

## ISSUE PANEL

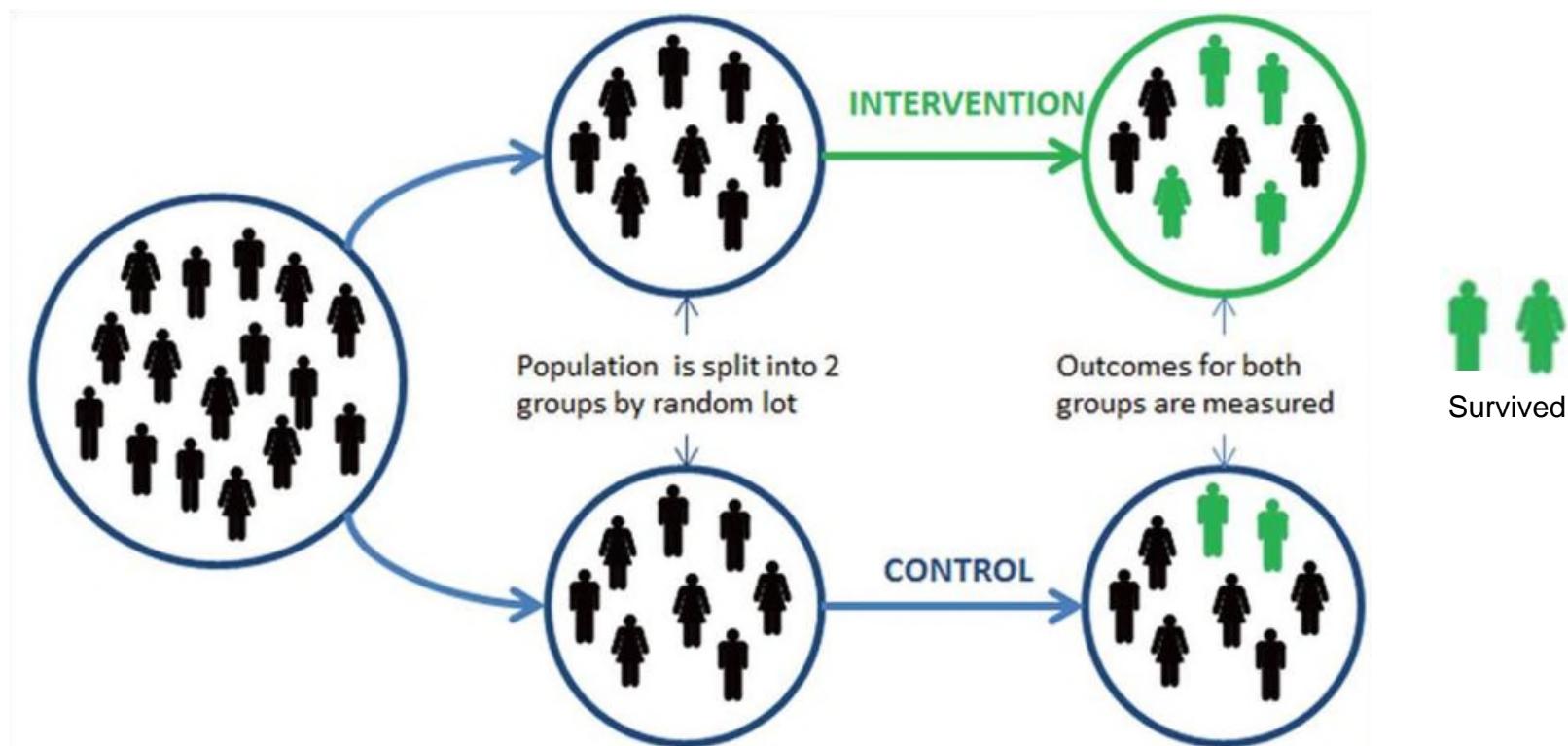
**Clinical Evidence for Health  
Technology Assessment  
in Oncology, Are We Going  
Backwards? Where Are We  
Going With Single-arm Trials?**

