MULTI-REGIONAL CLINICAL TRIALS

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

Achieving Diversity, Inclusion, Equity In Clinical Research

Monday, October 19, 2020

Barbara E. Bierer, MD

Professor of Medicine, Harvard Medical School

Faculty Director, MRCT Center of BWH & Harvard

bbierer@bwh.harvard.edu

Disclaimer

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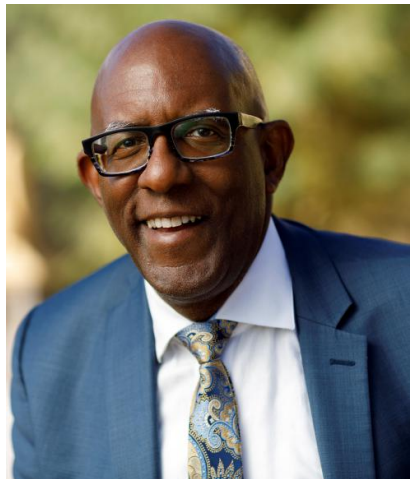
The MRCT Center is supported by voluntary contributions (www.MRCTCenter.org) and grants.

Today's Agenda

- MRCT Center introduction
- Introduction to Achieving Diversity, Inclusion, Equity In Clinical Research Guidance Document
- Presentations by:
  - Paul Underwood, M.D., FACC, FSCAI
  - Eldrin Lewis, M.D., MPH



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.

The MRCT Center's work

Addressing the pressing issues of MRCTs

GLOBAL REGULATORY ENGAGEMENT

ETHICS, CONDUCT, AND OVERSIGHT

TRANSPARENCY

CAPACITY BUILDING

Recognizing the need to focus on and with the participant

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

Join us:

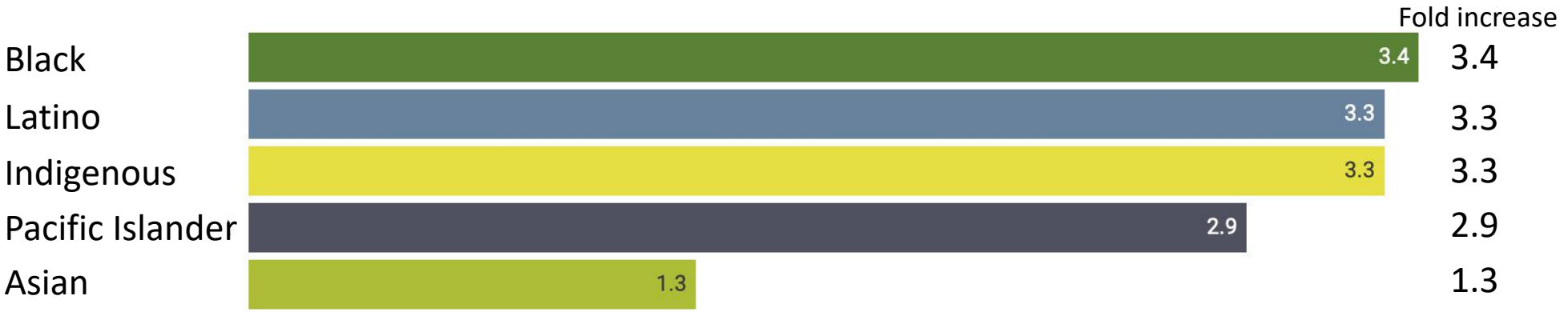
MULTI-REGIONAL CLINICAL TRIALS

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

MRCTcenter.org

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



https://www.apmresearchlab.org/covid/deaths-by-race

But are underrepresented in research

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

AUGUST 27, 2020

Racial Disproportionality in Covid Clinical Trials

Daniel B. Chastain, Pharm.D., Sharmon P. Osae, Pharm.D., Andrés F. Henao-Martínez, M.D., Carlos Franco-Paredes, M.D., M.P.H., Joeanna S. Chastain, Pharm.D., and Henry N. Young, Ph.D.

