

II INTERNATIONAL SUMMER SCHOOL

Rare disease and orphan drug registries

Day 1

15.09.2014

Registry types, Aims, Building a registry, Management, and Sustainability

Lawrence Korngut MD MSc
Clinical Assistant Professor (Neurology)
University of Calgary
Canada

*Organised by Istituto Superiore di Sanità
Rome (Italy), September 15-19, 2014*



Disclosures

The Canadian Neuromuscular Disease Registry (CNDR) is funded by
ALS Canada
Jesse's Journey
Families of SMA Canada
Starratt Family Foundation
Inaugural funding and support provided by the Marigold
Foundation
Genzyme Canada

Registry methodology and network development work funded by
Public Health Agency of Canada
Neurological Health Charities of Canada
Canadian Institutes of Health Research – Institute of
Musculoskeletal Health and Arthritis
Muscular Dystrophy Canada

Conference travel support from Genzyme Canada (no personal
compensation)

Disclosures

I am an expert in patient registries

“An expert is a person who has found out by his own painful experience all the mistakes that one can make in a very narrow field” - Niels Bohr

Objectives

1. Registry types
2. Aims
3. Building a registry
4. Management of Operations
5. Sustainability



Registry development

Where to begin?

Barriers

Time consuming

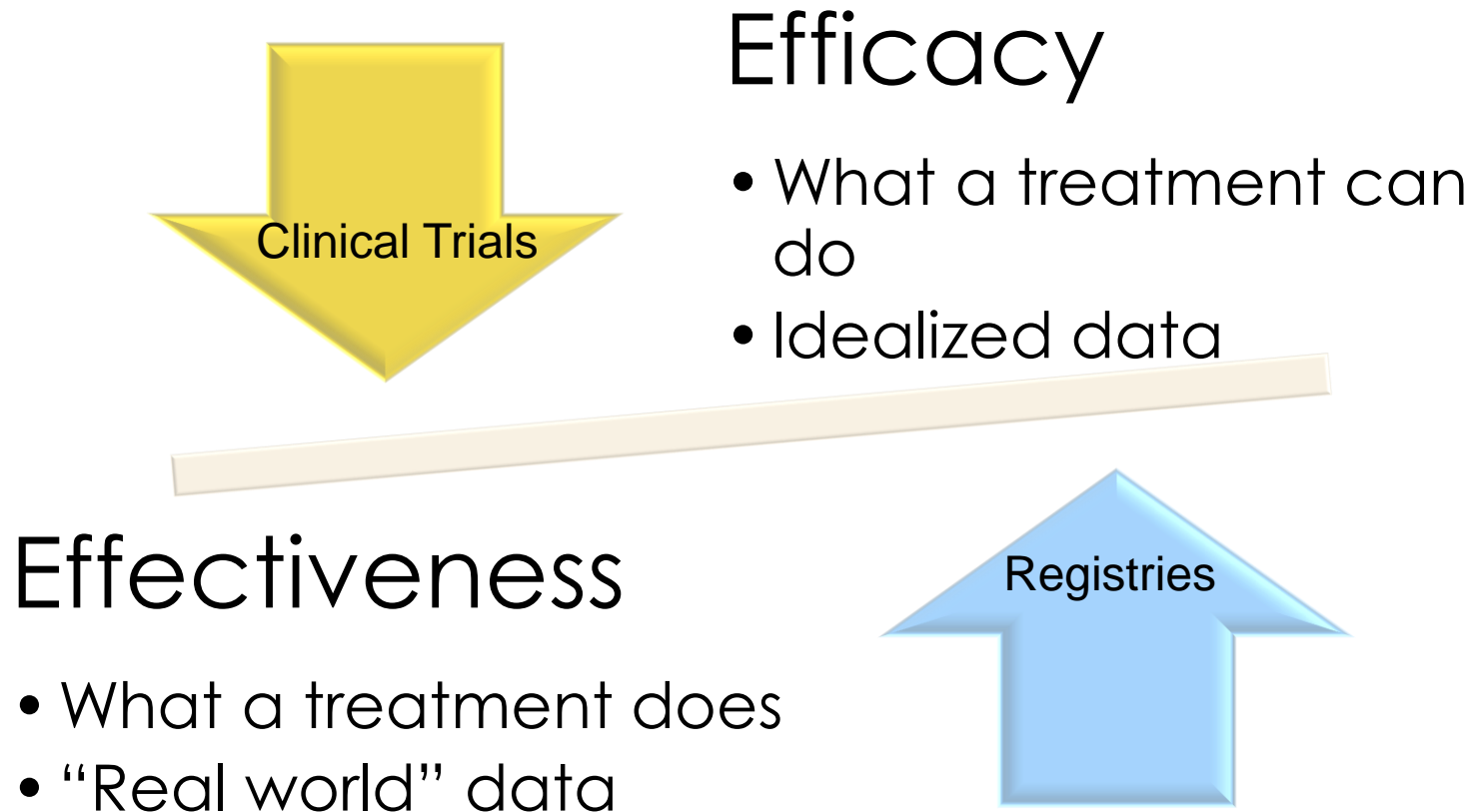
Expensive

Gustave Doré
Dante in the Dark Wood

Definition of a Clinical Registry

- A system used to organize or catalogue patient information for research, administrative, regulatory or governmental purposes

Registry data



First Question

- Is a registry the appropriate method?
- What are the types of registries?

Types of Registries

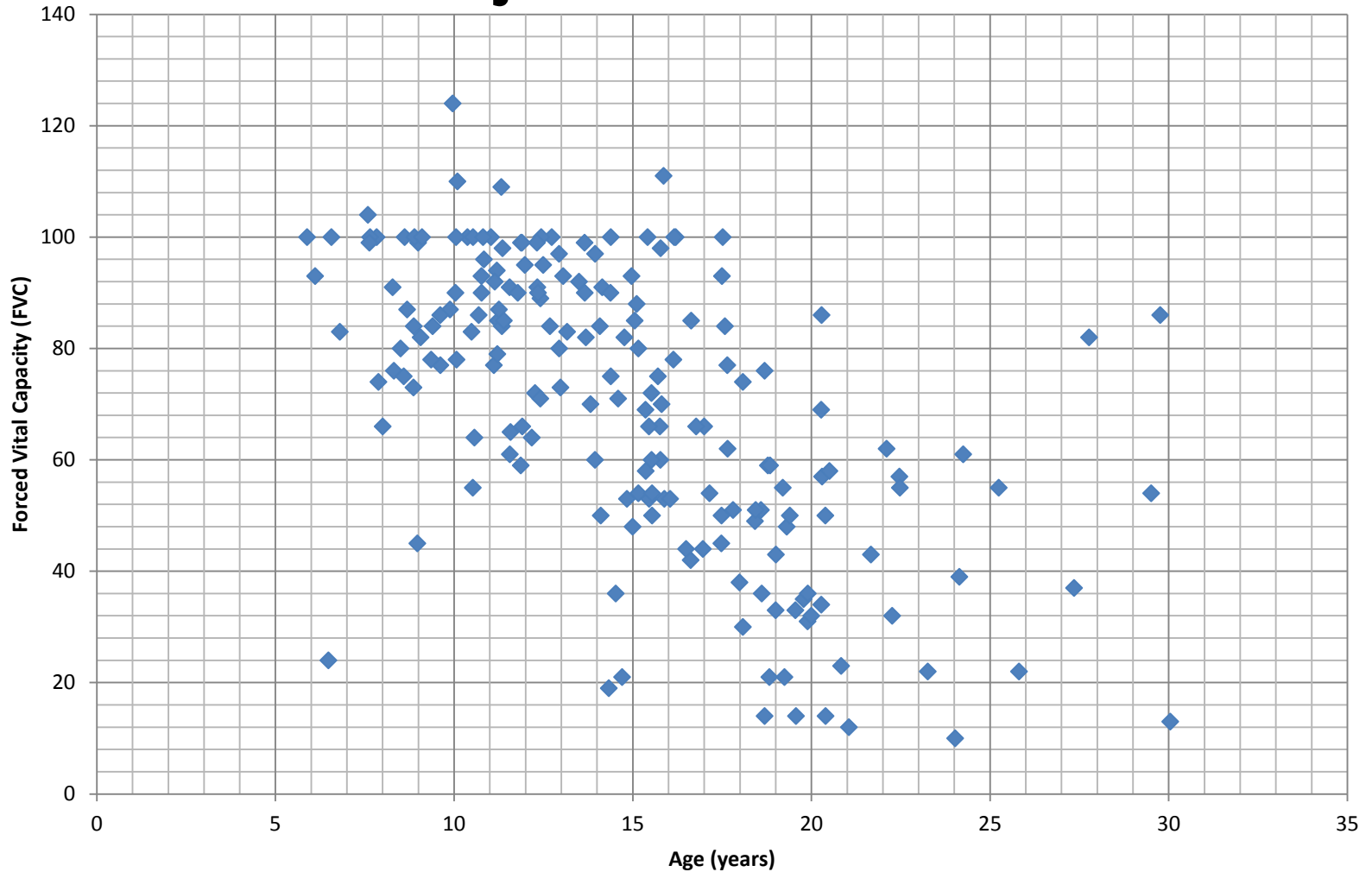
- By drivers
 - Physician driven
 - Patient driven
- By method of data collection
 - Web-based
 - Electronic chart-based
 - Clinic-based

