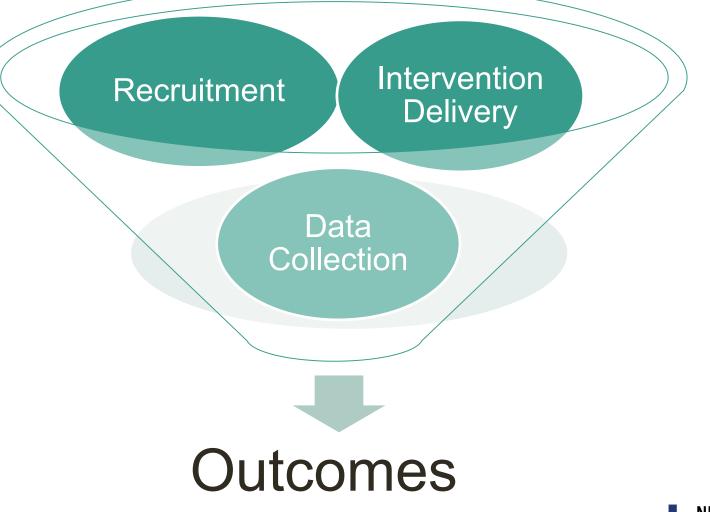
## Panel: Then, Now, and Future

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## **Advances in PCTs**





## **PCTs: Then, Now and Future**

- Then
  - Conducting ePCTs
    - Recruitment
- Now
  - Answering the important question(s)
    - Delivering the intervention
- Future
  - Rapid conduct of relevant trials
    - Addressing new and existing challenges



# Then: Conducting ePCTs-Recruitment

- Landscape at the time
  - Research teams
  - In-person visits
  - Resistance providers
  - Consent—traditional
- New options
  - Registries
  - Health system personnel
  - Consent-waivers, opt-outs and opt-ins, notices, electronic
  - Visits: remote-phone, virtual, apps



## Now: Answering the question(s)?

#### Yes

- Rigorous trials
- Flexible delivery of interventions
- Complete data capture and ascertainment outcomes

### But...

- Difficulty showing benefits interventions (common in ePCTs)
- Limited control delivery of intervention /trends controls
- Challenges tracking fidelity and adherence to intervention

## Future of ePCTs: Rapid and relevant

- Time
  - Duration
    - Planning, conduct and analysis
    - Relevance to practice
- Current conditions/ diseases
  - New guidelines and treatments become available
- New conditions/ diseases
  - Urgent need to create evidence on best treatment options



## Future ePCTs

- Rapid planning
  - Diversity: population, health systems
  - Settings: large academic systems  $\leftarrow \rightarrow$  community practices
- Implementation
  - Collaborative networks
  - Accelerated enrollment
  - New designs, serial interventions, randomization
  - Novel tools data collection



### **Future ePCTs**

- Based on solid research infrastructure
- Advanced integration into clinical practice
- Rapid generation clinical evidence

