Challenges on Outcomes Selection Along Early to Late Phase Clinical Trials of Drug Development: Survey to Experts in Neurosciences Drug Development*

ISPOR Europe 2024 **Poster ID** 146630

Zaragoza Domingo S1, Alonso J2, Ferrer M2, Acosta MT3, Annas P4, Bishop K5, Butlen-Ducuing F6, Bennett B7, Berger AK8, Dorffner G9, Edgar C10, Engler J11, Harel BT12, de Gracia Blanco M13, HarrisonJ14, Horan W15, Kottner J16, Tinoco D17, Vance M18, Yavorsky C19, Avila M20

(1) Neuropsychological Research Organization s.I (Neuropsynchro), Barcelona, Spain, (2) IMIM (Hospitaldel Mar Medical Research Institute) and CIBERESP, Madrid, (3) NIH, Washington DC, USA, (4) Alexion Pharmaceuticals Ltd., Copenhaguen, Denmark, (5) Global Pharma Consultancy, Washington DC, USA, (6) Institut Gustave Roussy, Psycho-Oncology Unit, Interdisciplinary Department for the Organization of Patient Pathway, Cancer Campus Grand Paris, France and Université Paris-Saclay, UVSQ, Inserm, CESP, 94807, Villejuif, France, (7) Jazz Pharmaceuticals, London, UK, (8) Lundbeck A/S, Copenhaguen, Denmark, (9) The Siesta Group, Vienna, Austria, (10) PCOA Associates Ltd, London, (11) CRONOS, ICQVIA, Washington DC, USA, (12) Takeda Development Center Americas, Inc., Cambridge MA, USA, (13) Universitá de Girona, Girona, Spain, (14) Scottish Brain Sciences, Edinburgh, UK, (15) Karuna Therapeutics, Washington DC, USA, (16) Charité-Universitätsmedizin, Berlin, Germany, (17) Worldwide Clinical Trials, Barcelona, Spain, (18) SANTIUM, Toronto, ON, Canada, (19) Vialis Bioscience, New York, USA, (20) Freelance consultant, Barcelona, Spain.

ecnp

*On behalf of the Outcomes Research Group in CNS and ECNP TWG Clinical Outcomes in Early phase Clinical Trials

INTRODUCTION

Despite major advances in neuroscience, clinical trials for neurological and psychiatric conditions continue to have notoriously high failure rates. The use of innovative Clinical Outcome Assessments (COAs) grounded in translational research is key to maximize the likelihood of identifying promising new treatments in early phase clinical trials. However, the field has lacked standardized practice guidelines for optimal selection of COAs and also face a low acceptance of innovative outcomes by the regulators or, eventually, health agencies.

OBJECTIVE

the recently developed 7-step standard process^{1,2} for COA selection, we wanted to explore the acceptance of the process, and to identify challenges for its implementation by pharmaceutical and biotechnology drug developers.



RESULTS

Twenty-six participants, answered affirmatively to reading the pre-survey materials, mainly from pharmaceutical industry (46%) and with substantial years of experience in COA strategy decisions (80% more than 10 years) (Figure 1). All participants endorsed the 7-Step process, with some suggestions for additional activities summarized in Table 1. Results of text analysis are shown in Figures 2 and 3.

What stakeholder do you represent nowadays?



Figure 1. Stakeholder Representatives

METHODS

survey administered was international experts outcome assessment research to solicit feedback on the proposed 7-step process. All participants conducted a pre-reading activity of briefing materials describing the established standard process. Openended questions were posed including level of agreement, endorsement and expected challenges when implementing the 7-step process. An initial qualitative analysis of the open-ended questions is presented using the software Voyant tools for text analysis.

- From your experience, to which extent is the pharmaceutical industry currently using the full 7-Step process?



Unkn

- In your opinion, how can drug development companies be encouraged to adopt the proposed standard process?



Table 1. Additional Recommendations to Include in the Standard Process

- "It is not clear to me in the stakeholder engagement if the regulators are involved (policy makers?) If not, I believe there should be an alignment early on'. S24
 "I would like to include the time need to perform the assessment, if the COS is the primary or secondary objective in a clinical trial, and the other COSs in the trial because all of these items impact patient, caregiver, and research site staff burden which impacts the quality of data derived from the COS)." S13
 "Interesting also to be applied for novel brain-computer interfaces (BCIs) as the most outstanding or novel CNS trials." S12
 "I think more closely aligning these steps, with regulatory guidance (e.g., FDA COA guidance documents) would make the value of this formal step-wise approach more clear." S16
- more clear". <mark>\$16</mark> In step 6- is only mentioning drug labelling, but not sure about potential
- - In step or so any monitoring of the diagnostics. Sthelimer's we published a 'heat map' to show gaps between existing COAs and the concept elicitation items. Also (not common) but with Alzheimer's we identified so many items that we are ranking them within health concept in a study." S07

CONCLUSIONS

- The consensus-based 7-step process for setting COAs strategy in neuroscience clinical should be a first reference for any type of research in drug development in neurology and psychiatry.
- Feedback obtained from experts is near universally in favor of its adoption, as risk-mitigation based upon its adoption, and to facilitate the interaction with regulatory agencies to reach alignment.
- There was a wide range of opinions regarding the extent to which the industry is currently using standards, with half of the articipants acknowledging the use either fully or customized at some extent
- Several survey participants described a roadmap of future activities aiming to educate, disseminate and promote the use of the 7step standard method for future drug development programs.
- Additional activities suggested were addressed to highlight the advantages in terms of time/cost to drug development and align the process with the existing regulatory guidance in USA (i.e. PFDD) and Europe.
- More participants are needed to increase expert representation.

REFERENCES

- Zaragoza Domingo, S, Alonso, J, Ferrer-Fores, M, Acosta, M.T, Alphs, L, Annas, P, et al. Methods for Neuroscience Drug Development: Guidance on Standardization of the Process for Defining Clinical Outcome Strategies in Clinical Trials. European Neuropsychopharmacology 83 (2024) 32–42 https://doi.org/10.1016/j.euroneuro.2024.02.009
- ECNP COA Group. Clinical Outcomes Assessment Selection Practical Guidance n Neuroscience Drug Development, V3 [Internet], 2023, Available from https://drive.google.com/file/d/10NRU1elyGnMwCZgEfMqDUbwc9o0HqOG1/view ?usp=drive_link

CONTACT INFORMATION

Correspondence <u>szaragoza@psyncro.net</u>

DISCLAIMER

The authors are the sponsors of the project. For F. Butler-Ducuing, started her collaboration while working at the European Medicines Agency, the views expressed in this article, are personal views and may not e understood or quoted as being made on behalf of or reflecting the position of the EMA or one of its committees or working parties. ECNP_TWG is partially funded by ECNP.

Willing to take the survey? Visit the Pre-Readings material and the survey or scan the QR