News & Analysis

Medical News & Perspectives

Researchers Strive to Recruit Hard-Hit Minorities Into COVID-19 Vaccine Trials

Mary Chris Jaklevic, MSJ

https://jamanetwork.com/journals/jama/fullarticle/2769611

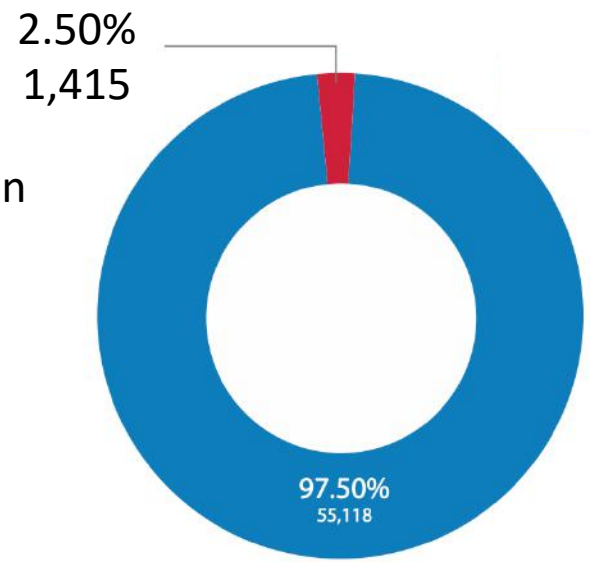
Drug Trial Snapshots: Summaries

Participation of Black or African American individuals in clinical trials for oncology, cardiology, and psychiatry

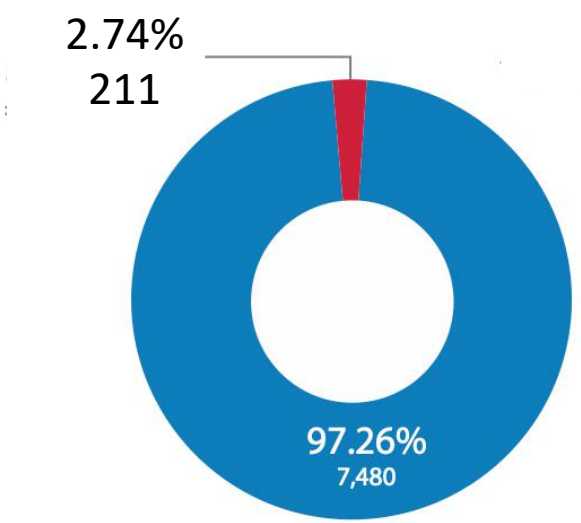
Black/African

Other race

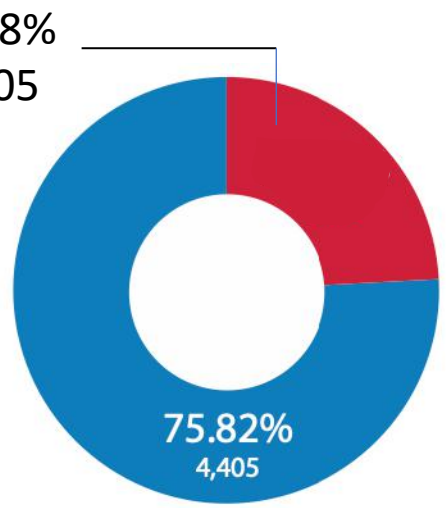
2015-2016



Cardiovascular Disease
N = 92,329



Oncology
N = 7,691



Psychiatry
N = 5,810

https://www.fda.gov/media/106725/download

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 should not 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; and 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

