

Stanford  
LawSchool

# Clinical Trial Data Sharing: Perspectives From Participants and PCORI

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Stanford  
MEDICINE

Health Research & Policy

## Stanford Project Team



Michelle Mello

Steve Goodman

Van Lieou



SPRC Trial  
Teams



Indiana  
University CTSI  
Trial Teams



Tufts Trial Teams



Greenwall  
Foundation

- Broad movement toward participant-level data sharing
- Concerns about privacy, informed consent, and system governance
- Little is known about trial participants' views
- Trial sponsors and investigators often invoke participants' interests as a reason not to share, or to limit what is shared

SPECIAL ARTICLE

June 7, 2018

Clinical Trial Participants' Views  
of the Risks and Benefits of Data Sharing

Michelle M. Mello, J.D., Ph.D., Van Lieou, B.S.,  
and Steven N. Goodman, M.D., Ph.D.

## Study questions:

1. How do trial participants perceive the balance of risks and benefits from data sharing?
2. How great a concern are privacy intrusions and breaches?

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- Data were hand-entered into REDCap and audited for accuracy

	n	Completion Rate (%)
<b>Full sample</b>	<b>771</b>	<b>79.2</b>
Mail survey	350	64.0
In-clinic survey	421	98.0

# Topics of Participants' Trials

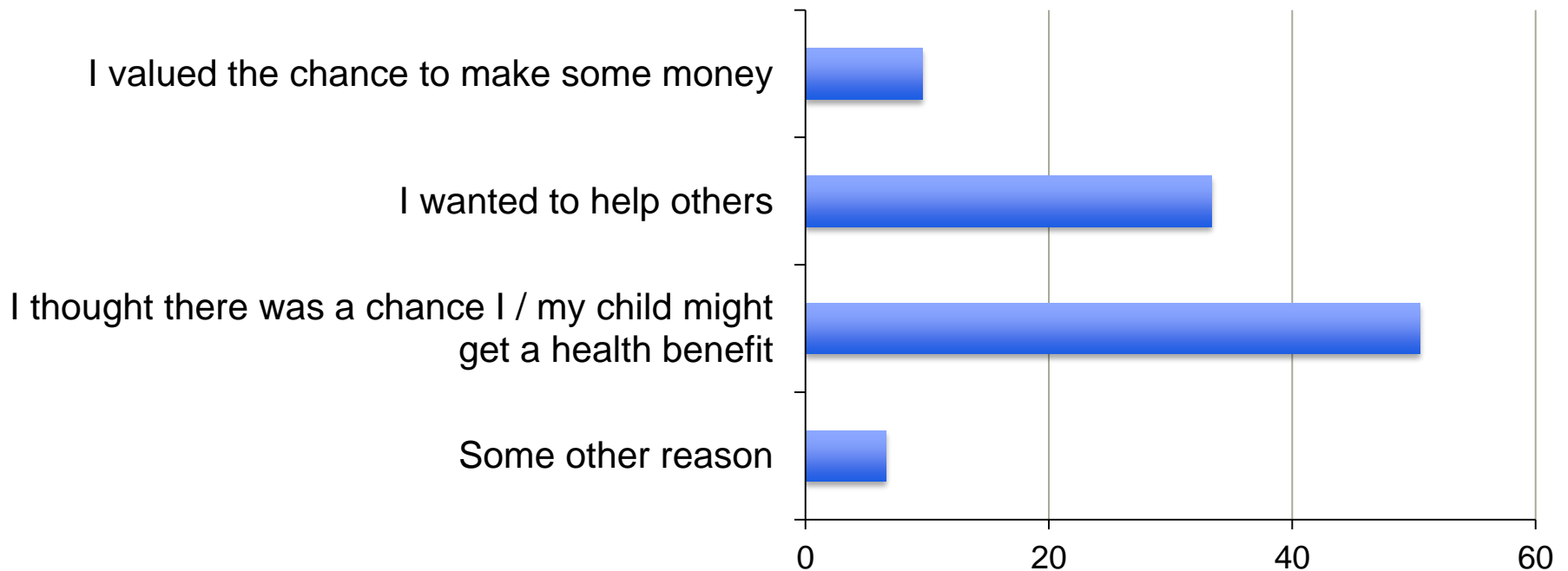
Health Issue	%
Nutrition/weight/vitamins	22.3
Diabetes	22.3
Cardiovascular	9.2
Aging/ neurodegenerative disease/ memory	8.3
Tobacco use	6.7
Liver disease	6.4
Mental illness	5.3
Cancer	5.1
Kidney disease	3.4
Lung disease	2.9
Alcohol use	2.2
Bone disease	1.7
Other	3.7

	%
Fair or poor self-reported health status	22.3
Female	49.9
Age: <25	8.3
25-44	60.7
65+	31.0
Hispanic	13.3
Race: White	67.2
Black	14.7
Native American	6.6
Asian	3.2
Education: No college	21.9
College graduate	50.7
Household income: <\$25,000	23.3
> National median (\$55,000)	49.0
Ever had personal information stolen or breached	45.7

