IMI impact on:

Clinical trials

25 May 2023

innovative health initiative

innovative health initiative

The speakers:

IMI impact on: Clinical trials

Solange Corriol-Rohou
AstraZeneca

Xavier Mariette
Bicêtre Hospital, Paris-Saclay University

Francesco Patalano
Novartis Pharma AG

25.05.2023

14:00 Brussels time

Online event

Natalie Seigneuret
IHI event moderator

Mira Zuidgeest
University Medical Center Utrecht

The session will focus on projects supported by the Innovative Medicines Initiative, a partnership between the European Union and the European pharmaceutical industry.

COCIR efpia EuropaBio MedTech Europe from diagnosis to cure Vaccines Europe Co-funded by the European Union

innovative health initiative

IMI impact on: Clinical trials

Agenda

- Introduction and welcome
- How IMI projects contribute to improve clinical trials
- Q&A
- Closing remarks

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Use the chat below

Ask questions and interact with the speakers
(bottom of your screen)

The session is being **recorded.**
The recording will be posted on IHI's website and Youtube channel.

COCIR · efpia · EuropaBio · MedTech Europe from diagnosis to cure · Vaccines Europe · Co-funded by the European Union

How IMI projects contribute to improve clinical trials

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How IMI projects contribute to improve Clinical Trials

25 May 2023

Dr Solange Corriol-Rohou, M.D.

AstraZeneca

The value of IMI Public Private Partnerships

- **Public Private collaboration** bringing together all involved in drug development, and who are now **used to work together** in the pre-competitive space
- To address **complex areas**, relevant to **public health needs**
- Generate **high-quality science**
- European focus but **global impact**

Adapted from Nathalie Seigneuret, IHI

IMI –
Advancing Clinical Research & Development

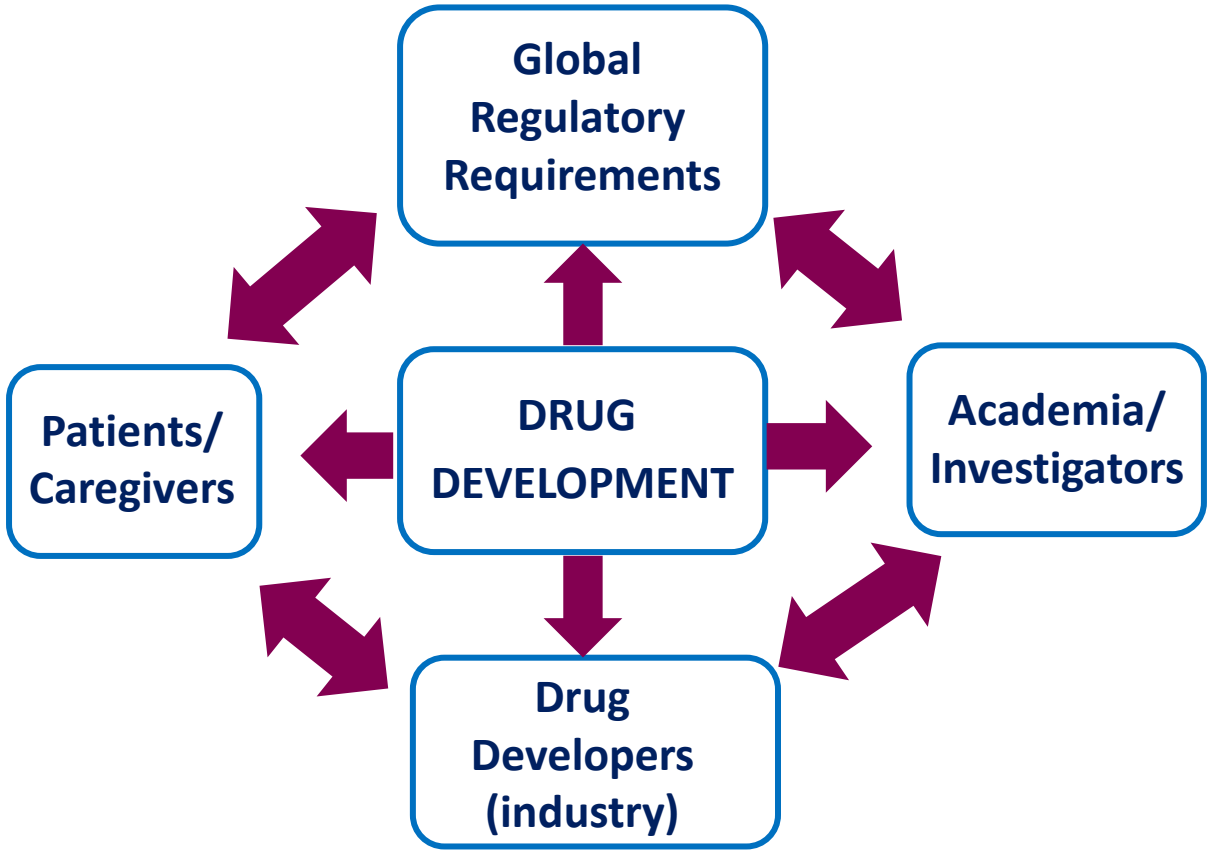
- IMI is pushing the boundaries of science to develop faster, better and more personalised treatments.

- Several Innovative Medicines Initiative (IMI) projects were set up with the goal of optimising certain features of clinical trials, ranging from operational aspects to trial methodology while ensuring trials have a patient- and caregiver-centred approach.

- The impact of this work will impact all involved in drug development including patients, their families and wider society for decades to come.

Challenges with Clinical Trials

- **Conceptually**
  - Target population
  - Timing for paediatrics
- **Content**
  - Standard of Care
  - Study design – endpoints; placebo/comparator; use/acceptance of complex innovative designs, decentralised trials, Digital Health Technologies; RWD…
- **Operational**
  - Different rules and regulations
  - Research network infrastructures and capabilities
  - Trial enrolment and retention
  - Global development



IMI – Advancing Clinical R&D

Innovative trial designs, e.g. Master Protocol; Platform trials

Use of RWD, Big Data, AI, M&S…

Data Sources

Clinical Research Networks

Clinical Research & Development

New outcome measures

Digital Tools digital endpoints

IMI – Advancing Clinical R&D

Innovative trial designs, e.g. Master Protocol; Platform trials

Use of RWD, Big Data, AI, M&S…

Data Sources

Clinical Research Networks

Clinical Research & Development

New outcome measures

Autism; Asthma; Blood cancers; Type1/2 Diabetes; Neurofibromatosis; NASH; Rare Diseases; Sjögren Syndrome; RSV; Alzheimer COPD; MS; Heart Failure; AMR; Parkinson's Disease...

Digital Tools digital endpoints

More to come…

Neonates

www.rarediseasesmoonshot.eu

innovative health initiative

To conclude

- A lot has been achieved already through IMI, and more is expected with IHI.
- Important to agree collectively where collaborative and cross-sectorial research could be useful and could help progress drug development and patients' access to transformative health innovations.
- The future of research depends on concerted action to develop science-driven research, research infrastructure and true engagement with patients.
- This needs support from all, including policymakers, regulators and the broad patient community.

SHAPING THE FUTURE OF CLINICAL TRIALS

EU-PEARL
EU PATIENT-CENTRIC
CLINICAL TRIAL PLATFORMS

We are transforming the future drug development
by creating sustainable assets
available for industry and academia
to conduct platform trials in any disease area
codesigned by patients

Francesco Patalano

Novartis Pharma AG

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The JU receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA and CHILDREN'S TUMOR FOUNDATION, GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT NON PROFIT ORGANISATION, SPRINGWORKS THERAPEUTICS INC.

