

5 November 2020

McKinsev Roundtab

MULTI-REGIONAL CLINICAL TRIALS

THE MRCT CENTER of BRIGHAM AND WOMEN'S HOSPITAL and HARVARD

Achieving Diversity, Inclusion, Equity In Clinical Research

Barbara E. Bierer, MD

Professor of Medicine, Harvard Medical School Faculty Director, MRCT Center of BWH & Harvard bbierer@bwh.harvard.edu

McKinsey Roundtable

November 5, 2020

Disclaimer

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The Multi-Regional Clinical Trials Center (MRCT Center)

Our Vision

Improve the integrity, safety, and rigor of global clinical trials.

Our Mission

Engage diverse stakeholders to define emerging issues in global clinical trials and to create and implement ethical, actionable, and practical solutions.





Executive & Steering Committee Members

Executive Committee

Alexion Pharmaceuticals

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The MRCT Center's work

Addressing emerging issues of MRCTs





CONDUCT, AND

OVERSIGHT

GLOBAL REGULATORY ENGAGEMENT

TRANSPARENCY



CAPACITY



https://mrctcenter.org

<complex-block>

Recognizing the need to focus on and with the participant

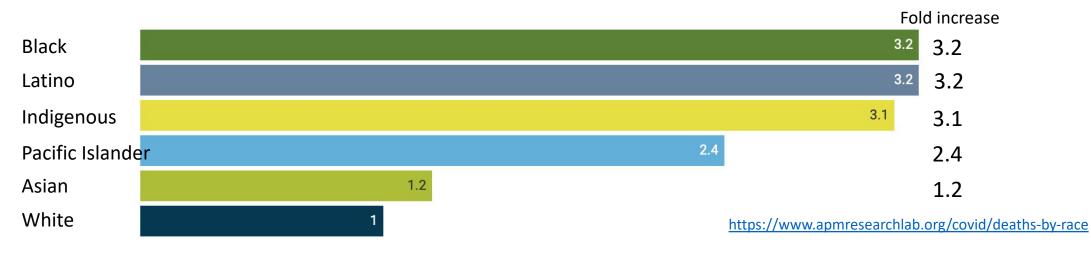
- Post trial access to medicines
- Return of Results, Aggregate and Individual
- Health Literacy
- Diversity, Inclusion, Equity



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Health disparities by race and ethnicity in the COVID-19 pandemic

Adjusted for age, race and ethnicity widens the gap in mortality compared to Whites





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Health disparities by race and ethnicity in the COVID-19 pandemic

Adjusted for age, race and ethnicity widens the gap in mortality compared to Whites



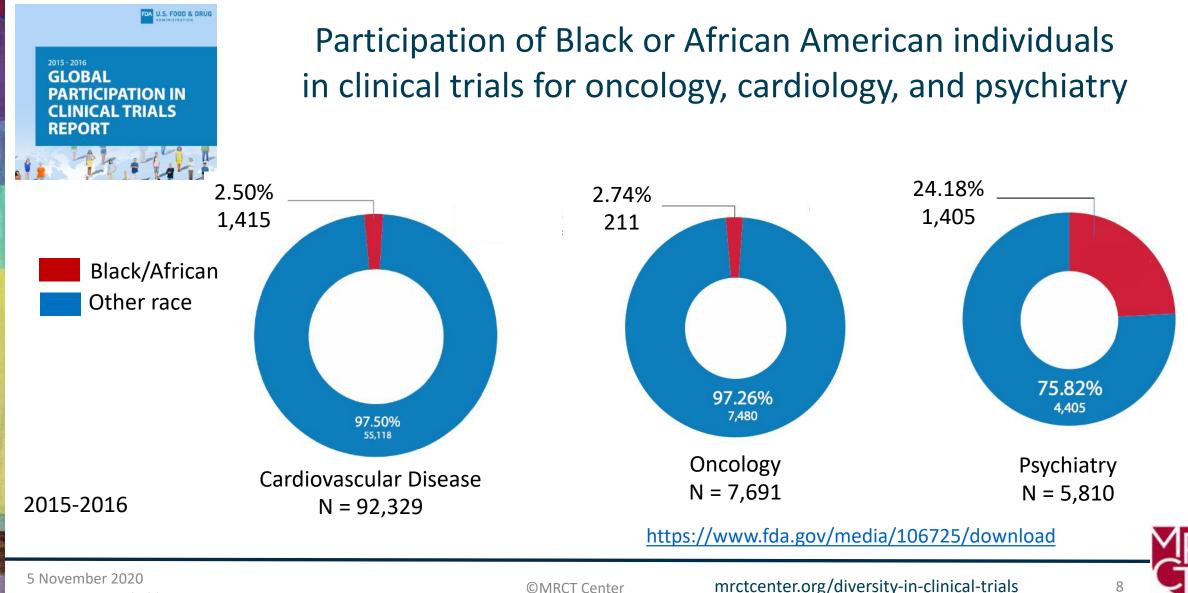
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Drug Trial Snapshots: Summaries



