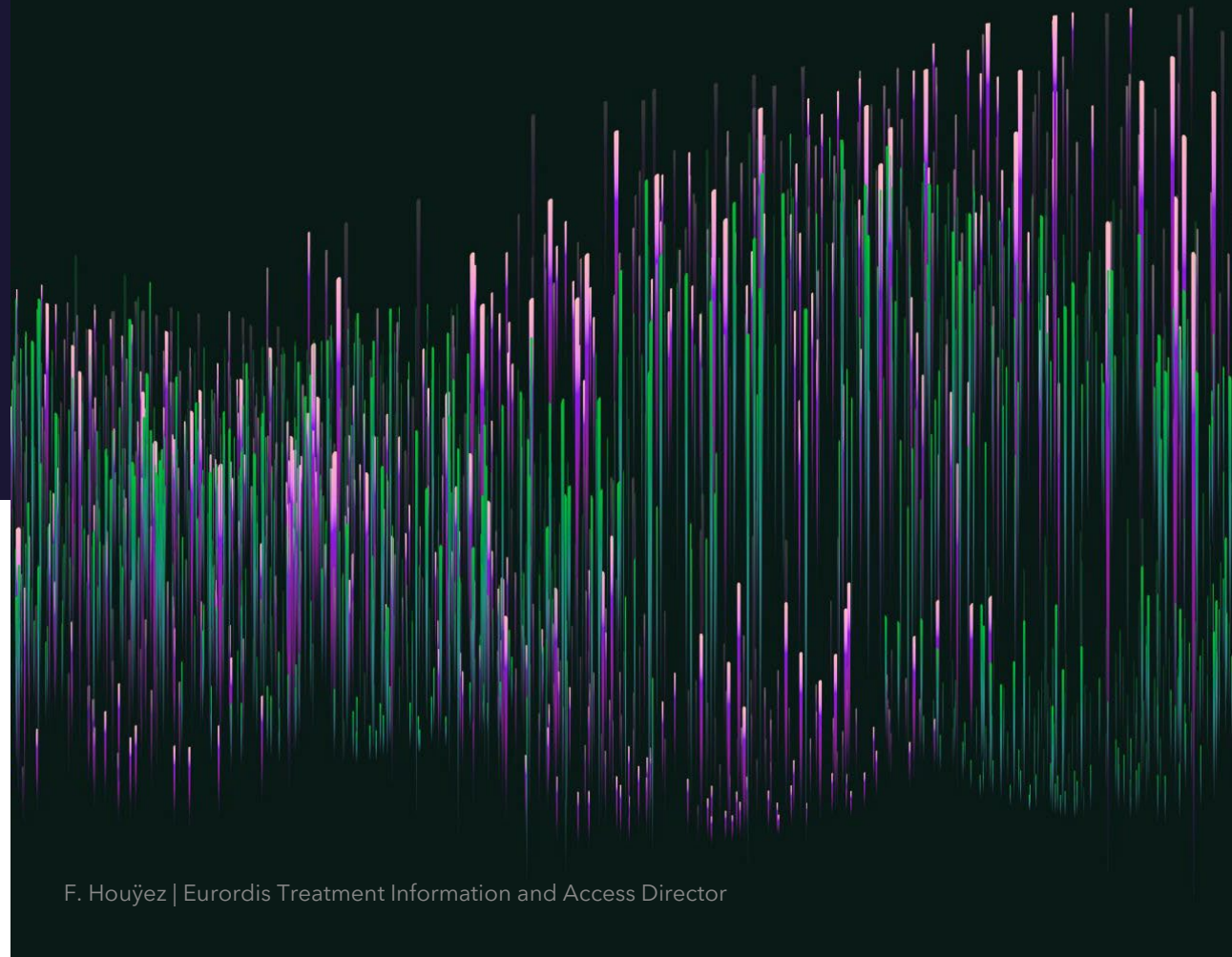
Data about Clinical trials

Feedback from an ACT EU workshop

https://www.ema.europa.eu/en/events/act-eu-clinical-trials-analytics-workshop-january-2024

Use cases for patients and their organisations



F. Houÿez | Eurordis Treatment Information and Access Director

https://accelerating-clinical-trials.europa.eu

The Accelerating Clinical Trials in the European Union initiative will support ***smarter clinical trials through regulatory, technological and process innovation.***

EURORDIS is member of the ACT EU Stakeholder Advisory Group

First own initiative: to request a hands-on workshop on Platform Trials (for ALS) in 2024-2025

F. Houÿez | Eurordis Treatment Information and Access Director

Which CT registries?

