

# Global Compliance & Oversight

**HS**

In this issue of the ACRP *Monitor*, three articles have been selected as the basis for a Home Study test that contains 30 questions. For your convenience, the articles and questions are provided in print as well as online (members only) in the form of a PDF (requires Adobe Reader and text file). This activity is anticipated to take three hours.

**Answers must be submitted using the electronic answer form online (members only, \$32).** Those who answer 70% of the questions correctly will receive an electronic statement of credit by e-mail within 24 hours. Those who do not pass can retake the test for no additional fee.

**Hardware/Software Requirements:** Home Study tests require version 4.x browsers or higher from Internet Explorer, Mozilla Firefox, or Safari. A browser that can run Adobe Flash 9.0 is required to view the digital edition of *The Monitor*, and Adobe Acrobat is required to view PDFs of the Home Study test.

The **February 2012 *Monitor* Home Study** is based on the following three articles in this issue:

1. **A Primer on Vendor Oversight for Clinical Project Managers: Update on Regulatory Expectations**  
Laurie Halloran, BSN, MS, CCRA, President and CEO, Halloran Consulting Group, Inc.
2. **Risk-Based Quality Management: A Practical Approach**  
Barbara Schnurr, PhD, Managing Director and Owner, GXP-Engaged Auditing Services GmbH
3. **Clinical Trials in Russia: New Challenges and Significant Opportunities Following the New Medicines Law**  
Elena Storozhuk, MD, MS, General Manager | Svetlana Astafyeva, MD, PhD, Director of Regulatory Affairs, both authors at Worldwide Clinical Trials, Moscow

## HOME STUDY LEARNING OBJECTIVES

After reading these articles, participants should be able to:

1. discuss the increased regulations related to sponsors and monitors, and describe best practices for building quality risk management into the clinical trials process.
2. explain the trend toward risk-based quality management systems, define the terms involved, understand the tools used, and describe the potential benefits.
3. identify the basic elements of trial initiation and methods of oversight currently within the Russian Federation.

**This test expires on FEBRUARY 28, 2013**

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## QUESTIONS 1–10

### A Primer on Vendor Oversight for Clinical Project Managers: Update on Regulatory Expectations

**1** One reason for the FDA's concerns with clinical research oversight is the:

- inexperienced monitors used by CROs.
- rapid enrollment of subjects in the United States.
- increased outsourcing of clinical trials in emerging regions.
- prior Warning Letters that showed inadequate oversight of CROs.

**2** When transferring regulatory responsibility to a CRO, FDA regulations and ICH guidelines mandate:

- vendor inspections to ensure capabilities.
- documentation of an oversight plan to define review/approvals.
- training of qualified individuals to manage the delegated activities.
- co-monitoring visits with CRO CRAs to conduct quality control activities.

**3** Quality risk management has been used for years within:

- EDC.
- CDISC.
- GLP.
- GMP.

**4** One common violation leading to sponsor/CRO Warning Letters is:

- changes to the data that are not signed by the CRC.
- inadequate due diligence during a merger or acquisition.
- inappropriate delegation of authority by the investigator.
- missed or late reporting of adverse experiences in the CRF.

**5** The situation presented of the CRA the author accompanied to a study initiation visit is an example of what?

- Comprehensive training of site staff
- Inadequate documentation of site concerns
- A focus on staying within the scope of work
- A typical situation for busy research sites with inadequate time

**6** Regulatory inspections are focused on sponsor/monitors because of:

- additional funding authorized by Congress.
- political pressure to improve and intensify FDA's oversight function.
- High-profile cases of subjects injured in poorly designed clinical trials.
- lawsuits by patient advocacy groups because of slow regulatory review.

**7** The author defines three components of vendor oversight, including:

- quality control.
- expectation setting.
- earned value analysis.
- relationship management.

**8** Proactively structuring and capturing discussion on how challenges will be handled between sponsors and monitors can occur through use of:

- oversight plans.
- auditing plans.
- requests for proposals.
- FDA 483 inspectional observations.

**9** An inspection readiness exercise done to focus on oversight of vendors will:

- identify the CRAs with performance issues.
- mitigate risks with oversight on future trials.
- highlight the sites with the biggest compliance challenges.
- de-identify the areas that are most problematic with the relationship.

**10** Useful tools to highlight areas of concern FDA might observe during an inspection focused on oversight of outsourced programs are in the most recent:

- Compliance Program Guidance Manual.
- quality manual written by the sponsor.
- clinical investigator Warning Letters on FDA's website.
- Master Service Agreement between the sponsor and CRO.

## QUESTIONS 11–20

### Risk-Based Quality Management: A Practical Approach

**11** "Noncompliances" in clinical research can be defined as:

- fraudulent activity on the part of researchers.
- errors resulting from non-adherence to the study protocol.
- misuse of research grants.
- unwillingness on the part of the study team.

**12** The implementation of a quality management system:

- is required by ICH-GCP.
- is a major cost factor.
- can help achieve reliable results in clinical trials.
- is the only way to detect fraud and misconduct.

- 1 and 2 only
- 2 and 3 only
- 2 and 4 only
- 3 and 4 only

**13** Describe the relationship between quality assurance (QA) and quality management (QM):

- QA is more effective than QM.
- QA has been completely replaced by QM.
- QM provides a more dynamic view of the sources of error.
- QM relies partly on QA as a tool.

