

# Learning Objectives:



**To learn the fundamentals of preparing a clinical trial budget:**

- **Identifying Potential Members of a Budgeting Team**
- **Identifying reasonable / hidden costs in budgeting**
- **Understanding the value of a feasibility review**

# Clinical Trial Team



One of the most integrated groups

How do you surround yourself?

- Principal Investigator
- Clinical Study Nurse / Trial Coordinator
- Sponsor / CRO

*(though maybe at a longer arm length!)*

# Extensions of Clinical Trial Team



- Billing Calendar Review Office
- Human Subjects Protection Office
- Contract Negotiation Group / Sponsored Programs Office
- Ancillary Review Committees

# Determine Recruitment Potential



- Define reasonable & realistic accrual goals
  - *What measures are necessary to reach the desired subject population?*
  - *How many subjects must be screened to identify an eligible participant?*
  - *What is the recruitment time frame?*
  - *What is my patient population?*

# DISCLAIMER!!!



- We will talk through many types of charges
- We will offer many ways of looking at things
- BUT, this is not the exhaustive list!
- Many items are protocol/institution specific

# Clinical Budget Full Budget Concepts:



- Needs to be somewhat flexible
- If not in budget, sponsor is not obligated to pay
- Must cover all costs

# Categorize Budget Items



## Fixed and Up-Front Costs

*Are needed for study conduct and incurred whether or not a subject is enrolled.*

## Costs Related to Subject Visits

*Sponsor proposals usually link all budget items directly to patient visits.*

# Identify Universal Costs for Study Conduct



- What institutional approvals are needed?
- Are mandated fees charged?
- Determine institutional Indirect Cost rate



# Indirect Cost Recovery

(aka Facility & Administrative charges or Overhead)



These are a real cost to the institution

- Determine correct rate to use on your study
- Call your institutional resource!

# Budgeting a Clinical Trial



Clinical Trial experience is helpful when creating and negotiating budgets

- Understand the nuances of treatments
- Things are not black and white
- There is a patient at the other end of the trial
- The care always has to come first over the protocol

# Dissecting the Protocol



- **Study Calendar**
  - Identify items that will generate expenses for the site
  - Number and complexity of subject visits

	Procedure	Pre-Study	Treatment		
			Day 1	Day 8	Day 15
Eligibility criteria	Eligibility criteria/Signed informed consent	X			
Demographic data	Demographic data/tumor characteristics	X			
Tumor history and therapies	Tumor history surgery, radiotherapy, systemic therapies	X			
Medical history	Medical history	X			
Baseline conditions	Baseline conditions	X			
Physical exam	Physical exam	X	X		
Non drug therapies for tumor	Non drug therapies for tumor	X			If appropriate
Other diagnostic procedures	Other diagnostic procedures				If appropriate
Vital signs (BP, pulse)	Vital signs (BP, pulse)	X	X		
ECG and chest X-ray (if not already performed to follow tumor. )	ECG and chest X-ray (if not already performed to follow tumor. )	X			Only if clinically indicated
ECOG PS	ECOG PS	X	X		
Hematology	Hematology	X	X	X	X
Blood chemistry	Blood chemistry	X	X	X	X

# Dissecting the Protocol



- Study Calendar
  - Identify items that will generate expenses for the site
  - Number and complexity of subject visits
- **Laboratory Assessments (Examinations)**

# Dissecting the Protocol

## Laboratory Assessments



### 8.2 Clinical Laboratory Assessments

#### 8.2.1 Hematology

- A complete blood count (CBC) with differential and platelet count will be obtained at each protocol-specified visit.

#### 8.2.2 Serum Chemistry

- Serum chemistries, including albumin, alkaline phosphatase, total bilirubin, CO<sub>2</sub>, blood urea nitrogen (BUN), calcium, chloride, creatinine, glucose, lactic dehydrogenase (LDH), magnesium, phosphorus, potassium, total protein, AST (SGOT), ALT (SGPT), and sodium, will be obtained at each protocol-specified visit.

#### 8.2.3 Urinalysis

- Urinalysis (with microscopic analysis) will be obtained during screening, at study Days 28 and 56, every 28 days thereafter, and at the time of treatment termination.