Pro's and Con's to each
driver and method

Conventional and Innovative Roles for Registries

- Conventional
 - Trial readiness (Canadian Neuromuscular Disease Registry)
 - Natural history (Pompe disease)
 - Quality improvement (stroke care)
 - Disease subgroup characterization (pituitary and lung tumors)
 - Post-marketing surveillance (cardiovascular stents)
 - Monitoring of clinical outcomes (everolimus in cardiac transplant patients)

Forced Vital Capacity by Age across DMD subjects in the CNDR



Conventional and Innovative Roles for Registries

■ Innovative

- Examining the impact of a diagnostic test on patient management (i.e. PET scanning on management of cancer patients)
- Clinical instrument development (i.e. management of hospitalized patients with heart failure)
- Serving as a ureteral stent removal reminder system to Urologists

Registry-Based RCTs

The Randomized Registry Trial — The Next Disruptive Technology in Clinical Research?

Michael S. Lauer, M.D., and Ralph B. D'Agostino, Sr., Ph.D.

The randomized trial is one of the most powerful tools clinical researchers possess, a tool that enables them to evaluate the effectiveness of new (or established) therapies while accounting for the effects of unmeasured confounders, as well as inadequate representation

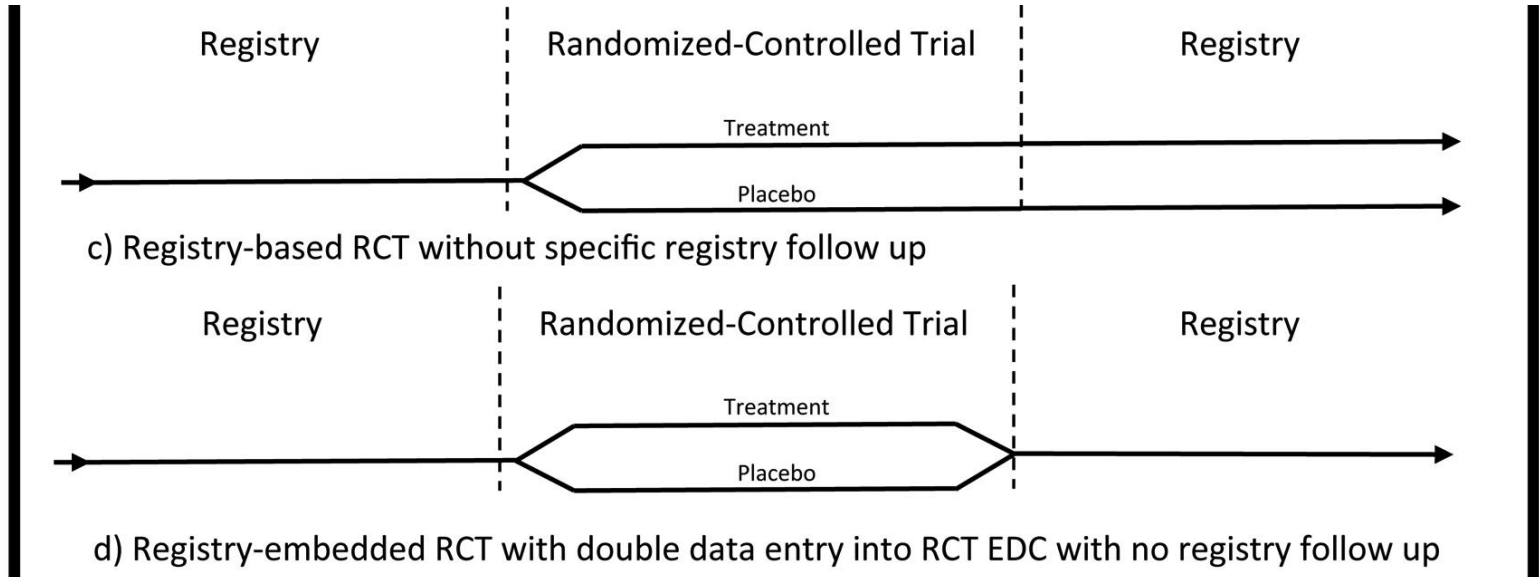
United States and abroad have collected vast amounts of data from patients with acute coronary syndromes, stable coronary disease, and heart failure, as well as from patients with rare diseases such as hypertrophic cardiomyopathy

Lauer MS, D'Agostino RB, New England Journal of Medicine, September 1, 2013

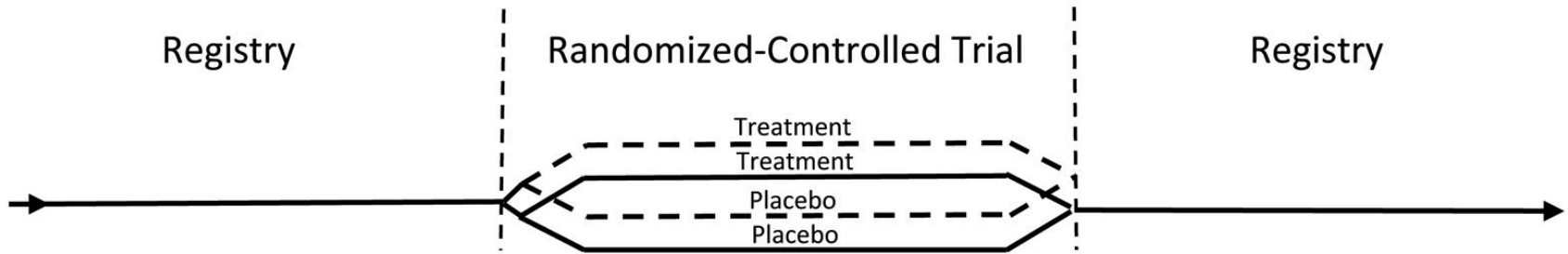
An example ... RB-RCT

- The Thrombus Aspiration in ST-Elevation Myocardial Infarction in Scandinavia (TASTE) trial
- Operated within the Swedish Coronary Angiography and Angioplasty Registry (SCAAR) registry
- RCT of 7244 subjects at an incremental cost of US\$300,000 or US\$50 per subject
 - Frobert O et al. Thrombus aspiration during ST-segment elevation myocardial infarction. N Engl J Med. 2013;369(17):1587-97.

