

# Novel Study Start-Up Agreement (SSUA) - guarantee compensation for start-up work performed prior to Clinical Trial Agreement (CTA) while reducing study start-up timelines

Nicholas B. Hiltbrand, MS, Matthew Caffet, Joseph Young, JD, Meghan N. Mavredes, MPH

Georgetown Lombardi Comprehensive Cancer Center

## Background

Considerable amounts of study start-up work to prepare clinical trials for opening happens prior to execution of the Clinical Trial Agreement (CTA) by Cancer Center staff including clinical, regulatory, finance, and contract team members. These start-up services are performed by sites without the guarantee of compensation. If sponsors no longer pursue the study, the site can be left with hours of work performed without reimbursement. Sites may then devote months to recuperating the costs from sponsors for start-up activities, ending with partial or no payment for services rendered due to the absence of a fully-executed CTA.

## Goals

Create and implement a Study Start-Up Agreement (SSUA) to:

- Protect the site's financial interest by executing a separate contract—after site selection and before CTA negotiation—to ensure that start-up services performed are paid in full should the CTA fail to be fully-executed
- Reduce Time to Activation (TTA) by agreeing to the start-up fees before negotiations and creating study award accounts (AWD) earlier to reduce post-award processing

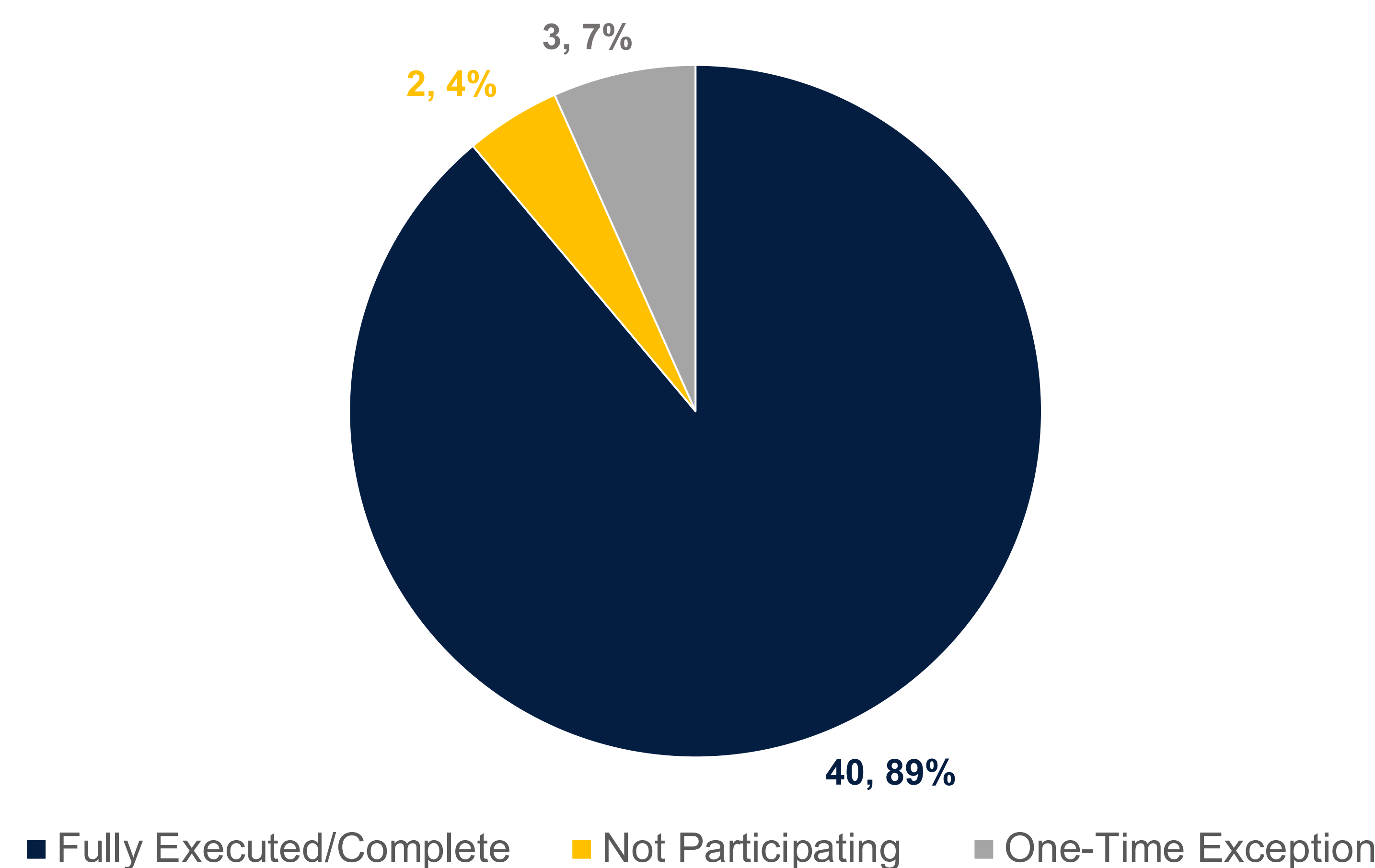
## Solutions & Methods

1. Create separate contract to be executed prior to CTA negotiations, to ensure start-up activities performed will be reimbursed by sponsor in full should the CTA not be FE or the study fail to open
2. Create SSUA calculator that generates total start-up amount based on departments involved
3. Propose SSUA to sponsor after site selection to allow time for execution
4. Begin back-end clinical trial account creation earlier in the process with an invoiceable FE contract.