DISCLAIMER

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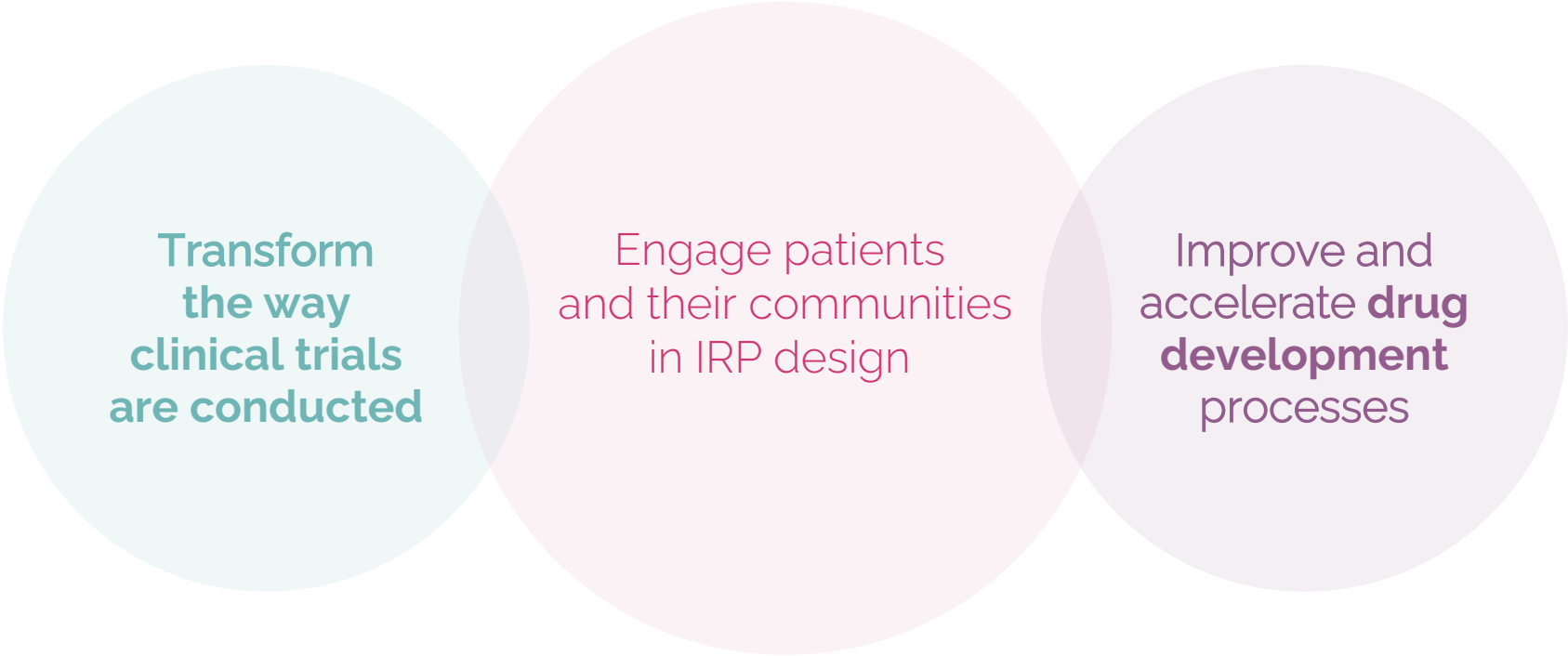
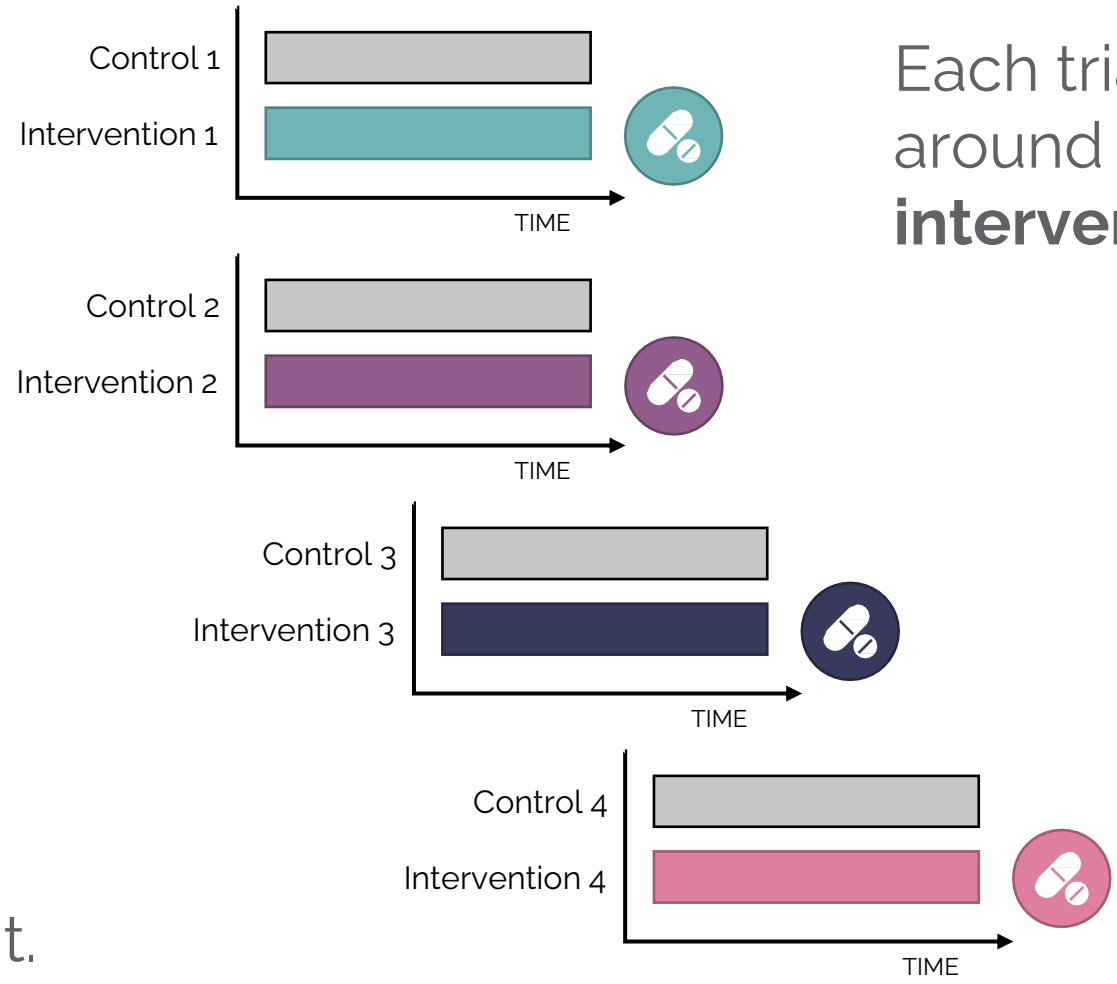
WHAT IS EU-PEARL?

Strategic alliance **between the** public **and** private **sectors to:**



by developing a collaborative clinical trial framework for platform clinical trials/Integrated Research Platforms (IRPs)

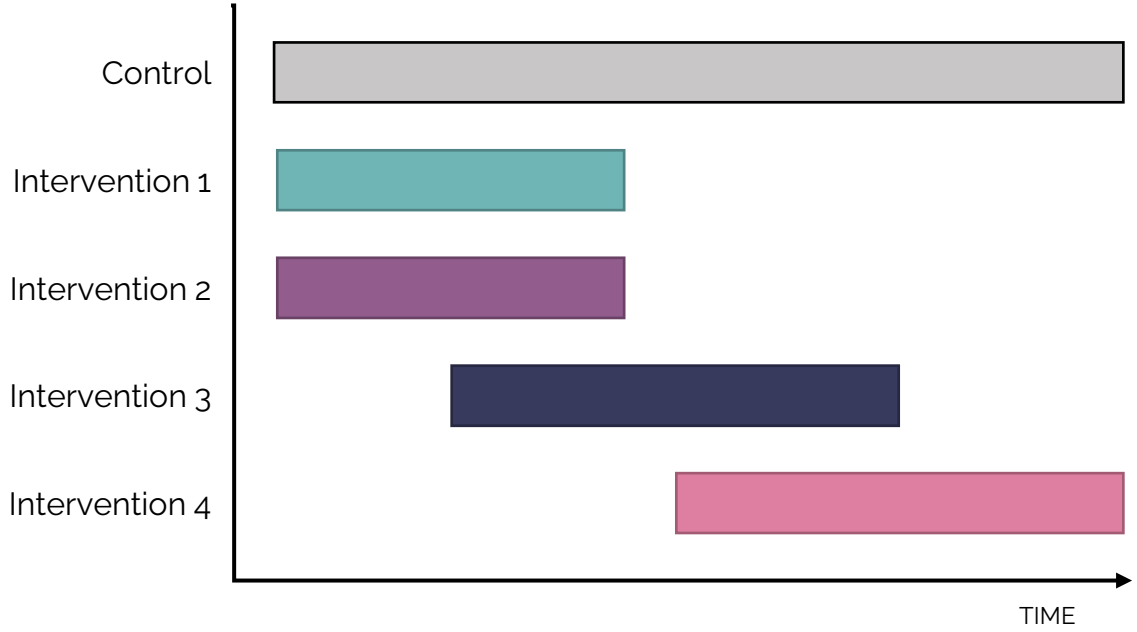
CONVENTIONAL TRIAL APPROACH



Each trial is designed around a new **intervention**

Each trial has
it's own **setup**,
it's own **protocol**,
it's own **control arm**,
its own **system** to run it.

PLATFORM TRIAL APPROACH
MOVING FROM COMPOUND TO DISEASE



Designed around **patients & disease**

One trial, many interventions

Open ended: until no significant unmet medical need **or** no patients, interventions or funding

Patient can voice preferences for the trial

- Improved experience
- Able to give input and see it integrated on the clinical trial endpoints
- Have more and sequential treatment options

Shared control among interventions, meaning higher likeliness to receive intervention.

Investigate interventions **simultaneously**, **sequentially** and **adaptively**.

WHY IS THIS PROJECT IMPORTANT?

COLLABORATIVE PLATFORM TRIALS POSE NEW CHALLENGES

I-SPY2 · STAMPEDE · FOCUS4 · GBM-AGILE · REMAP-CAP · REMAP-COVID · HEALEY ALS · PRECISION PROMISE
plus trials internal to pharmaceutical companies

More moving parts
for longer duration

More partners

More complexity

Operational and
scientific methodology

Legal, regulatory
and ethical

Data management,
sharing and security

INTEGRATED RESEARCH PLATFORMS (IRPs)

A **framework** to carry out a patient-centric platform trial which includes:

Shared master protocol and methodology.

Scientific, legal, regulatory and ethical requirements.

Network of hospitals, clinicians and researchers.

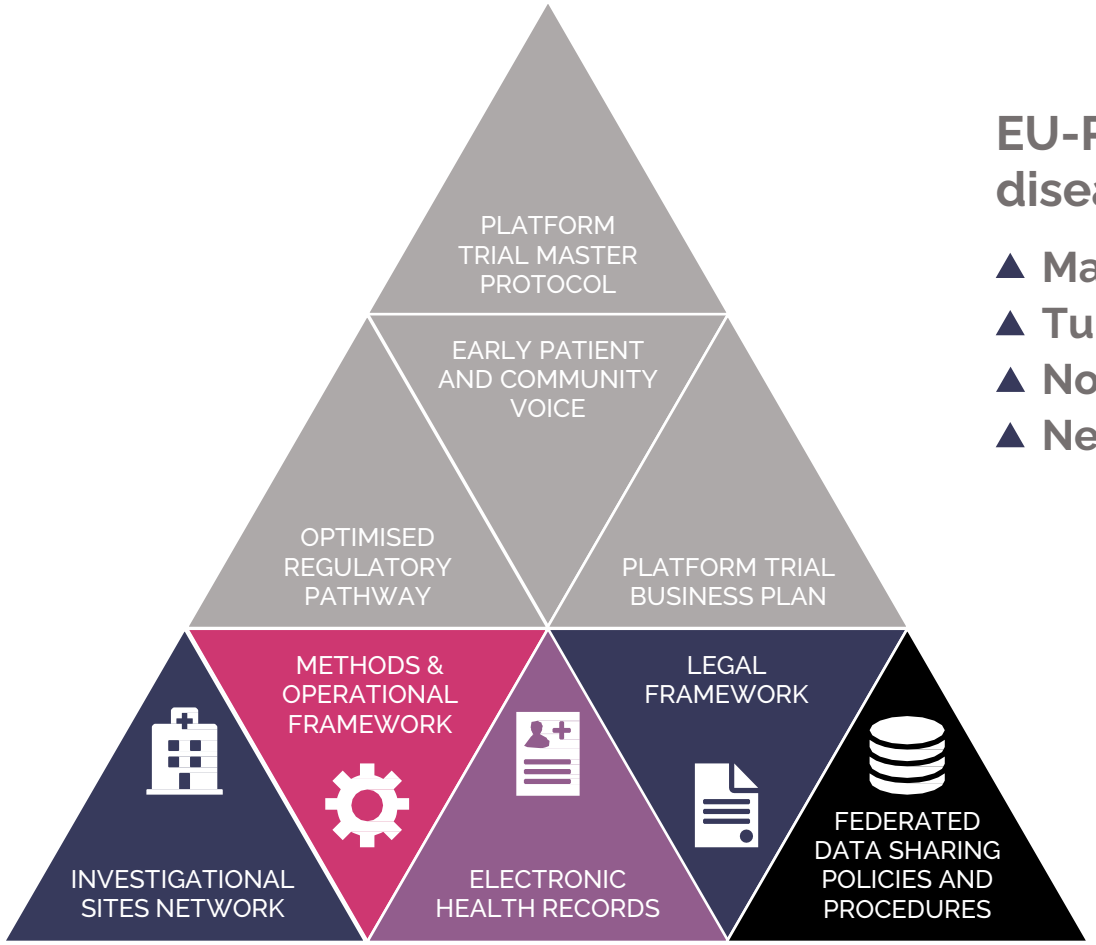
Data governance policies and procedures.