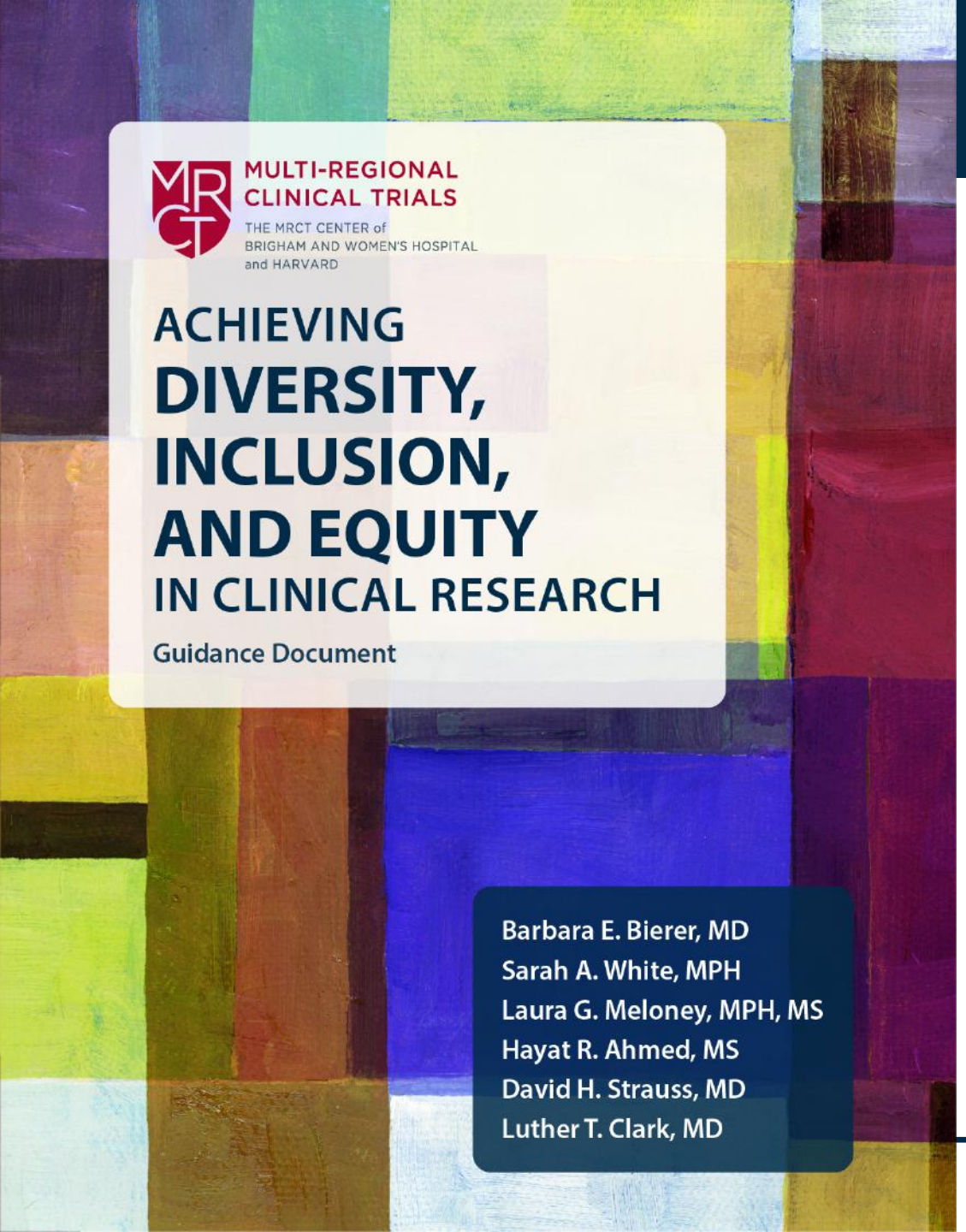
Each serving in their individual capacity.

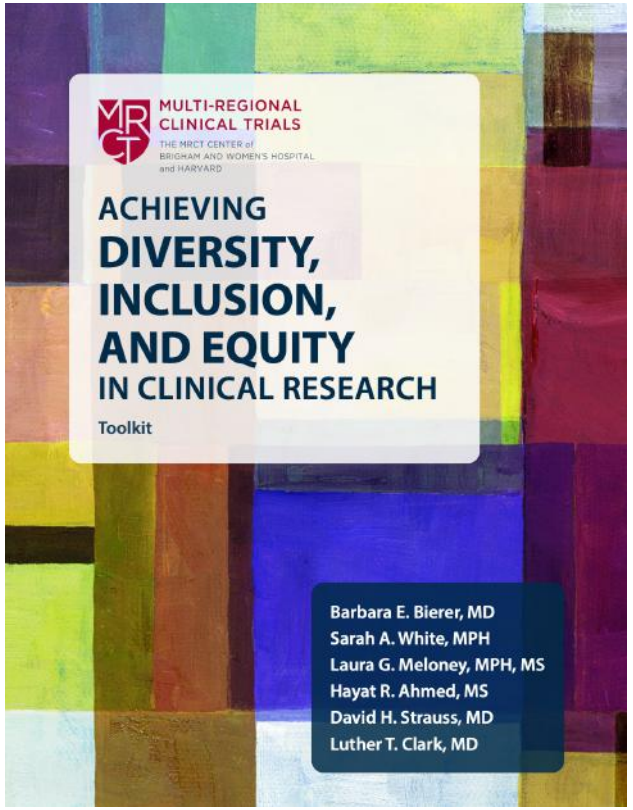
MRCT Diversity Workgroup

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. Iyer*, 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





Achieving Diversity, Inclusion, Equity In Clinical Research

Guidance and Toolkit
Released 6 August 2020

mrctcenter.org/diversity-in-clinical-trials

It starts with evidence, information, and trust

- Data must include those populations affected.
- It starts with public and community engagement.
- Clinical trials should:
  - address questions of importance to the community
  - be designed with study outcomes that people care about
  - use language and words that people understand
  - be conducted in ways that decrease burden for the participants, and
  - communicate results to the communities affected.
- We should hold each other accountable at every stage.

