: ☐ CD ☐ FTP ☐ Other _____
Please submit image transfer requests to: rrimagetx@uabmc.edu

*** Non-routine research specific services (e.g., the completion of study forms, additional machine time, etc.) will be billed by Radiology Research. Routine services will be billed by the Health System.

Special Instructions: _____

Please submit this form with your FAP submission or send the form to radresearch@uabmc.edu.

Revised: 9-7-2012

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB Radiology Research

Haley Hendrix
Brandi Barger
Amanda Richardson

radresearch@uabmc.edu
975-4559

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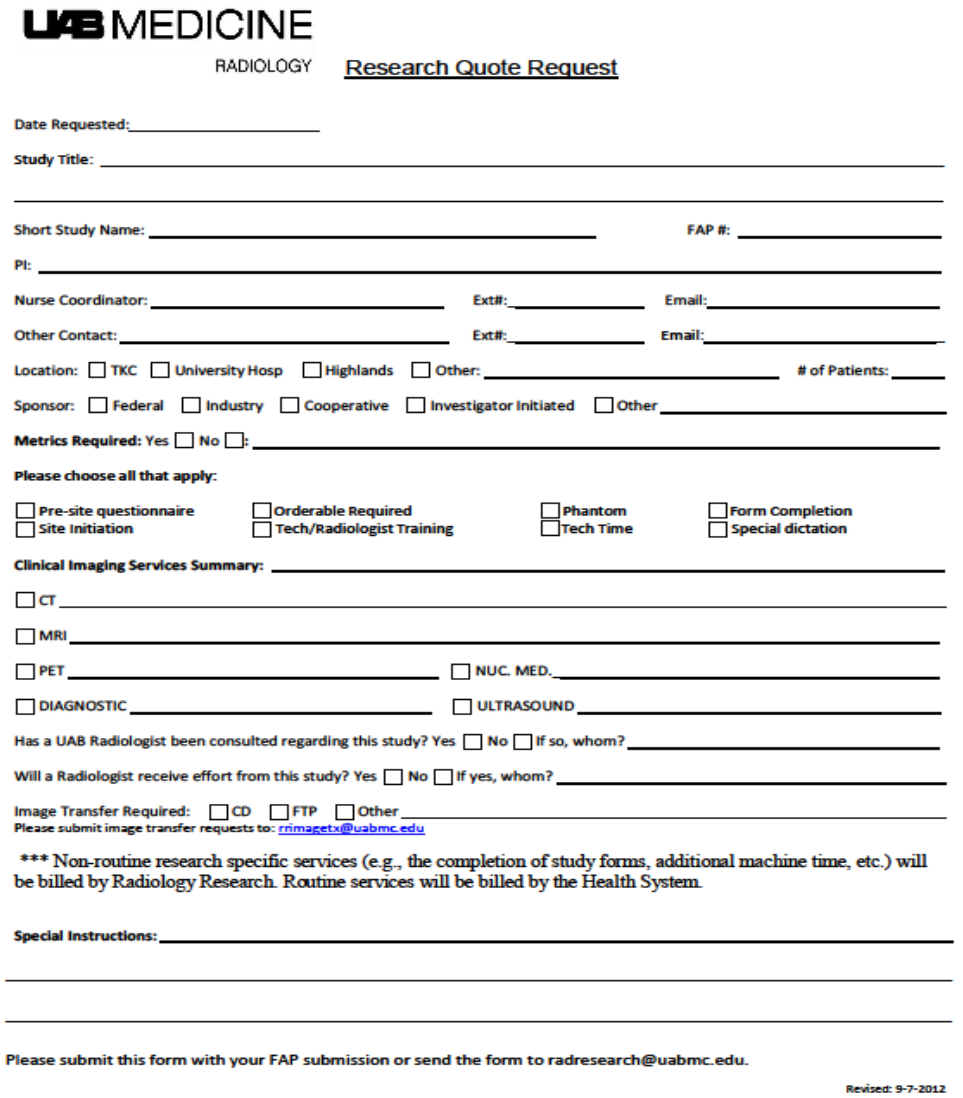

UAB MEDICINE
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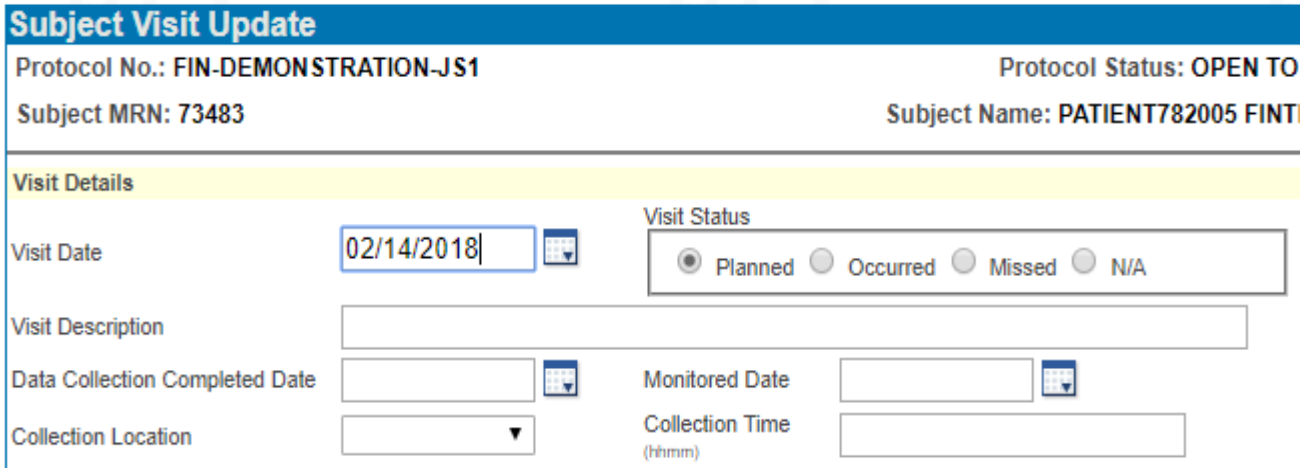
Revised: 9-7-2012

Data Quality Reports

John Sandefur, MBA, MSHI
Manager II-Application Architect
OnCore Team Leader

What goes wrong with subject visits?

