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Patient Recruitment, Enrollment, and Retention in Clinical Trials: An Industry View

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Patient Engagement in Clinical Trials

- Enrolling a Representative Population
  - WIN-Her Initiative
  - Platinum Diversity
- Patient Role in Study Design and Execution
  - Patient Members on Steering Committees

The WIN-Her ™ Initiative
Women Opt In for Heart Research

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Project Goals

- Understand how to overcome female enrollment barriers, especially in randomized trials
- Develop and test new enrollment approaches
- Partner with key stakeholders, including FDA, to influence dialog on this topic
- Publish and share key learnings from this effort

Key Activities

- Interviews with patients and physicians
- New types of patient education materials and site training materials
- Focus topic during regular trial conference calls
- Formal metric tracking and best practice sharing
- Screening logs to track participation data and rationale

Important Questions in Designing the WIN-Her™ Initiative

- Are there approaches that resonate better with female patients?
- How do we design an effective pilot to test new approaches?
- What materials and process are needed?
- What is the best way to engage clinical sites?
- What data is important to gather in evaluating why patients do/don’t enroll?
- How do we measure success?

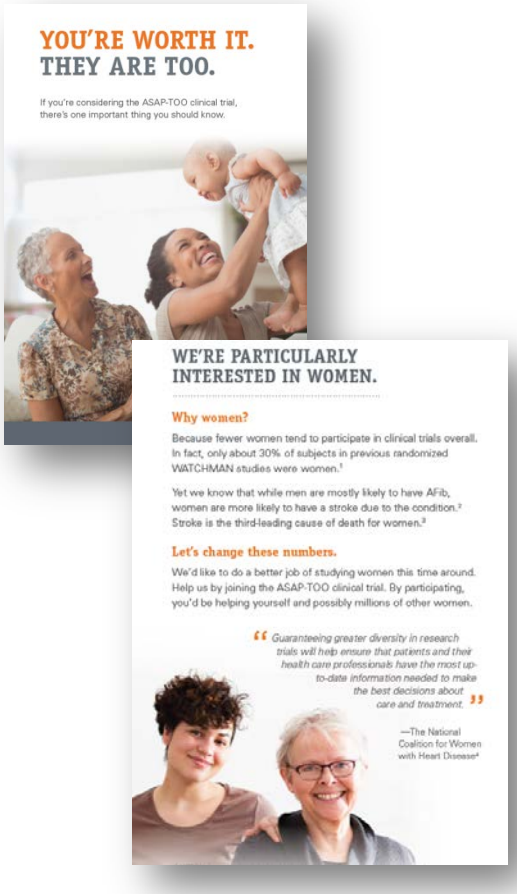
WIN-Her Will Be Piloted in Two Randomized, Indication Expansion Device IDE Trials

	ASAP-TOO	MADIT-SICD
Device	WATCHMAN™ Left Atrial Appendage Closure Device	Subcutaneous ICD
Candidates	Patients with non-valvular AF who are NOT eligible for anticoagulation	Post-MI diabetic patients with EF 36-50%
Goal	Determine whether LAAC reduces the risk of thromoboembolic ischemic stroke and systemic embolism	Determine whether there is a survival benefit from a S-ICD
Size	888 patients in up to 65 global sites	1,400 patients in up to 80 global sites

WIN-Her will be conducted in US sites only (with all patients eligible for enrollment)

The WIN-Her ™ Initiative Will Include New Materials for Patients and Physicians

- Patient-facing materials
  - New approach to general trial brochure (influenced by patient research)
  - Supplemental brochure specifically targeting women
  - Detailed patient website
  - Data collection questionnaire to collect perceptions about trial participation and feedback on trial materials



- Suggested talking points for physicians and coordinators
  - Patient outreach letter
  - Referring physician outreach letter
  - Patient discussion guide
  - Coordinator follow-up guide

WIN-Her Study Data Elements: Screening Log Questions

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Decision Making

- Perceptions of educational materials
- Number of conversations to make a decision
- Influencers of decision
- Attitudes about clinical trials
- Reasons for NOT participating

Patient Profile

- Perception of health status
- Occupation
- Educational level
- Primary support system

Expectations of Research Participation

- Previous trial participation
- Preference of therapy received in trial
- Health expectations from trial participation

Sites will be incentivized to collect this data

WIN-Her Study Data Elements: In-Trial Data Collection

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Is trial participation meeting expectations?

Why trial participation is/is not meeting expectations?