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Background

- Clinical trials are needed to develop new treatments and new vaccines.
- Participants in trials should reflect the population affected by the disease, or those intended to utilize the intervention.
- We cannot assume that all individuals respond similarly to interventions.
- Underrepresentation in clinical trials of Black, Latinx, Asian, Native American, and other underserved populations—as well as women and individuals at either end of the age spectrum—is not new, and persists in both industry and academic trials, and across therapeutic areas.
- Race and ethnicity are not a biological determinants; social determinants of health have a real impact on biology.
- Diverse representation in clinical trials is not simply a matter of biology, but a matter of health equity, fairness, and public trust.



Leadership

- RADM Richardae Araojo, PharmD, MS, U.S. FDA
- Barbara E. Bierer, MD, MRCT Center
- Luther T. Clark, MD, Merck & Co., Inc.
- Milena Lolic, MD, U.S. FDA
- David H. Strauss, MD, Columbia University
- Sarah White, MPH, MRCT Center

MRCT Center staff:

- Carmen Aldinger, PhD, MPH
- Hayat Ahmed, MS
- Laura Meloney, MS, MPH
- Joshua Smith-Sreen, MBE

And the invaluable contributions of >50 workgroup members, representing:

- Patients, Patient Advocates
- Academia
- Pharmaceutical companies
- CROs
- Non-profit organizations
- Trade associations
- Government agencies
- Research institutes

Each serving in their individual capacity.



MRCT Diversity Workgroup

Maria Apostolaros, PhRMA Abhijit Bapat *, Novartis Stacey Bledsoe*, Eli Lilly and Company Shari Bodnoff*, Novartis Racquel Bruton, Biogen Elizabeth Cahn, Cancer Connection Li Chen, Amgen Patrick Cullinan, Takeda, currently BlueBird Bio Liza Dawson*, National Institutes of Health (NIH) Maria De Leon*, Parkinson's Foundation Theresa Devins, Boehringer Ingelheim, currently Regeneron Pharmaceuticals Anthony Edmonds, Takeda Rhona Facile, Clinical Data Interchange Standards Consortium (CDISC) Rachael Fones, IQVIA Laura Gordon*, Institute for Advanced Clinical Trials for Children (iACT) Anya Harry, GlaxoSmithKline (GSK) Melissa Heidelberg, Genentech/ A Member of the Roche Group Quita Highsmith, Genentech/ A Member of the Roche Group Sharareh Hosseinzadeh, Novartis Lloryn Hubbard*, Genentech/ A Member of the Roche Group Anne Marie Inglis*, GlaxoSmithKline (GSK), currently Mallinckrodt Pharmaceuticals Aarthi B. Iver*, Kinetiq, now Advarra Becky Johnson*, IQVIA Tesheia Johnson, Yale School of Medicine Jonathan Jackson*, Massachusetts General Hospital Marcia Levenstein, Vivli Roberto Lewis, Columbia University Eldrin Lewis, Brigham and Women's Hospital, currently Stanford University