- If subjects are not taken off study or off treatment in OnCore and their subsequent visits are not Occurred, the visits remain in a status of Planned.
- If a visit is submitted by pressing the Submit and Close button and the radio button for Occurred is not chosen, the visit remains in a status of Marked as Planned.



What happens when visits aren't occurred properly?

- It is important to recognize that CTBNs do not generate charges – they inform the billing offices what was planned and which accounts should receive the charges – the patient or research accounts.
- If visits are still in the Planned state, it may be that the subject status needs to be changed (and reflected in IMPACT), or it may be that the visits took place but were not occurred in OnCore. No one except the study team would know. A CTBN will not drop, so if charges drop from the Health System, they may be charged to the wrong payer – e.g. billed to the patient's insurance instead of to the study account.
- If visits are still Marked as Planned, it is likely that a CTBN should have dropped but did not since the visit was not marked as Occurred. Again, it is possible that charges may be billed incorrectly and mostly likely charged to the patient's account.
- When charges are billed incorrectly, we face compliance risk. If/when charges are denied by insurance, the Health System may have to write them off.

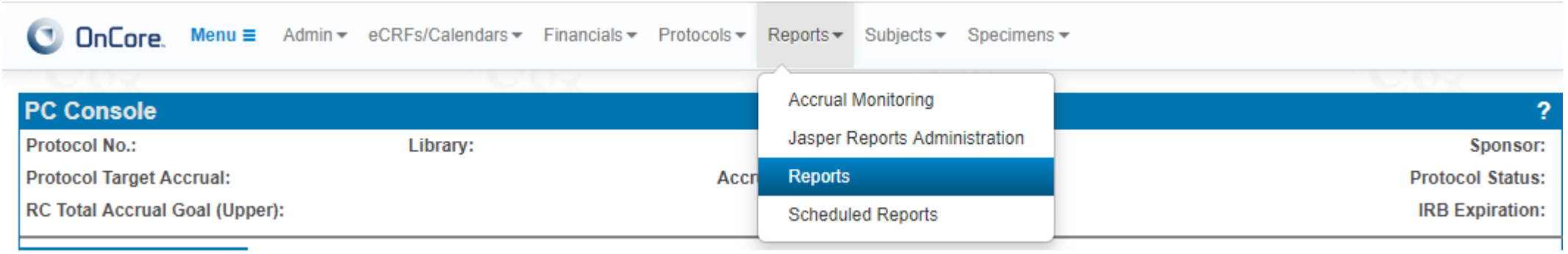
What happens when visits aren’t occurred properly?

- Timeliness of Occurring visits is of utmost importance. To avoid issues with billing compliance visits must be occurred within 24-48 hours. If a visit is not marked as “Occurred”, a CTBN is not generated for use by the billing office. Without this timely CTBN there is a risk that charges will be billed incorrectly e.g. billed to the patient’s insurance instead of to the study account.

What is the magnitude of this problem?

- Hundreds of visits were Planned and never Occurred over the last year.
- Hundreds more were left in the status of Marked as Planned.
- It is much more difficult to correct problems after the date of the visit!

