



CLINICAL
TRIALS
TRANSFORMATION
INITIATIVE

January 15, 2021

How CTTI & the Clinical Trials Community Have Risen to Meet the Challenge of COVID-19

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Introduction to CTTI



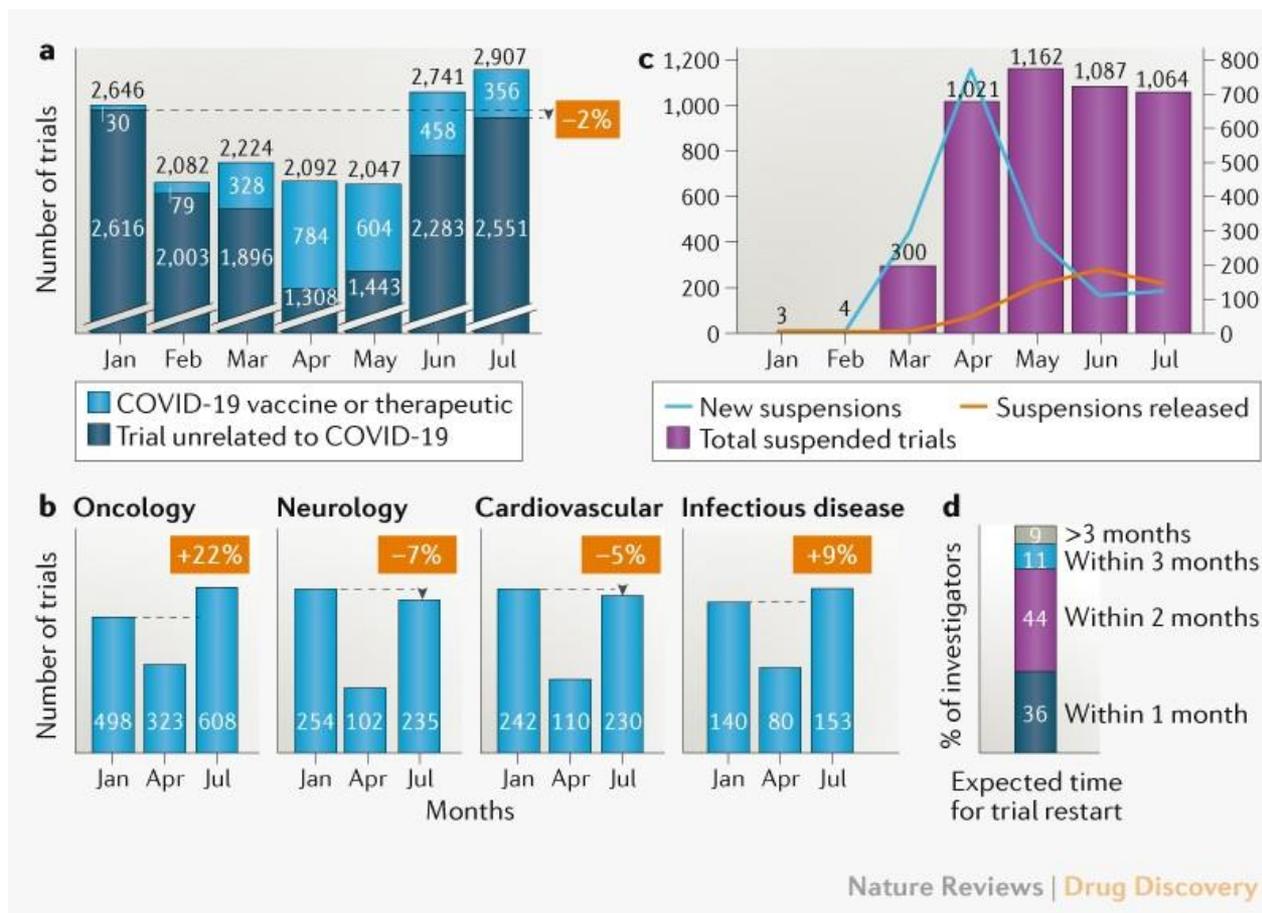
Multi-stakeholder,
public-private partnership
co-founded by Duke University & FDA

Participation of 500+ more orgs and
± 80 member organizations

MISSION: To develop and drive
adoption of practices that will
increase the quality and efficiency
of clinical trials



