SIGNANT HEALTH
THE EVIDENCE GENERATION COMPANY™

The Signal

Get to Know the SME: Todd Feaster, PsyD.

In the first of this new series of Q&A interviews with Signant's subject matter experts, we sat down with Todd Feaster, PsyD., director of clinical services, to learn more about him and his work as a clinical research practitioner and leader. His experience at Signant focuses on supporting CNS research and spans more than ten years with the company.

1. Can you tell us a bit about your personal and education background?

I grew up in the Midwest where I studied and trained in clinical psychology with a specialty in neuropsychology. Prior to joining Signant Health, I worked in a neurology practice in the Greater Kansas City area where I became a niche neuropsychologist, specializing in assessing the cognitive impact of Multiple Sclerosis and diagnosing Alzheimer's disease. However, I knew that I didn't want to be a neuropsychologist my whole life, but I wasn't sure what else I could do with my experience. Luckily, my practice also conducted clinical trials, so I became more and more interested in clinical research as my exposure to it increased. That's how I discovered [the company that later became] Signant Health, and joining that team is ultimately what brought me to the east coast.

2. What interested you in psychology?

I went to a private liberal arts college and discovered from taking a wide variety of classes that psychology interested me the most. To do anything in the world of psychology, you have the most opportunities with advanced degrees, so I got a master's degree in clinical psychology. Even with a master's degree though, your options can still be limited so luckily, I love learning and the process of learning, and went on to get my doctorate. That's where I specialized in Neuropsychology. I completed my residency and post doc work in the field of neuropsychology at state hospitals in Texas and Kansas.

In that work I was exposed to all sorts of conditions that Signant works on with sponsors now – dementias, traumatic brain injury (TBI), Parkinson's disease, Huntington's disease, schizophrenia, depression, mood disorders, psychotic disorders, etc. Following my training, I worked in a neurology practice, and that's when my specialty opened into all kinds of neurological diseases such as movement disorders, and it's also where I developed interest in sleep medicine. I spent the last several years in the neurology practice publishing investigator-initiated research and held an adjunct professorship in the University's neuropsychology lab. After publishing my last paper, I decided it was either time to move onto a new research project or consider a change in my career trajectory.

3. What are your practice areas and specialties?

My key practice areas are Alzheimer's disease and dementias, and secondarily, Multiple Sclerosis and Parkinson's disease. I'm also interested in and have experience in sleep medicine. It's a relatively young aspect of medicine, but it represents a potentially confounding variable that should be considered when exploring the presence of cognitive difficulties.

4. You were a rater and sub-investigator for nearly a decade. What are some of the lessons learned you carry with you in your role at Signant?

What's important to me and has impacted me a lot is that I know what it's like to be on the other side. When I'm helping to design a study, I think about my experience as a rater when determining, for example, what order to place the scales in a visit schedule or how training should be conducted. I know how I would want to conduct the visit and what makes a more efficient visit. I know what I would want to see as far as training. Most importantly, as I create our eCOA scales, one of the things I talk about with investigators is that these are scales developed by raters for raters. I have been in their shoes, so I know what makes a good scale. This is an advantage for Signant and for sponsors – many times eCOA scales are created by solution analysts who have no clinical experience with the instrument. What I do goes beyond just putting it on an electronic device. Because I know where raters make mistakes, I can enhance the scale to mitigate errors and I can train clinicians in this fashion as well. I also like to include everything you need to administer and score a scale within the electronic scale itself, so raters don't have to reference the manual or other training materials. My experience with scales at a site from a rater or user perspective completely influences how I function as a clinical scientist and how I work with our customers. This puts us at an advantage over other solution providers who don't have expert clinicians in-house and/or experience building these outcome measures.

5. What do you do at Signant as Director of Clinical Services?

I work with customers and internal teams on our neurology portfolio including dementias, Parkinson's disease, MS, and others. I also coach and mentor our junior clinicians, ensuring we deliver a best-in-class experience for our sponsors as well as promote consistency across indications. My goal is to pass along my knowledge and expertise – I've been with the company for more than ten years, so in addition to my clinical expertise I also aim to pass along my institutional knowledge about our products and services.

6. What do you enjoy most about this work?

I enjoy being able to work with diverse group of people. A study team here can consist of project managers, technical delivery specialists, data management, our e-learning group – everyone brings their expertise to the table. Even after 10+ years, I am learning something every day. Working with others with high level expertise, and knowing we are making an impact for our sponsors, is fulfilling. I like knowing that we can provide the data quality and reliability that sponsors need to be able to confidently decide whether their study is a success or a failure.