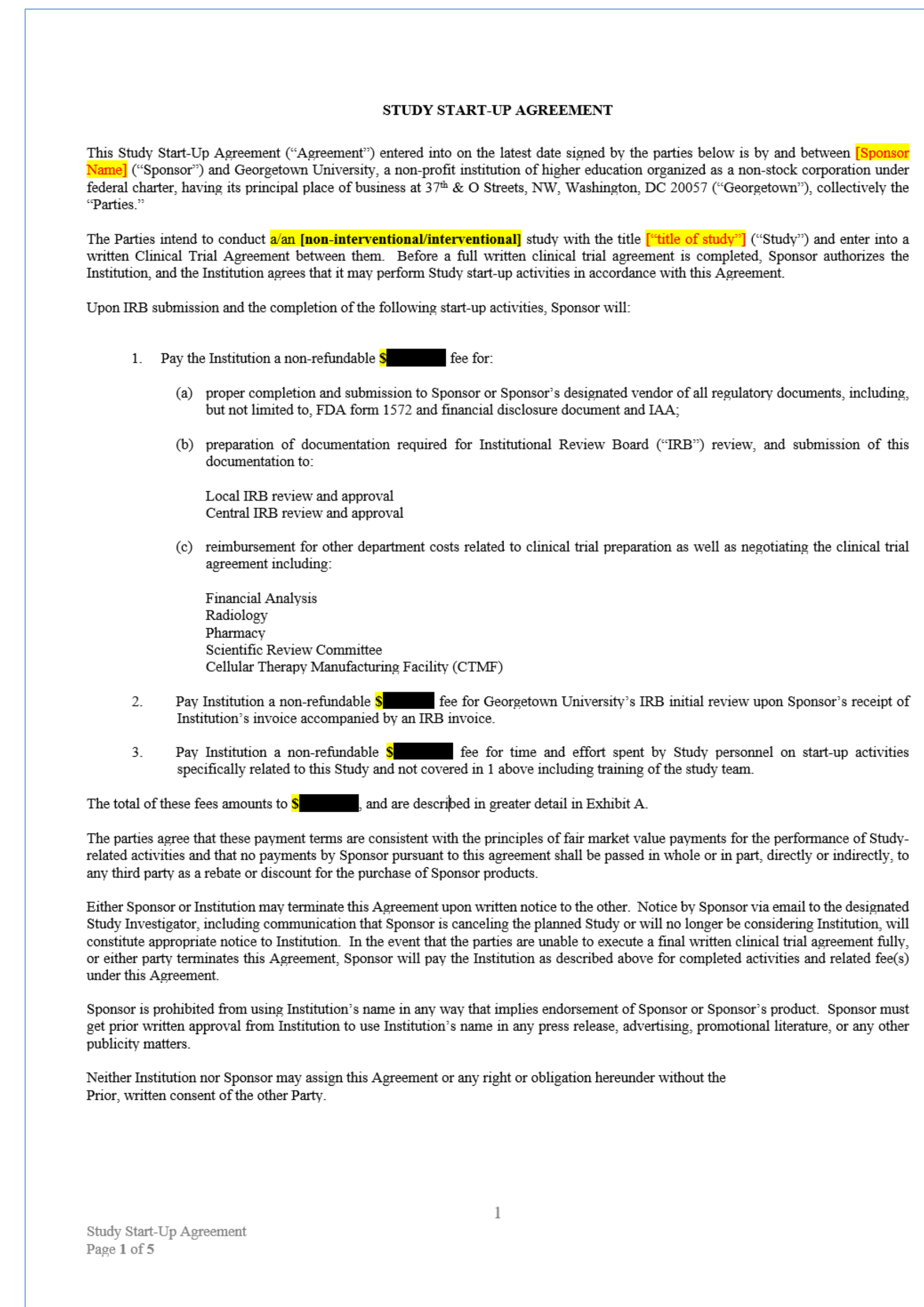
### SSUA Calculator

Questions:																	
Overhead																	
Oncology Study?	Yes																
Does the Study Utilize Radiology Scans/Imaging (CT, MRI, PET, X-Ray, DEXA etc.)?	Yes																
Will the Study Require Research Pharmacy?	Yes																
Will the CRU be involved in this study?	No																
Will the Cell Therapy be involved in this study?	No																
Will the CTMF be involved in this study? (if cell therapy study or a study with cell therapy involvement, usually both CTMF and BMCP will be utilized)	No																
Will the BMCP be involved in this study? (if cell therapy study or a study with cell therapy involvement, usually both CTMF and BMCP will be utilized)	No																
Is this Study Interventional? (if it's Even Just Taking Blood, it's Interventional)	Yes																
TOTAL																	

### SSUA Execution Status



### SSUA (First Page)



### SSUA (Fee Justifications)

**Exhibit A**  
Start-Up Fees<sup>1</sup> (Non-Negotiable)

The amounts listed are direct and will incur an additional [redacted] % overhead unless otherwise noted.

Category	Direct	Indirect	Total
Administrative Start-Up	\$[redacted]	\$[redacted]	\$[redacted]
Financial Analysis*	\$[redacted]	\$[redacted]	\$[redacted]
Initial Scientific Review Committee (Oncology Only)	\$[redacted]	\$[redacted]	\$[redacted]
GU-IRB Initial/New Protocol Submission Review (Full Board)	\$[redacted]	\$[redacted]	\$[redacted]