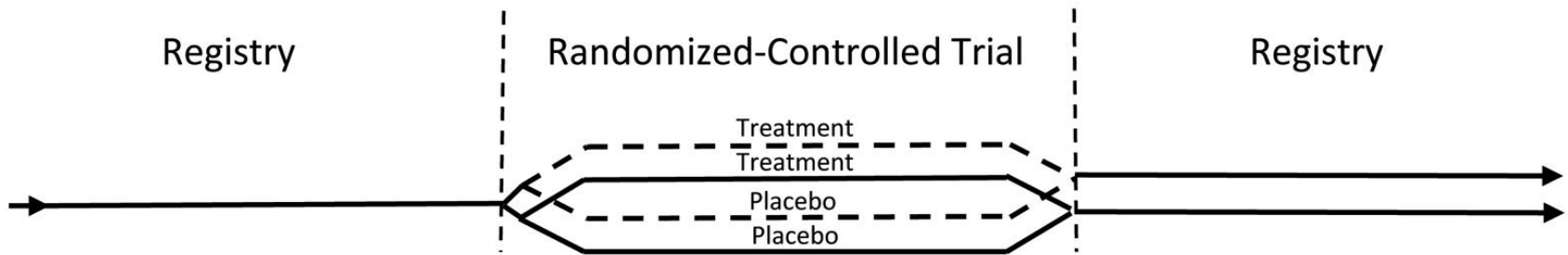
Types of Registries for Registry-Based Clinical Trials



d) Registry-embedded RCT with double data entry into RCT EDC with no registry follow up



e) Registry-embedded RCT with double data entry into RCT EDC with registry follow up



Registry Aims

- Natural history of disease
- Treatment/device safety
- Outcome measure validation
- Trial readiness
- Molecular epidemiology
- Etc, etc, etc

Objectives and Impact

- Focused objectives are critical
- Should reflect expected impact
- Example: clinical trial recruitment tool

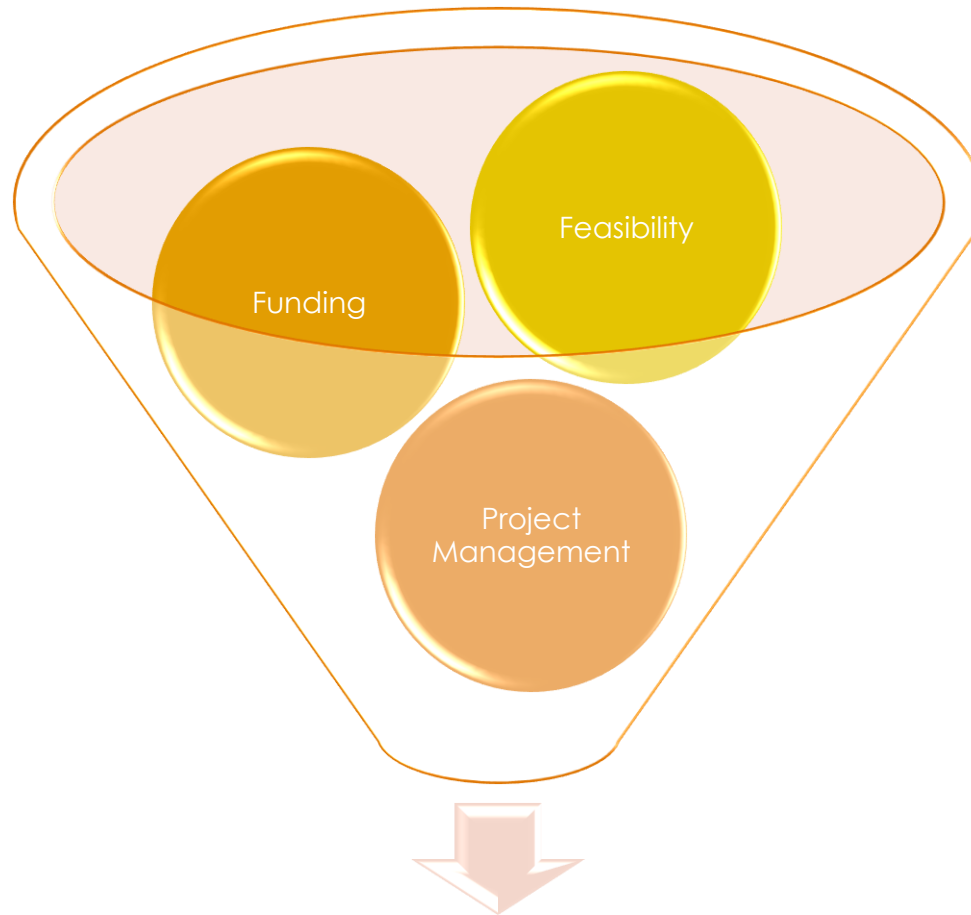
Impact:
More efficient testing
of potential therapies

Objective:
Accelerated
recruitment into
clinical trials

Registry Design:
Up to date clinical
information for each
participant

Registry Design:
Clinic-based dataset
based on clinical trial
inclusion/exclusion
criteria

Start Building a Registry from the Desired Impact or Outcome



Sustainability and Impact

ALS Clinical Trial Recruitment

University of Calgary

2009	2010	2011	2012	2013
4	3	3	4	21



Launch of ALS-CNDR

Building a registry



Patient Perspectives: Motivating factors for patient participation in registries

- Altruistic attitudes – the perception of benefit to the greater good even beyond immediate individual benefit or the potential for individual benefit
- That data will be used by responsible people for legitimate purposes – participants desire clear purposes for collecting data and clear methods for its release
- Advancement in research and the possibility of elucidation of treatment or cure, and subsequently improved quality of life

Patient Perspectives: Motivating factors for patient participation in registries

- Desire for prompt information after diagnosis
- Perception of equal communication with health practitioners and researchers
- Other factors influencing participation include satisfaction with care, age, education, gender and recruiting site

Building a Registry

- Design
 - Begin with your primary objective
 - Can have many secondary objectives
 - Design the registry to address your objectives in a cost-effective manner with minimal participant and investigator burden



The Steps

- Determine Desired Impact or Outcome
- Purpose of Registry
- Research Questions/Objectives
- Inclusion/Exclusion criteria
- Target population and sampling methodology



The Steps

- Anticipated size and duration of the registry
- Data collection and analysis
- Data dictionaries and coding manuals
- Sources of registry data
- How to use the paper and/or electronic case report form and archiving
- Roles of registry personnel and corresponding job descriptions/qualifications required

The Steps

- Legal and ethical documentation (confidentiality agreements; data-sharing agreements and ethics certificates and submissions)
- Data management policies and agreements governing data management (contractor agreements; database administrator position description etc).