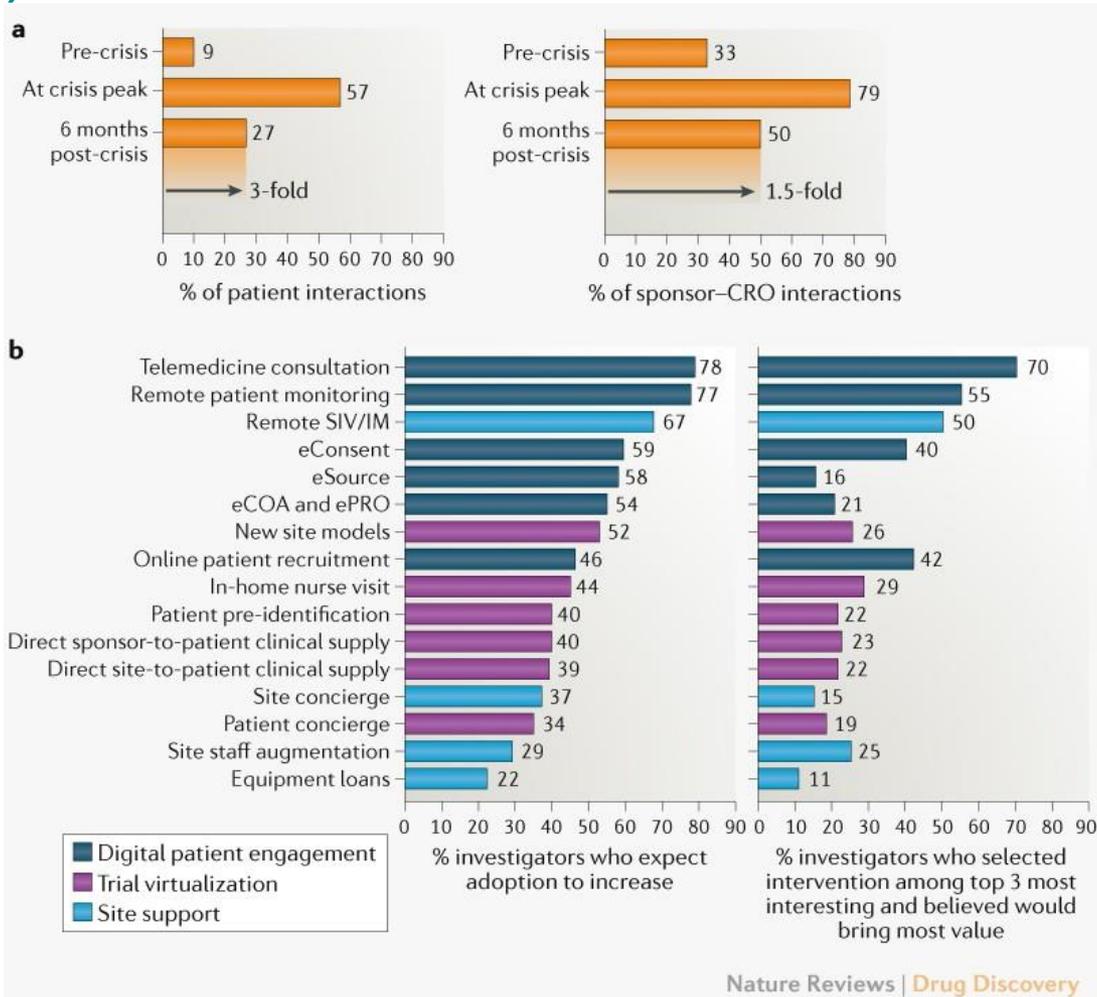
Global Clinical Trial Activity (Sep 2020)

