



Webinar Summary Report:
Best Practices: Renewing Rare Disease
Trials in the Age of COVID19

July 15, 2020

Best Practices: Renewing Rare Disease Trials in the Age of COVID19

Summary by: Dr. Mariana Rico Restrepo



Publishing Date: September 8, 2020

Co-Published by: APCO Worldwide, Americas Health Foundation, and the International Conference on Rare Diseases and Orphan Drugs

DISCLAIMER: The views expressed in this Webinar Summary Report are those of the authors and the presenters and do not necessarily reflect the policies or opinions of the APCO Worldwide, Americas Health Foundation, and International Conference on Rare Diseases & Orphan Drugs.

The Webinar “Best Practices: Renewing Rare Disease Trials in the Age of COVID19” held on July 15th, 2020, was organized in collaboration with APCO Worldwide, Americas Health Foundation (AHF), and International Conference on Rare Diseases & Orphan Drugs (ICORD). The organizers would like to thank Nancy Nahmias (Sylvester Comprehensive Cancer Center, University of Miami), Dr. Mariana Rico (Americas Health Foundation), and Natalie Douglas (RareiTi) for their presentations. Introductions and conclusions were provided by James Tyrrell (APCO) and moderation was facilitated by Joff Masukawa (APCO, AHF, ICORD) Summary by Dr. Mariana Rico. A recording of the webinar can be found in APCO’s website: <http://apcoworldwide.com/coronavirus/#webinars>.

Participant Biographies:

Introductions:

James Tyrrell, senior director in APCO Worldwide’s London office and co-lead of APCOs Global Health practice.

Moderator:

Joff Masukawa, senior advisor to APCO, international advisor to AHF, member of the board of directors, ICORD and president of Diligentia Strategy.

Speakers:

Natalie Douglas started her healthcare career at Johnson and Johnson; she wen on to build IDIS, a global leader in managed access solutions and then as CEO, joined Healthcare at Home, one of Europe’s largest clinical home care companies. She recently co-founded RareiTi, a technology enabled, data driven managed access model specifically for rare disease.

Nancy Nahmias is the Executive Director of Clinical Research Service for the University of Miami, Sylvester Comprehensive Cancer Center. Ms. Nahmias started her career in 1983 and has 37 years in oncology clinical research in both the academic and pharmaceutical arenas She is currently working to ensure the operations of delivering innovative new cancer therapies at Sylvester Comprehensive Cancer Center in both Miami and their seven network sites.

Dr. Mariana Rico is a physician based in Bogota, Colombia and is Regional Medical Director for Latin America for Americas Health Foundation. She has experience in public health policy implementation and healthcare optimization, working with several of the country’s leading institutions. Her commitment to equal access has led her to work with multiple underserved communities across Colombia, developing and implementing integrated public health strategies for these vulnerable populations.

Executive Summary

The COVID19 pandemic has had and continues to have a severe impact on clinical trials in the field of rare disease and in all field of medicine. It is encouraging to hear how the system has been adapting with forced innovations to counter some of the challenges posed by the pandemic. While private sources of venture capital are remaining relatively open, there are acute operational challenges posed in running rare disease trials, particularly impacting smaller research organization hoping to partner with the pharma industry. Some of these hurdles include: Shipment of oral medications, monitoring of staff safety and wellbeing, development of remote informed consent procedures, travel limitations, interruption of treatment, and transition to telehealth which can be stymied by limited education and access to technology.

Promising innovations that have emerged as a result of the pandemic include:

- ✓ Creating sponsor newsletter to address blanket study mitigations
- ✓ Establishing and communicating new in-home patient visit procedures
- ✓ Creating a registry of cases that can be accessed by any physician via smart phone
- ✓ Transitioning clinical trial activity to homecare models
- ✓ Creating managed access programs for medication pre-approval
- ✓ Accelerated Access Collaborative in the UK designed to accelerate impactful, cost effective therapies through the sharing and analysis of data in real time

This crisis has highlighted the importance of adaptation and flexibility in designing patient and sponsor friendly approaches in establishing sustainable trials. There are some fine examples of innovative practices and early signs that systems, which have been historically resistant to change, are evolving and adapting to meet needs under a new normal.

Introduction

With the shuttering of labs and the disruption of clinical trials, patient access to potentially lifesaving drugs was significantly restricted in the early months of the global pandemic. Resourceful and determined rare disease (RD) experts have devised creative and innovative solutions to overcome setbacks posed by the worldwide shutdown. Americas Health Foundation (AHF), APCO, and ICORD partnered to provide a webinar to share learnings and real-world best practices on how RD trials around the world are advancing once again.

Panelists, representing their work in the U.S., Latin America, and the U.K., included: Nancy Nahmias, executive director of clinical research at the University of Miami's Sylvester Comprehensive Cancer Center; Dr. Mariana Rico, regional medical director for Latin America at the Americas Health Foundation; and Natalie Douglas, co-founder of RareiTi.

