# **Clinical trial** improvements, thanks to COVID-19

Research Advocacy Network Advocate Link CONNECT

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#### Quick review of sanctioned trial changes (NCI, NIH, FDA) COVID-19 is an emerging, rapidly evolving situation. What people with cancer should know: https://www.cancer.gov/coronavirus Guidance for cancer researchers: https://www.cancer.gov/coronavirus-researchers Get the latest public health information from CDC: https://www.coronavirus.gov/ Changes for conducting Get the latest research information from NIH: https://www.nih.gov/coronavirus clinical trials for NATIONAL CANCER INSTITUTE Regulators **Sponsors** Vendors (e.g. CROs) Clinical sites **Patients** At NCI, A Robust and Rapid Response to the **COVID-19 Pandemic** Tests and visits Subscribe April 17, 2020, by Norman E. Sharpless, M.D. More at: https://www.cancer.gov/news-events/cancer-currents-blog/2020/covid-19-cancer-nci-response meeting of two key NCI advisory boards, the Board of Scientific Advisors and the National

Cancer Advisory Board.

# Why are these important to patients?



Acknowledges higher risk



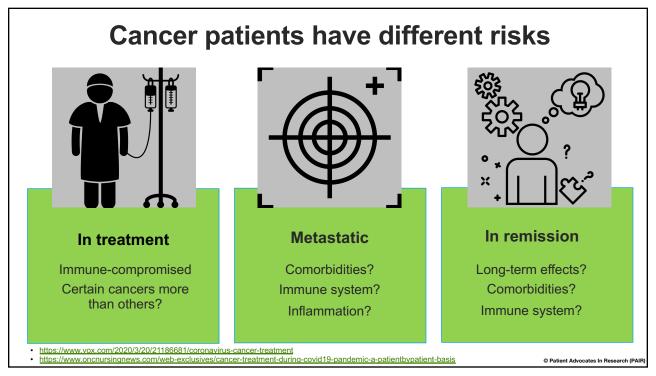
**Greater convenience** 



We've been asking for these for decades!

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# Trial improvements that impact patients

#### >Telehealth & virtual visits

- eConsent + pre-treatment
- Follow-up + monitoring
- Routine checks + support

#### >Local procedures

Tests, labs, scans

#### >Home shipments

• Home care (sometimes)

#### >Technology & devices

- WIIFP: data + what for patients?
- · Capture missing data



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## We also want permanent changes in...

#### Adaptive design in protocols (since 1969)

- · Learn as we go, pre-determined
- · Rules to analyze, stop, etc.

#### **Platform trials**

• More chances for newer approaches

#### Patient-relevant endpoints

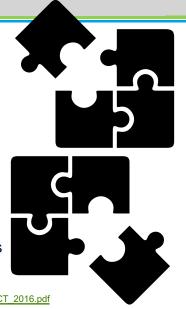
· Including PROs and patient experience

#### Broader eligibility

• FDA-endorsed: Age, comorbidities, HIV, brain mets

#### **Crossover**/treatment switching

http://www.cmtpnet.org/docs/resources/Treatment Switching Guidance Document OCT 2016.pdf



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# I have a dream... you can help!

Create future clinical trials + products that meet patient needs





#### **ANALYZE EXISTING TRIALS**

What can we do better?



WHAT PATIENT QUESTIONS COULD BE ANSWERED?

Learn from real world use



#### **INCORPORATE LESSONS INTO NEW TRIALS**

e.g. design, endpoints, eligibility, PD, PROs, biomarkers

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# Context...

# One final point



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# Your thoughts?

- eConsent FDA info: https://www.fda.gov/media/116850/download
  - At a minimum, patients can get a .pdf sent to them by mail or email, discussion through telehealth (at least phone) and then sign, scan/email or mail back.
  - Some sponsors have full eConsent now w/video, explanations, way to record patient understanding (e.g., questions to answer), and then electronic signature.

Issue getting copy while help a patient:

- Sites deciding what can/can/t be done.
- Should be able to get a copy of protocol and consent form. Some sites don't practice HIPAA
  as intended and make it a barrier.
  - Patient should be able to designate you as ok (may have to sign another HIPAA authorization?)
  - o As PA, it's important to ask why, explain it doesn't happen elsewhere, and what can be done to change this?
- Telemedicine: FDA info: <a href="https://www.fda.gov/media/109521/download">https://www.fda.gov/media/109521/download</a>
  - Concerned if insurance will continue to cover in future
  - Also issues with limited internet access (rural, some urban, etc.)
    - We may need to work with/support other systemic initiatives like expanded broadband services, etc.
    - A lot of telehealth calls have been set up with phones for video calls, etc. but can still be a problem in some remote areas.

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### Your thoughts + resources

- Eligibility expansion for cancer clinical trials
  - FDA and collaborators (ASCO & FOCR) have put together information on it:
    - https://www.fda.gov/media/110332/download
    - 2017 article from ASCO & FOCR: sent separately
    - Age (12y+), comorbidities (kidney, liver, cardiac, prior/concurrent malignancies), HIV, brain mets (stable)
  - 2020 plan: expand eligibility categories to include
    - Washout periods, concomitant medications, prior therapies, laboratory ranges & test intervals, and performance status
  - Frustrating to hear clinicians assume it's because patients don't understand
    - Often, the criteria are so restrictive it's very difficult to get into trials, especially for very sick cancer patients.
- Also info on diversity is being updated
  - <a href="https://www.fda.gov/regulatory-information/search-fda-guidance-documents/enhancing-diversity-clinical-trial-populations-eligibility-criteria-enrollment-practices-and-trial-diversity-clinical-trial-populations-eligibility-criteria-enrollment-practices-and-trial-diversity-clinical-trial-populations-eligibility-criteria-enrollment-practices-and-trial-diversity-criteria-enrollment-pract
- And FDA Patient-Focused Drug Development plans
  - https://www.fda.gov/about-fda/oncology-center-excellence/patient-focused-drug-development

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#### Thank you! Keep in touch **Patient Advocates Deborah Collyar** In Research (PAIR) deborah@tumortime.com **Political** Support https://collyar.wordpress.com/ Research Watchdog **Fundraising** www.linkedin.com/in/deborahcollyar/ Where @deborahcollyar research meets reality www.facebook.com/DeborahCollyarAuthor © Patient Advocates In Research (PAII