	%
Who participated in the trial?	
Me only	90.2
My child only	7.1
Other person only	1.6
Me plus someone else	0.7
Unsure	0.5
In last 2 years, participated in a trial as:	
A person with the health condition being studied	41.5
A healthy volunteer or a person at risk for developing the health condition being studied	55.1
Both	3.4

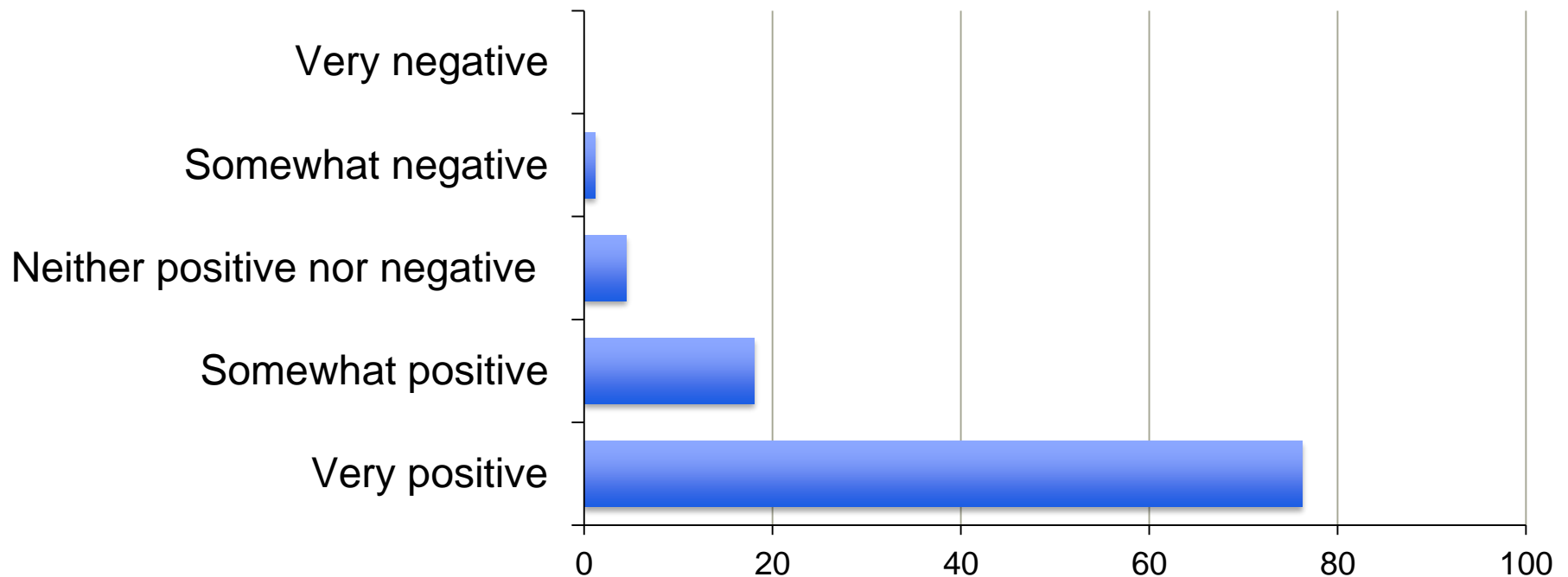
# Primary Reason for Trial Participation

*Thinking about the most recent clinical trial you/your child participated in, what was the most important reason you decided to be in the study?*



