



Cécile Olivier (COO)

Wearables and Patient Reported Outcomes: new wins?

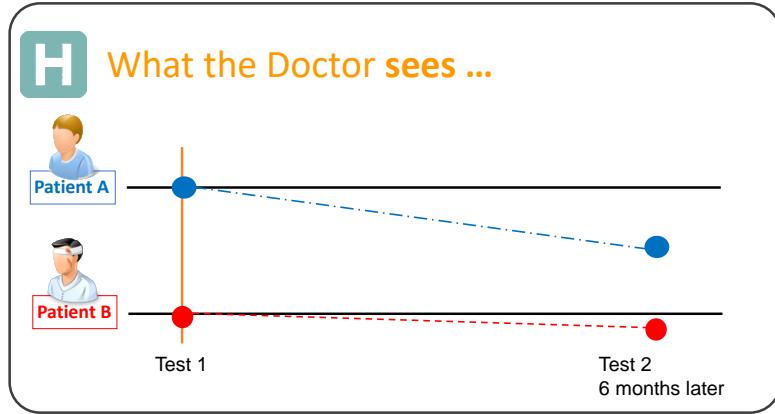
## Disclaimer

- These PowerPoint slides can be shared but source should be acknowledged
- Views are my own and I am not an oncology expert
- I am a former EMA employee and now an employee of Aparito

# Presentation Overview

- Can digital tools help us address unmet needs ?
- Regulatory points to consider
- PROs and technology

# Collecting Patient Data in Clinical Trials



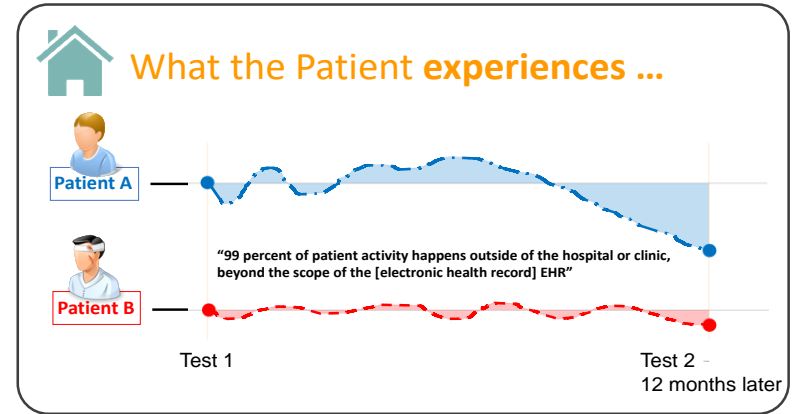
## 'Episodic snapshots'

Currently: We only see data at clinical visits

### Current problems in clinical trials

- Clinical trial complexity
- Participation burden and missed engagement
- Cost
- Clinical capacity

VS



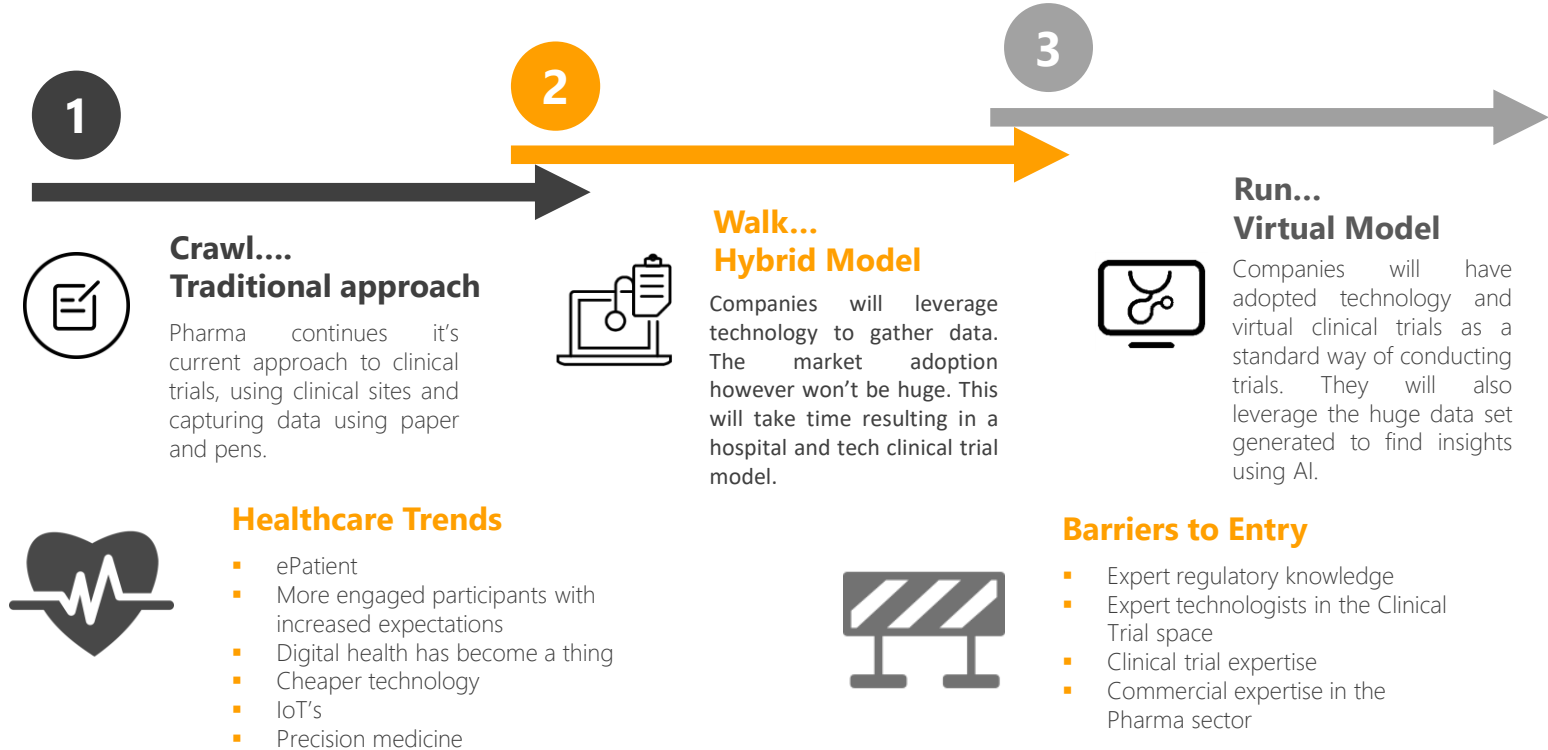
## 'Disease in motion'