**A patient perspective**

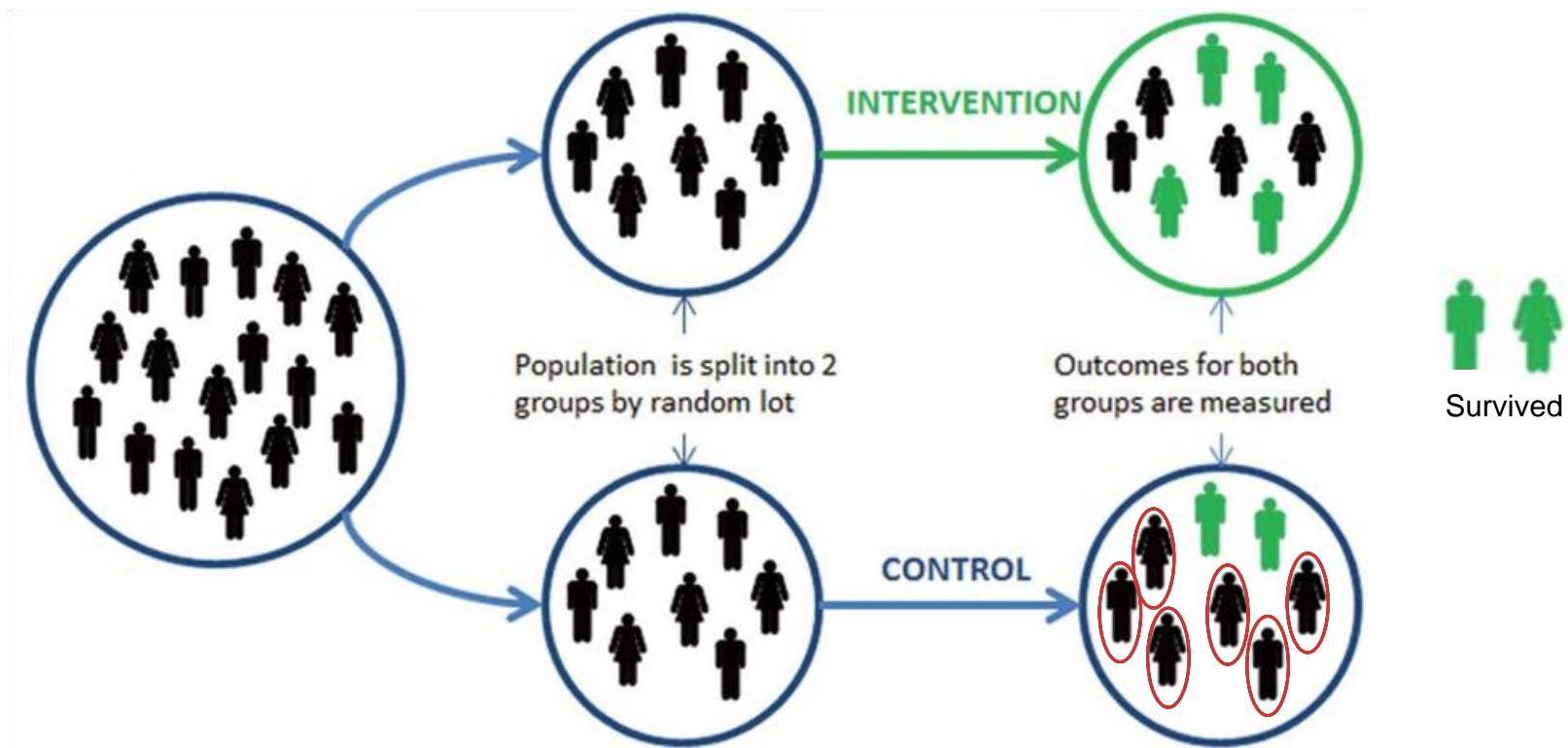
Anne-Pierre Pickaert

Tuesday, 8 November 2022 | 10:15-11:15

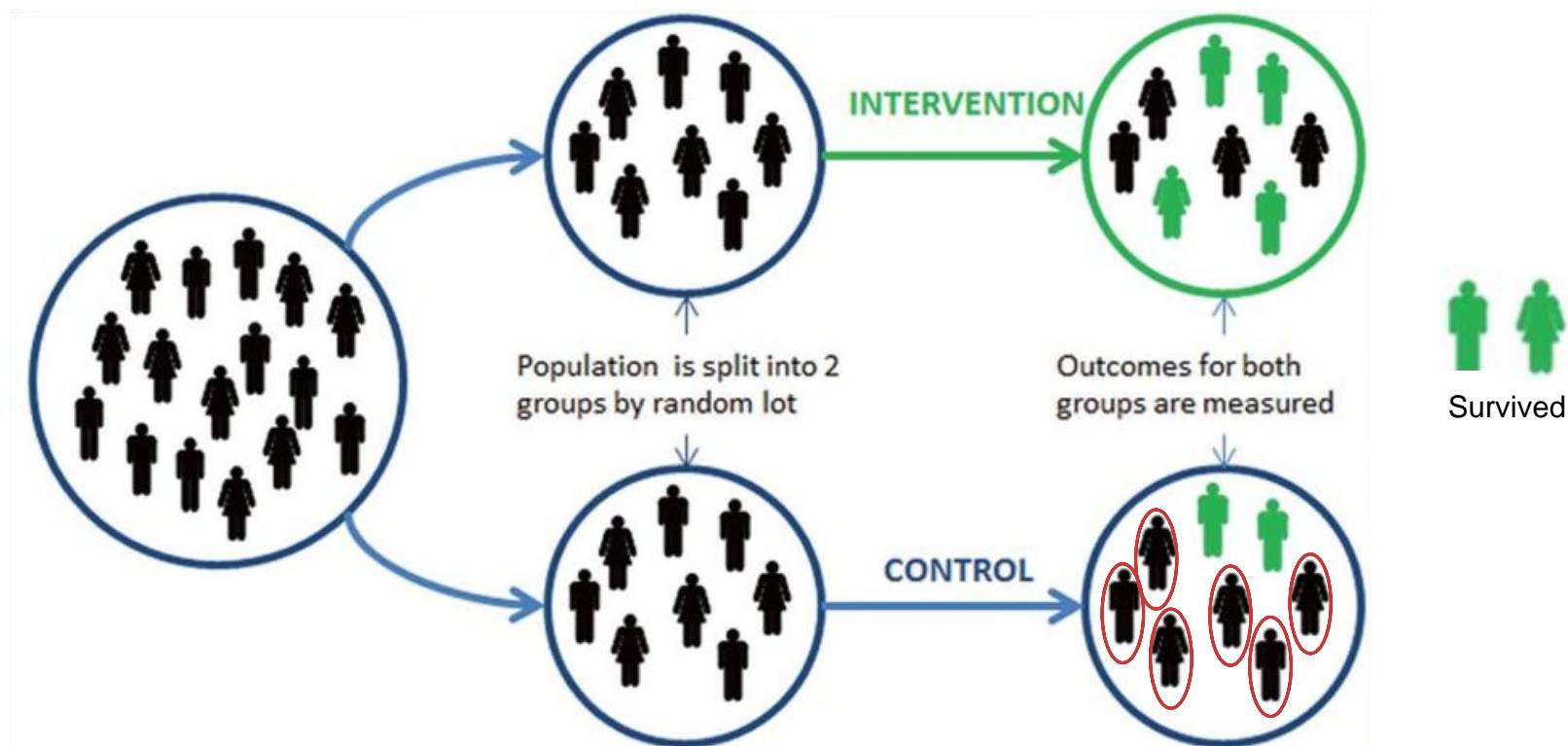
## Randomised controlled trials



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## Patients prefer **non-randomised controlled trials**



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- Some RCTs are unethical when the control arm isn't of any help



