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Effective Engagement with Patient Groups Around Clinical Trials

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Effective Engagement with Patient Groups Around Clinical Trials

CTTI Patient Groups & Clinical Trials Project Team

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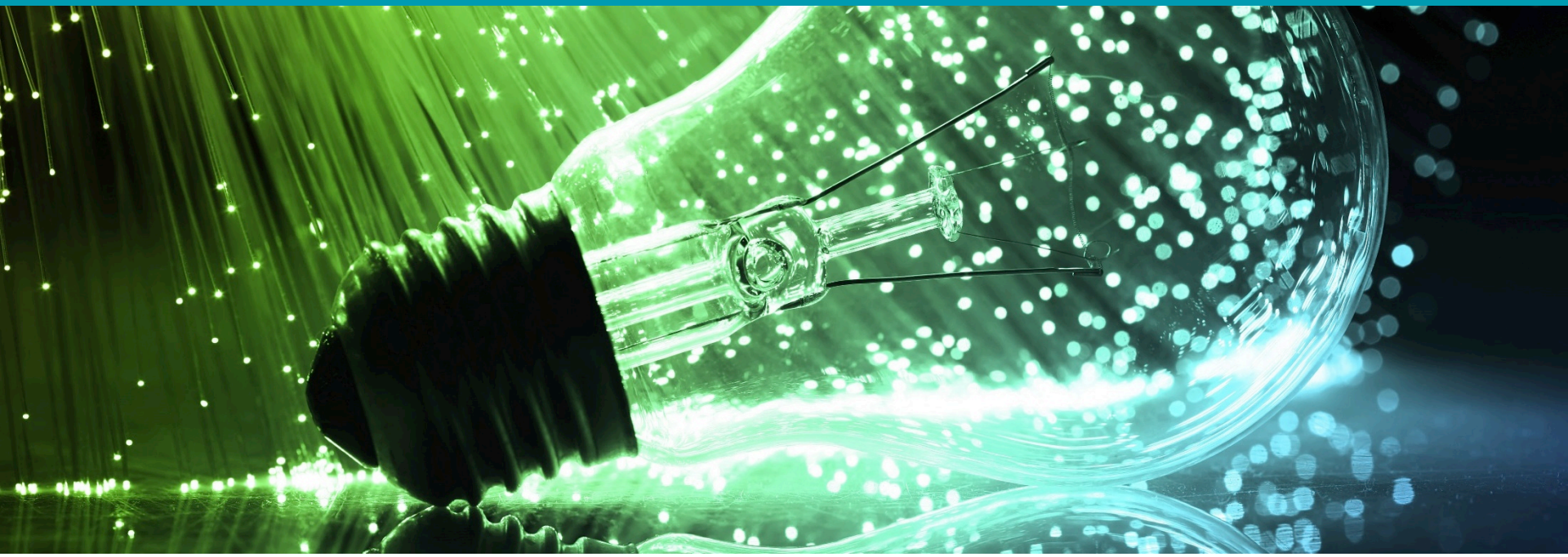
WEBINAR SERIES hosted by

CLINICAL TRIALS **TRANSFORMATION** INITIATIVE



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The views and opinions expressed in this presentation are those of the individual presenter and do not necessarily reflect the views of the Clinical Trials Transformation Initiative.

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Why CTTI Formed

- ↓ U.S. clinical trials in crisis
  - Trial start-up times lengthening
  - Enrollment slowing
  - Costs increasing
  - Many investigators pulling out of clinical research
- ↑ Increasing need for reliable evidence
  - To evaluate new devices, drugs, biologics
  - To determine best medical practice
  - To compare effectiveness of diagnostic and therapeutic alternatives

Addressing This Need

CLINICAL TRIALS **TRANSFORMATION** INITIATIVE

To identify and promote practices that will *increase the quality and efficiency* of clinical trials