# Impressions of Trial Participation

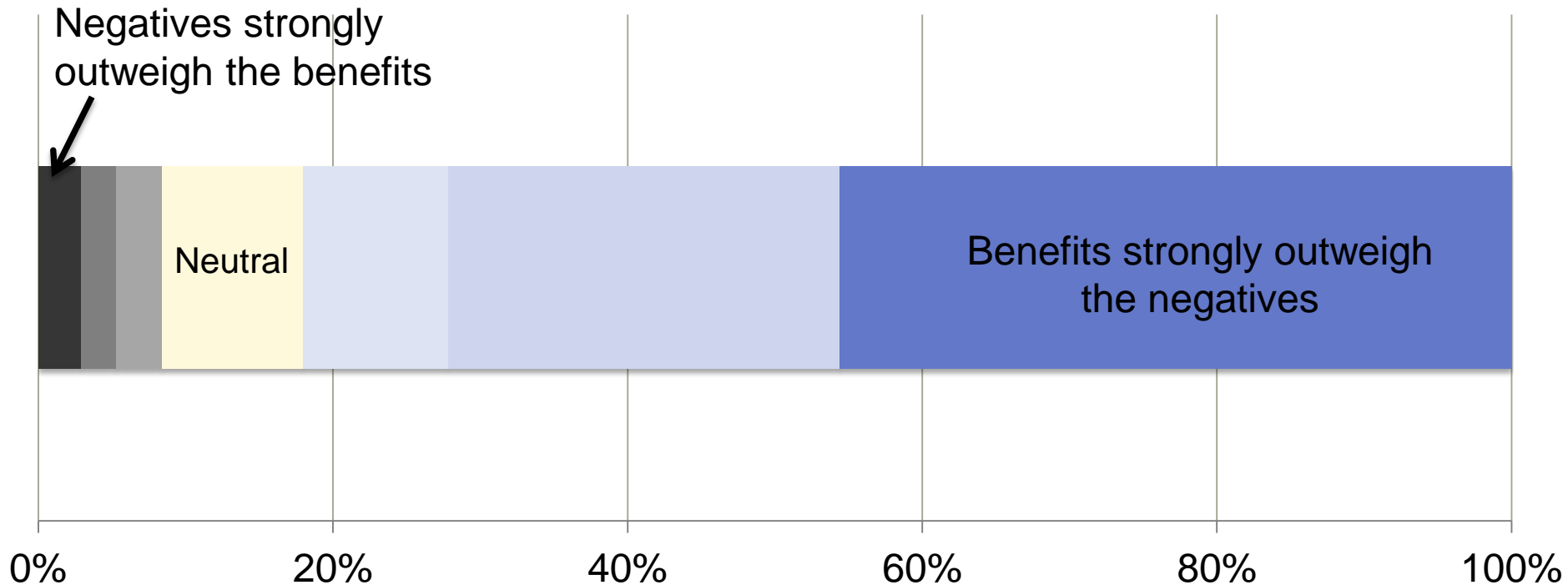
*Overall, how would you describe your / your child's experience(s) as a clinical trial participant?*





# Overall Attitude to Data Sharing

*Overall, how do you think the potential benefits of sharing anonymous, individual clinical trial data weigh against the potential negative consequences?*