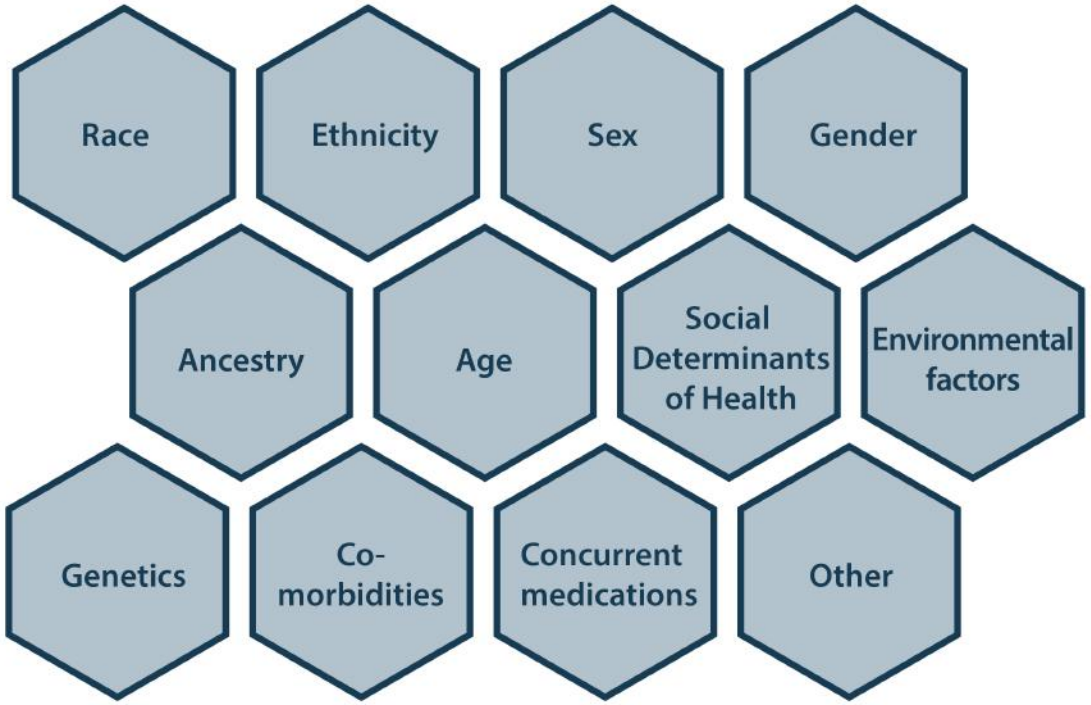
Sections of the Guidance Document

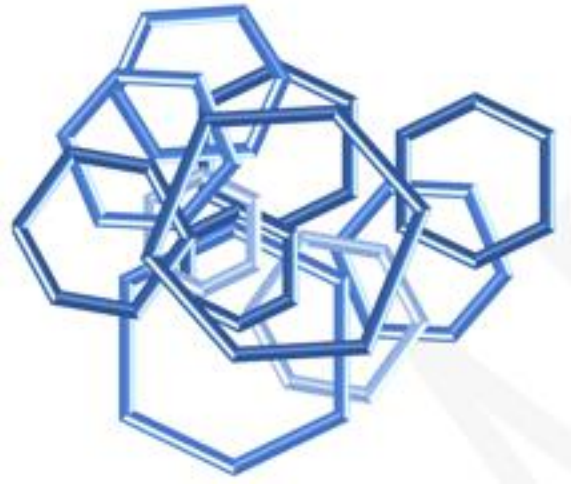
- Preface
- Part A – Building the Case
- Part B – Background, Ethical Principles, and Regulatory Directives
- Part C – Broadening Engagement
- Part D – Data Standards and Analysis
- Part E – Study Design, Conduct, and Implementation
- Part F – Stakeholder Commitments and the Future
- Part G – Appendix

Toolkit

Diversity exists across many dimensions

A broad definition of diversity





Intersectionality:

- Dimensions of diversity are not independent variables

Barriers: Every stakeholder has responsibility

Sponsors/Institutions/Sites/Regulators

- Lack of engagement
- Lack of diverse workforce
- Trial time and cost
- Variable regulatory expectations

Data Collection/Data Analysis

- Lack of data standards
- Data collection and reporting variable
- Analyses inconsistent

