Small Biopharma Companies Must Wrestle With Big Safety Data Responsibilities

By Suz Redfearn

It used to be relatively straightforward to aggregate all safety data from a compound’s trials and send it to the FDA annually, as required. As the sponsor, you either had the data within easy reach in your files, or the one or two CROs you’d outsourced to could easily pull it together. It was simple.

But that was then in pharmacovigilance. This is now.

Now, clinical research is awash in big, unwieldy data, and studies on one compound often have multiple endpoints across multiple protocols. Also, more often than not, the studies have been outsourced to several CROs, each of which uses different databases with different data standards and different coding for pharmacovigilance.

Now, when it’s time to send in that annual safety report for a compound in trials, a sponsor can become downright flummoxed—especially so if they are a small biotech, which is where many of the industry’s promising compounds now originate.

“So many of these companies with new compounds are now just a dream and a team,” said James Bannon, president and CEO of drug safety and pharmacovigilance company Vigilare International, which was bought by WIRB-Copernicus Group last fall. “They don’t have the same safety infrastructure as the big pharma companies and they are not printing off study-related correspondence; however, they are filing electronically and documenting that information in the regulatory binder.

Is there any GCP guidance that I can reference regarding the electronic storage of study-related correspondence?

The scenario you describe may not conflict with FDA regulations. The electronic records appear to be your source documents. Below is information on electronic records.

There is a guidance document that mentions certified copies of source documents in several places as well as electronic records.

FDA regulations provide guidance for the handling and storage of electronic records, including email. The regulations do not, however, provide answers for every possible question. FDA’s Office of Good Clinical Practice responds to questions from the public interpreting FDA’s position, offering advice on how to proceed and pointing out key documents and resources that provide more guidance. The following question and OGCP answer regarding the electronic storage of correspondence comes from their website.

Electronic Storage of Work Correspondence – GCP Questions, FDA Answers

Electronic Storage of Correspondence

In recent visits to sites, there seems to be a trend that the study coordinators are not printing off study-related correspondence; however, they are filing electronically and documenting that information in the regulatory binder.

Is there any GCP guidance that I can reference regarding the electronic storage of study-related correspondence?

The scenario you describe may not conflict with FDA regulations. The electronic records appear to be your source documents. Below is information on electronic records.

There is a guidance document that mentions certified copies of source documents in several places as well as electronic records.
IBM Watson Helps Increase Cancer Trial Enrollment

In the span of nearly a year, Mayo Clinic’s use of IBM’s Watson computing system for matching patients to clinical trials helped increase enrollment by an average of 80 percent in studies of systemic therapies for breast cancer. Over 11 months, the time needed to screen an individual patient for clinical trial matches also fell when compared to traditional manual methods, they said in a joint press release. In July 2016, Mayo began using the system with a team of screening clinical research coordinators in its ambulatory practice for patients with breast cancer. “This has enabled all patients to be screened for all available clinical trial opportunities,” said Mayo oncologist Tufia Had-dad, physician leader for the Watson matching project. The two organizations also plan to expand training and use of the system, including using Watson in additional cancer types, as well as other aspects of cancer therapy, such as surgery, radiation and supportive care. Currently, the system is trained to support clinical trial matching for breast, lung and gastrointestinal cancers.

NIH & Inova Launch Matchmaking Project

The NIH is launching a two-year pilot project to help genomic researchers connect with individuals with genotypes of interest who have consented to further study of their phenotypes and health consequences. The new database of over 10,000 patient genomes and exomes — dubbed The Genomic Ascertainment Cohort, launched by the National Institute of Arthritis and Musculoskeletal and Skin Diseases in cooperation with the Inova Health System — will allow researchers to predict the effects of specific genes or variants, and test their hypotheses by re-examining the individual donors that consented to the project. “It’s basically taking clinical research and turning it on its head,” described Leslie Biesecker, chief of the Medical Genomics and Metabolic Genetics Branch at the National Human Genome Research Institute, which will maintain the database. For example, a researcher may have a functional lab assay demonstrating a link between the loss of a particular gene and cholesterol metabolism. The database would be able to identify patients with variants in that gene who have already consented to being re-contacted by investigators, for measurements of their cholesterol levels, Biesecker said. One thousand new volunteers will be recruited to have their genomes sequenced for the pilot project, while NIH institutes will contribute data from existing programs. In addition, Inova will contribute sequences from 8,000 parent-child trios from its Longitudinal Childhood Genome Study. While the project will initially only be available to NIH intramural researchers and Inova staff, TGAC plans to open the database to outside researchers in the future if the pilot is successful.

