Clinical Trial Costing Guidance for Duchenne Muscular Dystrophy: DMD Hub Toolkit

Version 2.1, October 2021

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# Section 1 – Description of Document

## Document Content

This document has been developed to assist the life sciences industry and study sites with costing commercially sponsored Duchenne Muscular Dystrophy (DMD) clinical trials within the NHS. It is intended to be used as a guidance document to assist with completion of the NIHR interactive Costing Tool (iCT) and should be read alongside the associated [NIHR costing guidance](https://www.nihr.ac.uk/documents/interactive-costing-tool-ict-getting-started/12170) and relevant study documents.

## Acknowledgements

This guidance has been produced by the DMD Hub Centres of Excellence with input from the [DMD Hub sites](https://dmdhub.org/hub-sites/where-are-the-dmd-hub-sites/) in the UK.

## Usage Disclaimer

The following document is intended for use as guidance only. It is the Sponsor’s responsibility to anticipate the correct resource required by each site. It is, however, each local Research and Development (R&D) and Finance team that have the ultimate responsibility for ensuring full cost recovery of any study taking place within their locality, in negotiation with the study Sponsor. This document has not been produced in conjunction with any study Sponsors and is to be used solely as a reference guide to assist with the costing process.

All suggested timings included herein are subject to change and amendment.

Recommendations for additions and amendments should be sent to the DMD Hub Manager, Emma Heslop (Emma.Heslop@ncl.ac.uk).

# Section 2 – Per Participant Costs

It is useful to have standard timings for assessments that are commonly included in the budget for clinical trials. This can be agreed within your research team and used as standard unless there are study specific changes that need to be made. This is not intended to replace a formal costing review and the protocol and relevant manuals need to be consulted for any adjustments that need to be made on a study by study basis.

The table below provides guidance for costing the most common assessments for interventional clinical trials in DMD. The timings are suggested minimums for the different line items. For natural history studies and complex Advanced Therapy Investigational Medicinal Product (ATIMP) trials (e.g. gene therapy), the timings may differ, so ensure that you check the protocol carefully when estimating costs/timings.

For ATIMP Costing Guidance, consider referring to the [Northern Alliance Advanced Therapies Treatment Centre (NA-ATTC) Toolbox for Advanced Therapy Clinical Trials](https://www.theattcnetwork.co.uk/wp-content/uploads/2020/02/NAATTC-WP3-external-toolbox.pdf).

## General Activities

| **Activity Description** | **Clinical time (minutes)** | **Nurse time (minutes)** | **Admin time (minutes)** |
| --- | --- | --- | --- |
| Informed consent | 60 | 30 |  |
| Inclusion/exclusion criteria | 20 - 30 | 10 - 20 |  |
| Medical history/demographics | 45 - 60 | 15 |  |
| Concomitant medication check | 20 | 15 |  |
| Randomisation | 5 | 15 |  |
| Height/weight | 5 | 10 |  |
| Vital signs measurements | 5 | 15 |  |
| Review of laboratory results | 10 - 20 |  |  |
| Blood sample – collection only |  | 20[\*](#Asterisk) |  |
| Blood sample – processing |  | 30 – 90[\*\*](#DoubleAsterisk) |  |
| Urinalysis – urine collection processing |  | 10 |  |
| Review/reporting of participant Adverse Events (AEs) / Serious Adverse Events (SAEs) | 15 - 20 | 15 | 15 |
| Case Report Form (CRF) / electronic Case Report Form (eCRF) completion including query resolution (per visit) | 30 | 30 | 60 |

\* consider the particular participant population for each study, keeping in mind that it can take a substantial amount of time to collect blood from DMD patients. Consider adding time to the Additional Itemised costs to cover additional time taken.

\*\* dependent on the level of processing required – consult the study Protocol for this information.

**Note:** for studies that involve Investigational Medicinal Product (IMP) infusions, remember to include IMP prescription/collection, as well as admin and observation time in the Per Participant costs – use the trial Protocol and Investigator Brochure to determine the timings.