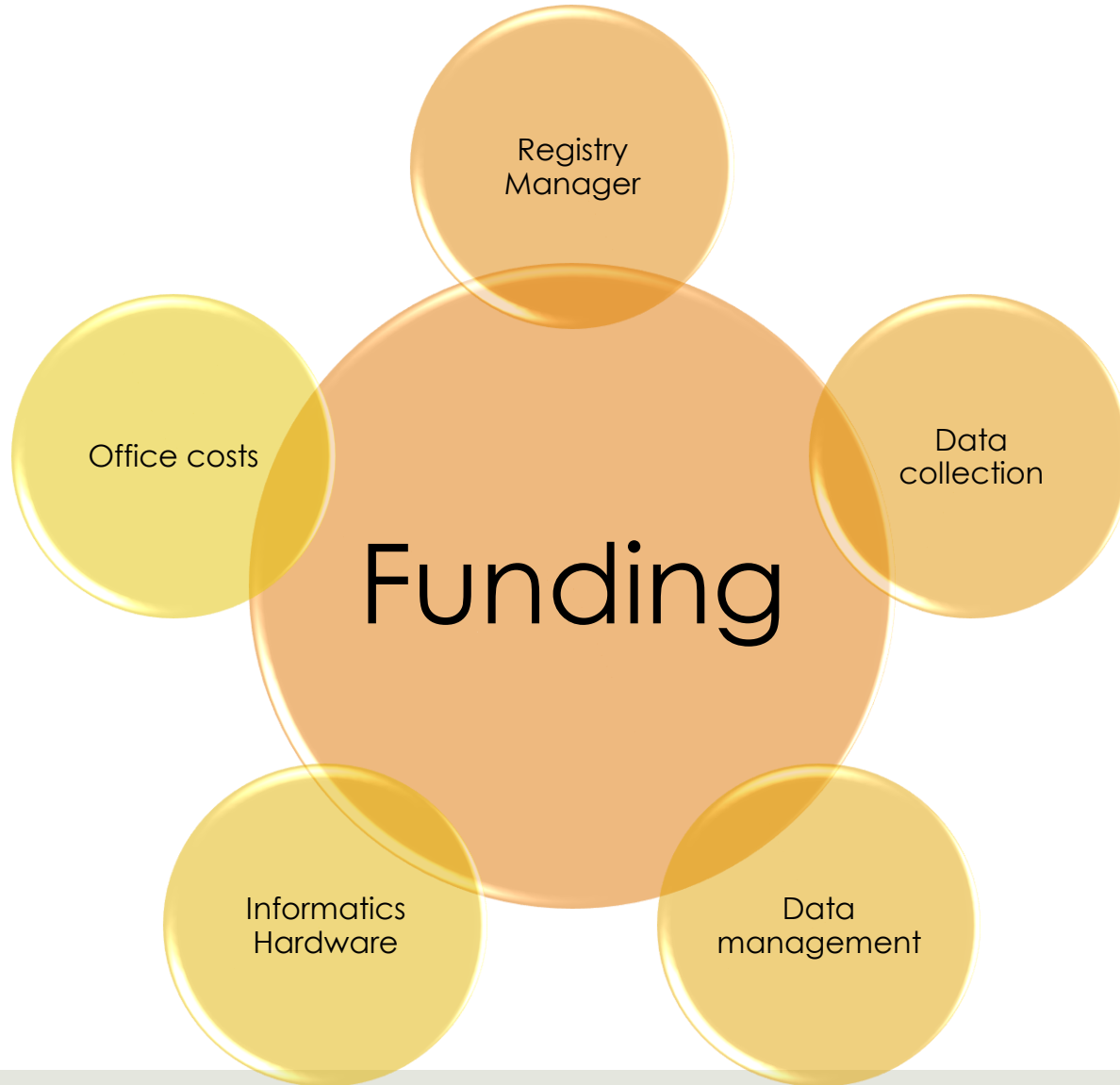
The Steps

- Recruitment/withdrawal procedures including copies of appropriate consent/withdrawal forms and how they should be retained/copied/archived.
- Procedures for promoting and subsequently evaluating data quality.
- How patient identification codes are assigned, how duplicate records are prevented

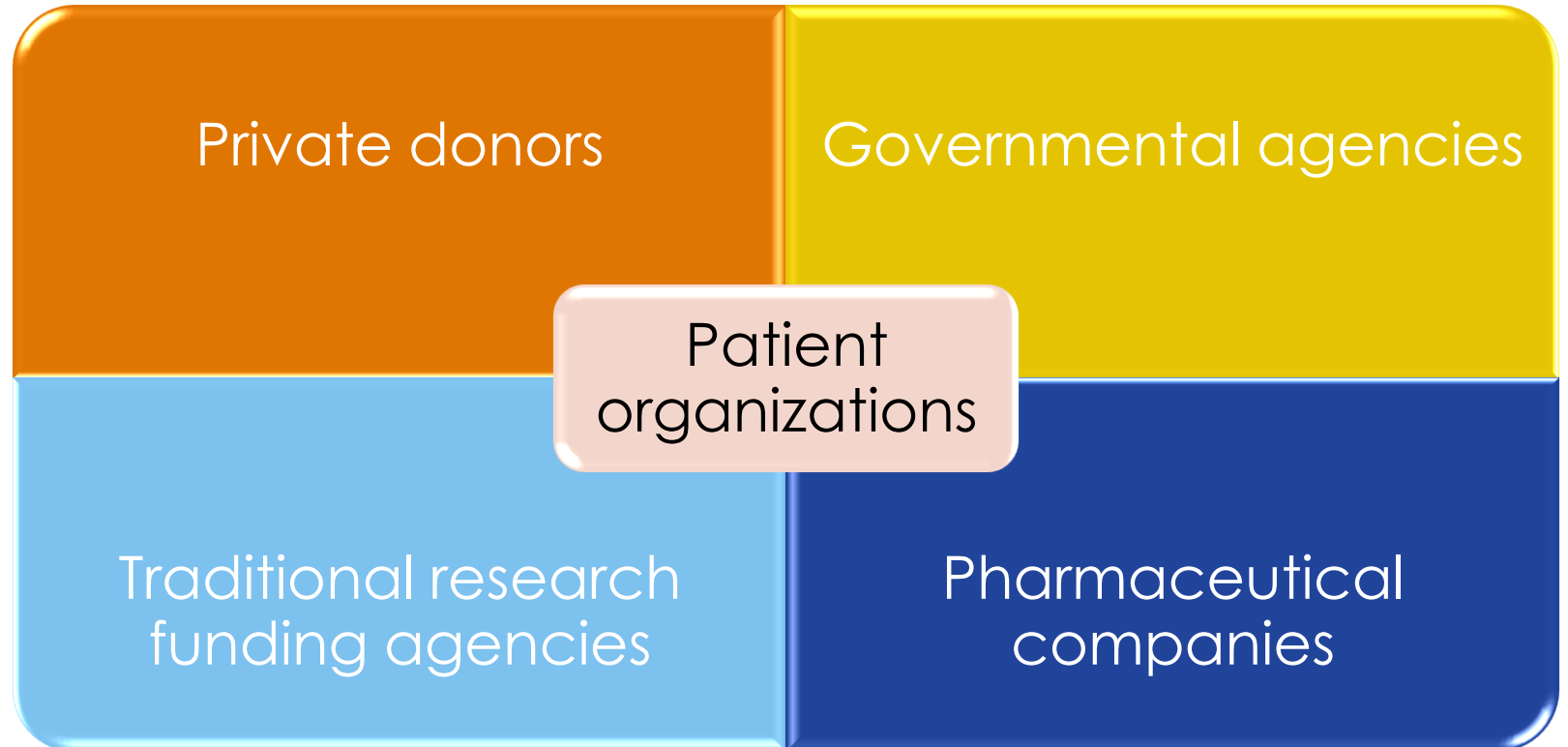
The Steps

- Procedures for access to data for research purposes (internal and external).
- Data security measures and procedures in the event of a security breach.
- Registry governance structure and roles.

Funding



Potential Funding Sources



Registry Operation

Project Management

- Project plan
- Project milestones
- Implementation
- Budget
- Human resources

Research

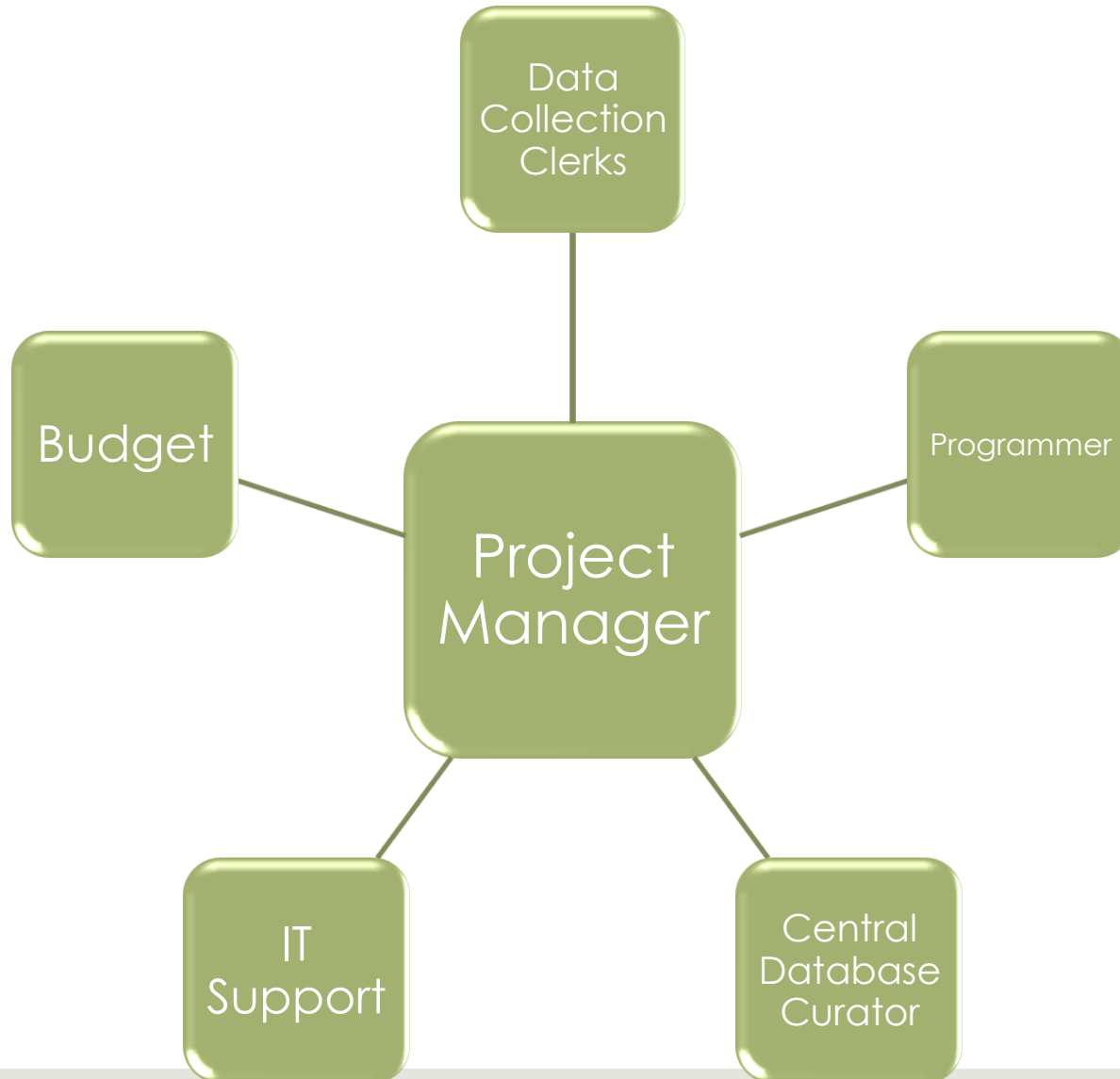
- Defining objectives
- Research applications of data
- Recruitment
- Data analysis

Project management is a very different skill from research!

