

Proposed Evaluation Plan for Assessing  
Implementation of the Clinical Trials Working  
Group (CTWG) Recommendations

CTWG Evaluation Working Group  
Final Report

Clinical Trials and Translational Research  
Advisory Committee

July 13, 2011



# Context for Presentation

- Goal of overall CTWG evaluation
  - Assess performance and impact of implemented CTWG initiatives on effectiveness of the overall NCI clinical trials enterprise
- Goals of the CTWG Evaluation Working Group
  - Refine the proposed evaluation plan
  - Establish a timeline for implementation
- Goals of today's discussion
  - Present final report of the Working Group
  - Describe proposed next steps
  - Request CTAC approval of report and plan

# Activities Since March 3 CTAC Meeting

- Preparation of final report draft (March-May)
- Input from Working Group on draft report (June)
- Completion of final report (July)

# Working Group Membership

## Extramural Members

- Peter Adamson (Co-chair)
- Dan Sargent (Co-chair)
- Deb Bruner
- Deborah Collyar
- Arlene Forastiere
- Steve Grubbs
- David Parkinson
- Joel Tepper
- George Weiner
- George Wilding

## NCI Members

- Jeff Abrams
- Deborah Jaffe
- Lori Minasian
- Meg Mooney
- James Zwiebel

## Facilitators

- CCCT: Sheila Prindiville/  
Elizabeth Dean
- STPI: Judy Hautala/Brian  
Zuckerman/Rachel Parker

# Evaluation Plan Overview

- Four primary evaluation components
  1. System Outcomes
  2. Disease Steering Committees
  3. Investigational Drug Steering Committee
  4. Collaboration
- Limited to trials under purview of the Scientific Steering Committees and contained in current CTEP/DCP databases

# 1A. System Outcomes: Trial Quality Quantitative Measures

- Percentage of trials that complete accrual
- For trials that do not complete accrual, collect data on reasons
- Percentage of trials that definitively answer primary question
- Percentage of trials published in peer-reviewed journals
- Percentage of early-phase trials that influence the design of a late-phase trial

## 1B. System Outcomes: Scientific Importance & Clinical Relevance of Trial Results

- Qualitative interpretation and expert judgment required
- Preliminary Measures
  - Novelty of trial results
  - Results sufficiently meaningful to warrant practice changes (e.g., two-week extension of survival likely not meaningful)
  - Results led to real-world practice changes
  - Results led to stand alone publication based on secondary aims

## 1B. System Outcomes: Scientific Importance & Clinical Relevance of Trial Results

- Convene initial expert panel
- Pilot the proposed measures and criteria on all Phase III trials completed in a recent year (e.g., 2009 or 2010)
- If approach judged feasible, annual evaluation of trials completed in past year
- Periodic review of whether trial results impacted real-world practice



## 1B. System Outcomes: Clinical Relevance of Trial Results - Quantitative Measures

- FDA Approvals (NDA/sNDA)
- NCCN guidelines
  - NCI-supported trials referenced
  - Recommendations that reference NCI funded trial
- CMS coverage determinations deleted
  - Pilot analysis demonstrated data collection not feasible

## 1C. System Outcomes: Efficiency of Trial Initiation & Conduct - Quantitative Measures

- Efficiency of trial initiation
  - Time from Letter of Intent (LOI) receipt by NCI to trial opening for accrual (CTEP early drug development trials)
  - Time from concept submission to a Steering Committee to trial opening for accrual (CTEP late-phase and DCP symptom management trials)
- Efficiency of trial conduct
  - Trials meeting originally projected accrual rates
  - Trials with revisions to the projected accrual rate
  - Trials meeting a revised projected accrual rate
  - Trials with substantive amendments not resulting from new safety information
  - Average number of substantive amendments per trial not resulting from new safety information

## 2. Disease Steering Committees: Evaluation Methodology

- Quantitative and qualitative approaches
- Evaluation on an individual Steering Committee level
- System Outcome data **limited to trial quality and scientific importance/clinical relevance of trial results**
- Analysis of timeline performance in approving concepts
- Qualitative analysis via stakeholder interviews
  - Steering Committee members (including Group disease committee chairs)
  - **Task Force members**
  - NCI staff
  - Group leadership
  - Investigators who submitted concepts

## 2. Disease Steering Committees: Evaluation Topics

- Timeline Performance
- Quality of Concept Evaluation
- Influence on Concept Development
- Portfolio Management
- Collaboration

### 3. Investigational Drug Steering Committee: Evaluation Methodology

- Predominantly qualitative approaches
- Expert panel review of IDSC impact
- Database analyses of collaboration
- Qualitative analysis via stakeholder interviews
- Bibliometrics and document review

### 3. Investigational Drug Steering Committee: Sample Evaluation Measures

- Value of IDSC recommendations regarding targets
- IDSC role in enhancing Clinical Development Plan (CDP) quality
- Quality of process for developing and reviewing CDPs
- Degree to which IDSC process has improved incentives for collaboration
- Impact of IDSC reports and guidelines on design of early drug development trials

## 4. Collaboration: Analysis of Program Guidelines

- Analyze Cooperative Group, SPORE, and Cancer Center guidelines
  - Assess incentives and disincentives for collaboration
  - Build on definitions of collaboration developed by the Guidelines Harmonization Working Group of the CTAC Coordination Subcommittee
- Potential incentives include:
  - Scored review criteria associated with collaboration
  - Option to use funds from the base award to conduct or promote collaborative activities
  - Supplemental funds available for collaboration

## 4. Collaboration: Quantitative Measures

- Percentage of CTEP funded Phase II trials (and patients on trials) involving collaboration across multiple institutions
- Percentage of Phase III trials (and patients on trials) involving collaboration across multiple Cooperative Groups
- Extent of industry collaboration
  - Investigational agents provided to CTEP
  - Companies collaborating with CTEP



# Proposed Next Steps: System Outcome Measures

- Database Analyses:
  - Begin annual analysis in 2011 for measures relying on data already collected in NCI databases
  - Prioritize in 2011 measures requiring additional data collection and establish a timeline for inclusion in NCI databases
- Expert Panel:
  - Convene an initial panel in 2011-2012
    - Develop measures and criteria for evaluating scientific importance and clinical relevance of trial results
    - Pilot the evaluation methodology to determine feasibility
  - If feasible, begin annual evaluations in 2013
- Document Analyses:
  - Develop methodology in 2011 for measuring impact on FDA approvals and practice guidelines
  - If process deemed feasible and results meaningful, begin annual analysis in 2012

# Proposed Next Steps: Other Measures

- Disease Steering Committees
  - Evaluate each Disease Steering Committee five years after inception and every five years thereafter
  - GI and GYN Steering Committees evaluated in 2011-2012
- IDSC
  - Evaluate IDSC in 2011-2012 and every five years thereafter
- Collaboration
  - Analyze program guidelines in 2012 when the current Cooperative Group guideline revision is complete
  - Conduct database analyses in 2011-2012 and every three years thereafter

# Discussion

- Comments/questions on proposed measures
- Comments/questions on proposed next steps
- Decision on acceptance of report
- Decision on proposed next steps