

# Roles & Responsibilities of the IND Sponsor

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# Agenda

- Define what is meant by a “sponsor”
- Broad areas of sponsor responsibilities
- Describe the purpose of FDA Form 1571 and how to maintain an IND

# Who is a Sponsor?

- The sponsor can be:
  - Individual
  - Pharmaceutical company
  - Government agency
  - Academic institution
  - Private organization
  - Other organization



# Definition of Sponsor....

- “A person who takes responsibility for and initiates a clinical investigation. ... The sponsor does not actually conduct the investigation unless the sponsor is a sponsor-investigator.” (CFR)
- “An individual, company, institution or organization which takes responsibility for the initiation, management, and / or financing of a clinical trial.” (ICH)

# ....Definition of Sponsor

- In general, sponsor is commercial manufacturer that has developed a product in which it holds the principal financial interest
- Hold an IND (Investigational New Drug) or IDE (Investigational Device Exemption)
- File for approval after clinical trials conducted

# Sponsors Responsibilities: 4 Broad Areas

- *Preclinical / non-clinical*
- *Manufacturing*
- Clinical
  - Maintain IND
- Post-approval
- May use a CRO  
(Contract Research  
Organization)



# Role of the Sponsor...

- Maintain effective IND with respect to the investigations
- Select qualified investigators
- Provide investigators with information needed to conduct study properly
- Ensure proper monitoring of the investigation

## ...Role of the Sponsor

- Ensure study is conducted in accordance with the general investigational plan and protocols contained in the IND
- Ensure FDA and all participating investigators are promptly informed of significant new adverse effects or risks with respect to the drug
- Ensure adequate recordkeeping and record retention

# Investigational New Drug Application (IND)

- Sponsor submits to the FDA
- Descriptive notification of intention to conduct clinical studies with an investigational drug or biologic
- Allows for transportation of product (non-approved drug) across state lines

# IND Sections

- [FDA Form 1571](#)
- Table of contents
- Intro statement
- General  
investigative plan
- Investigator's  
Brochure (IB)
- Clinical protocols
- CMC (chemistry  
manufacturing  
and control) data
- Pharmacology &  
toxicity data
- Previous human  
experience
- Additional  
information

# FDA Form 1571 page 1

Submitted with the initial IND submission and each subsequent submission to the IND

Acknowledgment letter

- IND or BB-IND #

Next Page		Export Data		Import Data		Reset Form	
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> Food and Drug Administration <b>INVESTIGATIONAL NEW DRUG APPLICATION (IND)</b> (Title 21, Code of Federal Regulations (CFR) Part 312)						Form Approved: OMB No. 0910-0014 Expiration Date: April 30, 2015 See PRA Statement on page 2.	
NOTE: No drug/biologic may be shipped or clinical investigation begun until an IND for that investigation is in effect (21 CFR 312.40)							
1. Name of Sponsor				2. Date of Submission (mm/dd/yyyy)			
3. Sponsor Address Address 1 (Street address, P.O. box, company name etc.) Address 2 (Apartment, suite, unit, building, floor, etc.) City State/Province/Region Country ZIP or Postal Code				4. Telephone Number (include country code if applicable and area code)			
5. Name(s) of Drug (include all available names: Trade, Generic, Chemical, or Code)				6. IND Number (if previously assigned) Continuation Page for #5			
7. (Proposed) Indication for Use				Is this indication for a rare disease (prevalence <200,000 in U.S.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this product have an FDA Orphan Designation for this indication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the Orphan Designation number for this indication: <input type="text"/> Continuation Page for #5			
8. Phase(s) of Clinical Investigation to be conducted <input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Phase 3 <input type="checkbox"/> Other (Specify):							
9. List numbers of all Investigational New Drug Applications (21 CFR Part 312), New Drug Applications (21 CFR Part 314), Drug Master Files (21 CFR Part 314.400), and Biologics License Applications (21 CFR Part 601) referred to in this application.							
10. IND submission should be consecutively numbered. The initial IND should be numbered "Serial number: 0000." The next submission (e.g., amendment, report, or correspondence) should be numbered "Serial Number: 0001." Subsequent submissions should be numbered consecutively in the order in which they are submitted.				Serial Number: <input type="text"/>			
11. This submission contains the following (Select all that apply): <input type="checkbox"/> Initial Investigational New Drug Application (IND) <input type="checkbox"/> Request For Reactivation Or Reinstatement <input type="checkbox"/> Development Safety Update Report (DSUR) Protocol Amendment(s) <input type="checkbox"/> New Protocol <input type="checkbox"/> Change in Protocol <input type="checkbox"/> New Investigator <input type="checkbox"/> PMR/PMC Protocol				<input type="checkbox"/> Response to Clinical Hold <input type="checkbox"/> Annual Report <input type="checkbox"/> Other (Specify): Information Amendment(s) <input type="checkbox"/> Chemistry/Microbiology <input type="checkbox"/> Pharmacology/Toxicology <input type="checkbox"/> Clinical <input type="checkbox"/> Clinical Pharmacology Request for: <input type="checkbox"/> Meeting <input type="checkbox"/> Proprietary Name Review <input type="checkbox"/> Special Protocol Assessment <input type="checkbox"/> Formal Dispute Resolution IND Safety Report(s) <input type="checkbox"/> Initial Written Report <input type="checkbox"/> Follow-up to a Written Report			
12. Select the following only if applicable. (Justification statement must be submitted with application for any items selected below. Refer to the cited CFR section for further information.)				Expanded Access Use, 21 CFR 312.300 <input type="checkbox"/> Emergency Research Exception From Informed Consent Requirements, 21 CFR 312.23 (f) <input type="checkbox"/> Charge Request, 21 CFR 312.8 <input type="checkbox"/> Individual Patient, Non-Emergency 21 CFR 312.310 <input type="checkbox"/> Individual Patient, Emergency 21 CFR 312.310(e) <input type="checkbox"/> Intermediate Size Patient Population, 21 CFR 312.315 <input type="checkbox"/> Treatment IND or Protocol, 21 CFR 312.320			
<b>For FDA Use Only</b>							
CDER/DOCC Receipt Stamp		DDR Receipt Stamp		Division Assignment			
				IND Number Assigned			

