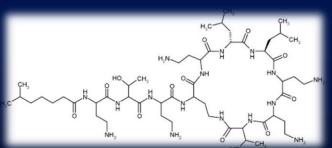
Improving Clinical Trial Design: Meeting the Needs of Investigators

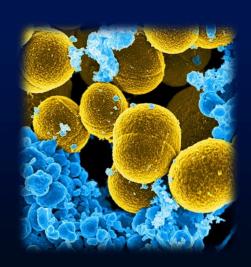
Improving Pediatric Trials in Antibacterial Drug Development

Clinical Trials Transformation Initiative



April 5, 2016

John Bradley, MD
Division of Infectious Diseases
University of California, San Diego
Rady Children's Hospital San Diego



Disclosure Statement: John S. Bradley, MD

Dr. Bradley has no personal financial relationship with any commercial interest that produces, markets, re-sells, or distributes antimicrobial agents.

Dr. Bradley's employer, the University of California, has contracts with the pharmaceutical industry and the NIH for the development and study of antibiotics

Dr. Bradley holds a position on the FDA Advisors and Consultants Staff, but the opinions he expresses are not in any way to be considered those of the FDA

- Meeting the needs of Children treated by clinicians is our goal...
- Investigators' responsibilities:
 - Charged with providing <u>high quality data</u> to Sponsor/NICHD, and FDA on children treated per protocol for PK or for specific indications
 - Oversee the program that includes:
 - Site-specific research coordinators; research nurses; research pharmacists; research administrators from hospital/university; accountants; lawyers; IRB committees; assure research beds/clinics
 - Parents (and grandparents), and the CHILDREN!

• IN ADDITION, we need to perform our duties within the context of standard of care to the child who is in the hospital with an infection, interacting with the medical/surgical specialists and nurses who provide care to the children and *not interfere* (especially in the NICU!)

- Screening (4 days/wk or 7 days/wk?) \$\$
- Approval of primary service provider before approaching parents
- Consenting (for labs, for study)
 - Discussing parental concerns (<u>safety</u> of drug, perceived <u>risk</u> for <u>participation</u>, <u>cultural issues</u>, wish to not have child have any more pain than absolutely necessary, ?incentive compensation)
- Randomized, comparative study issues for parents and primary physicians (did they get the 'good stuff'?)
- Consent for PK study (no clinical benefit, just risk and pain, particularly in neonates, infants)

- Pharmacy, laboratory and nursing support (extra time to perform tasks for research in the context of increasing work loads)
- Administration of research drug to patient (particularly difficult for double-blind, doubledummy trial designs
 - Research nursing
 - Floor nursing
- Study Physicians (blinded + unblinded) available for questions on potential subjects, consenting, study exams, CRF completion, toxicity assessment 7 days a week

- Managing the subject with the primary team physician (hospitalist, surgeon, subspecialist) and ancillary personnel for <u>per-protocol management</u>
- What if the child does not get better? Is it the drug or the infection: everyone suspects the drug!

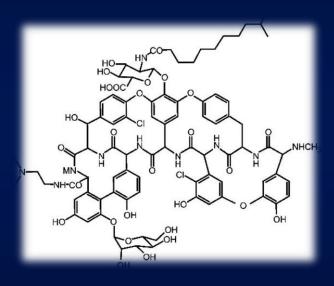
Funding

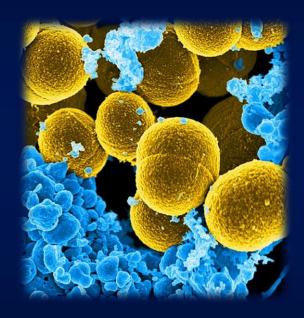
- Research nurses and physicians: screening, consenting, managing during hospitalization (evening and weekend enrollment-infusions-study labs)
- Data entry, regulatory document compliance, training compliance (different CRO's require the SAME training for different protocols)
- The time and effort for participation in a successful research effort requires support!

- Conflict of Interest
 - All funds to an investigator and institution are now publically available (Sunshine Act)
 - Some believe that if an investigator takes any money from Pharma, the investigators work should be considered invalid
 - AAP COI metric: need to declare personal support, but institutional support is not considered a COI
 - FDA COI metric: neither you nor your institution can take funds for study of the drug or any competing drug if you wish to participate on the current Antimicrobial Drugs Advisory Committee
 - The time and effort for participation in a successful research effort requires support!

- More efficient clinical trial designs
 - Number of days needed on study drug?
 - Length of stay for CAP and cUTI in California (per Hospitalists) is now less than 2 days; most parents will not stay in the hospital a minute longer than necessary
 - Home IV therapy while on study drug? ("FDA would never let us do that...")
 - Simplify and standardize reporting and compliance across all Sponsors
 - IRB and HIPAA (no hope there...)

Thank you!





- Who actually takes care of these patients:
 - CAP
 - UTI
 - ABSSI
 - HAP
 - VAP
 - cUTI
 - CLBSI