Illustration: <https://sloanreview.mit.edu/article/ethics-or-compliance-in-a-crisis/>

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- Cancer patients do not enter a clinical trial in the hope of receiving placebo + standard of cancer

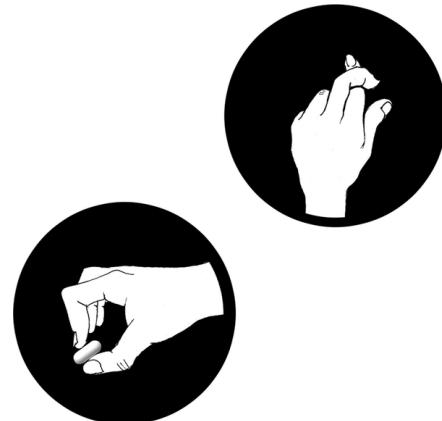


Illustration:  
<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020262>

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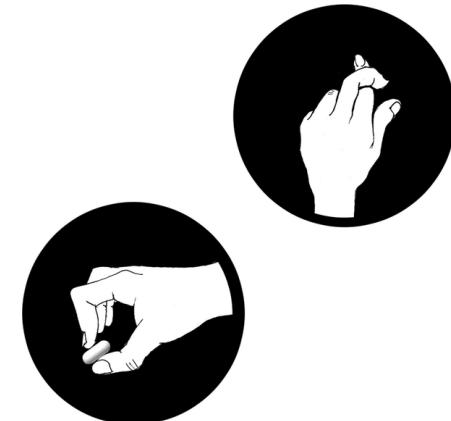


