PCORI ADVISORY PANEL ON PATIENT ENGAGEMENT

Summer 2019 Meeting

Day 2

June 28, 2019

8:45am-1pm

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Webinar Housekeeping

- Webinar is available to the public and is being recorded
- Members of the public are invited to listen to this teleconference and view the webinar
- Anyone may submit a comment through the webinar chat function, although no public comment period is scheduled
- Meeting summary and materials can be found on the PCORI website following the meeting
- Visit www.pcori.org/events for more information on future activities

Welcome

Presenting Speakers
Day 2

- **Janet Woodcock, PhD**
  Director of the Center for Drug Evaluation and Research, FDA, and PCORI Board of Governors

- **Debra Joy Perez** (facilitator)
  Senior Vice President, Inclusion and Equity, Simmons College

APPRECIATION AND FAREWELL

In recognition of Emily Creek, Megan Lewis, Ting Pun, Jack Westfall, Dave White

Jean Slutsky
Chief Engagement and Dissemination Officer

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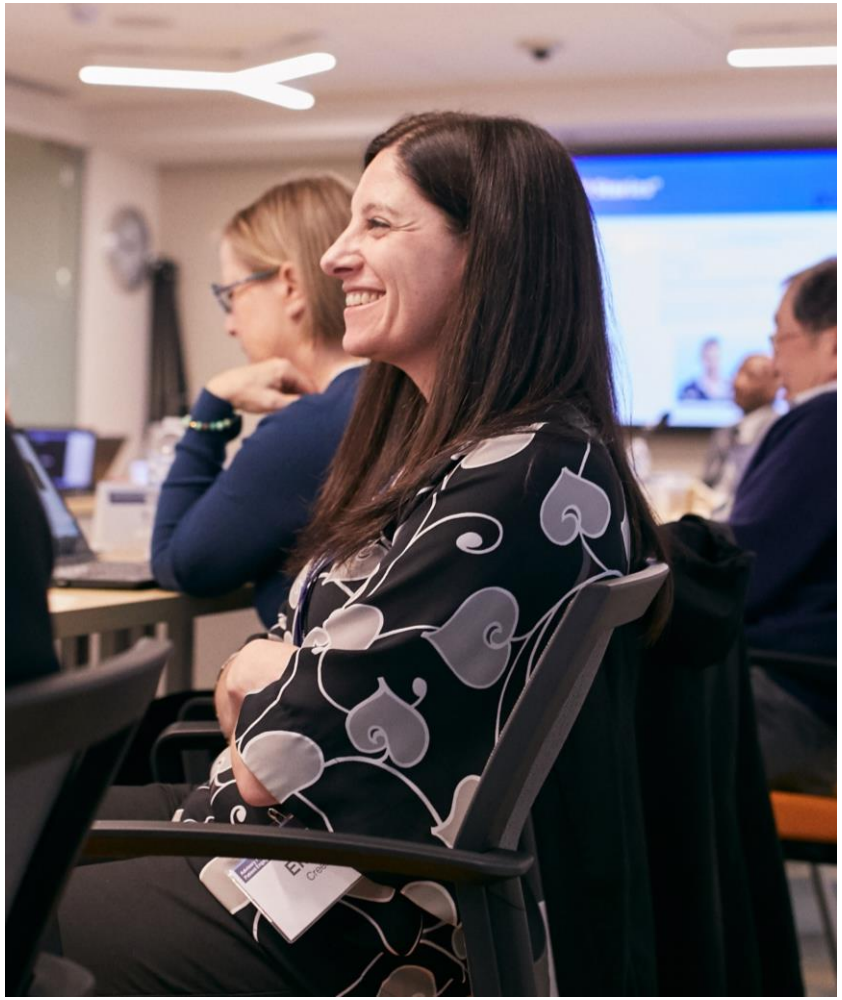
Emily Creek



Emily Creek is the Senior Director, Help & Support, at the Arthritis Foundation. In her role, Creek is responsible for developing strategies and executing tactics to help people with arthritis improve their quality of life and health outcomes through knowledge, empowerment, and self-directed health management. Accountability includes understanding consumer needs and developing strategic plans of work that meet those consumer needs; expanding and optimizing points of entry to meet people when and where they need it; and monitoring tools and programs to ensure usage, relevance, and deepening levels of engagement.