Public-Private Partnership
involving all stakeholders
60+ members


ACI CLINICAL
AMGEN
AstraZeneca
BARD
Bristol-Myers Squibb
Celgene
cempra
EMD Serono
Genentech
A Member of the Roche Group
gsk GlaxoSmithKline
Johnson & Johnson
Lilly
Medtronic
MERCK
Pfizer
PURDUE
ST. JUDE MEDICAL
Target Health Inc
THE MEDICINES COMPANY
AHRQ
CDC
CMS
FDA
NIH
OHRP
Department of Veterans Affairs
ACRO
ACRP
ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS
AdvaMed
Bio
BRANY
CDISC
CHESAPEAKE IRB
cirb
CITI PROGRAM
DIA
Greenleaf Health LLC
KING & SPALDING
MedStar Health Research Institute
PALO ALTO INVESTORS
PMG Research
Quorum REVIEW IRB
SCT SOCIETY FOR CLINICAL TRIALS
SCRS
wcg WIRB COPERNICUS GROUP
Alliance for Lupus Research
FOUNDATION FOR PRADER-WILLI RESEARCH
FRIENDS of CANCER RESEARCH
JDRF
The Life Raft GROUP
Melanoma Research Alliance
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH
MPN RESEARCH FOUNDATION
NORD
Parent Project Muscular Dystrophy
Parkinson's Disease Foundation
Pulmonary Fibrosis FOUNDATION
susan g. komen.
C5Research
DANA-FARBER CANCER INSTITUTE
DukeMedicine
The Feinstein Institute for Medical Research
THE GEORGE INSTITUTE for Global Health
KU MEDICAL CENTER The University of Kansas
NYU Langone MEDICAL CENTER
Health Through Knowledge PHRI
School of Medicine University of Missouri Health System
UNC HEALTH CARE
UNIVERSITY OF OXFORD
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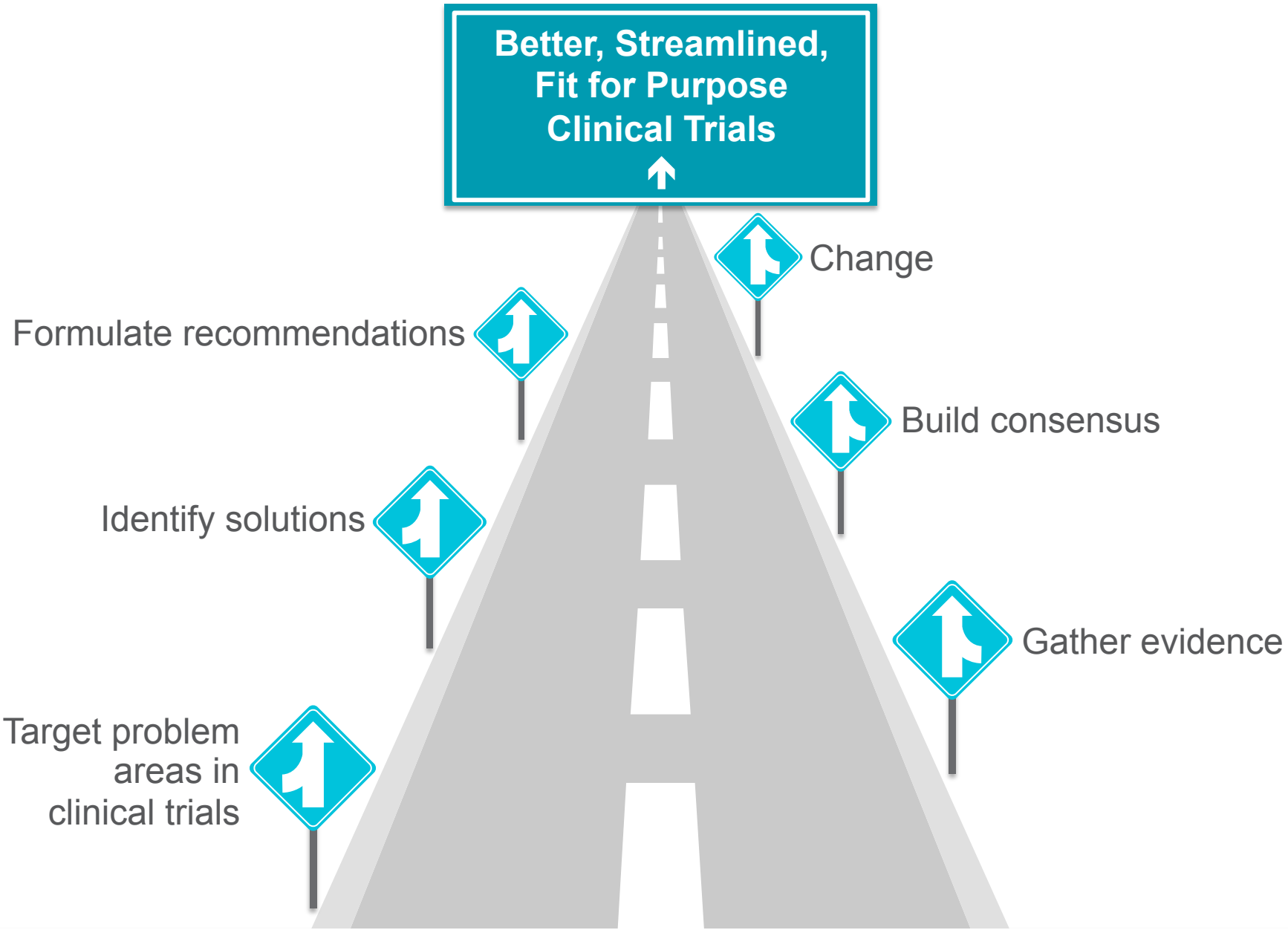

Better, Streamlined, Fit for Purpose Clinical Trials
Change
Formulate recommendations
Build consensus
Identify solutions
Gather evidence
Target problem areas in clinical trials