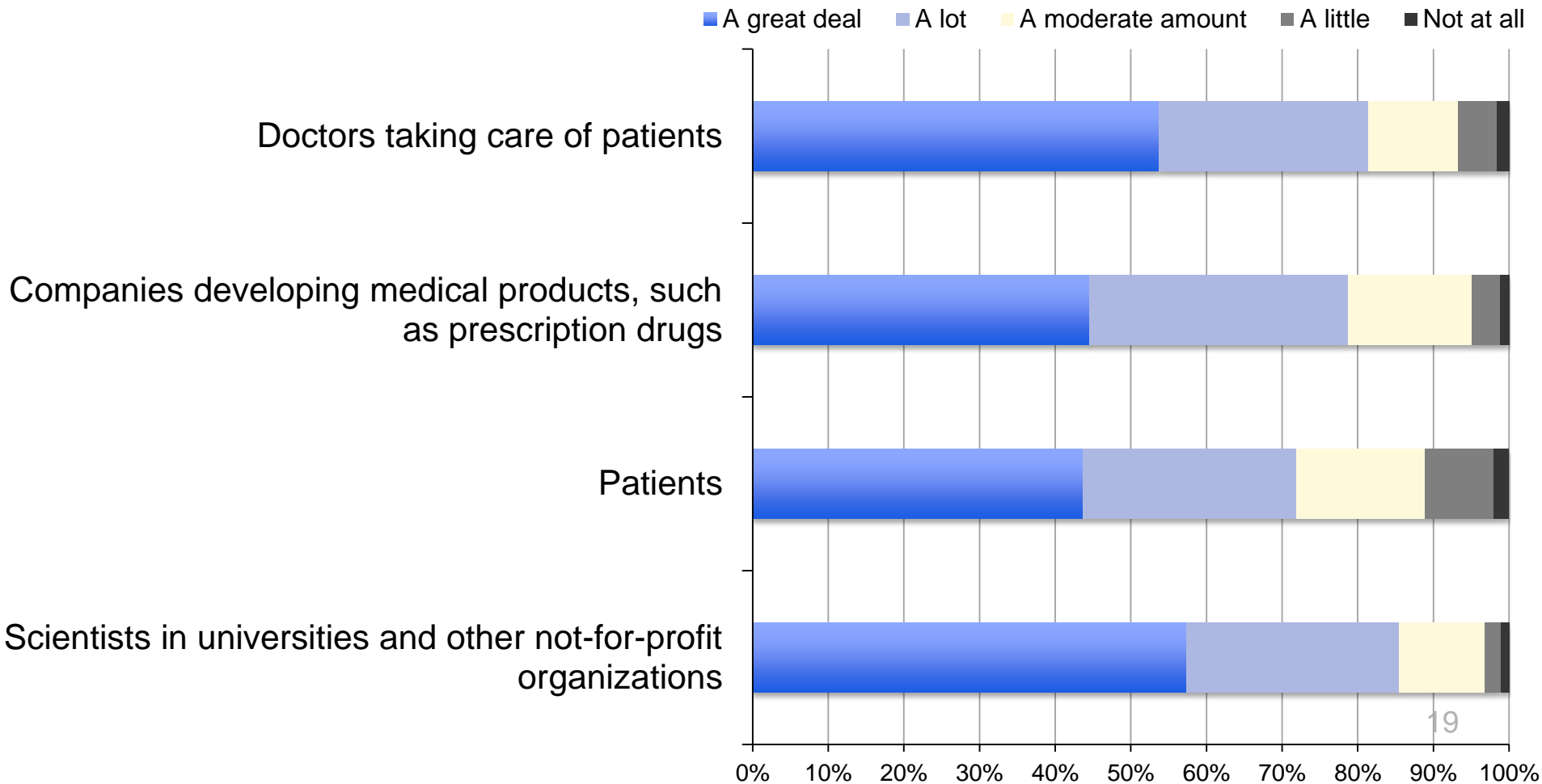


# Predictors: Negative Aspects of Data Sharing Outweigh Benefits

- Few significant predictors, but low proportion with negative views could have made subgroup differences hard to detect.
- More likely to feel that negatives outweigh benefits if:
  - Concerned about risk of reidentification (OR=2.9)
  - Concerned about risk of information theft (OR=2.6)
- Those with a college degree less likely to feel this way (OR=0.22)

# Who Benefits From Data Sharing

*How much do you think the following groups could benefit from sharing anonymous, individual clinical trial data?*



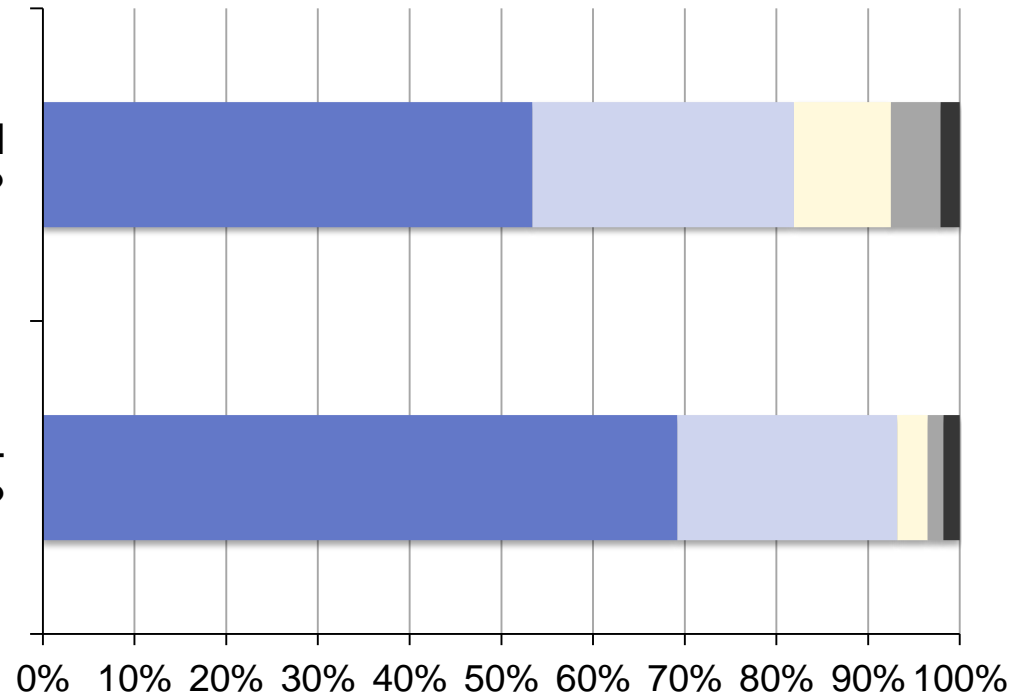
# Does the Recipient Matter?

*How likely would you be to allow your anonymous, individual clinical trial data to be shared with...*

■ Very likely ■ Somewhat likely ■ Neither likely nor unlikely ■ Somewhat unlikely ■ Very unlikely