Regulated access to patient electronic health records and patient cohorts.

Pathway for patients' participation in trials design.

Collaboration across all stakeholders is key to EU-PEARL

INTEGRATED RESEARCH PLATFORM CONCEPT (IRP)



EU-PEARL designs for 4 different diseases :

- Major Depressive Disorder
- Tuberculosis
- Non- Alcoholic Steatohepatitis
- Neuro Fibromatosis

EU-PEARL is developing a generic patient centric IRP framework to bring more efficiency to clinical trials

EU-PEARL OUTCOME

Build master protocol capabilities and drive efficiency

Publicly available methods and tools for platform trials

Templates for master protocols and appendices

Patient and community engagement platform

Simulation and visualization tools

Platform trials best practices tool

The reference on the INTEGRATED RESEARCH PLATFORM setup

Publicly available set of guidance for IRP Framework

Regulatory & legal frameworks

Data privacy and security governance

EHR-enabled site networks

Harmonization across the field

Available on www.eu-pearl.eu or hosted by partner organizations

Beyond EU PEARL

4 Designs

MDD, TB, NASH, NF master protocols

4 Design communities

4 Site networks

Ready to pursue funding

EU PEARL Community of practice

To continue the dialogue in a trusted environment
for co-creation of novel trial infrastructure

Ecosystem for all stakeholders

WHO IS INVOLVED

HOSPITALS

Vall d'Hebron Barcelona Campus Hospitalari
Erasmus MC
MEDIZINISCHE UNIVERSITÄT WIEN
ASSISTANCE PUBLIQUE HÔPITAUX DE PARIS
UniSR UNIVERSITÀ VITA-SALUTE SAN RAFFAELE
CHARITÉ UNIVERSITÄTSMEDIZIN BERLIN
KING'S College LONDON
KU LEUVEN
LMU KLINIKUM DER UNIVERSITÄT MÜNCHEN

UNIVERSITIES

UNIVERSITY OF OXFORD
MANCHESTER 1824 The University of Manchester
UNIVERSITÀ DEGLI STUDI DI MILANO
Newcastle University

PATIENT ORGANISATION

EPF European Patients Forum

DATA, STATISTICS

The European Institute For Innovation Through Health Data
Berry Consultants Statistical Innovation
DocuMental
ITTM Information Technology for Translational Medicine

REGULATORY

Paul-Ehrlich-Institut
euroscan

PROJECT MANAGEMENT

teamit RESEARCH

EUROPEAN RESEARCH INFRASTRUCTURES

eatris
ECRIN EUROPEAN CLINICAL RESEARCH INFRASTRUCTURE NETWORK

BIOPHARMACEUTICAL COMPANIES

CHILDREN'S TUMOR FOUNDATION ENDING NF THROUGH RESEARCH
abbvie
AstraZeneca
SpringWorks THERAPEUTICS
SERVIER
novo nordisk
NOVARTIS
Pfizer
janssen Pharmaceutical Companies of Johnson & Johnson
Otsuka
TB Alliance
sanofi
teva

imi innovative medicines initiative
efpia
SpringWorks THERAPEUTICS
TB Alliance
CHILDREN'S TUMOR FOUNDATION ENDING NF THROUGH RESEARCH

ACKNOWLEDGEMENT

EU-PEARL'S WORK PACKAGES TEAM MEMBERS,

TASK, DELIVERABLE, AND WORK PACKAGE LEADS

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NECESSITY project

NEw Clinical Endpoints in primary Sjögren's Syndrome: an Interventional Trial based on stratifYing patients

Xavier MARIETTE

Hôpital Bicêtre, Assistance Publique-Hôpitaux de Paris, Université Paris-Saclay

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The Consortium

20 ACADEMIC PARTNERS

Inserm

UNIVERSITY OF BIRMINGHAM

Karolinska Institutet

Newcastle University

Les Hôpitaux Universitaires de STRASBOURG

UMC Utrecht

UBO
Université de Bretagne Occidentale

Fundación Progreso y Salud
CONSEJERÍA DE SALUD

HELLENIC REPUBLIC
National and Kapodistrian University of Athens
EST. 1837

Université de Paris

ASSISTANCE PUBLIQUE HÔPITAUX DE PARIS

ECRIN
EUROPEAN CLINICAL RESEARCH INFRASTRUCTURE NETWORK

UNIVERSITAS BERGENSIS

Inn·Acta

1 PATIENT ASSOCIATION

Association Française du Gougerot Sjögren et des syndromes secs

Queen Mary University of London

UNIVERSITÀ DEGLI STUDI DI UDINE
hic sunt futura

Institut Pasteur

HELSE STAVANGER
Stavanger universitetssjukehus

umcg

FUNDACIÓ CLÍNIC BARCELONA

4 INDUSTRY PARTNERS

NOVARTIS

gsk GlaxoSmithKline

Bristol-Myers Squibb

SERVIER

necessity

imi innovative medicines initiative efpia

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What is Primary Sjogren's syndrome ?

- Primary Sjogren's syndrome is a rare systemic auto-immune disease caused by the immune system mistakenly attacking and destroying the moisture producing glands, resulting extreme dryness, fatigue and joint pain.

- Systemic complications occur in 30-40% of patients. Lymphoma, a cancer of lymph nodes occurs in 5-10% of patients

- To date, there is **no treatment with demonstrated efficacy for the systemic manifestations** of primary Sjögren's syndrome and only symptomatic treatments are commercially available.

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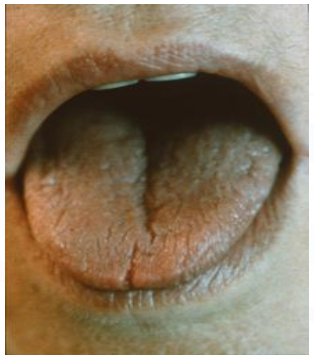
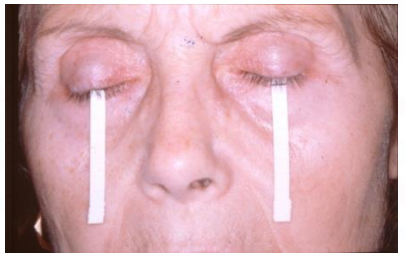
Clinics of Sjögren's



Frequent clinical symptoms

- Pain
  - Arthralgia
  - Arthritis
  - Myalgia
- Fatigue
  - Psychological consequences
- Dryness
  - Oral, ocular
  - Cutaneous, vaginal, bronchial



➲ **Profound drecrease of quality of life**

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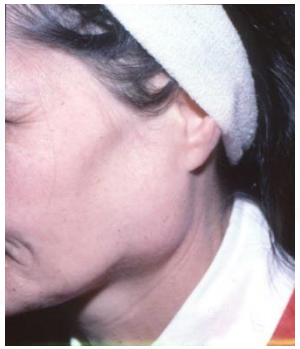
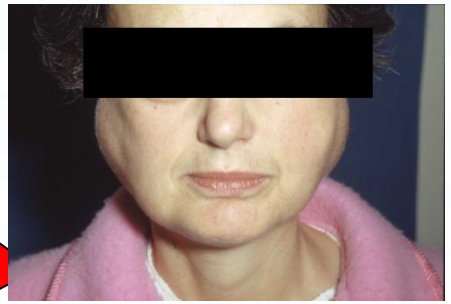
Complications



Serious complications

- Lymphoma
- Renal
- Pulmonary
- Neurological

Other complications



- Raynaud
- Purpura
- Synovitis
- Parotid enlargement

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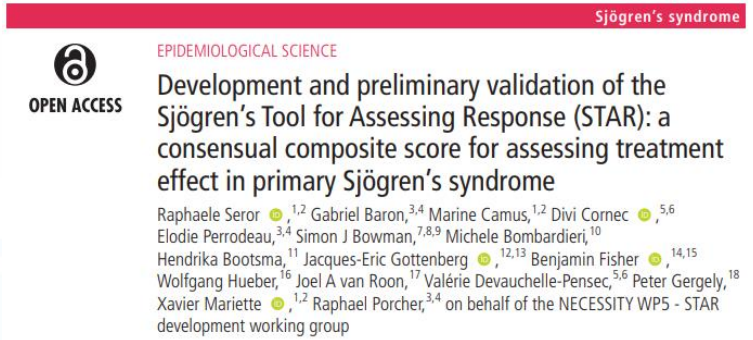
Aims of NECESSITY

1. Identify and validate **new clinical end-points** for primary Sjögren's syndrome with the ambition to provide tailored outcome measures for use in future clinical trials
   - STAR (Sjögren Tool for Assessing Response to treatment)


Sjögren's syndrome

OPEN ACCESS

EPIDEMIOLOGICAL SCIENCE

Development and preliminary validation of the Sjögren's Tool for Assessing Response (STAR): a consensual composite score for assessing treatment effect in primary Sjögren's syndrome

Raphaele Seror,[1,2] Gabriel Baron,[3,4] Marine Camus,[1,2] Divi Cornec,[5,6] Elodie Perrodeau,[3,4] Simon J Bowman,[7,8,9] Michele Bombardieri,[10] Hendrika Bootsma,[11] Jacques-Eric Gottenberg,[12,13] Benjamin Fisher,[14,15] Wolfgang Hueber,[16] Joel A van Roon,[17] Valérie Devauchelle-Pensec,[5,6] Peter Gergely,[18] Xavier Mariette,[1,2] Raphael Porcher,[3,4] on behalf of the NECESSITY WP5 - STAR development working group

2. Discover and validate **discriminative biomarkers** for stratification of primary Sjögren's syndrome patients

3. Validate **the new clinical end-points and biomarkers** in an original **multi-arms multi-stages clinical trial**

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Running a clinical trial in an IMI project is a challenge

- The submission processes to EMA has evolved over years
  - National submissions
  - Voluntary Harmonized procedure (VHP)
  - CITIS
- The sponsor is academic and does not have incomes of industrials
  - Takes in charge the monitoring only in its country
  - Has poor incomes for finalizing the contracts with sites (has taken months and months …)
- The choice of the CRO for the other countries
  - Interest of a joint venture between ECRIN and IMI

- → Interest of a structure at the IMI level for helping to find a CRO and for the finalization of contracts with sites ?

