Nephrotic Syndrome Clinical Trial Recruitment Collaborative

Washington, DC / November 15, 2018

Meeting Summary

Opening Remarks

- Dr. Irv Smokler reminded the audience that patients today are receiving the same treatments that patients 40 years ago received for this condition
- Highlighting the huge potential to fill an unmet medical need, Dr. Smokler urged industry to collaborate with others before taking their resources to other indications
- Other speakers also highlighted the great need for collaboration to meet the challenge currently facing the field: recruiting patients for the ongoing clinical trials
- The audience was reminded to think tactically; solutions need to be implemented within 6 months NOT within 6 years

Workstream Summaries

Each of the 6 workgroups presented for 15-20 minutes about the current state of their charge; what are the barriers, drivers, opportunities of NS clinical trial recruitment within their assigned theme. The workgroups then met as a small group and discussed tactical solutions to addressing the barriers and changing the landscape in a positive way. Their plans were reported to the full group in the afternoon

- Consortia/Registries (Kretzler & Saleem)

  Landscape/Barriers
  - Dr. Kretzler gave an overview of the current observational studies happening in the US, paying particular attention to NEPTUNE – the current data overview and the potential for using sites to better recruit using stratification & expertise at sites
  - Dr. Saleem highlighted the current international consortia for Nephrotic Syndrome, focusing on RADAR (UK Renal Rare Disease Registry) and Nurture (A collaboration of 2 registries, industry, patients, and charity), which includes biosamples and sophisticated infrastructure suitable for clinical research.

  Solutions/Next Steps
  - Create one-page summary of resources available (from consortia) to be shared
  - Establish formal or information data integration across networks
  - Outreach to investigators at network sites alerting them of specific protocols to create a feedback loop on trial feasibility
  - Empower patients – outreach to patients directly, advertise NephCure's trial finder tool
  - Regional trial readiness meeting to transmit sense of urgency
  - Long term goal- Develop clinical trial platform and learn from success model
  - NEXT STEPS:
    - Generate summary document of resources available for industry (Q1 2019)
    - Use network communication systems to provide trial dashboard to sites (Q1 2019)

- Evaluate cohort data bases for mechanism to do join analyses of trial characteristics (Q2 2019)
- Alert patients in network of NephCure trial finder (Q1 2019)

- Ex-US Involvement in Trials (Shankland & Huber)

Landscape/Barriers

- Drs. Shankland & Huber gave an overview of the other countries – outside of the EU and US – that may offer great opportunities for clinical research. Specifically, Africa, China, and other European countries can offer ethnic impact data, large patient populations, environmental impact data, etc.
- Acknowledged as a major barrier was the different infrastructure/political regulations from which industry may shy away.

Solutions/Next Steps

- Create/utilize an accessible website with trial information in simple language & multiple language; advertise through social media & other channels
- Hold an international summit for healthcare providers specific to clinical trial recruiting
- Dedicate World Kidney Day (2020) to FSGS

- Study Overlap (Gillespie & Jardine)

Landscape/Barriers

- Drs. Gillespie & Jardine spent time highlighting the current FSGS and IgAN clinical trials recruiting patients and noted the large need for patients. Their presentation then went on to describe the current cultural factors that may slow recruitment, with emphasis on the burden of FDA regulated trials to PI's and sites (highlighted "one and done PIs).
- The presentation also highlighted the value of patient input into clinical research and drug development, citing specific examples where sponsor investment into patient engagement activities yielded tangible benefits.
- Drs. Gillespie & Jardine also highlighted innovative trial designs that can potentially reduce the burden on investigators and on patients within the current landscape (platform trial, standing trial, master protocol, basket trial, umbrella trial). Platform trial use in breast cancer care was given as an example of the potential of this innovative design.

Solutions/Next Steps

- Web or phone-based app that clearly maps out the differences between trials for patients
  - Need a version to serve sites (perhaps with more detail)
- Telehealth solutions to bring protocol closer to the patients; telepathology (?) to make ordering clinician aware of trials
- Master protocol – offers potential benefits through collaboration that are more than the 'sum of the parts': efficiencies for industry from shared infrastructure costs,

reduced burden on sites from streamlined setup activities, greater access for patients due to greater likelihood of eligibility for at least some tested agents
    - Role for patients in assisting with protocol design, schedule of events, etc.

- Clinicians (Tumlin)

Landscape/Barriers

- Dr. Tumlin spent time highlighting the disconnects that exist within the clinical community. Specifically, he highlighted that most nephrologists are unaware of current trial opportunities for their patients, that most community and academic clinicians do not collaborate, and that clinicians feel disconnected from the protocol.
- Dr. Tumlin reminded the audience to practice empathy to create realistic strategies for patient involvement in clinical trials.

Solutions/Next Steps

- Leverage social media, radio, internet to reach glomerular disease physicians of excellence & increase awareness of clinical trials
- Develop – or utilize – a trial finder site for patients, with "one-click" permission to be contacted by multiple studies for participation
- Community forums with CME accreditation to highlight trials & advances in the field – "mini ASNs"
- Develop physician to physician hotline for second opinions, case discussions, and trial opportunities
- Concerted effort to convene sponsor, CRO, patient groups and trialist stakeholders to design studies tailored to maximize enrollment of glomerular disease patients.

- Pediatric Inclusion in Glomerular Disease Trials (Gipson & Trachtman)

Landscape/Barriers

- Dr. Gipson led the discussion and expressed the dire need for including children in glomerular disease trials, specifically citing that denying this population access to therapies is an invitation to dialysis, shorter lifespans, and poorer quality of life.
- Broad categories of barriers were identified: culture, patient/family, awareness of disease, investment, and preparation

Solutions/Next Steps

- Partner with sponsors & regulators to: 1) complete existing trials that are open to children and 2) reassess risk/benefit to add children to existing trials
- Engage patients and families by:
    - Disseminating trial information
    - Transforming patient/family input strategy for trial design and drug development
- Promote trial readiness at sites
- NEXT STEPS:
    - Disseminate existing educational materials about RCTs
    - Query industry about why children are excluded

- Create patient and family centered strategy from information known & newly gathered
- Commit to invitation of patients to open trials
- Develop common materials, metrics, and mentors for site teams
- Partner with WG members to collaborate & document (White paper)

- Pathology (Barisoni & Walker)

Landscape/Barriers

- Dr. Barisoni led the discussion by presenting the historical perspective of pathologists' involvement in clinical trial design, starting first with their role in diagnosis primary vs. secondary FSGS (or other glomerular disease). Dr. Barisoni also noted that the current diagnosis culture – and inclusion/exclusion criteria of trials – does not account for the full complexity of morphologic changes and molecular profiles of disease.
- Dr. Barisoni described the current culture of the relationship between pathology and clinical trials, noting disconnects existing on the study design process, the lack of information dissemination, and the lack of incentivization for pathologists to be more involved in the drug development process.

Solutions/Next Steps

- Campaign (email, YouTube, mailing, website) to explain role of pathologists in patient entry
- Provide easy access to ongoing study information (complete but concise)
- Develop "talking points" for each study
- Develop page length information to send to the clinician by email/fax
- Develop appropriate information to send to study coordinator that allows study center to follow up with ordering clinician
- Bring pathology perspective in new trial design
- Implement feature extraction over interpretative diagnoses
- Standardize language across pathology & study protocol
- Centralized data collection by local pathologists vs. centralized read of digital images
- Eliminate/update language of "FSGS" as a class term
    - Move to feature/value extraction for entry criteria