The future: Monitoring patients at home 24/7/365

### Benefits

- Patient Centric
- Cost reduction
- Better patient centric study design
- Improved patient access to studies, incl. diverse population
- Rapid recruitment and improved retention (30% per study)

# Transitioning Landscape



Can digital tools help us address unmet needs ?

Paediatric PAH example

# What are the hurdles?

## **Clinical and pharmacological hurdles**

- Population: rare and heterogeneous
- Gaps in knowledge: pathophysiology, extrapolation, endpoints
- Medicinal products: high number of competing products
- Treatment strategies: from monotherapy to combinations
- Off-label use

# What are the hurdles?

Local differences preventing to conduct multiregional paediatric drug development

- Regulatory requirements (*EMA PIPs and FDA written requests*)
- Operational practicalities (*standards of care, cultural expectations*)
- Patients and families do not want to enrol in any clinical trials (*endpoints, burden of CTs*)

Regulator's duty to ensure that medicines for use in children are of high quality, ethically researched and authorised appropriately

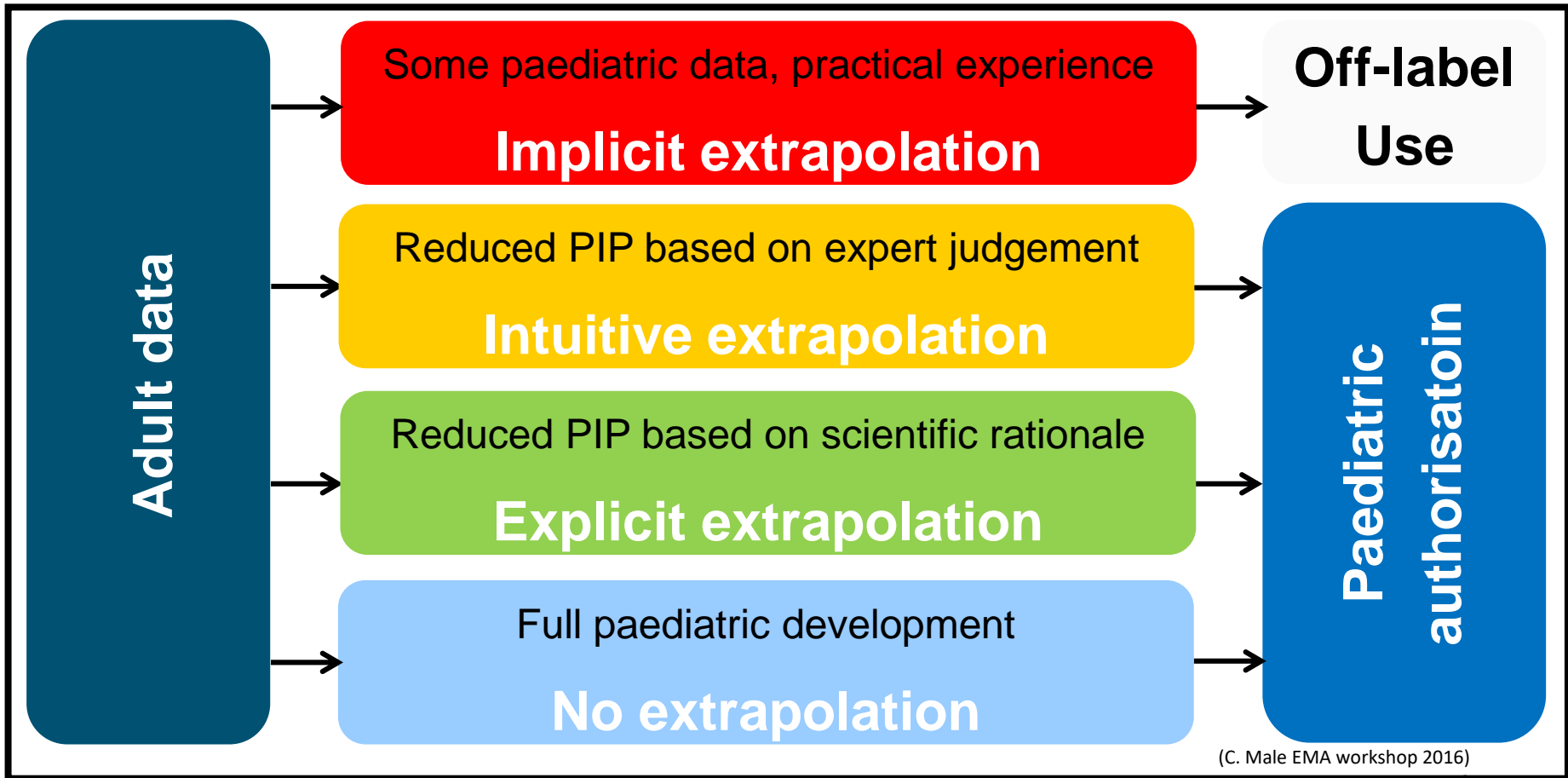
- Such an assessment requires clinically robust and relevant data