FDA Explores Collaborative Development Pathways

The FDA plans to encourage small groups or individual physicians to collaborate in developing stem-cell and regenerative medicine products and share their clinical data, according to CBER Director Peter Marks and Commissioner Scott Gottlieb in the New England Journal of Medicine. The collaborations will ultimately lead to the receipt of a biologics license for each party, they wrote. If the pooled clinical data — submitted in conjunction with manufacturing information — demonstrates a favorable risk-benefit profile, the FDA could rely on that data in product review, Marks and Gottlieb wrote. “The investigators who manufacture the product will need to agree on and follow a common manufacturing protocol, and develop a common clinical trial protocol,” they said. Each site will then manufacture its own product to treat patients enrolled at the clinical trial site. This system could be convenient for groups or small firms that do not have access to the necessary infrastructure or patient populations to go through the clinical development process alone, but can follow common clinical and manufacturing standards. “Our aim is to refashion our traditional tools for regulation to meet the challenges and opportunities presented by such highly innovative products as cell-based regenerative medicine,” they said. The NEJM article is available here: www.nejm.org/doi/full/10.1056/NEJMsr1715626.

House Fails to pass Right-To-Try Bill, Prepares to Bring it Back to the Floor

The House of Representatives failed to pass its version of federal right-to-try legislation last week. An update of the Senate’s bill passed last summer; the House bill would have added requirements to comply with informed consent and institutional review board regulation. Sponsors would also be required to notify the government within seven days of granting a right-to-try request — and physicians would have to immediately inform sponsors of any serious adverse events. It would also restrict the use of clinical outcomes in regulatory reviews and approvals, unless the FDA determines the data is critical to understanding the safety of an investigational drug. Last week, Republicans in the House appeared set to bring the bill back to the floor.
can’t divert large portions of their money away from their development projects in order to build out a safety department.”

Added Bannon, for some, the process becomes a nightmare wherein no one on the small, overworked team even remembers where all the data are or where to look.

Angus McCulloch, senior vice president of safety and regulatory solutions for the CRO Bioclinica, also a player in the space, agrees that most small sponsors don’t have the bandwidth for robust pharmacovigilance.

“Small sponsors are focused on the progression of their pipeline and would prefer to focus less management attention on aspects of their operation that can be outsourced,” he said. “Maintaining an internal safety operation and regulatory affairs group can prove unnecessarily costly.”

Vigilare, Bannon said, jumped into the market in 2014 to help these fledgling companies as safety-focused executives began seeing the shift to innovative compounds coming from small shops rather than big pharma. He added that big pharma now waits and swoops in to buy promising compounds when they’re further down the pipeline.

The sweet spot for outsourcing the pharmacovigilance burden, said Bannon, is near the end of the compound’s phase II trials, as the developer is gearing up for phase III and poised to potentially get involved with many CROs.

At that point, a pharmacovigilance-centric vendor can come in and bring a solution that “hovers above individual protocols,” with all safety data from all trials across many compounds saved in one place, since capture is begun early in the development process, said Angela Pitwood, vice president of Vigilare, formerly a pharmacovigilance exec at Pfizer.

A compound’s move into phase III is the point of no return for a sponsor company’s easy control of the safety data, said Bannon. “The larger the datasets are, the harder it is to combine and ultimately analyze, and the more difficult it is to meet the FDA reporting requirement deadline,” he said.

The industry abounds with companies willing to help sponsors big and small with the management of their drug safety universe. According to Grand View Research, the global pharmacovigilance market size has grown steadily, was estimated at $3.40 billion in 2016 and is anticipated to witness a compound annual growth rate of 13 percent through the report’s forecast period of 2025.

Increasing incidence of adverse drug reactions and the growing prevalence of chronic diseases are expected to spur the industry on. And most of the work is being outsourced. Said the report’s authors, contract outsourcing held the dominant share of the market, while growth of in-house pharmacovigilance efforts was moderate.