In the EU / EEA

EU Union **EUDRACT** (https://www.clinicaltrialsregister.eu/)
As of today: 43,801 trials registered
of which 6,437 for rare diseases

Since 2022 (soon all CTs to be transferred):
Clinical Trial Information System **CTIS**
(https://euclinicaltrials.eu/search-for-clinical-trials/?lang=en)

As of today: 200 CT registered
of which 71 for rare diseases

And of course, Orphanet database of clinical trials.

And many Others

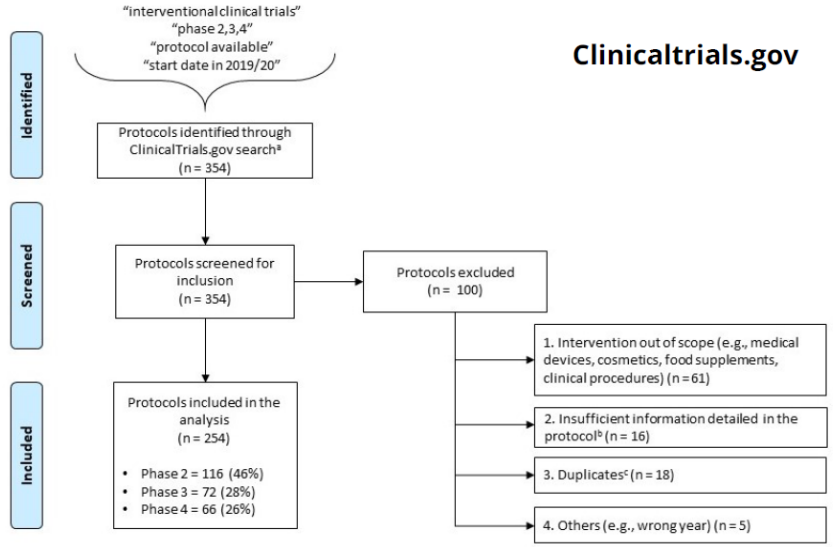
Australian New Zealand Clinical Trials Registry (ANZCTR)
Chinese Clinical Trial Registry (ChiCTR)
Clinical Research Information Service (CRiS), South Korea
Clinical Trials Registry - India (CTRI)
Cuban Public Registry of Clinical Trials (RPCEC)
German Clinical Trials Register (DRKS)
International Clinical Trials Registry Platform (ISRCTN) by WHO
https://www.isrctn.com/ (202,668 of which 52,929 in RD)
Japan Primary Registries Network (JPRN)
Thai Clinical Trials Registry (TCTR)
USA: National Institutes of health www.clinicaltrials.gov
(484,994)
WHO | Pan African Clinical Trial Registry (PACTR) ….

Methodology

TRIALS @HOME

Remote element

'Operational trial activities that take place outside the investigator site'



