



Data-Driven, Risk Based Approach to Monitoring

Vertex

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Agenda 21st July

1. Overview of Key Use Cases for Adaptive Site Monitoring

SDR Sampling, Data Driven Monitoring, TSDV.

2. Deep Dive into SDR Sampling

Overview of the process, what data is needed, KRI configuration, demo, time to go-live, future roadmap.

3. Deep Dive into Data Driven Monitoring

Overview of the process, what data is needed, algorithm configuration, demo, time to go-live.

4. Q&A and Next Steps

Key Questions from Vertex

- **Objective:** reduce/increase SDR based on site risk.
- **Key Questions:** How CluePoints current users are using CMP/SPOT to:
 1. Perform **targeted review, at monitoring visits**, based on outputs from CluePoints,
 2. Understand **what needs to go into the system** (duration of time that will take, etc) in order to accomplish #1,
 3. Really get a feel for **how this system has changed their monitoring strategy** and if they have quality indicators/review that shows consistent output with reduced footprint.

Overview of Use Cases for Data Driven Monitoring

Data-Driven, Risk Based Approach to Monitoring

	SDR Sampling	Data Driven Monitoring (Site Visits)	Targeted SDV
What	Dynamically adjust the SDR sampling strategy for each site based on site risk.	Transform the traditional fixed and scheduled monitoring approach to a data-driven decisions model, based on the workload estimation and risk evaluation.	Dynamically adjust SDV for each site based on site risk.
Technology Today	CMP (KRIs) + Manual Process outside of CP	CMP + SPOT	
RoadMap	CMP + SPOT Integration with Veeva CTMS	Integration with Veeva CTMS	CMP + SPOT Integration: RAVE EDC
Customer Use Case			

