

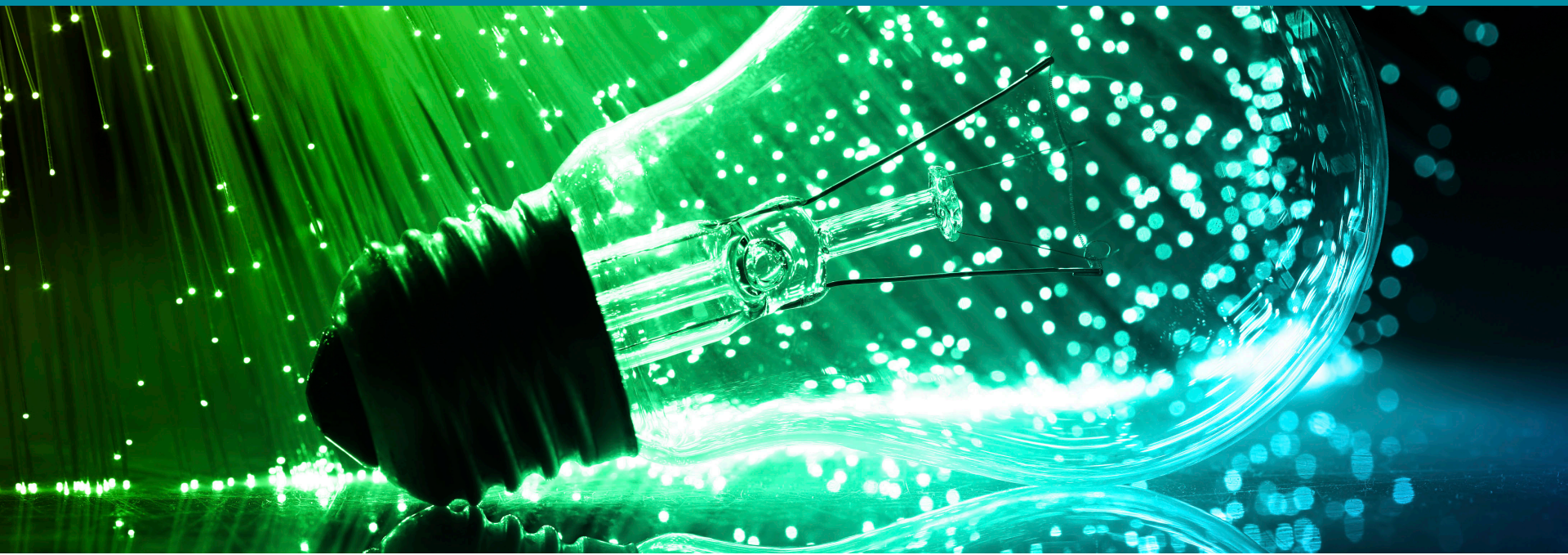
# Patient Group Involvement in the Clinical Trial Process

Bray Patrick-Lake, Director of Stakeholder Engagement

*May 17, 2015*



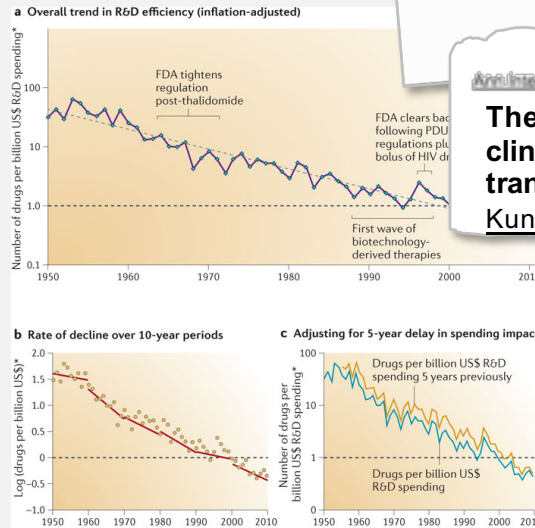
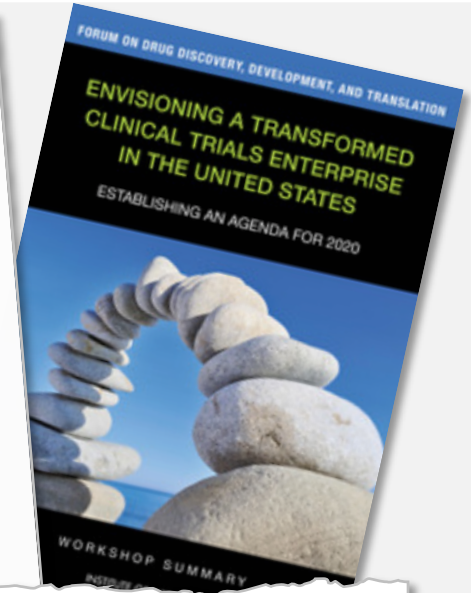
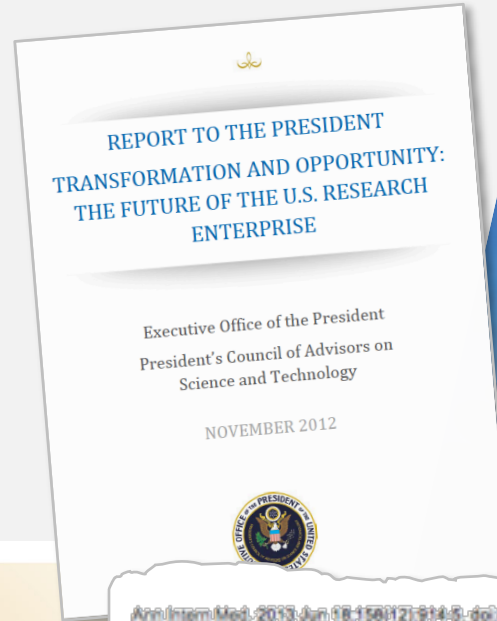
CLINICAL  
TRIALS  
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## Disclaimer

- 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.
- Funding for this project was made possible, in part, by the Food and Drug Administration through grants (U19 FD003800, R18 FD005292), and, in part, by membership fees of CTTI member organizations. For more information: <http://www.ctti-clinicaltrials.org/>.

# Clinical trials in crisis



*Ann Intern Med.* 2013;Jun 04;158(12):814-8. doi:10.7326/0003-4619-158-12-201306180-00011.