Clinicaltrials.gov

Utrecht University — Pharmacoepidemiology and Clinical Pharmacology

de Jong et al. BMJ Open 2022:12:e063236. doi:10.1136/

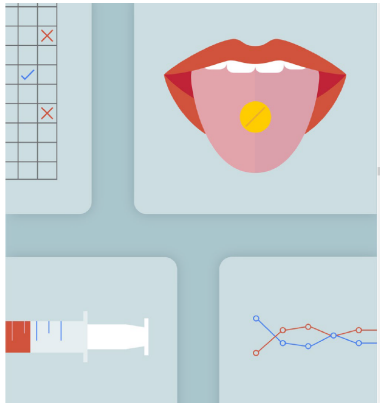
Clinical trial data: present & future

An academic perspective

Helga Gardarsdottir, PharmD, PhD
Associate professor

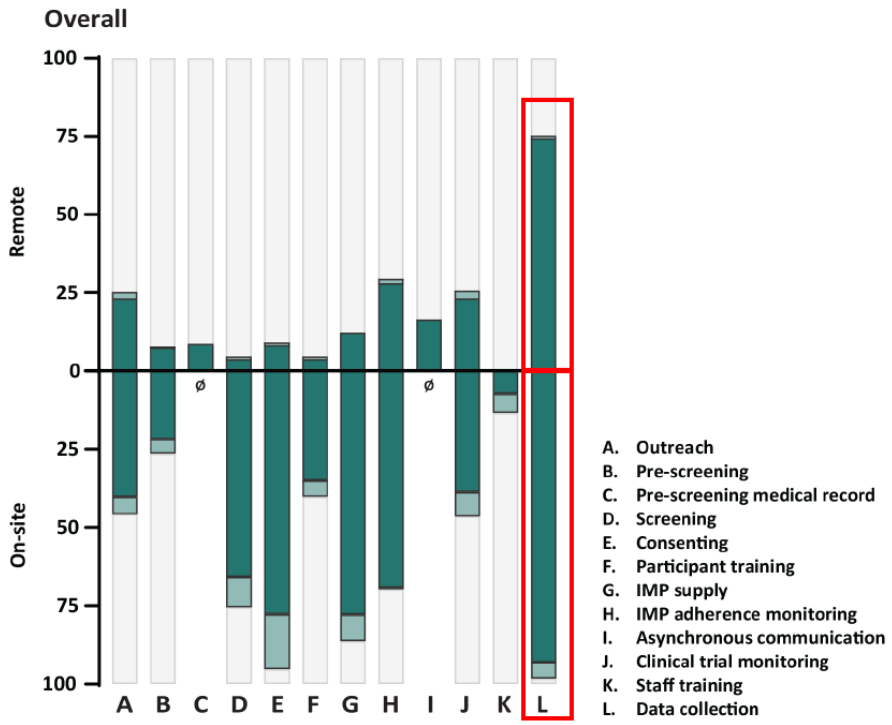
ACT EU Clinical Trials Analytics Workshop: Amsterdam, 25 January 2024

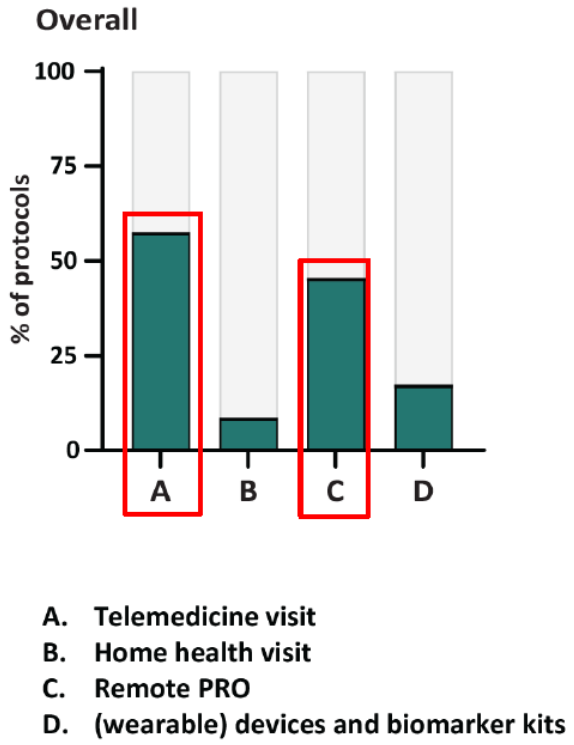
Utrecht University — Pharmacoepidemiology and Clinical Pharmacology