The webinar began with an introduction by James Tyrell, co-chair of APCO's global health practice and was moderated by Joff Masukawa, senior advisor to APCO, international advisor to Americas Health Foundation and board member of ICORD, the international conference on rare diseases and orphan drugs. This report summarizes the content, discussion and presents overall conclusions.

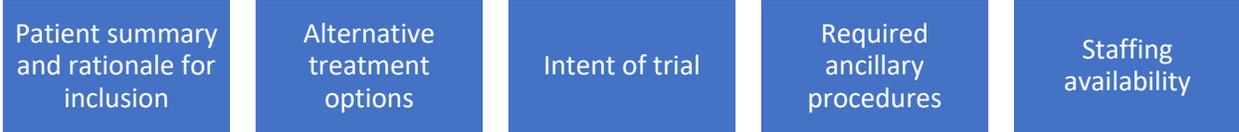
Presentations

Best Practices during the COVID19 Pandemic at Sylvester Comprehensive Cancer Center

Presented by: Nancy Nahmias, Executive Director, Clinical Research Services Sylvester Comprehensive Cancer Center, University of Miami

Cancer does not stop for a pandemic. It is imperative to be able to continue accruals especially for rare diseases in cancer. Sometimes a clinical trial is the only option for patients in the space of oncology. Sylvester Comprehensive Cancer Center (SCCC) is a destination for cancer treatment that has continued to treat patients in clinical trials and has enrolled close to 120 patients for interventional clinical trials since the beginning of the pandemic. Across the oncology field, there are several RDs for which clinical trials are currently ongoing, such as sarcomas, gliomas, cholangiocarcinomas, pediatric cancer, and triple negative breast cancer.

Accruals are approved on a case-by-case basis by a multidisciplinary team, carefully considering the following for each request:



Continuity of care: SCCC has approximately 275 active patients in clinical trials, of which around 89% have been transitioned to telehealth visits to ensure the continuity of care. Required lab monitoring is being conducted through local labs nearby the patient’s home to reduce risks. Follow-up with scans has continued as required per protocol. Patients on oral drug regimens (112 subjects over 47 trials) are having their medication shipped to their homes per FDA, NCI, and any sponsor-specific instructions, reaching multiple countries including the U.S., Russia, Brazil, and Argentina. A standard operating procedure (SOP) for remote informed consent via videocall was developed and finalized to limit subject onsite visit. Quality of life (QoL) surveys are now also done remotely via mail.

Impact on staffing: SCCC research staff has transitioned to work remotely, through weekly virtual meetings, 1:1 check-ins. A sponsor newsletter was created to inform sponsors of any blanket study mitigations. Many processes require updating due to COVID-19 so staff is kept up to date on policy changes from IRBs, FDA, NCI, etc. through a Clinical Research Services Update that keeps a running log of process and SOP changes. This consists of email blasts with weekly updates to all staff in order to continue with proper mitigation plans in light of the pandemic.

Lessons learned: Flexibility and adaptability are key. Make your mission known throughout everything you do and include your staff in the game plan. Allow for feedback to take quick action when required. Encourage open and trusting communication, giving credit for the staff’s hard work.

Advancing Rare Disease Clinical Trials in the COVID19 Age: A Latin American Perspective

Presented by: Dr. Mariana Rico, Regional Medical Director, Americas Health Foundation

Latin America is home to less than 10% of the world's population but the region now accounts for almost half of COVID-19 related deaths and has surpassed the US and Europe in number of cases.

In Latin America (LA) there have historically existed large health-related inequities across the region. Healthcare systems are very heterogeneous, including health infrastructure similar to that of developed countries in some cities, and generally poor infrastructure and serious lacks in access in rural areas. These disparities often exist even within a city due in part to poor sanitation in overcrowded urban areas and to large proportions of informal economy, which have also contributed to the rapid spread of COVID19. The issue becomes that a person's access to healthcare depends largely on where you live and your socioeconomic capacity.

Because the pandemic reached LA after Europe and the US, while the rest of the world is reaching some sense of normality, in LA, the curves keep growing and many countries are just now reaching their peaks. The region has been hard hit by COVID19 and the impact of the pandemic is likely to leave deep scars.

Clinical Trials in Rare Disease: Latin America can be thought of as a land of opportunity for clinical research. It has a large and diverse demographic profile and a variety of epidemiological profiles that are beneficial, especially in RD. However, there are several particularities of the geographic area and the different governments and legislations that pose unique cultural and logistic challenges for clinical research.

COUNTRY	RARE DISEASE PREVALENCE
Argentina	3 million
Brazil	13 million
Chile	1 million
Colombia	3.4 million
Peru	1.5-2 million
Latin America Overall	38-63 million

General challenges: There are several challenges to clinical trial development in LA that existed before the pandemic. Although there are initiatives in many countries in the region regarding surveillance and equal access for RD, many countries still lack strong legislation ensuring access to diagnosis and treatment and favoring research in this field. There is no unified definition of RD and there is a sub-registry of RD which is largely due to the lack of national surveillance and RD registry programs. The former impacts the ability to identify and recruit patients for clinical trials. Other challenges include lack of patient registries, which limits recruitment, physician awareness and education, underdeveloped care and referral programs, and clinical practice guidelines.

