Feasibility Questionnaire Modification Checklist

A tool to evaluate clinical sites' capacity to enroll representative populations

Purpose

This tool aims to enable sponsors and contract research organizations (CROs) to improve their evaluation of clinical sites' capacity to enroll diverse and/or representative participant population, to facilitate iterative improvements to the evaluation process and of the tool itself. The Feasibility Questionnaire Modification Checklist tool proposes a particular action – modifying feasibility questionnaires to include questions on enrollment of target subpopulations – will result in improved data capture on site capabilities to enroll particular subpopulations. The outcome of this is to enable sponsors to make informed decisions around strategic site selection and to better achieve a representative trial population in aggregate. See this approach outlined in Figure 1.

We hope that users will share feedback, specific applications and examples of successes and challenges in using the tool, and suggested changes for improvement. Please share any such feedback with the MRCT Center at mrct@bwh.harvard.edu.

Background

"A critical time in a clinical trial's life cycle – the upstream planning and design phase – may be the best target for positively influencing downstream recruitment efforts."[1]

Pharmaceutical sponsors of clinical trials typically assess the capacity of potential clinical sites to enroll participants in anticipation of the trial, termed "feasibility assessments."[2] However, a gap exists in that there is no widely accepted or standardized approach to assess the capacity of sites to enroll populations of a specific demographic or subgroup. Therefore, implementation and utilization of the full potential of feasibility assessments may enhance informed decision- making by sponsors and CROs in their site selection process.[3]

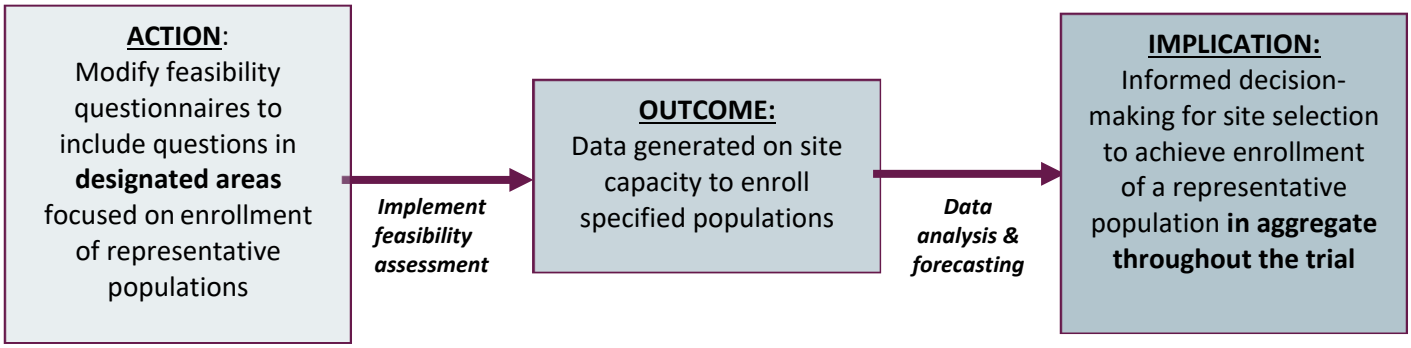
Aggregate enrollment of the trial across sites is what matters for the research. Thus, engagement of a unique clinical site need not be based on the same criteria or have the same subpopulation enrollment compared to other sites, but rather the aggregate of all sites should reflect the intended population. That said, the result will only be successful if, at the outset, site selection is planned to achieve the intended result and then actively monitored during the trial. Efforts to correct imbalance after the trial is well underway may result in expense and delay, and therefore intentional planning and mitigation measures are necessary.

[1] Huang GD, Bull J, McKee KJ, Mahon E, Harper B, Roberts JN. Clinical trials recruitment planning: a proposed framework from the clinical trials transformation initiative. Contemporary clinical trials. 2018 Mar 1;66:74-9.
[2] Johnson O. An evidence-based approach to conducting clinical trial feasibility assessments. Clinical Investigation. 2015 May;5(5):491-9.
[3] Huang GD, Bull J, McKee KJ, Mahon E, Harper B, Roberts JN. Clinical trials recruitment planning: a proposed framework from the clinical trials transformation initiative. Contemporary clinical trials. 2018 Mar 1;66:74-9.

Tool framework

- **What**: Starting point for sponsors to evaluate site capabilities for representative population enrollment.
- **Why**: Helps industry and academic sponsors of clinical trials make informed decisions about site capabilities in order to prioritize representative enrollment in trials with a standardized evaluation. Addresses gap in feasibility assessment implementation in their site selection process.
- **How**: Highlights target areas to modify existing feasibility questionnaires to collect data on the potential representative, epidemiologically aligned population to be enrolled.

Figure 1: Theoretical approach of Feasibility Questionnaire Modification Checklist tool



Tool applicability

- ***General Scope*: This tool offers a checklist of target areas in which to collect data from sites, with sample questions** that can be incorporated into existing questionnaires used by industry and academic sponsors. Wherein sponsors contract with CROs to perform this service, we recommend that the service agreement between sponsor and CRO reflect the expectation that CROs perform this service. This tool does not provide a specific modified template questionnaire, but rather guidance for how to approach this modification.

- ***Defining Representativeness*:** Note that in modifying a questionnaire to include the assessment of a site's capacity to enroll representative populations, the appropriate population must first be defined based on the demographics of the disease or condition and what is known about the populations likely to use the product or intervention. Data elements, whether demographic (e.g., race, ethnicity, ancestry, sex, gender, age at either end of the spectrum, socioeconomic status, and/or geography (urban vs. rural)) or non-demographic (e.g., comorbidities, organ function, concomitant medications) must be clearly defined in advance.