Portfolio of CTTI Projects

	Investigational Plan	Study Start-up	Study Conduct	Analysis & Dissemination	Specialty Areas
Closed Projects	• Large simple trials • Uses of electronic data	• Central IRB • Site metrics • Central IRB advancement • GCP training	• Adverse event reporting • IND safety • Monitoring		• Long-term opioid data
Ongoing Projects	• Mobile clinical trials (program) • Patient groups & clinical trials • Pregnancy testing • QbD • Trials based on registries • Uses of electronic data application	• Informed consent • Investigator turnover • Recruitment	• IND safety advancement • Safety case studies	• State of clinical trials • DMCs	• Pediatric antibiotic trials • Streamlining HABP/VABP trials • Unmet need in antibiotic development • ABDD pilot

Issues Around Engagement

Key sectors of the research community have identified ***a gap in knowledge and understanding*** about how and when to best interact with patient groups (PG) around clinical trials;

There is a ***paucity of empirical evidence*** and ***no guidelines for best practices*** currently exist;

Actionable ***recommendations*** and ***metrics*** are needed.

Solution: CTTI project on best practices for effective engagement with patient groups around clinical trials; Patient Groups and Clinical Trials (PGCT)

PGCT Workstream 1 Project Team Members

Team Leaders

- Sharon Hesterlee (Formerly Parent Project Muscular Dystrophy, now Myotonic Dystrophy Foundation)
- Richard Klein (FDA)
- David Leventhal (Pfizer)
- Wendy Selig (Melanoma Research Alliance/ WS Collaborative)
- Sophia Smith (Duke)

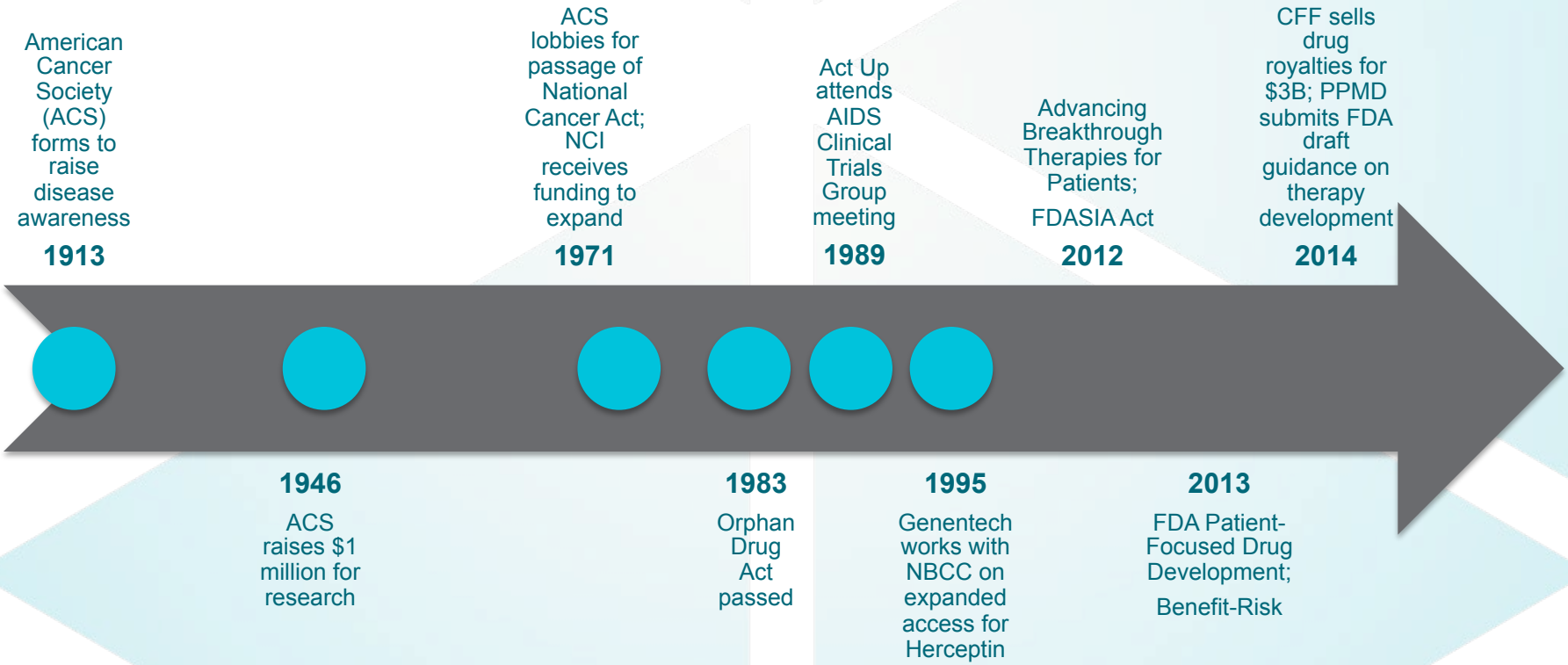
CTTI Staff

- Bray Patrick-Lake (Project manager)
- Kimberley Smith (Project assistant)
- Matthew Harker (Former team lead Duke)
- Jamie Roberts (Former team lead NIH)

Team Members

- Ron Bartek (Friedreich's Ataxia Research Alliance)
- Joel Beetsch (Celgene)
- Patricia Cornet (Bristol-Myers Squibb)
- Paulo Moreira (EMD Serono)
- Steve Roberds (Tuberous Sclerosis Alliance)
- Jeff Sherman (DIA)
- James Valentine (Hyman, Phelps & McNamara)
- Scott Weir (University of Kansas)

Background



Many of today's patient groups serve as active partners in the clinical trial enterprise and invest private funding in milestone driven research with focus on leveraging their assets to de-risk research and increase return on investment.