- 1 and 2 only
- 1 and 4 only
- 2 and 3 only
- 3 and 4 only

**14** ISO 9000 is a:

- new set of rules and regulations replacing good clinical practice.
- set of standards governing clinical research required by law.
- regulatory body overseeing clinical research in Europe.
- set of standards and guidelines for quality management systems.

**15** A "systematic process put in place to identify, assess, control, communicate, and review the risks associated with the clinical trial during its lifecycle" is the definition of:

- risk-based quality management.
- quality assurance.
- quality plans.
- risk-based monitoring.

**16** The emphasis of risk-based quality management at the planning stage of the trial is identification of:

- the aspects of the trial most likely to go over budget.
- the probable side effects of the trial medication.
- the trial's priorities and mitigation of potential problems.
- study sites with expertise in the study indication.

**17** The several different sources of information that can be used to identify risks arising during the trial include which of the following?

1. Monitoring reports
2. Trial Master File
3. CRF data
4. Regulatory bodies

- A. 1, 2, and 3 only
- B. 1, 2, and 4 only
- C. 1, 3, and 4 only
- D. 2, 3, and 4 only

**18** Risk-based monitoring is an approach to monitoring that:

- A. has been rejected by pharmaceutical companies and regulatory bodies.
- B. aims to drastically reduce the cost of monitoring visits.
- C. focuses on those aspects of the trial affecting the primary variables.
- D. calls for more frequent monitoring visits to all sites.

**19** The use of electronic CRFs can be beneficial for risk-based quality management because it:

- A. reduces the amount of filing and archiving to be done.
- B. allows early computation of primary variables to ensure that results of the study are as expected by the sponsor.
- C. completely replaces the need for source data verification.
- D. allows computation of metrics that can reveal problems in recruitment rate, problems in CRF completion, and other problems at the site.

**20** What measures are triggered when analysis of the information indicates a potential problem at a site?

- A. Site audits or increased frequency of monitoring visits to the problem site
- B. The problem site is automatically closed and replaced
- C. Regulatory bodies are automatically informed of the problems at the site
- D. The site is blacklisted for any further studies

## QUESTIONS 21–30

### Clinical Trials in Russia: New Challenges and Significant Opportunities Following the New Medicines Law

**21** What are some of the basic requirements to obtain a clinical trial approval in Russia?

1. Confirmation of the applicant's authority to conduct the study
2. Local insurance policy
3. Principal investigator CVs in Russian
4. Study documents in English

- A. 1, 2, and 3 only
- B. 1, 2, and 4 only
- C. 1, 3, and 4 only
- D. 2, 3, and 4 only

**22** According to the New Medicines Law, how many years of experience in clinical trials are principal investigators required to have?

- A. 1 year.
- B. 3 years.
- C. 5 years.
- D. 10 years.

**23** The New Medicines Law prohibits the conduct of Phase I trials involving which of the following?

- A. Unhealthy volunteers (patients) if the IMP has been manufactured inside Russia
- B. Healthy volunteers if the IMP has been manufactured outside Russia
- C. Unhealthy volunteers (patients) if the IMP has been manufactured outside Russia
- D. Healthy volunteers if the IMP has been manufactured inside Russia

**24** An additional clinical trial is not required for registration of the medicine in the Russian Federation if:

- A. the medicine is approved in the United States.
- B. the medicine is approved in the European Union.
- C. the international Phase III trial included Russian sites.
- D. the international Phase III trial excluded Russian sites.

**25** Following the Ministry of Health reorganization, clinical trial applications should be submitted only to which one division?

- A. The Department of State Regulation of Drug Circulation
- B. The National Ethics Committee
- C. The Federal Scientific Center for Evaluation of Medicinal Products
- D. The State Federal Budget Organization for Evaluation of Medicinal Products

**26** Which of the following applies to the State Federal Budget Organization for Evaluation of Medicinal Products?

- A. Provides state control of medicinal products circulation, including marketing authorization of medicinal products
- B. Issues import/export permits for investigational medicinal products
- C. Issues approvals for clinical trials
- D. Provides the review of study documents within clinical trials

**27** According to the article, the official timeline in Russia for obtaining a study approval is:

- A. 20 days.
- B. 45 days.
- C. 60 days.
- D. 365 days.

**28** Approval for the import of both registered and unregistered medicines for clinical trials lies within the competence of the:

- A. Ministry of Health and Social Development.
- B. Ministry of Industry and Trade.
- C. Ministry of Economic Development.
- D. Ministry of Finances.

**29** Under the New Medicines Law the clinical site accreditation process in Russia:

1. is not mandatory for all sites.
2. mirrors requirements for sites in countries who adopt ICH conventions.
3. is closely monitored by the Ministry of Health.
4. results in issuing of the Accreditation Certificate.

- A. 1, 2, and 3 only
- B. 1, 2, and 4 only
- C. 1, 3, and 4 only
- D. 2, 3, and 4 only

**30** The Federal Service on Surveillance in Healthcare and Social Development is responsible for:

- A. issuing the GCP certificates.
- B. reviewing the study documents from an ethical point of view.
- C. issuing the import/export licenses.
- D. carrying out inspections of the clinical sites.

## CORRECTIONS

Corrections to Home Studies can be found on the ACRP website and are incorporated directly into the online test.