

Budgeting a Clinical Trial



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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/Signed informed consent	X			
	Demographic data/tumor characteristics	X			
Eligibility c	Tumor history surgery, radiotherapy, systemic therapies	X			
Demograph					
Tumor hist therapies	Medical history	X			
Medical his	Baseline conditions	X			
Baseline co					
Physical ex	Physical exam	X	X		
Non drug th					
Other diagn	Non drug therapies for tumor	X			If appro
Vital signs (
ECG and ch	Other diagnostic procedures				If appro
follow tumor					
(CT) scan n	Vital signs (BP, pulse)	X	X		
ECOG PS					
Hematolog	ECG and chest X-ray (if not already performed to follow tumor.)	X			Only if clinicall
Blood chem					
Urinalysis	ECOG PS	X	X		
Urine pregn					
Concomita	Hematology	X	X	X	X
Transfusio					
AE monitor	Blood chemistry	X	X	X	X
Disease sta					
Reparixin a					
Taxol admi					
Plasma PK					
Blood PK sa					
Optional tu					

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, CO₂, 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
OFFICE VISITS														
Physical Examination	\$145.00	RC	RC				RC				RC			
LABS														
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			
PROCEDURES														
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 1x(b+c) x 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 ax(b+c) x 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(b+c) x 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 x b x 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
TOTALS			2331	56%

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
TOTAL	\$2,074	\$3,136	\$2,656	\$2,991	\$2,656	\$4,281	\$2,218	\$2,375	\$2,218	\$2,031	\$2,218	\$2,000	\$2,218

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

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

GRAND TOTAL	
Per patient total	\$26,462
Overhead	\$6,615
TOTAL	\$33,077

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

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Find us!



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