PGCT Project Objectives

1. Conduct a ***literature review*** and ***survey*** to assess types of relevant PGs by querying a representative sample across disease states to highlight distinctions among their missions, reach, infrastructures, governance models and interest and engagement in the clinical trials

2. Identify current research sponsor and investigator ***practices for engaging with PGs***, and practices used by patient groups to engage with research sponsors and investigators, around clinical trials

3. Explore ***successes and failures*** to identify models of engagement with PGs that have led to more quality driven and efficient trials

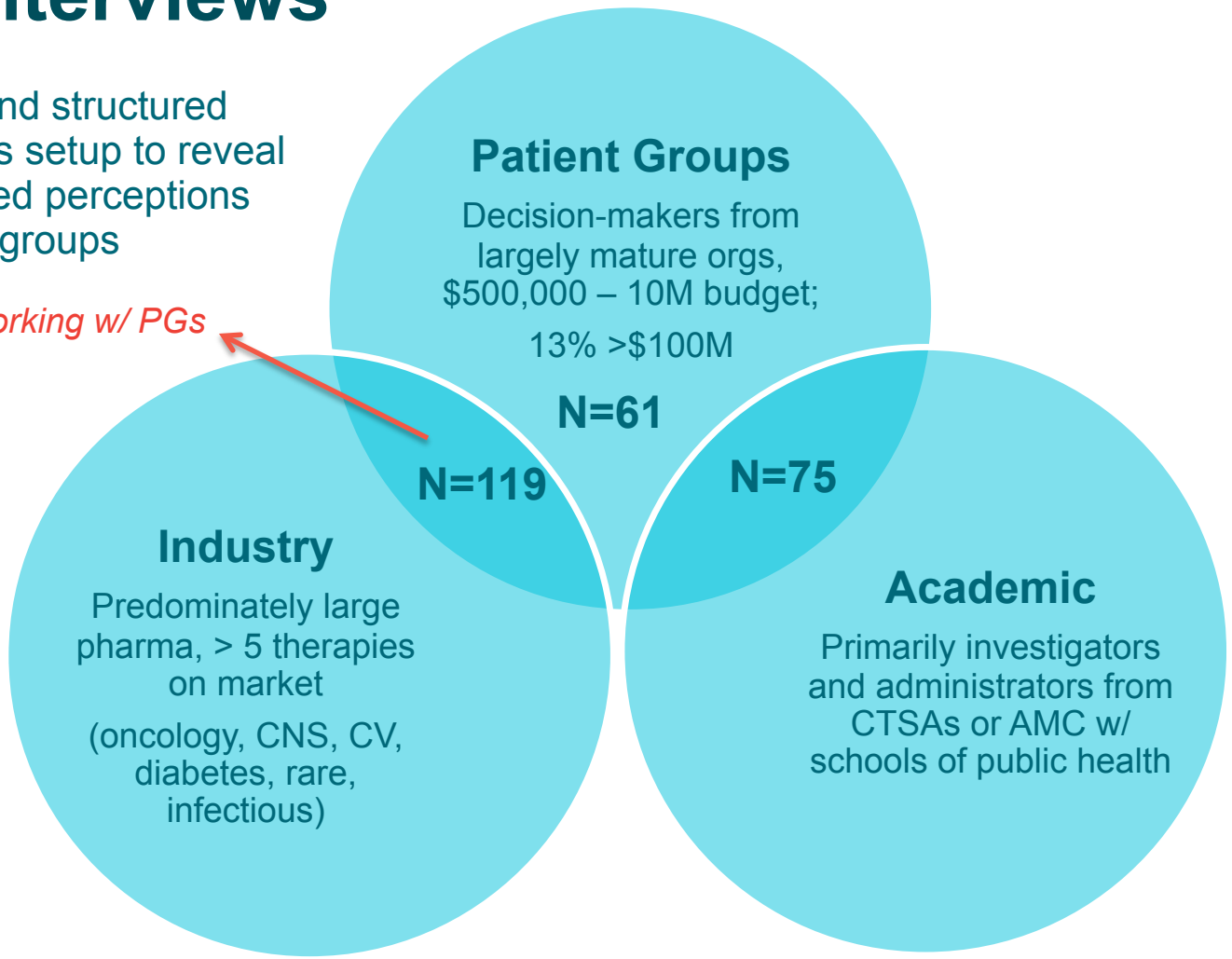
4. ***Formulate recommendations*** and opportunities for implementation of best practices with PGs, academia and industry that will lead to more efficient and successful clinical trials