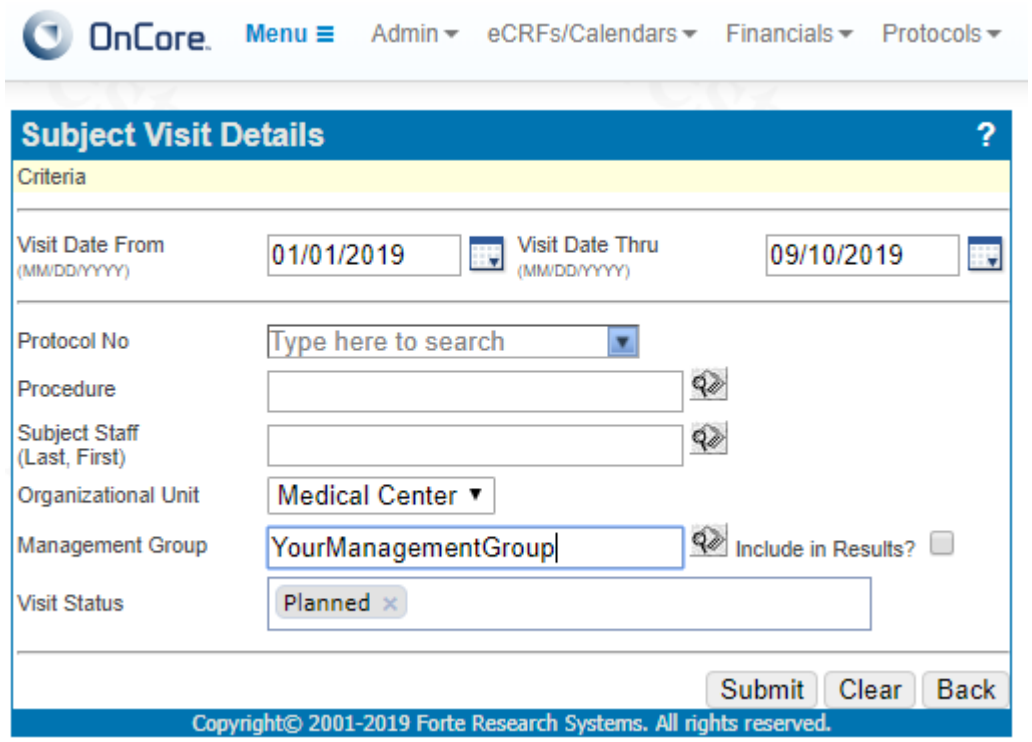
The Subject Visit Details report

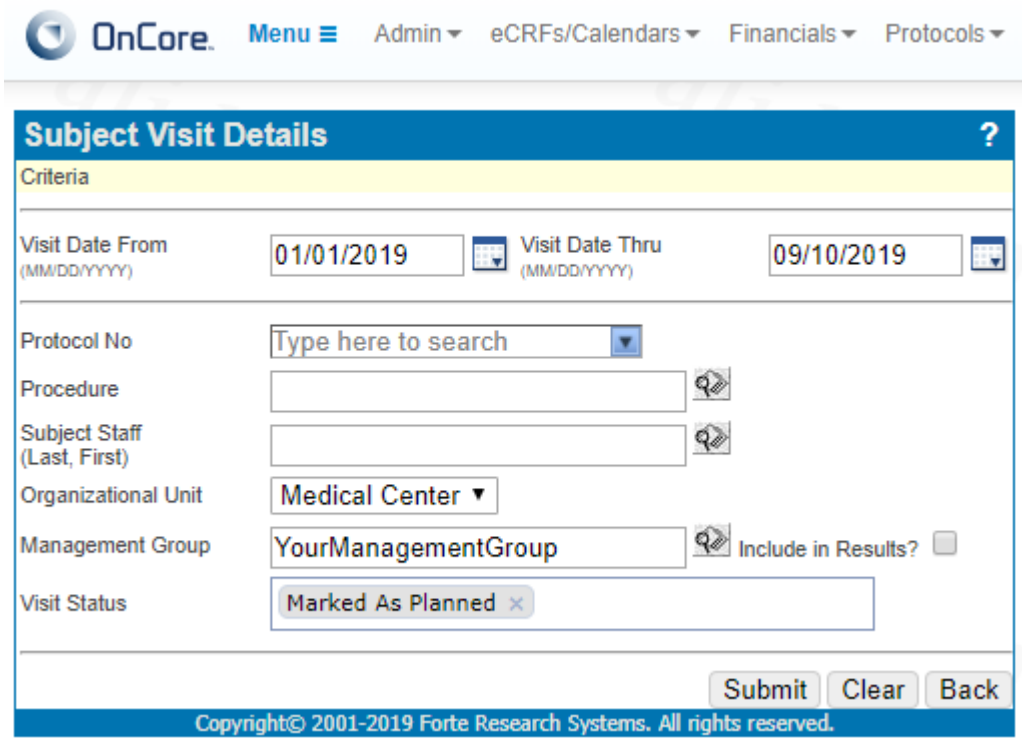


In the Subject Visits tab, you will find the Subject Visit Details report. This report will be run monthly by the OnCore Team and you will receive a copy by email, but you can run it at any time and stay current with your visits.

* Most roles in OnCore have permission to view this tab. If you cannot see it and want to view the report, give us a call.

The Subject Visit Details report - report filters





You will want to select a date range and your Organizational Unit and type in your Management Group. Then choose a visit status of Planned or Marked as Planned. You may also choose other filters.

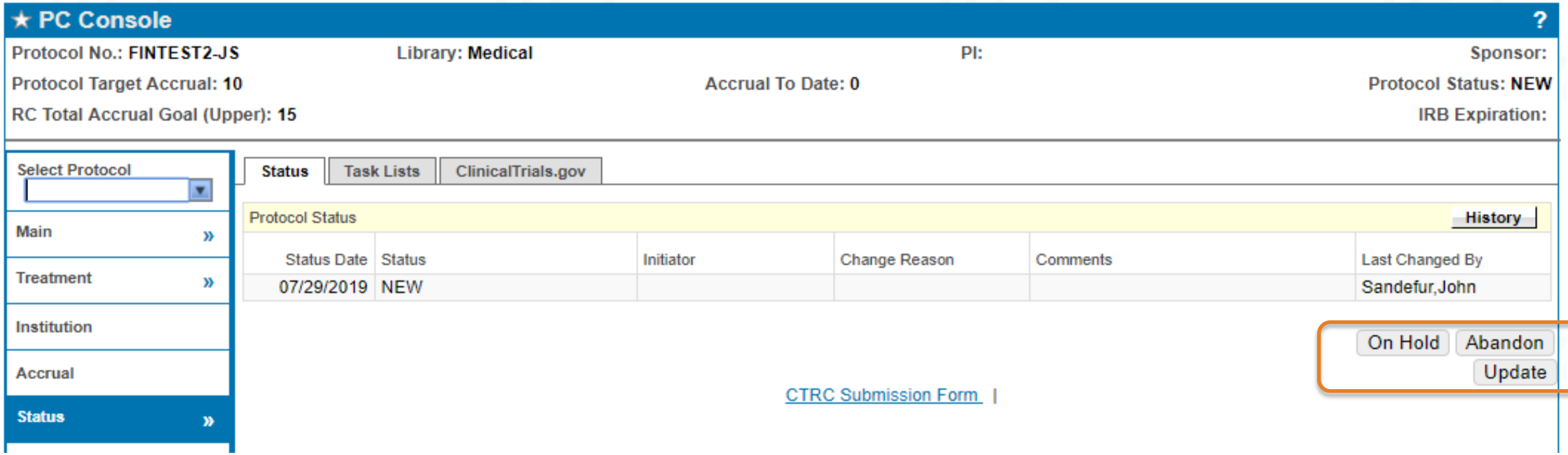
The Subject Visit Details report - report output

Protocol No.	Subject MRN	Subj Name	Seq No.	Subject Inits	Visit Info	Visit Status	Earliest Visit Date	Latest Visit Date	Procedures	Footnotes	Forms	Subject Staff
Your Protocol	MRN	Smith, Jones	1	JS	02/20/2019 (Treatment (Every 3months): V4/12month)	Planned	02/20/2019	02/20/2019	Procedure list	Applicable footnotes		