*involvement limited in time

Jianchang Lin*, Takeda Erin Muhlbradt, National Cancer Institute (NCI) Isabela Niculae*, Biogen Latha Palaniappan, Stanford University Claude Petit, Boehringer Ingelheim Claire Pigula*, Biogen Melissa Poindexter*, Advances in Health Nicole Richie, Genentech/ A Member of the Roche Group Bryant (Abel) Riera*, Population Council Suzanne M. Rivera, Case Western Reserve University Frank W. Rockhold, Duke University Ricardo Rojo*, Pfizer Rosanne Rotondo*, Novartis Fabian Sandoval, Emerson Clinical Research Institute Richard Sax*, IQVIA Hollie Schmidt, Accelerated Cure Project for Multiple Sclerosis Karlin Schroeder, Parkinson's Foundation Mary Scroggins*, Pinkie Hugs Jessica Scott*, Takeda Lana Skirboll, Sanofi Steven Snapinn, Seattle- Quilcene Biostatistics Stacey Springs*, Harvard Medical School Sara Tadesse-Bell, Genentech/ A Member of the Roche Group Ann Taylor*, Columbia University Paul Underwood, Boston Scientific Junyang Wang, Food and Drug Administration (FDA) Robert Winn*, University of Illinois Gerren Wilson*, Genentech/ A Member of the Roche Group Crispin Woolston, Sanofi Honghui Zhou*, Johnson & Johnson

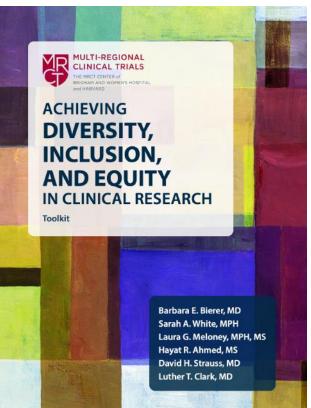


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ACHIEVING DIVERSITY, INCLUSION, AND EQUITY IN CLINICAL RESEARCH

Guidance Document





Achieving Diversity, Inclusion, Equity In Clinical Research

Guidance and Toolkit

Released 6 August 2020

mrctcenter.org/diversity-in-clinical-trials



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Sections of the Guidance Document

- Preface
- Part A Building the Case
- Part B Background, Ethical Principles, Regulatory Directives
- Part C Broadening Engagement
- Part D Data Standards and Analysis
- Part E Study Design, Conduct, and Implementation
- Part F Stakeholder Commitments and the Future
- Part G Appendix

Toolkit

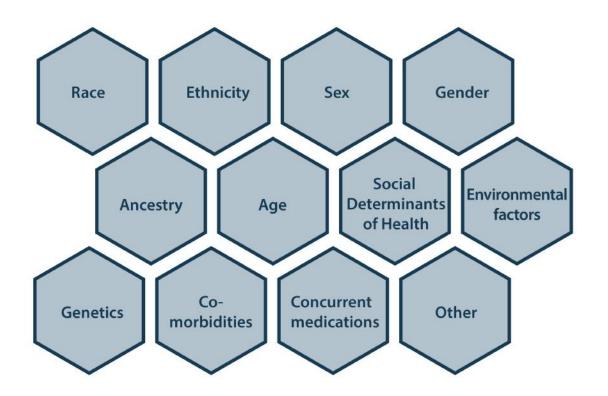
• Key Summary

- Recommendations
- Tools
- Case Examples



Diversity exists across many dimensions

A broad definition of diversity





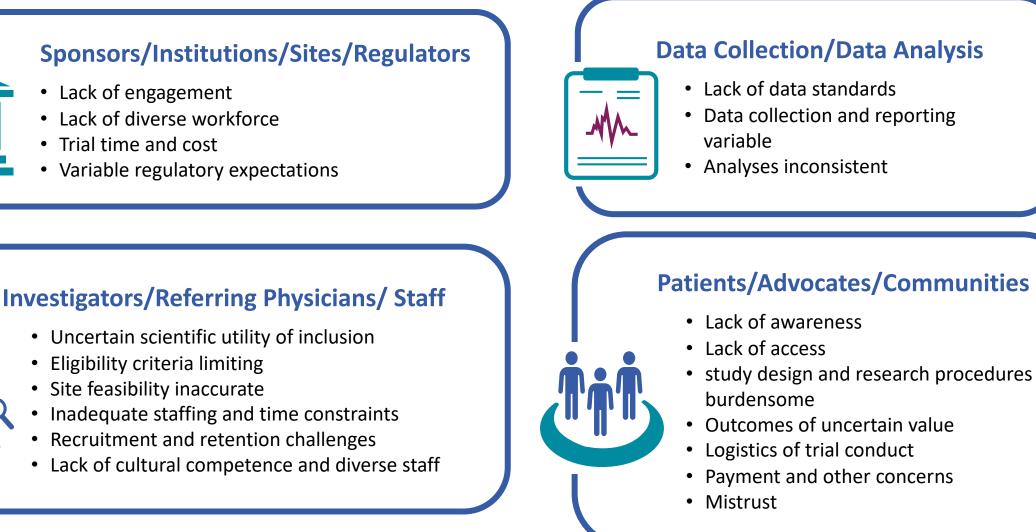
Intersectionality:

• Dimensions of diversity are not independent variables



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Barriers: Every stakeholder has responsibility



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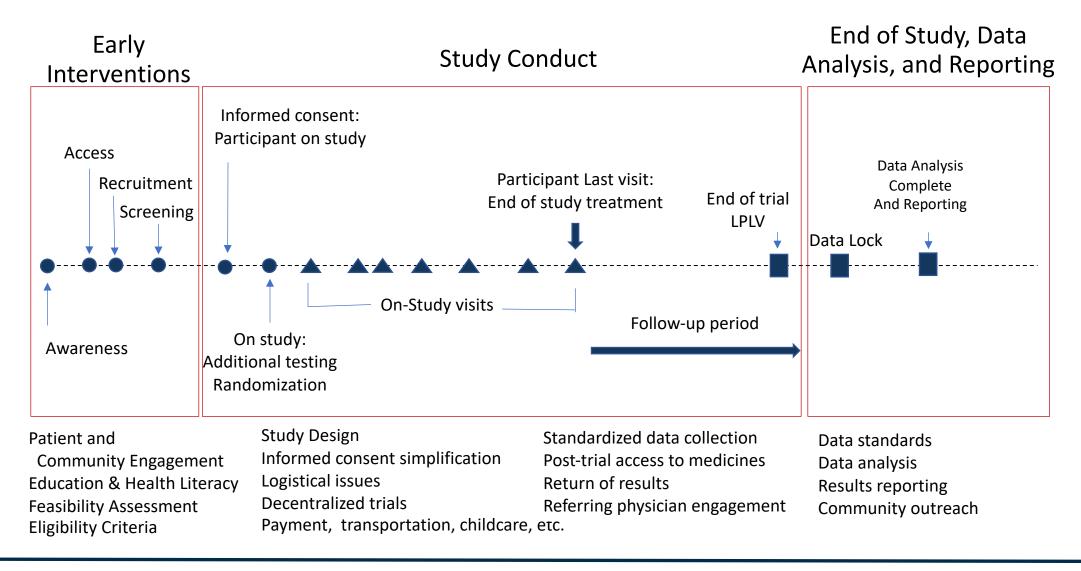
Individuals must be invited



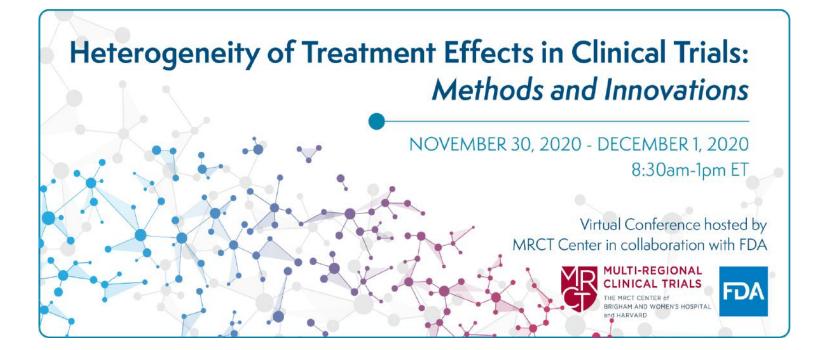
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Participant's Clinical Trial Journey