SDR Sampling Use Case

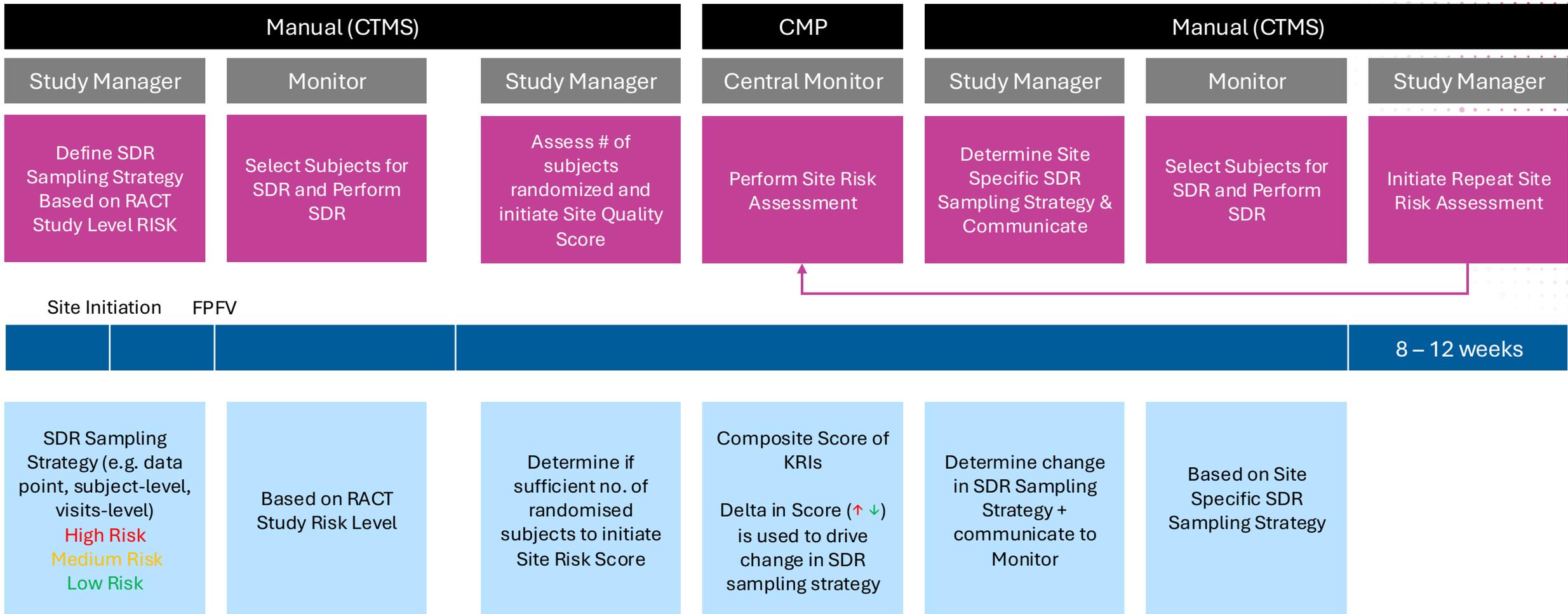
SDR Sampling

- Overview of the process,
- What data is needed,
- KRI configuration,
- Demo,
- Time to go-live,
- Future roadmap.

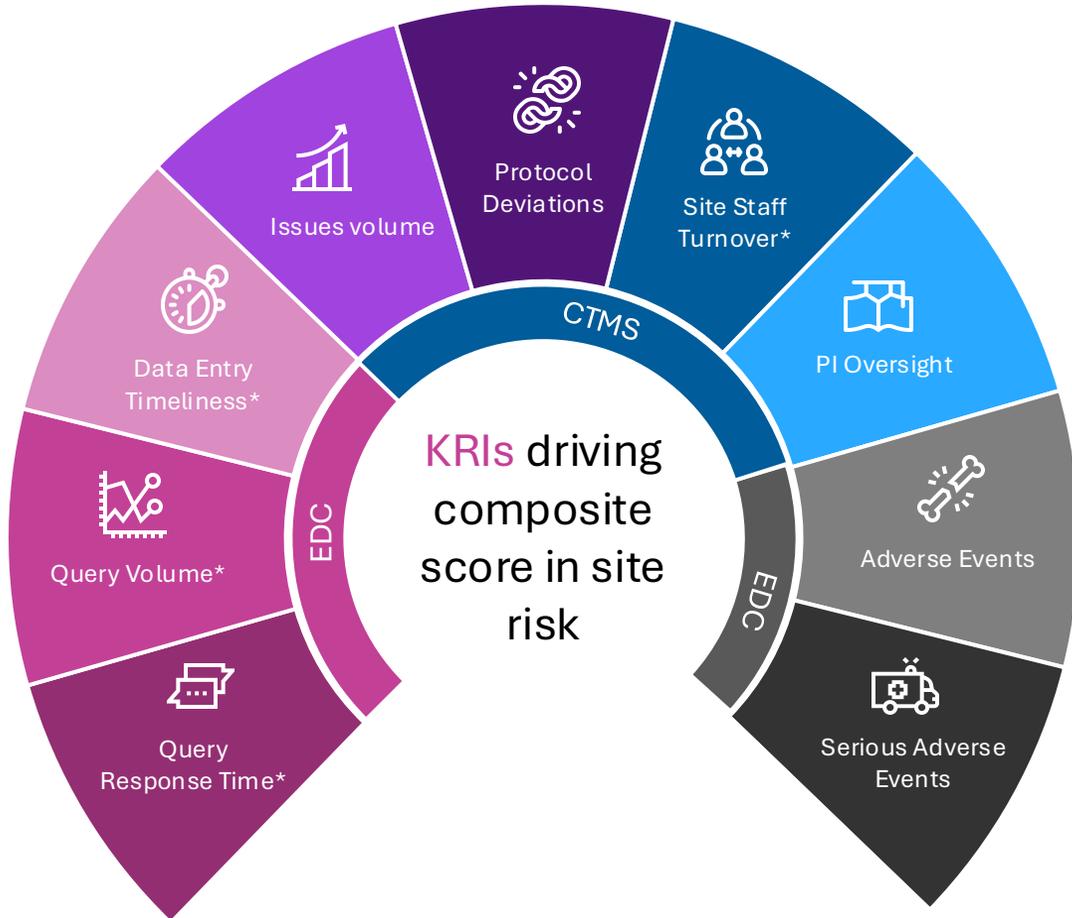
Dynamic SDR Sampling

- **Goal:** To dynamically adjust the SDR sampling strategy for each site based on site risk.
 - Assess the site quality by assigning a **global score** to each site having at least one patient entered into EDC.
 - For each metric: a **low**, **medium** or **high** risk is assigned to each site in the CMP.
 - CMP derives automatically the **site score** based on the value assigned to each risk and the weight of each metric.