**The changing structure of industry-sponsored clinical research: pioneering data sharing and transparency.**

Kuntz SE

**BROOKINGS**

RESEARCH ▾

EVENTS

EXPERTS

ABOUT ▾

MAR  
5

PAST EVENT

**Biomedical Innovation: Identifying Challenges and Prioritizing Needs**



# Addressing This Need



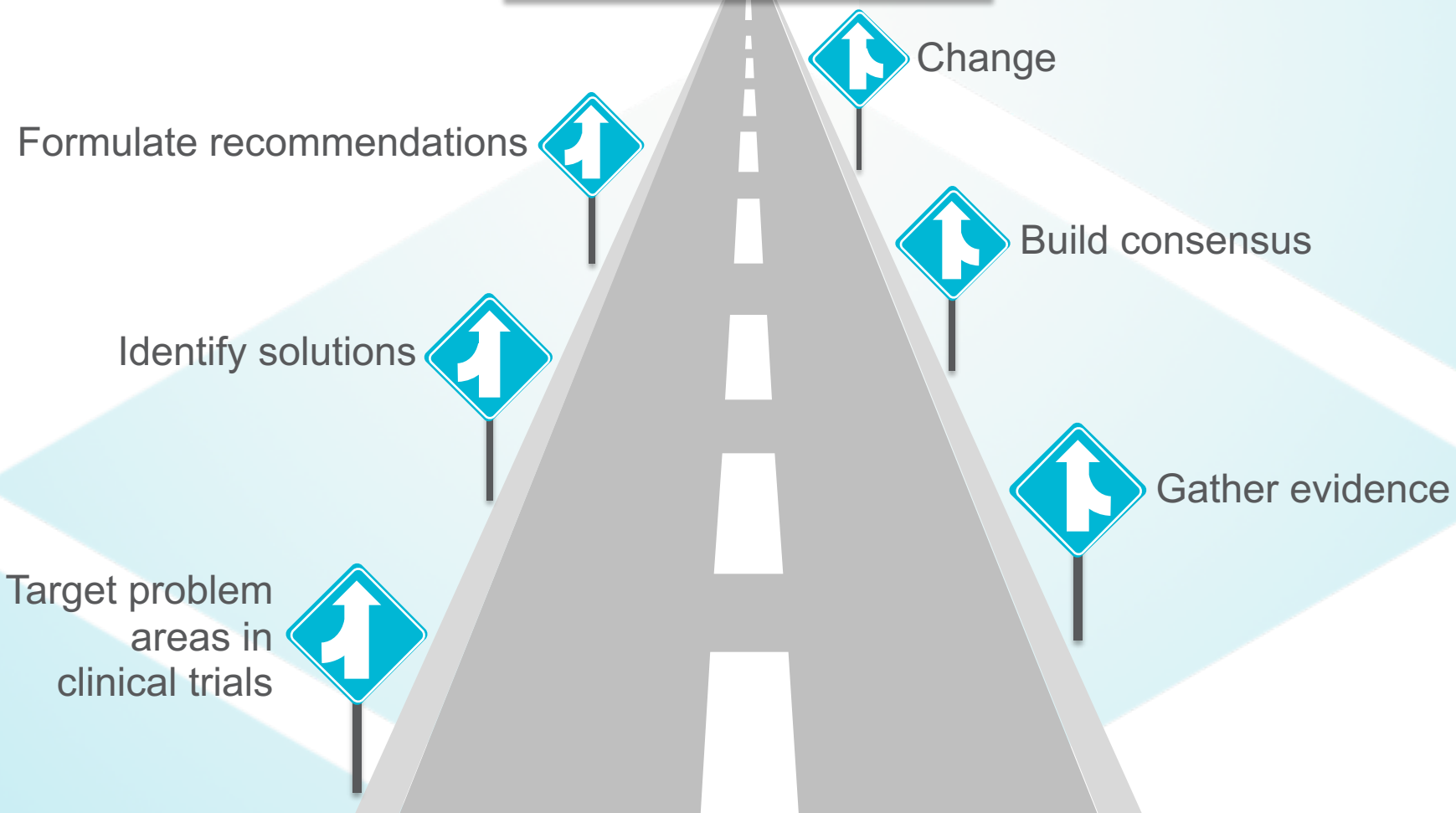
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**TRANSFORMATION**  
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To identify and promote practices that will  
*increase the quality and efficiency*  
of clinical trials

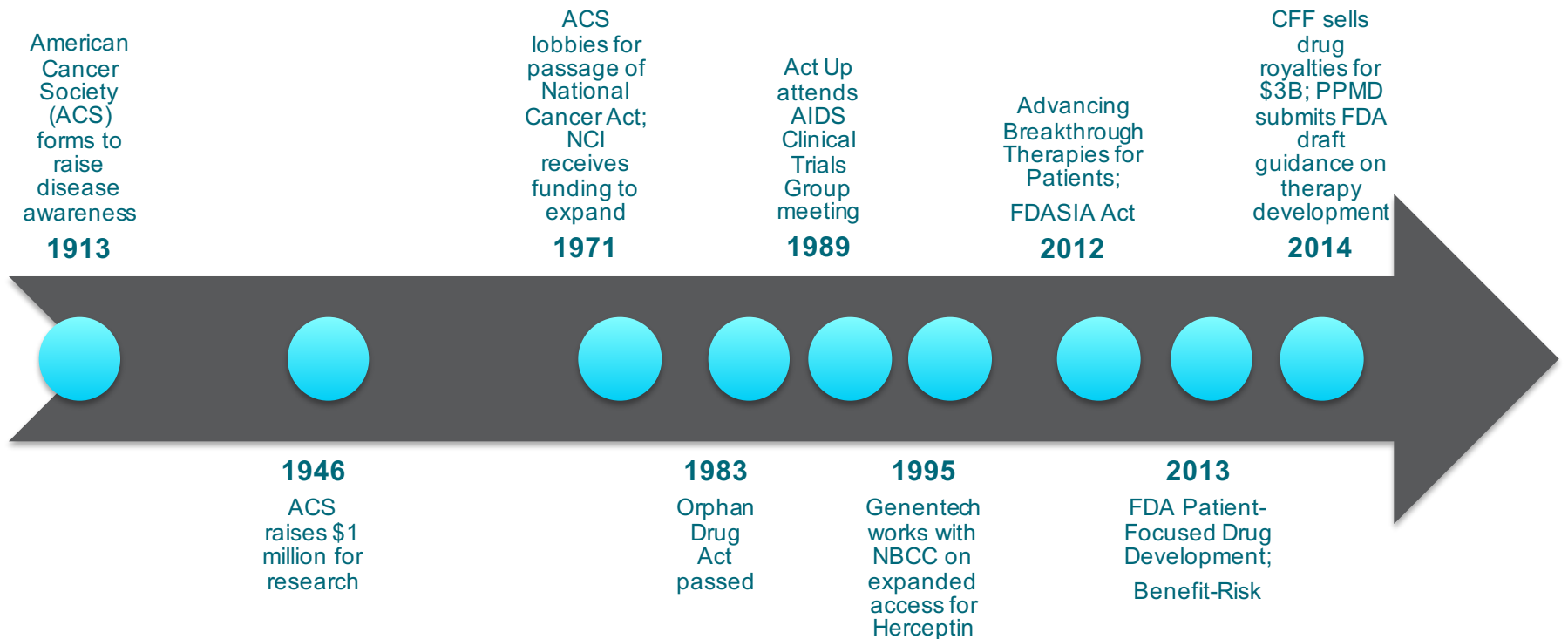
Public-Private Partnership  
involving all stakeholders  
60+ members