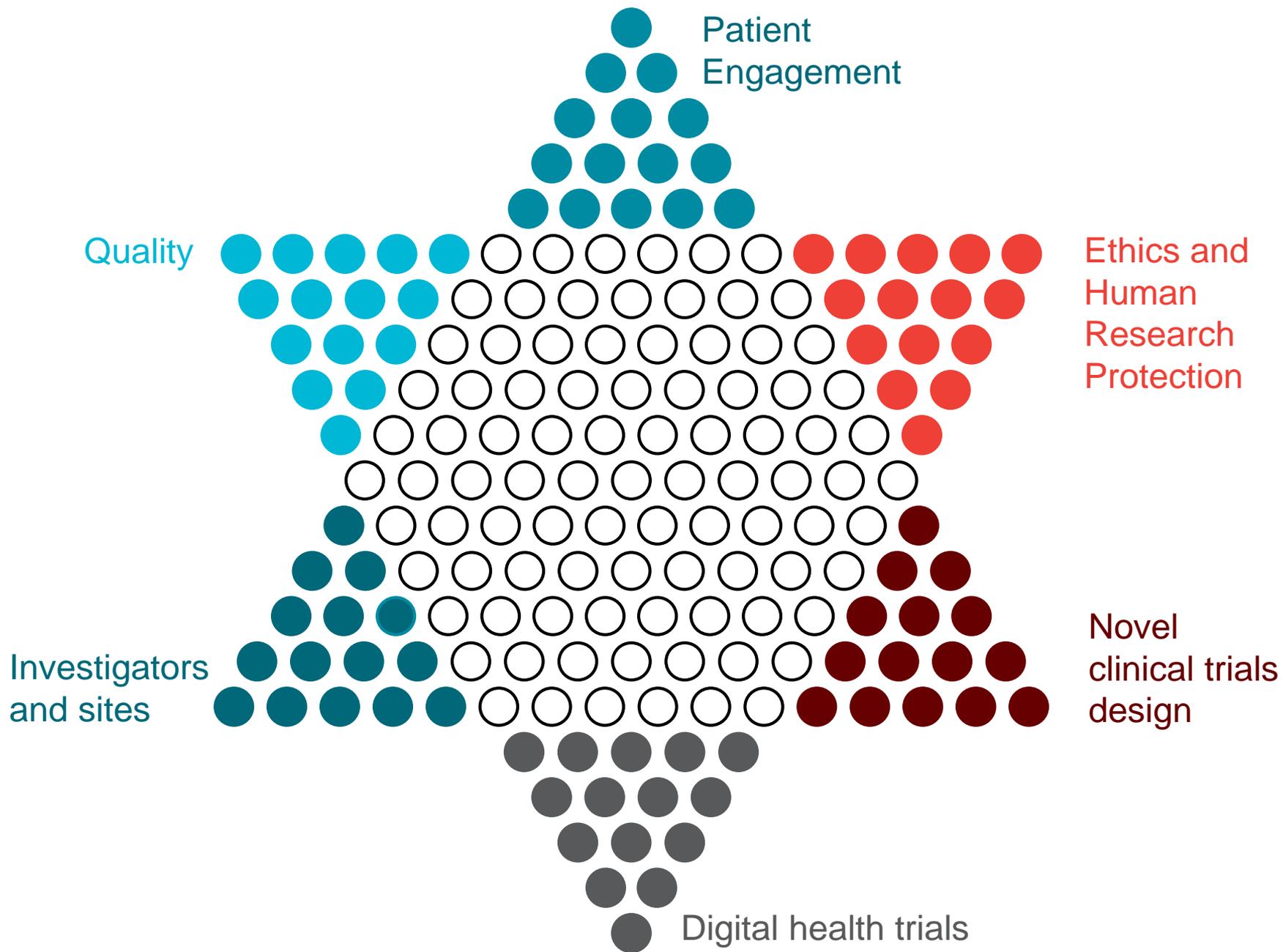


Resumption of global clinical trial activity. **a** | New trial starts recorded in ClinicalTrials.gov, including industry, government and investigator-sponsored trials. **b** | New trial starts in four therapeutic areas with the highest trial volume. **c** | Trials suspended in ClinicalTrials.gov explicitly citing COVID-19. **d** | 245 clinical trial investigators were surveyed on expectation of timing to trial restart between 8–18 May 2020. The countries most represented were the US (104), UK (33), Italy (19), Germany (17), Spain (16), France (12).

Remote Engagement & Trial Digitization

(Sep 2020)





Patient
Engagement

Quality

Ethics and
Human
Research
Protection

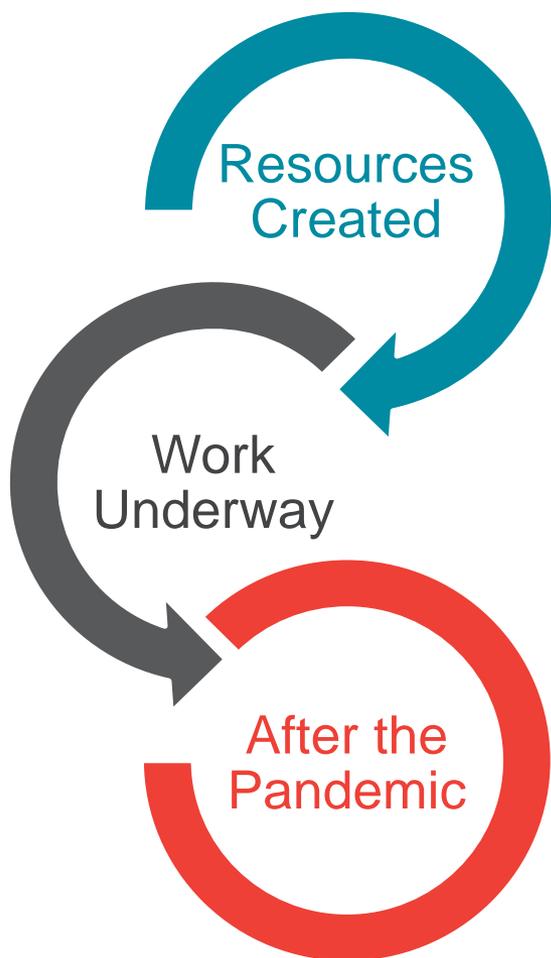
Investigators
and sites

Novel
clinical trials
design

Digital health trials

CTTI's COVID-19 Work

Overview of COVID-19 Activities



Best Practices: Ongoing Trials

- [Conduct of Ongoing Trials in COVID](#)
- [Switching to Remote & Virtual Visits](#)

- Master Protocol Summit
- Lessons learned relative to transforming trials
- COVID-19 treatment trial report