Pandemic challenges: The challenges resulting from the pandemic include quarantines, site closures, travel limitations, and trial personnel and patient safety.

Real world examples: Rancovid19 is an initiative among ECLAMC that constitutes of an open registry, easily accessible online by physicians from the whole region, for births from mothers with COVID19 infection during pregnancy. It aims to initially identify adverse events that may or may not be related to the infection and posteriorly design different studies. This initiative was designed with adaptations based on lessons learned from a similar platform that was used to gather data on malformations due to the Zika virus to ensure the best results.

To overcome recruitment obstacles resulting from the pandemic, researchers at Hospital Universitario San Ignacio in Bogota, Colombia have implemented telemedicine follow-ups, and switched to emailing patients the data forms used for trial recruitment. Sample recollection is currently suspended due to safety concerns.

The Hospital de Clinicas in Porto Alegre, Brazil, is ensuring treatment continuity by implementing remote treatment application through telemedicine, with specialist physicians at academic centers training rural physicians, for several enzyme replacement therapies. While this ensures patient safety, this has impacted trial costs and trial protocols have had to be amended. Collaboration with ethics committees is imperative.

Looking forward: Key points to mitigate the disruption of the research ecosystem are to share learnings, leverage technology, rethink data collection and create the consciousness that to be successful in ensuring the continuity of clinical trials requires transverse, coordinated efforts that foment multi-sectorial engagement and support.

A Voice from Europe: The COVID19 Effect on Rare Disease

Presented by: Natalie Douglas, Co-founder, RareTi

COVID19 European Data Points: A survey conducted with 5,000 RD patients, representing every country in Europe, revealed that 9 out of 10 patients surveyed experienced COVID19-related disruptions to care, with large proportions expressing that the pandemic was detrimental to their health care and disruptions could be life threatening. Clinical trial closures (~15K trials) due to the pandemic has impacted 30 million people in Europe affected by RD, leaving the question, “How are we going to evaluate the true impact of the COVID-19 pandemic on patients with RD?”

European Response- Adaptations/ Innovations:

Europe has responded with several innovative solutions to challenges posed by the pandemic, including:

Home based chemotherapy infusion up >20% in UK

Clinical trials in EU countries transitioned to home care model in response to site closures

Managed access programs for medication pre-approval

Data collection in treatment setting (RWE/D)

Changes in systems were seen such as transitioning patients into the independent sector to free up NHS hospital staff and beds. The ability to rapidly respond to the increasingly complicated situation was evidenced by providing remote patient monitoring tools and staff training and cooperation from Regulators to accommodate new processes. The managed access programs provided an ethical and regulated route to provide patients access to investigational therapies and options. Rethinking data collection in a home care model can provide invaluable data for later filing in EU and capturing the patient experience.

COVID19 as a catalyst for systemic change: Systemic change will only result from collaborative interactions, shared learnings, and data. There is a factor of forced change that has elicited an immediate response in searching for a roadmap to navigate decision making in the pandemic. Evidence-based decisions must be able to be made even when the evidence is not complete. Changes made in the pandemic should be evaluated to determine their sustainability and if there is benefit in their permanence post-pandemic.

There is an Accelerated Access collaborative initiative, led by NICE in the UK, which is an unprecedented environment of collaboration designed to accelerate impactful and cost-effective therapies with new technology to share and analyze data in real-time. It has involvement from patient groups, government bodies, industry, and both public and private healthcare systems.

Key learnings and hope for the future: Despite significant challenges, the COVID19 pandemic has forced rapid transformations in clinical practice, healthcare systems, regulations, and clinical trials. The pandemic has resulted in learning how to make pragmatic decisions when time is of the essence. Indeed, innovation can be delivered at great speed and in real-time. This has been proven through the redesign of trials and the delivery of new systems and methods of care to enable the inclusion of new therapies and technology that improve outcomes in RD.

Conclusions:

This webinar focused specifically on issues related to rare diseases. However, the challenges presented are not exclusive to this field and expose a global issue that the medical community is facing. The takeaways and solutions explored in this webinar can be applied in virtually all fields of medicine as efforts to give continuity to clinical trials progress.

Trends and Insights

Globally, many regions are facing similar challenges that require flexibility and adaptability across key stakeholders. Panelists identified these trends and insights:

Patients feel fear and distress related to restricted access to potentially life-saving drugs. EURORDIS found 9 in 10 patients have experienced disruption to care related to the pandemic.

Patient Advocacy Groups play a key role in addressing inequity to drive recognition of the unique needs of RD patients and ensure translation of information within the community.

Healthcare delivery has evolved with an increase in telehealth and home healthcare models

Coordinated efforts and multi-sectorial engagement are vital to overcoming administrative and logistical challenges and allow for sustainability.