The key players in the space, according to Grand View, are Accenture, Clinquest, Cognizant, Laboratory Corporation of America, IBM, ArisGlobal, ICON, Capgemini, ITClinical, iMEDGlobal, Foresight Group, TAKE Solutions, PAREXEL, Bioclinica, Wipro, and United BioSource. Said Bart Cobert, pharmacovigilance consultant and author, many of the smaller players in the pharmacovigilance sector who market to small and medium sized sponsors are, like Vigilare, getting bought up by bigger companies. Another example is Drug Safety Alliance, which was bought by UDG Healthcare in 2012 and renamed Ashfield Pharmacovigilance.

But, Cobert added, that doesn’t mean they will get big themselves. On the contrary, it’s their small size and competitive pricing that appeal to the small sponsors, he said.

Add to that, said Cobert, the fact that much pharmacovigilance work is now done in India for a very low price, which presents another choice to small sponsors on a budget. Said Bioclinica’s McCulloch, larger CROs now outsource some of their pharmacovigilance work to companies overseas.

“The business case is compelling and if they have a direct relationship with the safety services provider, they have easier access to their consolidated safety data in the event that there is an acquisition,” said McCulloch.

“It’s a very dynamic and flamboyant market right now,” said Cobert, who blogs about issues in pharmacovigilance for C31 Solutions, a subsidiary of Merck.

What does the future hold in this space? Bannon says he expects to see more innovation in technology that can make the pharmacovigilance piece easier and more streamlined to handle. Cobert said he expects to see the smaller players in the space continue to be bought by larger companies.
GCP Questions (continued from page 1)


1. “Source data includes all information in original records and certified copies of original records of clinical findings, observations or other activities in a clinical investigation used for reconstructing and evaluating the investigation. Access to source data is critical to the review of clinical investigations and inspection of clinical investigation sites. Both the FDA’s and the sponsor’s review of source data are important to ensure adequate protection of the rights, welfare and safety of human subjects and the quality and integrity of the clinical investigation data. It is critical that source data be attributable, legible, contemporaneous, original and accurately recorded (when they are acquired), and that they meet the regulatory requirements for recordkeeping. Capturing source data electronically should help to:

- Eliminate unnecessary duplication of data
- Reduce the possibility for transcription errors
- Encourage entering source data during a subject’s visit
- Eliminate transcribing source data before entering the data into an electronic data capture system
- Promote real-time data access for review
- Ensure the accuracy and completeness of the data

Investigators are required to maintain adequate and accurate case histories that record all observations and other data pertinent to an investigation under 21 CFR 312.62(b) and 21 CFR 812.140(a). Investigators of device studies must maintain the study records during the investigation and for a period of two years after the later of the following two dates: The date on which the investigation is terminated or completed, or the date that the records are no longer required for purposes of supporting a pre-marketing approval application or a notice of completion of a product development protocol (21 CFR 812.140(d)). “A sponsor shall upon request from any properly authorized officer or employee of the Food and Drug Administration, at reasonable times, permit such officer or employee to have access to and copy and verify any records and reports relating to a clinical investigation conducted under this part” (21 CFR 312.58(a))."

2. “Electronic source data are source data that were initially recorded electronically. They can include information in original records and certified copies of original records of clinical findings, observations, or other activities captured prior to or during a clinical investigation used for reconstructing and evaluating the investigation. Source data recorded electronically, without proper controls, can be copied, transferred to other computerized systems or devices, changed or deleted without obvious evidence of these events.”

3. “Transcription of Data from Paper or Electronic Sources to the eCRF – Data elements can be transcribed into the eCRF from paper or electronic source documents. The authorized person transcribing the data from the source documents is regarded as the data originator. For these data elements, the electronic or paper documents from which the data elements are transcribed are the source. These data must be maintained and available to an FDA inspector if requested (e.g., an original or certified copy of a laboratory report, instrument printout, progress notes of the physician, the study subject’s hospital chart(s) and nurses’ notes) (21 CFR 312.62(b), 812.140(a)(3)).”

4. “Retention of Records by Investigator – Access to a signed electronic copy of the eCRF should be controlled by the investigator and made available upon request during a site inspection. When data elements are transcribed from paper sources into an eCRF, the investigator must also retain the paper sources, or certified copies, for FDA review (see 21 CFR 312.62(b) and 812.140(a)). Other records (electronic and paper) required to 21 CFR 312.62(b) and 812.140(a)(3) to corroborate data in the eCRF (see section III.A.2.a) may also be requested by FDA during a site inspection.”

