# EXTERNAL CLINICAL DATA

**Opportunities for NCI** 

Howard Fingert, MD, FACP

CTAC Meeting - July 17, 2019

## Definitions Applied to External Clinical Data

### **SOURCES**

- **RESEARCH** Includes *structured data* from *past clinical trials*; includes single arm or RCT control arm datasets collected into trial databases (Dbases)
  - Actionable innovations possible for future plans, such as standard options for oncology/NCI trial designs, stat plans, CRF, consent
  - Few initiatives are ongoing to support working practices for oncology single-arm trials & Dbases, especially for rare indications & combinations
- **HEALTHCARE DELIVERY** *Unstructured and/or curated Real World Data* (RWD) from EHRs, insurance claims, registries, case studies, literature.
  - Multiple initiatives and regulatory guidances are available or emerging, largely supporting RWE utilities outside of Oncology

Reference: S. Khozin, G. Blumenthal, R. Pazdur, Real World Data for Clinical Evidence Generation in Oncology. JNCI, Nov 1, 2017

### APPLICATIONS OF EXTERNAL CLINICAL DATA

Growing experiences to optimize utilities, efficiencies, clinical impact, access

- 1. Control arm supplementation (or replacement)
  - a. Trials randomized 3:1, 4:1 etc. with reduced N
  - b. Accelerated protocol completion, esp. rare populations
- 2. Safety Signal interpretation/context
- 3. Precision powering
- 4. Inclusion/exclusion criteria
- 5. Disease modeling; prognostic covariates
- 6. Assessment of geographic differences Support international collaborations
- 7. Biomarker development
- 8. Confidence in RCT control arm performance

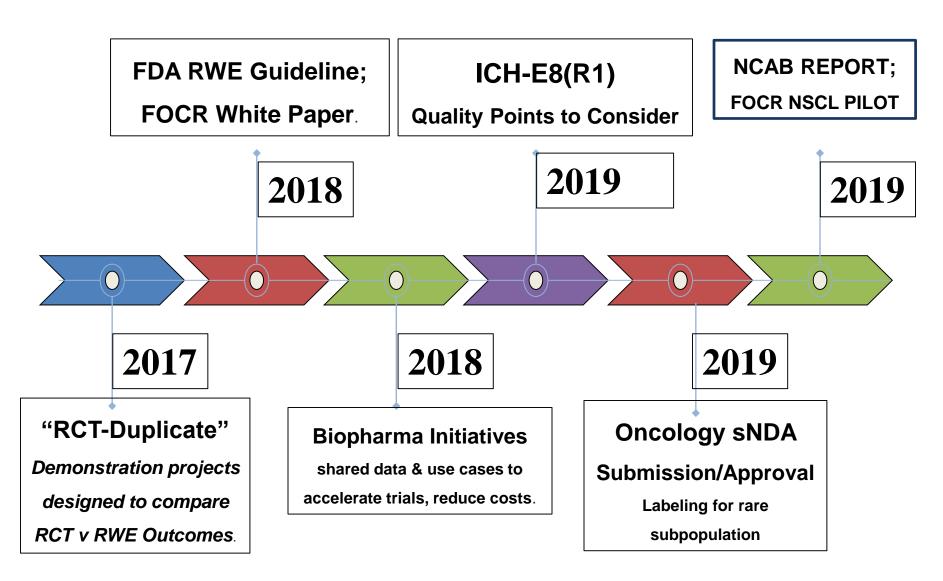
"It may be possible for a single clinical study to use both internal and external control subjects...supplementing internal control group."