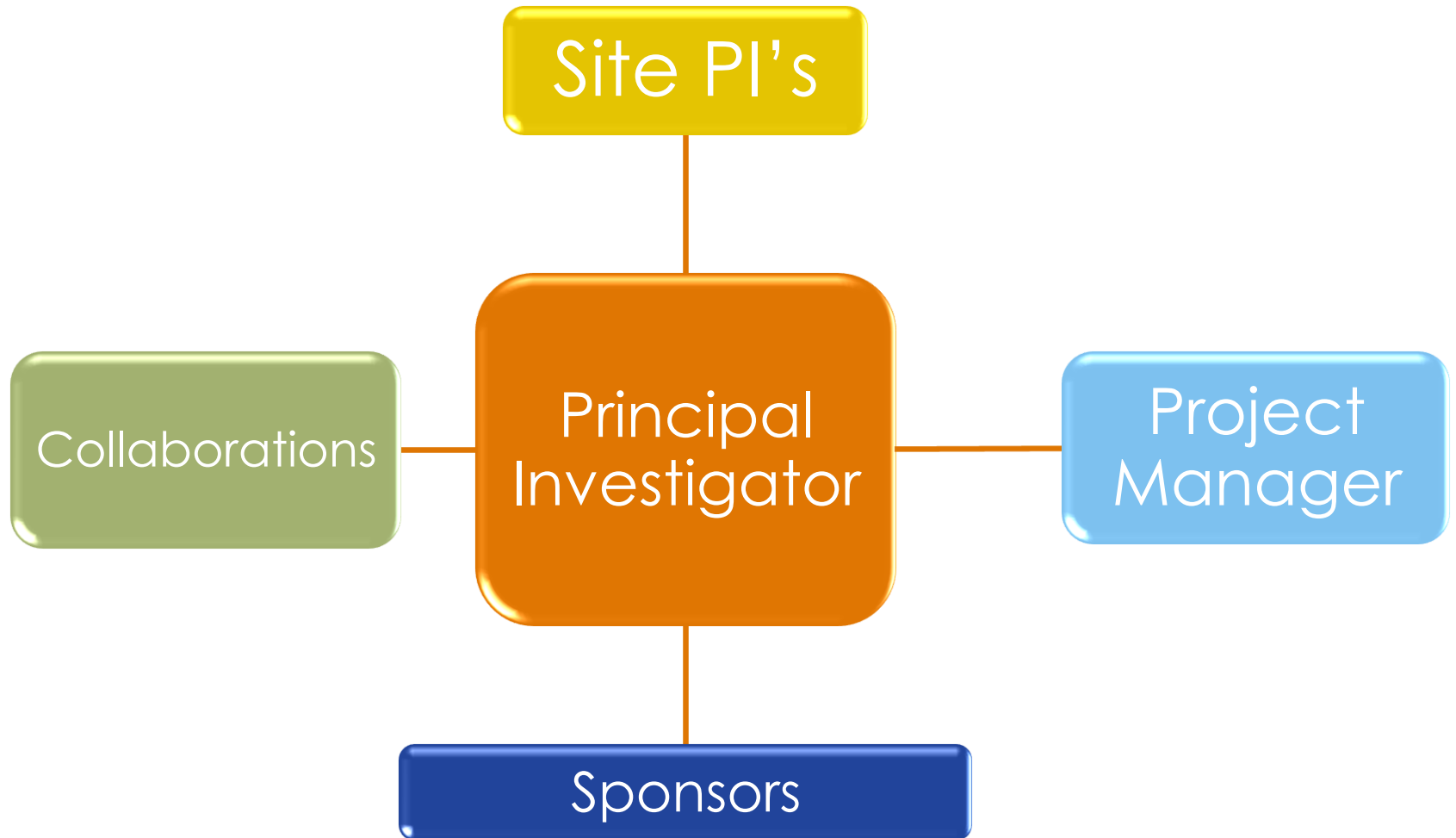
Registry Operation

- Considerable overlap between research and project management
 - Data set derivation
 - Database capacity and optimization
 - Clinical and research utility
 - Quality control and monitoring