SDR Sampling: Digitising The Process



Example KRIs Determining SDR Sampling Strategy

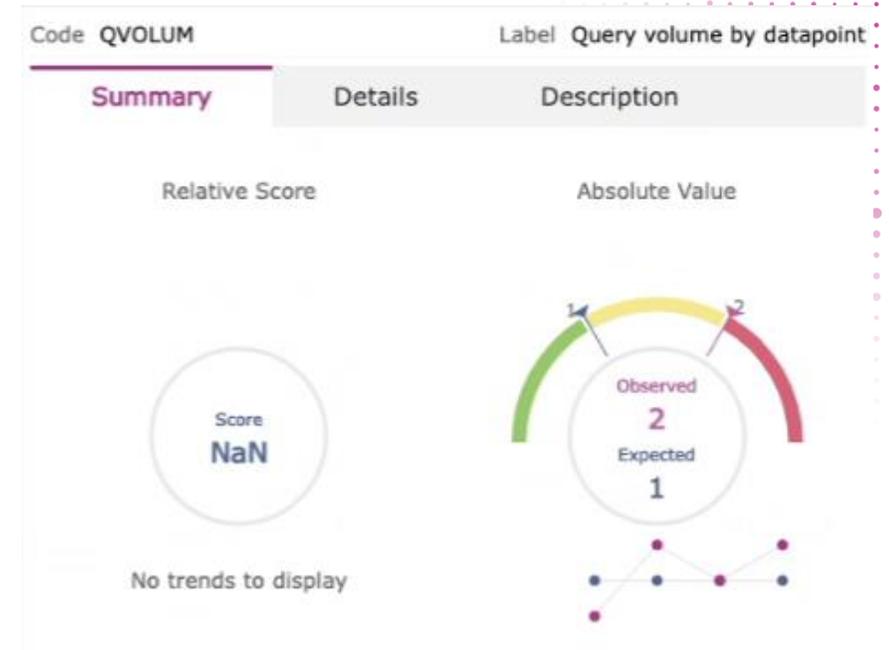


Calculate Risk for Each KRI Metric

0 = low risk

1 = medium risk is identified

2 = high risk



* Incremental

Example KRI

Metric: Query volume

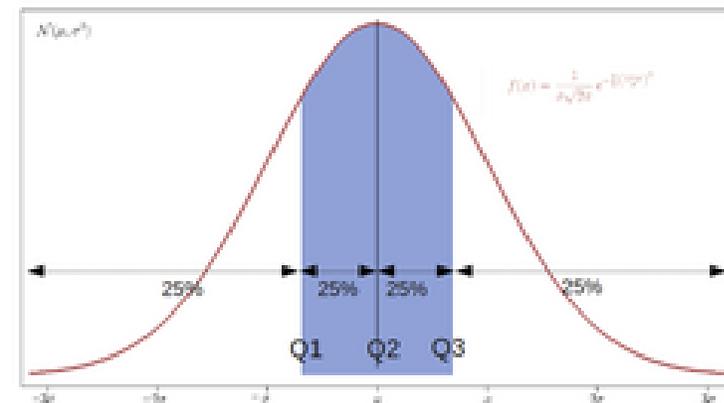
Definition: Rate of queries generated by datapoint for the site compared to the overall study data.

Risk Levels:

Risk Level	Thresholds	Risk Score
Low Risk	$\leq Q1$ (0-25%)	0
Medium Risk	$>Q1; \leq Q3$ (26-75%)	1
High Risk	$>Q3$ (>75%)	2

Notes:

- Keep only the datapoints (and corresponding queries) entered during the period of interest (the default period of interest is 6 months prior to the snapshot date).