Over the course of her career, Creek has received national consumer marketing awards, spoken at industry conferences, and served on the Board of Directors of Leadership Buckhead (a nonprofit organization that helps members become more authentic leaders). Creek holds a BA in Sociology and Psychology from Indiana University and an MBA in Marketing from Georgia State University.

Megan Lewis

Megan A. Lewis, PhD, is a senior research scientist and directs the Patient and Family Engagement Research Program in RTI International's Center for Communication Science. She has unique expertise in health-related interpersonal communication focusing on health promotion and chronic illness management and the use of health and social science behavior theory in guiding research and intervention development to engage patients and family members in health care. Her current work examines how digital and Internet-based interventions support informed decision making about genomic sequencing information, change behaviors that promote health, and manage chronic health conditions. She has worked on public health subjects such as genomics, cancer prevention, HIV, type 1 and 2 diabetes, arthritis, and chronic disease management. Her work has been funded by multiple NIH institutes. She received her doctorate in Social Ecology from the University of California, Irvine.

Ting Pun

After Ting attended the PCORI patient engagement meeting as a caregiver in October 2012, he was committed to its mission. He had been a merit reviewer, a patient partner in a research project on Medical Part D and a P2P project on successful aging. He is now a patient stakeholder in a PCORI funded Opioid Reduction project.

Ting has been a researcher in High Energy Physics and ran a personal computer business before becoming a full-time caregiver in 2005. He now serves as a member of the Stanford Neuroscience patient and family advisory council.

Jack Westfall

John (Jack) Westfall, MD, MPH, has devoted his career to improving health care in underserved rural and urban communities. He received his medical degree and MPH from the University of Kansas, and completed his family medicine residency at Rose Family Medicine in Denver. As the founder and director of the High Plains Research Network, he has developed strong links with community physicians, hospital administrators, and community members throughout rural and frontier eastern Colorado. The HPRN actively engages community members and practicing healthcare providers in the development and implementation of research through the Community Advisory Council. Westfall previously served as the Community Engagement Core Director for the Colorado Clinical Translational Science Institute and the Associate Dean for Rural Health. Recently, Dr. Westfall made the leap to California to engage patients, practices, and communities to address population health needs at Santa Clara Valley Medical Center Health and Hospitals, the safety net provider in San Jose, California.

David White

David M. (Dave) White is a healthcare consultant with expertise in patient-centered care, patient engagement, and kidney-disease awareness and prevention. He is a grateful kidney transplant recipient and a veteran of in-center dialysis; in-center, nocturnal dialysis; and peritoneal dialysis. His mission is to promote population health through advocacy. White serves on the boards of directors of the American Association of Kidney Patients, the Kidney Health Initiative, and the Veterans Transplantation Association. He chairs the Kidney Health Initiative Patient and Family Partnership Council.

White is a member of the American Society of Transplantation Transplant Community Advisory Council, the End Stage Renal Disease National Coordinating Center Health Services Advisory Group, the National Kidney Foundation Kidney Advocacy Committee, and the Quality Insights Mid-Atlantic Renal Coalition Patient Advisory Committee. He enjoys public speaking, writing, and exercise. He has made regional and national television appearances as a patient advocate. A United States Army veteran, White lives in Hillcrest Heights, Maryland, with his wife and hero, Hilva.

FDA PATIENT ENGAGEMENT INITIATIVES

Janet Woodcock
Director of the Center for Drug Evaluation and Research, FDA, and PCORI Board of Governors

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FDA Patient-Focused Drug Development