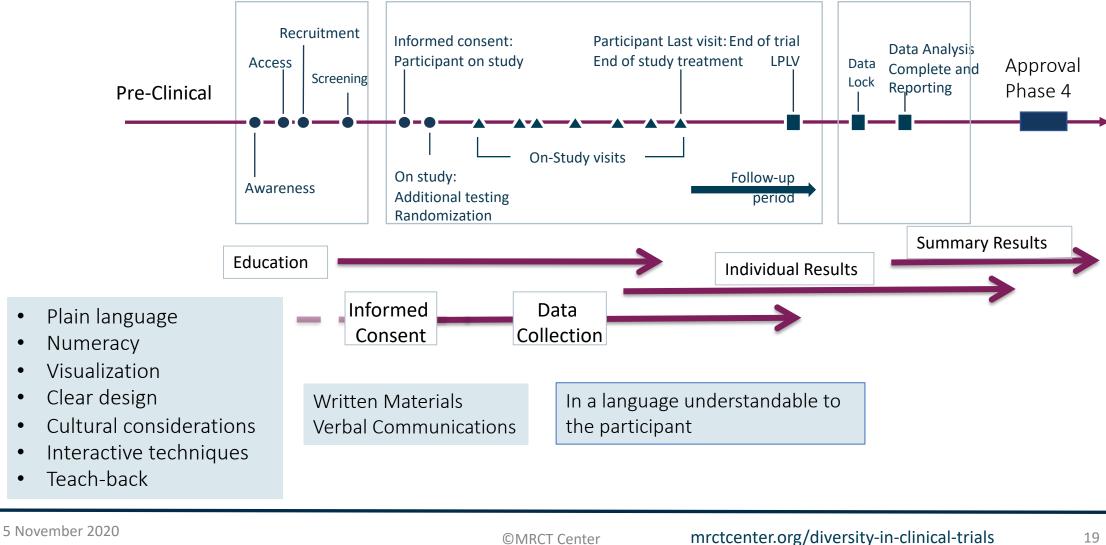
FDA and MRCT Center Conference



https://mrctcenter.org/news-events/heterogeneity-oftreatment-effects-in-clinical-trials-methods-and-innovations/



Clear communications throughout the product development program



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Opportunities: What can we do?

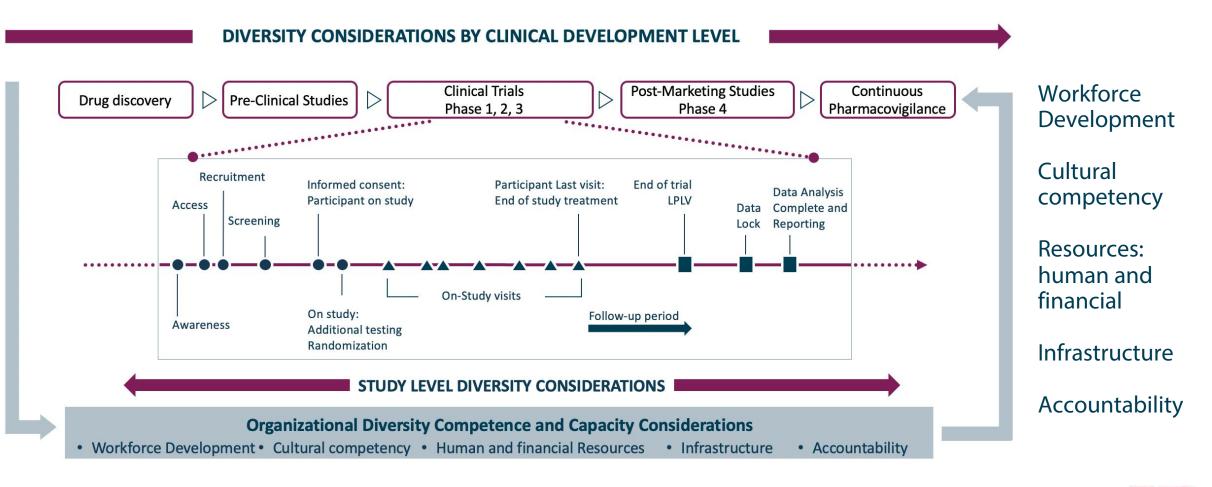
		 Determine access to potential target population to guide country, region, and site selection Use data-driven strategies Determine the feasibility of enrollment figures for target subpopulations in partnership with site(s) 		 Ensure recruitment strategy is informed by patient preferences Connect with referral networks in the community, including organizations directly involved with target population Monitor and communicate site progress, address and adjust with site as needed
	Trial Design	Site Selection	Site Support & Communication	Accountability
5 November 202(McKinsey Roundt	 Characterize target population based on epidemiology, disease burden and demographics Engage patient population to maximize recruitment and retention strategies and minimize burden of trial 	©MRCT Center	 Communicate targets for enrollment including demographic projections Assist sites with local recruitment plan and outreach activities Assess and support each site's cultural readiness Provide diversity training to Investigators and site staff 	20

