

External Control Arms (ECA) in Phase 3 Trials: What Is Needed Now and in the Future to Enable Acceptance With Regulatory and HTA Bodies?

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Speakers & Agenda

Helene Karcher

- ECA definition & conditions of use

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- Methodological considerations

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- Case examples

Nicole Mittmann

- Expectations from agencies



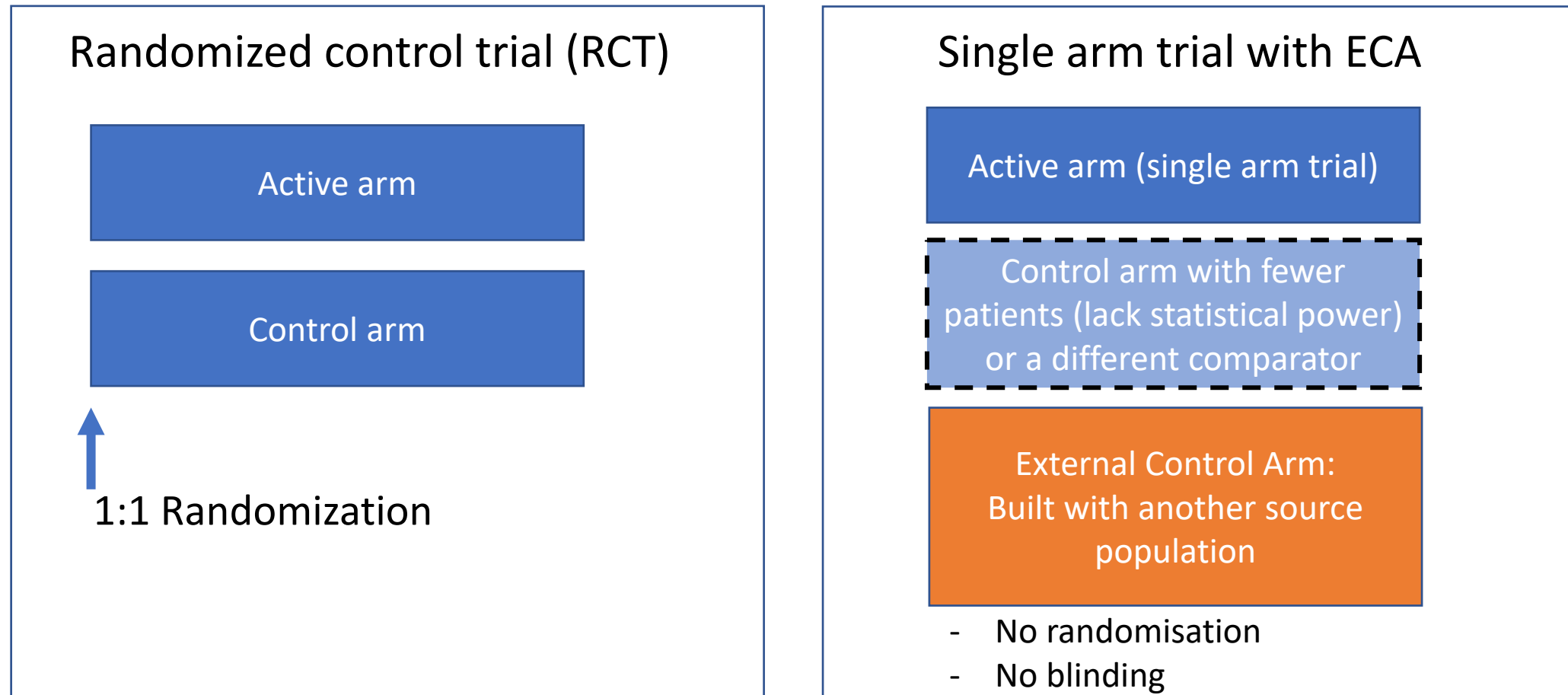
Canada's Drug and
Health Technology Agency

Disclosures

- HK is an employee and shareholder of Novartis. She is also the Editor-in-Chief of the journal Epidemiologic Methods.
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What is an External Control Arm (ECA)?

ECA: a study arm used as (efficacy) comparator to an active arm from a single-arm trial or an RCT with an insufficient comparator



Validity issues with External Control Arm (ECA)

The root cause of validity issues comes from having a data source **external to a (Phase 3) trial**

- Previous RCTs: historical control or synthetic arm
- Real-world data (RWD)

 No randomization, no blinding

 Sources of bias* and methodological challenges : see Emma's part

**Burger et al. The use of external controls: To what extent can it currently be recommended? Pharm Stat. 2021 Nov;20(6):1002-1016. doi: 10.1002/pst.2120.*

Example of submissions to FDA with ECA : case of selinexor

Selinexor (XPOVIO) in relapsed/refractory multiple myeloma

First NDA submission with

- Single arm trial STORM
- Comparator built on EHR to demonstrate increase in overall survival



Grounds for FDA rejection

- Methodological considerations
 - Eligibility criteria
 - Index date definition
 - Different distributions of baseline characteristics between single arm trial and ECA
- FDA was only made aware of the ECA at the report stage

Second FDA submission with the Phase 3 RCT «BOSTON»



Upcoming guidances and consultation opportunities

- Soon-to-be-released guidances on ECAs
 - FDA guidance on ECA: “Considerations for the Design and Conduct of Externally Controlled Trials for Drug and Biological Products »
 - EMA draft reflection on the use of single arm trials (and ECA)
 - CADTH guidance on May 16th
- Consultation with health authorities
 - E.g., use FDA « Advancing Real-World Evidence Program» established in Oct 2022
https://www.fda.gov/drugs/development-resources/advancing-real-world-evidence-program?utm_medium=email&utm_source=govdelivery#Eligibility

Take-aways

- ECAs appear to be more welcome than ever in regulatory and HTA submissions
- A solid justification of the need for a single arm trial + ECA is required from regulators and payers
 - Justification: RCT not feasible due to recruitment, ethics, etc.
 - ECAs acceptable in a wide range of indications and conditions
- Transparency, pre-specification and sound science on the choice of data source, outcomes, analytics are necessary for regulatory / HTA success

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<https://www.degruyter.com/journal/key/em/html>

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