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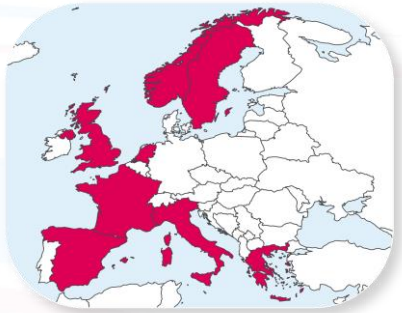
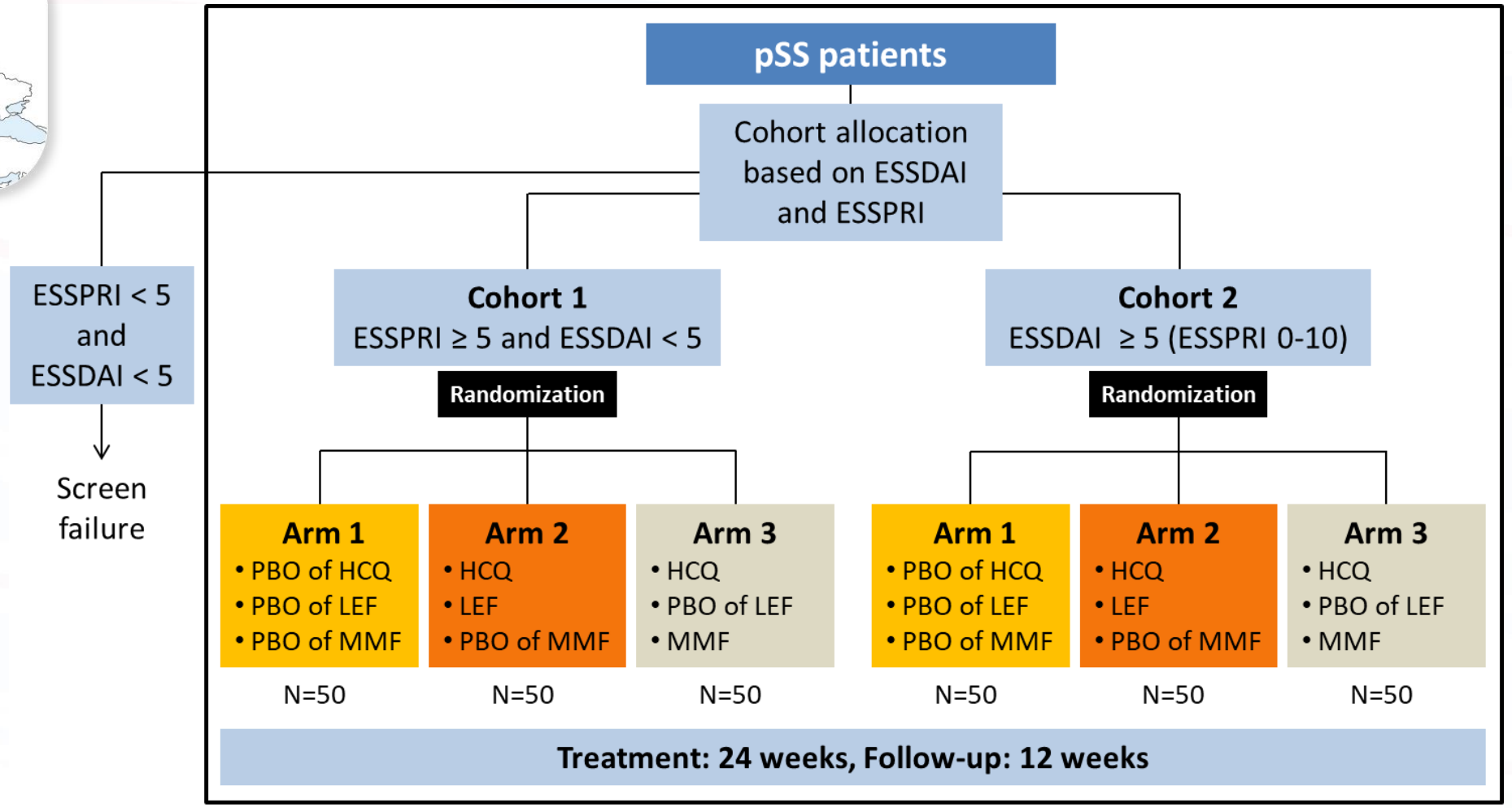
Objective 3

The NECESSITY clinical trial: an original design





PBO: placebo, HCQ: hydroxychloroquine, LEF: leflunomide, MMF: mycophenolate mofetil

necessity

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The NECESSITY clinical trial

- Sponsor: AP-HP
- CRO: ECRIN
- 31 sites in 8 countries, 300 patients
- Submission to EMA through VHP in December 2019 (11 months after starting NECESSITY)
  - Reject in February 2020: if the objective of the clinical trial is the validation of STAR, the primary end-point should be based on STAR
  - → Obligation to have a first version of STAR for resubmission

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Final trial design

	Version 1, finalised in June 2019	Version 2 (post VHP#1), finalised in April 2021
Primary objective/ endpoint	**Validation of STAR:** - Change in ESSPRI (cohort 1) between treatment and placebo arms at 24 weeks. - Change in ESSDAI (cohort 2) between treatment and placebo arms at 24 weeks.	**Clinical efficacy in separate cohorts:** - Proportion of patients achieving a response according to STAR at 24 weeks
Key secondary objectives/ endpoints	**Clinical efficacy in separate cohorts:** - Change in STAR at 24 weeks - ESSDAI in cohort 1 at 24 weeks - ESSPRI in cohort 2 at 24 weeks - Comparison between STAR and ESSDAI/ESSPRI	**Clinical efficacy in separate cohorts:** - ESSDAI (change and proportion of patients achieving a response) - ESSPRI (change and proportion of patients achieving a response) **Clinical efficacy in combined cohorts:** - Proportion of patients achieving a response according to STAR at 24 weeks
	Validation of procedures as assessment tools in trials: - Change in US scoring, meibography, non-invasive tear break up time - Change in symptoms collected using the PEPSS webapp - Change in measurements collected with the biosensors	**Validation of procedures as assessment tools in trials:** - Change in US scoring, meibography, non-invasive tear break up time - Change in symptoms collected using the PEPSS webapp - Change in measurements collected with the biosensors
		Validation of STAR: - Discriminant capacity of STAR relative to ESSDAI/ESSPRI and STAR alternate options

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Trial authorisations

Dec 2019 **VHP #1**
- Version 1 of protocol
- All countries (8)

Feb 2020 **Negative decision on VHP #1**

Apr 2021 **VHP #2**
- Version 2 of protocol
- Only 6 countries (UK and France not part of VHP)

Jun 2021 **Positive decision on VHP #2**

Jul – Nov 2021 **National phase**
- Version 2 of protocol (as approved by VHP)
- All countries

REGULATORY

ETHICS

National submissions **From Jul 2021**
- All countries

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CENTRAL MANAGEMENT

AP-HP (Sponsor)

- Contracts with ECRIN, and with sites
- Development of protocol, informed consent form (ICF)
- VHP submissions
- Budget
- Standard Operating Procedures
- Monitoring plan
- Safety plan (pharmacovigilance)
- Data management

NATIONAL MANAGEMENT

FRANCE

AP-HP

- Translation and adaptation of master documents
- National submissions and follow-up (regulatory + ethics)
- Monitoring (site visits…)

OTHER COUNTRIES

ECRIN

- Oversees provision of ECRIN services
- Coordination of communication between sponsor and ECRIN national partners (CTU)

CLINICAL TRIAL UNITS (CTU)

- Translation and adaptation of master documents according to local requirement
- National submissions and follow-up (regulatory + ethics)
- Monitoring (site initiation visits…)

CTU HUVR

- Central Pharmacovigilance
- Safety plan

LOCAL

CLINICAL SITES

- Patient recruitment

Status of centres opening (31 centres)