# Better, Streamlined, Fit for Purpose Clinical Trials



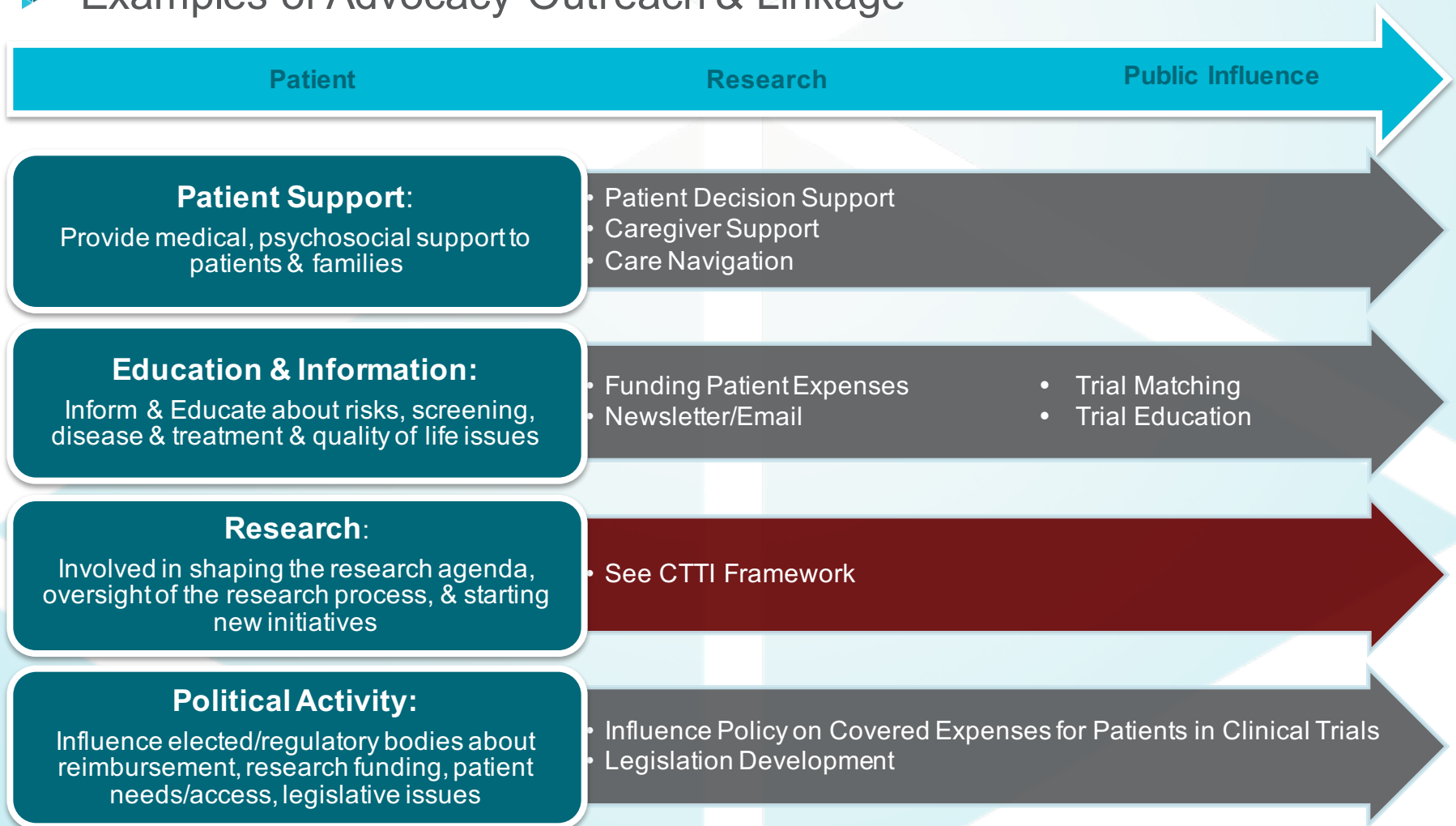
# Background



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.

# Continuum of Patient Advocacy Organizations

## ▶ Examples of Advocacy Outreach & Linkage





# 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)

# Patient Group Engagement Across the Clinical Trial Continuum

## Building a model to evaluate impact

- Direct funding and fund raising for research or product development
- Natural history database/registry 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
- Accompany sponsor to FDA to advocate study design

- Direct funding and fund raising for trial operations support
- Network recruitment / outreach
- Serve on a Data Safety Monitoring Board
- Report on patient feedback regarding sites, investigators, and study participant experience

- Natural history database / registry support
- Provide feedback on how the patient community views results
- Help return study results to participants
- Write newsletter articles or blog about results
- Co-present results
- Serve on post-market surveillance initiatives

Pre-Discovery

Pre-Clinical

Phase 1

Phase 2/3

FDA review & approval

PAS/Outcomes

- Interest of research question to patient community
- Provide data on unmet need and therapeutic burden
- Direct funding and fund raising for research or product development
- Understanding mechanisms of action relevant to disease and symptom burden

- Network recruitment / outreach
- Direct funding and fund raising for research or product development
- Infrastructure support
- Provide input on study design (barriers to participation)
- Support trial awareness and recruitment
- Peer advocate during informed consent procedure

- Serve on FDA advisory committees
- Provide testimony at FDA hearings
- Feedback on meaningful clinical endpoints

# 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

# Literature Review Conclusions



There are currently no data to define or optimize the key success factors of PG relationships



Available publications largely based on anecdote with dearth of empirical data



Real and perceived barriers exist for effective Patient Group engagement as best practices are not documented and the value proposition is still unclear

## Questions addressed in CTTI/DIA Joint Survey

What are the characteristics & services of patient groups?