# Paediatric PAH – Paediatric Investigation Plan overview (June 2017)

Class of products	Product	PIP	WR*	Authorisation for adults			Authorisation status for children		
				EU	US	Canada	EU	US	Canada
Prostacyclin Analogue	Treprostinil	X		NO	YES	YES	NO	NO	NO
	Selexipag	X		YES	YES	YES	NO	NO	NO
	Treprostinil diethanolamine	X		NO	YES	NO	NO	NO	NO
	Iloprost	N/A		YES	YES	NO	NO	NO	NO
Endothelin Receptors Antagonist (ERAs)	Bosentan	X		YES	YES	YES	PK data	NO	PK data
	Ambrisentan	X		YES	YES	YES	NO	NO	NO
	Macitentan	X	WR*	YES	YES	YES	NO	NO	NO
Phosphodiesterase type 5 inhibitor (PDE5 inhibitor)	Sildenafil	X	WR*	YES	YES	YES	YES	NO	NO
	Tadalafil	X	WR*	YES	YES	YES	NO	NO	NO
Guanylate cyclase (sGC) stimulators	Riociguat	X		YES	YES	YES	NO	NO	NO
Vasodilator	Epoprostenol	N/A		YES (NAP*)	YES	YES	NO	NO	NO

## Paediatric indications and off label challenges



# Off-label use data can't lead to licensing\*

		Pharmacology Drug disposition & effect	Disease manifestation & progression	Clinical response to treatment	
SOURCE POPULATION Adults	Extrapolation concept	Mechanisms	Age-related differences in <ul style="list-style-type: none"> <li>- aetiology</li> <li>- pathophysiology</li> </ul>	Age-related <ul style="list-style-type: none"> <li>- differences,</li> <li>- applicability</li> </ul>	
		Quantitative evidence	<ul style="list-style-type: none"> <li>- PD effects, E-R</li> <li>- Toxicity</li> </ul> PB-PK/PD models Pop-PK/PD models  Covariates: <ul style="list-style-type: none"> <li>- age, size, maturation, etc</li> <li>- disease, comorbidity,</li> </ul>	<ul style="list-style-type: none"> <li>- manifestation</li> <li>- Progression / indicators</li> </ul> Quantitative synthesis of natural disease data Disease progression models  Covariates: <ul style="list-style-type: none"> <li>- age, maturation</li> <li>- disease types, severity</li> <li>- comorbidity</li> </ul>	<ul style="list-style-type: none"> <li>- validation</li> </ul> of efficacy & safety endpoints  Quantitative synthesis or meta-analysis of treatment data Disease response models  Covariates: <ul style="list-style-type: none"> <li>- age</li> <li>- disease types, severity</li> <li>- comorbidity</li> </ul>
		Prediction	<ul style="list-style-type: none"> <li>➤ existing data</li> <li>➤ progressive input of emerging data</li> </ul> Predict doses to achieve <ul style="list-style-type: none"> <li>- similar exposure, or</li> <li>- similar PD effect, and</li> <li>- acceptable safety</li> </ul> per age group	Describe/predict differences in natural course of disease progression  by age group	Given similar drug exposure or PD response, predict degree of differences in <ul style="list-style-type: none"> <li>- efficacy &amp; safety</li> <li>- benefit-risk balance</li> </ul> by age group
			➤ refine predictions using emerging data		