necessity

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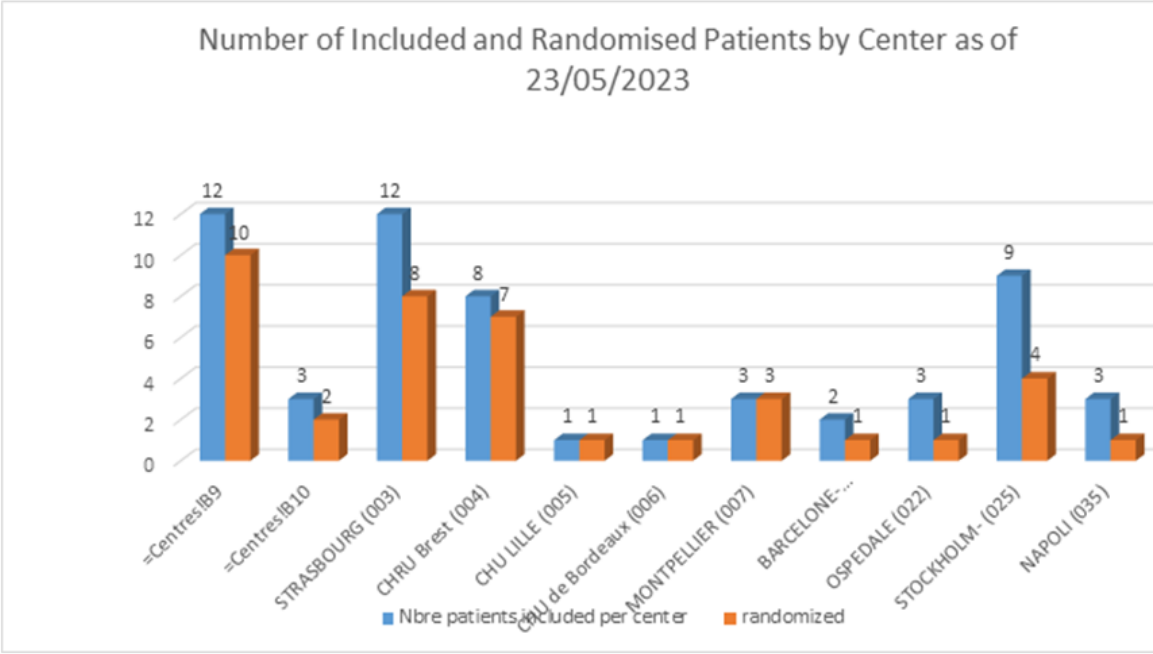
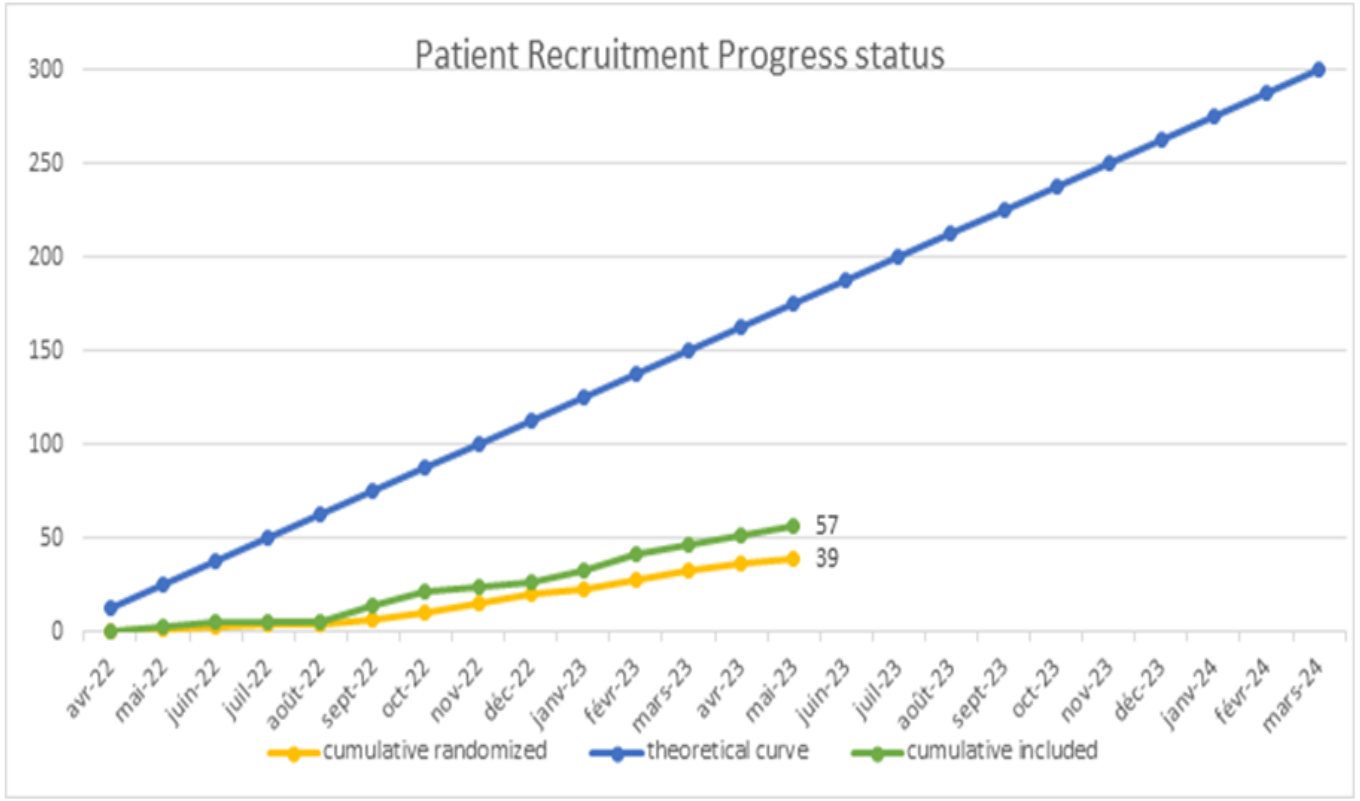
Recruitment

- 18 sites open
  - 8 during the last month
  - 7 in France, 11 outside France

- 13 sites to be open





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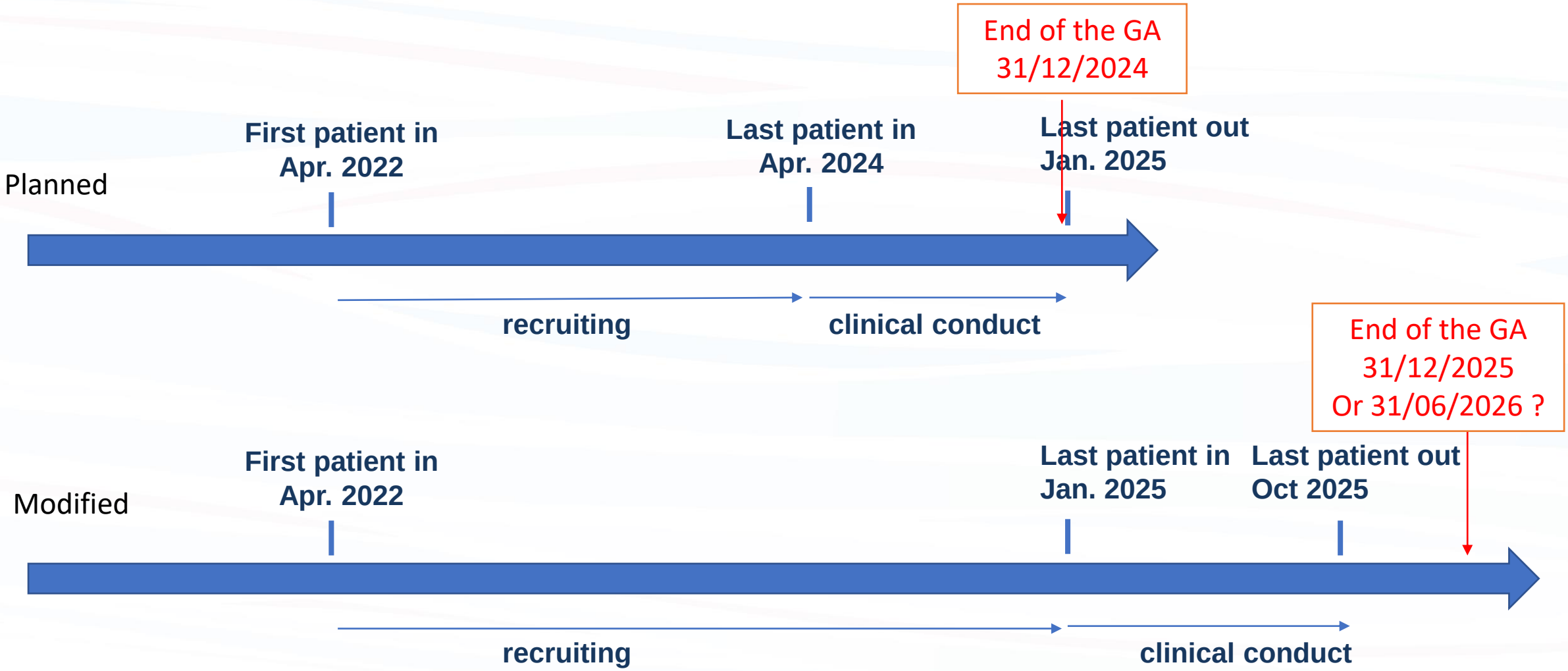
Timeline



This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 806975. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA. The present communication reflects only the author's view and the JU is not responsible for any use that may be made of the information it contains. www.imi.europa.eu

Conclusion

- **The design of NECESSITY is very innovative and scientifically interesting**
  - First evaluation of combination of classical immuno-modulators in Sjögren's
  - Involvement of patients with low disease activity but high PRO
  - Perfect tool for validating STAR, a new clinical end-point in both cohorts

- **Designing a clinical trial in the context of an IMI project is a challenge**
  - All authorizations from EMA and national agencies and ethic are obtained (HRA in UK last month)
  - The process of contracting with centres and opening is too long

- **When the centres are open and investigators are motivated, it goes well**
  - When centres are open, inclusions work: 32 patients randomized in France (45% of the objective) and the study is easy to run
  - 57 patients included, 39 randomized

necessity

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Decentralisation in clinical trials

Initial learnings from Trials@Home and the RADIAL Study

Mira Zuidgeest & Kim Hawkins

UMC Utrecht & Sanofi

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Disclaimer

The research leading to these results was conducted as part of the Trials@Home consortium. This presentation only reflects the personal view of the stated authors and neither IMI nor the European Union, EFPIA, or any Associated Partners are responsible for any use that may be made of the information contained herein

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Trials@Home project

www.trialsathome.com

The aim

Provide recommendations on Decentralised Clinical Trial (DCT) approaches in Europe

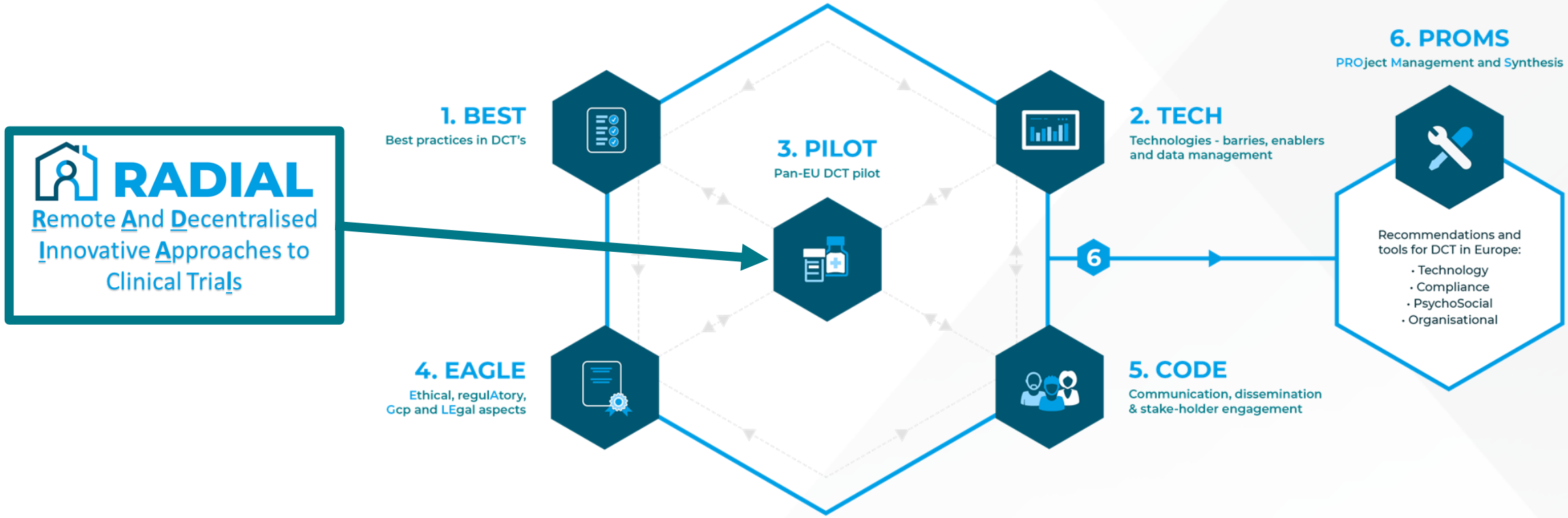
Project start September 1, 2019, due to end August 31, 2024

