NAVIGATING THE CLINICAL TRIALS EXPERIENCE

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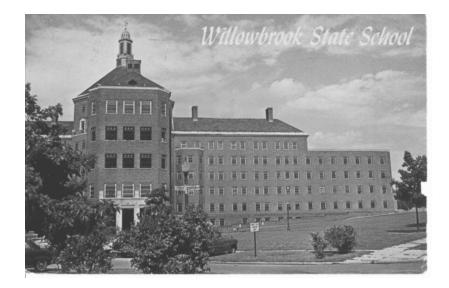
What we talk about when we talk about MPNs

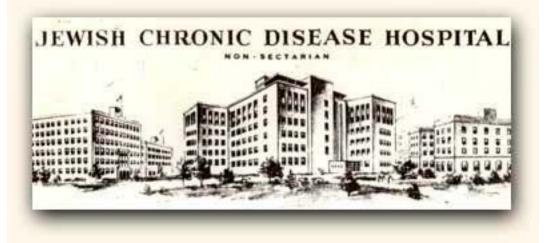


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Unethical Clinical Trials: The Burden of History







Oversight of Clinical Trials

FDA

- IND and NDA Review
- Federal audits

Nuremberg Code (1947) Declaration of Helsinki (1964) Belmont Report (1978)

Local Institution

- Institutional Review Board & Scientific Review Committee
- Internal Audits / Data Safety Monitoring Committee (DSMC)
- Financial disclosure

Industry

- DSMC
- Monitors
- Distribution of adverse event reports; amendment of consents

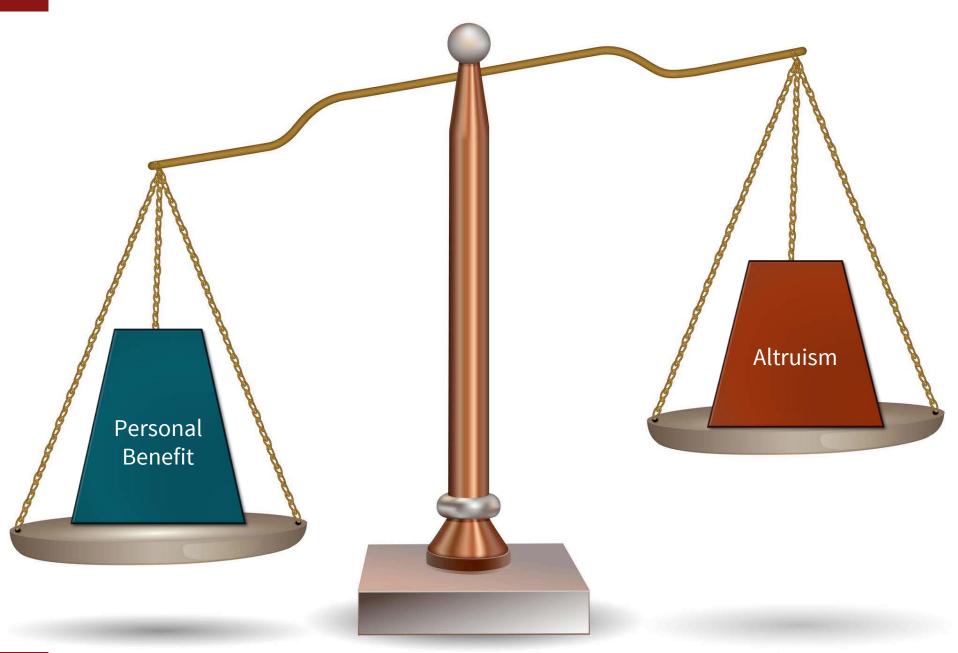
Trial Design

 Early stopping rules for safety concerns and lack of efficacy Stanford University

Barriers to Clinical Trial Enrollment

- Lack of information about available clinical trials
- I don't want to be a 'guinea pig'
- Time, travel, or financial constraints
- Concern about receiving low/ineffective dose
- Randomization design; use of placebo; lack of crossover
- Trial eligibility criteria
- Chronologic or biologic age; ageism
- Nihilism on behalf of patients and referring doctors





Financial Considerations

Is the study drug free?

