Advisory Panel on Clinical Trials
Meeting Summary

August 2014

Overview

On August 1, 2014, the PCORI Advisory Panel on Clinical Trials convened for the second time via Web conference to continue discussing the scope of work and priority issues for the newly appointed group.

The Advisory Panel on Clinical Trials is made up of 10 representatives, including patients, clinical trialists, biostatisticians, epidemiologists, and an expert in the ethical dimensions of clinical trials. The panel also includes two ex-officio members from PCORI's Methodology Committee: Dr. Steven Goodman and Dr. Mary Tinetti. The meeting was open to the public via webinar, and meeting materials were posted to the website in advance of the session.

The meeting was chaired by Dr. Elizabeth Stuart, the newly appointed panel chair, who updated the full panel on what the leadership team had discussed during its two meetings following the first panel meeting in May. PCORI staff gave several presentations regarding conflict of interest (COI) and confidentiality issues, the existing clinical trials in the PCORI portfolio, and PCORI's merit review process.

Related Information

- About This Advisory Panel
- Meeting Details and Materials
- About PCORI's Methodology Committee
- Advisory Panel on Clinical Trials Fall 2014 Meeting

The Patient-Centered Outcomes Research Institute (PCORI) is an independent organization created to help people make informed healthcare decisions.

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Introduction and Leadership Team Updates

Dr. Elizabeth Stuart introduced the leadership team to the panel, which includes the chair, the co-chair, the two ex-officio members from PCORI's Methodology Committee, and the PCORI support staff. In the five weeks since the chair and co-chair were appointed, the team has had two meetings about what the panel should be doing to support PCORI's mission during its first year of existence. Stuart presented the four priority areas for the panel as proposed by the leadership team:*

1) Drafting methodology standards for clinical trials
    a. Reviewing the existing PCORI methodology standards and coalescing those that pertain to clinical trials for better accessibility by those conducting clinical trials
    b. Identifying missing standards for clinical trials, which would be done in close collaboration with the Methodology Committee, including standards for patient-centered accrual and retention
2) Monitoring existing trials
    a. Guidelines to monitor funded trials
    b. Standards for DSMBs
    c. Training for DSMB members, especially for patients
3) Analyzing funded clinical trials as case studies to provide guidance to PCORI
4) Forming subcommittees to accomplish tasks related to these priority areas

**These are not listed in priority order.*

COI and Confidentiality Issues

Dr. Bryan Luce, PCORI's Chief Science Officer, gave an overview of how PCORI staff and the panel will handle COI and confidentiality issues associated with the panel's purpose and goals. He explained that the reasons that Advisory Panel meetings are public and that panelists solely have access to publicly available information regarding currently funded trials are to protect the intellectual property of the investigators and to try to prevent the panelists from having to recuse themselves from PCORI funding opportunities. Luce also presented the three types of advisory panel meetings:

1) Public full advisory panel meetings:
   During these meetings, the panelists will have access to publicly available information and recusal may be warranted for specific issues. These meetings will tackle general issues that cut across individual clinical trials and methodology.
2) Closed executive sessions of the full advisory panel:
   These will serve as planning sessions, and recusal may occasionally be warranted.
3) Closed subcommittee meetings:

The subcommittee platform is where a lot of the detailed work will happen, to review proposals and trials to provide oversight, to evaluate the specific methods to learn what the issues are, and to improve trials. Subcommittee members will have access to confidential information, and their COIs will be carefully reviewed. Recusal may sometimes be appropriate.

Informative Presentations: Clinical Trials in the PCORI CER Programs and PCORI's Merit Review Process

PCORI staff gave in-depth presentations to the panelists to further their understanding of PCORI's research processes, and invited panelists to ask questions.

First, Dr. David Hickam, PCORI's Program Director of the Clinical Effectiveness Research program, gave an integrative overview of the types of trials funded by PCORI in the first 18 months of its broad funding announcements to identify trends across the programs and opportunities for portfolio enhancement. His analysis included 87 randomized controlled trials, which represent two-thirds of all projects funded in the first four broad funding cycles through April 2014. Hickam covered trials' sizes, interventions, designs, and comparators, and categorized trials in the following groups:

- Trials assessing the impact of peer navigators, care management, or transitional care (22)
- Trials to assess the impact of decision aids (20)
- Trials of interventions to promote self-care (18)
- Trials comparing clinical therapies (13)
- Trials of interventions for caregivers (9)
- Trials examining novel quality improvement initiatives (5)

His conclusion was that PCORI has a unique focus on patient-centered practices and has developed a portfolio of head-to-head trials of treatment options. He also noted that the portfolio of trials of decision aids will potentially identify best practices for such tools.

In response to the presentation, a few panelists advised PCORI on a number of issues:

- Evidence gaps:
  PCORI should consider focusing on evidence gaps that need to be explored to identify best practices to fund more targeted research in the future. PCORI staff agreed and noted that PCORI staff has been working on analyzing its portfolio with such a goal.
- Systematic reviews:
  Because of the size of this portfolio, it will likely produce the predominance of trials for quite a number of interventions, and in particular for decision aid interventions. PCORI should consider making an effort to fund the update of systematic reviews or the creation of new ones to integrate these findings rapidly into the current bodies of evidence. PCORI staff agreed and

explained that this is a goal of the Communication and Dissemination Research program, and that PCORI would like to draw conclusions from these trials to provide national direction.

- Placebos:
  Because PCORI does not fund trials that include a placebo comparator, the trials comparing one drug to another for symptomatic conditions will be uninformative if the findings show no differences in harms and benefits. This lack of differences might be attributable to a lack of methods to measure the true occurrence. Because it is important to know how likely it is that a drug in a particular environment could have shown a difference from no treatment, PCORI might want to consider the use of unequivocally ineffective treatments or no-treatment arms.
- Usual care:
  PCORI should consider making the clear distinction between "usual care and add-on" and "usual care" because of logistical, methodological, and ethical implications. This distinction could have implications for the comparative effectiveness decisions the research is attempting to inform. PCORI staff agreed that the concept of usual care and the possibility for PCORI to characterize it further should be further explored by the panel.

Then, Dr. Tsahai Tafari gave an overview of the many steps of the merit review process, from public funding announcement to Board approval of the proposed slate.

Next Steps

The immediate next steps for the panel will be to form subcommittees and identify their goals to gain a deeper analysis of the PCORI clinical trials portfolio. The panel will next be meeting in person in the Washington, DC, area on October 6, 2014.