The consortium

TRIALS @HOME

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Work Packages



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Operational innovation in clinical trials

Increasing operational and scientific efficiency in clinical trials

Deirdre Kelly, Anna Spreafico & Lillian L. Siu

British Journal of Cancer **123**, 1207–1208 (2020) | Cite this article

2187 Accesses | **3** Citations | **1** Altmetric | Metrics

Summary

Operational and scientific inefficiencies in clinical trials represent roadblocks that need to be identified and circumvented to advance drug development in oncology. The collaboration of key stakeholders to advance this agenda is crucial to accelerate clinical research and ultimately benefit patient care through the optimal allocation of time and resources.

Current challenges include:

- Recruitment
- Retention
- Timelines
- Costs
- Representativeness of study population
- Study compliance issues
- Etc…

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

ELSEVIER

Drug Discovery Today

Volume 28, Issue 4, April 2023, 103520

Post-screen

Decentralised, patient-centric, site-less, virtual, and digital clinical trials? From confusion to consensus

Yared Santa-Ana-Tellez [1], Bart Lagerwaard [2], Amos J. de Jong [1], Helga Gardarsdottir [1 3 4], Diederick E. Grobbee [2], Kimberly Hawkins [5], Megan Heath [6], Mira G.P. Zuidgeest [2], Trials@Home Consortium [7]

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https://doi.org/10.1016/j.drudis.2023.103520

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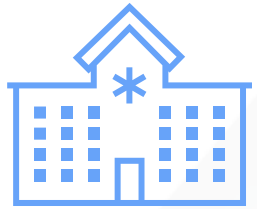
The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

What are Decentralised Clinical Trial approaches?

"operational model in which trial activities are designed to take place at or in the vicinity of the participant's home"

"rather than at a traditional clinical site"



"this approach may make use of technologies and other innovative operational approaches to facilitate data collection"

- Not a methodology
- Can be fully decentralised or hybrid
- Can be steered towards pragmatic or towards explanatory methodology

- Better recruitment and retention?
- Lower participant and site burden?
- Lower costs?
- RWE opportunities:
  - More representative study population?
  - Less interference with routine clinical practice?

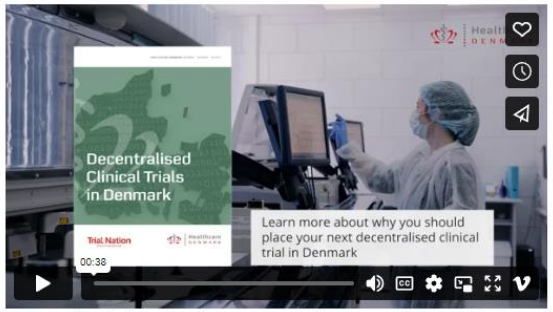
Santa-Ana-Tellez et al. Decentralised, patient-centric, site-less, virtual, and digital clinical trials? From confusion to consensus. *Drug Discovery Today* 2023

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Regulatory interest & guidance

Healthcare DENMARK

Decentralised clinical trials



Decentralised clinical trials (DCTs) introduce a revolution in the clinical trial industry by enabling faster trial execution, delivering more representative and diverse datasets, and providing clinical trials that are easily accessible and convenient for participants to take part in.

Denmark is moving full speed ahead to become a global DCT frontrunner. The close collaboration between authorities, clinicians,

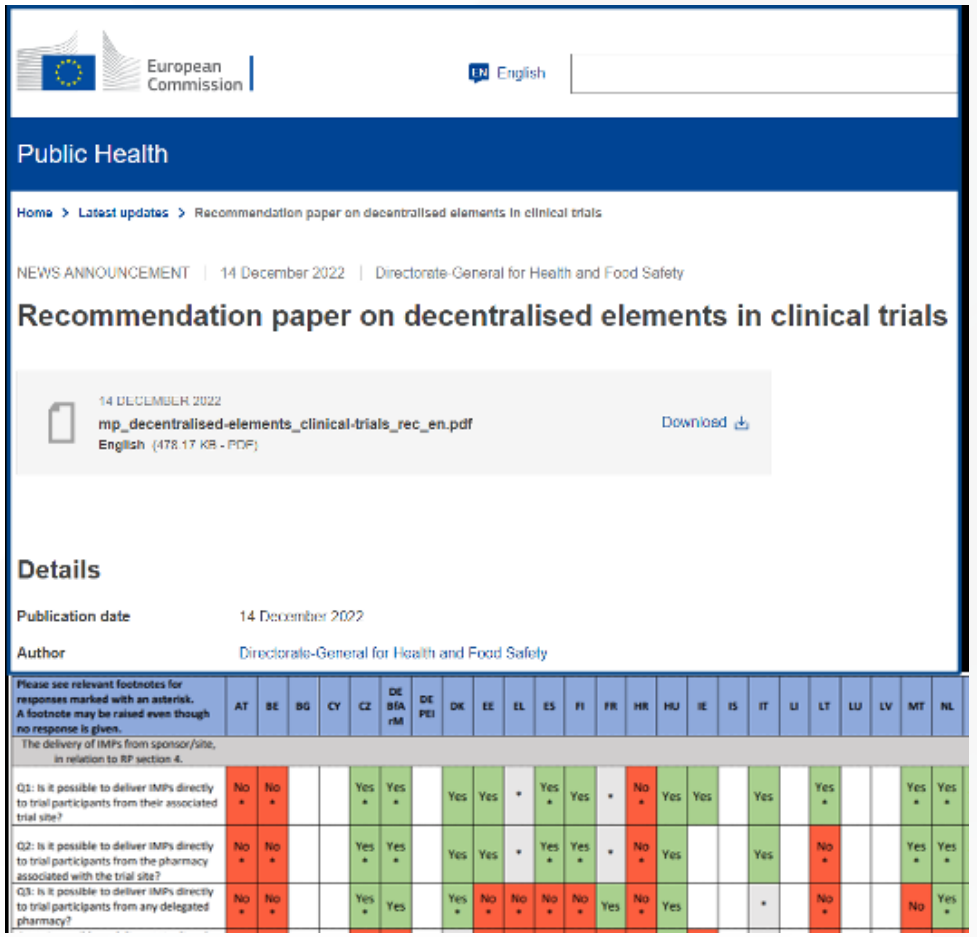
09.09.2021

Position paper by Swissmedic and swissethics on decentralized clinical trials (DCTs) with medicinal products

The development of novel technologies and digitalization in the field of therapeutic products offers new opportunities. Through the use of these technologies in clinical trials, it is possible that study visits do not always have to be carried out in the hospital, but can also take place at home. In this context, innovative technologies allow health-related data to be digitally recorded and transmitted via devices worn on the body. These special features and other aspects play an essential role in so-called decentralized clinical trials (DCTs).

This development poses new challenges for all those involved. In a position paper, Swissmedic and swissethics have summarized the main current challenges of DCTs with medicinal products and show under which conditions such clinical trials could be conducted in Switzerland. The paper is addressed to researchers and sponsors as well as all those interested in clinical research.

Position paper on decentralized clinical trials (DCTs) with medicinal products (PDF, 164 kB, 15.12.2022)



Please see relevant footnotes for responses marked with an asterisk. A footnote may be raised even though no response is given.

The delivery of IMPs from sponsor/site, in relation to RP section 4.	AT	BE	BG	CY	CZ	DE BfArM	DE PEI	DK	EE	EL	ES	FI	FR	HR	HU	IE	IS	IT	LI	LT	LU	LV	MT	NL
Q1: Is it possible to deliver IMPs directly to trial participants from their associated trial site?	No *	No *			Yes *	Yes *		Yes	Yes	*	Yes *	Yes	*	No *	Yes	Yes		Yes		Yes *			Yes *	Yes *
Q2: Is it possible to deliver IMPs directly to trial participants from the pharmacy associated with the trial site?	No *	No *			Yes *	Yes *		Yes	Yes	*	Yes *	Yes *	*	No *	Yes			Yes		No *			Yes *	Yes *
Q3: Is it possible to deliver IMPs directly to trial participants from any delegated pharmacy?	No *	No *			Yes *	Yes		Yes *	No *	No *	No *	No *	Yes	No *	Yes			*		No *			No	Yes *