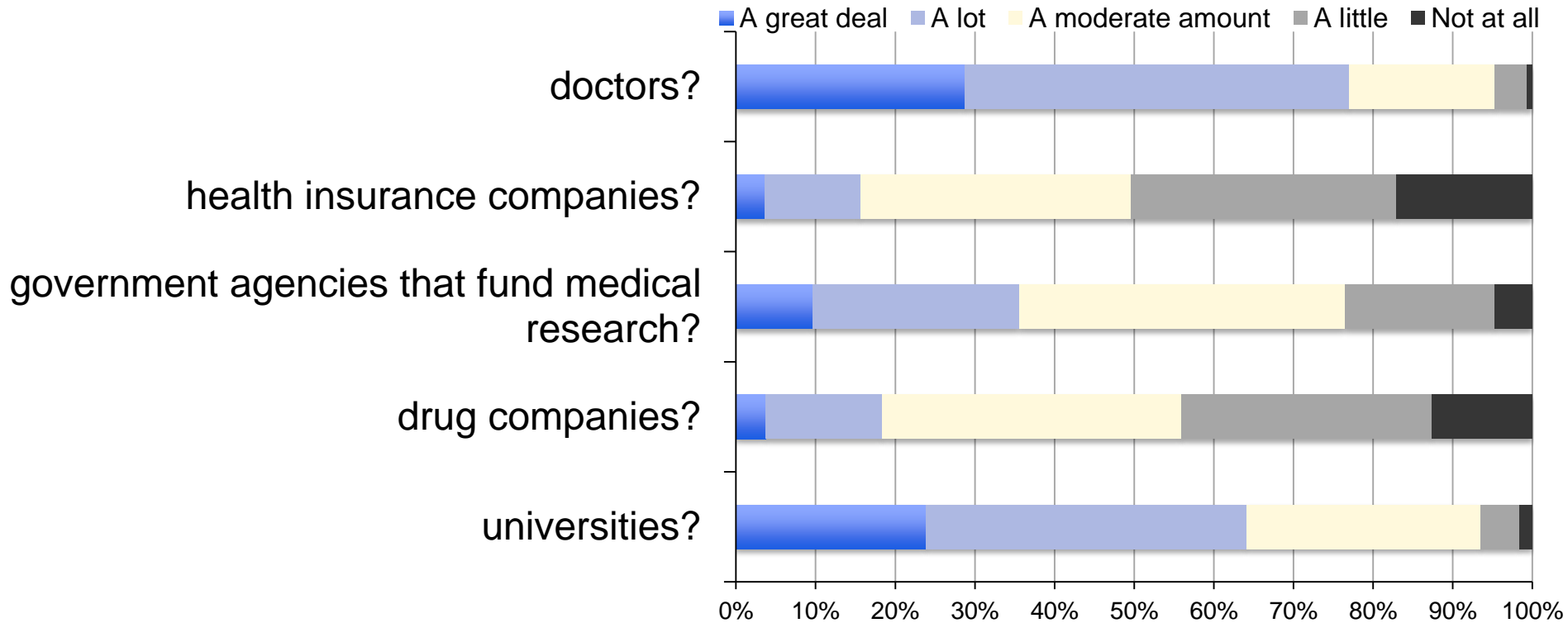
scientists in companies developing medical products, such as prescription drugs?

scientists in universities and other not-for-profit organizations?



# Trust in Institutions

*How much do you trust ...*



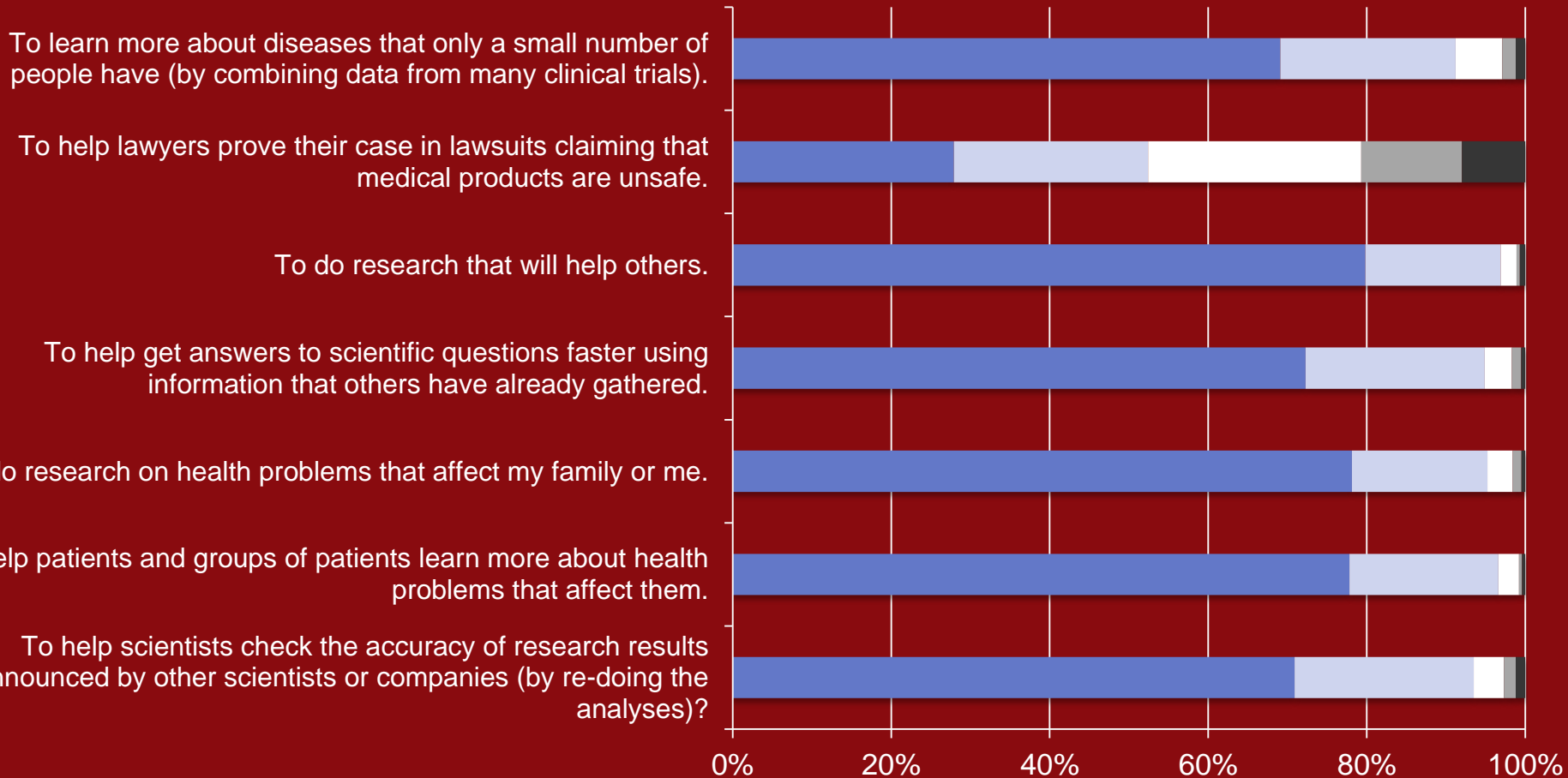
# Predictors of Being Unlikely to Share Own Data