Key Term: Patient Groups (PGs)

Conceptual Model of Insight from Survey and Interviews

- Survey and structured interviews setup to reveal overlapped perceptions between groups

*Only **43** working w/ PGs*



Semi-structured Interview follow-up with 32 participants (12=I, 10=PG, 10=A)

Questions addressed in CTTI/DIA Joint Survey 2014

- What are the characteristics & services of patient groups?
- What are Industry and Academia objectives when working with PGs?
- What are the barriers to effective collaborations?
- What metrics are used, if any, in evaluating the effectiveness of engagements with PGs around clinical trials?

PG Engagement Across the Research & Development Continuum

From Bench to Bedside and Back

- Input re interest of research question to patient community
- Providing data on unmet need & therapeutic burden
- Fundraising and direct funding for research to identify target molecules
- Facilitating collaboration with NIH
- Characterizing the disease & relevant mechanisms of action

- Fundraising & direct funding for research, trial operations support
- Assistance in selecting & recruiting optimum clinical sites
- Clinical infrastructure support
- Helping educate/motivate patient community & recruit for trials
- Providing patient feedback on participant experience
- Serving on Data & Safety Monitoring Board
- Input for any trial adaptations or modifications
- Accompanying sponsor to milestone meetings, e.g., after phase 2 &3

- Serving on post-market surveillance initiatives
- Helping return study results to participants
- Co-presenting results
- Publications/communications re results
- Feedback on how patient community views results
- Natural history database & registry support
- Working with payers re reimbursement

Pre-Discovery → Pre-Clinical → Phase 1/2/3 → FDA review & approval → PAS/Outcomes

- Fundraising and direct funding for research
- Providing translational tools (assays, cell & animal models, bio-samples, biomarkers, etc.)
- Helping define study's eligibility criteria
- Natural history database & patient registry support
- Input on meaningful clinical endpoints
- Assistance re informed consent form
- Working with FDA re benefit-risk and draft guidance
- Accompanying sponsor to Pre-IND FDA mtg to advocate for study

- Providing public testimony at the FDA Advisory Committee & other FDA hearings
- Preparing submission for newborn screening when appropriate

Through active, continuous engagement in the development program, PGs can demonstrate a unique value to their industry partners.

This value has the effect of:

- Derisking early-stage development with funding and public-private partnerships for basic, translational, and early clinical research
- Reducing uncertainty in the regulatory process by working closely with the regulators throughout the entire R&D process

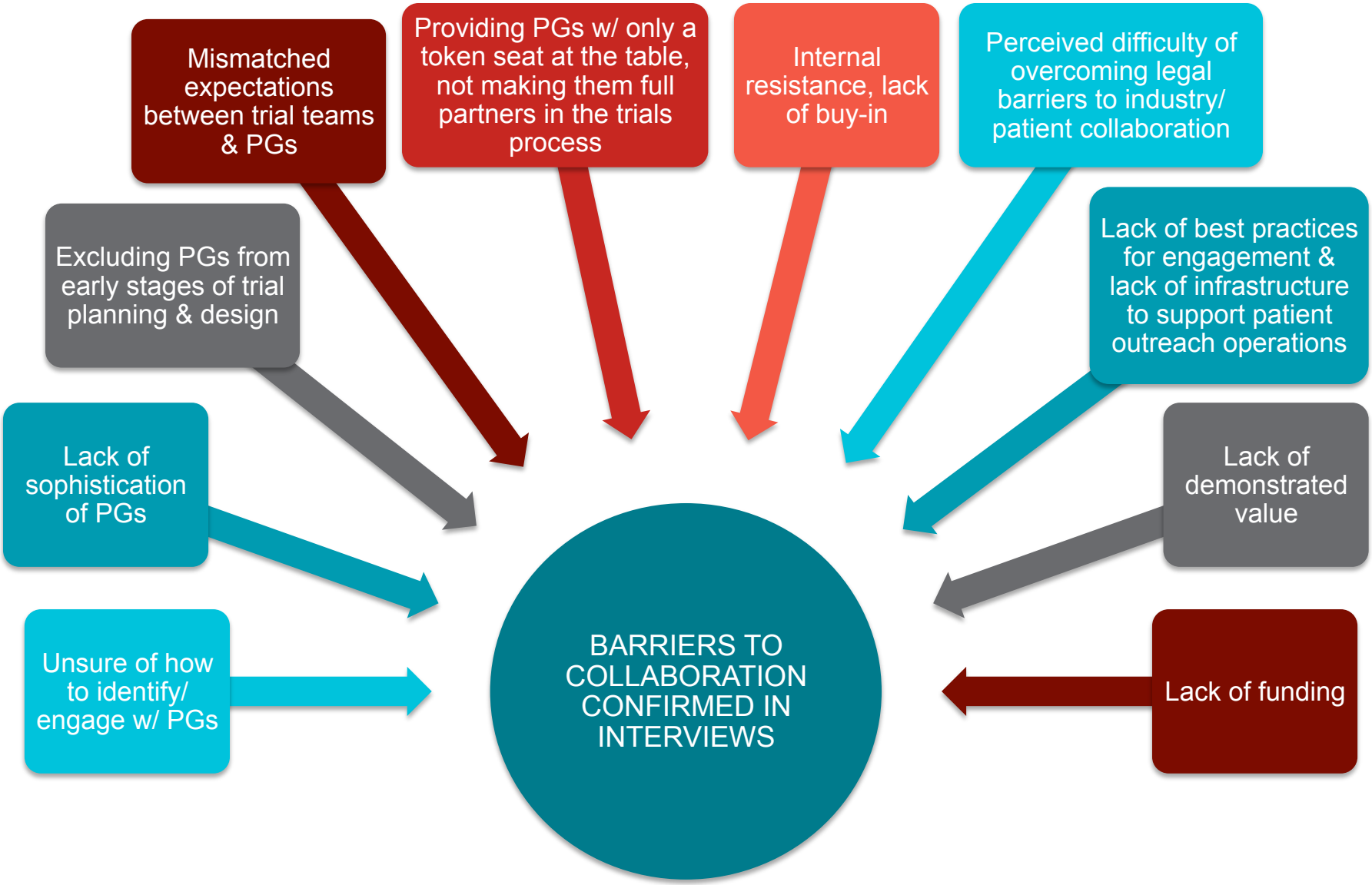
Active, continuous engagement in the development program – cont.