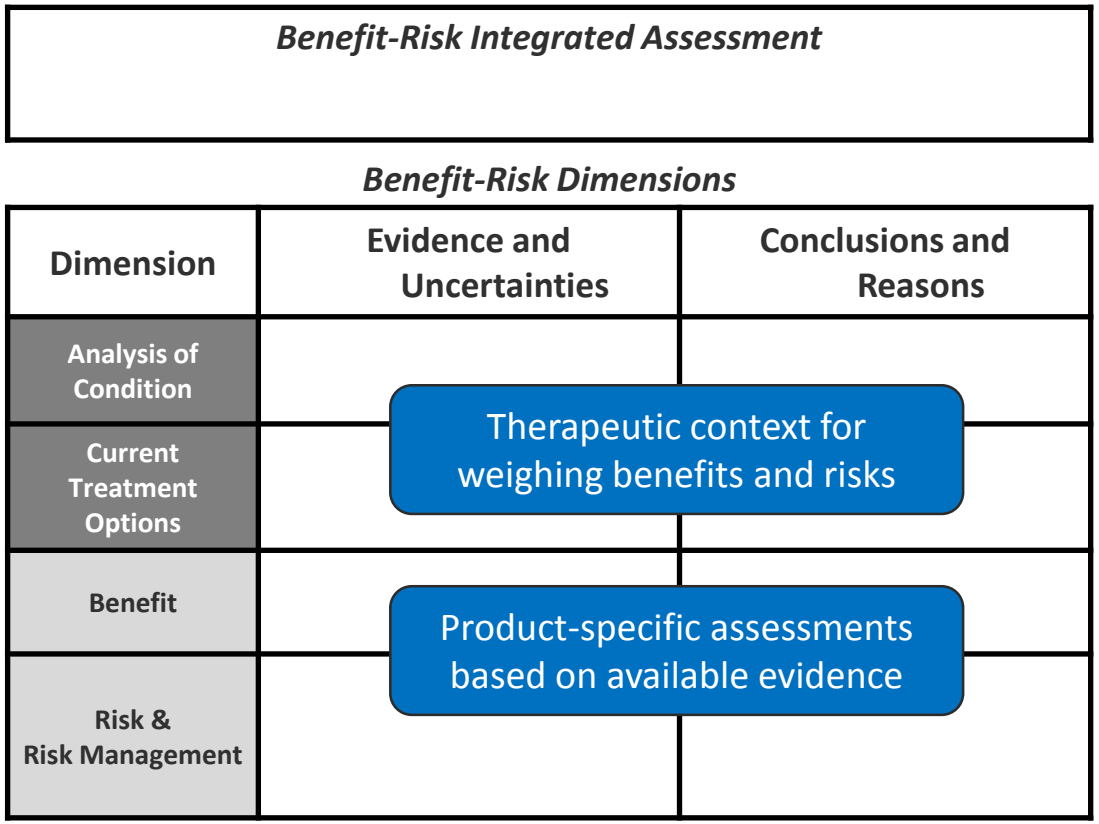
FDA Center for Drug Evaluation and Research

Overview

- Patient perspective can uniquely inform Benefit Risk Assessment
- FDA Patient Focused Drug Development (PFDD) Meetings and Learnings to Date
- 21st Century Cures and PDUFA VI guidance work
- Other FDA work to advance patient focused drug development and decision making

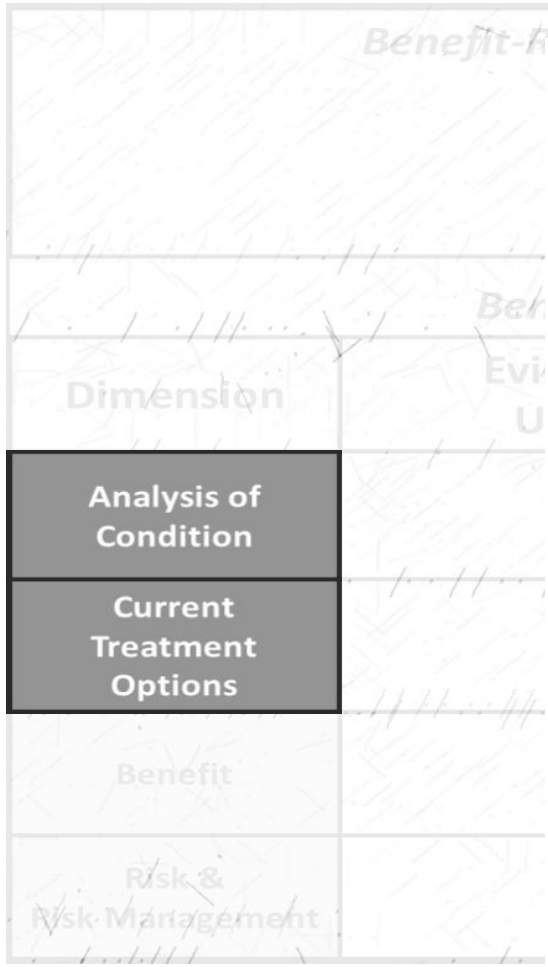
Patient's Perspective Can Uniquely Inform FDA's Benefit-Risk Framework

- Structured approach for B-R assessment and communication
- Implemented into new drug review
  - Address 2012 PDUFA* commitment
  - and FDASIA** requirement
- Reflects reality: B-R assessment is fundamentally a qualitative exercise
- Flexible to include supporting quantitative analyses