- Analysis of clinical trial ecosystem changes
- Maintaining the transformation

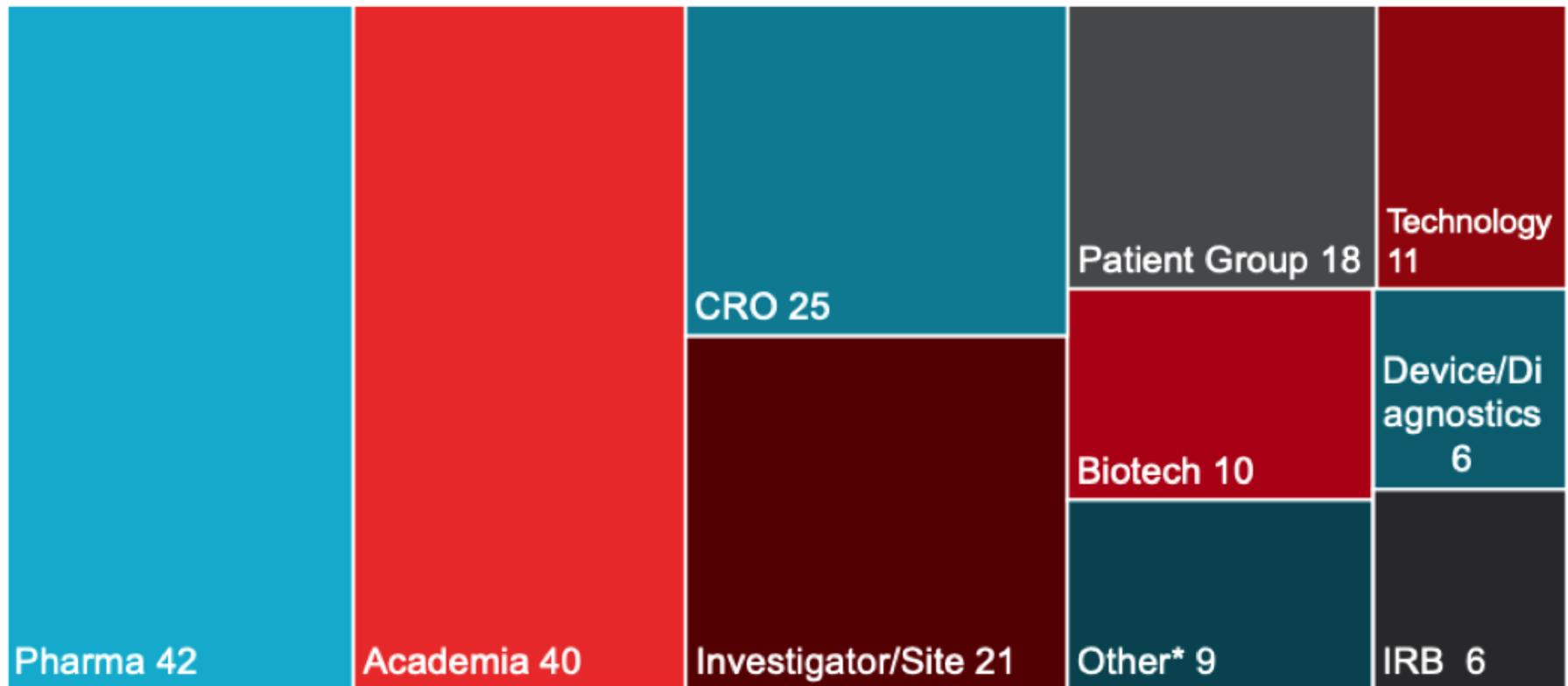
Best Practices: COVID-19 Trials

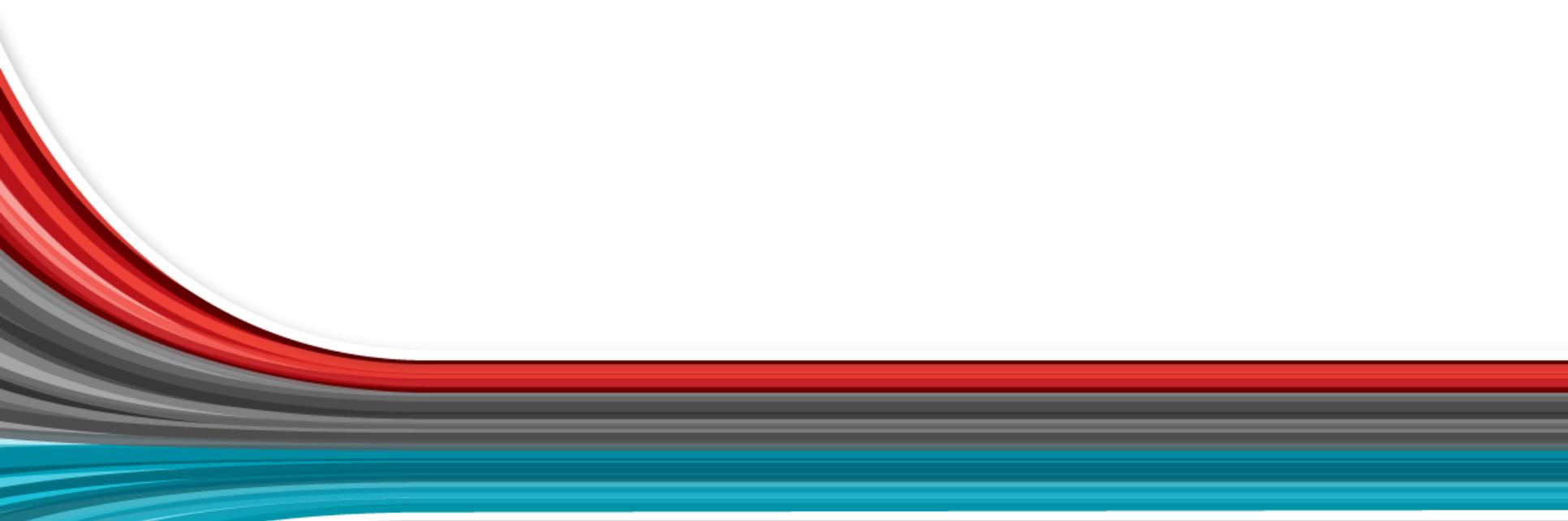
- [Daily ClinicalTrials.gov download](#)
- [Designing High-Quality Trials](#)
- [Engaging Minority Patients](#)

Collected Experiences & Best Practices

▶ Many informal discussions

▶ Surveys (N=188)





Adjusting & Adapting: Clinical Trials Conduct during the Pandemic

Best Practices for Clinical Trials Conduct during the Pandemic

- 1 Keep Participants Informed
- 2 Perform Ongoing Risk-Benefit Assessment
- 3 Communicate with IRB/IEC and Regulatory Authorities
- 4 Adjust New Study Starts and Enrollment Based on Current Risks
- 5 Pivot to Remote Study Visits
- 6 Switch to Remote Monitoring
- 7 Be Flexible
- 8 Document Everything with COVID-19 Tag

Switching to Remote/Virtual Visits

Site

Think ahead & create a plan

Test run the telehealth
platforms

Be flexible

Maintain clear & on-going
communication

Industry

Evaluate which assessments
can be done remotely

Use mobile HCPs & Local
Labs (match to assessments)