# Dissecting the Protocol



- Study Calendar
  - Identify items that will generate expenses for the site
  - Number and complexity of subject visits
- Laboratory Assessments (Examinations)
- Study Design
  - Study duration
  - Accrual goal
  - Number of participating sites
  - Cycle length and/or limit





# Billing Calendars



- Produce list of study procedures / calendar
- Principal Investigator designates Standard of Care items versus research related items
- Billing Calendar becomes the foundation of your budget

# Preparing the Budget



		Screen	Cycle 1 28 Day Cycle				Cycle 2 28 Day Cycle				Cycle 3 28 Day Cycle			
	Cost	Day -14 to -1	Day 1	Day 8	Day 15	Day 22	Day 1	Day 8	Day 15	Day 22	Day 1	Day 8	Day 15	Day 22
<b>OFFICE VISITS</b>														
Physical Examination	\$145.00	RC	RC				RC				RC			
<b>LABS</b>														
Hematology - CBCPD	\$75.00	RC	RC	\$75.00	RC	\$75.00	RC	\$75.00	RC	=B17	RC	S	RC	S
Serum Chemistry - COMP	\$75.00	RC	RC		RC		RC		RC		RC		RC	
Direct Bilirubin	\$50.00	S	S		S		S		S		S		S	
Uric Acid	\$50.00	S	S		S		S		S		S		S	
LDH	\$50.00	S	S		S		S		S		S		S	
Serum Pregnancy Test	\$50.00	S	S				S				S			
Urinalysis - Macro	\$25.00	RC	S				RC				RC			
Urinalysis - Micro	\$25.00	S	S				S				S			
<b>PROCEDURES</b>														
CT Scan - Abdomen	\$1,500.00	RC									RC			

# Effort Estimate



- **Team Leads estimate effort put forth by the study team**
  - Estimate time needed for study visits
  - Staffing needs for duration of study
  - Difficulty of meeting eligibility criteria
  - Additional recruitment effort

# Effort Estimate



- **Effort Estimate Sheet for:**
  - Principal Investigator
  - Additional faculty / clinician participation
  - Data Manager/Coordinator
  - Regulatory Manager/Coordinator
  - Research/Treatment Nurse
  - Medical Assistant
  - Multi-site Study Coordination
- **Consider support for:**
  - Finance/Accounting
  - IT Support for Clinical Research

# Effort Estimate

Study Budget:	2011.041
PI:	Mickey Mouse
Participants:	
Sponsor:	Disney
Data Manager:	Donald Duck

Accrual Goal:	25
Investigators:	Phase 1
Multisite Trial:	Yes
Study Length:	2
Accrual Length:	1.5

Screening/Enrollment		Per Patient	Total Accrual	FTE %
Visits per Patient		1		
Hours per Visit	Enter the value of $1 \times (b+c) \times \text{Accrual Goal in D11}$	4		
Hours per patient (forms completion)		6		
Total for all patients			250	0.12
Active Treatment #1 -		Per Patient	Total Accrual	FTE %
Visits per Patient		9		
Hours per Visit	Enter the value of $a \times (b+c) \times \text{Accrual Goal in D16}$	1.5		
Hours per patient (forms completion)		2		
Total for all patients			787.5	0.38
Follow-up -		Per Patient	Total Accrual	FTE %
Visits per Patient		1		
Hours per Visit	Enter the value of $a \times (b+c) \times \text{Accrual Goal in D26}$	1		
Hours per patient (forms completion)		1		
Total for all patients			75	0,03
Monitor Visits-Meetings				
Total number of visits		36		
Hours monitor is on site	Enter the value of $(a \times b \times c\%) + d$ in D32	16		
% of Data Mgr Time w/ Monitor		50%		
Queries		30		
Total monitor			318	318
Support Svcs .				
DM Orientation to include protocol review, start-up, etc. (hrs.)	8-16 hours	16		
F2F Meetings w/Sponsor (hrs.)		0		
Phone w/Sponsor (hrs)	Telecons etc.	24		
F2F w/PI (hrs)	1 hr/month x study length	39		
DSMC (hrs)		0		
CTO Dbase Requirements (hrs)	Velos if Sponsor	220		
PSV (hrs)	Pre-site (8 hrs)	8		
IV (hrs)	SIV (8hrs)	10		
CV (hrs)	Close-out (8-16 hrs)	8		
Total Support Svcs.	Sum of a through i		325	325
<b>TOTALS</b>			<b>2331</b>	<b>56%</b>