## Example: Pulmonary Arterial Hypertension

- TC with FDA in September 2016: Using the extrapolation framework to structure the discussion allowed to identify that EMA and FDA were much closer than anticipated.
- June 2017: EMA/FDA/HC workshop on paediatric PAH:

Global consensus achieved for extrapolation, study design and endpoints

- ✓ PK/PD randomised dose controlled studies (vs placebo controlled) - TBD
- ✓ Moving towards non-invasive echocardiography (instead of RHC)
- ✓ Moving towards actigraphy instead of 6MWT
- ✓ PROs and QoL to be developed

# Agreed non-invasive EP with potential use in CTs

**Table 3. Noninvasive End Points With Potential Use as End Points in Clinical Trials in Children**

End Point Modality	Potential Treatment Goals to be Considered	Strengths	Limitations
WHO-FC	WHO-FC improvement	<ul style="list-style-type: none"> <li>Convenience</li> <li>Predictive of transplant-free survival in pediatric PAH</li> </ul>	<ul style="list-style-type: none"> <li>Variability in classifications among clinicians</li> <li>Definitions of symptoms may differ and not be reliable in children</li> </ul>
NT-proBNP	NT-proBNP lowering	<ul style="list-style-type: none"> <li>Simple procedure (plasma)</li> <li>Likely predictive of transplant-free survival in pediatric PAH prognosis</li> </ul>	<ul style="list-style-type: none"> <li>Not a specific indicator for PAH only</li> <li>Impacted by cause of PAH</li> <li>The normal value of NT-proBNP in children can vary with age</li> </ul>
Echocardiography	<ul style="list-style-type: none"> <li>TAPSE improvement</li> <li>3-Dimensional right ventricular function</li> <li>Fractional area change</li> </ul>	<ul style="list-style-type: none"> <li>Widely used for monitoring in patient population</li> <li>3-Dimensional echocardiography offers new options with end points</li> </ul>	<ul style="list-style-type: none"> <li>High operator variability</li> <li>Likely larger sample size</li> <li>No consensus on which echocardiographic end point should be used as a primary outcome</li> </ul>

Actigraphy Actigraphy	<ul style="list-style-type: none"> <li>Physical activity count</li> <li>Heart rate variability</li> </ul>	<ul style="list-style-type: none"> <li>Children friendly</li> <li>Simple and can continuously record physical activity for days and weeks</li> <li>Correlates with 6MWD Test, mPAP, and PRVi</li> <li>Sensitive and, thus, potentially requires smaller sample size</li> </ul>	<ul style="list-style-type: none"> <li>Needs to be validated in an interventional trial</li> <li>Needs to optimize the cutoff values for different levels of physical activities across different devices</li> <li>Seasonal and school/holiday influences</li> </ul>

# Assessment of physical function in children with cancer: A systematic review

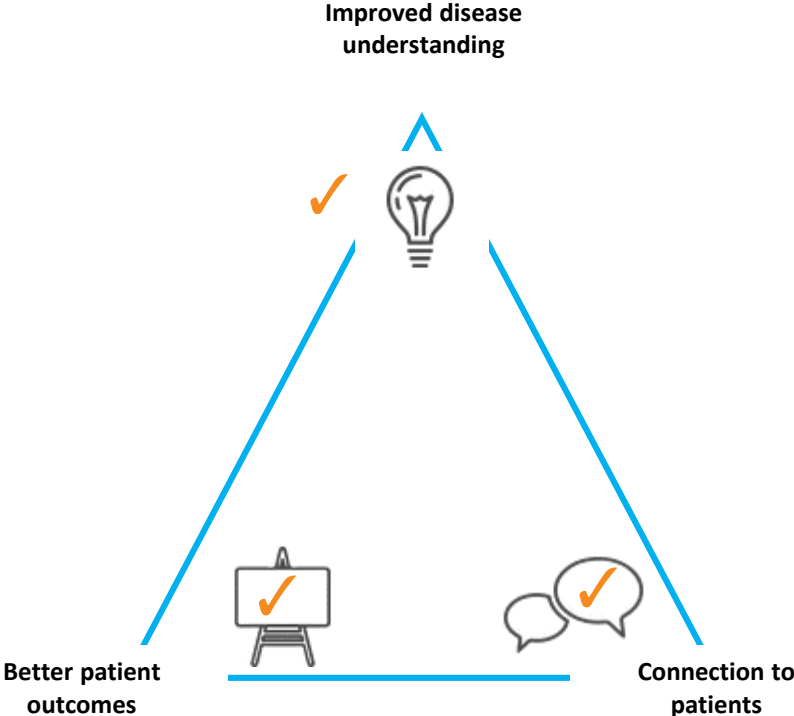
Grimshaw, SL, et al. *Pediatr Blood Cancer*. 2018; 65:e27369

- 101 physical function measures were identified across 154 studies.
- Measurement property data were available for 12 measures.
- Only 2 outcome measures were assessed in more than 1 study.
- Poor methodological quality of the included studies was the main limiting factor.