Closing and abandoning trials

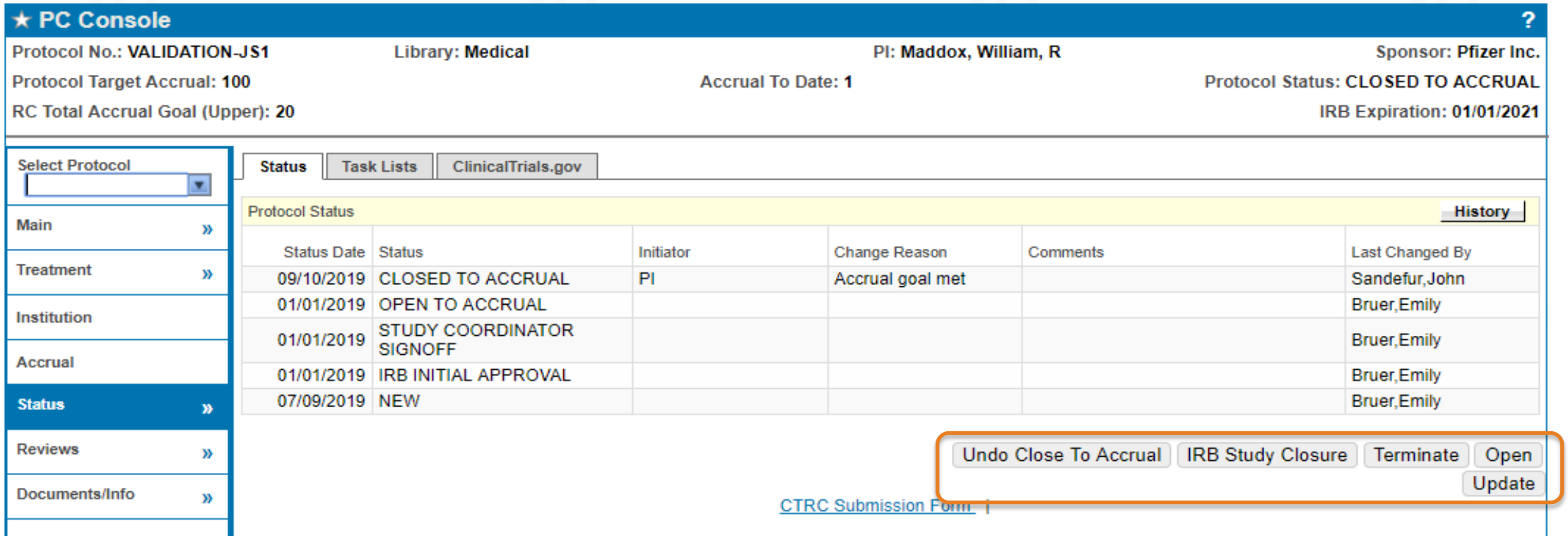
Closing and abandoning trials properly allows us to track active trials accurately. It is extremely important that we keep up with protocol (and subject) statuses!

Closing and abandoning trials - abandon



Trials that have not been opened to accrual may be abandoned.

Closing and abandoning trials - closing



Trials that have been opened to accrual and subsequently closed may be terminated or closed to the IRB.

QUESTIONS?

Call the HelpDesk at 4-8888

Email OnCore@uabmc.edu

Clinical Data & Tools to Support Research

i2b2 and the Enterprise Data Warehouse

Matt Wyatt
Director of Clinical Research Informatics
Center for Clinical and Translational Science
UAB Informatics Institute
Health System Enterprise Data Warehouse
mwyatt@uabmc.edu

Support for All Parts of the Research Process

Data Integration

Feasibility Assessment Within UAB

Hypotheses Exploration

Proposal Development / Preliminary Data

External Collaborations?

Additional Data for Participants

IRB Approved Research Datasets (PHI)

Recruitment Datasets

LDS/Aggregate Study Datasets

i2b2

Enterprise Data Warehouse

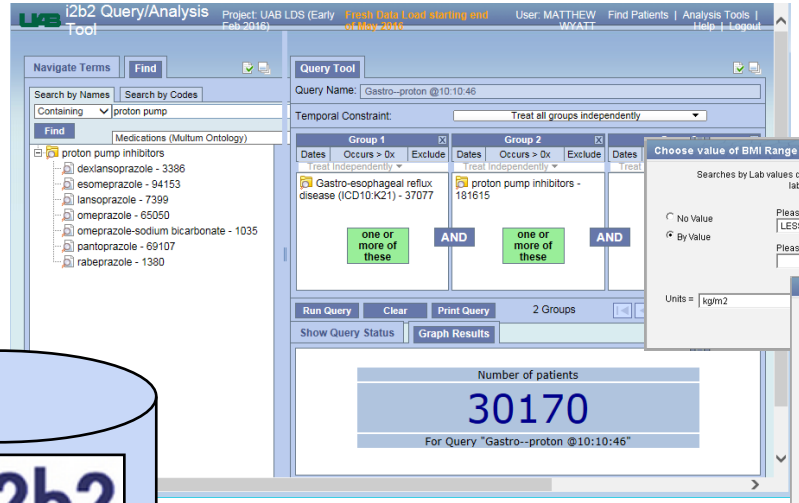
Cerner Impact

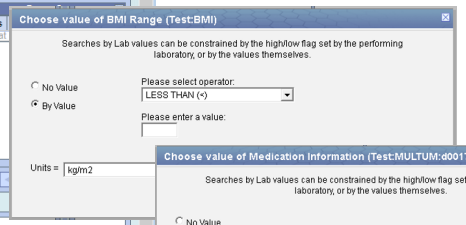
PHEDRS

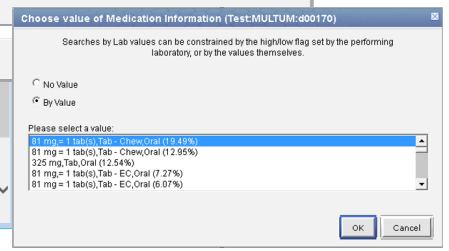
Patient	Date	Code	Concept Description	Encounter
12345	1-Jul-15	ICD9:493.90	Asthma	98765
12346	3-Mar-16	ICD10-CM:E78.5	Hyperlipidemia, unspecified	98764
12347	3-Mar-16	ICD10-CM:Z00.00	Encounter for general adult medical examinati	98763
12348	9-Jul-12	ICD9:709.9	Dermatosis NOS	98762
12349	1-Nov-12	ICD9:311	DEPRESSIVE DISORDER, NOT ELSEWHERE CLA	98761
12350	1-Nov-12	ICD9:300.02	Anxiety disorder, generalized	98760
12351	5-Dec-13	ICD9:V22.1	Prenatal care, normal, other pregnancy	98759
12352	26-Dec-13	ICD9:V72.31	Routine gynecological examination	98758
12353	2-Apr-15	ICD9:493.90	Asthma, unspecified	98757
12354	2-Apr-15	ICD9:493.90	Asthma	98756
12355	19-Aug-13	ICD9:V58.69	High risk medication use	98755
12356	22-Jan-16	ICD10-CM:J45.909	Unspecified asthma, uncomplicated	98754
12357	22-Jan-16	ICD10-CM:Z23	Encounter for immunization	98753
12358	22-Jan-16	ICD10-CM:I10	Essential (primary) hypertension	98752
12359	22-Jan-16	ICD10-CM:R73.01	Impaired fasting glucose	98751