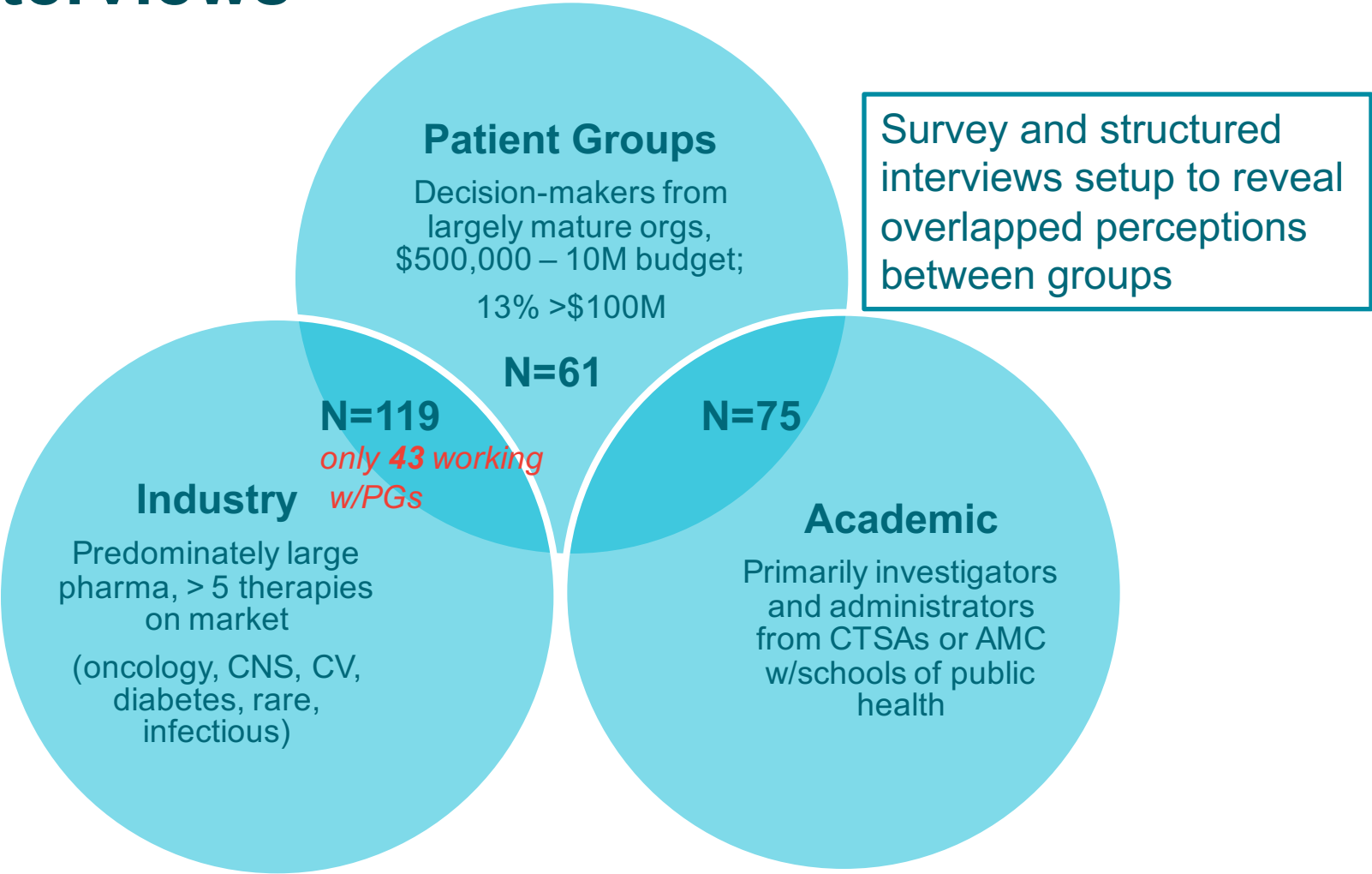
What are Industry and Academia objectives when working with PGs?

What are the barriers to effective collaborations?

What metrics are used, if any, in evaluating the effectiveness of engagements with PGs around clinical trials?



# Conceptual Model of Insight from Survey and Interviews



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

# Prevalence and Drivers of Engagement

## ▶ Industry respondents:

- 43 said organization engages with PGs now (45%)
- 5 plan to in 1 yr
- 8 plan to in 2-4 yrs
- 39 had no plans to engage in future (41%)
- Industry approach to engagement primarily driven by *corporate culture* and *therapeutic area/vertical business unit*

## ▶ Academic respondents:

- 53 had engaged with PGS (70%)
- 64% reported engagement being driven by *ops to gain funding for national programs*
- 23% driven by *ops to gain funding from PGs*