## Conclusions

- There is very limited population specific evidence to guide the selection of physical function measures in children with cancer.
- Further research is needed to provide a basis for more effective clinical assessment and management.

# Unique Opportunity with technology



## Regulatory points to consider

- Context of use
- Qualification



# Context of Use



## Clinical Research / Trial

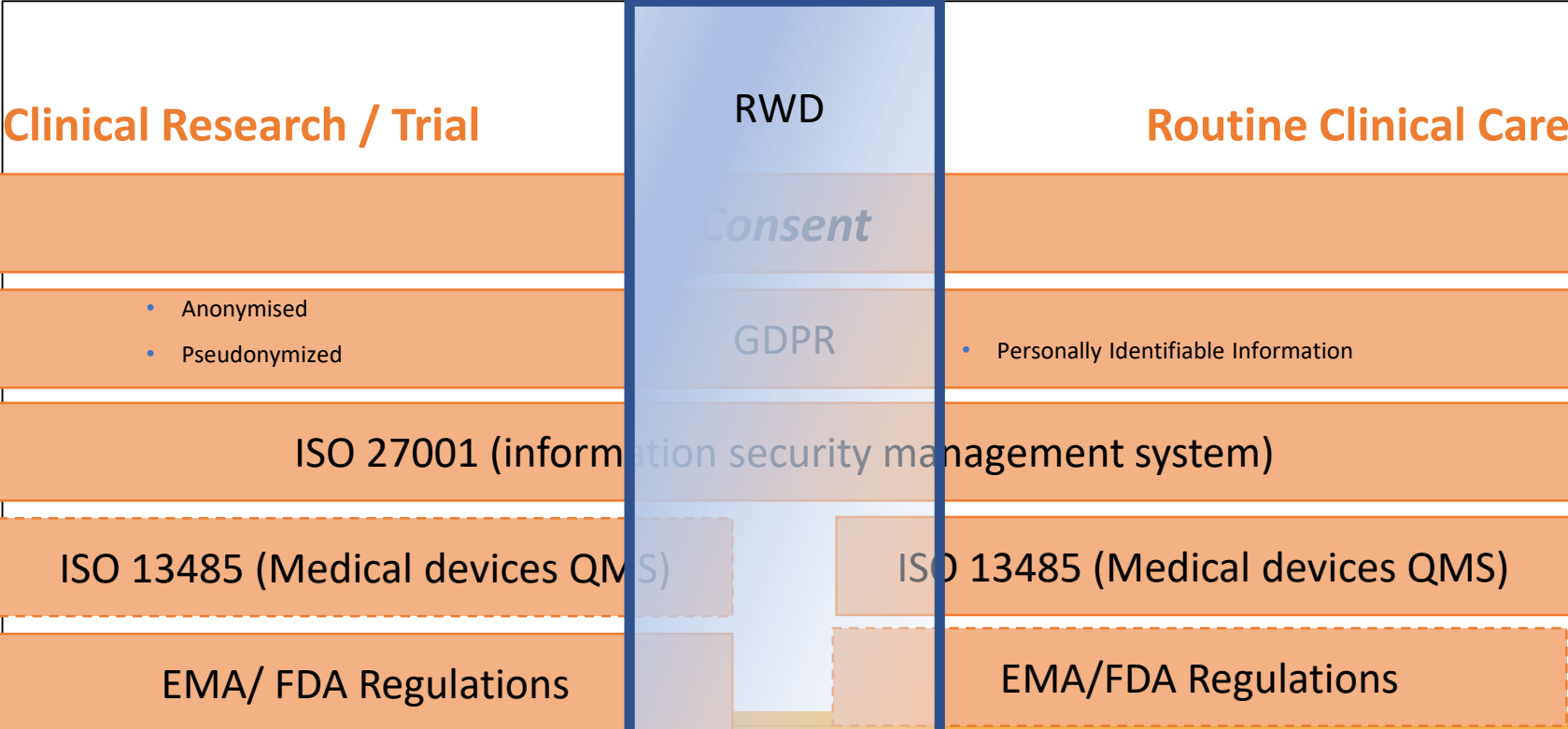


## Routine Clinical Care

*“Depending on the device and the way it is being used, FDA/CDRH clearance **may or may not** be needed when the device is used in a clinical trial. (not all cleared devices will be acceptable for use clinical trials and not all devices used in trials with require approval or clearance)”*