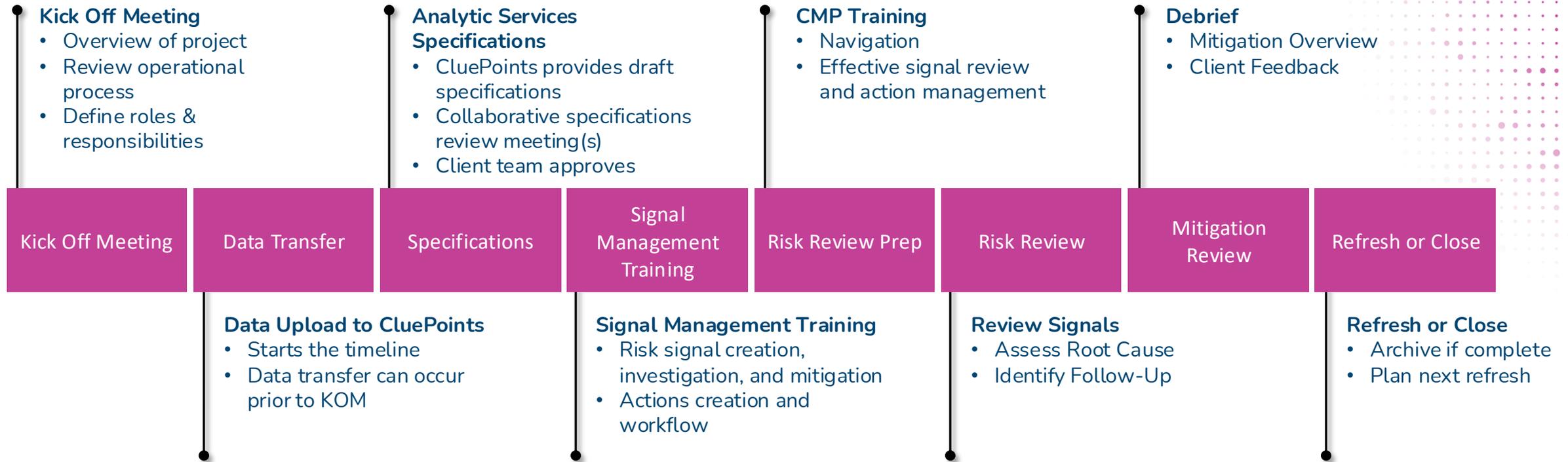


CMP Site Risk Demo

Demo Agenda

- Configuration of KRIs
- Review of KRIs – KRI dashboard and example KRIs
- Review of global score, change in score, what is contributing to the change, trending of change (getting better / worse)

Typical Study Timelines (post go live)



20 – 30 business days from Data Transfer (all data) to Risk Review

Future Roadmap

- **SPOT Workflow**
 - Action engine and decision workflows to document the decision-making process and trigger in change in SDR Sampling in CTMS.
- **Veeva Integration**
 - Integration (CluePoints API and Veeva CTMS API) to automate the change in SDR Sampling in Veeva CTMS.

Order Subjects Enrolled	1	2	3	4	5	6	7	8	9	10
SDR 100%										
SDR 75%										
SDR 50%										
SDR 25%										

SDR Selection Interval
SDR Selection Interval



 Subject selected Subject Not selected

Data Driven Monitoring Use Case

Data Driven Monitoring

- Overview of the process,
- What data is needed,
- Algorithm configuration,
- Demo,
- Time to go-live.

Use Case 1: adaptive data driven decisions

Objectives

- Transform the traditional **fixed** and **scheduled** monitoring approach to a **data-driven decisions** model, based on the **workload estimation and risk evaluation**.
- Deliver a **centralized** approach to planning and adapting the scheduling of Monitoring visits.

Value

- Increase **MV productivity** (on-site vs. remote, frequency).
- Improve **MV quality** (compliance with the plan and consistent approach).

Why SPOT



Improve MV
Productivity

Reduce monitoring costs through data driven dynamic monitoring – focusing resources where they are needed most



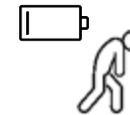
Reduce Travel and
Expenses Costs

Reduce travel costs through increased use of remote visits



Support Achievement
of Environmental
Sustainability Goals

Reduce carbon footprint and achieve a net-zero environmental impact



Reduce CRA Burnout
and Improve Employee
Wellbeing

Through more efficient workflows for CRA, reduce burnout, turnover and impact and on management

Reduced unnecessary travel



Improve MV Quality

Consistent approach to preparing and executing MV

Align activities with each site's specific needs and risks - focus on what matters

Ratio of on-site : off site MV
Frequency: interval between MVs
On-site days/Patient/Year

Reduce CRA turnover
over (past 12M)

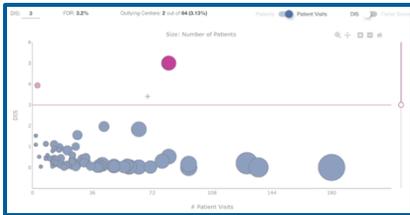
SPOT workflow



KRIs



DQA



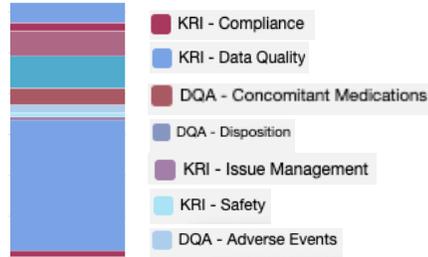
Clinical Data

New & number of AE/SAEs, Number of queries, ...