*Prescription Drug User Fee Act; **Section 905 of the Food and Drug Administration Safety and Innovation Act of 2012

Therapeutic Context



- **Severity** of the condition and variability across the population
- **Current therapies** and their use in this population
- How well **patients' needs** are met by current therapies
- **Subpopulations** with particular unmet need
- How the current **armamentarium could be enhanced** in terms of safety, efficacy, and tolerability.
- Key **gaps in understanding** patients' needs

Patient-Focused Drug Development

- Wide recognition that patients are uniquely positioned to inform FDA understanding of the clinical context
- FDA would benefit from a more systematic method of obtaining patients' point of view on the severity of a condition, its impact on daily life, and their assessments of available treatment options
- PFDD initiative offered a more systematic way of gathering patient perspective on their condition and treatment options
  - Under PDUFA V, starting in Fiscal Year (FY) 2013, FDA committed to convene at least 20 meetings on specific disease areas over the next five years
  - Meetings help advance a systematic approach to gathering input

Patient-Focused Drug Development (PFDD) Meetings were conducted with patients for a wide range of conditions

2013	2014	2015	2016	2017
• Chronic Fatigue Syndrome/ Myalgic Encephalo-myelitis • HIV • Lung Cancer • Narcolepsy	• Sickle Cell Disease • Fibromyalgia • Pulmonary Arterial Hypertension • Inborn Errors of Metabolism • Hemophilia A, B, and other Heritable Bleeding Disorders • Idiopathic Pulmonary Fibrosis	• Female Sexual Dysfunction • Breast Cancer • Chagas Disease • Functional Gastro-intestinal Disorders • Parkinson's Disease and Huntington's Disease • Alpha-1 Antitrypsin Deficiency	• Non-Tuberculous Mycobacterial Lung infections • Psoriasis • Neuropathic pain associated with peripheral neuropathy • Patients who have received an organ transplant	• Sarcopenia • Autism • Alopecia Areata • Hereditary Angioedema **2018** • Opioid Use Disorder • Chronic Severe Pain

Questions Asked About Symptoms and Daily Impacts That Matter Most to Patients (Burden of disease)

- Of all the symptoms that you experience because of your condition, which 1-3 symptoms have the most significant impact on your life?
- Are there specific activities that are important to you but that you cannot do at all or as fully as you would like because of your condition?
- How has your condition and its symptoms changed over time?
- What worries you most about your condition?

Questions Asked About Patient Perspectives on Current Treatment Approaches (Burden of treatment)

- What are you currently doing to help treat your condition or its symptoms?
- How well does your current treatment regimen treat the most significant symptoms of your disease?
- What are the most significant downsides to your current treatments, and how do they affect your daily life?
- Assuming there is no complete cure for your condition, what specific things would you look for in an ideal treatment for your condition?

PFDD Participation and Reports

Participation Estimates		
In-Person	Registered	Attended
Patient / Representatives	40 – 185	30 - 80
Other (e.g., NIH, industry)	40 – 115	30 - 140
Webcast	250 - 650	~50% of registered
Docket Submissions	5 - 400	