Are visits, labs, and procedures paid by the trial or by my insurance?

Are travel and/or lodging expenses defrayed by the study?

Terminology of Drug Status

(FDA)-Approved

- Ruxolitinib in intermediate or high-risk MF
- Ruxolitinib in PV patients with inadequate response or intolerance to hydroxyurea

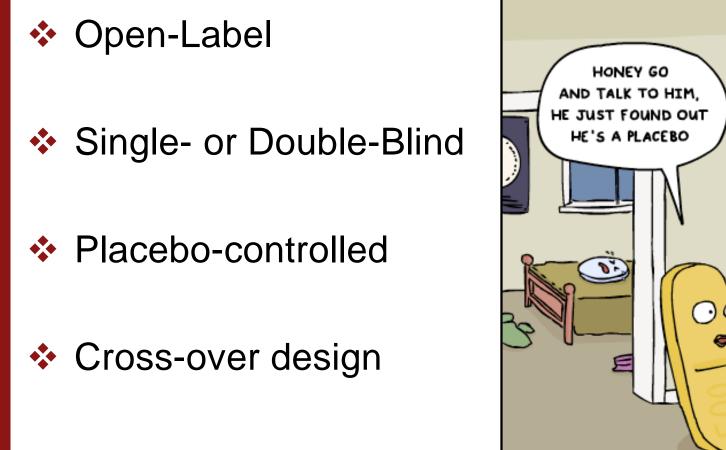
Off-Label

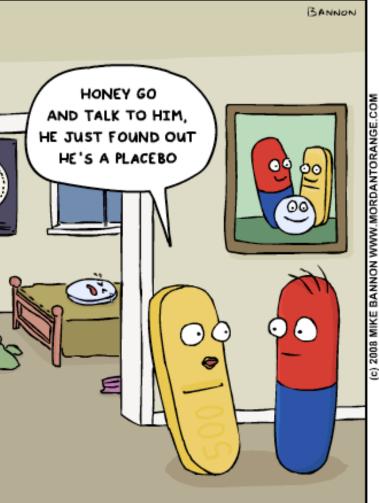
PEG-interferon-α in MPNs

Investigational

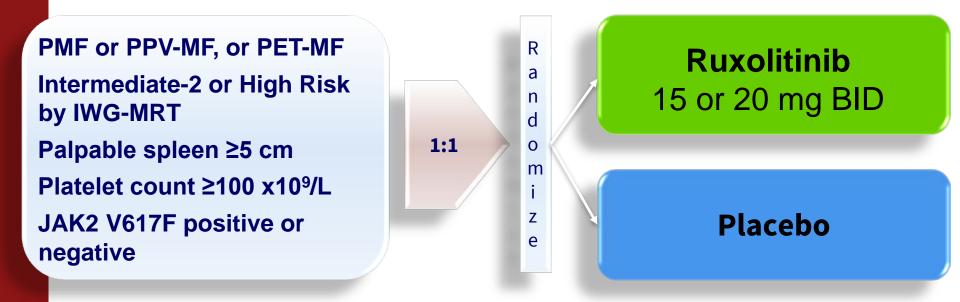
Imetelstat in MF

A Brief Glossary for Patients



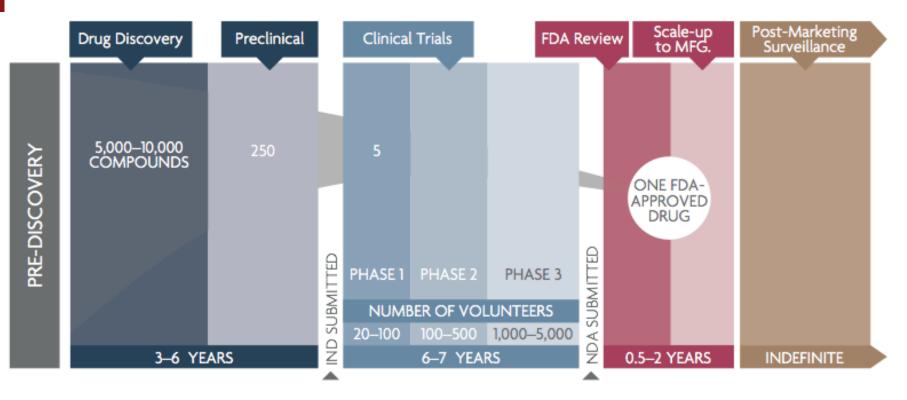


COMFORT-I: Examples of Clinical Trial Terms



Study was double-blind and placebo-controlled
Cross-over to ruxolitinib was possible after week 24
After cross-over, patients given open-label ruxolitinib

