



# The Impact of Site Rater Monitoring and Refresher Training on Enrollment in a MCI Phenotype Trial

Bethanne Friedmann, PsyD<sup>1</sup>, Erin B. Kornsey, MS, <sup>1</sup>Michael F. Murphy, MD, PhD<sup>1</sup>, Neal R. Cutler, MD<sup>2</sup>

<sup>1</sup>Worldwide Clinical Trials, King of Prussia, PA, <sup>2</sup>Worldwide Clinical Trials, Beverly Hills, CA

## Abstract

There are 124 ongoing trials exploring the use of investigational agents targeted to stabilize or improve mild cognitive impairment MCI<sup>1</sup>. It is difficult to recruit for MCI trials due to lack of interest in higher functioning subjects, and demands on time and resources imposed by study participation. Raters must be highly skilled when screening subjects since many subjects may meet criteria for Alzheimer's Dementia, or may have deficits that do not suggest specific memory and cognitive disturbances. The poster analyzes changes in enrollment following on site refresher training for key neuropsychological test in a 12 week interventional study in MCI.

## Background

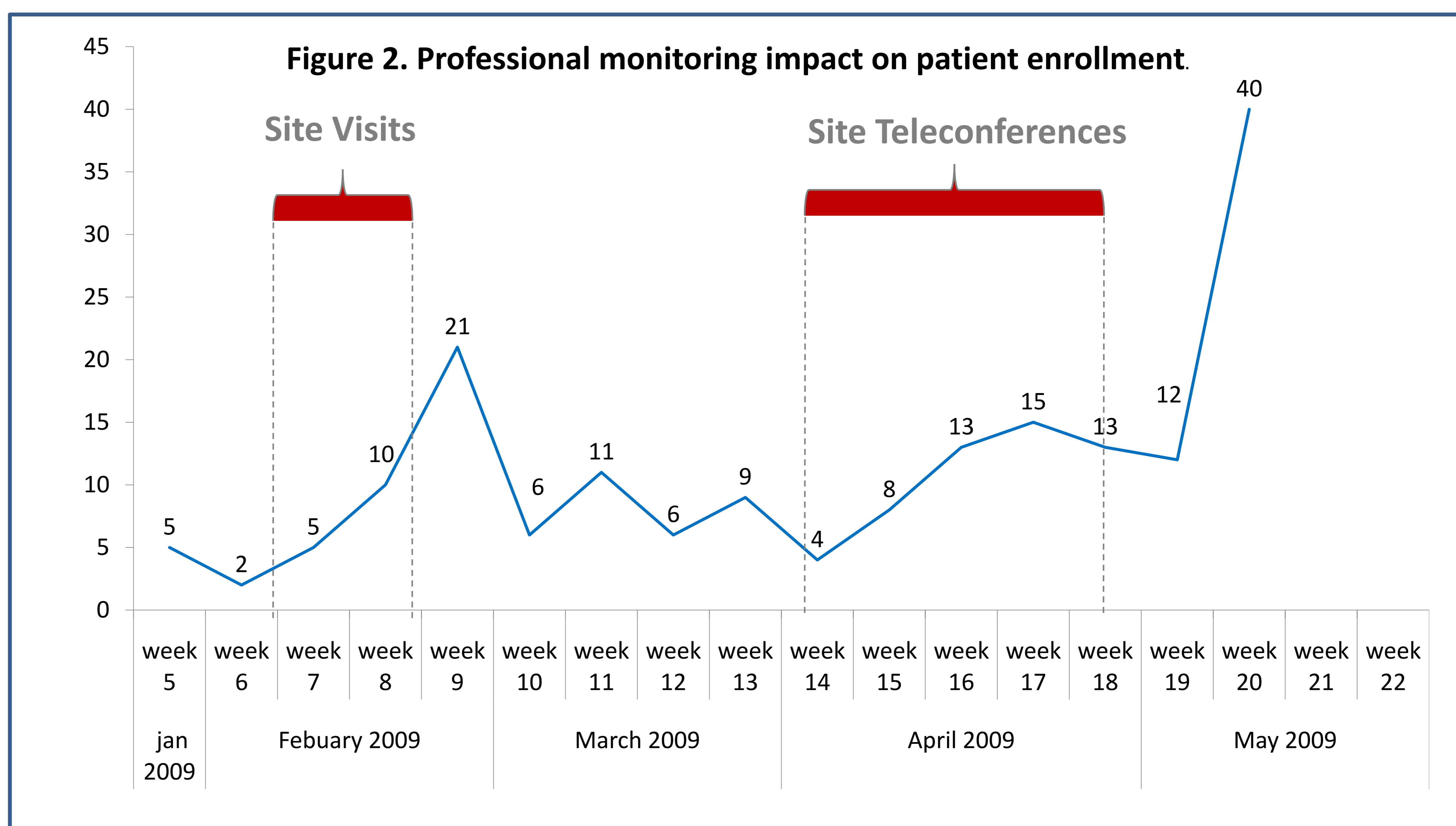
A recent multinational study evaluating an investigational drug within subjects with MCI phenotype provided a case study for the operational oversight necessary to address challenges with rater training activity impacting subject enrollment. Notably, a high screen failure rate (33%) occurred at numerous sites due to strict inclusion criteria for neuropsychiatric testing (see Figure 1) in which subtle differences in scoring and/or implementation of free and cued recall disqualified the subject from consideration. As a result of the unexpectedly high screen fail rate, and the potential for misapplication of assessments, a team of psychologists and monitors visited all sites to ensure understanding of concepts and techniques. Additionally, regular teleconferences and web-based seminars reinforced conventions.