Follow regulations:
privacy/OCR, local,
Ethics/IRB

Be respectful of sites: this is
not their only priority

Run a stats analysis to
determine validity of remote
data

Tech

Deploy privacy compliant
tech platforms

Train pts/caregivers & sites
on platform

Create an appropriate
environment

Know how to handle system
failures



Designing & Running COVID-19 Treatment Trials

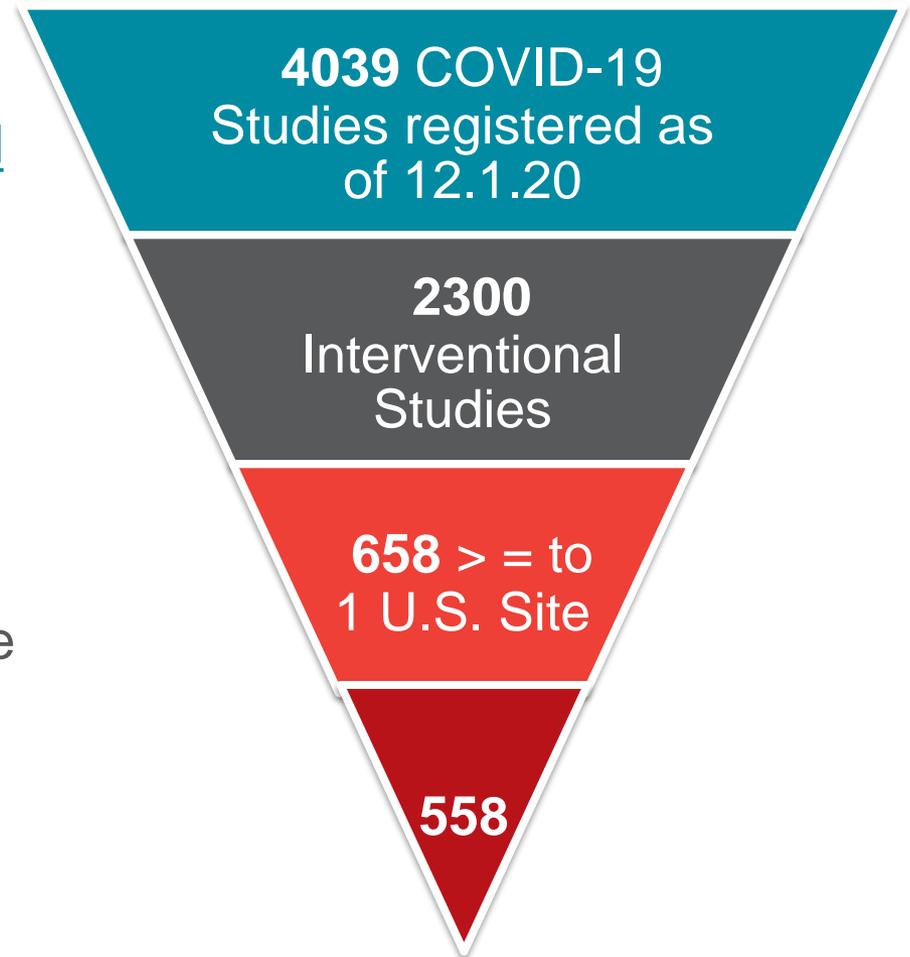


Trials must be done during the pandemic if we're going to make progress. This comes down fundamentally to meticulous planning, quality by design, integrating data collection efforts into the ordinary work flow & determining what constitutes an objective for future trials.”