## Physiotherapy Assessments

| **Activity Description**[**\***](#Asterisk2) | **Clinical time (minutes)** | **Nurse time**[**\*\***](#DoubleAsterisk2) **(minutes)** | **Admin time (minutes)** |
| --- | --- | --- | --- |
| North Star Ambulatory Assessment (NSAA) |  | 30 |  |
| Timed 4-step test |  | 15 |  |
| Performance of the Upper Limb (PUL) |  | 30 |  |
| Pediatric Outcomes Data Collection Instrument (PODCI) |  | 60 |  |
| 9 hole peg test |  | 20 |  |
| Six minute walk test |  | 35 |  |
| Time to stand/rise from the floor |  | 15 |  |
| Time to walk/run 10 metres |  | 15 |  |
| Myometry (per muscle assessed) |  | 10  |  |
| Range of motion (ankles) |  | 15 |  |
| Motor Function Measure (MFM) |  | 120 |  |
| Motor Function Measure 32 (MFM 32) |  | 60 |  |
| ActiMyo |  | 60 + 60 minutes data collection time |  |
| Egen Klassifikation (EK) Scale |  | 10 |  |
| Brooke Scale |  | 5 |  |
| Vignos Scale |  | 5 |  |
| Forced Vital Capacity (FVC) / Peak Cough Flow (PCF) |  | 30 |  |
| Barthel Index  |  | 5 |  |
| Filming of assessments: preparation and upload (per filmed assessment) |  | 60 |  |

\* this covers the time taken for the full procedure, including setting up, preparing and delivering the assessment

\*\* physiotherapist time is costed in the ‘Nurse time’ column. It is important to ensure that this is reflected correctly i.e. ensure that the salary band for the Nurse Staff matches that of the Physiotherapists that are working on the study. If not, the time needs to be adjusted appropriately.

# Section 3 – Costs to Consider

## **Ongoing confirmation of consent**

It is good practice to confirm participants’ ongoing consent to participate in a study at the beginning of every visit. Consider adding 5 minutes per visit in the Per Participant costs for the delegated member of staff to re-confirm/record ongoing consent.

## **Formal re-consent**

Consider including time in the Additional Itemised costs for the Principal Investigator (PI) or delegated member of staff to re-consent any participants, as necessary (e.g. if there is a protocol amendment which includes changes to the Patient Information Sheets and Informed Consent Forms). Time taken to re-consent a participant will be similar whether this is done face to face or remotely.

## **Monitoring visits**

Monitoring visits entail clinical, nurse and admin time and can involve a lot of work, particularly for the Data Manager. The monitor will usually want to spend some time with the PI or Sub-Investigator (30-60 minutes) and the Data Manager/Nurse will need to be available during the visit to answer queries. Speak to your research team to agree how much time should be costed per monitoring visit. Remote monitoring calls should be charged at an hourly rate for the staff involved. These visits/calls can be costed in the Per Participant costs or the Additional Itemised costs: speak to your research team to decide which is most appropriate.

## Coordination/support for participant appointments

Organising participant appointments (arranging a suitable date, organising travel and accommodation, arranging the visit around staff availability and the need to rearrange this if necessary) can take a lot of time and should be costed within the Per Participant costs. Discuss with the member of staff that will be responsible for arranging participant appointments/travel/accommodation etc. to agree an appropriate time per visit for visit coordination (this will depend on the demands of the study i.e. if accommodation needs to be booked, if coordination is required between several support departments), but a minimum of 30 minutes admin time per visit is advised.

## Admin time for the PI, Nurse and Physiotherapist

Time is spent by the PI, Nurse and Physiotherapist before/during/after each visit preparing study documents and equipment, writing up assessment results, signing off lab reports etc. This time can add up and should therefore be costed. Adding 30 minutes of admin time per visit for the PI, Nurse and Physiotherapist in the Per Participant costs can help to cover these additional duties.

## Videotaping of assessments

If assessments need to be videotaped, consider allowing extra time for preparation/setup of equipment, recording the video and video transfer/upload within the Per Participant costs for the relevant assessment(s). Time can also be added to the Additional Itemised costs to cover any additional work e.g. if there are any issues with set-up and image transfer.