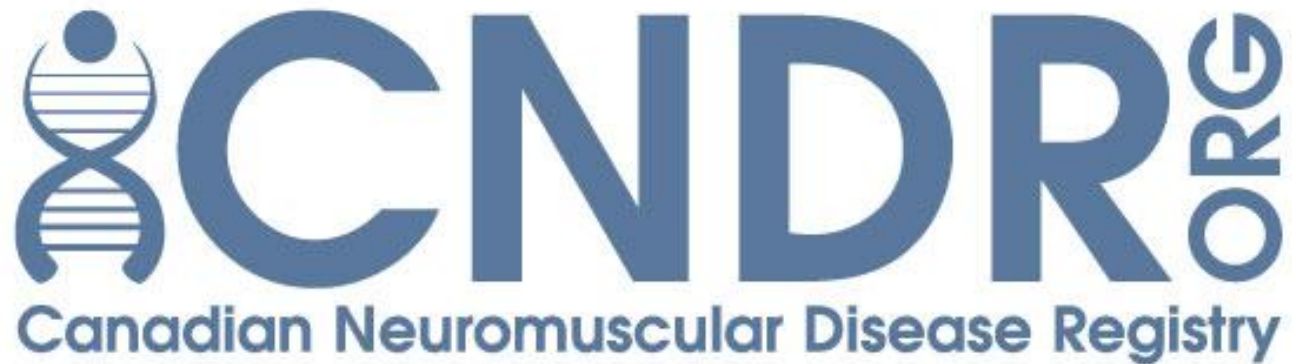
Operational Roles: Project Manager



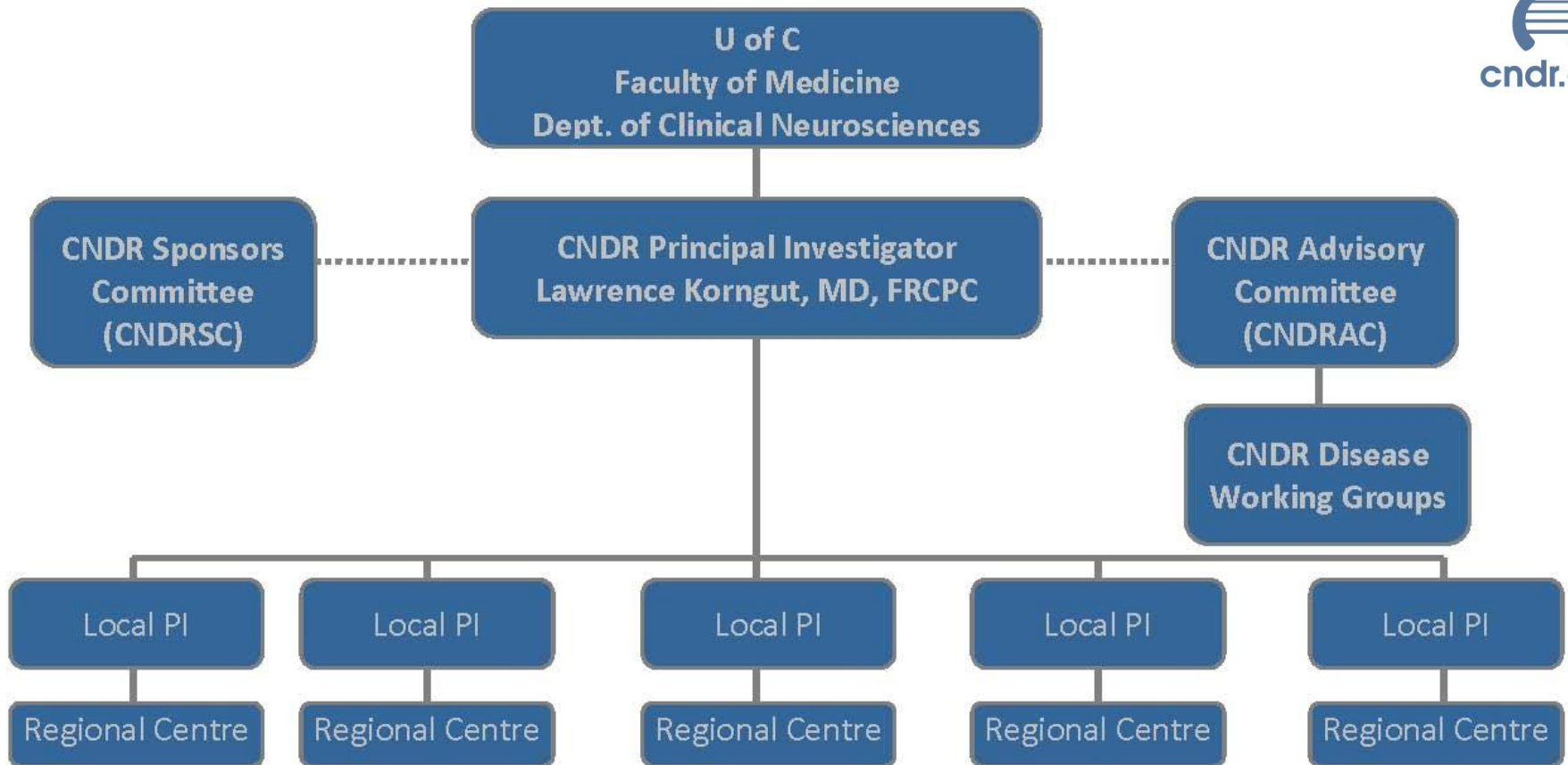
Operational Roles: PI



Management: An Example



CNDR Organizational Structure



Management Roles

Rapid identification of subject meeting clinical trial inclusion/exclusion criteria

De-identified aggregate data available for national level studies

CNDR Webservice
University of Calgary
VIA Secure Portal
Login

Data Entry Clerk

Data Entry Clerk

Data Entry Clerk

Data Entry Clerk

NMC Clinician

NMC Clinician

NMC Clinician

NMC Clinician

NMC Clinician

NMC Clinician

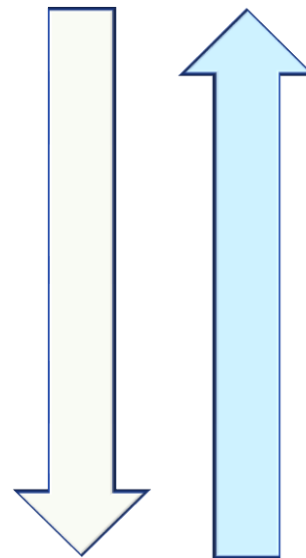
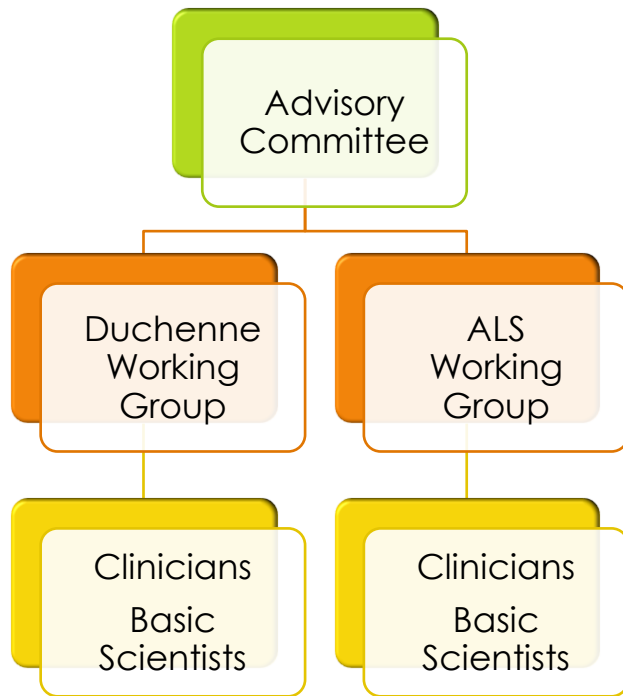
NMC Clinician