Regulatory Prep of Initial IRB Submission	\$[redacted]	\$[redacted]	\$[redacted]

## Outcomes

- SSUA executed with over 88% of industry sponsors over a 20-month period
- Informational meetings leveraged to explain concepts to sponsors and subsequent SSUAs with those sponsors were quickly executed, with some agreed upon within one week
- Removed the need to negotiate the start-up fees in the CTA decreased the number of items requiring negotiation, leading to quicker activation
- Back-end account creation earlier in the process decreased the chances for delays in the opening of trials

## Lessons Learned & Future Directions

1. Initial SSUA with sponsor often times required significant correspondence to educate sponsors and convey the need
2. Subsequent SSUAs executed quickly
3. SSUA template pivoted from a rigid template to a sponsor-customized approach while still preserving core functionality
4. With demonstrated success with oncology SSUAs, Georgetown plans to mirror process for non-oncology

### Acknowledgements

The authors of this poster would like to thank Suhail Qureshi, Director of the Clinical Research Operations Office at Georgetown University Medical Center, for his contributions towards the implementation of the Study Start-Up Agreements for the Lombardi Clinical Trials Office.

### Contact

**Nicholas Hiltbrand, MS**  
**Manager of Budgeting and Coverage Analysis**  
**Clinical Research Operations Office**  
 Georgetown University Medical Center  
 3900 Reservoir Road, NW  
 Washington, DC 20007  
 202-687-9796 | nh525@georgetown.edu