Please note that the use of certified copies as described above generally applies to situations where original records are copied to a different media for archiving purposes and the originals are destroyed. If it is decided to have a certified copy substitute for the original, it would be desirable to have a “standard operating procedure” (SOP) describing how such copies would be made, verified and documented. The person who certifies the copy as an accurate and complete representation of the original, having all of the same attributes and information, should be the same person who actually made the copy from the original. Certification should be accomplished by having the person who makes the copy, sign or initial and date the copy to indicate it meets the requirements of a certified copy as described above. This should be described in the SOP and can be accomplished by initialing and dating each copy or by initialing and dating a document certifying copies in bulk. Whichever method is used the SOP should describe the procedure. (There are many ways to accomplish this, and the procedures described above is only a suggested example.)

© 2018 CenterWatch. Duplication or sharing of this publication is strictly prohibited.
DON’T LET THE SUN SET... without reaching your enrollment goals

With six dedicated research sites strategically located throughout Central Florida, you’ll sleep better knowing Meridien Research is helping you meet your enrollment goals!

OUR EXPERTISE
Meridien Research investigators are board certified and specialists in:
• Mental Health
• CNS
• Endocrinology
• Men’s & Women’s Health
• Dermatology
• Internal Medicine

OUR EXPERIENCE
• 15+ years of successful site operations
• 2,000+ clinical trials conducted
• CTMS database of 90,000+ diverse patients
• Clients include 19 of top 20 pharmas

OUR SERVICES
• Phase Ib ~ IV and pK studies
• Specialty studies: skin/patch, psychometrics, feeding
• Dedicated marketing/patient recruitment staff
• Rapid feasibility response
• Streamlined communication, contracts and invoicing

At Meridien Research, our mission is to provide high quality clinical research in a professional, ethical and timely manner. We are committed to providing the best possible clinical care to our research participants. Call to find out how we can help with your next study!

(813) 540-6000
WWW.MERIDIENRESEARCH.NET
Three Questions

Rauha Tulkki-Wilke, CRF Health

CWWeekly presents this feature as a spotlight on issues faced by executives in clinical research. This week, Rauha Tulkki-Wilke was interviewed. Tulkki-Wilke leads the development of new eCOA solutions at CRF Health and has been with the company since it was founded. She has more than 13 years of experience with eCOA.

Q How can the Internet of Everything (IoE) benefit global clinical trials?

A Clinical research is at an exciting threshold, rapidly adopting new interactive and IoE technologies to collect electronic source data that directly reflects patient activities and outcomes. Providing this real-world data through IoE, beyond the traditional clinical setting, is important to the major drug developers as they justify therapeutic costs with high quality, outcome data.

New sensor and measurement technologies, combined with IoE, enable new and novel clinical outcome measures for continuous assessment of clinical interventions. This contributes to higher quality data capture and a more complete understanding of treatment efficacy. Real-time access to data delivers efficiencies, and ease-of-use helps increase patient and site compliance.

Overall, electronic source data enables transmission of data into the upstream database immediately and efficiently. Patients will gain better visibility to their data and to the overall trial process, thereby fostering retention and, ultimately, the completion of the study. IoE can also lower the burden on both the patient and the site by removing the need for site visits and additional manual procedures at home and the study site.

Q What considerations are needed for choosing the right IoE devices for a study?

A Deciding on the best technologies and IoE approach in a trial, to measure and deliver quality data, takes careful consideration. Beyond the idea to measure something objectively with a measurement device and establishing the data needed, the requirements for accuracy and reliability of the device must be ensured. This consideration needs to go beyond medical device regulations and certifications. Systems used in clinical trials are subject to clinical trial regulations. FDA and local regulator certification of the device, for use globally in the countries participating in clinical trials, will be required. This may cover whether the proposed device, and its local variants, have certifications for use in each country in the study; or whether import and export regulations have been considered and planned for, including the supply of accessories that may have expiration dates and need to be re-supplied mid-study.

Technical considerations concern how the device fits into the clinical trial workflow. Getting data out of the device easily in a remote setting also needs to be established in this evaluation stage to enable data to be transferred at the study site via Bluetooth, USB cable or submitted to the cloud.

Usability is another important factor, most importantly, if a patient is not familiar with a given device. Varying levels of training and support may be needed, as well as practical considerations regarding use beyond site control. Having an experienced partner to take sponsors and sites through this learning curve can be a time and cost-effective element of pre-implementation of IoE in clinical trials.

Q Is IoE more applicable in specific therapy areas than others?