NMC Clinician

Each site retains all data for research and clinical use

Subject data updated at each visit

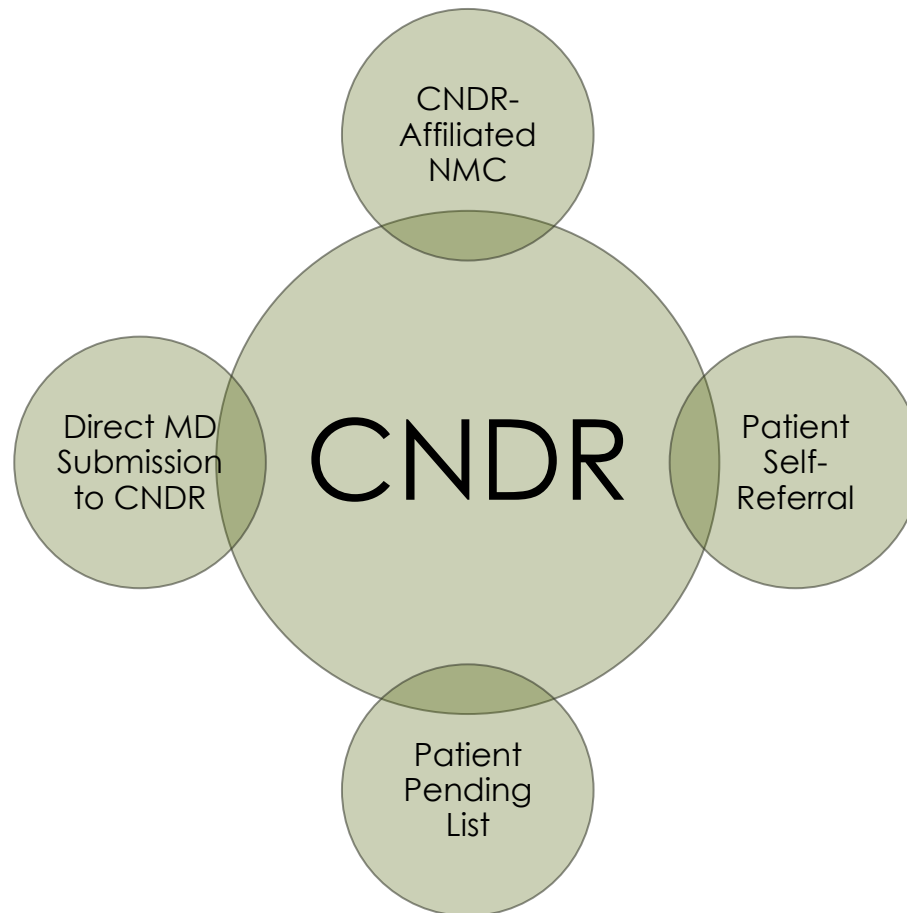
CNDR Working Groups



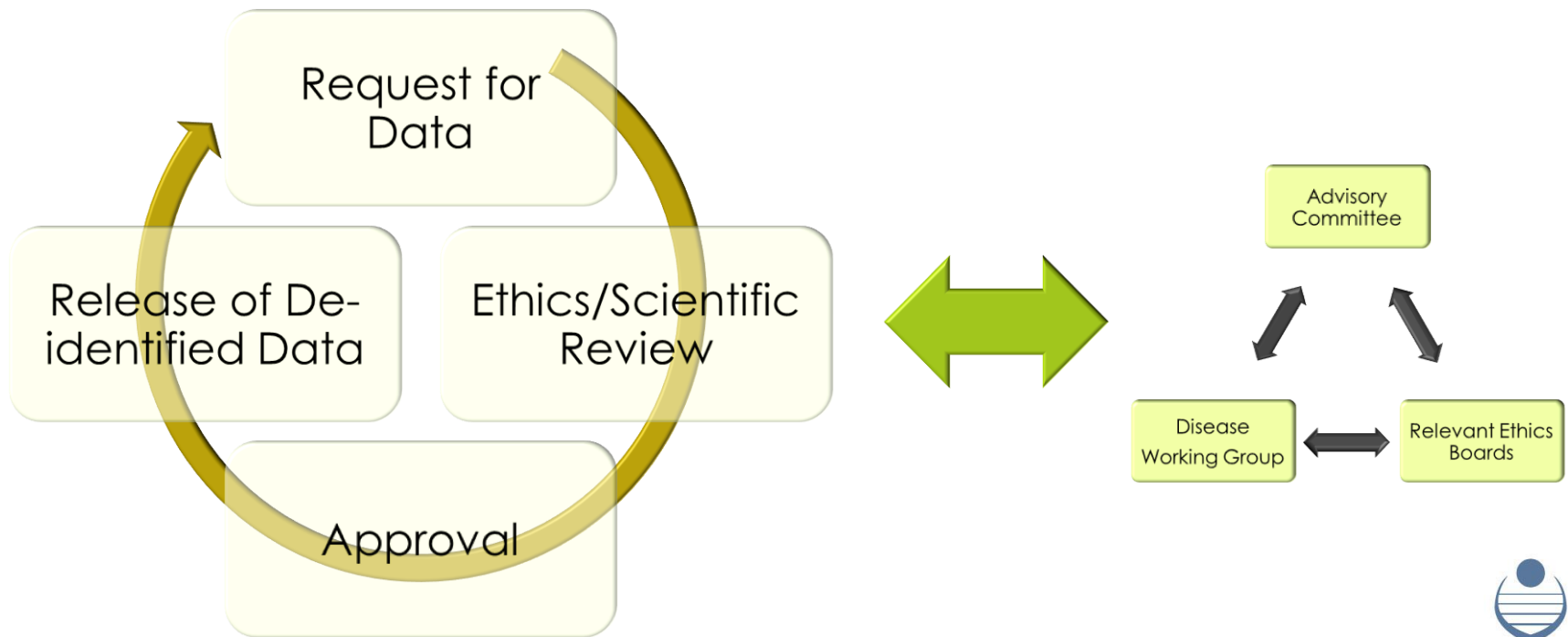
Scientific Review

- Dataset generation
- Dataset maintenance
- Study inquiry review

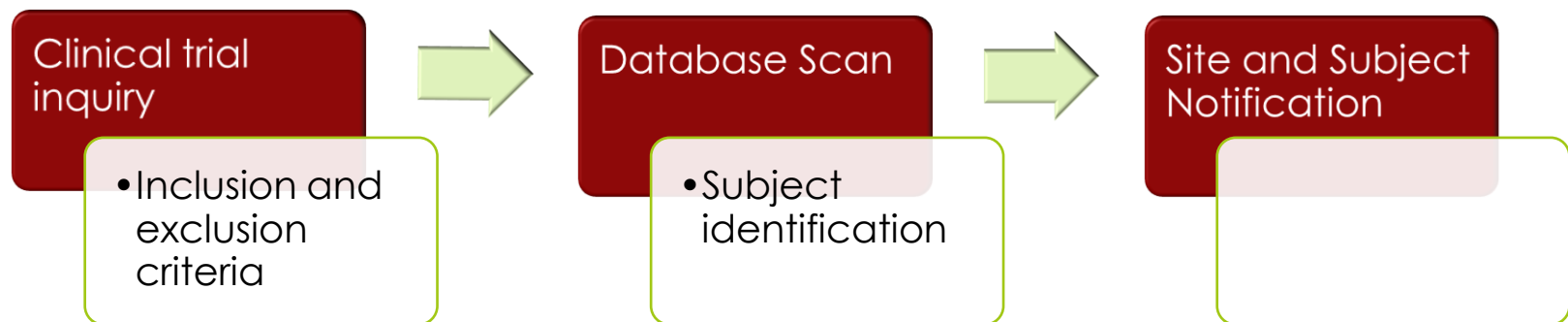
Patient Enrollment



Data Access to Investigators



Recruitment for Clinical Trials



Operational and Organizational Complexity

- Registries can be complex
 - Clear operationalization of procedures is required
 - Detailed operating manuals are invaluable
 - Standardization of data collection, entry and management is essential

Registry Sustainability

A REFERENCE DOCUMENT

**Neurological Registry
Best Practice Guidelines**

**A Peer-Reviewed Practical Guide to Patient Registry
Development and Operations in Canada**

Acknowledgements

Lead PI: Lawrence Korngut
Co-PIs: Nathalie Jetté, Tamara Pringsheim

Kristin Atwood
Lynn Dagenais
Claire Marie Fortin
Mark Hamilton
Maira K. Kapral
Gail MacKean
Essie Mehina
Tamara Pringsheim
Cindy Watson

Karen Barlow
Lundy Day
Clare Gallagher
Rachel Hayward
Lawrence Korngut
Jean K. Mah
Theo Mobach
Michael Shevell
Samuel Wiebe

Craig Campbell
Paula de Robles
Angela Genge
David B. Hogan
Darren Lam
Ruth Ann Marrie
Vanessa K. Noonan
Eric Smith
Christina Wolfson

Steve Casha
Elizabeth Donner
Glenys Godlovitch
Nathalie Jette
Diane Lorenzetti
James Marriott
Scott Patten
Thomas Steeves
Julie Wysocki

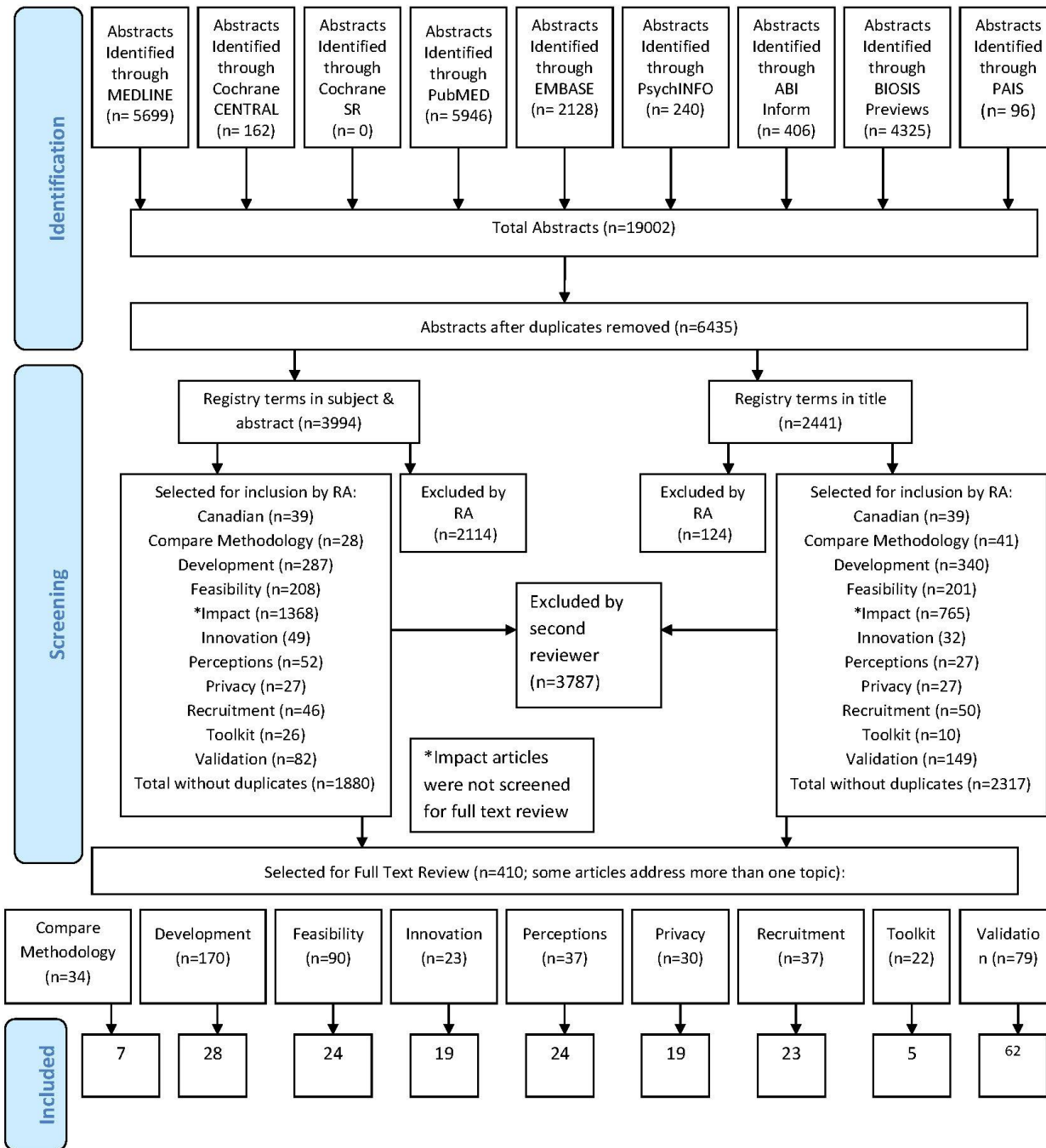
Lisa Casselman
Guillermo Fiebelkorn
Ruth Hall
Megan Johnston
Mark Lowerison
Colleen Maxwell
Ted Pfister
Janet Warner