- Helping to develop more effective, efficient trials with a greater chance of success through:
  - better questions and study design
  - efficient recruitment and improved retention
  - fewer protocol amendments
  - procedures that are better-suited to the patient
  - clinical endpoints that are well-grounded in the natural history of the disease
  - potential benefits that are most important to the patient

CTTI Hypothesis: Engagement = Increased ROI

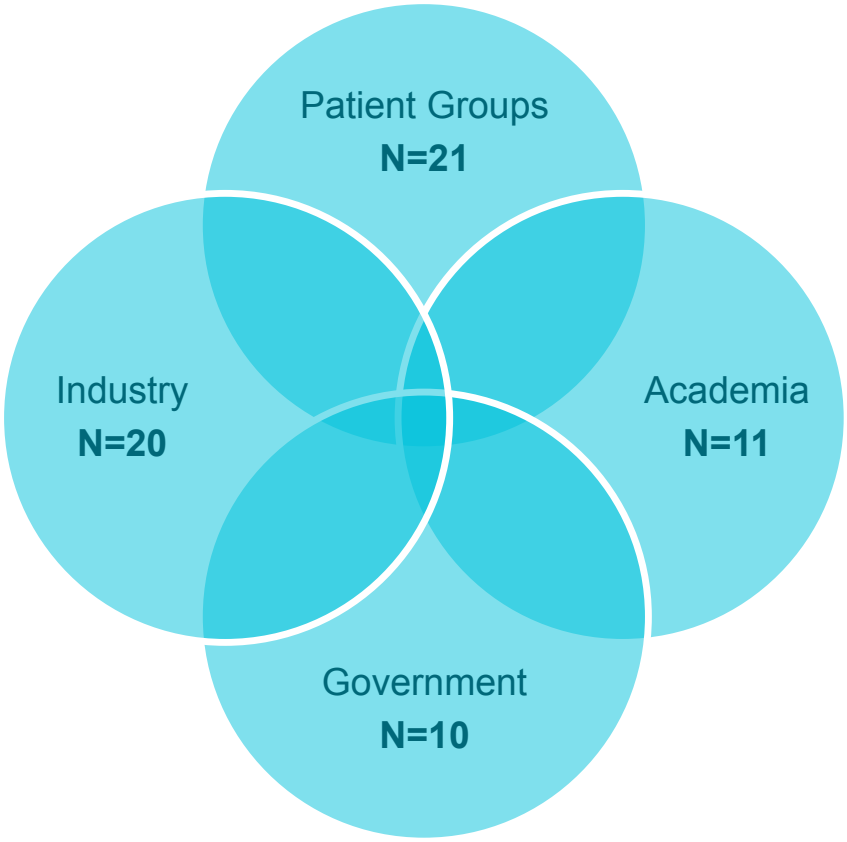
How Patient Group Engagement Impacts Value Drivers

