Budgeting Of Clinical Trials

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Module 8 Topic 3

Budget

 Itemized summary of estimated or intended expenditures for a given period along with proposals for financing them

OR

 A systematic plan for the expenditure of a usually fixed resource, such as money or time, during a given period



Why Budgeting?

- Every activity costs money
- Prior to taking up any activity it is essential to calculate the cost of the entire project.
- Finances should be organized so that work does not get held up and hence cost more

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Financial planning is the key to success!

Types of Expenditures

- Capital usually one time expenses (eg., land, plant, machinery or what are known as fixed assets.)
- **Recurring** regular expenses (wages, raw materials, supplies, services, travel)
- Capital
 - Office, computers, servers, Photostat, archiving cupboards, software's etc
- Recurring
 - Wages, marketing activities, admin expenses, interests, travel costs

Fixed and Variable

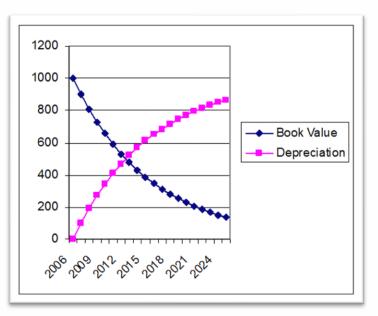
- Fixed and Variable
 - Fixed costs are those which are to be paid irrespective of the trial

 Variable costs are those incurred for the trial, and vary with each trial and its size



Depreciation

 Depreciation is an accounting and finance term for the method of attributing the cost of an asset across the useful life of the asset.





Who all do you think will need to prepare a budget in a clinical trial?

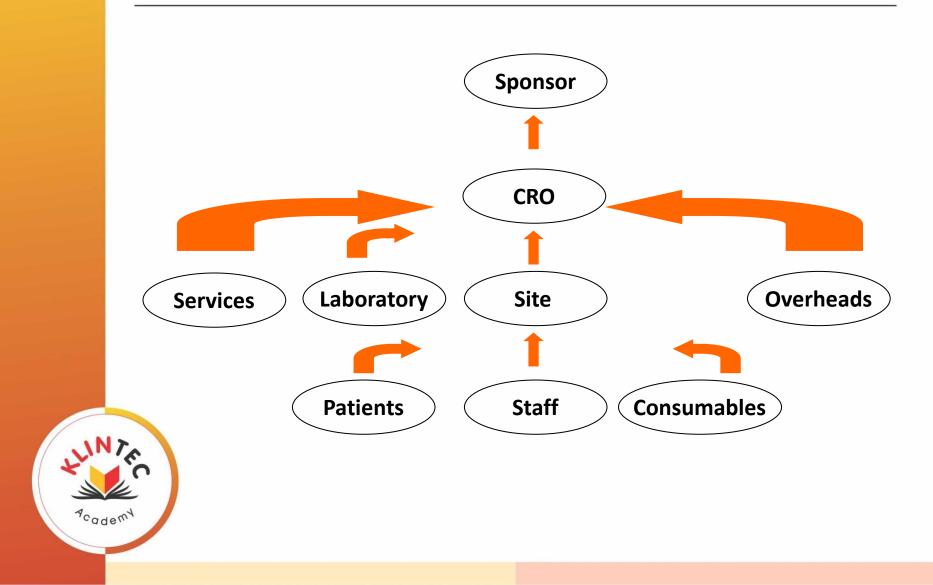


List

- Sponsor
- CRO
- Data management
- IP management
- Laboratory
- Investigator
- Other services



Cost distribution



Investigator Site Costing

- Investigator asks for a study protocol
- Studies the protocol carefully
 - Is the research right for his site
- Reviews the Protocol Schematic
 - Hospital procedures
 - Physician practice costs
 - Lab costs
 - How many visits / Length of study
 - Length of coordinator procedures



Budget Building

- Per Patient
- Study Level



Protocol amendment No. 2

Study No. 1

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| Table 7-1 | Assessment schedule |
|-----------|---------------------|
| | |

| Study Period Visit | Category | Washout 1 | Single Screenin | Double-blind Treatment Period | | | | | | |
|---|----------|--------------|--------------------|----------------------------------|---|---|----|----|----|----|
| | | | 2 | 201 ² | 3 | 4 | 5 | 6 | 7 | 83 |
| Day | | -21 (-35) | -14 (- 28) | -14 | 1 | 7 | 14 | 28 | 42 | 56 |
| Informed Consent | S | Х | | | 1 | | | - | | - |
| Inclusion/Exclusion Criteria | S | Х | X | X | X | | | | | |
| Taper antihypertensive medications | S | X* . | | | | | | | | |
| Medical History | D | х | | | 1 | | | | | |
| Hypertension History | D | X | | | 1 | | | - | - | - |
| Smoking History | D | X | | | | | | _ | - | - |
| Height | . D | | | | x | | | | | |
| Weight | D | | | | X | | - | | | x |
| Waist Circumference | D | | | | X | - | | - | | |
| Blood Pressure and Pulse | D | X | X | х | X | X | X | X | x | x |
| Screening Physical Examination | s | х | | | | | | | | |
| Complete Physical Examination | S | | | | x | | | | | x |
| ECG | D | Х | | | X | | | | - | X |
| Complete Laboratory Evaluations | D | х | | | x | | | | | X |
| Renin and Angiotonsin-II Measurement [®] | D | | | | x | | | | | X |
| Electrolytes | D | | | | | | | X | | - |
| Serum/Urine Pregnancy Test ¹ | D | X | 1 | | X | | | | - | X |
| Pharmacogenetic Sample ⁴ | D | | | | X | | | | - | |
| Adverse Events | D | | X | X | X | х | x | X | X | X |
| Concomitant Medications | D | х | X | x | X | X | X | X | X | X |
| Prior Antihypertensive Meds | D | x | | | _ | | | | | |
| Drug Accountability | S | X | | X | X | X | × | × | × | X |
| VRS | S | x | X | x | X | X | | | | X |
| Screening Log | D | х | | | - | | | | | |
| Randomization | D | | _ | | X | - | | | | - |
| Dispense Study Medications | S | | x | x | X | X | | - | - | - |
| End of Study Information | D | | | | | | - | | - | X |