Operation Data (CTMS)

MV Plan, Enrollment, Milestones, IMP, SDR & SDV to be done, new ICF, ...

Site Level Risk Score Calculation



Workload estimation (backlog, new & predict)

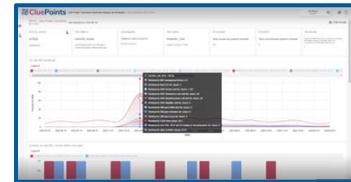


Review Dashboards

Country level dashboard



Site level dashboard



Document & Take Action

Adjust Monitoring Activities

Plan/Modify MV Date

Create a new MV
Update the date of the MV

Modify MV Type

Change type (on site vs. remote),

Reason & Rational



Demo DDM

Demo Agenda

- Country Level and Site Level Review (Risk and Workload)
- Drill down to a site - review what is driving risk and workload
- Review actions
- Log of decision and actions

Four areas to prepare in parallel to study level implementation planning

Data Integrations

Data sources:
Configurations:
Outbound integrations:

People and Organization

Stakeholder Alignment: (executive alignment, functional groups impact, end user engagement)
Resource Availability: Implementation resourcing

Process and Policy

Need to update SOPs? To look at
Any update to work instructions / job-aids:
Review WI/J-As / functional plans for update / adjust existing processes. Process optimization for realizing efficiencies

Governance and Compliance

Any other compliance requirements:
Vendor / CRO contracts review?

Workload Algorithm – CluePoints Template

Activity	On Site (hours)	Off Site (hours)	Input Data Sets
New AE leading to treatment discontinuation	0.33		EDC.AE, EDC.DS
Open Issues	0.075	0.175	CTMS
New site staff		2	CTMS
Protocol amendment		1	CTMS
Other tasks (patients being in run-in or pre-screen visit)		0.25	EDC.visit
Open Deviations	0.075	0.175	CTMS
Screening visits	1.5		EDC.visit
Eligibility visits (Day1)	0.75		EDC.visit
Standard visits (other visits)	0.5		EDC.visit
ISF	3		CTMS
ICF review	0.33		EDC.DS
IMP visits	0.16		EDC.exposure
Lab visits	0.33		EDC.lab

Risk Algorithm – CluePoints Central Monitoring

Signal	Weight	Comment
Signal with open status	1	Mitigation is Open
Signal with a high priority	1	Signal having the priority 'High'
Open signal with a low priority	0.2	Signal having the priority 'Low'
Signal updated in the last 3 months	1	Number of days since last mitigation until the day of algorithm execution
KRI Safety	5	Signal written on the KRI safety (AE rate, SAE/AESI rate)
KRI Data Quality	1	Signal written on the KRI Data quality (Query Cycle time, Missing visit, out of window visit rate, eCRF visit to entry cycle time)
KRI Enrollment and Retention	3	Signal written on the KRI on Lost to FU, premature treatment discontinuation
KRI Issue Management	4	Signal written on the KRI on Protocol deviation
DQA Adverse Events	1	Signal written including any AE data (domain of data = Adverse event)
DQA Concomitant medication	1	Signal written including any Con Med data (domain of data = Concomitant medication)
Signal with critical data	1.5	Critical data flagged in the set-up
....		