# FDA Form 1571

## page 2

The FDA has 30-days to review the protocol. FDA will not contact sponsor if all is OK to proceed, only if a “hold” is needed.

<input type="button" value="Previous Page"/> <input type="button" value="Next Page"/>	
<b>13. Contents of Application – This application contains the following items (Select all that apply)</b>	
<input type="checkbox"/> 1. Form FDA 1571 (21 CFR 312.23(k)(1)) <input type="checkbox"/> 2. Table of Contents (21 CFR 312.23(k)(2)) <input type="checkbox"/> 3. Introductory statement (21 CFR 312.23(k)(3)) <input type="checkbox"/> 4. General Investigational plan (21 CFR 312.23(k)(3)) <input type="checkbox"/> 5. Investigator's brochure (21 CFR 312.23(k)(5)) <input type="checkbox"/> 6. Protocol(s) (21 CFR 312.23(k)(6)) <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Study protocol(s) (21 CFR 312.23(k)(6))</li> <li><input type="checkbox"/> b. Investigator data (21 CFR 312.23(k)(6)(b)) or completed Form(s) FDA 1572</li> <li><input type="checkbox"/> c. Facilities data (21 CFR 312.23(k)(6)(b)) or completed Form(s) FDA 1572</li> </ul>	<input type="checkbox"/> 6. Protocol(s) (Continued) <ul style="list-style-type: none"> <li><input type="checkbox"/> 4. Institutional Review Board data (21 CFR 312.23(k)(6)(b)) or completed Form(s) FDA 1572</li> </ul> <input type="checkbox"/> 7. Chemistry, manufacturing, and control data (21 CFR 312.23(k)(7)) <ul style="list-style-type: none"> <li><input type="checkbox"/> Environmental assessment or claim for exclusion (21 CFR 312.23(k)(7)(h)(a))</li> </ul> <input type="checkbox"/> 8. Pharmacology and toxicology data (21 CFR 312.23(k)(8)) <ul style="list-style-type: none"> <li><input type="checkbox"/> 9. Previous human experience (21 CFR 312.23(k)(9))</li> </ul> <input type="checkbox"/> 10. Additional information (21 CFR 312.23(k)(10)) <ul style="list-style-type: none"> <li><input type="checkbox"/> 11. Biologics User Fee Cover Sheet (Form FDA 3792)</li> <li><input type="checkbox"/> 12. Clinical Trials Certification of Compliance (Form FDA 3674)</li> </ul>
<b>14. Is any part of the clinical study to be conducted by a contract research organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, will any sponsor obligations be transferred to the contract research organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a statement containing the name and address of the contract research organization, identification of the clinical study, and a listing of the obligations transferred (see continuation page).	
<b>15. Name and Title of the person responsible for monitoring the conduct and progress of the clinical investigations</b>	
<b>16. Name(s) and Title(s) of the person(s) responsible for review and evaluation of information relevant to the safety of the drug</b>	
I agree not to begin clinical investigations until 30 days after FDA's receipt of the IND unless I receive earlier notification by FDA that the studies may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold or financial hold. I agree that an Institutional Review Board (IRB) that complies with the requirements set forth in 21 CFR Part 56 will be responsible for initial and continuing review and approval of each of the studies in the proposed clinical investigation. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.	
<b>17. Name Of Sponsor or Sponsor's Authorized Representative</b>	
<b>18. Telephone Number (include country code if applicable and area code)</b> <b>19. Facsimile (FAX) Number (include country code if applicable and area code)</b>	
<b>20. Address</b>	
Address 1 (Street address, P.O. box, company name, etc.)	
Address 2 (Apartment, suite, unit, building, floor, etc.)	
City      State/Province/Region	
Country      ZIP or Postal Code	
<b>21. Email Address</b>	
<b>22. Date of Signature (mm/dd/yyyy)</b>	
<b>23. Name of Alternate Contact</b>	
<b>24. Telephone Number of Alternate Contact (include country code if applicable and area code)</b>	
<b>25. Signature Of Sponsor or Sponsor's Authorized Representative</b>	
<b>WARNING : A willfully false statement is a criminal offense (U.S.C. Title 18, Sec. 1001).</b>	
The information below applies only to requirements of the Paperwork Reduction Act of 1995. The burden time for this collection of information is estimated to average 150 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right. *An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.*	
Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff 1350 Pizzard Drive, Room 400 Rockville, MD 20850 DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF ADDRESS.	
FORM FDA 1571 (10/12)	Page 2 of 2