MRN	Last Name	First Name	Visit date	Location
12345	Patient	Fake	1-Jul-15	Your Clinic
12346	Patient	Fake	3-Mar-16	Another Clinic
12347	Patient	Fake	3-Mar-16	Your Clinic
12348	Patient	Fake	9-Jul-12	Your Clinic
12349	Patient	Fake	1-Nov-12	Your Clinic
12350	Patient	Fake	1-Nov-12	Another Clinic
12351	Patient	Fake	5-Dec-13	Your Clinic
12352	Patient	Fake	26-Dec-13	Your Clinic
12353	Patient	Fake	2-Apr-15	Your Clinic
12354	Patient	Fake	2-Apr-15	Another Clinic
12355	Patient	Fake	19-Aug-13	Your Clinic
12356	Patient	Fake	22-Jan-16	Your Clinic
12357	Patient	Fake	22-Jan-16	Your Clinic
12358	Patient	Fake	22-Jan-16	Another Clinic
12359	Patient	Fake	22-Jan-16	Your Clinic

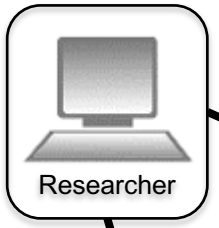
How to Get Data and/or Help?

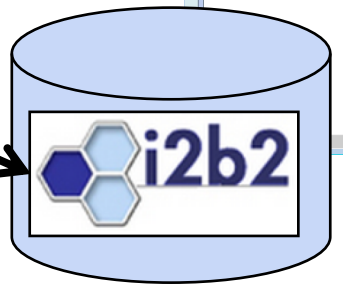






What you can Ask?



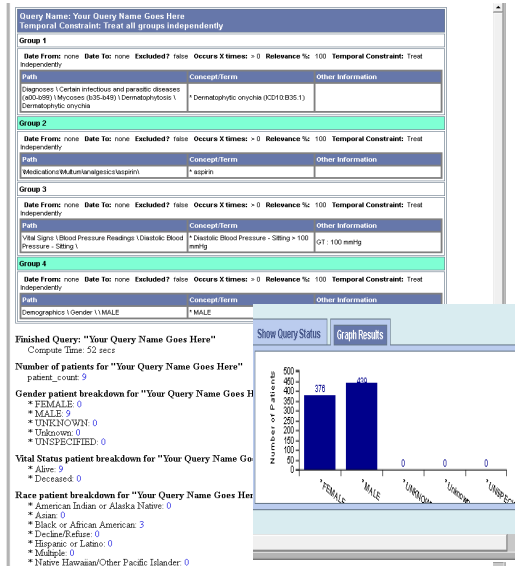


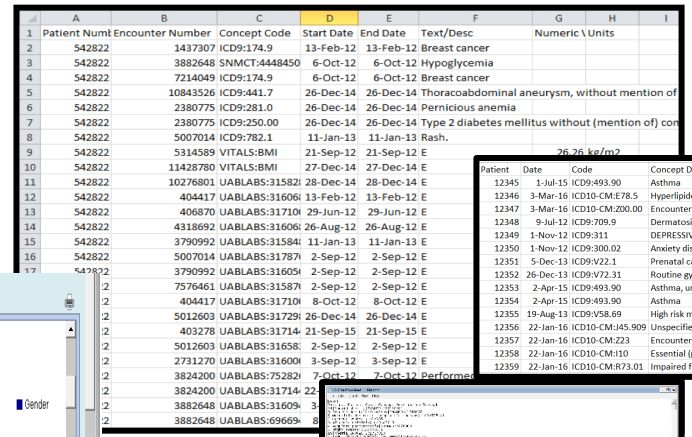
EDW Analysts

Enterprise Data Warehouse

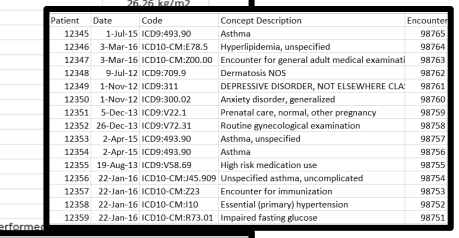
Cerner Impact

What you can get!

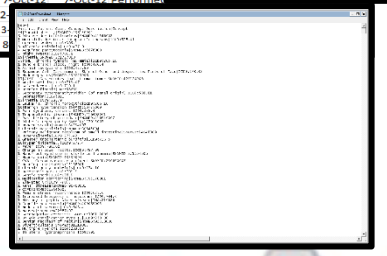




	A	B	C	D	E	F	G	H	I
1	Patient Num	Encounter Number	Concept Code	Start Date	End Date	Text/Desc	Numeric V	Units	
2	542822	1437307	ICD9:174.9	13-Feb-12	13-Feb-12	Breast cancer			
3	542822	3882648	SNMCT:4448450	6-Oct-12	6-Oct-12	Hypoglycemia			
4	542822	7214049	ICD9:174.9	6-Oct-12	6-Oct-12	Breast cancer			
5	542822	10843526	ICD9:441.7	26-Dec-14	26-Dec-14	Thoracoabdominal aneurysm, without mention of			
6	542822	2380775	ICD9:281.0	26-Dec-14	26-Dec-14	Pernicious anemia			
7	542822	2380775	ICD9:250.00	26-Dec-14	26-Dec-14	Type 2 diabetes mellitus without (mention of) con			
8	542822	5007014	ICD9:782.1	11-Jan-13	11-Jan-13	Rash.			
9	542822	5314589	VITALS:BMI	21-Sep-12	21-Sep-12	E		26.26	kg/m2
10	542822	11428780	VITALS:BMI	27-Dec-14	27-Dec-14	E			
11	542822	10276801	UABLABS:31582	28-Dec-14	28-Dec-14	E			
12	542822	404417	UABLABS:31606	13-Feb-12	13-Feb-12	E			
13	542822	406870	UABLABS:31710	29-Jun-12	29-Jun-12	E			
14	542822	4318692	UABLABS:31606	26-Aug-12	26-Aug-12	E			
15	542822	3790992	UABLABS:31584	11-Jan-13	11-Jan-13	E			
16	542822	5007014	UABLABS:31787	2-Sep-12	2-Sep-12	E			
17	542822	3790992	UABLABS:31605	2-Sep-12	2-Sep-12	E			
2		7576461	UABLABS:31587	2-Sep-12	2-Sep-12	E			
2		404417	UABLABS:31710	8-Oct-12	8-Oct-12	E			
2		5012603	UABLABS:31729	26-Dec-14	26-Dec-14	E			
2		403278	UABLABS:31714	21-Sep-15	21-Sep-15	E			
2		5012603	UABLABS:31658	2-Sep-12	2-Sep-12	E			
2		2731270	UABLABS:31600	3-Sep-12	3-Sep-12	E			
2		3824200	UABLABS:75282	7-Oct-12	7-Oct-12	Performed			
2		3824200	UABLABS:31714	22-					
2		3882648	UABLABS:31609	3-					
2		3882648	UABLABS:69669	8-					