Risk Algorithm – Non-CMP Metrics Examples

Signal	Weight	Data Source
Query Response Time (Previous 6 months)	1	EDC (query)
Query Volume	1	EDC (query and audit trail)
Data Entry Timeliness	0.2	EDC (visit and audit trail)
Study Staff Turnover	1	CTMS
PI Oversight	1	CTMS
SAE Rate	1	EDC
AE Rate	0.75	EDC
Screen Failure Rate	0.5	IRT
Protocol Deviation Rate (IMPORTANT)	1	CTMS
Protocol Deviation Rate (Non IMPORTANT)	0.25	CTMS
Other Deviation Rate (Issues that matter)	1	CTMS
Other Deviation Rate (Issues)	0.25	CTMS

Overall Process

- Phase 1: Assessment Phase
- Phase 2: Initial Implementation
- Phase 3: Finalize Implementation
- Phase 4: Scale-up Phase

Timelines

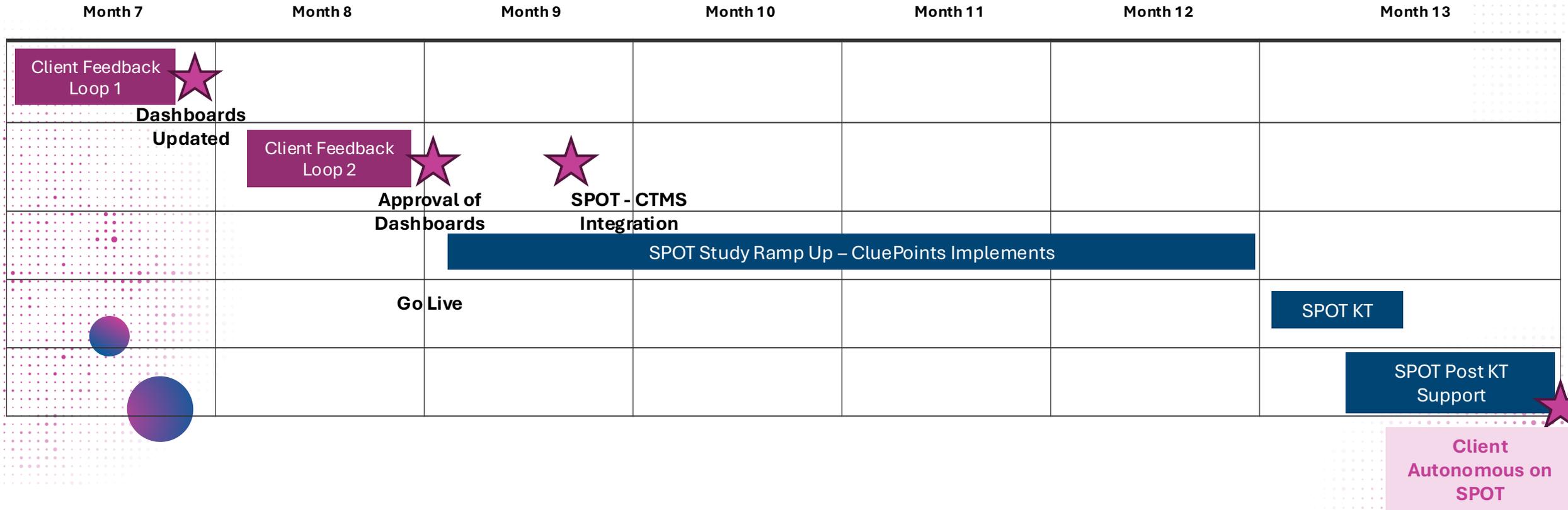
Kick Off/Assessment & Initial Implementation Phase

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Demo and Planning Meetings					
			 Assessing Client Needs 	Prod Data Transfer-Raw data	
		Kick Off Meeting		Define Dashboard Contents	
			Prod Data Transfer-Engineered data	 Define Data needs and Specs 	Specs Approved
					Data Transformation
					Dashboard Creation 

DRAFT Dashboards Available

Timelines

Finalize Implementation & Scale Up Phase



SPOT Dashboards - Primary Implementation versus Refresh

Activity	Implementation	Refresh
Understand the algorithm	X	
Align on data transfer and specifications	X	
Determine which activities and measures will contribute to the workload and risk computation	X	
Upload data and sync data	X	X
Determine the weight of each activity	X	(X)
Derive and transform any needed data for the algorithm	X	
Configure the configuration files and execute the algorithms	X	
Test the results of the workload and risk	X	
Create the dashboards	X	
Create the action templates	X	
Refresh dashboards		X

Next Steps

1. Stakeholder Alignment
2. Data integrations and specification for workload / risk
3. Process optimization, changes to WIs,
4. Compliance and vendor conversations
5. Study selection, study implementation process, identify additional changes



Thank You!