Survival? Estimated pt survival x the number of visits



Visit Total	\$1,659	\$2,509	\$2,125	\$2,393	\$2,125	\$3,425	\$1,775	\$1,900	\$1,775	\$1,625	\$1,775	\$1,600	\$1,775
Overhead	\$414	\$627	\$531	\$598	\$531	\$856	\$443	\$475	\$443	\$406	\$443	\$400	\$443
<b>TOTAL</b>	<b>\$2,074</b>	<b>\$3,136</b>	<b>\$2,656</b>	<b>\$2,991</b>	<b>\$2,656</b>	<b>\$4,281</b>	<b>\$2,218</b>	<b>\$2,375</b>	<b>\$2,218</b>	<b>\$2,031</b>	<b>\$2,218</b>	<b>\$2,000</b>	<b>\$2,218</b>

<b>INVOICABLES (Including Overhead)</b>			
Study Activation	\$2,000	1	<b>\$2,000</b>
Ravitz Phase I Unit Setup Fee	\$6,400	1	<b>\$6,400</b>
IRBMED Submission	\$1,800	1	<b>\$1,800</b>
IDS Setup Service	\$1,437	1	<b>\$1,437</b>
IRB Annual Review	\$500	1	<b>\$500</b>
Amendments	\$500	4	<b>\$2,000</b>
External IND/AE/SAE processing for IRB	\$25	100	<b>\$2,500</b>
Investigational Drug Service Maintenance per month	\$62	24	<b>\$1,500</b>
Overtime	\$65	10	<b>\$650</b>
Patient Travel	\$180	5	<b>\$900</b>
Urinalysis - Micro	\$25	4	<b>\$100</b>
		<b>TOTAL</b>	<b>\$19,787</b>
		<b>Start up Total:</b>	<b>\$11,637</b>

	<b>Screen, Cycle 1</b>	<b>Cycle 2</b>	<b>Cycle 3</b>
Per patient total	\$10,812	Per patient total \$8,875	Per patient total \$6,775
Overhead	\$2,703	Overhea \$2,218	Overhea \$1,693
<b>TOTAL</b>	<b>\$13,515</b>	<b>TOTAL</b> <b>\$11,093</b>	<b>TOTAL</b> <b>\$8,468</b>

<b>GRAND TOTAL</b>	
Per patient total	\$26,462
Overhea d	\$6,615
<b>TOTAL</b>	<b>\$33,077</b>

# Consider “Hidden” Study Costs



- ✓ Delayed start
- ✓ Informed consent process
- ✓ Increased salaries & operating costs over time
- ✓ Travel to clinics or offsite locations
  - ✦ Hotel Stays
  - ✦ Tolls / Mileage
  - ✦ Meals



# More “Hidden” Study Costs



- ✓ Unscheduled visits
- ✓ Overhead costs for “a la carte” or one-time procedures
- ✓ Tracking study funds
- ✓ Audits

# Consider Closing Costs



## ***Don't forget –***

Closing costs occur **AFTER** subjects complete study and **BEFORE** contract ends

- Query resolution to close database
- Sponsor's close-out visit
- Pharmacy close-out
- IRB termination
- Long-term storage of research records

## Potentially Unallowable Costs:



- Finder's fees/Referral fees
- Enrollment incentives
- Paperwork completion incentives

# Budget



- Internal Documentation/budgets should match
  - ✦ Create detailed budget by visit
  - ✦ By cycle
  - ✦ In sponsor required format

# Feasibility Comparison



- The comparison of what you truly need to what you can negotiate....
- How do you identify the “institutional investment” in a project?
- Always compare any sponsor offered amounts with information you have
- When do you say (*for financial reasons*) you can't do a study?

# Negotiation



- Areas of resistance:
  - Study team salaries
  - Start up fees
  - Expensive procedures
  - Procedures should be “standard of care”

# Negotiation



- **Tips to overcome resistance:**
  - Justification outline of start up fees
  - Increase cost of one item to reduce the cost of another
  - Additional invoicable items
  - Ask for more than you need, so you can reduce costs and satisfy sponsor later
  - Clarify procedure requirements to see if a less expensive option can be used
  - PI interview to determine care designations

\*Remember, the sponsor **WANTS** to work with you!

# Bringing the Team back together



- **Final Logistics Meeting**
  - Identifying equipment/medications/supplies provided by sponsor (Kits for labs, PK draws, etc.)
  - Verifying number of patients expected to accrue
  - Fielding questions/feedback from study team that need to go to sponsor in financial areas
  - Logistics for conducting trial



## Words to the Wise: Continually Revisit the Costs



- Even if you are mid-study!
- Increased mid-study workload may justify additional sponsor funding
- If sponsor extends the study period, consider whether that promotes more costs
- Data capture may cost more