Leonard Sacks  
Office of Medical Policy  
CDER, FDA  
February 2019

# Context of use challenge



# EMA Qualification

- ...on the regulatory validity and acceptability of a specific use of a proposed method in R&D context (in non-clinical and clinical studies)
- Voluntary, scientific pathway for innovative methods or drug development tools not yet integrated in the drug development and clinical management paradigm



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

10 November 2014  
EMA/CHMP/SAWP/72894/2008  
Revision 1: January 2012<sup>1</sup>  
Revision 2: January 2014<sup>2</sup>  
Revision 3: November 2014<sup>3</sup>  
Scientific Advice Working Party of CHMP

## Qualification of novel methodologies for drug development: guidance to applicants

Agreed by SAWP	27 February 2008
Adoption by CHMP for release for consultation	24 April 2008
End of consultation (deadline for comments)	30 June 2008
Final Agreed by CHMP	22 January 2009

# Qualification Example – Physical Activity (PA)

- A crucial Patient Reported Outcome (PRO) for COPD
  - As COPD prevalence is increasing, new outcome measures are needed to enhance the understanding of therapeutic interventions
  - For patients (and physicians) PA limitations is a major concern in COPD
  - PA is associated with disease progression, and an important predictor of mortality in COPD
  - There are available measures related to PA, but no targeted measure of all relevant aspects of PA had experience in COPD



**ST. GEORGE'S RESPIRATORY QUESTIONNAIRE  
for COPD patients  
(SGRQ-C)**

This questionnaire is designed to help us learn more about how your breathing is working and how it affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than just the amount and extent of your problems etc.

Please read the instructions carefully and ask if you do not understand anything. Do not spend too long thinking about your answers.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ (dd/mm/yyyy)

Before completing the rest of the questionnaire:  
Please select one box to show how you describe your current health:

Very bad	Bad	Fair	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Version 17 April 2008  
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UK English version COPD  
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Centre and Foundation

**SGRQ**

**CLINICAL COPD QUESTIONNAIRE**

Please write the number of the response that best describes how you have been feeling during the past week.  
(Only one response for each question)

On average during the past week, how often did you feel:	never	hardly ever	a few times	several times	most times	a great many times	all the time
1. Short of breath at rest?	0	1	2	3	4	5	6
2. Short of breath during physical activity?	0	1	2	3	4	5	6
3. Concerned about getting a cold or your breathing getting worse?	0	1	2	3	4	5	6
4. Depressed (downy) because of your breathing problem?	0	1	2	3	4	5	6
5. Did you cough?	0	1	2	3	4	5	6
6. Did you produce phlegm?	0	1	2	3	4	5	6
On average during the past week, how often did you experience the following because of your breathing problem?	not at all	very slightly	slightly	moderately	very	extremely	badly
7. Decreasing physical activities (such as climbing stairs, carrying, doing sports)?	0	1	2	3	4	5	6
8. Making physical activities (such as walking, housework, carrying items)?	0	1	2	3	4	5	6
9. Sleep disturbance or trouble (such as breathing, waking yourself)?	0	1	2	3	4	5	6
10. Social activities (such as talking, being with children, visiting family relations)?	0	1	2	3	4	5	6

**CCQ**

\* The CCQ is copyright. It may not be altered, and paper or electronic translation or adapted for another medium without the permission of J. van der Wal, Dept. Of General Practice, University of Groningen, Huismanij 1, 9712 RB Groningen, the Netherlands.

10 - English version

Acknowledgement: Solange Rohou

# The PROactive consortium

## EFPIA members



### Funding

- IMI JU funding: € 6.767.597
- EFPIA contribution: € 7.230.350
- Total project cost: € 15.635.822

