NCI National Clinical Trials Network Working Group (NCTN WG) Final Report

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NCTN WG Report Structure

- **Section 1 – Assessment of the NCTN Portfolio**
  - Cross-Portfolio Recommendations
  - Portfolio Specific Findings
  - Process and Methodology

- **Section 2 – Approaches for Prioritization and Strategic Assessment**
  - Process for NCTN Trial Prioritization
  - Periodic Strategic Assessment of Trial Portfolios

- **Section 3 - Appendices**

NCTN WG Portfolio Analysis (Section 1)

- **Evaluated 13 Trial Portfolios**
  - Gastrointestinal
  - Genitourinary
  - Lymphoma
  - Thoracic
  - Pediatric
  - Clinical Imaging
  - Symptom Management/ Quality of Life
  - Breast
  - Leukemia
  - Myeloma
  - Brain
  - Gynecologic
  - Head & Neck
- **Assessed strength and balance**
- **Recommended strategic priorities and directions**

Approaches for NCTN Trial Prioritization and Strategic Assessment (Section 2)

Meetings Generating Prioritization Input

- **NCTN WG Meeting – December 19, 2013**
- **CTAC Program Planning Working Group – February 26, 2014**
- **CTAC Clinical Trials Prioritization Working Group – March 11, 2014**
- **NCTN WG Meeting – March 26, 2014**

Approaches for NCTN Trial Prioritization

- **Prospective Disease-Specific Priority Setting**
- **Identification of trial categories generally considered high or low priority**
- **Cross-Disease Prioritization in Response to Resource Constraints**

Prospective Disease-Specific Priority Setting

Establishing Disease-Specific Strategic Frameworks to Guide Concept Development and Evaluation

Disease-Specific Priority Setting Principles

- **Set strategic priorities for NCTN trials in advance**
- **Majority of concepts expected to align with strategic priorities**
- **Trial concepts outside strategic priorities still considered but may require additional justification**
- **NCTN Groups responsible for concept development**
- **Steering Committees continue to evaluate all concepts rigorously for scientific and clinical quality regardless of alignment with strategic priorities**

Process for Setting Disease-Specific Strategic Priorities

- **Assess strategic clinical trials landscape within the disease to identify gaps and provide context**
- **Discuss strategic priorities under the aegis of the Steering Committees**
  - NCTN Groups propose strategic priorities for discussion, ideally with cross-Group collaboration
  - Outside input solicited as needed
- **Goal to select a few major priorities for each disease**
- **Priorities reviewed annually and revised as needed**

Principles Guiding Strategic Priorities
(Trial Categories of Especially High or Low Priority)

- **High priority**
  - Trials driven by the best current science
  - Trials expected to substantially influence short- and long-term patient outcomes
  - Trials driven by NCI strategic priorities and initiatives (e.g., the MATCH trial)
  - Trials aligned with a disease-specific strategic priority
  - Trials unlikely to be performed outside the NCTN (e.g. surgery, radiation, rare diseases)
- **Low Priority**
  - Trials with non-inferiority trial designs
  - Trials aimed at small differences in PFS or DFS
  - Trials duplicative of other NCTN,, industrial and/or international trials
  - Trials of “me-too” drugs

Cross-Disease Prioritization

Cross-Disease Prioritization Principles

- **Only invoked in response to resource constraints**
- **Limited to resource-intensive trials**
- **Priority ranking of Scientific Steering Committee approved concepts by extramural experts**
- **Priority ranking guided by specified criteria**

Priority ranking only one factor NCI will consider in deciding whether to proceed with a resource intensive trial

Cross-Disease Prioritization Pilot
March 11, 2014

- **Prioritized two approved concepts for large (approximately 1000 patient) trials currently on hold**

- **Cross Disease Prioritization Working Group**
  - CTAC Clinical Trials Strategic Planning Subcommittee
  - NCTN Group Chairs
  - NCTN WG Chairs
  - Patient Advocate

Pilot Process: Discussion & Rating of Trials

- CTEP provided background information and comments on the concept
- Primary discussant provided review followed by any additional comments from secondary, biostatistical, & advocate discussants
- Open discussion of concept
- Participants confidentially scored the concept on each criterion and overall
- Reviewed collated scoring results to determine if scores reflected discussion and the relative strength of the concepts
- Discussed feasibility of the process, appropriateness of criteria, and recommended process changes

Feasibility of Process

- **Consensus that process was reasonable and feasible**
- **Important to guard against becoming another layer of scientific review or concept redesign**
- **Scoring results reflected the substance of the discussion**
- **Criteria useful in providing consistency**

Composition of Prioritization Group

- **Correct mix of high level expertise, experience and responsibilities**
- **Unnecessary to involve additional disease-specific experts**
- **Recommend substantial overlap in the individuals participating in prioritization groups over time**

Proposed Cross-Disease Prioritization Criteria

Primary criteria

- Clinical benefit/importance
- Scientific impact/contribution

Secondary criteria

- Patient/public health need
- Relationship to current clinical trials landscape
- Procedural complexity
- Feasibility of accrual
- Suitability for NCTN program
- Alignment with overall NCI priorities & scientific initiatives
- Ability to leverage non-NCI funds

Recommended Improvements to Process

- **Develop an operational definition of "resource-intensive trials" beyond simply approximately 1000 subjects**

- **Provide Prioritization Group**
  - Disease-specific priorities and identified gaps
  - Current resource allocation by disease

- **All scoring to follow NIH 1-5 scale**
  - 1-Exceptional; 5-Poor

Essential Points to Communicate

- **External stakeholders**
  - Affects a very small number of resource-intensive trials
  - Invoked sparingly
  - Not a standard extra level of review
- **NCTN Groups**
  - Notice of resource constraints necessitating cross-disease prioritization
  - Disposition of non-prioritized concepts

Comments and Questions about Proposed NCTN Trial Prioritization Process

Periodic Strategic Assessment of Clinical Trial Portfolios Across Diseases

Proposed Activities

- **In Depth Assessment of Disease Portfolios**
- **Cross-Portfolio Assessment**
- **Strategic Recommendations for Improvement**

Proposed Stakeholder Participants

- NCTN Group Chairs
- Representative of each Steering Committee, ideally a Chair
- Cancer Center Directors
- Patient advocates
- Community oncologists
- CTAC Clinical Trial Strategic Planning Subcommittee
- Ad hoc participants as needed
- NCI clinical trials leadership

Discussion Point for CTAC

- **Would periodic portfolio assessment add value to the NCTN enterprise?**
- **Should all portfolios be assessed simultaneously or in a rolling fashion (e.g., one third per year)?**
- **What would be the appropriate periodicity of assessment (e.g., every 3 years, every 5 years)?**
  - **When should the next assessment occur, 2015, 2018?**
- **Are the proposed stakeholders appropriate?**
  - **Should Group Disease Committee Chairs be included for their respective diseases?**

Thank You