TrialScribe

Clinical Research News
at University Health Network

Welcome to the May 2013 edition of *TrialScribe*! *TrialScribe* is designed to inform researchers and trainees about the latest clinical research news and information at UHN. Included in this issue: the revised Conflict of Interest Policy; updates on the new training programs and a new initiative to provide clinical biospecimens to researchers across Canada; a Spotlight on Research with OCI's Dr. Laura A. Dawson; and Research Best Practices: Conflicts of Interest.

We hope that you enjoy reading *TrialScribe*. If you have feedback or questions, all suggestions are welcome at www@uhnresearch.ca.

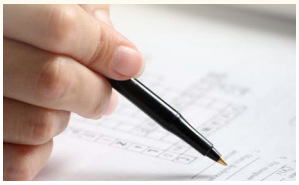
- Dr. Charles Chan, FACP, FRCPC, MD, Vice President, Medical Affairs and Quality, and Dr. Christopher J. Paige, PhD, FCAHS, Vice President, Research; May 2013

Research Policy Corner

Several projects have been initiated by the Clinical Research Support Services Planning and Implementation (CRSSPI) team, chaired by Lisa Alcia, Executive Director of Research Operations.

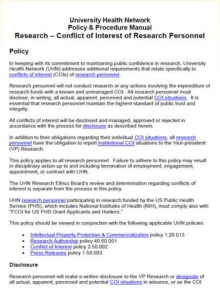
In this section you will find the newest research policies now available on the Corporate Intranet.

Conflict of Interest of Research Personnel



The newly released Conflict of Interest of Research Personnel policy offers guidelines for UHN research personnel on managing issues relating to potential conflicts of interest that may arise when research activities are affected by potential financial, commercial or personal interests. According to the policy, research personnel at UHN are obligated to disclose any actual, perceived or potential conflicts of interest or lack thereof through the Conflict of Interest online (COI online) system on UHN's intranet site on an annual basis.

To learn more about this policy including information on what may constitute a conflict of interest and the responsibilities of research personnel and UHN regarding conflicts of interest, please visit the Corporate Research policy page.


University Health Network
Policy & Procedure Manual
Research – Conflict of Interest of Research Personnel

Policy

News and Events

Clinical Research Record Training

UHN's Training and Development program has launched a new online Clinical Research Record (CRR) training program to replace the current instructor-led classroom CRR training sessions. The Clinical Research Record is a software tool that interfaces with the Electronic Patient Record (EPR) and allows clinical and research teams to share research study patient information. This integrated system allows clinicians to access patient information related to their participation in a research study such as exposure to investigational medication, treatment contraindications, potential adverse events and emergency team contact information. To access the training program, click here.

Learning Sessions for Unanticipated Problem Reporting

UHN's Research Ethics Board (REB) is rolling out new educational sessions to provide research personnel with guidance on reporting any unanticipated problems that may occur during the course of a research study. The guidelines, which were released last year, adopt the Canadian Association of Research Ethics Board's on reporting of unanticipated problems. The amended policies also reduce the workload for research personnel by decreasing the number of unnecessary reports they have to file. To learn more about the requirements for reporting unanticipated events or to register for the educational sessions, please visit UHN's calendar.

Access to the Canadian Health Measures Survey Biobank

Statistics Canada
www.statcan.gc.ca

Statistics Canada is inviting researchers from across Canada to apply for access to clinical samples from the Canadian Health Measures Survey (CHMS) for use in their research studies. CHMS has collected measurements on body composition, blood pressure, lung function, and physical activity, in addition to blood, urine and DNA samples from patients between 2007 and 2011 that are now stored in a biobank at the National Microbiology Laboratory in Winnipeg. Researchers interested in obtaining access to the samples will be required to complete an application form by June 20, 2013, that will then be reviewed by the CHMS Biobank Advisory Committee and Statistics Canada. Information regarding the program and the review process, can be found at the Statistics Canada CHMS biobank website.

Spotlight on Research

Dr. Laura A. Dawson, MD, FRCPC

Dr. Laura A. Dawson, Clinical Studies Resource Centre Member at the Ontario Cancer Institute (OCI).