## Patient / Scientific organizations



## Academic partners



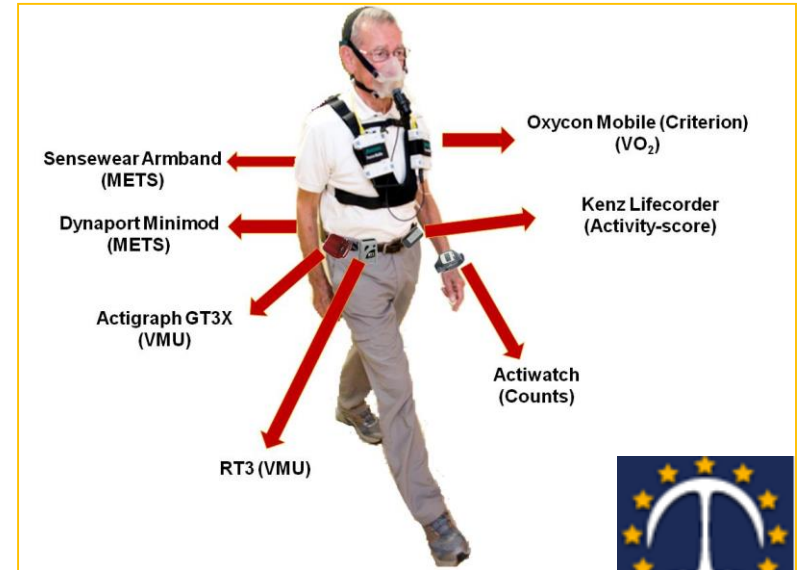
Universität Zürich

## SME



# Example: PROactive

- Physical activity is important to monitor patient health status and assess the effect of a treatment
- The PROactive consortium has qualified hybrid PRO tools to assess PA experience of patients with COPD, and able to support medicinal product labelling claims
  - 4 EU languages /cultures /patient populations
- PROactive has paved the way for interventions to enhance patient's physical activity and physical activity experience
- **Multi-stakeholder interactions – a key success factor**



# PROs and technology

*“Expectations are growing for PRO results and other clinical outcome data to be incorporated into the benefit risk evaluation of cancer products.”*

Source: P. Kluetz, D. O’Connor, K. Soltys - Incorporating the patient experience into regulatory decision making in the USA, Europe, and Canada – The Lancet Oncology VOLUME 19, ISSUE 5, PE267-E274, MAY 01, 2018

EMA	FDA
PRO	PRO
health-related quality of life (HRQL)	health-related quality of life (HRQL)
Reflection paper on the use of HRQL in the evaluation of medicinal products  2016 released <b>“Appendix 2 to the guideline on the evaluation of anticancer medicinal products in man: The use of patient-reported outcome (PRO) measures in oncology”</b> .	December 2018, the FDA released an update to their guidance “Clinical Trials Endpoints for the Approval of Cancer Drugs and Biologics (QoL, Physical functioning, patient and caregiver experience)  Patient Focused Outcome Measurements roadmap  FDA guidance on Patient-Focused Drug Development



Gaucher disease example – Can we learn from it?



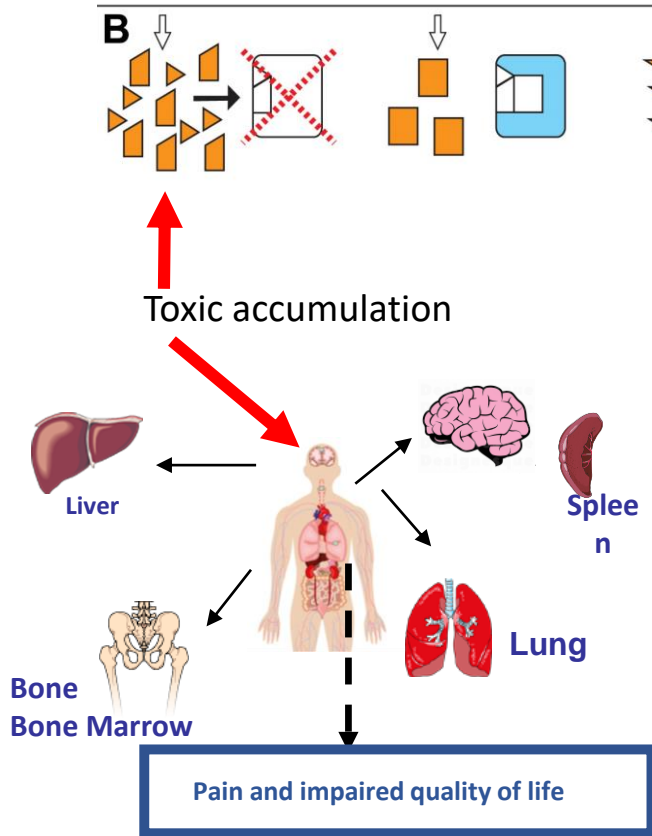
Research | [Open Access](#) | [Published: 05 September 2019](#)

## Measuring disease activity and patient experience remotely using wearable technology and a mobile phone app: outcomes from a pilot study in Gaucher disease

[Aimee Donald](#), [Huseyin Cizer](#), [Niamh Finnegan](#), [Tanya Collin-Histed](#), [Derralynn A. Hughes](#) & [Elin Haf Davies](#) 

*Orphanet Journal of Rare Diseases* 14, Article number: 212 (2019) | [Download Citation](#) ↓

# Gaucher disease



Type 1 Gaucher Disease: no brain involvement



Type 2 Gaucher Disease: Very severe brain involvement in infancy – premature death in childhood



Type 3 Gaucher Disease: Both severe body disease and brain disease – variable disease course