# IND Amendments

- Any document from the sponsor in support of their IND
- Made at any time during the life of the IND
- Types of amendments
  - Protocol Amendments
  - Safety reports
  - Annual reports
  - Information Amendments

# Investigator Selection

- Assess qualification of PI and Sub-investigators
  - Qualified by training & experience
  - Ability to supervise administration of product
  - Investigational Product shipped to them
- Assess site (physical plant capabilities).  
Examples:
  - Is there adequate pharmacy space for drug storage?
  - Are there SOPs for freezer alarms?

# Informing Investigators

- All investigators must be fully informed of investigational product research findings
  - Investigator Brochure
  - Reprints / published articles
  - Reports / letters to investigators
  - IND Safety Reports



You've  
Got  
Mail



# Monitoring of Clinical Trials...

- Medical Monitor
  - Individual responsible for the development and oversight of all clinical trials in a portfolio of study agents
- Monitor clinical trial conduct
- Review and evaluate
  - Safety and effectiveness data
  - Investigator compliance with:
    - Protocol
    - CFR
    - GCP

# ...Monitoring of Clinical Trials

- Sponsor must have written monitoring procedures (SOPs) to assure the quality of the study and ensure that each person involved carries out their duties
- SOPs should include:
  - How often will visits occur
  - Who will attend
  - What will be reviewed
  - How will problems be resolved
  - Communication flow

# Potential Actions for Non-compliance

- Secure compliance OR stop product shipments to the investigator
- Terminate the investigator's participation in the study
- Secure return or disposal of investigational product

# Recordkeeping and Record Retention

- Drug Accountability
- Financial interests
- Records and reports
- Test article

# Drug Accountability

- Records showing:
  - Receipt
  - Shipment
  - Other disposition of the investigational drug
- Include, as appropriate:
  - Name of investigator who was shipped the drug
  - Date
  - Quantity
  - Batch or code mark of each such shipment

# Financial Interests

- Financial interest paid to clinical investigators by the sponsor
- Maintain complete and accurate records concerning all other financial interests of investigators

# Records and Reports

- Applies to investigational drug records, investigator financial interest records, and patient case histories (medical record and case report forms)
- Timeframe
  - 2 years after a marketing application is approved
  - If application not approved, 2 years after shipment and delivery of the drug for investigational use is discontinued and the FDA has been so notified

# Test Article

- Reserve samples of any test article and reference standard identified in, and used in any of the bioequivalence or bioavailability studies described
- Release the samples to FDA upon request

# Withdrawal of IND

- Can do so at any time prejudice
- FDA shall be so notified
- All clinical investigations conducted under the IND shall be ended
- All current investigators notified
- All stocks of the drug returned to the sponsor or otherwise disposed of
- If withdrawn for safety, sponsor shall promptly inform FDA, all participating investigators, and all reviewing IRBs with reason

# Summary

- Sponsor is
  - Accountable to the FDA
  - Responsible for pre-clinical and clinical evaluation
  - Required to submit and maintain an IND
  - May or may not proceed to file and NDA or BLA

*Thank you to Maureen Edgerly for many of the slides.*