Community Clinical Oncology Program

Enrollment Data Analysis Project: Trials Activated 2000 - 2010

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Cancer Prevention and Control Clinical Trials

Cancer Prevention Trials Considered:
- All the Large Trials (n> 2,000) have been Removed
- Smaller Trials Included

Cancer Control Trials Considered:
- Pilot Feasibility Studies
- Randomized Phase II
- Randomized Phase III
- Occasional Observational Study

CCOP Analysis Factors Complementary to CTEP Analysis:
- Same Start Dates for the Trials
- Same Criteria for Accrual Completion
Cancer Control Trials Differ from Treatment Trials

Endpoints are not Survival, or Disease Response
- Symptom (Nausea, Neuropathy, Pain, Mucositis, etc) Response
- Incidence Cancer or Pre-neoplasia for Smaller Prevention Trials

Duration of Intervention & Follow Up Shorter
- Symptom Intervention 4-8 weeks
- Occasional Cross-over Assessment

Simpler Design

Implementation Different
- Not Always Disease Specific; Bolus Recruitment

Drug Supply & Distribution not Provided
- RBs Identify Supply, Placebo, Distribution
2000 – 2010 Analysis Project

Analysis #1
• How Many Clinical Trials Activated between January 1, 2000 and December 31, 2010 Complete Accrual?

Analysis #2
• How Well Do the CTEP Slow Accruing Guidelines Work to Predict CCOP Studies that Will Not Complete Accrual?

All Data is based on Protocol Activation Date
DCP Analysis #1
How Many Clinical Trials Activated between January 1, 2000 and December 31, 2010 Complete Accrual?

<table>
<thead>
<tr>
<th>Total Studies = 171</th>
<th>No. of Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accrual Ongoing</strong></td>
<td></td>
</tr>
<tr>
<td>Successful Accrual: &gt; 90% accrual at the time of this analysis</td>
<td>4 (37%)</td>
</tr>
<tr>
<td>Inadequate accrual: &lt;90% accrual at this time of this analysis</td>
<td>7 (63%)</td>
</tr>
<tr>
<td><strong>Accrual Completed or Study Closed</strong></td>
<td>160</td>
</tr>
<tr>
<td>Successful Accrual: &gt; 90% accrual at the time of study closure</td>
<td>102 (60%)</td>
</tr>
<tr>
<td>Inadequate accrual: &lt;90% accrual at this time of study closure</td>
<td>58 (40%)</td>
</tr>
</tbody>
</table>

**Reasons for <90% Accrual at this time of analysis**

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Supply Issues, out of our control</td>
<td>14</td>
</tr>
<tr>
<td>External Information (e.g., appropriate early closure; Interim monitoring for safety and closed early (unusual toxicity, and possible futility but not futile for poor accrual))</td>
<td>8</td>
</tr>
<tr>
<td>Inadequate Accrual Rate</td>
<td>36</td>
</tr>
</tbody>
</table>
Results

DCP Results:
• At Least 62% (4+ 102) of Trials Complete
• 21%, 36 of the 171 Trials Activated from 2000 to 2010 had Inadequate Accrual

CTEP Results:
• Original Analysis
  • 21.5%, had Inadequate Accrual
• Updated Analysis
  • 21% had Inadequate Accrual
DCP Analysis #1

How Many Clinical Trials Activated between January 1, 2000 and December 31, 2010 Complete Accrual?

Histogram of current percent accrued for 11 trials that are not closed to accrual. *4 DCP projects with current accrual over 75% are anticipated to complete.
2000 – 2010 Analysis Project

• Analysis #1
  • How Many Clinical Trials Activated between January 1, 2000 and December 31, 2010 Complete Accrual?

• Analysis #2
  • How Well Do the CTEP Slow Accruing Guidelines Work to Predict CCOP Studies that Will Not Complete Accrual?

• All Data is based on Protocol Activation Date
Based Upon CTEP Data, No Trial Completed Accrual if in Quarter 5 & 6, the Accrual Rate was < 20%

Slow Accruing Guidelines:

• If Accrual Rate is < 20%  Stop Trial
• If 20 < AR < 50%  Revise Accrual Plan  Consider Revisiting Sample Size  Address Other Protocol Issues
• If Accrual Rate is > 50%  Continue Trial
DCP Analysis #2
How Well Do the CTEP Slow Accruing Guidelines Work to Predict CCOP Studies that Will Not Complete Accrual?

Phase III Drug Intervention Trials

<table>
<thead>
<tr>
<th>Categories</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &gt; 50% of accrual rates of the last approved protocol document</td>
<td>18</td>
</tr>
<tr>
<td>prior to activation; ignore as they are on target</td>
<td></td>
</tr>
<tr>
<td>If 20-50% of accrual rates of the last approved protocol document</td>
<td>6</td>
</tr>
<tr>
<td>prior to activation, this group will need to see the quarter 8 accrual</td>
<td></td>
</tr>
<tr>
<td>rate (is that &gt;50% or not)</td>
<td></td>
</tr>
<tr>
<td>If &lt; 20% of accrual rates of the last approved protocol document</td>
<td>20</td>
</tr>
<tr>
<td>prior to activation, they should have been closed, but probably not.</td>
<td></td>
</tr>
<tr>
<td>Note: 16 of the 20 studies eventually reached its Accrual goal &gt;90%.</td>
<td></td>
</tr>
<tr>
<td>• 10 actually completed accrual faster than expected (e.g., planned</td>
<td></td>
</tr>
<tr>
<td>duration based on monthly accrual goal)</td>
<td></td>
</tr>
<tr>
<td>• 6 took longer than plan</td>
<td></td>
</tr>
<tr>
<td>• Avg. time = 10 additional months</td>
<td></td>
</tr>
<tr>
<td>• Med. Time of 7 additional months</td>
<td></td>
</tr>
<tr>
<td>• Range = 3.6 – 26 months</td>
<td></td>
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</tbody>
</table>

NOTE: Reviewed 44 of the 86 Phase III drug trials, awaiting protocol files from off-site storage.
Next Steps

Ongoing Analysis:

• Continue to Review Trials with Respect to Slow Accruing Guidelines
• Cancer Control Studies Have Some Different Needs or Issues
• Consider Complementary Guidelines for CCOP Studies
• Studies with Behavioral Interventions, May Need Different Guidelines