- With drug company scientists:
  - Feeling that other people generally can't be trusted (OR=3.5)
  - Having low trust in drug companies (OR=3.1)
- With scientists in not-for-profit settings:
  - Feeling that other people generally can't be trusted (OR=7.0)
  - Those with a college degree were less likely to be unwilling to share (OR=0.24)

# Does the Type of Use Matter?

*How likely would you be to allow your anonymous, individual clinical trial data to be used in the following ways?*

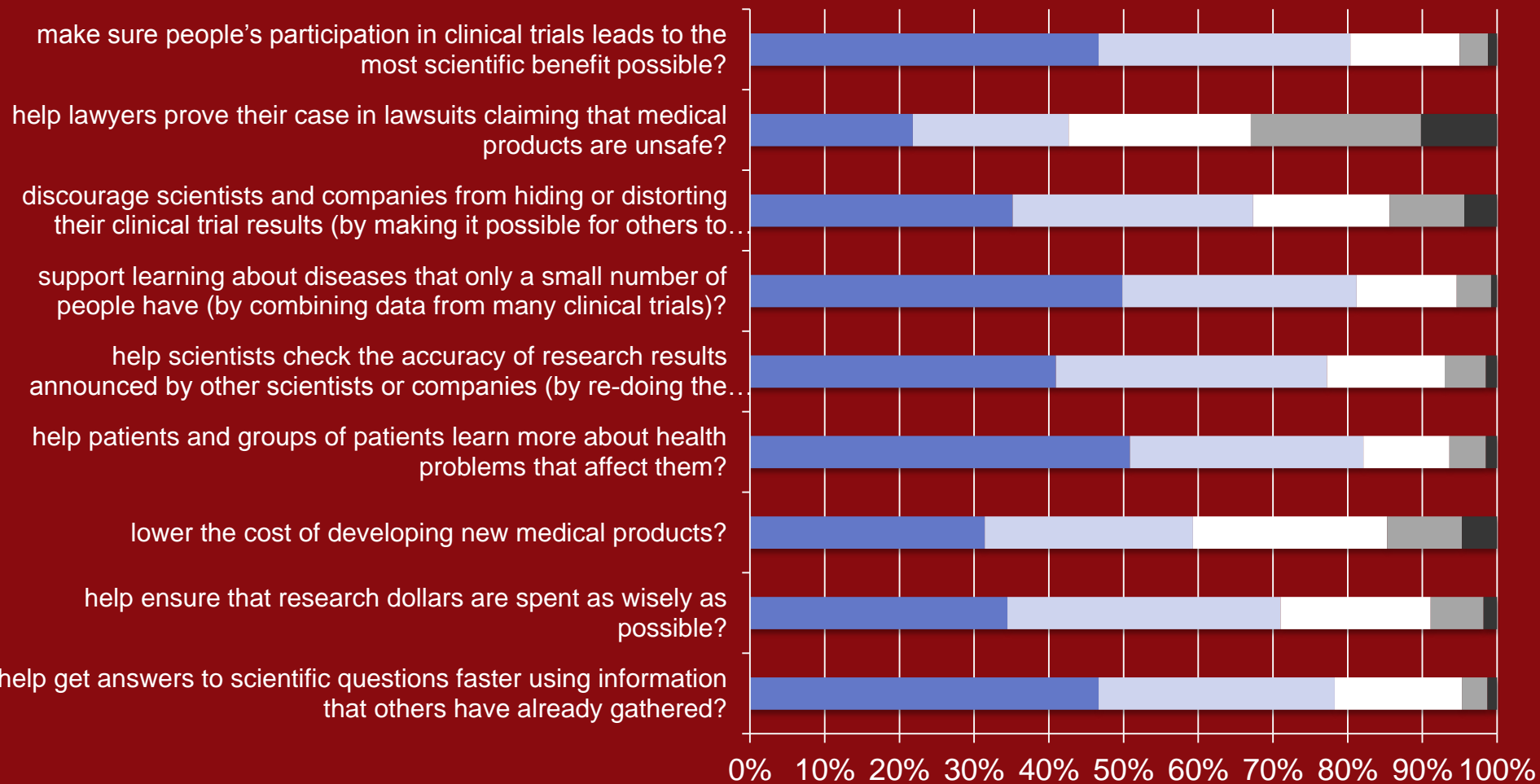
■ Very likely  
 ■ Somewhat likely  
 ■ Neither likely nor unlikely  
 ■ Somewhat unlikely  
 ■ Very unlikely