Voice of the Patient Reports

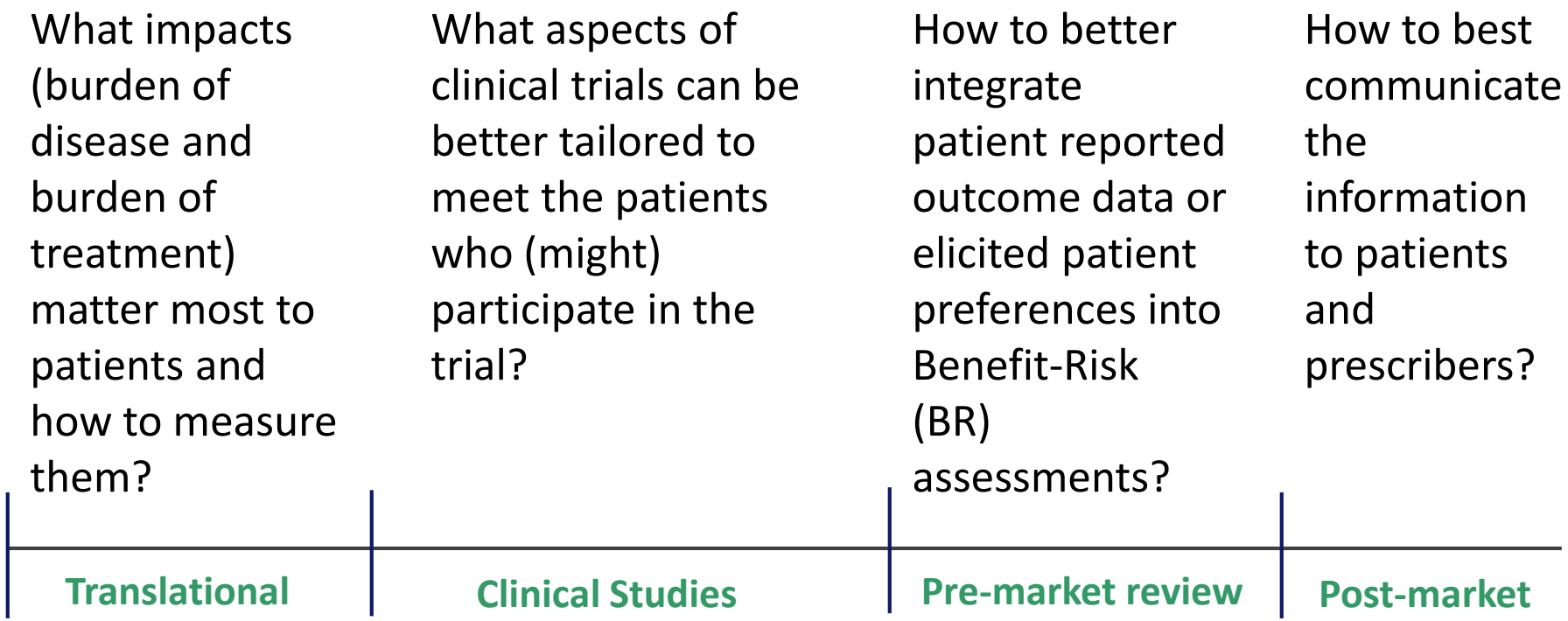
Each meeting results in a summary report that captures the input from the various information streams