Patient Group Engagement Methods	Impact on Value Drivers				
	Revenue	Costs	Time	Risk	Intangibles
Pre-Discovery					
• Provide data on unmet need and therapeutic benefit					
• Direct funding and fund raising for research or product development					
• Understand mechanisms of action relevant to disease and symptom burden					
Pre-Clinical					
• Direct funding and fund raising for research or product development					
• Natural history data support					
• Biomarker development / support					
• Clinical endpoint development / support					
• Help define eligibility criteria within the study protocol					
• Feedback on meaningful clinical endpoints					
• Assist in creating the informed consent form					
• Advise on study recruitment					
• Advise on study feasibility					
• Accompany sponsor to FDA to advocate study design					
Phase I					
• Direct funding and fund raising for research or product development					
• Clinical infrastructure support					
• Support trial awareness and recruitment					
• Peer advocate during informed consent procedure					
Phase 2/3					
• Direct funding and fundraising for trial operations support					
• Serve on Data Safety Monitoring Board					
• Report on patient feedback regarding site investigators and study participant experience					
• Conduct preference assessments on benefits, risks, and other attributes of treatments					


Mismatched expectations between trial teams & PGs
Providing PGs w/ only a token seat at the table, not making them full partners in the trials process
Internal resistance, lack of buy-in
Perceived difficulty of overcoming legal barriers to industry/ patient collaboration
Excluding PGs from early stages of trial planning & design
Lack of best practices for engagement & lack of infrastructure to support patient outreach operations
Lack of sophistication of PGs
Lack of demonstrated value
Unsure of how to identify/ engage w/ PGs
BARRIERS TO COLLABORATION CONFIRMED IN INTERVIEWS
Lack of funding

CTTI PGCT Expert Meeting

January 2015



- Diverse stakeholders provided critical perspectives and asked challenging questions toward overcoming barriers and developing best practices for PG engagement with sponsors of research
- Panels, presentations, group discussion, and breakout sessions were used to gain consensus, refine recommendations, and develop supporting tools.

RECOMMENDATIONS FOR **ALL STAKEHOLDERS TO OPTIMIZE SUCCESS**

1) Engage the “patient voice” by establishing partnerships from the beginning of the research and development program to improve trial design and execution.

2) Clearly define the expectations, roles, and responsibilities of all partners including the resources being committed, data being shared, and objectives of the development program.

3) Build the trust required for successful partnerships by being transparent and trustworthy, following through on commitments, and honoring confidentiality.

4) Involve the expertise of multiple partners for a broader perspective to mitigate risk and enrich pipeline development.

5) Manage real or perceived conflicts of interest by establishing policies that require full disclosure, transparency, and accountability.

1. Engage the patient voice by establishing partnerships from the beginning of the research and development program to improve trial design and execution.

- Include the perspective of patients (i.e., the “patient voice”) in the early stages of disease targeting
- Sponsors benefit by a clearer, more focused understanding of unmet need, therapeutic burden, opportunities for expanding indications, and better targets
- Patients benefit by less burdensome study protocols and more meaningful and relevant endpoints
  - increases the likelihood they will participate in the trials or potentially help to develop a meaningful treatment for their disease

2. From the start, clearly define the expectations, roles, and responsibilities of all partners, including the resources being committed, data being shared, and objectives of the program.

- It is important to clearly delineate the roles of partnership and clarify the goals and objectives of the collaboration
- Expectations about the role of PG consultation and input should be clarified at the start of the collaboration
- PG input may be taken into account when determining the objectives of a clinical program or development of a protocol, research sponsors must balance that input with scientific understanding as well as business and regulatory needs

3. Build the trust required for successful partnerships by being transparent and trustworthy, following through on commitments, and honoring confidentiality.

- All stakeholders should be open, transparent, and honor commitments to the development program
- Confidentiality Agreements (CAs) and Non-Disclosure Agreements (NDAs) allow sharing of sensitive information with PGs
- Expectations about the role of PG consultation and input should be clarified at the start of the collaboration

4. Involve the expertise of multiple partners for a broader perspective to mitigate risk and enrich pipeline development.

- PGs should be involved with multiple research sponsors to increase the pipeline of therapies in development
- Sponsors should engage with more than one PG in a particular disease area to ensure that a representative patient perspective is reflected in the input obtained

5. Manage real or perceived conflicts of interest by establishing policies that require full disclosure, transparency, and accountability.

- There are no FDA laws, regulations, or guidelines explicitly prohibiting early engagement with PGs
- It is important to clarify which kinds of interactions with PGs are permissible and which ones might violate FDA regulations or fraud, abuse, and other regulations
- The bottom line is that research sponsors can engage with PGs in planning and conducting clinical trials
- Each type of PG engagement will have its own contractual rules and parameters to mitigate risk

RECOMMENDATIONS FOR **INDUSTRY SPONSORS & ACADEMIC INVESTIGATORS**

1) Integrate into your ongoing research and portfolio planning an assessment of PG expertise and assets and value to your program.

2) Match PG expertise and assets to the specific needs and phases of your research and development programs.

3) Ensure that PGs are essential partners throughout the research and development process and not “token” voices.

4) For consistency, establish guiding principles and clear lines of communication to facilitate a fit-for-purpose process for collaborating with PGs.

5) Measure the impact of PG engagement on cycle time and other metrics.