A New measurement technologies and IoE can benefit most therapy areas. There are certain indications where we see a lot of interest in the devices because of the end points and nature of assessments. For example, COPD has been one of the first indications where data captured with activity monitors has gained acceptance, and this has led to use in many other therapy areas. Daily functioning measured in real time and across differing periods and activity levels is delivering much better data and measurements of outcomes. Additionally, vital signs measurements taken at home can encourage better remote participation and these developments can impact trials positively across all therapy areas.

Q How can the Internet of Everything (IoE) approach in a trial... takes careful consideration."

Rauha Tulkki-Wilke, leads the development of eCOA solutions, CRF Health

“Deciding on the best technologies and IoE approach in a trial... takes careful consideration.”

Rauha Tulkki-Wilke, CRF Health

Good Clinical Practice (GCP) as well as security and privacy regulations such as HIPAA and, most recently, the GDPR can affect device selection. Connected devices with their own apps that enable data capture from sensors may contravene these regulations, e.g. security and privacy rules from the GDPR perspective, especially if patients request to review or remove their data. It is crucial to ensure that any connected device is validated for clinical trial use, as many such devices are manufactured by healthcare companies who operate under different regulations. Whenever a sponsor is considering the use of measurements with these systems, they need to ensure that the whole system is compliant with clinical-trial related regulations.

Many clinical trials benefit from making measurements available in an electronic patient diary. It needs to be considered that if the diary application is used as an accessory to a regulated medical device, transforming it into a regulated medical device would require an FDA review for applications that pose a greater risk to patients. If data is accessible to patients, a detailed understanding of a drug can unblind a study or cause them to change their behavior, thereby causing bias.
# Drug & Device Pipeline News

For news on trial results, FDA approvals and drugs in development, Join the LinkedIn Drug Research Updates group!

<table>
<thead>
<tr>
<th>Company</th>
<th>Drug/Device</th>
<th>Medical Condition</th>
<th>Status</th>
<th>Sponsor Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>XW Laboratories Inc.</td>
<td>XW10172</td>
<td>Narcolepsy</td>
<td>Phase I trials initiated</td>
<td>en.xwlabs.com</td>
</tr>
<tr>
<td>Cadent Therapeutics</td>
<td>CAD-1883</td>
<td>Neurological (Essential Tremor) and psychiatric disease</td>
<td>Phase I trials initiated</td>
<td>cadenttx.com</td>
</tr>
<tr>
<td>Arrowhead Pharmaceuticals, Inc.</td>
<td>ARO-AAT</td>
<td>Alpha-1 liver disease</td>
<td>Phase I trials initiated</td>
<td>arrowheadpharma.com</td>
</tr>
<tr>
<td>Voyager Therapeutics</td>
<td>VY-AADC</td>
<td>Advanced Parkinson's disease</td>
<td>Phase Ib trials initiated</td>
<td>voyagertherapeutics.com</td>
</tr>
<tr>
<td>Protalix Biotherapeutics, Inc.</td>
<td>OPRX-106</td>
<td>Ulcerative colitis</td>
<td>Phase II trials initiated enrollment 24 subjects</td>
<td>protalix.com</td>
</tr>
<tr>
<td>Merrimack Pharmaceuticals, Inc.</td>
<td>MM-121</td>
<td>Lung cancer</td>
<td>Phase II trials initiated expanding from 80 to 100 subjects</td>
<td>merrimack.com</td>
</tr>
<tr>
<td>Biogen</td>
<td>SPINRAZA (nusinersen)</td>
<td>Spinal muscular atrophy (SMA)</td>
<td>Phase II trials initiated enrollment 25 pre-symptomatic infants six weeks old or younger</td>
<td>biogen.com</td>
</tr>
<tr>
<td>MyoKardia</td>
<td>Mavacamten</td>
<td>Hypertrophic cardiomyopathy (HCM)</td>
<td>Phase II trials initiated</td>
<td>myokardia.com</td>
</tr>
<tr>
<td>AM-Pharma</td>
<td>recombinant human Alkaline Phosphatase (recAP)</td>
<td>Acute Kidney Injury (AKI)</td>
<td>Phase II trials initiated enrollment 301 subjects with sepsis</td>
<td>am-pharma.com</td>
</tr>
<tr>
<td>Eleven Biotherapeutics, Inc.</td>
<td>Vicinium</td>
<td>Non-muscle invasive bladder cancer (NMIBC) previously treated with bacillus Calmette-Guérin (BCG)</td>
<td>Phase III trials initiated</td>
<td>elevenbio.com</td>
</tr>
<tr>
<td>AbbVie</td>
<td>Elagolix</td>
<td>Uterine fibroids</td>
<td>Phase III trials initiated</td>
<td>abbvie.com</td>
</tr>
<tr>
<td>Merck</td>
<td>KEYTRUDA (pembrolizumab)</td>
<td>Advanced cervical cancer with disease progression on or after chemotherapy</td>
<td>Priority Review granted by the FDA</td>
<td>merck.com</td>
</tr>
<tr>
<td>Cerapedics, Inc.</td>
<td>P-15L</td>
<td>Transforaminal lumbar interbody fusion (TLIF) surgery for degenerative disk disease</td>
<td>IDE Approval granted by the FDA</td>
<td>cerapedics.com</td>
</tr>
<tr>
<td>Proteostasis Therapeutics</td>
<td>PTI-428</td>
<td>Cystic fibrosis</td>
<td>Breakthrough Designation granted by the FDA</td>
<td>meiragtx.com</td>
</tr>
</tbody>
</table>
**MyoKardia Announces Positive Results from Symptomatic, Obstructive Hypertrophic Cardiomyopathy Study**