The project team also wants to thank the following additional grant team members and collaborators for their guidance and advice along the way: Caitlin Smith; David Zygun; Frank Silver; Jack Puymirat; Jane Evans; Karen Turpin; Larry Svenson; Lewis Holmes; Lorne Zinman; Marcel Dvorak; Maryam Oskoui; Nancy White; Roger Freeman; Sandra Black; the members of the Scientific Advisory Committee; and the patients, caregivers, and families who contributed to our focus group discussions.

This study is part of the National Population Health Study of Neurological Conditions. We wish to acknowledge the membership of Neurological Health Charities Canada and the Public Health Agency of Canada for their contribution to the success of this initiative.

Funding for the study was provided by the Public Health Agency of Canada. The opinions expressed in this publication are those of the authors/researchers, and do not necessarily reflect the official views of the Public Health Agency of Canada.

Registry Literature Review Flowchart



Neurological Registry Feasibility and Sustainability

*Tamara Pringsheim¹, Ruth Ann Marrie², Elizabeth Donner³,
Michael Shevell⁴, Darren Lam¹, Lundy Day¹, Megan Johnston¹,
Nathalie Jette^{1,5}, Lawrence Korngut¹*

Can J Neurol Sci. 2013; 40: Suppl. 2 - S55-S59

- The feasibility and sustainability of a registry depend on many factors
 - researchers, clinicians, administrators and participants.

- The development and maintenance of a successful registry may be improved by considering the following elements in the design and implementation of registry procedures

Literature Review

- Factors that negatively affect feasibility (sustainability)
 - Confidentiality/privacy issues
 - Barriers to participation
 - Issues related to multiple centres and locations
 - Issues related to human and financial resources
 - Poor data
 - Quality(non-uniform, missing, or incomplete data), and potential
 - Bias

Literature Review

- Factors that enhance feasibility (sustainability)
 - Clear purpose
 - Data collection
 - Stakeholder engagement
 - Communication
 - Finances
 - Human resources
 - Change management

Literature Review

- Data collection practices that promote feasibility (sustainability)
 - Minimum core dataset
 - Data entry
 - Consent
 - Collaboration
 - Innovation
 - Harmonization of data collection
 - Incentives for patient participation

Feasibility (Sustainability) Recommendations

- ✓ Have adequate advance planning and infrastructure (including human and monetary resources)
- ✓ Incorporate minimal data collection time and frequency while tailoring the mode of data collection to participant needs.
- ✓ Pilot test data collection practices to ensure they work as designed.

Feasibility (Sustainability) Recommendations

- ✓ Have a diverse advisory board representing ethics, legal, operational, participant and sponsor interests.
- ✓ Employ regular communication amongst all stakeholders.
- ✓ Utilize graduated consent, and other participant retention tools such as a registry website and newsletter.

Feasibility (Sustainability) Recommendations

- ✓ Regularly engage providers through training meetings, regular data reports and presentations at conferences.
- ✓ Cultivate long-term funding through activities that raise
- ✓ Act in a transparent manner.

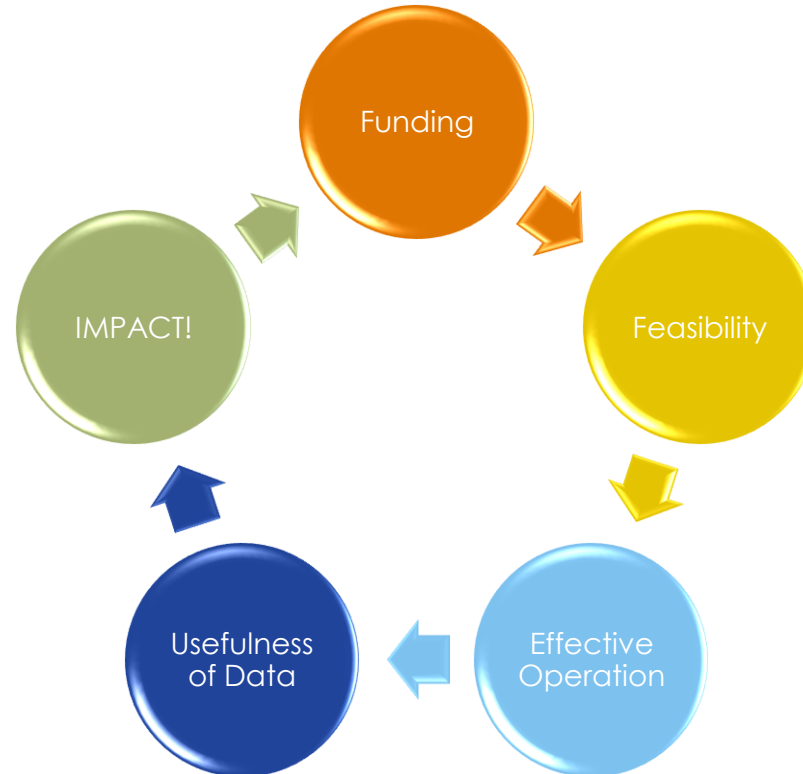
Feasibility (Sustainability) Recommendations

- ✓ Utilize common data elements to enhance registry compatibility.
- ✓ Link with vital statistics to determine whether patient has died and address other accessible information that may be of interest (seek patient consent for this).
- ✓ Address challenges associated with recruitment and retention of members of minority groups to ensure representativeness.

Important Points about Sustainability

- Aspects of sustainability are
 - Feasibility
 - Funding
 - Effective operation
 - Usefulness of data
 - Impact

The “Impact” Cycle of Sustainability





Canadian Registry Network

Réseau canadien de registres

1. Best practice guidelines
2. Implementation toolkit
3. Case report/data set metaregistry
4. Seek funding for common infrastructure/technology
5. Collaborate
6. Data linkages
7. Reduce cost
8. www.canadianregistrynetwork.org



Connecting
researchers *everywhere*
Rapprocher
les chercheurs *partout*



Canadian Registry Network

Réseau canadien de registres

The Canadian Cerebral Palsy Registry

The Canadian Neuromuscular Disease Registry (CNDR)

The North American Research Committee on

Multiple Sclerosis (NARCOMS) Registry

The Ontario Stroke Registry

The Quebec Myotonic Dystrophy Registry

The Rick Hansen Spinal Cord Injury Registry (RHSCIR)

Canadian Hydrocephalus Clinical Research Network (under development)

The Southern Alberta Dementia Registry (under development)

The Sudden Unexplained Death in

Epilepsy (SUDEP) Registry (under development)



Connecting
researchers *everywhere*
Rapprocher
les chercheurs *partout*

You can access the
Toolkit website at

canadianregistrynetwork.org



Connecting
researchers *everywhere*
Rapprocher
les chercheurs *partout*

Team Members

- Megan Johnston,
 - Director, Canadian Neuromuscular Disease Network
 - Project Manager, Canadian Neuromuscular Disease Registry

- Janet Petrillo
 - Clinical Research Co-ordinator

- Jose Martinez
 - Clinical Research Co-ordinator

Contact Information

korngut@gmail.com



@lawrencekorngut