https://www.fda.gov/forindustry/userfees/prescriptiondruguserfee/ucm368342.htm

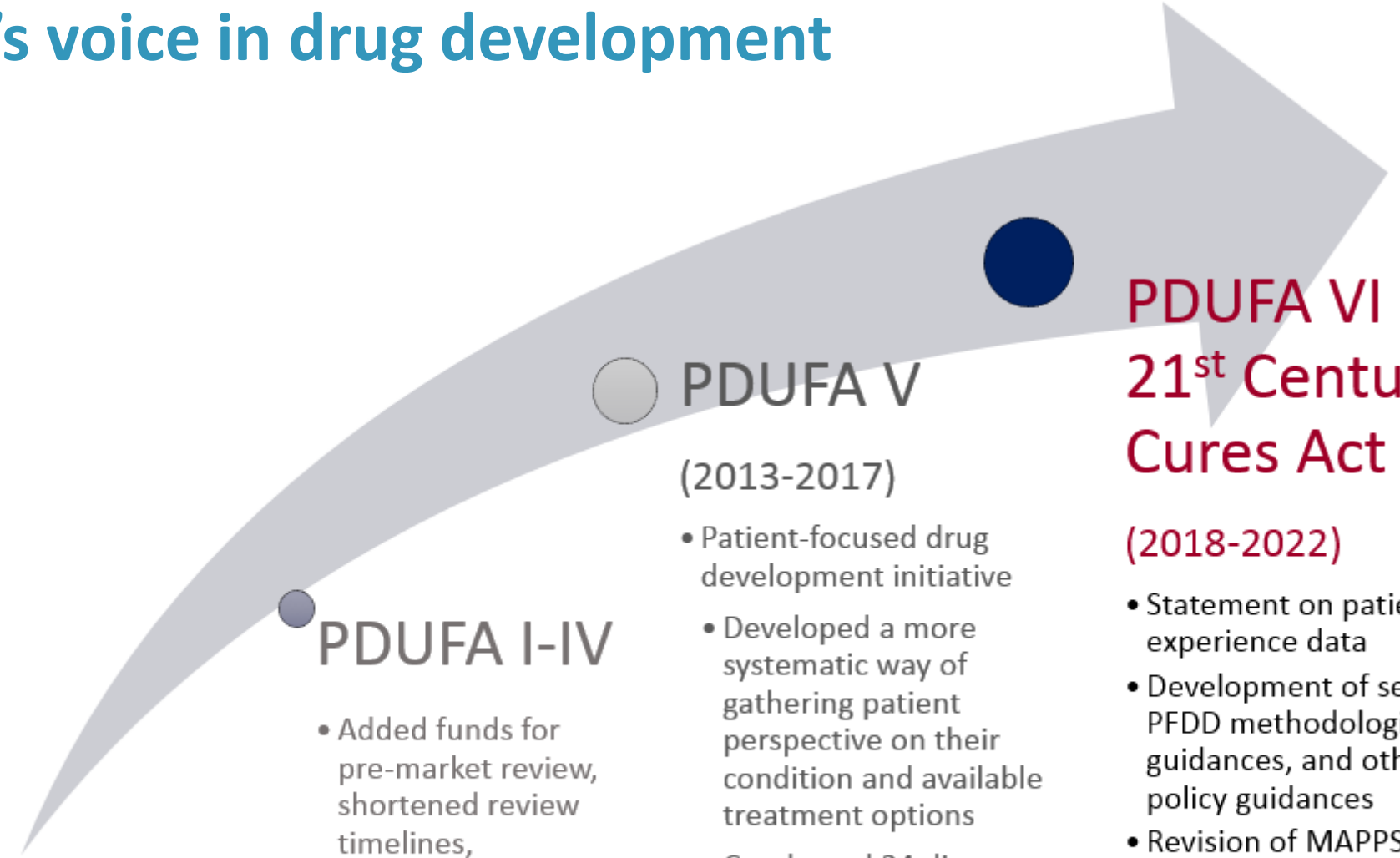
Key PFDD Learnings

- Patients with chronic serious disease are **experts** on what it's like to live with their condition
- Patients "chief complaints" may not be factored explicitly into drug development plans, including measures of drug benefit planned in trials
- For progressive degenerative diseases many patients/parents feel an ideal treatment would at minimum stop progression of their/their child's loss of function
- Patients want to be as active as possible in the work to develop and evaluate new treatments; they and caregivers are able and willing to engage via Internet, social media, and other means

Further integrating patient perspective into drug development and decision making



FDA is developing a series of guidance to further integrate the patient's voice in drug development



PDUFA I-IV

- Added funds for pre-market review, shortened review timelines, modernized post-market safety system

PDUFA V

(2013-2017)

- Patient-focused drug development initiative
  - Developed a more systematic way of gathering patient perspective on their condition and available treatment options
  - Conducted 24 disease specific meetings (chronic to rare conditions)
  - Meetings strengthen understanding of disease and treatment burden

PDUFA VI and 21st Century Cures Act

(2018-2022)

- Statement on patient experience data
- Development of series of PFDD methodological guidances, and other related policy guidances
- Revision of MAPPS and SOPPs
- Repository of resources

21st Century Cures and PDUFA VI Include Some Key Next Steps

- Conduct public **workshops and develop series of guidance documents** on:

1. Collecting comprehensive patient community input on burden of disease and current therapy
    - How to engage with patients to collect meaningful patient input?
    - What methodological considerations to address ?
2. Development of holistic set of impacts (e.g., burden of disease and burden of treatment) most important to patients
    - How to develop a set of impacts of the disease and treatment?
    - How to identify impacts that are most important to patients?
3. Identifying and developing good measures for the identified set of impacts that can then be used in clinical trials.
    - How to best measure impacts (e.g., endpoints, frequency..) in a meaningful way?
    - How to identify measure(s) that matter most to patients?
4. Incorporating measures (COAs) into endpoints considered significantly robust for regulatory decision making
    - Topics including technologies to support collection through analysis of the data

- **Repository of information** on publicly available tools and ongoing efforts
- Conduct public **workshop** to gather experiences and recommendations of patients and caregivers on approaches to enhance **engagement in clinical trials**

Update on Guidances and Public Workshops

Guidance 1: Collecting Comprehensive and Representative Input	➢ Workshop held on December 18, 2017 ➢ Issued draft guidance in June 2018
Guidances 2-3: Methods to Identify What is Important to Patients and Select, Develop or Modify Fit-for-Purpose Clinical Outcome Assessments	➢ Workshop held on October 15-16, 2018; Discussion documents developed. ➢ Draft guidance 2 will soon start internal agency clearance; Draft guidance 3 is anticipated to issue in 2020.
Guidance 4: Methodologies, Standards, and Technologies to Collect and Analyze Patient Perspective Information and Clinical Outcome Assessments for Purposes of Regulatory Decision Making	➢ Workshop will be held in December 2019
Guidance 5: Developing and Submitting Proposed Draft Guidance Relating to Patient Experience Data	➢ Workshop held on March 19, 2018 ➢ Issued draft guidance in December 2018
Workshop on Enhancing Patient Input on Clinical Trials	➢ Convened by CTTI ➢ Workshop held on March 18, 2019