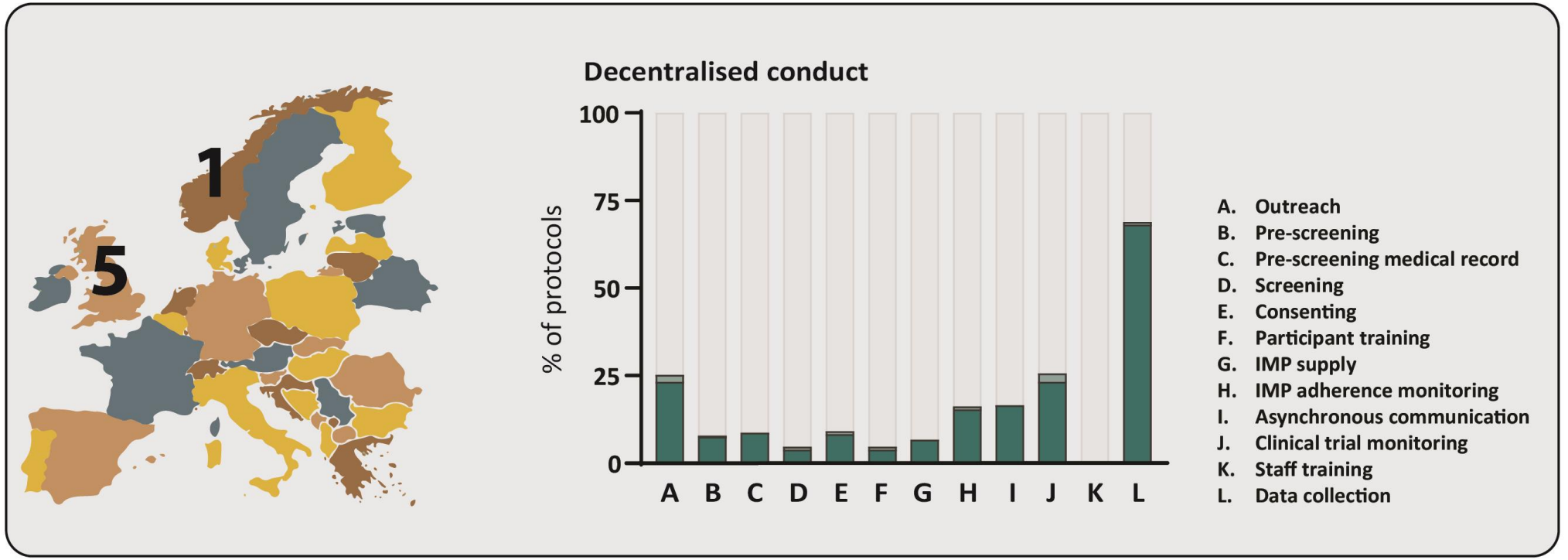
[Recommendation paper on decentralised elements in clinical trials (europa.eu)]

PIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Current landscape & DCT elements

- Limited full DCTs have been conducted in Europe
- DCT elements are being used in clinical trials

DCT approaches are a continuum



Rogers *et al.* Br J Clin Pharmacol 2022. https://doi.org/10.1111/bcp.15205

de Jong *et al.* BMJ Open 2022. http://dx.doi.org/10.1136/bmjopen-2022-063236

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Stakeholder views & preferences

Regulators - interviews

de Jong *et al.* Clin Pharma Therapeutics 2022.
https://doi.org/10.1002/cpt.2628

ECs/NCAs - focus groups

- Social value & scientific validity
- Favourable B/R ratio & respect for subjects
- Informed consent
- Fair subject selection

Van Rijssel *et al.* Drug Discov Today 2022.
https://doi.org/10.1016/j.drudis.2022.07.011

Patients - preference study

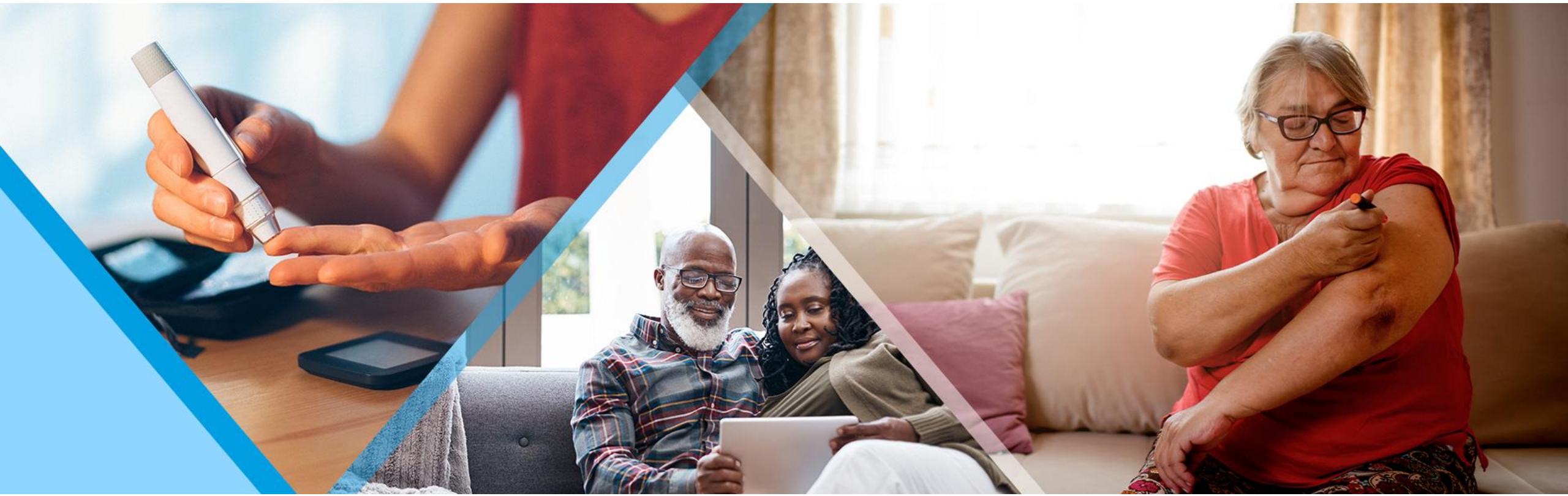
What are the drivers for possible participants when deciding to participate trials with different levels of decentralisation?

- Focus group study.
  → identify drivers & levels
- Discrete choice experiment
  → solicit preferences

Kopanz – ongoing, not published yet,
more info on: https://youtu.be/AlSfnKTn27w

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

RADIAL



The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

The *why* of the T@H RADIAL proof-of-concept study

RADIAL **aims to assess the scientific and operational quality of a fully decentralised and hybrid trial approach compared to a conventional trial approach**

Evaluate the acceptability of DCTs in terms of safety, data quality and medical endpoints

(i.e., can we responsibly move to decentralized clinical trial approach?)

Explore potential benefits of DCTs, in terms of subject retention, recruitment, diversity, cost, and site and patient satisfaction

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The *what* of the T@H RADIAL proof-of-concept study

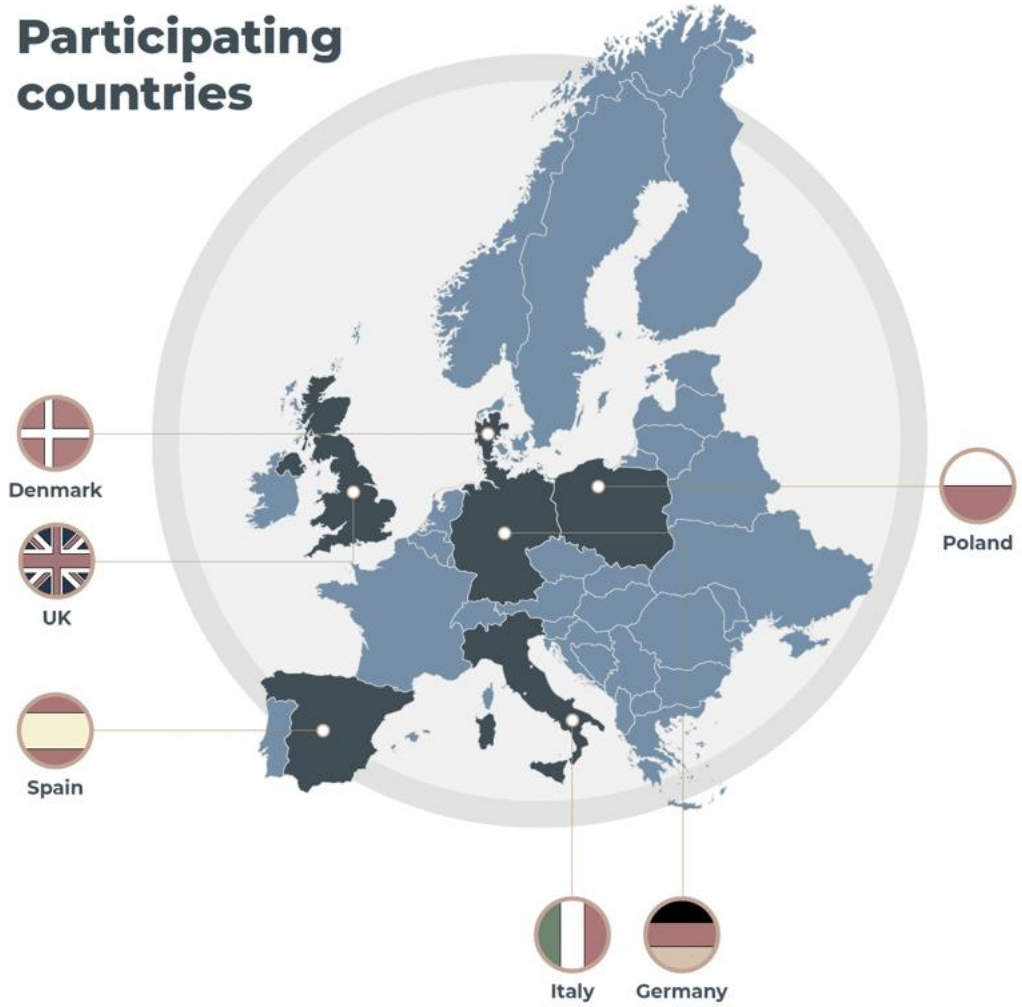
- Pan-EU, Parallel-group, open-label, multi-centre study
- People with type 2 diabetes (with Hb1Ac 7-10%)
  - Basal insulin
  - Phase IV study
- Composed of 2 parts with 3 different arms:

Part A Site-based recruitment

  - Conventional arm (x150)
  - Hybrid arm (x150)

Part B Recruitment performed remotely

  - Remote arm (x300)