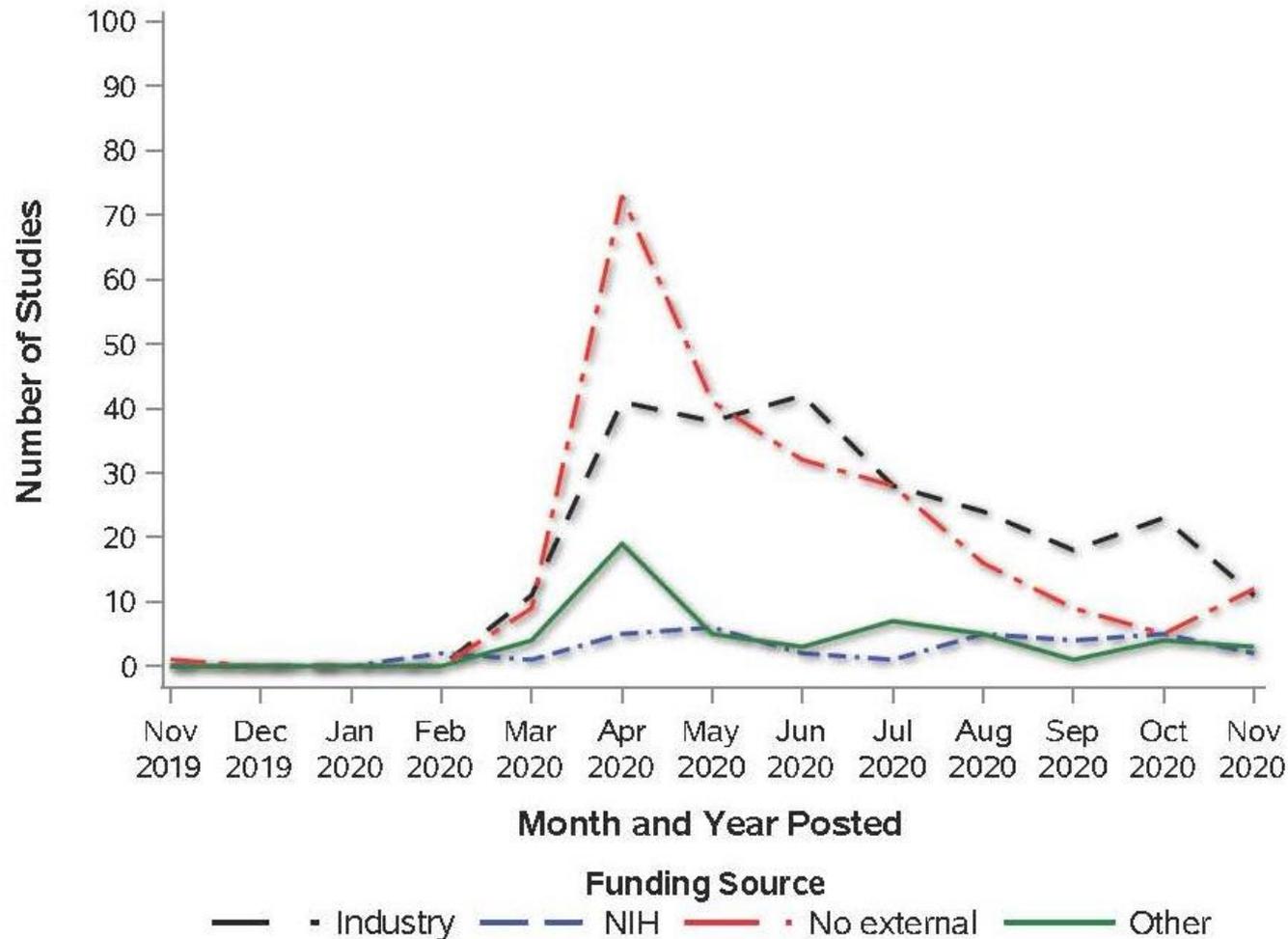
- Janet Woodcock, FDA, CDER

State of COVID-19 Clinical Trials

- Created Daily [COVID-19 Related Clinical Studies Spreadsheet](#) - allows users explore trials in a spreadsheet format
- Analyzing U.S. COVID-19 Treatment or Prevention Clinical Trials
- Using the database for Aggregate Analysis of ClinicalTrials.gov (AACT) (<https://aact.ctti-clinicaltrials.org/>).



U.S. COVID-19 Prevention or Treatment Trials on ClinicalTrials.gov, by Funder Type



Duplication & Many Single Centers

| Intervention | # of Studies, % US studies | % Multisite | Median # of sites (Q1, Q3) | No external funder, n(%) |
|---------------------|-------------------------------|---------------|----------------------------------|-----------------------------|
| Hydroxychloroquine | 50 (9%) | 22/50 (44.0%) | 1 (1, 4) | 31/50 (62.0%) |
| Convalescent plasma | 43 (7.7%) | 18/43 (41.9%) | 1 (1, 4) | 34/43 (79.1%) |
| Remdesivir | 19 (3.4%) | 17/19 (89.5%) | 15 (10, 64) | 1/19 (5.3%) |
| Azithromycin | 19 (3.4%) | 9/19 (47.4%) | 1 (1, 4) | 11/19 (57.9%) |
| Tocilizumab | 12 (2.2%) | 7/12 (58.3%) | 4 (1, 64) | 5/12 (41.7%) |

Best Practices for Designing & Running COVID-19 Treatment Trials

1 Use Large Randomized Clinical Trials (Master Protocols)

2 Include Racial & Ethnic Minorities

3 Quality Does Not Slow You Down

4 Focus on What Matters

5 Communicate, Collaborate, & Plan

Diversity Best Practices

Site

Build trust

Partner with community stakeholders

Provide information

Hire diverse staff & raise awareness

Industry

Partner with racial and ethnic minority communities early

Develop accessible site networks

Commitment & reinforcement from executive leadership

Example: Using Master Protocols

RECOVERY trial

Differentiating moderate benefits from no benefit/harm requires:

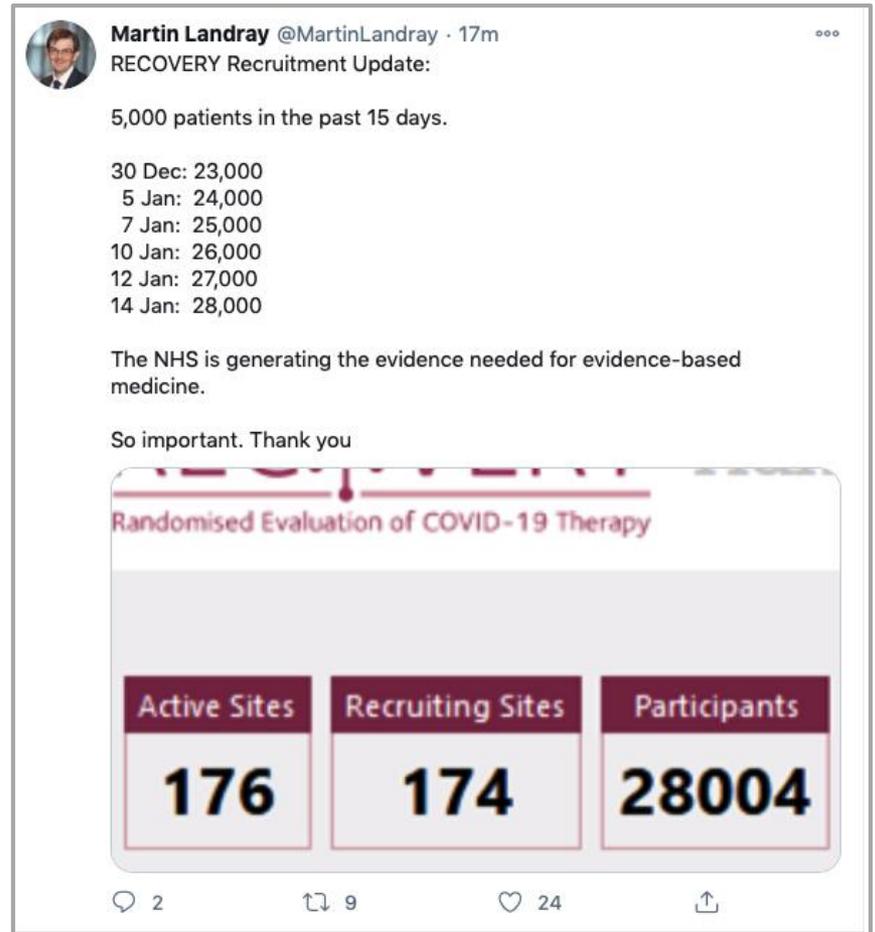
- Randomization
- Comparison vs. control group not receiving the drug
- Large numbers

Three key principles:

- Obtain robust results that can rapidly impact care
- Consider well-being of patients
- Consider well-being of staff

Focus only on what matters (Quality by Design)

- Leave orthodoxy, habits, & traditional practices behind
- Communicate & collaborate
- Transparency



Martin Landray @MartinLandray · 17m
RECOVERY Recruitment Update:

5,000 patients in the past 15 days.