- Source: ICH E8(R1) General Considerations for Clinical Trials

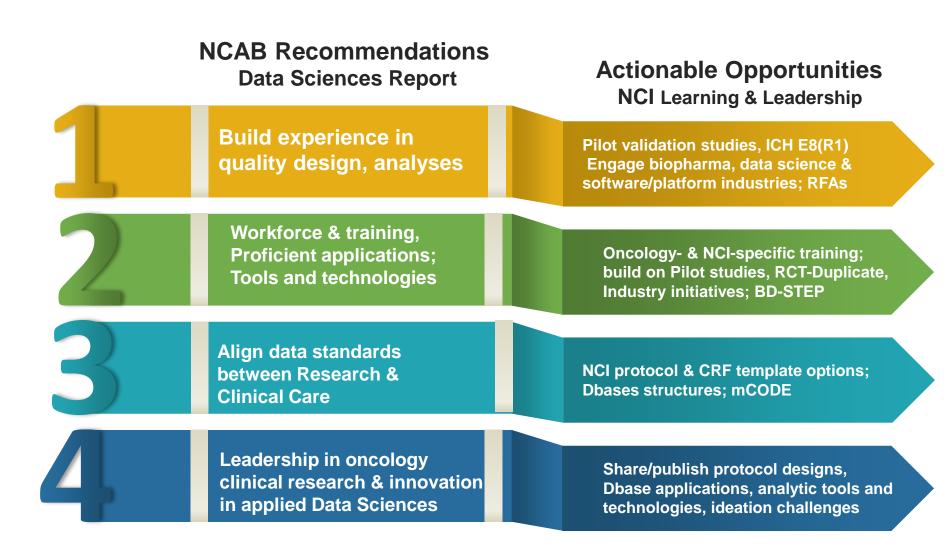
### **EMERGING EXPERIENCES**

**Top- Public Organizations** 

**Bottom- Industry and NIH-Industry Partnerships** 



## **NCAB Data Science Report & Opportunities for NCI**



## **QUALITY OF DESIGN - POINTS TO CONSIDER**

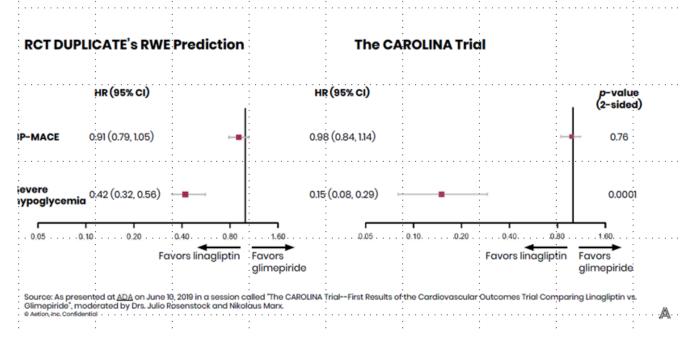
ICH-E8(R1) framework for quality, training, multi-regional harmonization

- > Pre-specified:
  - Data sources
  - > Analytic platforms & plans
- > Feasibility, appropriateness
- > Propensity matching
- > Relevant/justified values
- > Transparency, audit-ready
- > Bias assessment & reduction



## LEARNING FROM NIH "RCT-DUPLICATE"

Quality Points to Consider, design, software application, analytic plan can support Oncology/NCI pilot studies, training, innovation



SOURCE: RCT-DUPLICATE program in diabetes indications. Data presented at ADA meeting, June 10, 2019

## Summary - External Clinical Data

#### HEALTHCARE DELIVERY SOURCES

- Promising, rapid growth of validation/pilot studies, analytic technologies, quality guidances enabling international harmonized regulatory actions
- Largely Real World Data outside of oncology rare indications/combinations

#### RESEARCH DATA SOURCES

Few initiatives ongoing to support oncology-specific working practices

#### OPPORTUNITIES FOR NCI

- Aligns with NCAB recommendations to expand NCI data sciences, includes training, workforce development, applicable technologies
- Supports international harmonization & partnership with global stakeholders

# Discussion Topics – External Clinical Data

- Appropriate applications
- Quality considerations
- Pilot studies of external data & analytic platforms
  - employing research data from accessible dbases
- CTAC subgroup for further evaluation