Externally-led PFDD Meetings

- **EL-PFDD Meetings expand opportunity to hear directly from patients** about the symptoms that matter most, impact of disease on patients' daily lives, and experiences with currently available treatments.
  - Patient organizations identify and organize **patient-focused collaborations** to generate public input on specific disease areas.
  - FDA will typically participate in an externally-led PFDD meeting, but the meeting and any resulting products (e.g., surveys or reports) are **not be considered FDA-sponsored or FDA-endorsed**.

- **Patient input from meetings can support FDA staff**
  - In conducting benefit-risk assessments for products under review, by informing the therapeutic context
  - Advising drug sponsors on their development programs

- **Meeting summary reports capturing patient experience data may be shared on FDA's website**
  - FDA's *External Resources or Information Related to Patients' Experience* webpage provides links to certain publicly available external reports and resources.

External Resources or Information Related to Patients' Experience

This webpage is intended to facilitate public discussion of patient-focused drug development and evaluation. This webpage provides links to certain publicly available external reports and resources relating to patient experience data. The patient community, patient advocates, researchers, drug developers, and federal agencies may find these materials useful.

Please note that although FDA reviews the materials at these links before posting them to ensure that the materials are within the scope of the webpage, FDA does not assess their scientific merit or compliance with regulatory requirements. Our decision to post links to these materials does not reflect an endorsement of their authors, sponsors, or content.

For more information regarding what types of resources may be included on this webpage, how to submit a publicly available website link to FDA, and other general questions, please review our Frequently Asked Questions. We request that links include a cover page or similar opening statement as part of their report or resource to provide information about the authors, funding, and related information. For specific questions related to a report or resource, FDA recommends reaching out to the point of contact listed on this cover page.

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Externally-led PFDD Meeting Reports or Other Stakeholder Meeting Reports

Proposed Draft Guidance Relating to Patient Experience Data

Natural History Studies or other Disease-specific Background on Condition and Discussion of Unmet Medical Need

Externally-led PFDD Meeting Reports or Other Stakeholder Meeting Reports

To help expand the benefits of FDA's Patient-Focused Drug Development (PFDD) initiative, FDA welcomes patient organizations to identify and organize patient-focused collaborations to generate public input on other disease areas. Submitted links to summary meeting reports from these externally-led PFDD meetings may be found here. FDA also welcomes submission of links to meeting reports from other stakeholder meetings collecting patient perspectives on disease burden and treatment burden.

- Amyloidosis
  In November 2015, the Amyloidosis Research Consortium hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with systemic amyloidosis and their loved ones on the impact of amyloidosis on their daily lives, and their perspectives on approaches to treating amyloidosis.
- Complement 3 Glomerulopathy (C3G)
  In August 2017, the National Kidney Foundation hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with C3G and their loved ones on the impact of C3G on their daily lives, and their perspectives on approaches to treating C3G.
- Friedreich's Ataxia
  In June 2017, the Friedreich's Ataxia Research Alliance hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with Friedreich's Ataxia and their loved ones on the impact of Freidreich's Ataxia on their daily lives, and their perspectives on approaches to treating Friedreich's Ataxia.
- Hyperhidrosis
  In November 2017, the International Hyperhidrosis Society hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with hyperhidrosis and their loved ones on the impact of hyperhidrosis on their daily lives, and their perspectives on approaches to treating hyperhidrosis.

FDA is also establishing a grant program to help make "Incorpo g Patient Perspective" more sustainable

- **This work is pursued in addition to issuing the series of Guidance to Industry (per 21st CC and PDUFA VI) – to increase confidence in reliability of submitted data**
- **Issue to be addressed:**
  - There is currently little coordination in development of COAs including within a given disease area
  - Reviewers currently may see multiple independent efforts
    - Duplication of effort and diversity of measures and proprietary tools that limit affordability and sustainability
    - Variable quality of tools and resulting data that limit utility for regulatory decision making
- **FDA grant program would enable development of standard core sets of measures of disease burden and treatment burden for a given area—that would be made publicly available**

Funding Opportunity Announcement for Standard Core Clinical Outcome Assessments and Endpoints Grant Program (Deadline May 31, 2019)

