Update on Implementation of CTAC Strategic Planning Working Group Initiatives

July 19, 2023

SPWG Initiatives Included in Today's Update

- Streamlining Clinical Trials
- Decentralized Trial Activities

Streamlining Clinical Trials: CTAC Working Group

Co-Chairs: Neal Meropol and Sumithra Mandrekar

Limiting Data Collection

- Limit clinical trial data collection in late phase trials to essential data elements

Optimizing Use of EHRs to Support Clinical Trials

- Resolve the logistical and data quality challenges of extracting clinical trial data from electronic health records
- Engage EHR and CTMS vendors to create mechanisms for automatically integrating study-specific documents into local implementations of their products

Limiting Data Collection

- Interim Streamlining Clinical Trials Working Group November 2022 CTAC report recommended standards for limiting data collection for NCTN IND-exempt trials
- Standards are expected to reduce operational burden and increase efficiency
- Standards categories: Adverse Events (AE's), Medical History, Concomitant Medications, Physical Exam, Laboratory Tests, Imaging, and Patient-Reported Data
- Report: https://deainfo.nci.nih.gov/advisory/ctac/workgroup/sct/2022-11-09-SCT-WG-Report.pdf

Streamlining Clinical Trials Implementation

- Implementation Committee formed to implement recommended standards for NCTN IND-exempt trials
  - Co-Chairs: Sumithra Mandrekar and Andrea Denicoff
  - Representatives from CTEP and all NCTN Groups
  - First meeting in May 2023
  - Monthly meetings planned through September 2023 to develop implementation plans including timelines and milestones
  - Implementation anticipated to begin in January 2024

Limiting Data Collection: Approach to IND trials

- NCI plans to continue discussions with FDA about how the data collection standards recommended by the Streamlining Clinical Trials Working Group can be extended to IND trials
- Pragmatica-Lung (S2302), launched in collaboration with FDA, is piloting a highly-streamlined, pragmatic approach to IND trials of approved agents with well-understood adverse effects

Optimizing Use of EHRs to Support Clinical Trials

- Clinical trial data extraction from EHRs
  - Streamlining Clinical Trials Working Group reviewed current initiatives aimed at developing tools for extracting data from EHRs
  - Discussions ongoing within NCI concerning pilot studies using one or more of these tools for data extraction in an NCTN trial
- Automating EHR study builds
  - NCI Cancer Center consortium currently developing tools addressing this challenge
  - Update on progress of this consortium presented by Dr. James Yao in next session

SPWG Initiatives Included in Today's Update

- Streamlining Clinical Trials
- Decentralized Trial Activities

Decentralized Trial Activities

SPWG Recommendation

Identify study procedures, including informed consent and auditing, modified due to COVID-19 to be performed locally or remotely that are sufficiently beneficial to be adopted as standard clinical trial practice

NCI CTEP Guidance During COVID-19 Pandemic (1)

- Initial Interim Guidance on 3/13/2020
  - Transfer of Patient's Care to a Different Participating Study Site
  - Continuity of Care Provided by Non-Research Staff (SOC therapy, labs, imaging, physical exams, performance status, standard assessments)
    - Short-term or intermittent care with Responsible Investigator oversight
- Mailing of CTEP IND Oral Agents from Site Dispensing Pharmacy Directly to Patients

https://ctep.cancer.gov/investigatorResources/corona_virus_guidance.htm

NCI CTEP Guidance During COVID-19 Pandemic (2)

- Additional Guidance on 3/23/2020
  - Alternative Procedures for Ongoing Trials - Minor Protocol Deviations
    - Virtual visits, reasonable delays in treatments, imaging & lab tests, blood collections stored locally
  - Alternative Procedures for Auditing/Monitoring of Trials
    - Modest audit delays; use of remote audits
  - Remote Informed Consent for Trials

Continuation of Modified Policies – Post Pandemic (1)

- Shipping of CTEP IND Oral Agents to local sites for sending to patients continued as a permanent option as of January 1, 2022
- Continuing remote consent long-term was made a permanent option by the NCI CIRB as of April 17, 2023
- Remote auditing will remain a site option
- Virtual study visits by investigator (depends on licensing, protocol requirements/appropriateness)

Continuation of Modified Policies – Post Pandemic (2)

- Intermittent/Short-Term Use of Local Physicians
  - Currently in place and in both OHRP and FDA Regulations
  - Can be done on “short-term” (OHRP) or “intermittent” basis (FDA) with responsible investigator oversight
  - Labs/imaging usually/often local unless trial-specific central lab or qualified site imaging required
  - Study visits (requirements may vary for IND vs IND-exempt trials)