6) Establish ongoing relationships with patient groups and communicate openly with them on a regular basis.

1. Integrate into your ongoing research and portfolio planning an assessment of PG expertise, assets, and value to your program.

- The primary drivers for PG engagement are achievement of project milestones, corporate culture, and therapeutic area/ vertical business unit interaction
- Research sponsors need to develop and execute a comprehensive roadmap for substantive PG engagement.
- Research sponsors should consider identifying a single point of contact from the company or institution who has a sufficiently broad view of the internal dynamics of the organization

2. Match PG expertise and assets to the specific needs and phases of your R&D programs.

- Research sponsors should recognize differences in the skills, experience, and capabilities of PGs
- Currently there are no industry-wide tools used to select a PG
- It is imperative to assess PG expertise, interests, organizational capacity, and relationships

3. Ensure that PGs are essential partners throughout the R&D process and not token voices.

- Research sponsors should recognize that the most successful partnerships with PGs are those in which both entities are full partners at the outset, working toward the same goals from different perspectives
- The patients' voice as communicated by PGs is key to understanding the day-to-day effects of the condition and the acceptable benefit-risk tradeoff of treatment

4. For consistency, establish guiding principles and clear lines of communication to facilitate a fit-for-purpose process for collaborating with PGs.

- Sponsors should establish and document best practices for engaging with PGs, including how to approach them, the legal requirements for working with them, and a template for master services agreements
- Elements of the work practice may include a database of previous collaborations, required documents, and clear lines of communication

5. Measure the impact of PG engagement.

- Though no standard metrics exist for PG engagement across industry, it is recommended that research sponsors establish expectations up front on how to measure the effectiveness of the partnership
- A regular assessment of satisfaction related to objectives, expectations, and success of strategies is recommended

6. Establish ongoing relationships with PGs and communicate openly with them on a regular basis.

- Study teams should communicate with them regularly throughout in the development program
- It is also important to maintain regular communication with PGs even when there is no study news

RECOMMENDATIONS FOR **PATIENT GROUPS**

1) Proactively identify, engage, and bring the patient voice to stakeholders relevant to your research and development interests.

2) Promote your value as an essential partner by maximizing and articulating your expertise and assets.

3) Deliver your expertise and assets to research sponsors throughout the entire research and development lifecycle.

4) PGs should select sponsors who have a product or development program with significant promise for their constituents and who are committed to engaging in a meaningful way.

5) Manage real or perceived conflicts of interest (COI) by establishing policies that require full disclosure, transparency, and accountability

1. Proactively identify, engage, and bring the patients' voice to stakeholders relevant to your R&D interests.

- Recognize that there are limits to what any one PG can accomplish alone
- To be successful in partnerships, you must build and sustain that trust to maintain your credibility among the constituents who rely on your group for dependable information

2. Promote your value as an essential partner by maximizing and articulating your expertise and assets.

- PGs should know what they can offer research sponsors and have information and/or data that clearly articulates their value proposition
- Through active, continuous engagement in the development program, PGs can demonstrate a unique value to their academic and industry partners

3. Deliver your expertise and assets to sponsors throughout the entire R&D process.

- PGs should express the patient perspective as early as possible and throughout the development process—during basic and translational research, preclinical and clinical trial planning and implementation, the regulatory process, and the post-market period
- The degree to which the PG can provide grants to selected academic investigators and participate in a variety of forms of funding with industry partners and even well-vetted venture philanthropy partners will help position the PG as a key player in the field

4. Select sponsors who have a product or program with significant promise for your constituents and who are committed to engaging in a meaningful way.

- PGs should ensure that they have a “finger on the pulse” of the preclinical landscape in order to maximize opportunities and ensure that they are viewed as valuable partners for sponsors
- The PG should consider establishing a scientific review process in order to have an independent ability to evaluate the science being presented

5. Manage real or perceived conflicts of interest by establishing policies that require full disclosure, transparency, and accountability.

- PGs should create written policies to clarify their position on accepting funds from industry sponsors, purchasing company stock, and other activities that might be perceived as generating a conflict
- To manage internal and external conflicts of interest (COI) effectively, PGs should fully disclose relationships with industry sponsors
- To help PGs navigate the complex web of decisions and opportunities, it is recommended that they prospectively develop a “Guiding Principles” document

CTTI PGCT Project Conclusions

- Partnerships with PGs around clinical trials are occurring with greater frequency;
- Several modifiable barriers to successful relationships have been revealed;
- Evidence on engagement with PGs around clinical trials was previously anecdotal. Now we have emerging quantitative and qualitative evidence on the best practices and shared benefit to partnerships captured in CTTI's recommendations;
- Read the full set of recommendations at http://www.ctti-clinicaltrials.org/what-we-do/investigational-plan/patient-groups
- Stay tuned for publications from CTTI's work on value and impact of patient group engagement in the clinical trial enterprise.

Thank you.

CLINICAL
TRIALS
TRANSFORMATION
INITIATIVE

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