Hepatocellular cancer (HCC), which is the fifth most common cancer in the world, is associated with an increased risk of mortality and a survival rate beyond the first year that is below 30%. A significant number of HCC patients are either incurable or ineligible for treatment due to advanced disease stage or impaired liver function. Treatment with transarterial chemoembolization (TACE), a procedure where chemotherapeutic drugs are directly injected into arteries that feed the tumour, has been shown to increase survival in a subset of patients with HCC. Whereas patients who are unsuitable for TACE are treated with a cell growth inhibitor known as sorafenib, which has been shown to increase 1-year survival to 45%. Unfortunately, these treatments never fully eradicate HCC cells and the lesions invariably progress to other parts of the liver.

Advances in imaging and computer technologies have permitted the use of radiotherapy in treating HCC lesions that are unsuitable for or refractory to standard therapies. Radiotherapy treatment plans take into consideration the tumour size and the risk of injury to normal tissues. They are also tailored to consider the patient's unique physiology, including their breathing movements, in order to minimize the level of damage to normal tissue. Using such strategies, large tumours with multiple lesions and invasion into major vasculature, commonly seen in HCC, are able to be treated with radiotherapy.

OCI Clinical Studies Resource Centre Member Dr. Laura Dawson has been evaluating novel strategies for delivering radiotherapy in order to identify the most effective treatment plans for patients with advanced HCC. As part of these studies, Dr. Dawson is evaluating a specialized type of radiation treatment known as stereotactic body radiotherapy (SBRT). Unlike conventional radiotherapy that delivers small daily doses of radiation over several weeks, SBRT uses greater radiation doses over fewer treatments with higher precision and accuracy.

Dr. Dawson and her collaborators recently completed a series of prospective phase I and phase II clinical trials, which evaluated the effectiveness and toxicity of SBRT to treat 102 patients with HCC that were unsuitable for or refractory to TACE. Results indicated that patients receiving SBRT had a 1-year control rate of their irradiated HCC of 87% and a 1-year survival rate of 55%, higher than that expected if no SBRT were delivered. In general, use of SBRT was associated with a low risk of toxicity, although approximately 30% of patients had a decline in their liver function at 3 months. Explains Dr. Dawson, "The SBRT techniques used in our study are becoming more widely available, but they need to be used with quality assurance procedures and peer review, to reduce the potential for toxicity. The high local control rates we observed suggest that radiotherapy is an effective treatment for locally advanced HCC. However, development of new HCC lesions outside the irradiated target remains a problem and provides a rationale for combining SBRT with systemic therapies such as sorafenib. The results of our research have, in part, led to development of an international phase III randomized trial (RTOG1112, Principal Investigator: Laura Dawson) that will compare SBRT followed by sorafenib to sorafenib alone in patients with locally advanced HCC."

Sequential Phase I and II Trials of Stereotactic Body Radiotherapy for Locally Advanced Hepatocellular Carcinoma. Bujold A, Massey CA, Kim JJ, Brierley J, Cho C, Wong RK, Dinniwell RE, Kassam Z, Ringash J, Cummings B, Sykes J, Sherman M, Knox JJ, Dawson LA. Journal of Clinical Oncology. 2013 Apr 1. [Pubmed abstract]

This study was supported in part by research grants from Elekta, Bayer, the Canadian Cancer Society, the Canadian Institutes of Health Research, Gerry Ruby Foundation and an American Society of Clinical Oncology Career Development Award.

Quality Improvement and Best Practices

The Research Quality Integration (QI) program focuses on areas critical to maintaining subject safety, data integrity and regulatory compliance. Through internal quality auditing and site support, the QI team assists researchers in recognizing opportunities for enhancing effective processes and operations, and identifies best practices which can be shared throughout the organization. The following is a continuation of a series of case studies highlighting examples of how to manage gaps in procedure and improve research best practices.

Conflicts of Interest - Case Study

Note: the following is a fictional case concerning the responsible conduct of research.