Solve for logistical challenges

- Easy and quick reimbursement processes
- Compensation for time, burden, possibly missed work/caregiver support
- Flexible, extended site hours (after work hours and weekends)
- On-site childcare and eldercare
- Provide transportation or assist with arrangements
- Health literate study information in the language of the participant
- Culturally competent and linguistically-capable staff
- Decentralized and virtual trials
- Digitally-enabled trials



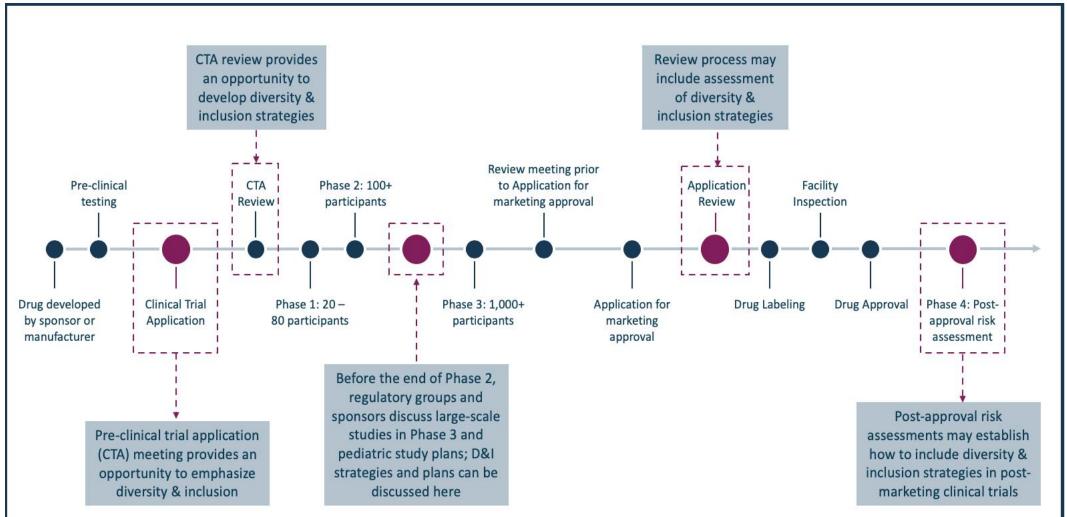
Product Development Pathway





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Diversity and inclusion during the product approval process





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Key Opportunities & Future Actions

- Patient and Community Awareness, Access, Engagement, and Participation; Trust, Trustworthiness
- Workforce Diversity
- Eligibility and Study Design
- Logistics and Flexibility
- Data Standards and Analyses
- Innovation
- Genetics
- Diversity in data sources and databases; RWE



Accountability in Partnership



Holding ourselves and one another accountable

- Metrics
- Transparency
- Dialogue



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The work ahead

- What can each of us do now?
- Targeted recommendations for special populations
- Additional tools and resources
- Need for local, national, and international focus going forward

"...the real work of change is done year by year, month by month, and day by day, by all of us, by each of us..."

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Practical Approaches to Improving Diversity in Clinical Trials

Wednesdays 11AM -12noon ET



LEANING IN: A WEBINAR SERIES

Recording available	Community Awareness, Access, Knowledge		
October 28, 2020	Workforce Development		
November 18, 2020	Study Design, Eligibility, Site Selection & Feasibility		
December 9, 2020	Study Conduct (Recruitment, Retention)		
January 13, 2021	Data Standards and Analysis		
January 27, 2021	Stakeholder Roles and Responsibilities		
February 10, 2021	Role of Data in Diversity: Genetics & Real World Data		



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28 October 2020 Leaning In Webinar Series

DEI in Clinical Research Roundtable: in Planning

- Vision
- Coordination of ongoing efforts and initiatives
- Begin with information sharing
- What is missing
- What we can achieve collectively

Steering Committee:

- Alliance
- AAMC
- BIO
- FDA
- NIH
- NHC
- PhRMA

bbierer@bwh.harvard.edu





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Discussion and Questions Thank you

Barbara E. Bierer, MD bbierer@bwh.harvard.edu

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