Drug Development Timeline



Source: PhRMA6

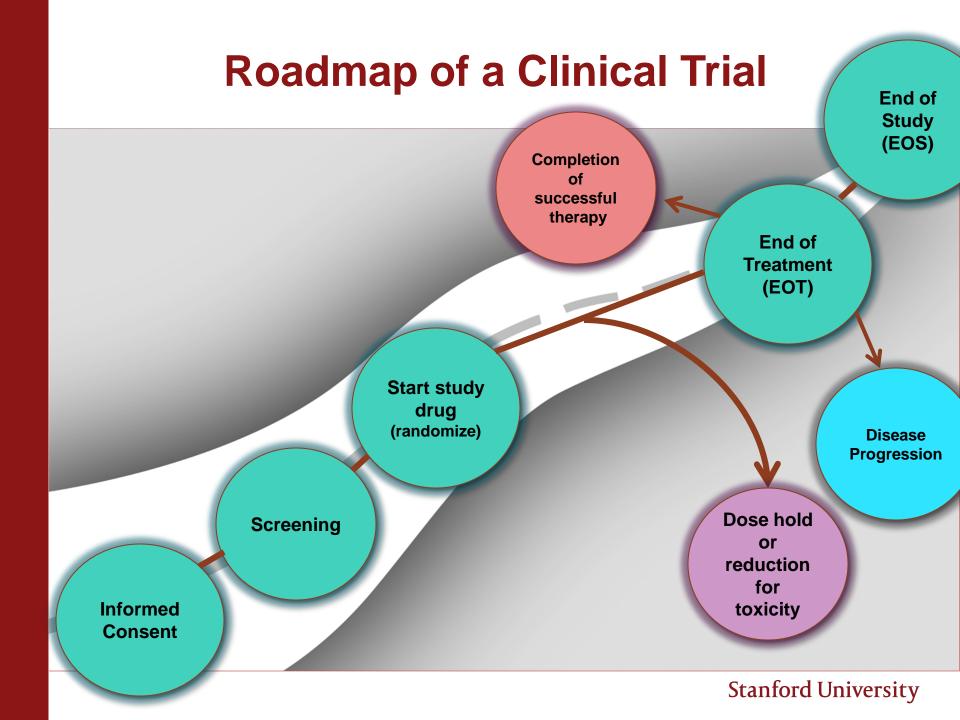
Drug Development Cost: \$500 million to 2 Billion

Phase I trials are conducted in healthy volunteers or patients to determine safety and tolerability. Drug doses start low and are escalated in additional cohorts of patients until dose-limiting toxicities (DLTs) are observed. A recommended phase II dose is determined (RP2D).

Phase II trials are used to get an initial reading of efficacy and to further explore safety in small numbers of patients.

Phase III trials are large, pivotal trials to determine safety and efficacy in large numbers of patients in order to obtain drug approval. These are often randomized trials of the drug vs. placebo, best available therapy, or a prior standard of care.

(Phase 4): These are post-approval trials that are sometimes a condition attached by the FDA, also called post-market surveillance studies



Informed Consent (1)

Disclosure requires the researcher to supply the subject with the information necessary to make an autonomous decision