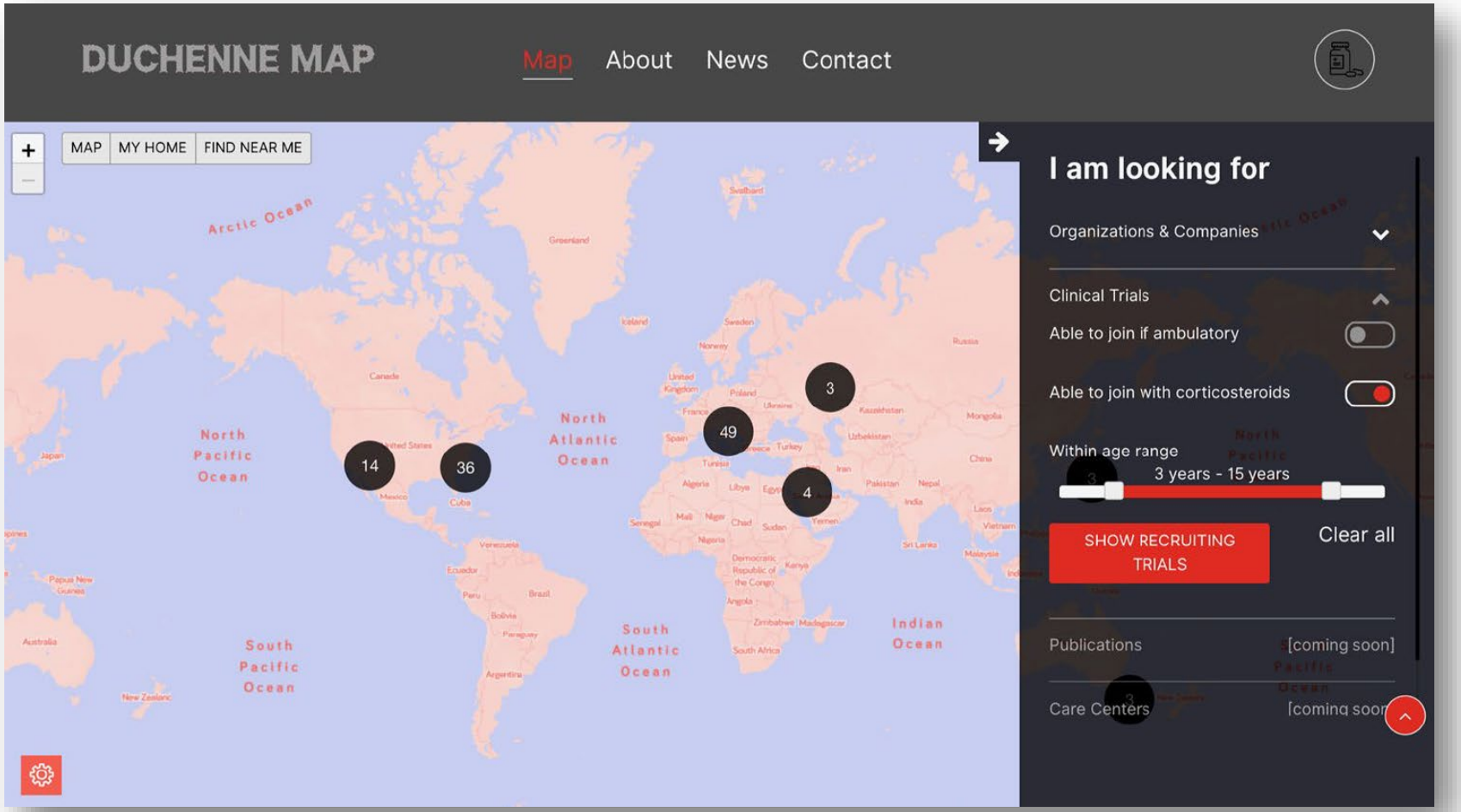
Remote Trial Elements Reported in Publicly Available Clinical Trial Protocols

Results of the analysis





Duchenne Data Foundation : a help to find trials of interest



GEORGE PALIOURAS
Chair of DDF board of directors (voluntary)
Head of the AI Lab SKEL, NCSR "Demokritos"
Email: paliourg@iit.demokritos.gr

Policy research / patient advocacy

One recent example where EURORDIS used data about clinical trials

EURORDIS
RARE DISEASES EUROPE

1. Impact of COVID-19 research
Domain: advocacy

Detecting possible surges in the demand for medicines, and anticipating shortages / tensions

Compilation of data from 13 trial registries

Using AI (different languages, detecting duplicates etc.)

Analysis of 525 unique CT in March-May 2020

- possible surges on some products in clinical trials against COVID-19 and also used to treat rare diseases?

Global Coronavirus COVID-19 Clinical Trial Tracker - Methods

registries

EU Union EUDRACT
Chinese Clinical Trial Registry (ChiCTR)
Australian New Zealand Clinical Trials Registry (ANZCTR)
WHO | Pan African Clinical Trial Registry (PACTR)
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Cuban Public Registry of Clinical Trials (RPCEC)
Thai Clinical Trials Registry (TCTR)
Japan Primary Registries Network (JPRN)
Iranian Registry of Clinical Trials (IRCT)
International Clinical Trials Registry Platform (ISRCTN)
German Clinical Trials Register (DRKS)
Clinical Trials Registry - India (CTRI)
USA: National Institutes of health

And

artificial intelligence (AI)-based methods for data searches to identify potential clinical studies not captured in trial registries

Trials are mapped according to geographical, trial, patient, and intervention characteristics, when data are available

McMaster University, Hamilton, University of British Columbia, Vancouver, BC, Canada