## Timing of Industry Engagement with PG

*Choose all that apply*

80% at Phase III

62% at Phase IIa

35% at Phase I/Proof of concept

15% at Discovery/Pre-clinical

# Top Barriers to Engagement Cited by Industry

40% Insufficient tools for identifying/engaging relevant PGs

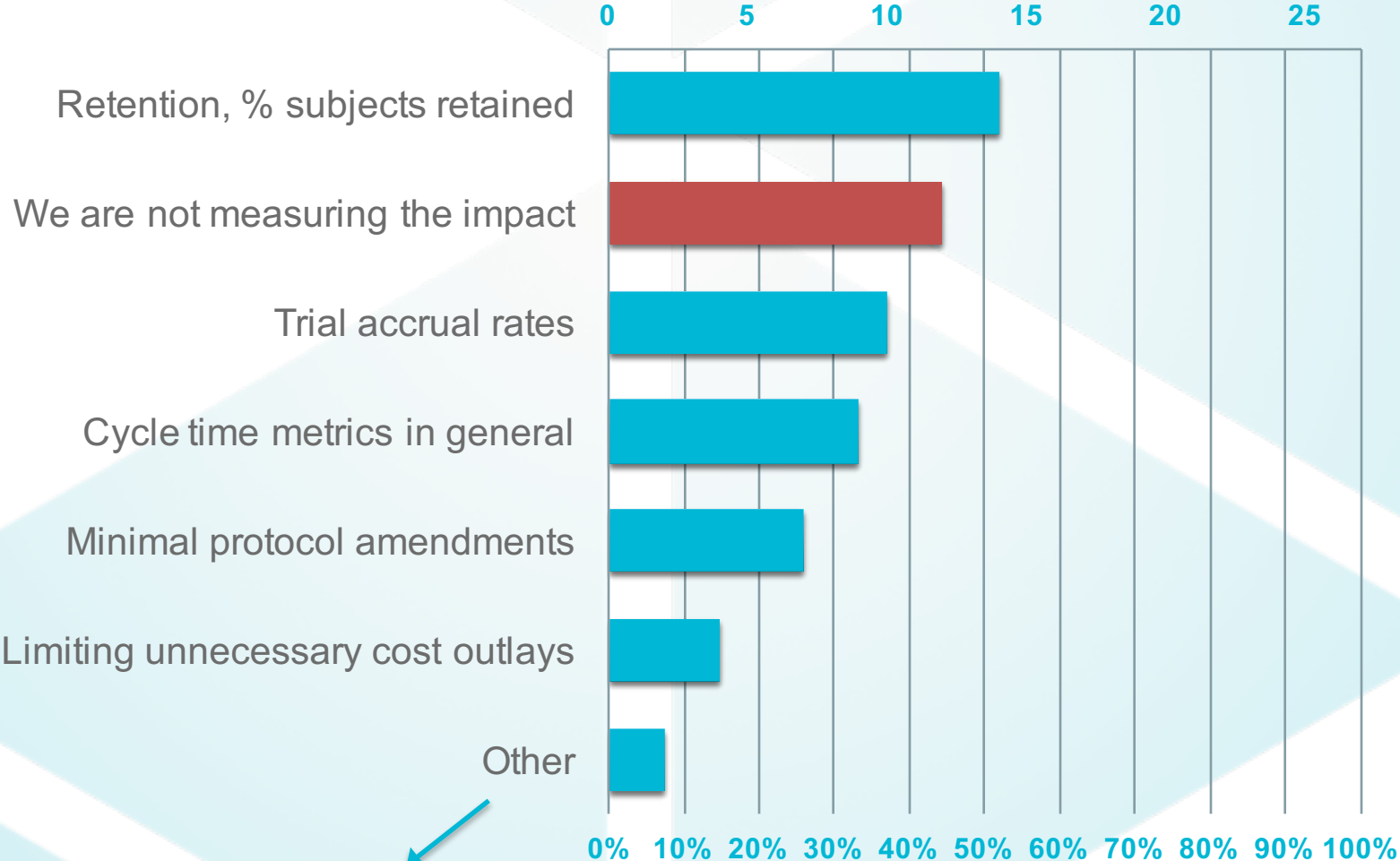
40% Unsure how to engage with PGs

36% Internal resistance/lack of buy-in

33% Lack of Funding

21% Lack of sophistication of PGs

# How are you measuring the impact of your company's patient engagement activities? *(Please choose all that apply)*



currently starting to develop metrics  
good idea but currently no metrics

■ Responses from 27 Respondents



## Academia cited barriers to PG engagement

60% Lack of sufficient funding

52% Misaligned objectives, priorities, incentive

42% Lack of tools for engaging with PGs

33% Lack of tools for identifying PGs

# Academia: Training and Education to Support Engagement with PGs

43% One on one training from colleague who has done this

42% Institutional training module

38% Informal training (e.g. blogs, websites)

