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Insist on the Right Software Tools to Reduce Odds of Imaging Errors

As use of medical imaging becomes more prevalent in clinical trials, so does the likelihood of human error. Clinical sites need to demand better software tools to protect the quality of their work and reduce the incidence of lost or incorrect data, an industry expert says.

Abraham Gutman, CEO of AG Mednet, a medical imaging network that develops imaging software tools, said sponsors have been slow to invest in new software tools because of sites' general wariness about new technology. "The philosophy among sponsors is never upset a site," Gutman said. "If the site doesn't want to use ball pen and paper to build a form and they still want to use marble tablets, hammers and chisels, provide them with good chisels and good hammers."

Most Query Stoppages Due to Human Error

At any given time, there are up to 2,500 clinical trials that involve diagnostic imaging tools, up from about 2,000 five years ago, Gutman said. Considering this increase and the fact that half of all image-related trial query stoppages are due to preventable human error, it is critical that sites adopt new technology and talk to sponsors about getting the right software tools to minimize mistakes, he added.

"We have sponsors that have told us anecdotally that they have compared trials where they ran a trial without tools and others where they ran the trial with tools, and the reduction in queries [with tools] was 75 percent," Gutman said.

In the past, software tools were often designed with the needs of sponsors and imaging core labs in mind: to get information to and from clinical trial coordinators as quickly as possible while sometimes compromising quality.

Today, imaging technicians either physically or electronically send images to coordinators who then sift through them to de-identify information and verify they were taken properly before

sending them off to a lab for analysis. This can put an unnecessary burden on coordinators, leading to a greater likelihood of human error.

When a photo is taken with a digital camera, it will typically collect additional information such as the date, time and place the picture was taken, Gutman noted. This is known as meta-data. A single medical image can have more than 3,000 meta-data tags that record how the image was taken and what it represents — a daunting task for the coordinator who has to de-identify all those tags. By contrast, software tools can not only automate the process, making it easier for the coordinator to complete, but also reduce the odds of human error.

Another major problem, Gutman said, is that trial coordinators often don't have the ability to give technicians feedback about images that may have been taken erroneously, increasing the odds they will keep getting bad images. Sites need to develop systems or adopt software allowing the coordinator to quickly figure out what went wrong with an image and advise the technician so the problem can be prevented from happening again.

Let the Tool Guide You

Gutman compared sending imaging data to labs to sending email — i.e., coordinators often can't review what they sent or resend the image after correcting it. This can cause delays in mistakes being noticed, wasting the site's time and resources.

When working with sponsors to adopt new software tools, sites also need to remember that many companies have a high trial coordinator turnover rate. The more complex the imaging procedures are, the harder it will be to train the next person, Gutman said. "You make the tool do the heavy lifting so the training of the coordinator is significantly easier," he added. "If the tool guides you, then you know what to do at each step." — Ferdous Al-Faruque

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