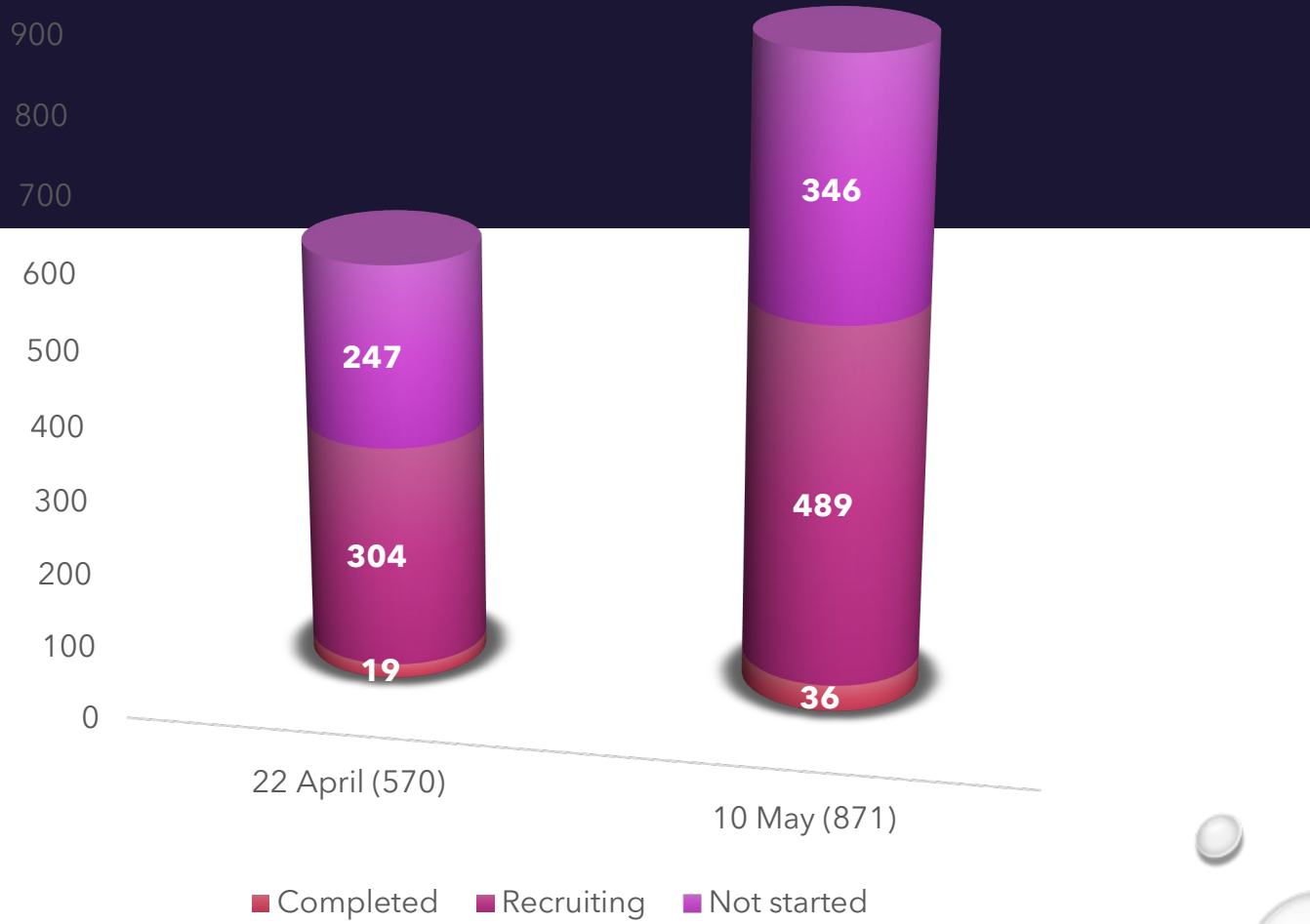
K. Thorlund, L. Dron, J. Park, G. Hsu, J. Forrest, E. Mills

EURORDIS
RARE DISEASES EUROPE

Total number of trials

Registries from WHO, China, European Union, Iran, Japan, South Korea and USA

(unique trials, but duplicates may exist)



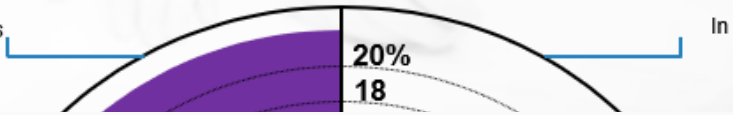
Top 7 active substances tested

Out of a total of 92 in 525 unique trials recruiting or completed. Combinations not mentioned.