Per Patient

| Study Period | | Washout | Screening | Double-blind Treatment Period | | | | | | |
|------------------------------------|-------|---------|-----------|-------------------------------|-------|-------|-------|-------|-----------|------------|
| Visit | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| PROCEDURES: | Cost | -21 | -14 | 1 | 7 | 14 | 28 | 42 | 56 | Totals |
| nformed Consent | \$75 | \$75 | | | | | | | | \$75 |
| nclusion/Exclusion Criteria | \$25 | \$25 | \$25 | \$25 | | | | | | \$75 |
| Faper AntiHyp Meds | \$40 | \$40 | | | | | | | | \$40 |
| Vedical History (inc. Hyp & Smokin | \$85 | \$85 | | | | | | | | \$85 |
| -leight/ Weight | \$15 | | | \$15 | | | | | | 15 |
| Naist Circumference | \$15 | | | \$15 | | | | | | \$15 |
| 3P and Pulse | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$200 |
| Screening PE | \$125 | \$125 | | | | | | | | \$125 |
| Complete PE | \$175 | | | \$175 | | | | | \$175 | \$350 |
| EKG | \$63 | \$63 | | \$63 | | | | | \$63 | \$189 |
| EKG Interpretation | \$37 | \$37 | | \$37 | | | | | \$37 | \$111 |
| Collect Labs | \$25 | \$25 | | \$25 | | | \$25 | | \$25 | \$100 |
| _ab Interpretation | \$25 | \$25 | | \$25 | | | \$25 | | \$25 | \$100 |
| Pharmacogenetic Consent | \$25 | | | \$25 | | | | | | \$25 |
| Adverse Events | \$20 | | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 | \$20 | \$140 |
| Concomitant Medications | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$15 | \$120 |
| Drug Accountability | \$25 | | | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$150 |
| VRS | \$40 | | \$40 | \$40 | \$40 | | | | \$40 | \$160 |
| Screening Log | \$25 | \$25 | | | | | | | | \$25 |
| Randomization | \$25 | | | \$25 | | | | | | \$25 |
| Dispense Study Meds | \$20 | | \$20 | \$20 | \$20 | | | | | \$60 |
| Echocardiagram | \$40 | | | | | | | | \$40 | \$40 |
| Pt Reimbursement for Travel | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$200 |
| Coordinator Fee: | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$60 | \$480 |
| Total per procedure | | \$650 | \$230 | \$660 | \$230 | \$170 | \$220 | \$170 | \$575 | \$2,905 |
| Institutional overhead | 26% | \$169 | \$60 | \$172 | \$60 | \$44 | \$57 | \$44 | \$150 | \$755 |
| Total w/ overhead | | \$819 | \$290 | \$832 | \$290 | \$214 | \$277 | \$214 | \$725 | \$3,660 |
| | | | | | | | | 9 | Patients: | \$32,942.7 |



Study Level

- Start- up costs (non-refundable)
 - Investigator Meeting, IRB Fee: Protocol submission, administrative Fee, Insurance premium

(as per law, insurance is needed to compensate patient for trial related injury nad his heirs in case of death, and also to indemnify institution, investigator, sponsor from trial related litigation)

• Other Costs

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- Travel, advertisement, equipment, record storage
- Personnel Cost
 - PI fee, co-investigator, nurse, technican etc
- Other Invoice Items
 - Screen failures, unscheduled visits, amendments, queries,

Patient Reimbursement

- Reimbursement for patients is often required
- Estimate traveling expenses paid to patients
- Estimate per day refreshment expenses due to patients
- Calculate patient expenses per visit



Pharmacy & Archival Charges

- The pharmacy may have to store investigational products under specific conditions for varying amount of time
- Trial documents have to be stored for periods ranging between 3 to 5 years
- Site may have some charges for this work.



Payment Terms

- What is the initial payment
- What is the payment schedule

- Will they rely on you to Invoice
 - For all payments
 - Study Level Costs



Payment Schedules

- Single Flat-fee Based Report
 - The contract will specify the definition of a reimbursable patient
 - Patients screened successfully
 - Patients randomized successfully
 - Patients who successfully complete their first study visit



Laboratory Costing

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| Item | Amount |
|--|--------|
| Lab Testing Fee | |
| Kit Fee | |
| Sample Management | |
| Miscellaneous and Bulk Supplies | |
| Pass through Costs-estimated shipping charges | |
| Pass through costs- Estimated travel cost for the investigator meeting | |