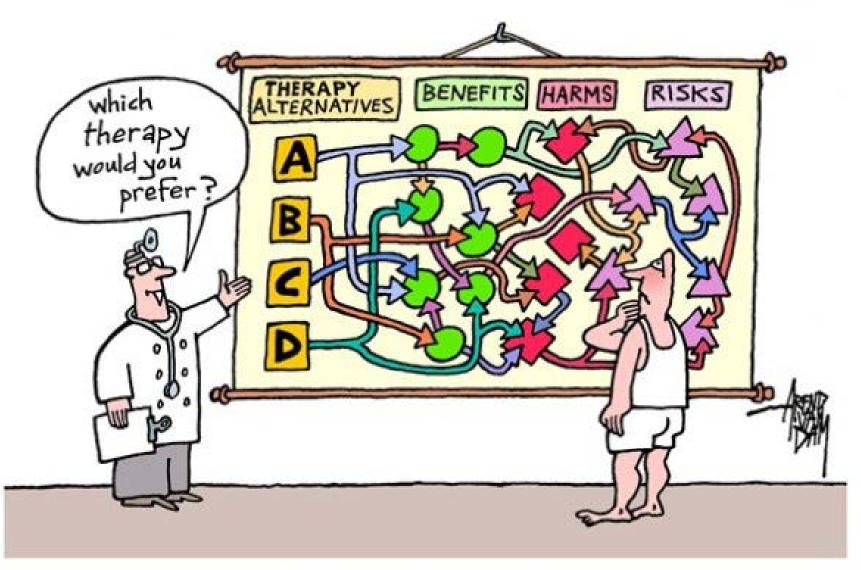
Patients must **have adequate comprehension** of the information provided. This requires that the consent form be written in language suited for the comprehension skills of the subject population. The individual's level of understanding should be assessed during the meeting.

Capacity pertains to the ability of the subject to both understand the information provided, and to form a reasonable judgment based on the potential consequences of his/her decision.

Voluntariness refers to the subject's right to freely exercise his/her decision making without being subjected to external pressure such as coercion, manipulation, or undue influence.

Informed Consent (2)

- How a clinical trial will be conducted
- Which part(s) are experimental
- The risks and benefits of an investigational drug
- The patient's rights
- The alternative treatments available
- All of the periodic testing and examinations required, and for what period of time they will be required
- What testing or medications are paid for by the trial
- Who is responsible for payment of hospitalization or any care needed during or as a result of the clinical trial
- The fact that participation in the clinical trial is voluntary and may be stopped by either the patient at any time, or the clinical trial investigator if either feels it is necessary
- Who a participant should contact with questions or concerns



informed consent

Screening

- Period between signing an informed consent and start of study drug (and/or randomization to a treatment arm). Usually 28-30 days.
- Eligibility criteria are reviewed by the investigator. These are checklists of disease-specific and patient-specific characteristics that all have to be met in order to be enrolled on a clinical trial
- During screening, laboratory tests (e.g. blood and urine), procedures (e.g. bone marrow biopsy, EKG), and imaging (e.g. CT/MRI abdomen/pelvis) are obtained to characterize the status of disease and to make sure that the patient meets inclusion and exclusion criteria
- The screening period is also used to "washout" prior therapies, e.g. allow sufficient time to pass from exposure to prior therapy

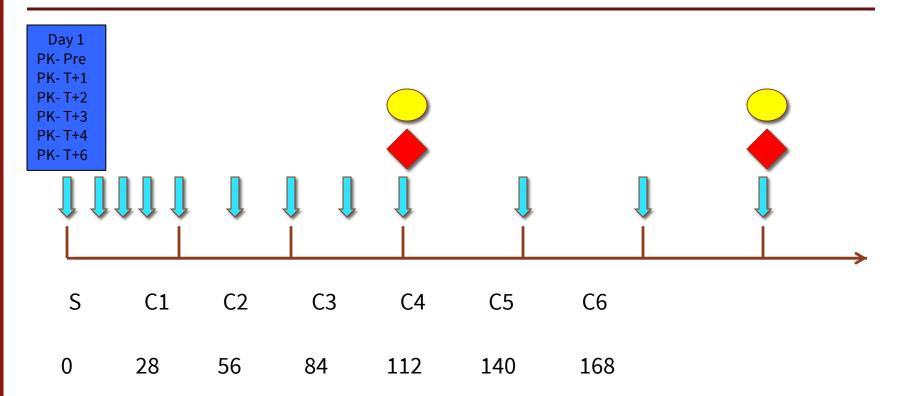
Intermediate or high risk MF Splenomegaly > 5cm below left costal margin