Hydroxychloroquine ↗
In 113 trials
2 with results

Chinese medicines and herbals ↘
In 44 trials

Alain Cornet, lupus: risk of shortage?
04/2020: EURORDIS contacted



Others:

Sofosbuvir:		5
Ruxolitinib:	OMP✝	4
Ozone:		4
Nitric oxide		3
Anakinra:		3
Ribavirin:		3
Siltuximab:	OMP	2
Bevacizumab:		2

And also ECMO, rehabilitation, different ICU equipment…

To Yann Le Cam <yann.lecam@eurordis.org>, Michael Wilbur <michael.wilbur@eurordis.org>, Virginie Hivert <virginie.hivert@eurordis.org>, Francois Houÿez <francois.houyez@eurordis.org> 19/03/2020, 18:20

Cc Marie Meunier <marie.meunier@eurordis.org>

Subject **Fwd: Update on Roche Global and COVID-19**

To protect your privacy, Thunderbird has blocked remote content in this message. Options

Roche Commitment

Roche is working closely with health authorities and governments in affected countries to ensure people can get access to our diagnostics, medicines and healthcare overall. For example, in China we are working with authorities and governments to help provide screening and healthcare, including supporting local health officials and hospitals in the Hubei Province. We have donated diagnostic tests, medical supplies and financial support for the affected region.

From our Diagnostics division, Roche developed the cobas SARS-CoV-2 Test to detect novel coronavirus and last week received FDA Emergency Use Authorization. It is available in markets accepting the CE mark. Approval of this high-speed test enables expedited coronavirus testing to meet urgent medical needs and significantly increase available testing capacity.

Product supply and delivery

Roche is continually assessing the potential implications of COVID-19 to our manufacturing and supply chain operations and is monitoring the demand for all our therapies to mitigate potential stock out risks.

Currently, we are not facing any supply or logistics interruptions due to COVID-19. However, we are taking proactive measures in collaboration with our logistics service providers to ensure the delivery of products to/from affected countries and regions remains as stable as possible. Should we become aware of any change to the supply or availability of our therapies at any point, we will inform the relevant patient communities.

Tocilizumab ↗
In 20 trials
1 with results (unpublished)

Diana Marinello, Behcet: risk of shortage?
March 2020: EURORDIS contacted Roche

Plasma donations ↗
In 28 trials

Stem cells, NK cells ↗
in 30 trials

EURORDIS RARE DISEASES EUROPE

F. Houÿez | Eurordis Treatment Information and Access Director

Individual patient needs: possible use cases for EURORDIS and members

Participant Engagement

EURORDIS
RARE DISEASES EUROPE

1. Question: how to select trial of interest to you?

Many patients willing to take part in clinical research

But not all patients are interested by comparing / understanding different IMPs

What matters to them: practical aspects of the clinical trial

Number of visits, constraints, invasive procedures, evening consultations etc.

Extracting and compiling data from CT registers

- where are the trial sites close to me?

- trial visits (frequency?)

- evening visits?

- invasive procedures?