34% No training

26% Advice and training from patient reps who've done this

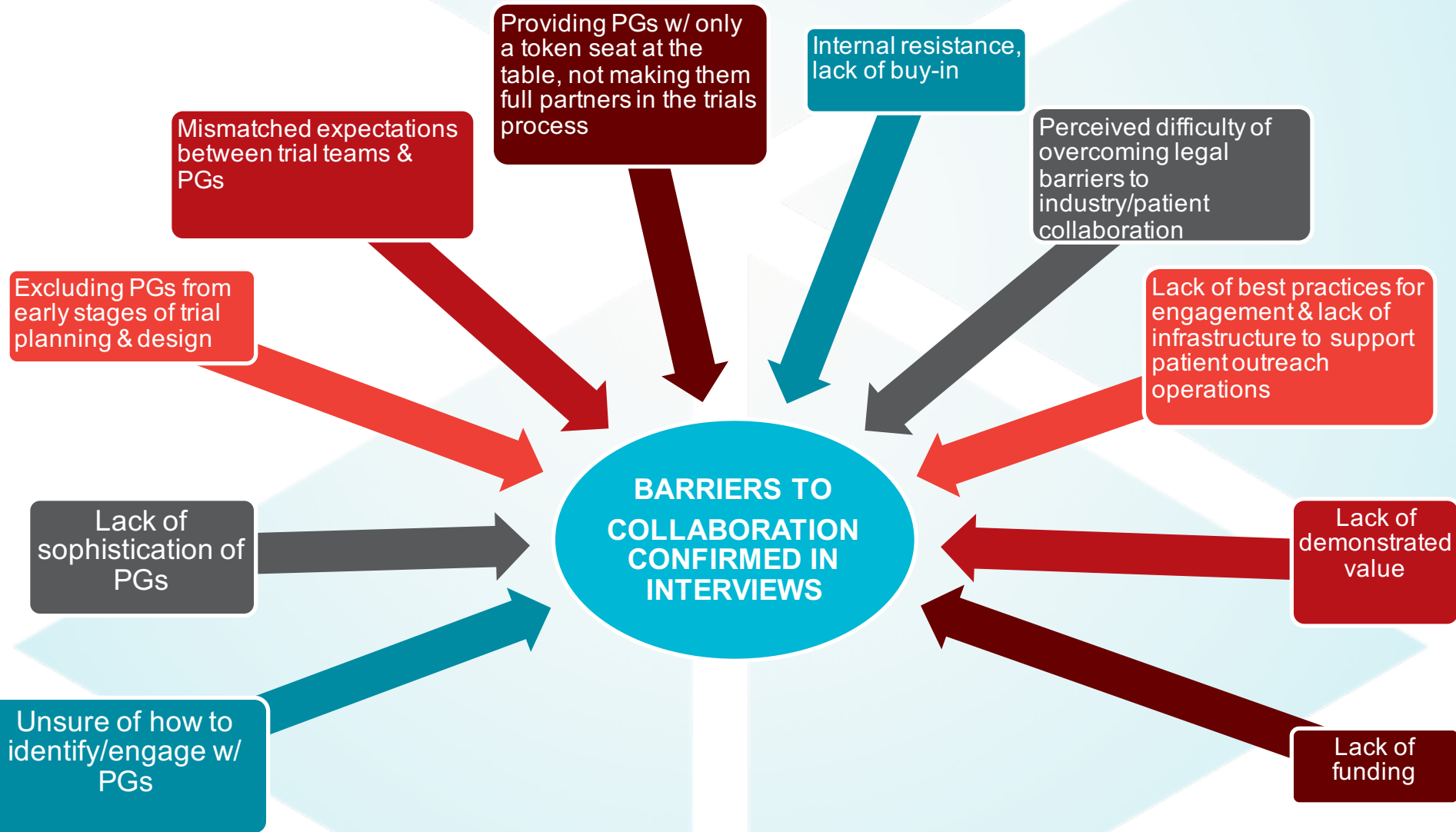
# Semi-Structured Interview Procedure

To learn more about how patients and sponsors/investigators viewed these collaborations, CTTI conducted 32 semi-structured interviews with:

- 10 • Patient Group Leaders
- 12 • Industry sponsors
- 10 • Academic Investigators

MULTI-  
STAKEHOLDER  
APPROACH

**From these interviews, CTTI identified barriers to PG-sponsor/investigator collaborations and is developing recommendations for overcoming these barriers.**



**RECOMMENDATIONS  
IN DEVELOPMENT  
FOR  
ALL STAKEHOLDERS**

- 1) Establish patient group partnerships as early as possible in the development program.**

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- 2) Clearly define the roles and responsibilities of patient groups, including expectations for their input on trial objectives and study design.**

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- 3) Build trust by being transparent, following through on commitments, and honoring confidentiality agreements.**

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- 4) Engage with multiple stakeholders to increase the chances of a successful development program.**



# Working with Multiple Sponsors or Researchers



*“If there are five different research efforts going on, you want to be at the center of it all, and you should be, because ultimately it’s going to affect you and your community. So you have to stay open-minded because there will be multiple efforts happening. And you want that. You want a million people working on your disease. It may stretch you thin, but the more there are, the more apt you’ll be to have a treatment, a therapy or a cure in the near future.”*

**CTTI PG Interview Respondent 2014**

**RECOMMENDATIONS  
IN DEVELOPMENT  
FOR  
INDUSTRY  
SPONSORS &  
ACADEMIC  
INVESTIGATORS**

1) At various phases of the development program, review the portfolio, assess needs for clinical development activities, and establish the value of patient group involvement

2) Match patient group skills and capabilities to the scope of work.

3) Ensure that patient groups are full partners in the trial process and not token voices.

4) Create a standard process for collaborating with patient groups

5) Plan to measure the impact of patient group engagement..

6) Clarify legal issues and FDA regulations around early engagement with patient groups in clinical trials.

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

# Legal and Compliance Insights

1

There are NO FDA regulations to prevent early engagement with patient groups around clinical trials as long as it is not a guise for promoting a drug under investigation as safe and effective

2

Information provided to patient groups should be facts, not claims

3

Companies should not engage in too many repeat exercises (e.g., focus groups with thousands of patients), lest their motives be called into question

4

The FDA does not allow using patient testimonials to claim that an unapproved use is safe and effective

5

The FDA encourages patients to testify at advisory committees and other external meetings, but not to serve as spokespersons for the company

6

Meeting with patient groups should not be part of a promotional campaign

**RECOMMENDATIONS  
IN DEVELOPMENT  
FOR  
PATIENT GROUPS**

**1) Engage all the appropriate stakeholders in the partnerships required to accomplish your goals.**

**2) Patient Groups need to know and maximize their assets.**

**3) Engage with research sponsors as early as possible in the development project and remain engaged throughout the process.**

**4) Manage any real or perceived Conflict of Interest (COI).**

**5) Counter resistance to partnering with PGs by demonstrating the value proposition of close collaboration with patients and PGs.**

# Patient Group Assets Across the R&D Continuum

- Translational tools (assays, cell & animal models, bio-samples, biomarkers, etc.)
- Natural history database, pt interviews & KOLs = trial design incl. relevant endpoints, power calculations, selection of subjects, sites, procedures, consent forms
- FDA guidance; benefit-risk eval.
- Accompany sponsor to pre-IND

- Well educated, motivated pts help retention
- Well designed protocols reduce amendments
- Help support pt costs
- Serve on DSMBs
- Assist in any sponsor consideration of adapting trial
- Accompany to after-p2/3 mtgs

- Communications support
- Provide feedback from pt. community re results
- Website/newsletter/blog, social media articles
- Co-present results
- Work w/payers on reimbursement
- Assist w/ post-market surveillance initiatives