- FDA **solicited applications for multiple grants** to support the development of a publicly available standard core set(s) of COAs and their related endpoints for specific disease indications
  - Minimum list of impacts that matter most to patients and are likely to demonstrate change relating to disease burden, treatment burden
- Conduct well-managed, transparent, and methodologically-sound process following a development protocol that provides for:
  - Consistent application of appropriate methods (e.g., new guidance)
  - Consideration and use of vetted publicly available measures
  - Milestones workshops engaging key stakeholders (e.g., patients, FDA and other regulators, HCPs, industry, HTA, payers, researchers)
  - Milestone work products made publicly available

Included in Funding Opportunity Announcement—Disease Area or Disease Impact of Interest*

- COAs and endpoints for use in trials in **gastrointestinal diseases/conditions**, specifically for use across gastrointestinal diseases/conditions with overlapping signs and symptoms
- COAs and endpoints to assess **physical/functional status** including, but not limited to, standardized assessment of activities of daily living dependent on gross and fine motor function (including upper and lower limb function) across a range of diseases and populations
- COAs and endpoints for use in **migraine** trials, including functional impact or disability from migraine
- COAs and endpoints for use in trials of **opioid sparing drugs** intended to treat acute pain
- COAs and endpoints for use in **schizophrenia** trials, including but not limited to, shortened versions of current instruments, as appropriate

*FDA is also interested in applications for disease areas or disease impacts that are not represented on this list.

Advancing Incorporation of Patient Perspective as Standard Practice

- Ensure confidence in reliability and accuracy of PED for regulatory decision making
  - Improve quality and reliability of submitted data (see guidance work)
- Reduce regulatory uncertainty for sponsor
  - Consistently apply standards
- Promote rapid consistent adoption
  - Ensure review staff, industry, patients and researchers are aware of new guidance, processes and available resources—lots of communication
- Sustained incorporation of patient's experience in drug development and decision making—make it standard practice
  - Lead and support development of publicly availably standard core set of measures of disease burden and treatment burden for each disease area

Some Relevant Links

- Website for Externally-Submitted Information Resources related to PED
  - https://www.fda.gov/Drugs/DevelopmentApprovalProcess/ucm579132.htm
- Published plan for issuance of guidance under 21st CC Act Section 3002
  - https://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM563618.pdf
- Draft Guidance 1 "Collecting Comprehensive and Representative Input"
  - https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM610442.pdf
- Guidance 2 and Guidance 3 Public Workshop Materials
  - https://www.fda.gov/Drugs/NewsEvents/ucm607276.htm
- FDA Standard Core Clinical Outcome Assessments and Endpoints –Request for Applications (Deadline May 31, 2019)
  - https://grants.nih.gov/grants/guide/rfa-files/RFA-FD-19-006.html


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Understanding Patient Experience—Sampling of Questions of Interest to FDA

- What disease impacts matter most to patients?
  - *How does that vary by socio-demographic factors? By subgroup group of patients (e.g., a pediatric subpopulation, geriatric subpopulation, subpopulation with major co-morbidities), by culture? Severity of disease? Other life circumstances?*

- How do attitudes toward or tolerance of potential drug risks or therapy side effects ("preference" considerations) vary by patient subgroup?
  - *By subgroup group of patients (e.g., a pediatric subpopulation, geriatric subpopulation, subpopulation with major co-morbidities), by culture? Severity of disease? Other life circumstances?*

- How well do the most commonly studied endpoints in clinical trials for a given disease area align with outcomes or aspects of disease that matter most to patients? How does that vary by subgroup?

Understanding Patient Experience – Sampling of Questions of Interest (cont.)

- Are currently conducted clinical trials in a given disease area excluding patients who want to be enrolled? *If so, why and how might it be addressed?*

Are currently or commonly used clinical trial protocols intolerable or otherwise unworkable for some patients who are otherwise eligible to participate?

  - *Why? What might be done to address that?*

- What measures can be taken to increase the likelihood of patient enrollment in a study and increase the likelihood of participant retention in a study in a given disease area?
  - *Are there further suggested considerations by patient subgroup?*

- What if any challenges do patients face in trying to adhere to their prescribed drug regimen?
  - *How does this vary by patient subgroup? What might be considered to address this?*

Closing Remarks

Adjourn

PEAP Fall meeting plus Ambassador pre-conference event: September 17, 2019

PCORI annual meeting: September 18-20