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- Most patients are altruistic.



Illustration: <https://www.genesisdx.com/news-forum/blog/help-others/>

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- Most patients are altruistic. But they also make sure they look after themselves before helping others.



Illustration: <https://uxdesign.cc/make-sure-your-own-project-will-have-stellar-ux-before-helping-others-1cca43af71ba>

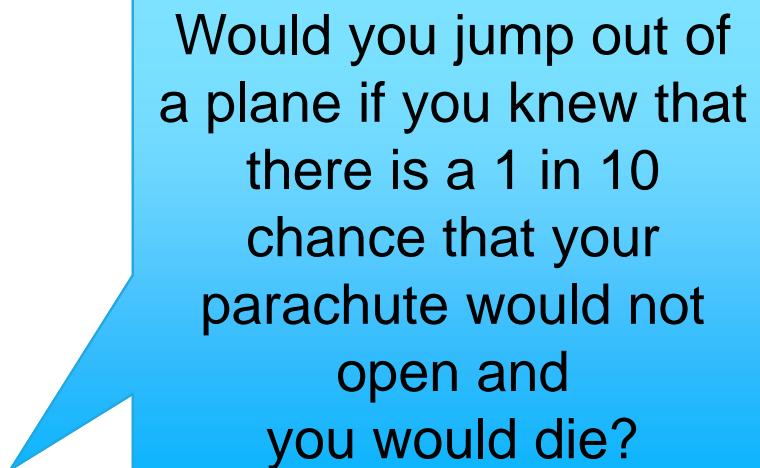
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- Most patients are altruistic. But they also make sure they look after themselves before helping others.

The experimental treatment may be their only source of hope.



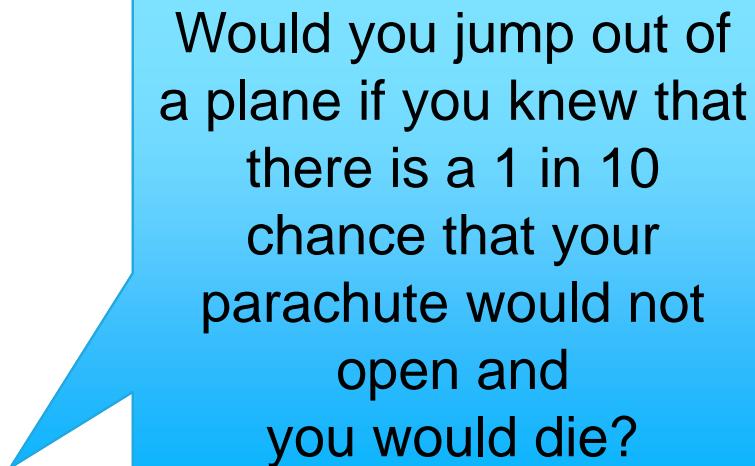
Illustration: <http://www.starsofhope.org/website/>



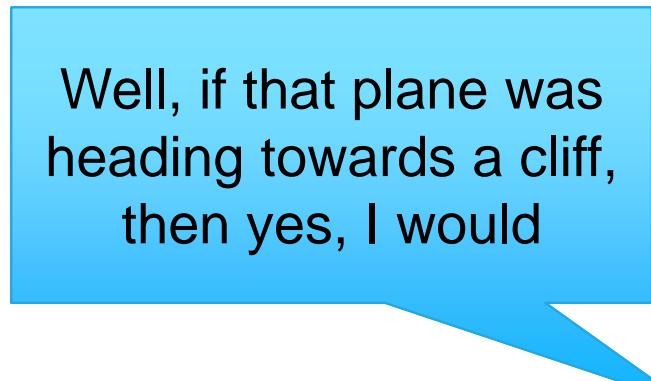
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How certain are we that the plane is going to crash?