## Overnight stays

If participants are required to stay overnight (for multiple day visits, or visits starting early in the morning/lasting until late at night when participant live a distance from the research site etc.), ensure that these are costed appropriately in the Per Participant costs for the relevant visits. Consider also adding an overnight stay to the Additional Itemised costs in case of an additional stay being needed. Consider whether the overnight stay can be in a local hotel (a preferential rate may be able to be negotiated if this is going to be a regular hotel used for booking overnight stays for study participants). If the participant stay needs to be as an inpatient/within the Clinical Research Facility, this also needs to be costed appropriately by consulting with your local team. Things to consider: facility/room hire fees, meal costs, lab processing if needed. Medical supervision within the hospital should be costed at an appropriate rate and if the PI has to be available in case of any issues, consider costing this clinical time in Additional Itemised costs to be charged for as applicable.

## Unforeseen admin time

Consider adding 60 minutes Clinical, Nurse and Admin time to the Additional Itemised costs to account for additional work created as a result of unforeseen events on the study.

## Unscheduled visits

On occasion, unscheduled visits need to take place e.g. to repeat an assessment or take an additional blood sample. This should be addressed in the Additional Itemised costs/Clinical Trial Agreement with a statement to request that assessments that are conducted as part of an Unscheduled Visit will be costed as they appear in the Per Participant costs. Unscheduled visits can vary in complexity and coordinating these visits can be time consuming, so remember to charge for this additional time if appropriate (e.g. under the unforeseen admin time item, as above).

## Training

Protocol amendments often require that clinical research staff perform additional training. Consider adding an hourly cost to the Additional Itemised costs for staff training on amendments/study updates.

## Additional assessments

In the protocol, it may state that additional assessments may be performed, at the discretion of the Investigator and Medical Monitor e.g. blood results may need to be repeated. Consider adding these assessments to the Additional Itemised costs. If the assessment is a sample that needs to be processed/sent away, include these costs also.

## Coordination of participants to other departments

If the study involves the participant attending a number of departments within the hospital as part of their visit and a member of staff is required to accompany them, discuss this with the relevant member of staff and input time into the Per Participant costs accordingly to cover this.

## Support department costs

Include setup costs for the departments that are involved in the study, as appropriate (in the Setup & Closedown Costs). Without the support of different departments within our hospitals, we would not be able to carry out our research, so it is important that the relevant departments are paid for the work that they do. Discuss this with the support departments and your R&D/Finance teams to ensure that costs are being allocated appropriately.

## Setup and closedown costs

Ensure that what is included in the costing tool and contract reflects what your team/Trust would expect in terms of payment for amendments (is a cap on the number of amendments acceptable?) and screen failures (will your team/Trust accept a cap on the number of screen failures that will be paid for?). Ensure that a closedown fee is also included, to cover relevant study closedown activities at site.

## Upfront costs

At times, it may be appropriate to request an upfront payment from the study Sponsor in order to employ a member of staff to work on a study. This would need to be appropriately justified to reflect the percentage of a Whole Time Equivalent (%WTE) member of staff required i.e. total staff time for relevant study assessments x number of recruits = total hours (which can be converted into a %WTE member of staff). Once a %WTE is determined, you should then obtain a quote from your Finance department for the relevant staff salary so that the PI can put the full request to Sponsor. If agreed, the associated timings for that member of staff should be removed from the Per Participant costs and a lump sum cost for the staff salary be entered into the costing tool (speak to your Finance team to agree the best place to put this within the study budget). The payment schedule for these upfront costs should be properly set out in the Clinical Trial Agreement. It should be made clear that payment of the salary is not linked to achievement of a local recruitment target or to the efficacy of the study and will be paid upfront at the beginning of the study, at the Sponsor’s own risk.

## General consideration

It is very easy for items to be missed when they are costed under the Additional Itemised activities, as they are not routinely invoiced for in the same way as the Per Participant activities. Therefore, it can be useful to include as many elements as possible in the Per Participant costs (as long as this is appropriate), to make invoicing easier.

## Flexibility to adapt to changing circumstances

The Covid-19 pandemic has taught us a lot about how clinical trials must be flexible to adapt to different circumstances. It is important to remember that sites must be paid for the work that they carry out to deliver studies, whether this is remotely, face-to-face, or a mixture of both. Consider whether, when circumstances change, re-costing is strictly necessary as this can take a lot of time and effort. The DMD Hub can help with these discussions with study Sponsors.

***Costing a study properly is important as it helps to ensure that appropriate time is allocated to carry out the tasks involved.***