30 Dec: 23,000
5 Jan: 24,000
7 Jan: 25,000
10 Jan: 26,000
12 Jan: 27,000
14 Jan: 28,000

The NHS is generating the evidence needed for evidence-based medicine.

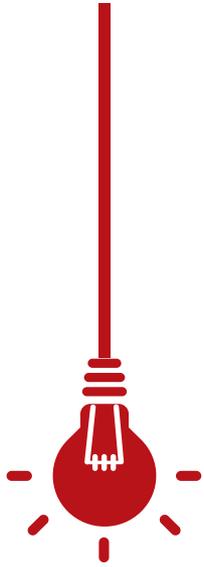
So important. Thank you

Randomised Evaluation of COVID-19 Therapy

| Active Sites | Recruiting Sites | Participants |
|--------------|------------------|--------------|
| 176 | 174 | 28004 |

2 9 24

Strategies to Successfully Start Up Sites

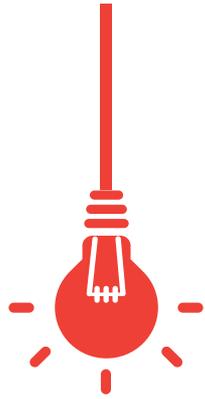


CONTRACTING

Being flexible

Take it or leave it

Leverage existing contracts

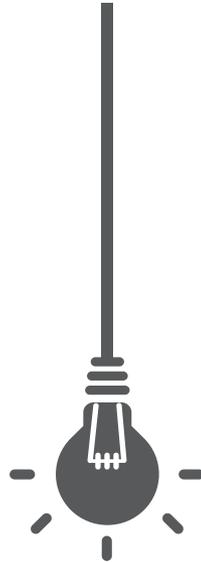


STAFFING

Reallocate

Supplement

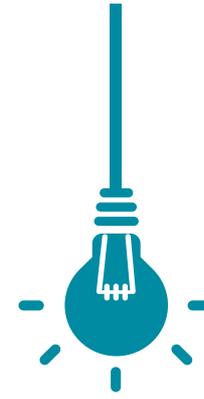
Training



IRB

Expedited

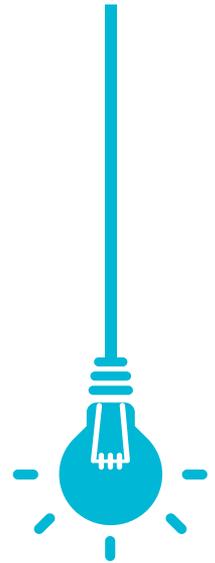
Select sites based on timely review



FEASIBILITY

Streamline Protocol

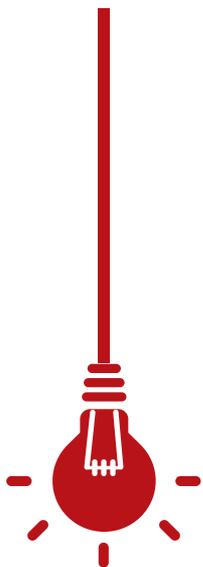
Single point of contact site management



TRIAL BUDGET

Increase Budgets

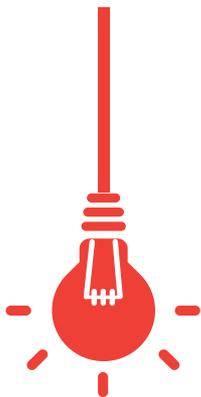
Strategies to Successfully Enroll Participants