Eligibility Criteria Examples

Serum creatinine < 2.0 mg/dL Liver function: AST and ALT < 2.5x ULN Total bilirubin < 1.5x ULN

No prior JAK inhibitor therapy in the last 14 days; no use of interferon in the last 28 days

Treatment and Schedule of Procedures

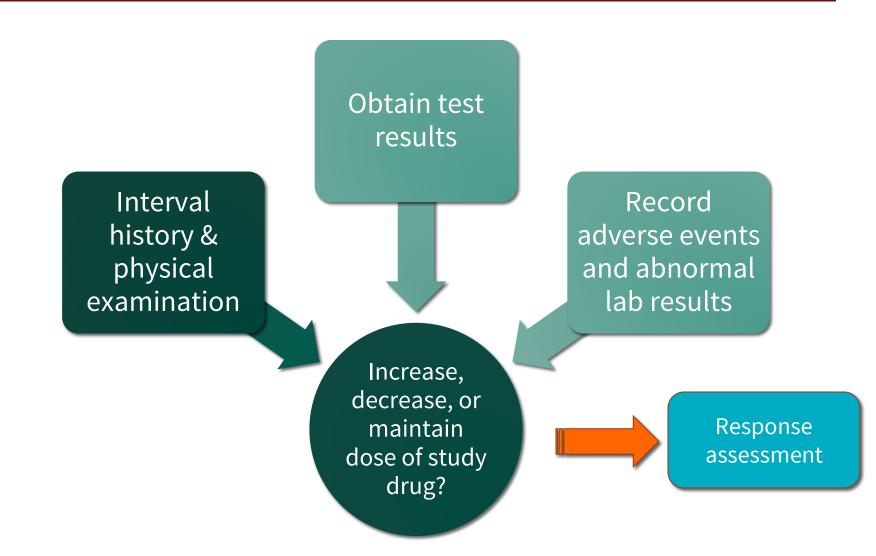


Visit with investigator and blood draws

Bone marrow biopsy

CT or MRI abdomen/pelvis

A Typical Visit on Trial



End of Treatment

- The patient completes the required time on study and is still showing clinical benefit
- The patient demonstrates progressive disease and is too sick to continue, or the protocol requires the patient to stop treatment
- The patient exhibits unacceptable toxicity and is required to stop the study; or the dose cannot be decreased further after prior dose reductions
- Patient or investigator choice
- Death on study (due to disease or study drug or other reasons)
- A follow-up visit in 30 days may be required (EOS); patients may be followed for long-term survival by telephone

The Good Clinical Trial Patient (1)

- Carefully reviews the consent form and asks questions
- Details prior and current medications and allergies
- Compliant with study medication
- Adheres to the trial schedule
- Immediately informs the trial team of new, concerning symptoms
- Contacts the study team before taking new medications or if admitted to the hospital

The Good Clinical Trial Patient (2)

Partners with family and friends to increase support

Patient as diarist

Self-advocacy

Clinical Trials: The Gateway to Trying to Improve Efficacy while Minimizing Toxicity

Drug with new mechanism of action	Different drug with same mechanism of action	Combination therapy	Same drug, new indication
Ruxolitinib,	Fedratinib,	Ruxolitinib +	Ruxolitinib in PV
a JAK inhibitor,	Momelotinib,		patients with
in MF	& Pacritinib,	LDE225	inadequate
	alternative		response to, or
	JAK inhibitors,	or	intolerance to
PRM-151 , an	in MF		hydroxyurea
anti-fibrotic,		BKM120	
in MF			
		or	
Imetelstat, a			
telomerase		Panobinostat	
Inhibitor,			
In MF			

Resources for MPN Education & Finding a Clinical Trial

- Your local hematologist
- MPN specialist at an academic medical center
- Patient support groups
- Online / social media

Search engine of registered clinical trials: <u>www.clinicaltrials.gov</u>

MPN Education Foundation: www.mpninfo.org

MPN Research Foundation: www.mpnresearchfoundation.org

MPN Advocacy & Education International: <u>www.mpnadvocacy.com</u>









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