MyoKardia, Inc. announced positive results from the Phase II PIONEER-HCM clinical study of the investigational agent mavacamten in symptomatic, obstructive hypertrophic cardiomyopathy (oHCM) patients, including results from a low-dose patient cohort (“Cohort B”), which studied once-daily 2mg and 5mg oral doses of mavacamten. PIONEER-HCM is a Phase II open-label study to assess the efficacy, safety, pharmacokinetics, pharmacodynamics, and tolerability of mavacamten in patients with symptomatic oHCM. PIONEER-HCM consists of two dosing cohorts: in the first cohort, subjects received a once-daily 10mg, 15mg or 20mg dose of mavacamten and were required to discontinue background therapy including beta blockers prior to study entry; and Cohort B, in which subjects received a once-daily 2mg or 5mg oral dose of mavacamten and nine out of ten patients remained on beta blocker therapy. Baseline patient characteristics were similar across both patient cohorts.

**Poxel Announces Initiation for Imeglimin**

Poxel SA announced today the initiation of the TIMES 2 and TIMES 3 trials for the Phase III program for Imeglimin, an investigational therapeutic agent for type 2 diabetes, in Japan. Referred to as TIMES (Trials of IMeglimin for Efficacy and Safety), the Imeglimin Phase III program in Japan includes three pivotal trials to evaluate Imeglimin’s efficacy and safety in approximately 1,100 patients. TIMES 2: A Phase III, 52-week, open-label, parallel-group study to assess the long-term safety and efficacy of Imeglimin in Japanese patients with type 2 diabetes. In this study, Imeglimin will be administered orally as a monotherapy or combination therapy with existing hypoglycemic agents, including a DPP4 inhibitor, SGLT2 inhibitor, biguanide, sulphonylurea and GLP1 receptor agonist. TIMES 3: A Phase III, 16-week, double-blind, placebo-controlled, randomized study with a 36-week open-label extension period to evaluate the efficacy and safety of Imeglimin in combination with insulin in Japanese patients with type 2 diabetes and inadequate glycemic control on insulin therapy.

**AbbVie’s Elagolix Dazzles in Phase III Trial**

AbbVie and Neurocrine Biosciences, Inc. announced that its Phase III ELARIS UF-II trial of elagolix for uterine fibroids met its primary endpoint. Results from the second of two pivotal Phase III studies demonstrated at month six that elagolix (300 mg twice daily), in combination with low-dose hormone (add-back) therapy (estradiol 1.0 mg / norethindrone acetate 0.5 mg), reduced heavy menstrual bleeding with 76.2 percent (p<0.001) of women with uterine fibroids achieving clinical response compared to placebo (10.1 percent), as measured by the alkaline hematin method. Hypoestrogenic effects, such as hot flush and reduction in bone mineral density, from elagolix treatment were observed in the study. The overall safety profile for elagolix was consistent with what was observed in Phase II studies and the first Phase III study (ELARIS UF-I) in uterine fibroids.1,5-6 Data from the ELARIS UF-II Phase III study will support regulatory submissions for elagolix. Safety data, including most common adverse events, continue to be collected in this ongoing study.