Not all trial participants prefer to be in the experimental arm

**Involving patients early in trial design optimises relevant outcomes & reduces some uncertainties**



Illustration: <https://edhub.ama-assn.org/steps-forward/module/2702513>

## **Involving patients early in trial design optimises relevant outcomes & reduces some uncertainties**

- Choosing patient-relevant outcomes
- Defining realistic in- and exclusion criteria
- Setting optimum trial duration
- Helping define the ratio of potential benefit and burden of trial participation

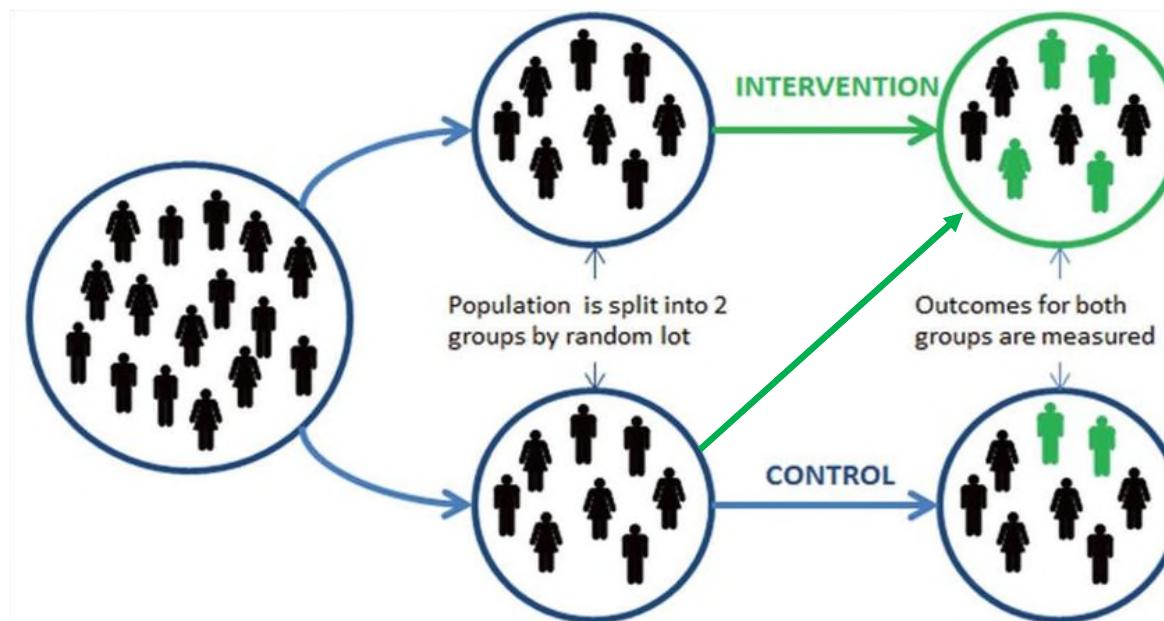


Illustration: <https://edhub.ama-assn.org/steps-forward/module/2702513>

# **Balancing ethics & the need for evaluating comparative effectiveness**

# Balancing ethics & the need for evaluating comparative effectiveness

Patient-friendly RCTs: Allow cross-over.



Adapted from [https://www.researchgate.net/figure/The-basic-design-of-a-randomised-controlled-trial-adapted-from-Haynes-Service-Goldacre\\_fig2\\_318153807](https://www.researchgate.net/figure/The-basic-design-of-a-randomised-controlled-trial-adapted-from-Haynes-Service-Goldacre_fig2_318153807)

## Balancing ethics & the need for evaluating comparative effectiveness

### Patient-friendly RCTs: Reduce placebo groups

- Share placebo data over trials or use natural history data as comparator in single arm trials
- Collect patient data in a registry, before drug trials are in the pipeline.



Illustration: <https://www.share4rare.org/news/what-patient-registry>

## Balancing ethics & the need for evaluating comparative effectiveness

### People over profit

Beating competitors to launch as 1st in class or 1st in indication should **NOT** be the key decision-making criteria to choosing a single arm trial design.



Illustration: <https://technical.ly/civic-news/climate-crisis-sustainability-corporate-response/>