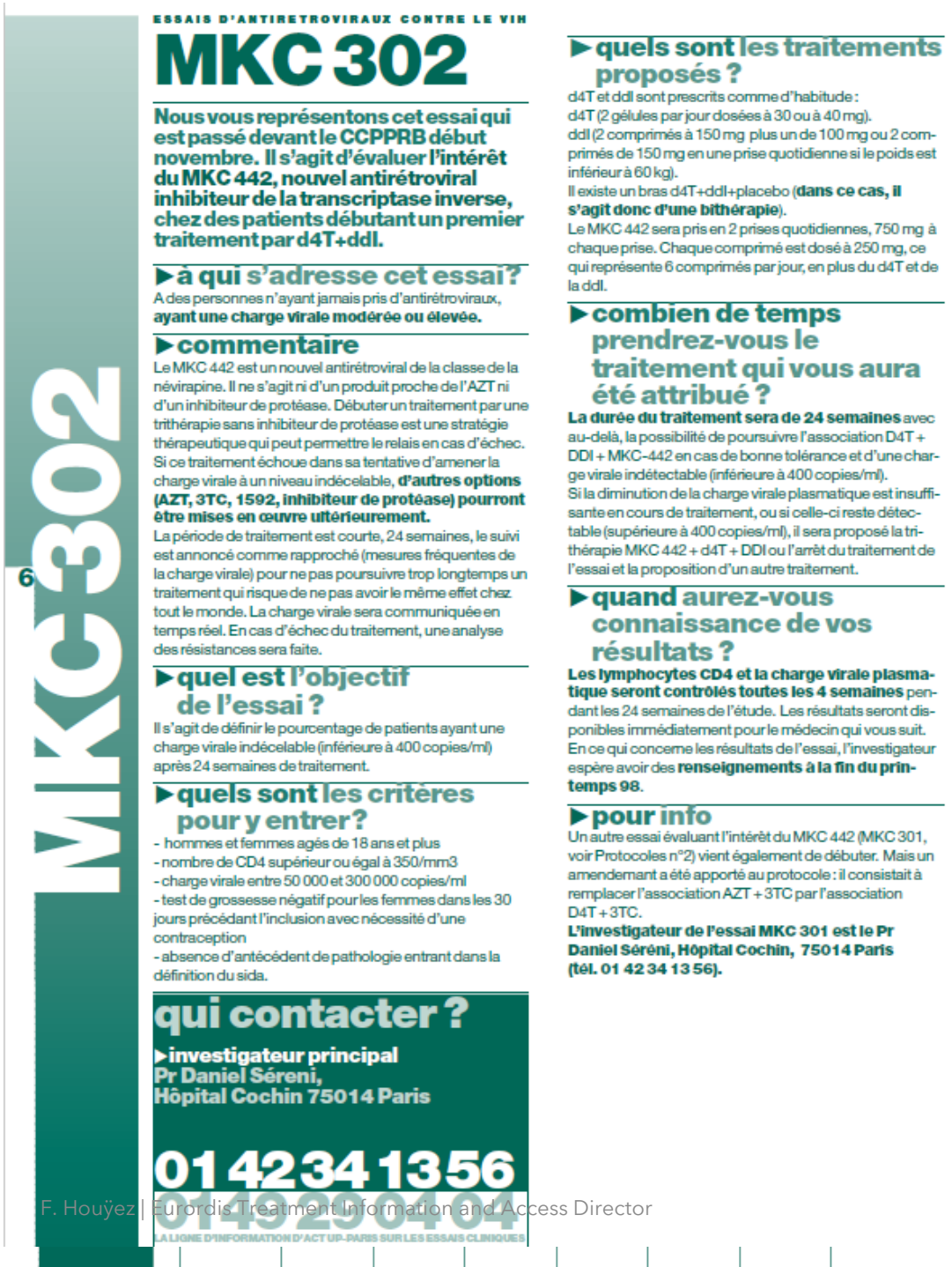
- inclusion criteria?

- If cross-border: covered by sponsor? Insurance? Travel costs?

2. Question: how to select trial of interest to you?

Many patients willing to take part in research

Some patients select the clinical trial they wish to join based on the Investigational Medicinal **Product** of interest (IMP) more than anything else



ESSAIS D'ANTIRETROVIRAUX CONTRE LE VIH

MKC 302

Nous vous représentons cet essai qui est passé devant le CCPPRB début novembre. Il s'agit d'évaluer l'intérêt du MKC 442, nouvel antirétroviral inhibiteur de la transcriptase inverse, chez des patients débutant un premier traitement par d4T+ddI.

▶ à qui s'adresse cet essai?

A des personnes n'ayant jamais pris d'antirétroviraux, **ayant une charge virale modérée ou élevée.**

▶ commentaire

Le MKC 442 est un nouvel antirétroviral de la classe de la névirapine. Il ne s'agit ni d'un produit proche de l'AZT ni d'un inhibiteur de protéase. Débuter un traitement par une trithérapie sans inhibiteur de protéase est une stratégie thérapeutique qui peut permettre le relais en cas d'échec. Si ce traitement échoue dans sa tentative d'amener la charge virale à un niveau indécelable, **d'autres options (AZT, 3TC, 1592, inhibiteur de protéase) pourront être mises en œuvre ultérieurement.**
La période de traitement est courte, 24 semaines, le suivi est annoncé comme rapproché (mesures fréquentes de la charge virale) pour ne pas poursuivre trop longtemps un traitement qui risque de ne pas avoir le même effet chez tout le monde. La charge virale sera communiquée en temps réel. En cas d'échec du traitement, une analyse des résistances sera faite.

▶ quel est l'objectif de l'essai ?