**New Long-Term Data Show Improved Survival Rates of Stroke**

Abbott announced new late-breaking clinical trial data from the MOMENTUM 3 clinical study. The MOMENTUM 3 Investigation Device Exemption (IDE) study is a prospective, multi-center, randomized, unblinded study evaluating the safety and effectiveness of the HeartMate 3 LVAD. HeartMate 3 LVAD is a small, implantable mechanical circulatory support (MCS) device for advanced heart failure patients who are awaiting transplantation or are not candidates for heart transplantation. Patients receiving HeartMate 3 LVAD had significant improvements compared to the HeartMate II LVAD in functional capacity and quality of life scores at two years compared to baseline. Patients with the HeartMate 3 LVAD had a survival rate of 82.8 percent at two years compared to 76.2 percent for those with the HeartMate II LVAD. Stroke rate was significantly lower (10 percent) for the HeartMate 3 LVAD compared to the HeartMate II LVAD (19 percent). Rates of all other adverse events were similar between the HeartMate 3 LVAD and historical rates seen in the HeartMate II LVAD.

**Compliance for Sponsors**

The **SOP for Good Clinical Practice by Sponsors of Clinical Trials** ensures safe, effective and successful clinical trials and is a comprehensive customizable and easy-to-use SOP.

---

© 2018 CenterWatch. Duplication or sharing of this publication is strictly prohibited.
Upcoming Event Highlights

Conferences
APRIL 3-5, 2018
Medical Device Quality Congress
Bethesda, MD

[ VIEW ALL CONFERENCES ]

Interactive Workshop
APRIL 10-11, 2018
Clinical Quality Assurance: Roles and Responsibilities for Auditors and Managers
Learn what FDA investigators use to evaluate your sites, and how to develop risk-based CQA processes and compliance readiness.
Cambridge, MA

[ SIGN UP HERE ]

Webinars
MARCH 27, 2018
Improving Your Site Feasibility
• Pre-identify the most likely high-performing sites based on available historical performance data
• Provide advice for tightening up feasibility questionnaires to reduce site burdens
• Give real-world examples of do's and don'ts in questionnaire development and how to do it more effectively
• Offer insights into response data review and how to handle discrepancies

APRIL 23, 2018
Managing Cybersecurity Risks in the Medical Device and Healthcare Sectors
Do you know what the FDA, HHS, DHS and global regulators are planning? The cost of ignorance could include regulatory sanctions and liability judgments and cybersecurity attacks are only growing.

[ VIEW ALL WEBINARS ]

JobWatch

Twice monthly, CWWeekly provides featured listings of clinical research job openings, upcoming industry conferences and educational programs from JobWatch, CenterWatch's online recruitment website for both clinical research employers and professionals.

For conferences, webinars, training programs and job postings, Join the LinkedIn JobWatch group!

Featured Jobs

Director, Clinical Trials - Data Analytics
Quest Diagnostics
Location is flexible within the U.S.

Nurse/Researcher (Clinical Research Nurse)
University of South Florida - USF Health
Tampa, FL

Clinical Trials Manager
Tactile Systems
Minneapolis, MN

Clinical Project Coordinator
Cromsource
Waltham, MA

Clinical Research Coordinator - Neurology
Allegheny Health Network
Pittsburgh, PA

Clinical Research Associate
PRA Health Sciences
Nashville, TN

Clinical Research Associate II
Seattle Children’s
Seattle, WA

Clinical Research Manager
Drexel University College of Medicine
Philadelphia, PA

Clinical Research Associate
IMARC Research, Inc.
Cleveland, OH

Clinical Research Associate II
Duke Clinical Research Institute
Durham, NC

Clinical Research Coordinator
Simmaron Research, Inc.
Incline Village, NV

Clinical Trials Admin
Rochester Regional Health
Rochester, NY

Clinical Program Manager
The Henry M. Jackson Foundation
Silver Spring, MD

Clinical Research Associate II
Medical Device Industry
Pleasanton, CA

Clinical Operations Associate
Retrophin, Inc.
San Diego, CA

Clinical Project Manager
Biotrial, Inc.
Newark, NJ

Clinical Project Management Associate Director
Vertex
Boston, MA

Clinical Trial Manager
Eloxx Pharmaceuticals
New Haven, CT

Clinical Research Coordinator
Segal Trials
Charleston, SC

Clinical Research Manager
Shockwave Medical
Fremont, CA

[ VIEW ALL JOB LISTINGS ]