NCI Implementation Plan for Decentralized Trial Activities

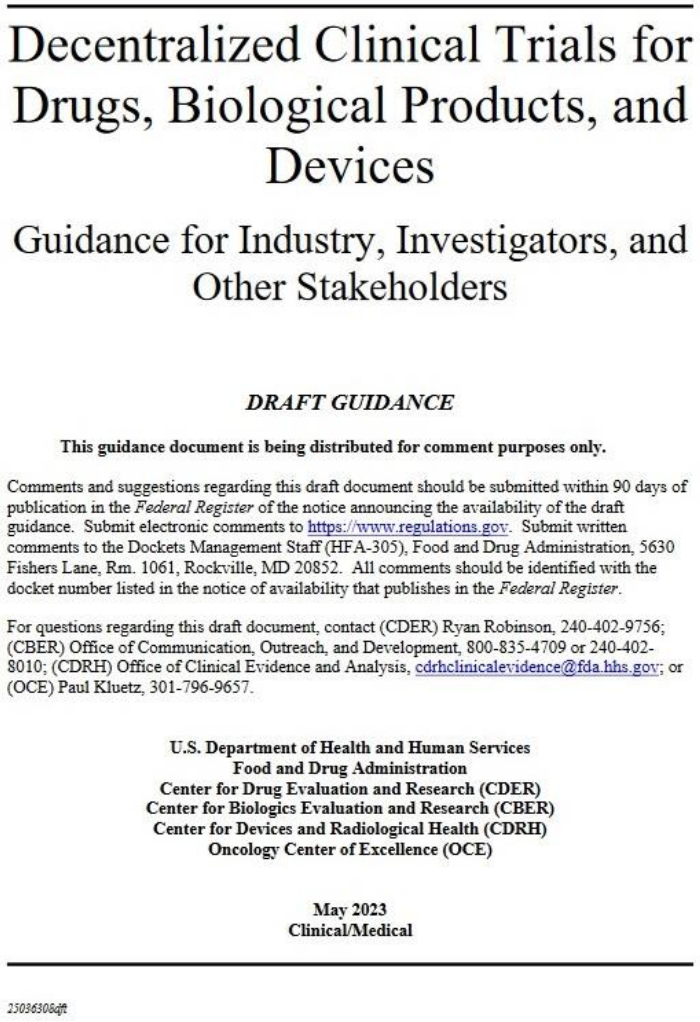
- CTEP formed a working group with representatives from each NCTN Group to:
  - Develop sample protocol language aligned with FDA and OHRP regulations concerning decentralized trial activities
  - Facilitate site understanding of and parameters for decentralized trial activities
- Promote routine consideration during trial design of how decentralized trial activities can be incorporated in the protocol to facilitate patient participation, such as telehealth visits
- Monitor related developments at other organizations (FDA, ASCO)

Ongoing ASCO Initiatives to Improve Clinical Trials Access and Advance DCTs

- Goals:
  - improve access in settings where patient and site access to trials and research infrastructure are limited, and
  - enable patient-focused and decentralized trials.

- Status:
  - Preliminary stakeholder meeting held to explore barriers to local access and participation (manuscript to be submitted in July 2023).
  - Formed ASCO FDA Form 1572 Task Force (includes FDA and NCI) to address findings about interpretation issues (e.g., "direct and significant contribution," routine care, PI oversight) and downstream effects (e.g., administrative burden).
    - Two stakeholder meetings held and a survey conducted (manuscript in preparation).
    - Exploring next steps to help develop consensus-driven high-impact solutions.

FDA Draft Guidance on Decentralized Clinical Trials



Decentralized Clinical Trials for Drugs, Biological Products, and Devices

Guidance for Industry, Investigators, and Other Stakeholders

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to https://www.regulations.gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Ryan Robinson, 240-402-9756; (CBER) Office of Communication, Outreach, and Development, 800-835-4709 or 240-402-8010; (CDRH) Office of Clinical Evidence and Analysis, cdrhclinicalevidence@fda.hhs.gov; or (OCE) Paul Kluetz, 301-796-9657.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)
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May 2023
Clinical/Medical

25036308dft

- Among other topics, addresses role of Form 1572 for local health care providers and clinical laboratories
- Public comment open until August 1, 2023

https://www.fda.gov/media/167696/download

CTAC Discussion

- Remaining obstacles to implementing decentralized operational elements in NCTN studies
- Additional steps should NCI take to promote broader use of decentralized operational elements
- Particular trial types that are especially good candidates for decentralization

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