## Methods

Twenty-eight centers in 6 European countries were trained and certified at one of two investigators' meetings. The therapeutic team contacted each center again either in person (weeks 7 - 8) and/or by web-based teleconferences (weeks 14-18) during the course of the trial for refresher training. The methods to be applied in neuropsychiatric testing particularly for screening were emphasized during these meetings and the impact of this additional professional intervention on subject enrollment was evaluated.

## Conclusions

Direct supervision and ongoing training of raters at the sites by the therapeutic team resulted in better diagnostic specificity and rater reliability. This produced an increase in enrolled subjects due to improved adherence to protocol and scale specific instructions. The use of regular teleconferences following on site training had a beneficial effect as enrollment continued to increase after the series of calls were discontinued.

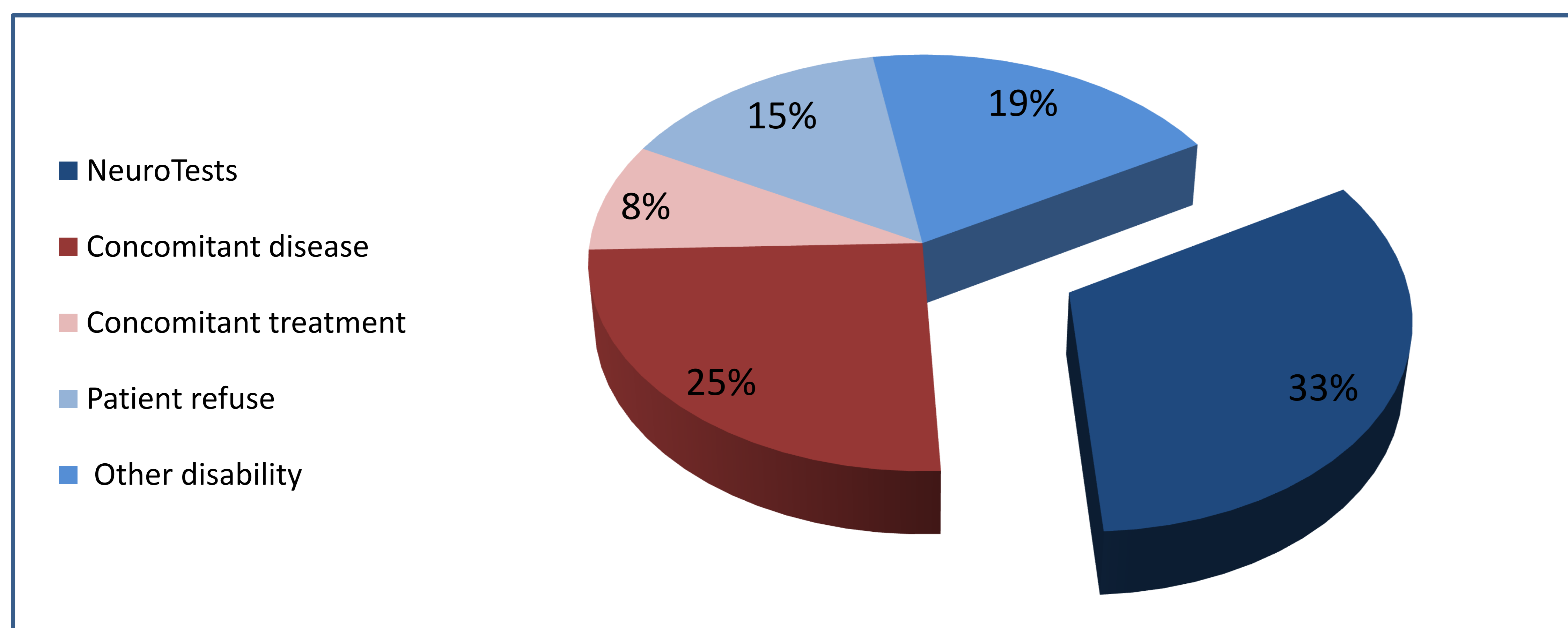


## Results

Both site visits and 5 weeks of teleconferences focusing upon correct neuropsychological techniques greatly increased the number of subjects from 9 to 40 randomized (see Figure 2). Randomization of subjects temporally correlated with the interventions.

## Conclusions, cont.

The lessons from this case study can be applied to other multi-site MCI studies that may screen subjects too strictly or inappropriately due to raters' inexperience with assessment instruments, which are gatekeepers to randomization. In these instances, ongoing supervision and refresher training by a therapeutic team can aid subject recruitment. Further analysis will explore the role that rater experience has on screen fail rates by sites.



### References:

<sup>1</sup>Retrieved March 31, 2010 Website: <http://www.clinicaltrials.gov>.