# mHealth in Gaucher disease

## Methodology

- Baseline gait/ ambulation assessment (6MWT and GAITrite/ Zeno walkway)
- The modified Severity Scoring Tool disease scale
- Wearable device (3D accelerometer)
- PROs
- Events (symptoms)

# mHealth in Gaucher disease

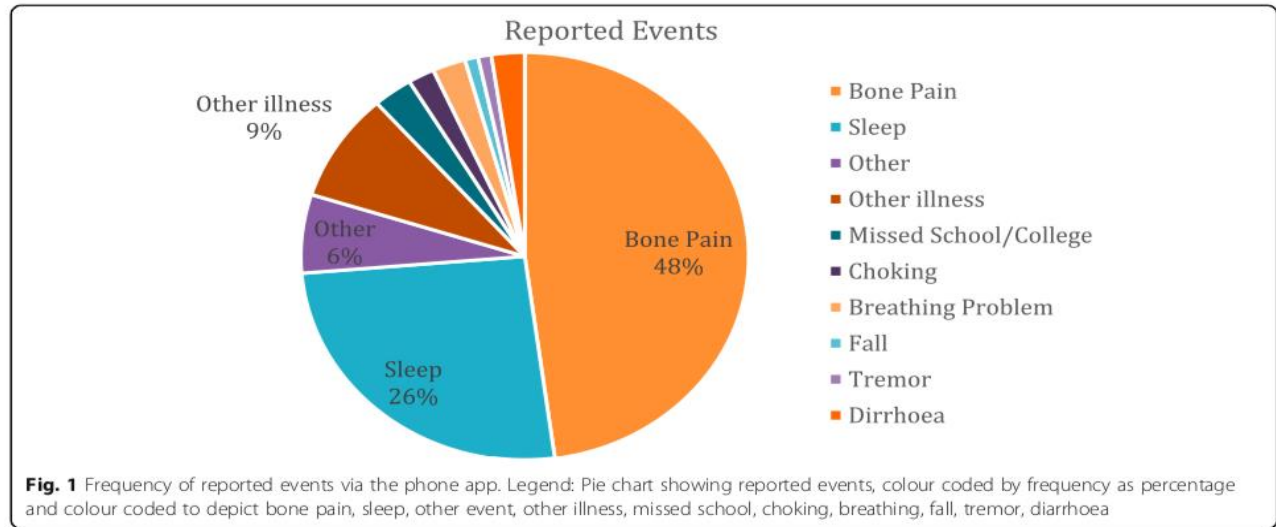
## Results

- 21 patients enrolled;
  - 5 Type 1 GD age 13 yrs. – 42 yrs. (mean 24.8 yrs)
  - 16 Type 3 (nGD) aged 5 yrs–48yrs. (mean 21yrs).
- The Child Health Utility 9D (CHU9D) showed a statistically significant difference between disease groups, GD Type 3 (Neuronopathic) patients reporting overall lower health-related quality of life.

# mHealth in Gaucher disease

## Results

- 210 events reported in total



# mHealth in Gaucher disease

## **Learnings**

- Patients capability to cope / easily overwhelmed (esp Type 3 GD).
- Good training and on-going support essential
- Technical failures / damages

## **Next steps**

- Extend to wider population with updates to the technology based on the learnings

# Global Disease Registry for neuronopathic Gaucher

Drug Safety


<https://doi.org/10.1007/s40264-019-00848-9>

ORIGINAL RESEARCH ARTICLE



## Patient Registries: An Underused Resource for Medicines Evaluation

Operational proposals for increasing the use of patient registries in regulatory assessments

Patricia McGettigan<sup>1</sup>  · Carla Alonso Olmo<sup>2</sup> · Kelly Plueschke<sup>2</sup> · Mireia Castillon<sup>2</sup> · Daniel Nogueras Zondag<sup>2</sup> · Priya Bahri<sup>2</sup> · Xavier Kurz<sup>2</sup> · Peter G. M. Mol<sup>3,4</sup>

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# Experience so far

- Very positive feedback from patients, sponsors and HCPs
- Patients and HCPs input is key to success in designing the technology
- Before launching a big scale study, feasibility studies are needed for validity, reliability and allow changes.

# Can the Gaucher experience benefit the oncology community?

- These principles applies across populations and therapeutic areas
- Electronic data capture or electronic patient reported outcomes (ePRO) is one mechanism to reduce missing data, reduce patient burden and to allow for more frequent collection.
- Whilst some clinical aspects of the Gaucher disease do not apply to oncology, pain, fatigue and activity measurements are relevant to oncology patients

# RWD with technology challenges

- Data privacy and protection is key
- Electronic Health Record
- Data standardization and core dataset

# Conclusions

Digital health is an exciting and rapidly evolving field

The oncology community have the optimal operational and clinical settings to use technology

Technology allows to bridge routine clinical care and clinical research, but regulatory requirements should be anticipated as early as possible.

# Thank You

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