Patient	Date	Code	Concept Description	Encounter
12345	1-Jul-15	ICD9:493.90	Asthma	98765
12346	3-Mar-16	ICD10-CM:E78.5	Hyperlipidemia, unspecified	98764
12347	3-Mar-16	ICD10-CM:Z00.00	Encounter for general adult medical examinati	98763
12348	9-Jul-12	ICD9:709.9	Dermatosis NOS	98762
12349	1-Nov-12	ICD9:311	DEPRESSIVE DISORDER, NOT ELSEWHERE CLA	98761
12350	1-Nov-12	ICD9:300.02	Anxiety disorder, generalized	98760
12351	5-Dec-13	ICD9:V22.1	Prenatal care, normal, other pregnancy	98759
12352	26-Dec-13	ICD9:V72.31	Routine gynecological examination	98758
12353	2-Apr-15	ICD9:493.90	Asthma, unspecified	98757
12354	2-Apr-15	ICD9:493.90	Asthma	98756
12355	19-Aug-13	ICD9:V58.69	High risk medication use	98755
12356	22-Jan-16	ICD10-CM:J45.909	Unspecified asthma, uncomplicated	98754
12357	22-Jan-16	ICD10-CM:Z23	Encounter for immunization	98753
12358	22-Jan-16	ICD10-CM:I10	Essential (primary) hypertension	98752
12359	22-Jan-16	ICD10-CM:R73.01	Impaired fasting glucose	98751



What's in i2b2?

Included Organizations:

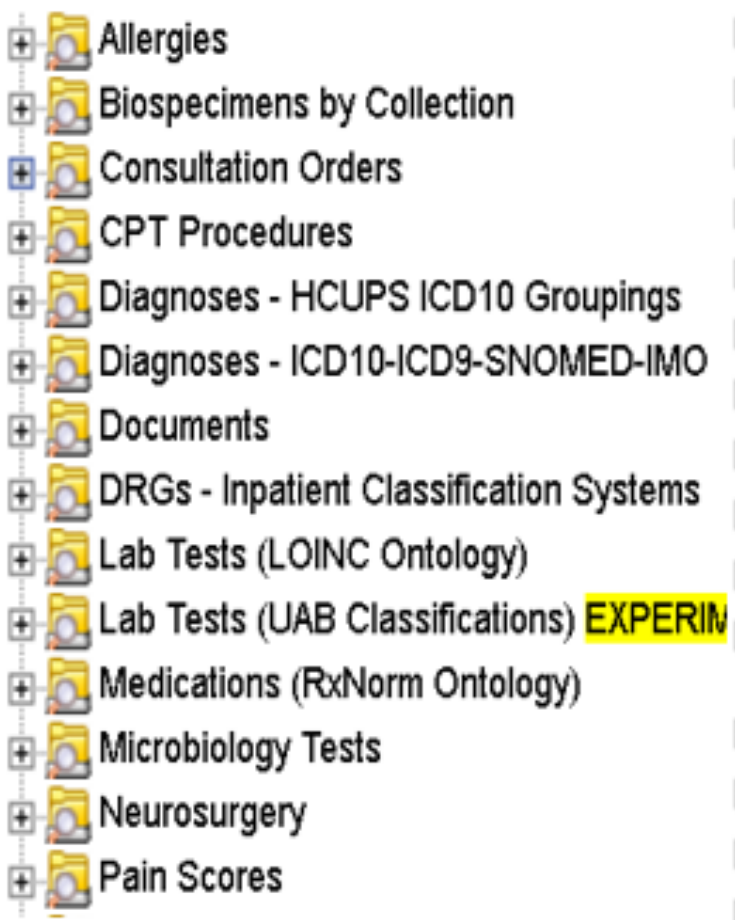
- UAB Hospital, TKC, Highlands, WIC
    - i.e.. Anyone Using IMPACT

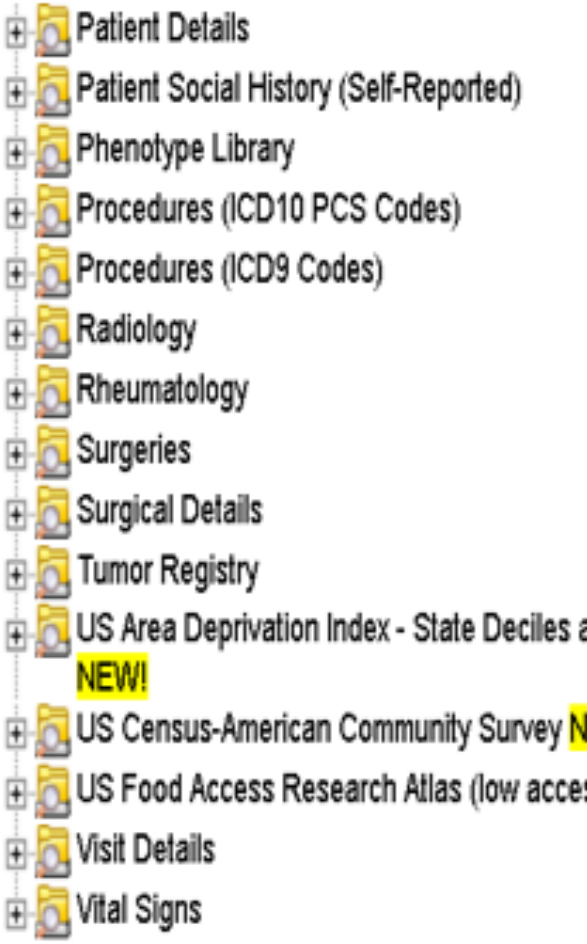
Organizations Not Included:

- CEFH, Children's, VA, CCTS Partners

Amount of Data:

- ~ 1.07M Patients
- > 1Billion Facts





Major Systems Included:

- IMPACT, OnCore, Metriq, TransChart, TCBF, Census

Date Coverage: Generally, 2010/2011 - Present

More Information – Who to call

i2b2support@uabmc.edu or Google “UAB i2b2”

Informatics Services

- http://www.uab.edu/ccts/research-commons/informatics

EDW data requests

- http://www.uab.edu/ccts/researchcommons/research-data-requests

Information about i2b2

- http://www.uab.edu/ccts/research-commons/informatics/i2b2

i2b2 login URL: https://i2b2-uab.hs.uab.edu

Southeast Health Alliance for Research (SHARe) &Trial Innovation Network (TIN)

Jason Nichols, OD, MPH, PhD

CCTS Director- SHARe & TIN
Assoc. VP Research Engagement
& Partnerships
Office of Industry Engagement - OVPR

Frannie Horn, JD, EdS

CCTS Program Manager- SHARe & TIN
Office of Industry Engagement - OVPR

SHARe

A 13-member consortium launched by the CCTS to build on the strength of our Partner Network to develop a truly transformational research enterprise in multisite studies for the Deep South.

https://www.uab.edu/ccts/partnerships/share

SHARe Partners

- AUBURN UNIVERSITY
- HUDSONALPHA INSTITUTE FOR BIOTECHNOLOGY
- LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- OCHSNER HEALTH SYSTEM
- OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER
- PENNINGTON BIOMEDICAL RESEARCH CENTER
- SOUTHERN RESEARCH
- TULANE UNIVERSITY
- TUSKEGEE UNIVERSITY
- UNIVERSITY OF ALABAMA
- UNIVERSITY OF ALABAMA AT BIRMINGHAM
- UNIVERSITY OF MISSISSIPPI I UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
- UNIVERSITY OF SOUTH ALABAMA

Why use SHARe?

- Multi-site trials frequently struggle to identify and enroll sufficient numbers of qualified participants.
- SHARe offers access to a large, regional and diverse population.
- SHARe can help you find a cohort that meets your criteria.
- SHARe resources are available at no cost to the project.

How does SHARe work?

Governance

- Governed by an Advisory Committee that meets once a month (second Tuesday at 12:00CT)

- Duties of Advisory Committee:
  - General oversight over all activities and operations of SHARe
  - Adopt and maintain Standard Operating Procedures (SOPs)
  - Accept or Deny proposed SHARe trials and projects

- Each Partner has a Partner Network Clinical Lead (PNCL) and one other representative

How does SHARe work?

Submission Process

- Fact Sheet about project is submitted by PI's office
- Circulated to and considered by Partners
- Interested Partners propose a site PI to SHARe administrator who connects sites with Lead PI team
- SHARe can assist with:
  - Single IRB through SMART IRB
    - Each institution has its' own processes and procedures for accepting responsibility or ceding review
  - Contract Templates
  - Staff Training

SHARe Request Form

Examples of Current SHARe Trials

- A Phase II Study of Cabozantinib for Recurrent or Persistent Cervical Cancer (USA Health)
- Antihypertensive Therapy for Mild Chronic Hypertension during Pregnancy: A Pragmatic Multicenter Randomized Trial (CHAP Trial) (UAB)
- Infant Formula Growth Study (Pennington Biomedical Research Center)
- A Randomized, Double-blind, Phase 2, Placebo Controlled Study to Determine the Safety and Efficacy of Ivacaftor (VX-770) for the Treatment of COPD (TOPIC Trial)(UAB)

How does UAB successfully engage SHARe?

Early Identification

of proposals, applications, project ideas!

Contact Frannie Horn at the CCTS

fhorn@uab.edu - 934-3980

https://www.uab.edu/ccts/partnerships/share

Trial Innovation Network

A new national collaborative initiative within the CTSA Program and is composed of three key organizational partners – the CTSA Program Hubs, the Trial Innovation Centers (TICs), and the Recruitment Innovation Center (RIC).

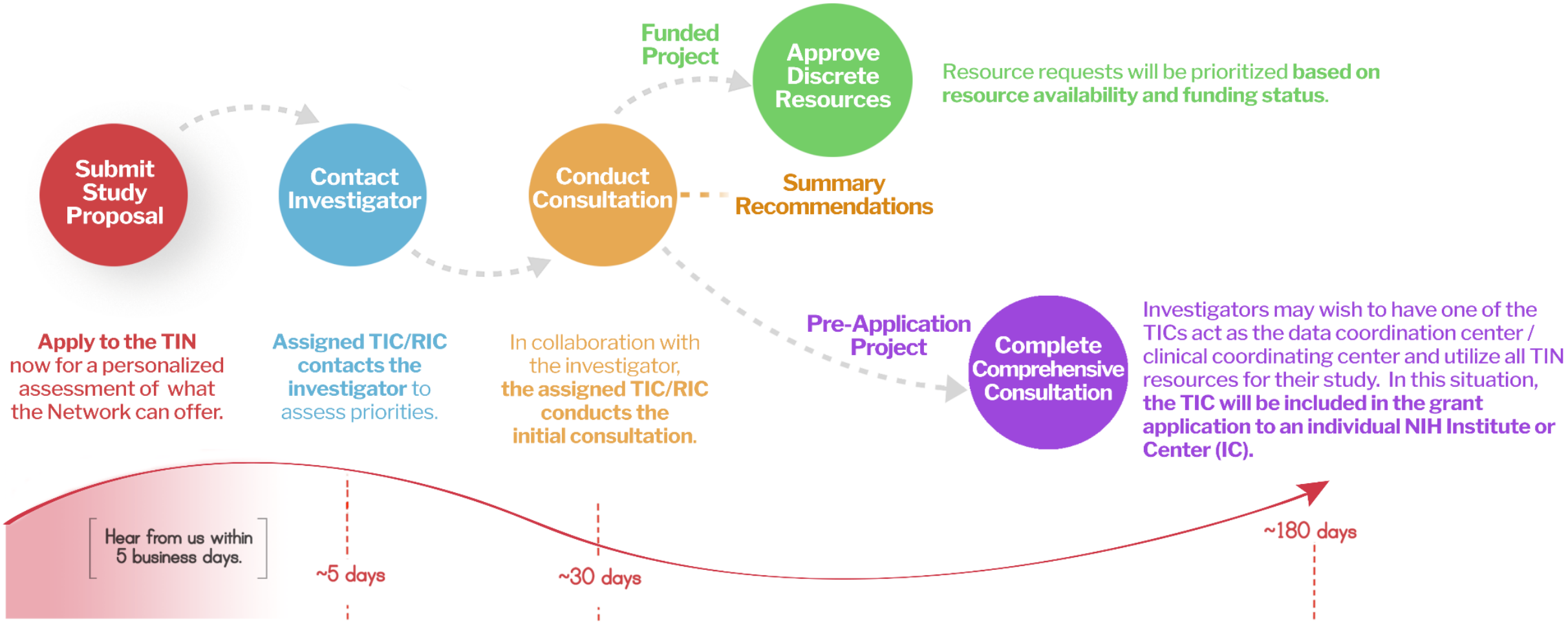
How Can We Help You?