SITES

Communication

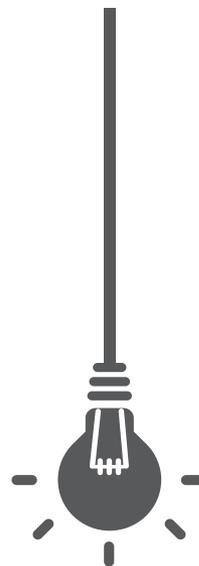
New sites
Domestically
Non-US



PROTOCOL DESIGN

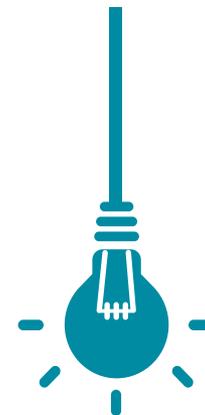
Amendments

Streamline protocol



CONSENT

Simplify



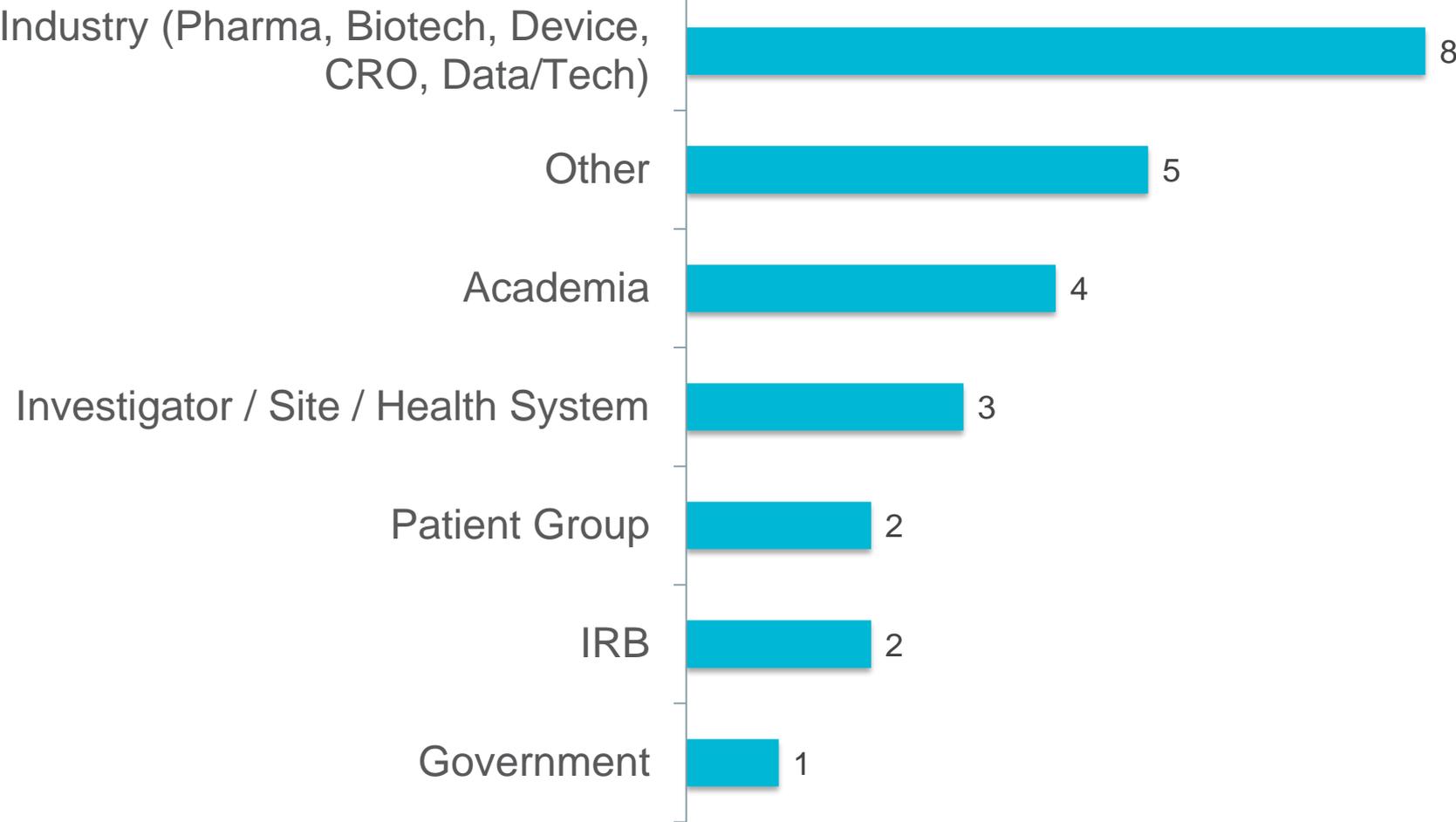
CO-ENROLLMENT



Transformative Opportunities for Clinical Trials Based on Experiences during COVID-19*

*Survey responses from 27 CTTI member organizations

Survey Participants



Findings: Research Site Adaptations

Change in how trials are designed/conducted

Temperature and symptom screening is performed at each location prior to building entrance

COVID-19 screening of all patients prior to study entry or any treatment cycle start

Lessons learned from change

Screening is effective

Not every change was funded via site budget

Findings: Digital Health & Decentralized Trials

Change

Selected Lessons Learned



Switched to e-consent

Need to be sure of identity
Compliance is better, it is recorded



Protocol Simplification

Preplanning is beneficial



Virtual & Remote Visits

Demonstrated feasibility of telemedicine trials
Right incentives were in place
Facilitate research, more widespread participation



Supplement (Local Labs & HealthCare Providers)

Participants could stay locally
Some labs/imaging were easier set up than others
Logical extension of where we were going



Investigational Medical Product

IP needs to be appropriate for shipping & self administration
Geographic differences drive site receptiveness



Monitoring

Increased appreciation of what could be done off-site
Setting up pro-actively would help

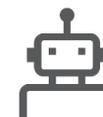
Conclusion



Real momentum towards DHT & decentralized clinical trials



60% of respondents express changes will continued to be implemented in trials going forward



About 60% of those implementing changes going forward are evaluating the changes they are implementing

Closing

CTTI COVID-19 Resources

For Ongoing Trials

- [Playbook of Best Practices](#)
- Webinar: [Conduct of Ongoing Trials in COVID](#)
- Webinar: [Switching to Remote & Virtual Visits](#)

For COVID-19 Trials

- [Daily ClinicalTrials.gov download](#)
- [Master Protocol Summit](#)
- Webinar: [Designing High-Quality Trials](#)
- Webinar: [Engaging Minority Patients](#)

Next Steps

There's still much more to be done

- Applying lessons learned to treatment trials
- Transitioning to a new norm & making lessons learned “stick”
- Continue to communicate, collaborate, & evolve

Upcoming CTTI efforts:

- A call to join Transforming Trials 2030
- New work on DCT (2.0), diversity, trials in health settings, the State of Clinical Trials & more

THANKS



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Stay in touch!

[Sign up](#) for CTTI's e-newsletter and follow us to hear more about our ongoing COVID-19 efforts, as well as our Transforming Trials 2030 initiative.



www.ctti-clinicaltrials.org

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