# Benefits of Data Sharing

*How much do you think sharing anonymous, individual clinical trial data can...*

■ A great deal ■ A lot ■ A moderate amount ■ A little ■ Not at all

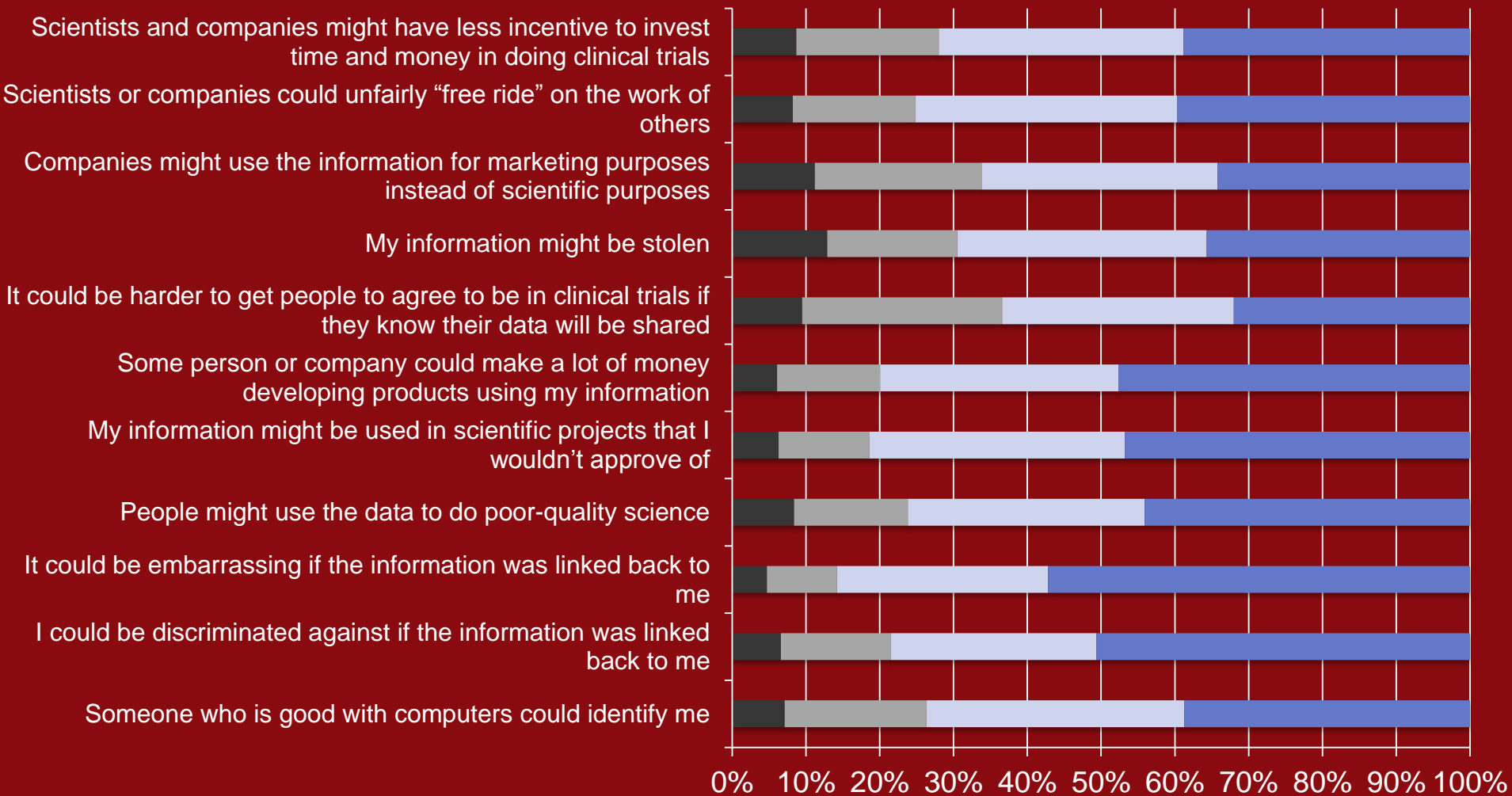




# Data Sharing Risks

*How concerned are you about the following potential consequences of sharing anonymous, individual clinical trial data?*

■ Very concerned   ■ Somewhat concerned   ■ Not very concerned   ■ Not at all concerned



- Possible nonresponse bias
- Comprehension problems?
- Sicker participants might have different views

- What if specific consent for data sharing wasn't obtained?
- Do participants prefer to be asked for consent or merely informed of data sharing?
- Is blanket consent for future uses acceptable?
- Should data sharing systems be open access?