Il s'agit de définir le pourcentage de patients ayant une charge virale indécelable (inférieure à 400 copies/ml) après 24 semaines de traitement.

▶ quels sont les critères pour y entrer?

- hommes et femmes agés de 18 ans et plus
- nombre de CD4 supérieur ou égal à 350/mm3
- charge virale entre 50 000 et 300 000 copies/ml
- test de grossesse négatif pour les femmes dans les 30 jours précédant l'inclusion avec nécessité d'une contraception
- absence d'antécédent de pathologie entrant dans la définition du sida.

qui contacter ?

▶ investigateur principal
Pr Daniel Séréni,
Hôpital Cochin 75014 Paris

01 42 34 13 56

01 43 25 04 04

LA LIGNE D'INFORMATION D'ACT UP-PARIS SUR LES ESSAIS CLINIQUES

6 MKC302

▶ quels sont les traitements proposés ?

d4T et ddI sont prescrits comme d'habitude :
d4T (2 gélules par jour dosées à 30 ou à 40 mg).
ddI (2 comprimés à 150 mg plus un de 100 mg ou 2 comprimés de 150 mg en une prise quotidienne si le poids est inférieur à 60 kg).
Il existe un bras d4T+ddI+placebo (**dans ce cas, il s'agit donc d'une bithérapie**).
Le MKC 442 sera pris en 2 prises quotidiennes, 750 mg à chaque prise. Chaque comprimé est dosé à 250 mg, ce qui représente 6 comprimés par jour, en plus du d4T et de la ddI.

▶ combien de temps prendrez-vous le traitement qui vous aura été attribué ?

La durée du traitement sera de 24 semaines avec au-delà, la possibilité de poursuivre l'association D4T + DDI + MKC-442 en cas de bonne tolérance et d'une charge virale indétectable (inférieure à 400 copies/ml).
Si la diminution de la charge virale plasmatique est insuffisante en cours de traitement, ou si celle-ci reste détectable (supérieure à 400 copies/ml), il sera proposé la trithérapie MKC 442 + d4T + DDI ou l'arrêt du traitement de l'essai et la proposition d'un autre traitement.

▶ quand aurez-vous connaissance de vos résultats ?

Les lymphocytes CD4 et la charge virale plasmatique seront contrôlés toutes les 4 semaines pendant les 24 semaines de l'étude. Les résultats seront disponibles immédiatement pour le médecin qui vous suit.
En ce qui concerne les résultats de l'essai, l'investigateur espère avoir des **renseignements à la fin du printemps 98.**

▶ pour info

Un autre essai évaluant l'intérêt du MKC 442 (MKC 301, voir Protocoles n°2) vient également de débuter. Mais un amendement a été apporté au protocole : il consistait à remplacer l'association AZT + 3TC par l'association D4T + 3TC.
L'investigateur de l'essai MKC 301 est le Pr Daniel Séréni, Hôpital Cochin, 75014 Paris (tél. 01 42 34 13 56).

3. To prioritise products of interest / horizon scanning

CABs: sometimes more products in R&D than they can take on board (eg ALS : 109 products)

Or all trials compete to recruit participants and too small population. Which CT to recommend?

To identify developers in the field

Amyotrophic Lateral Sclerosis: horizon scan, 404 trials in total (by a Dutch patient representative)

Meetings with Utrecht Uni.

Pubmed

Subscription to 10 medical journals of interest for ALS

Contacts with developers

⇒ Selected 13 products based on criteria discussed with patients

Public authorities had selected 6

Platform trial? Healey / Tricals

4. How to identify potential clinical trial sites?

If more clinical trial sites in the EU: more trials, or faster recruitment

Not all specialised care centres are clinical trial sites GCP+

There is a (large) potential to identify new sites an empower them to join the CT research networks

CT registries provide lists of CT sites

In rare diseases, European Reference Networks provide lists of Centres of Expertise

Comparing both lists helps detect centres that could be supported to become trial sites

Keep posted

18 or 19 March

Webinar with the Duchenne Community, National Alliances, Duchenne Community Advisory Board, Eurordis Board of Directors and staff

About Translarna® non-renewal of the marketing authorisation

Your thoughts? Can you think of other uses of trial registries?

1. To improve information on clinical trials for rare diseases in your country?
2. To increase the number of clinical centres that qualify for clinical trials (GCP)?
3. To locate more precisely where the CT centres are, and propose more local ones? – pragmatic trials?