Pre-Discovery

Pre-Clinical

Phase 1

Phase 2/3

FDA review & approval

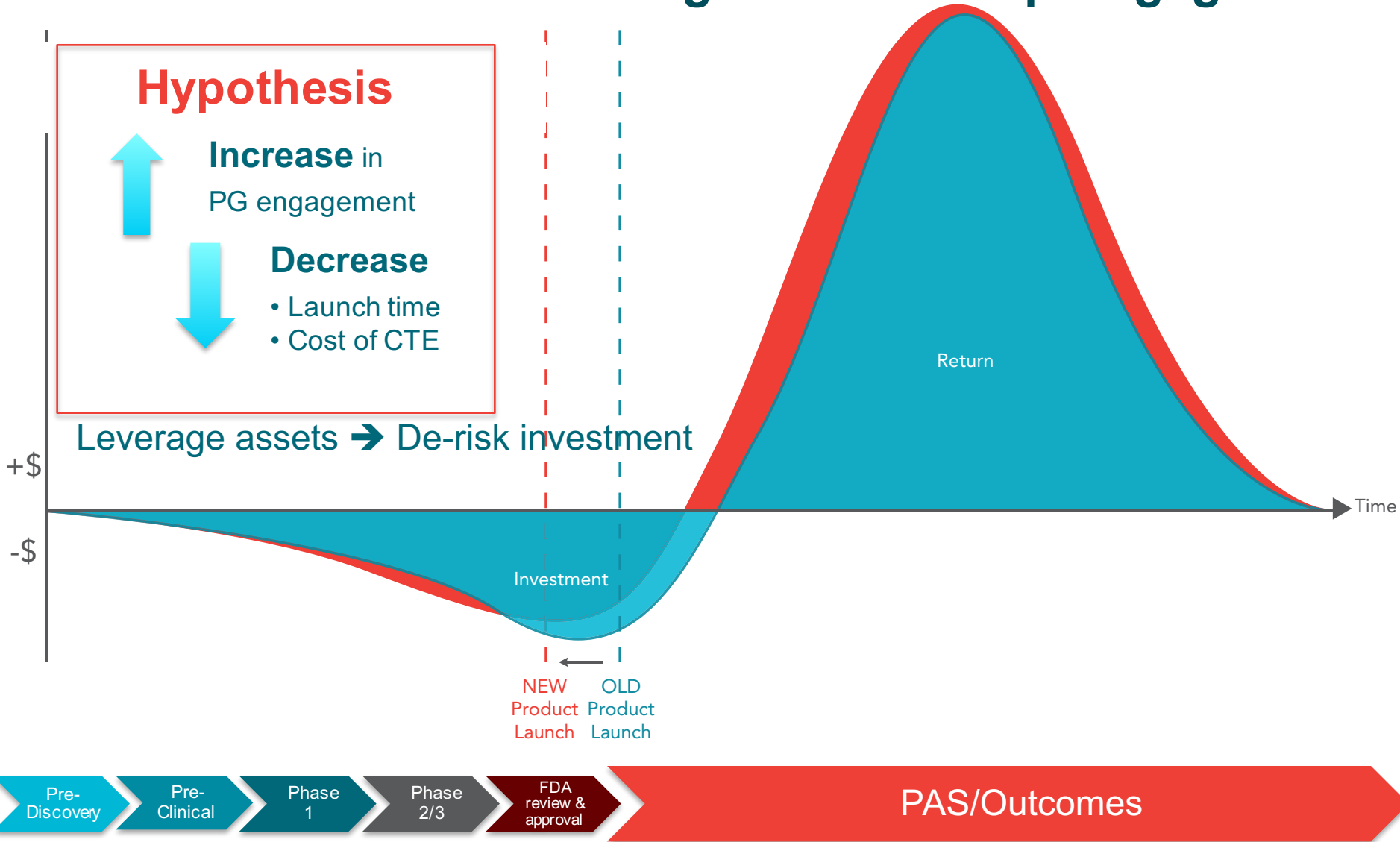
PAS/Outcomes

- Fund basic science
- Characterize disease: mech. of damage & action
- Partner with NIH
- Provide data on unmet need and therapeutic burden
- Educate/motivate pt community

- Clinical Infrastructure incl. Network of sites, clinicians, staff that know pts & disease
- Pt Registry for rapid recruitment
- Help support pt costs
- Serve on DSMB

- Accompany to after-p2/3 mtgs
- Serve on FDA advisory committees
- Provide testimony at FDA hearings

# CTTI Framework for Valuing Patient Group Engagement



\*Above graphic is based on "Considerations of net present value in policy making regarding diagnostic and therapeutic technologies" by Califf et al.

# 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)
- 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)



# Vision for MDIC Patient Centered Benefit-Risk (PCBR)

*To establish a credible framework for assessing patient preferences regarding the probable benefits and risks of a proposed medical device and for incorporating this patient preference information into pre-market and post-market regulatory submissions and decisions.*