- Participants see the benefits of data sharing as greatly outweighing the risks.

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- High willingness to share data, even where no prospect of benefit to self/family.
  - See benefits in terms of future clinical care, as well as scientific discovery.

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  - Lawyers are a different story!

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  - Lawyers are a different story!
- Proportion concerned about risks is surprisingly low (25% somewhat, 10% very).

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- Don't be deterred by privacy anxieties
- Frame the ask with specific information about the benefits of data sharing and the scientific cost of opt outs
- Stress your desire to make the most of their contribution to science

# PCORI Data Sharing Policy: Current status

**Steven Goodman, MD, PhD**

Professor and Associate Dean

Stanford University School of Medicine

Vice-chair, PCORI Methodology Committee



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

# Policy for Data Access & Data Sharing: Background

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- **PCORI is committed to open science.**
  - To allow reproduction of original analyses
  - To enable conduct of additional analyses
- **Policy developed with input from expert advisory group and Research Transformation Committee (RTC)**
  - Informed by public comment period and a pilot project involving data repositories and PCORI-funded researchers
  - Informed by other funders/regulators of clinical research, including Gates Foundation, European Medicines Agency, and NIH.
- **Designed to evolve, based on future experience.**



## PCORI POLICY for DATA MANAGEMENT & DATA SHARING

**VALUES STATEMENT:** The Patient-Centered Outcomes Research Institute (PCORI) is committed to the principles of open science, particularly maximizing the utility and usability of data collected in research projects that PCORI funds. PCORI seeks to encourage scientifically rigorous secondary use of clinical research data to foster advances that will ultimately improve clinical care and patient outcomes. As such, PCORI believes it is important for our research awardees to systematically create and preserve research data and data documentation in order to facilitate data sharing.



# Data Sharing Pilot Project

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## PCORI Awardees:

- 5 awardees participated: 3 completed studies and 2 ongoing large, pragmatic studies
- Awardees were selected to represent a diversity of therapeutic areas, study designs (both observational and RCTs) and data sources (EHR, claims data, imaging data)

## Data Repositories:

- Multi-Regional Clinical Trials (MRCT) Center, Brigham and Women's Hospital
- ICPSR at the University of Michigan



# Data Sharing Pilot Project (2)

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## MRCT:

- Focused on governance issues and documents – Data Use Agreement (DUA), Data Contributor Agreement (DCA), Informed Consent Forms (ICF)

## ICPSR:

- Worked with 4 awardees to archive data of varying types
- Documented the experience to enable PCORI to plan for broader data sharing activities
- Created a demonstration repository for PCORI, initially for internal review and use





# Data Sharing Pilot Project: Lessons Learned, I

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- **Data Governance**
  - Variability in understanding of data package and data sharing terms
  - DCA, DUA and ICF are valuable documents for setting expectations
  - PCORI awardees desire recognition when data used in secondary research
- **Lessons for Data Submission**
  - Preparing data for submission takes time and expertise
  - Curation and review of submitted data is critical
  - Target date for releasing data (embargo) is needed



# Data Sharing Pilot Project: Lessons Learned, II

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- **Implementation of data sharing for clinical research requires careful deliberation about the details:**
  - Cannot direct researchers to deposit their data “somewhere” and declare victory
  - Data curation and ability of repository to work with researchers is critical
  - It’s not just the dataset... it’s the whole data package
  - Data discoverability & intelligibility are the name of the game



# Data Sharing Pilot Project: Lessons Learned, III

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- **Considerations for Informed Consent**
  - Provide explanations of “your” data, coded data, de-identified data and anonymized data
  - Provisions to respect participant autonomy and privacy
  - Minimal but non-zero risk of re-identification
  - Minimal but non-zero risk of privacy breach
  - Opt-out provision for secondary use of collected data



## Final policy will address:

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- Description of the full data package (full analyzable dataset, study protocol, metadata, data dictionary, full statistical analysis plan, and analytic code)
- PCORI commitment to provide funds for the time/effort of investigators to prepare their data for sharing
- Terms of data deposition and data availability
- Informed consent
- Terms of the data request process, as well as review of requests and requestor qualifications
- Applicability of the policy to studies using EHR and other health systems data



**Thank you!**  
**Questions?**