1. The Trial Innovation Network offers study investigators of multi-site trials the ability to request an **initial consultation or specific resources for a trial**, whether funded or in the planning stages.
2. Prior to submitting a Trial Innovation Network Project Proposal, study investigators must first **discuss the proposal with his/her CTSA Liaison** team and receive approval from the CTSA Program Hub Principal Investigator.
3. Once a study investigator submits a proposal, the proposal undergoes a series of reviews which can possibly lead to **Trial Innovation Network infrastructure and resources** to support your trial.

Questions? Contact your Frannie Horn at (205) - 934-3980. Learn more at trialinnovationnetwork.org

The Trial Innovation Network is supported by the National Center for Advancing Translational Sciences, National Institutes of Health, under award numbers U24TR001608, U24TR001597, U24TR001609, and U24TR001579.

Using the Trial Innovation Network to Plan Your Trial



Illustrated timeline is approximate and may be subject to change based on the responsiveness and needs of the research team and current number of active proposals

How does UAB successfully engage the TIN?

Early Identification

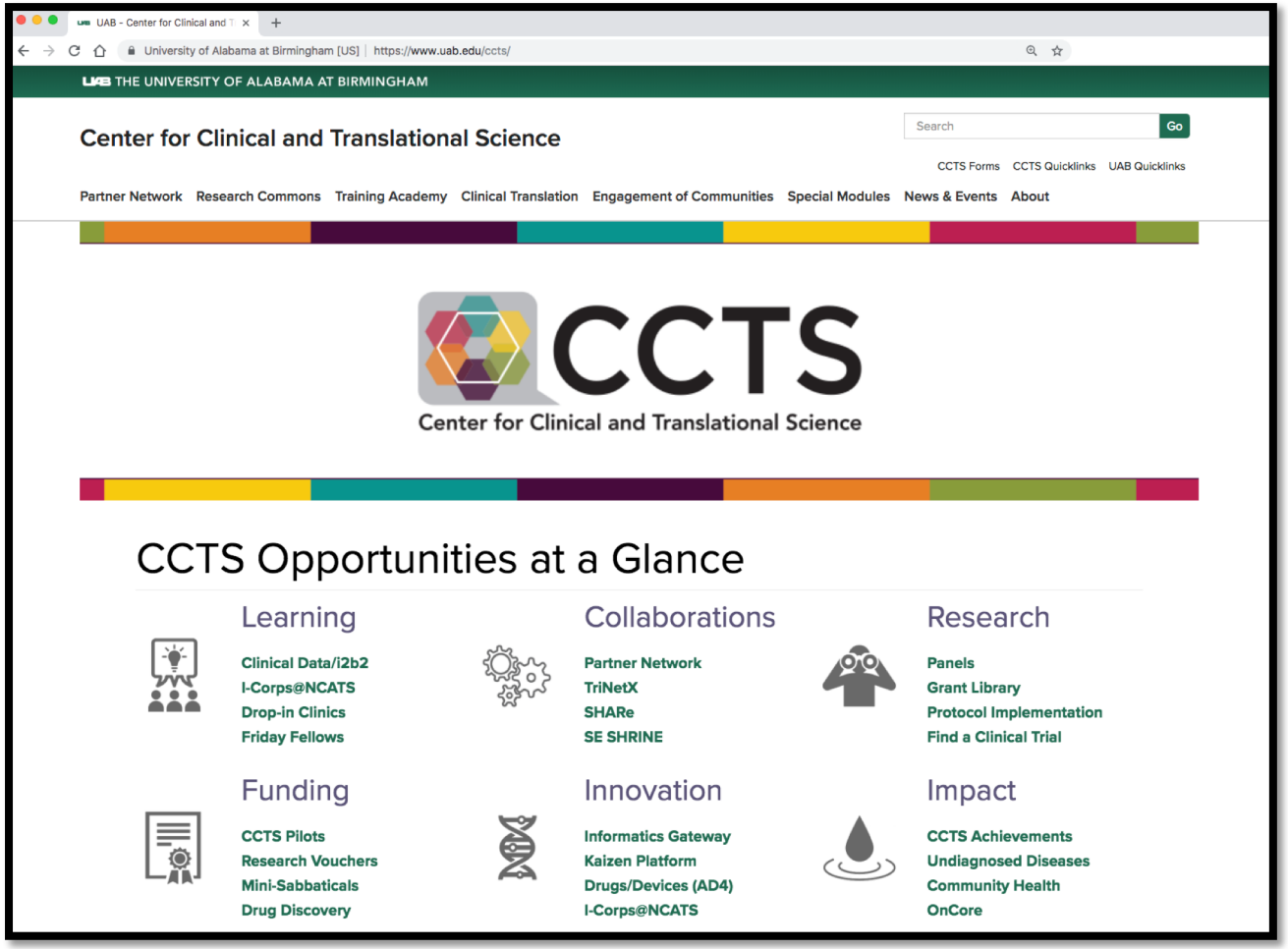
of proposals, applications, project ideas!

Contact Frannie Horn at the CCTS

fhorn@uab.edu – 934-3980

https://www.trialinnovationnetwork.org

Stay Connected



CCTS

www.uab.edu/ccts

205-934-7442

ccts@uab.edu

PCAMS – 1924 7th Ave South

@cctsnetwork

Search YouTube: cctsnetwork

Science through Synergy

Questions & Discussion

CCTS

Center for Clinical and Translational Science

Next Lunch and Learn December 10, 2019