7. What do you find challenging?

I get exposure to indications that are outside of the standard dementia, depression, or bipolar realm such as rare and orphan diseases that pose challenges – good challenges that can be overcome but require research into the disease or the scales used in that disease. It requires us to think creatively, outside of the box, about how we can work within our solutions and expertise to help the sponsor be successful. For example, in the last five years we've become a leader in atopic dermatology. I leveraged my experience as a rater and worked with an SME to create an enhanced electronic scale that will provide better data quality and reliably measure body surface area. I also helped develop a training program around this focusing on rater consistency when scoring the outcome measures. Better raters make better data.

8. You specialize in the design and administration of eClinROs as well as rater training. Can you tell us more about this work? How well has the clinical research industry adapted to eClinROs, and what work still needs to be done?

We look at rater training from the rater's perspective and from an eCOA perspective. We've developed our platform so that everything you need is there in one stop – training on how to administer and score the scale, enhanced scales with error mitigation measures, and even technology training.

The industry has adapted easily and quickly. It was less than ten years ago that we did our first dementia study with our electronic clinician ratings platform. The scales were on a laptop, and we only had key efficacy measures while other secondary and tertiary measures were still being completed on paper. We expected complaints because everyone was used to paper and pencil, but for the most part they readily adapted. Now the use of electronic devices is the norm now and it's fairly rare that we do a paper-based study.

The ongoing challenge is technology – scales don't usually change too much but

technology does, so I work on merging the two together to ensure scales and technology work in unison.

9. What are some of your observations about clinical research in the past nearly two years since the coronavirus pandemic began?

The pandemic really threw a wrench into things. Much of what we do in neurology studies is clinic- or performance-based. Raters need to be in front of patients for many of the assessments needed in dementia, Parkinson's disease, or MS studies, for example. Thankfully, our scale management team reached out to copyright holders to find out what can be done remotely, what assessments were validated for remote administration, what considerations does the scale author or copyright holder recommend, etc. It was challenging but we were able to guide sponsors to adapt practices and continue obtaining data for some studies, but some studies also chose to pause enrollment until the world could get a solid grasp as to what was going on. In some cases, sponsors trained remote nurses trained so they could help administer some of the scales in the participant's home. The pandemic provided a whole new outlook on clinical development and expanded horizons in terms of what is possible.

10. What are some of your professional goals – in your current work, goals for the industry overall, goals for CNS research, etc.?

My primary goal is to provide best-in-class services and experiences for our customers. I also want to continue leading our research groups and continue to produce useful research that informs our sponsors and positively influences clinical development. Finally, I will continue to focus on mentoring incoming clinicians. I want to make sure that I train and oversee them to ensure we perform consistently and accurately for sponsors, but I also look to provide them with opportunities to gain expertise through experience to foster their success.

11. What do you like to do for fun when you aren't working on projects that improve treatments and therapies for people living with CNS conditions?

One of the blessings of this job has been the opportunity to travel across the world. I travel for work, but I love to travel personally as well. I've been to Asia, Europe, Africa, and all over North and South America. A few of my favorite cities include Istanbul, Rome, Tokyo, and New York. In fact, a small part of the reason I joined Signant was its proximity to New York. We take weekend trips practically every five to six weeks to have great food, see a show, and go to the museums. I also travel back home to the Midwest to spend time with family in Kansas City (Go Chiefs!). Travel is just another reason that I love my role and working for

Signant.

ABOUT THE SME

Dr. Todd Feaster is a Director of Clinical Science within Signant Health's Clinical Science Center of Excellence serving the pharmaceutical, biotech and medical device sponsors. Todd has 20 years of experience in clinical research. Prior to joining Signant Health, Todd was a neuropsychologist and clinical researcher at the MidAmerica Neuroscience Institute in Lenexa, Kansas. There he specialized in the assessment and diagnosis of dementia both in clinical practice as well as in Alzheimer's disease (AD) and dementia clinical trials. While at Signant Health, Todd has capitalized on his strengths and worked primarily with AD clinical trials. He has been the lead clinician on many AD clinical trials ranging in size from small (Phase 2, 2 countries) to very large (Phase III, 40+ countries, 50+ languages) pivotal trials. Todd has been integral in the design and creation of eCOA assessments in dementia and neurology trials and has worked as an Expert Presenter in various countries around the world. Todd has a PsyD degree in clinical psychology with an emphasis in neuropsychology, maintains professional licensure and brings with him extensive experience with Signant Health's service offerings.

Want to meet our in-house experts? Interested in having Todd's invaluable expertise on one of your upcoming studies? Contact us today.

Signant Health

Signant Health is the evidence generation company. We are focused on leveraging software, deep therapeutic and scientific knowledge, and operational expertise to consistently generate quality evidence for clinical studies across traditional, virtual, and hybrid trial models. For more than 20 years, over 400 sponsors and CROs of all sizes – including all of Top 20 pharma – have trusted Signant Health solutions for remote and site-based eCOA, eConsent, IRT, supply chain management, and data quality analytics.