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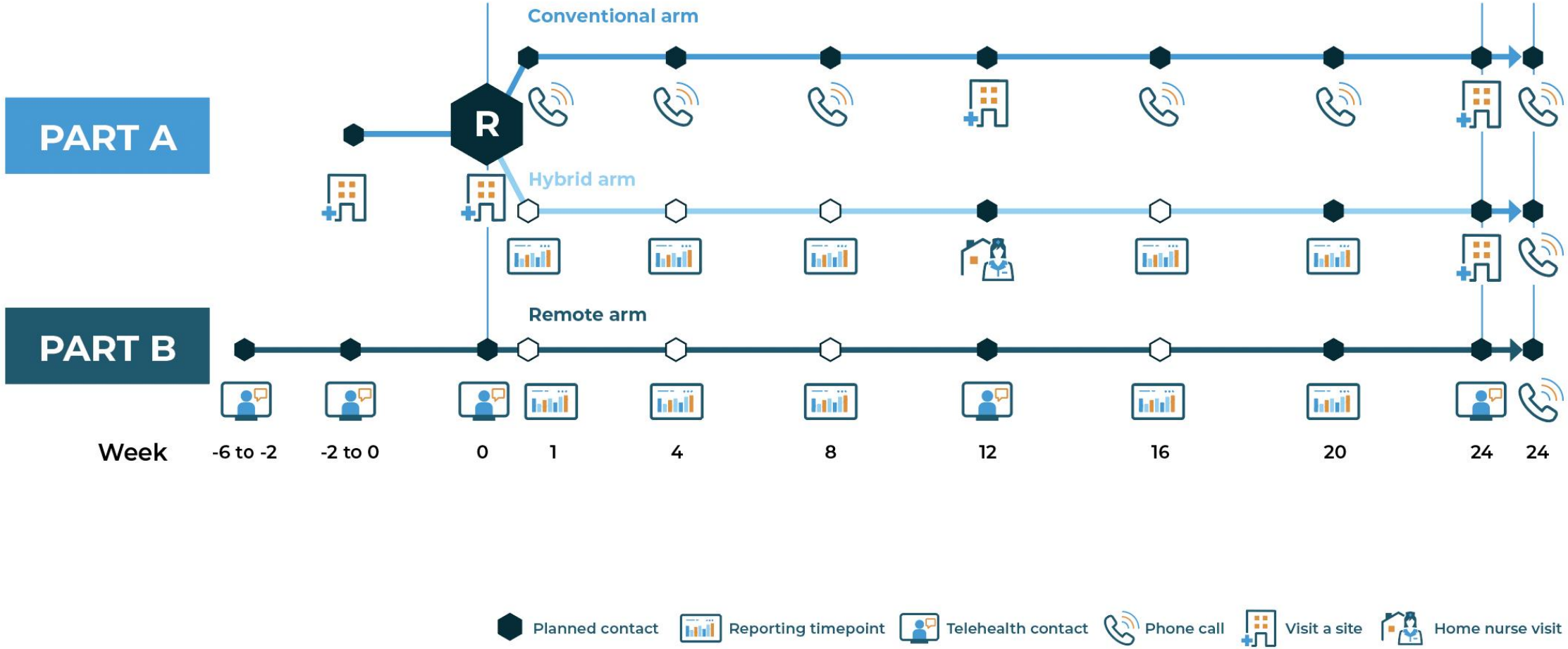
The *how* of the T@H RADIAL proof-of-concept study



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Decentralised elements in RADIAL

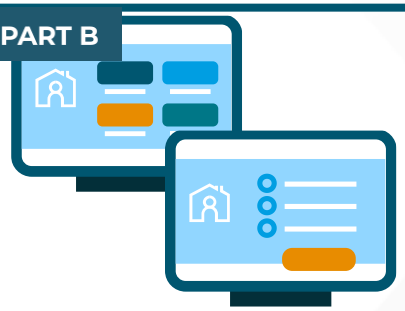
PART B

eConsenting and eSignature

PART B

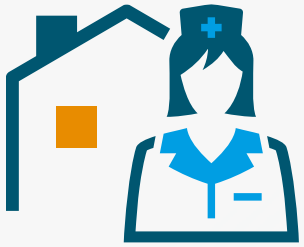
Telemedicine

PART B



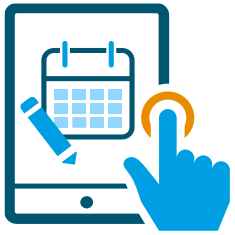
Online recruitment and pre-screening

PART A



Home nurse visits

Remote monitoring IMP adherence



Study app for reporting (S)AEs and ePROs

Direct to patient shipment of IMP

At home blood collection

The research leading to these results has received support from the EU/EFPIA Innovative Medicines Initiative [2] Joint Undertaking (H2020-JTI-IMI2) Trials@Home grant n° 831458.

Stakeholder interactions

Regulators, Ethicists, Patients, Trialists, Tech Experts, Data Scientists, HTAs, HCPs and Investigators

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RADIAL stakeholder interactions - focus topics

Patient Onboarding, Training & Consent

Investigator Oversight & Patient Safety

Between-Arm Comparisons & Considerations for Bias

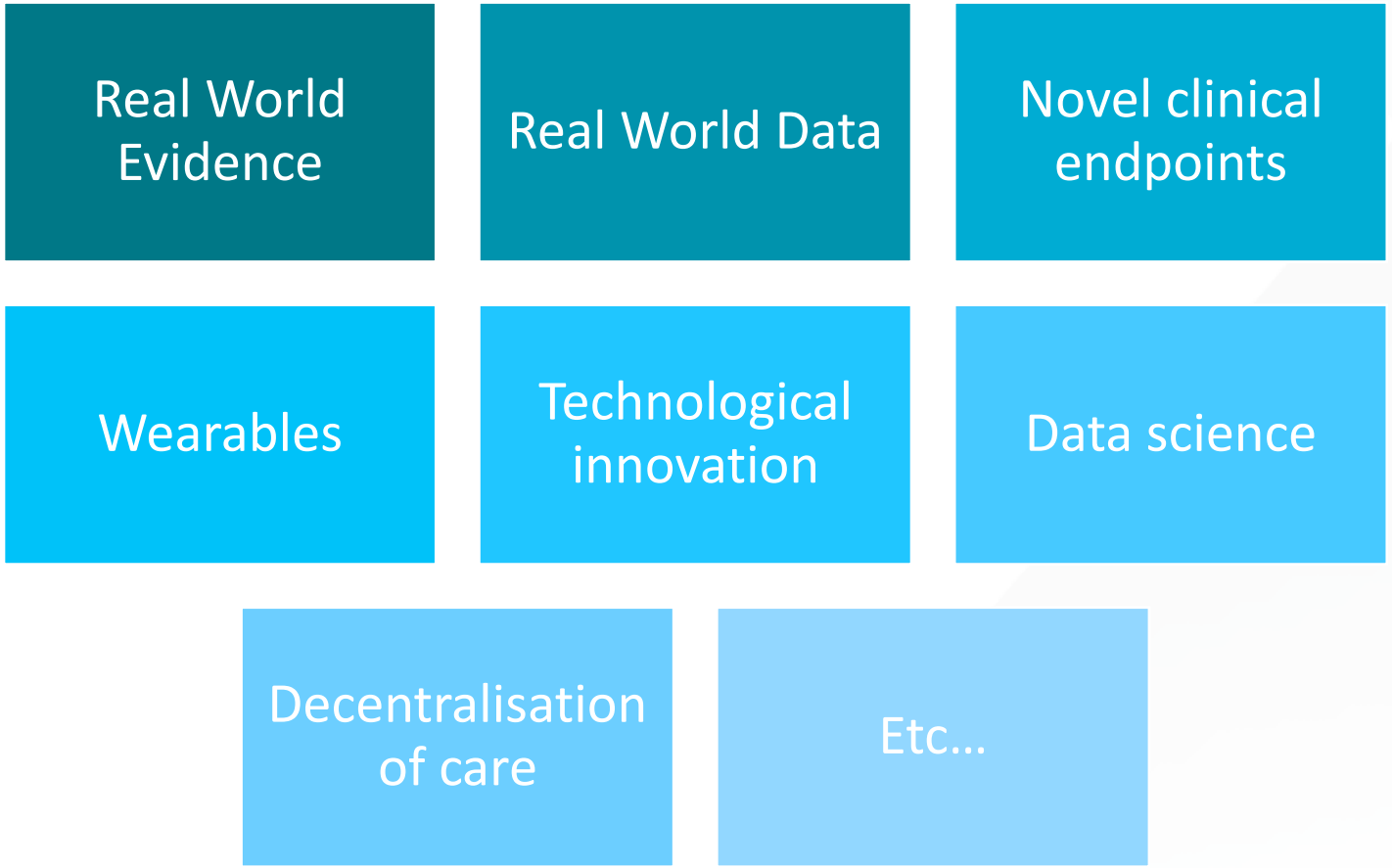
Data Integrity

Participant Rights & Data Privacy

Observations

- **General interest** in possible benefits of DCT approaches
- **Concerns** about the nitty gritty operations of how decentralised elements are implemented in practice
- **Remain critical**: Is the situation really that different from that in a site-based clinical trials? Are we more stringent for DCT elements in ensuring quality, safety and oversight?
- **Stay current**: Healthcare is also moving towards decentralised and society is moving towards digital
- **Moving from the theoretical to the practical:** Many learnings and change accomplished within T@H through proof-of-concept study

Linking DCT approaches to other innovations



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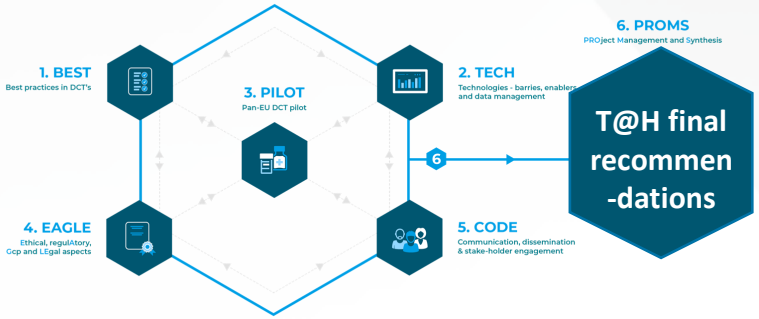
Going forward with DCTs

- Agreement on definition & scope of DCTs
- Further scientific research on DCT approaches
- Early dialogue with ALL stakeholders
- Share knowledge and experiences
- Harmonize guidance and assessments
- Improve & validate DCT technologies & operations
- Provide training and education incl. tools, checklists



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Thank you!

Trials@Home webinar on RADIAL study

21 June 15h-16h CET

more information will follow shortly on the website

Further information on Trials@Home and RADIAL:

Project website www.trialsathome.com
Contact us at trialsathome@umcutrecht.nl

Kim Hawkins
Mira Zuidgeest m.g.p.zuidgeest@umcutrecht.nl

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Q&A time

Use the **chat** below to ask questions to the speakers

innovative health initiative

innovative health initiative

Upcoming webinar

IMI impact on: Ebola

13.06.2023

15:00 - 16:30 Brussels time *Online event*

Register now

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