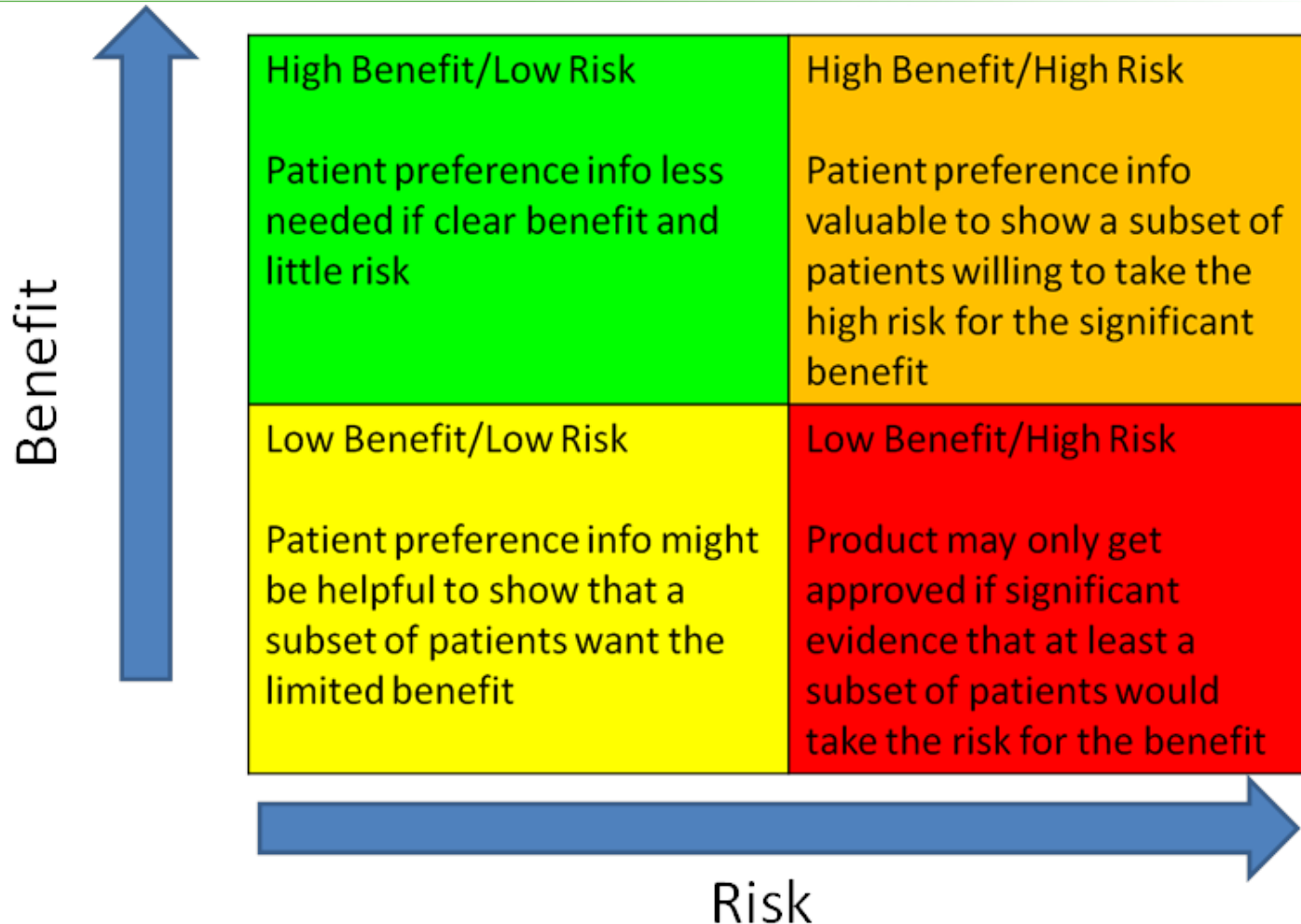


# Framework Report Outline

I. Introduction	Background on why the project was undertaken and the report's purpose and scope
II. Definitions and Background Concepts	Define patient preferences, methods, and the concept of preference sensitive decisions in patient care
III. Evaluating the Potential Value of Patient Preference Information in Regulatory Benefit-Risk Assessments	Outlines factors to consider in deciding whether to collect patient preference information as input into the benefit-risk assessment of a particular technology
IV. Potential Use and Value of Preference Information in the Product Lifecycle	Discusses how patient preference information can be collected and used in each phase of the product lifecycle
V. Factors to Consider in Undertaking a Patient Preference Study	Description and summary of methods catalog as well as discussion of factors to consider in designing a patient preference study.
VI. Considerations in using Preference Information in the Regulatory Process	Discusses how patient preference information may be useful in the regulatory process
VII. Potential Value of Patient Preference Information Beyond the Regulatory Process	Discusses the potential value of patient preference information in reimbursement, marketing, and shared decision making
VIII. Future Work in the Collection and Use of Patient Preference Information	Outlines opportunities for additional work to improve the ability to collect and incorporate patient preferences into regulatory decisions



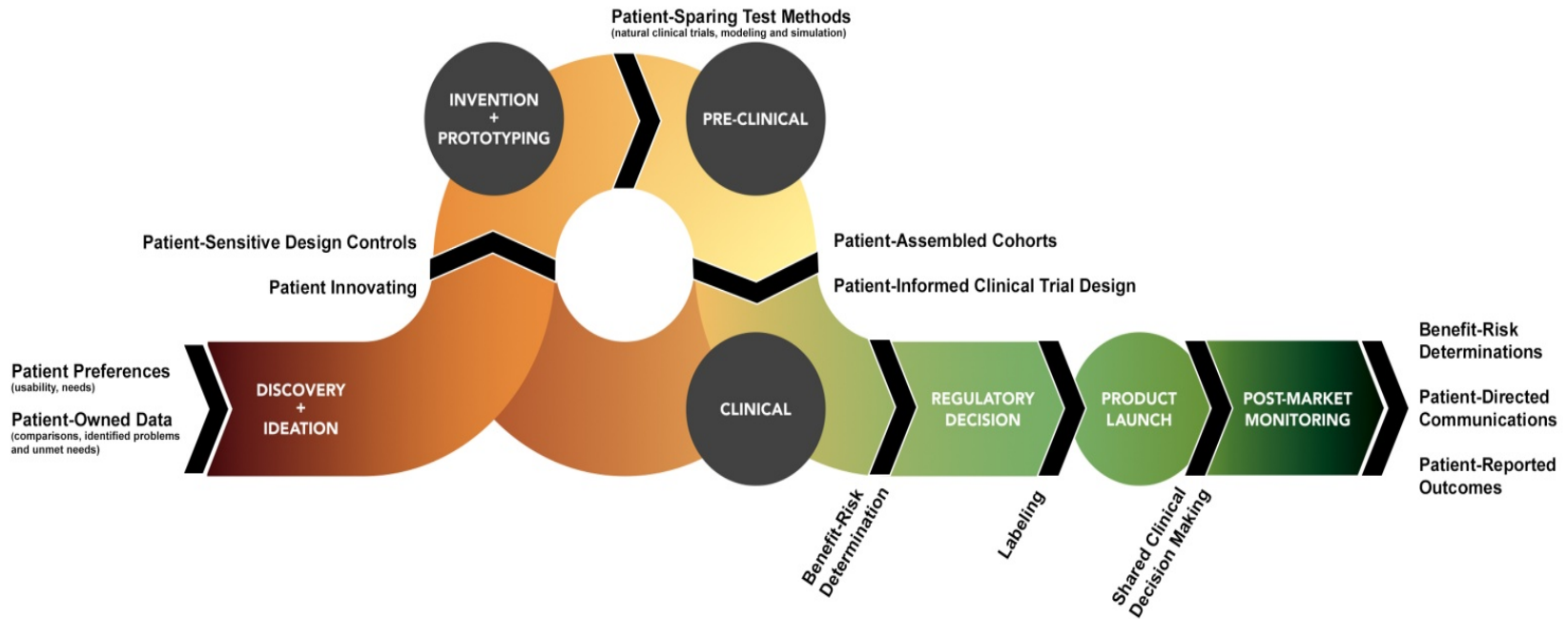
# The value of patient preference information as a function of benefit and risk





# Patient Preferences across the Device Product Lifecycle

## Incorporating Patient Preferences into the Medical Device Total Product Lifecycle



Source: FDA Center for Devices and Radiological Health (CDRH)

# Conclusions

- Partnerships with patient groups around clinical trials are occurring with greater frequency.
- Patient groups can leverage their assets to de-risk medical product development and improve the clinical trial enterprise.
- PGs should prepare themselves to participate in research partnerships and strive to remove barriers to successful relationships with sponsors of research.

# Thank you.



CLINICAL  
TRIALS  
**TRANSFORMATION**  
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