- How they are feeling healthwise compared to pre-trial
- Perception of contributions to research
- Difficulties in participations related to family/personal obligations
- Support system from friends/family related to trial participation
- Questions/concerns answered by study team
- Worries about overall health
- Transportation difficulties

Conclusions

- Enhanced patient and physician facing materials should help address known barriers to female enrollment
- Education and training related to enrollment barriers and clinical trial process will be critical
- In the pilot phase, WIN-Her Initiative will be deemed successful if 40% enrollment is female
- Data gathered from WIN-Her can inform future protocol design
- WIN-Her Initiative learnings could be potentially adapted to other geographies and cultures

PLATINUM Diversity

PLATINUM DIVERSITY
PROMUS PREMIER™
CORONARY STENT SYSTEM

Enrollment: 1500 patients / 55 US sites

Primary Investigators: Wayne Batchelor: Florida State College of Medicine, Tallahassee Research Institute, & Southern Medical Group, Tallahassee, FL

Roxana Mehran: Mount Sinai Hospital, New York, NY

- Observational
- Prospective
- Multicenter
- Open-label
- Single-arm

≥ 1 PREMIER Stent &
one or more of the following:

- Female
- Black
- Hispanic/Latino
- American Indian or Alaskan Native

Follow-up (telephone):

- 30 days
- 6 months
- 1 year

Primary Endpoint:

- 12M Death/MI/TVR

- Women and minorities are vastly underrepresented in cardiac clinical trials
- First of its kind study of women and minorities with coronary stents
- Sociodemographic, clinical and procedural data were collected
- Enrollment completed Aug 13, 2015….. 6 months ahead of schedule!
- Selection of sites treating diverse patient population was the most important factor in rapid enrollment and success of study

PLATINUM Diversity

Diverse enrollment tactics

- **Selection of sites serving a diverse patient population**
- **Medical affairs feedback on cath lab demographics**
- **CTG strategic partner feedback**
- **CRO and PI training**

Close the Gap Strategic Partners

- Association of Black Cardiologists
- Womenheart
- Society for Cardiac Angiography and Intervention-Women in Innovation (SCAI-WIN)
- National Medical Association
- National Minority Quality Forum
- National Forum for Heart Disease and Stroke Prevention

Catalyst Site Scorecard in Demographic View

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Catalyst | Clinical Trials | Site Scorecard | Investigator-Sponsored Research | Competitive Analysis | About | User Guide | Help

Site Scorecard

Definitions

Project: EVOLVE II

Performance | Demographics

SITE	CENTER CODE	INVESTIGATOR	LOCATION	ACTIVATION DATE	PATIENTS ENROLLED	FEMALE SHARE OF ENROLLMENT	NON-WHITE SHARE OF ENROLLMENT
Turku University Hospital	504	Airaksinen, Juhani	Finland	06-Mar-2013	29	17.2%	0.0%
University of Miami Hospital	1342	Alfonso, Carlos	United States	19-Apr-2013	6	33.3%	66.7%
Kokura Memorial Hospital	1634	Ando, Kenji	Japan	13-Dec-2012	20	35.0%	100.0%
St. Vincent's Hospital	111	Ball, Michael	United States	25-Jan-2013	23	17.4%	0.0%
Tallahassee Memorial Hospital	947	Batchelor, Wayne	United States	19-Dec-2012	24	45.8%	20.8%
North Colorado Medical Center	1935	Beckmann, James	United States	24-Apr-2013	1	100.0%	0.0%
Clinique Saint-Hilaire Rouen	263	Berland, Jacques	France	04-Jul-2013	17	11.8%	100.0%
North Mississippi Medical Center	102	Bertolet, Barry	United States	28-Feb-2013	22	18.2%	4.5%
Geisinger Medical Center	168	Blankenship, James	United States	02-May-2013	17	35.3%	0.0%
Baptist Medical Center Princeton	103	Bouchard, Alain	United States	28-Feb-2013	31	48.4%	19.4%

Conclusions

- Women showed an increased risk of death/MI vs Men
- Minorities showed an increased risk of MI and death/MI vs Whites
- Similar rates of TVR and ST among all 3 groups suggest that “device failure” is unlikely to account for the observed differences
- These results highlight the heterogeneity conferred by sex and race and suggest further study into the biologic, social, behavioral, and economic factors that impact CV risk after DES

Why Add a Patient to a Steering Committee?

- Clinical trial designs need to become more patient-centric
  - Do the study endpoints measure something that is meaningful to the patient?
  - Education and associated materials: Are patient materials (e.g. informed consent, study brochures) clear and relevant?
  - Participation: Impact of participating in the trial on patients (time commitment, travel, expenses, interventions): Is the trial unduly burdensome

Defining Expectations

- Patient Profile
  - Prefer that the patient have the specific condition being studied
- Patient Selection
  - Solicited nominations from study PI (or other steering committee members)
- Steering Committee Services & Duration of Participation
  - Patient advisor is a “full-fledged” steering committee member
- Payment Definition
  - Worked with legal to define payment terms and fair market value for participation

Success Stories! SMART MSP

- Patient representative is an RN
- Travelled to participate in steering committee meeting concurrent with HRS
- Provided important feedback on informed consent forms and burden of testing

- Lessons Learned:
  - Steering committee members struggled to identify patients
  - Ensure that patient advisor is willing to travel for occasional meetings. *BSC covers travel costs. Currently BSC HCP travel guidelines are applied to patient representatives.*

Success Stories! SMART CRT

- Patient steering committee member participated in in-person steering committee meeting in Nov 2016
  - Engaged in the meeting discussion and provided meaningful feedback on how the required study design/visits may impact patient participation
- Provided the team with patient-centric feedback on protocol and informed consent
  - Specifically, he asked for the consent form to be greatly reduced (with minimal legal jargon) with a possible video component

- Amended contract in March 2017 to allow patient to participate in AdvaMed Patient Engagement Event – very positive response to his participation in this event

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