- ***Multi-Regional Studies*:** This checklist can be applied to non-demographic and demographic data elements across all countries, with the exception of race/ethnicity because significant variation exists globally in what is considered an "underrepresented population" for this element. That being said, **the broad approach offered by this checklist can be applied to any site, in any country.**

Target data areas for the Feasibility Questionnaire Modification Checklist

If feasibility questionnaires are modified to contain questions targeting the following data areas listed below, sponsors and CROs can generate data on the capacity of clinical sites to recruit particular subpopulations, thus informing their decision-making around strategic site selection to achieve representativeness in their trials (see

Figure 2: Flowchart of intended outcomes from feasibility questionnaire **modification** Checklist). The checklist provided in Figure 3 offers a *non-exhaustive* list of guidance questions that can aid relevant data generation within each key area. These questions and statements are intended to inspire the creation of targeted quantitative questions for placement on the feasibility questionnaire.

1. *Population Availability:* does the site's geographic area or catchment area contain the subpopulation of interest?
2. *Population Accessibility:* is the site accessible to the subpopulation of interest and does the site have a history of engaging this subpopulation in clinical trials?
    a. Accessible in this case is viewed as whether there is evidence of a particular subpopulation utilizing the site's resources and/or whether the site has a relationship with communities of interest.
3. *Targeted Recruitment Strategy:* does the site have the capacity to develop a targeted recruitment strategy for the subpopulation of interest?
4. *Barriers and Supports:* does the site anticipate any barriers and/or supports in developing this targeted recruitment strategy?

Figure 2: Flowchart of intended outcomes from feasibility questionnaire modification

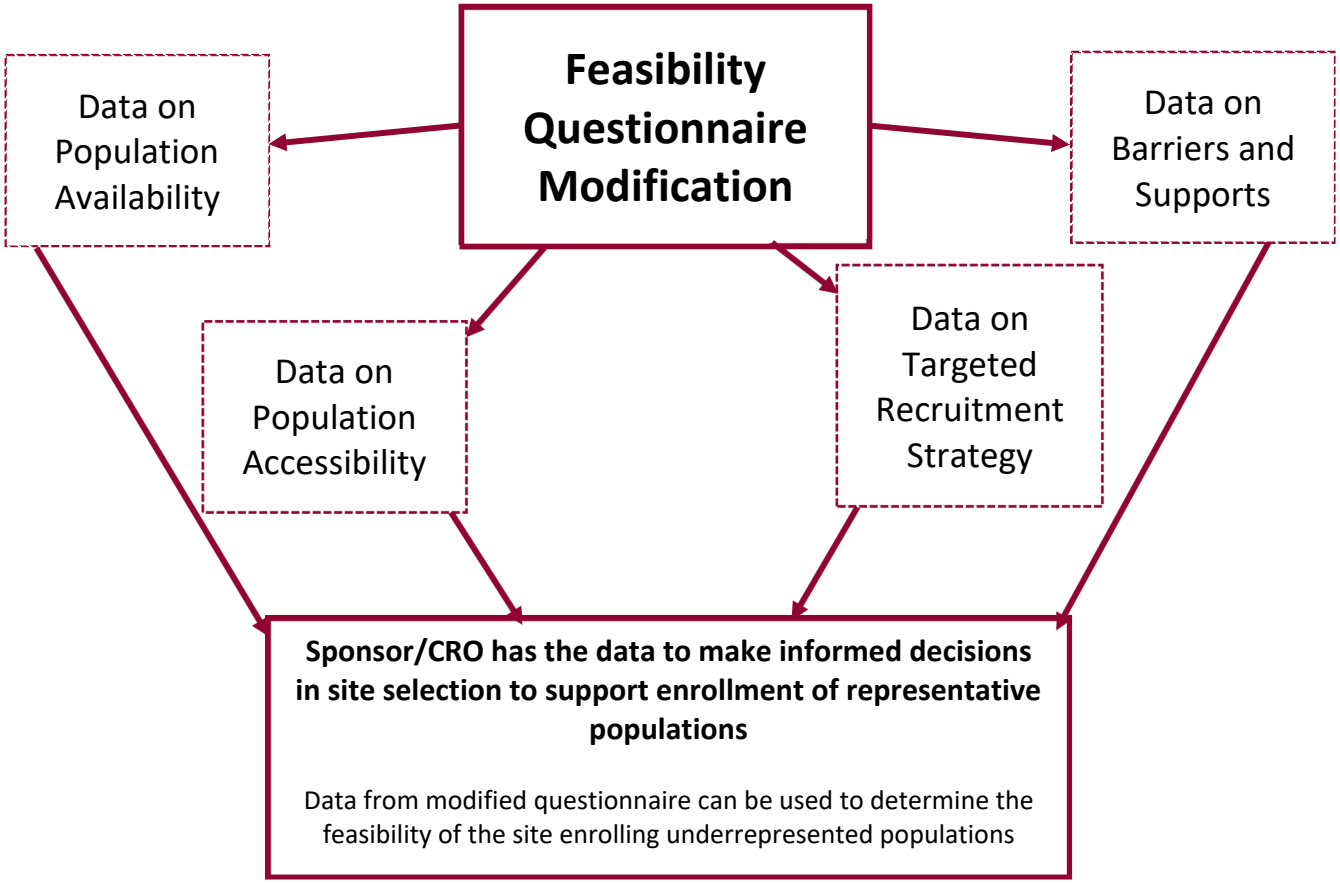


Figure 3: Checklist matrix for feasibility questionnaire modification with guidance questions toward targeted data. The intent of the "checklist" format is to ensure sponsors think through and target each key area. Not all key areas will be applicable to each research study, but the checklist is intended to ensure that decisions are deliberate and informed by information received from sites.