Dr. X agrees to act as a consultant and scientific advisor for ABCDrugs, a pharmaceutical company that develops, manufactures and distributes anti-inflammatory therapies. In return for these services, Dr. X is financially compensated on a yearly basis.

As a consequence of this relationship, XYZPharma, a subsidiary of ABCDrugs, asks Dr. X to conduct a clinical trial to evaluate the safety of a new rheumatoid arthritis treatment. Dr. X discloses the fact that the trial is sponsored by XYZPharma on the patient consent form, but neglects to disclose the details of the consulting relationship with ABCDrugs.

Conflicts of Interest – Case Study

When initial results from the trial are analyzed, they reveal that the drug is effective and well-tolerated. Dr. X decides to submit the promising findings for publication in a medical journal. As part of the submission process, Dr. X is asked to disclose any potential conflicts of interest that may have influenced the study. Dr. X reveals that the trial is sponsored by XYZPharma but neglects to inform the journal of the relationship with ABCDrugs. Dr. X. also fails to disclose this potential conflict of interest to UHN.

The journal publishes the manuscript with a disclosure that the study was sponsored by XYZPharma and that Dr. X has no conflict of interest. A newspaper journalist learns of the study and decides to write a story on the breakthrough results. While researching the article the journalist learns that Dr. X is a consultant and scientific advisor at ABCDrugs, which is partly owned by the study sponsor, XYZPharma. Recognizing that this is a serious conflict of interest, the journalist releases an article in an international newspaper that identifies Dr. X and the conflict situation, and calls into question the results of the study.

Conflicts of Interest- What are The Risks?

A conflict of interest (COI) is an occurrence where situations, place a person or an institution in a real, perceived or potential conflict with their research-related activities or responsibilities. These situations may involve personal, commercial or financial interests that benefit the individual, institution or research sponsor. COIs that have the potential to affect clinical research activities are particularly important to consider because of the impact that they may have on a study participant's welfare.

As a member of UHN's research community, Dr. X is required to read and comply with UHN's "Conflict of Interest Policy for Research Personnel". To comply with the policy, Dr. X should have disclosed that there was a potential conflict of interest to UHN and the journal, as ABCDrugs had the potential to profit from the results of the study. Had this occurred, a plan would have been developed to manage it appropriately. In addition, not disclosing the potential COI to the study participants compromised the trust relationship between Dr. X and the study participants, and put the validity of the participants' consent at risk.

According to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2nd Edition (TCPS2): "The perception of a conflict of interest may, in many cases, be as damaging as a real conflict." and "While it may not be possible to eliminate all conflicts of interest, researchers are expected to identify, minimize or otherwise manage their individual conflicts in a manner that is satisfactory to the Research Ethics Board.

Conflicts of Interest- Effective Ways to Manage Them

The following are examples of procedures used by different study teams across UHN to proactively manage COIs:

- Read and understand the updated "Conflict of Interest Policy for Research Personnel" before declaring any actual, perceived or potential conflicts or lack thereof on UHN's COI online system.
- Maintain an accurate, complete and current record of any personal and professional activities that may lead to potential, perceived or actual COIs.
- Dedicate time on a yearly basis to disclose, in detail, any potential conflicts or lack thereof to UHN.
- Develop a plan to manage any potential COIs that will reduce or eliminate their effects on the integrity of the research and welfare of the study participants.
- Always seek additional guidance from the Research Ethics Board if you are unsure whether you have a potential COI situation involving clinical research.

Why is it Important to Disclose Conflicts of Interest?

UHN aims to promote transparency in research, maintain a community of trust and reduce the negative impact of COIs by ensuring visibility. UHN is also bound by agreements with a number of organizations including the Tri-Council funding agencies to obtain disclosures of any COIs or lack thereof from all research personnel. Timely and accurate disclosure of any conflicts of interest should therefore be a top priority for all research personnel as it ensures that ethical integrity is upheld and that public trust in UHN and the research it conducts is maintained.

Feedback

TrialScribe is brought to you by UHN Research Communications. We hope you have enjoyed reading this newsletter.
Please note: this newsletter is an internal document and should not be distributed outside of UHN.
The next issue of *TrialScribe* will be released in July 2013.
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