Investigators/Referring Physicians/ Staff

- Uncertain scientific utility of inclusion
- Eligibility criteria limiting
- Site feasibility inaccurate
- Inadequate staffing and time constraints
- Recruitment and retention challenges
- Lack of cultural competence and diverse staff

Patients/Advocates/Communities

- Lack of awareness
- Lack of access
- study design and research procedures burdensome
- Outcomes of uncertain value
- Logistics of trial conduct
- Payment and other concerns
- Mistrust

Individuals must be invited

Patient and community engagement support diverse participation

Forming Relationships

The patient and community to be in key leadership roles, as advisors, and as consultants.

Training and Support

Patient perspective to influence research priorities and questions

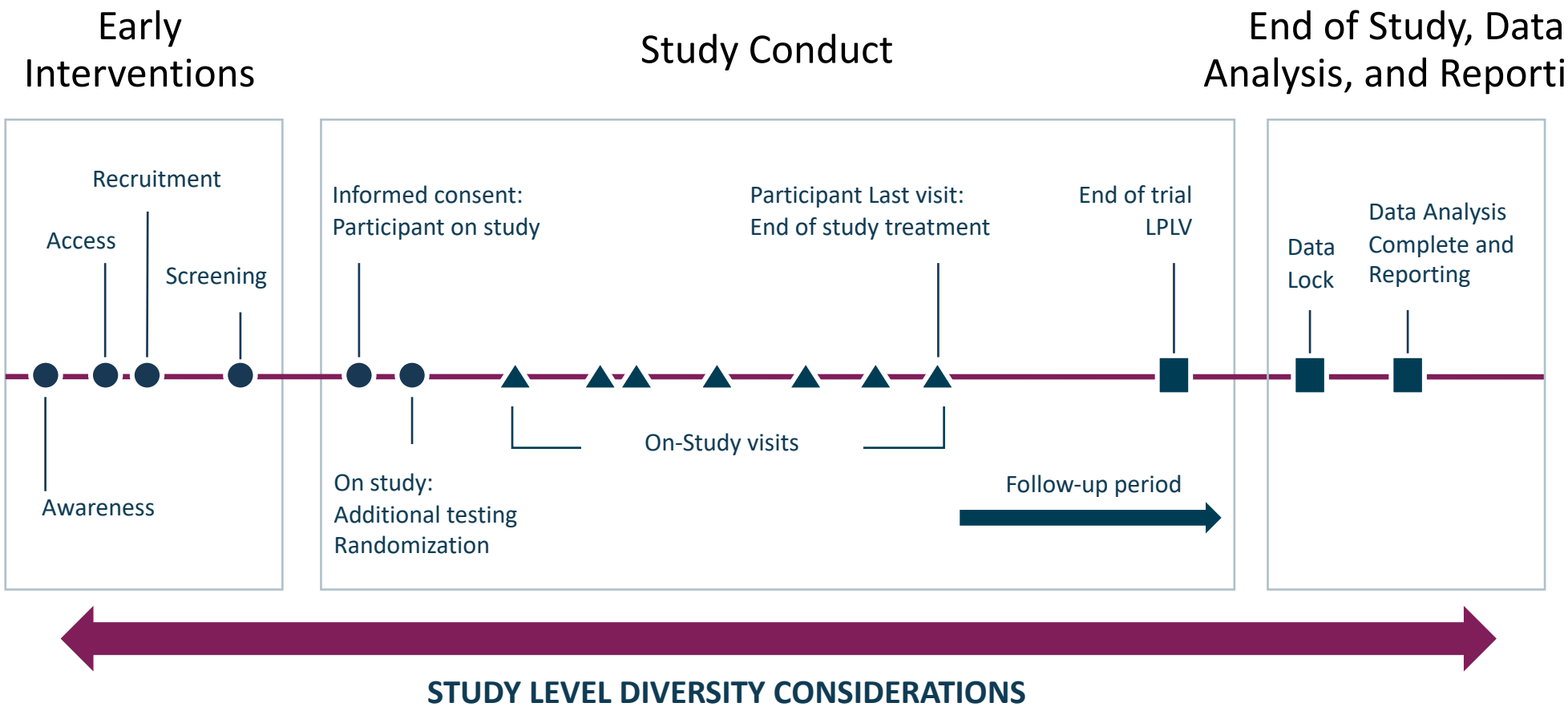
Shared Goals

Seek input to tailor study design and conduct to improve access, enrollment, and retention

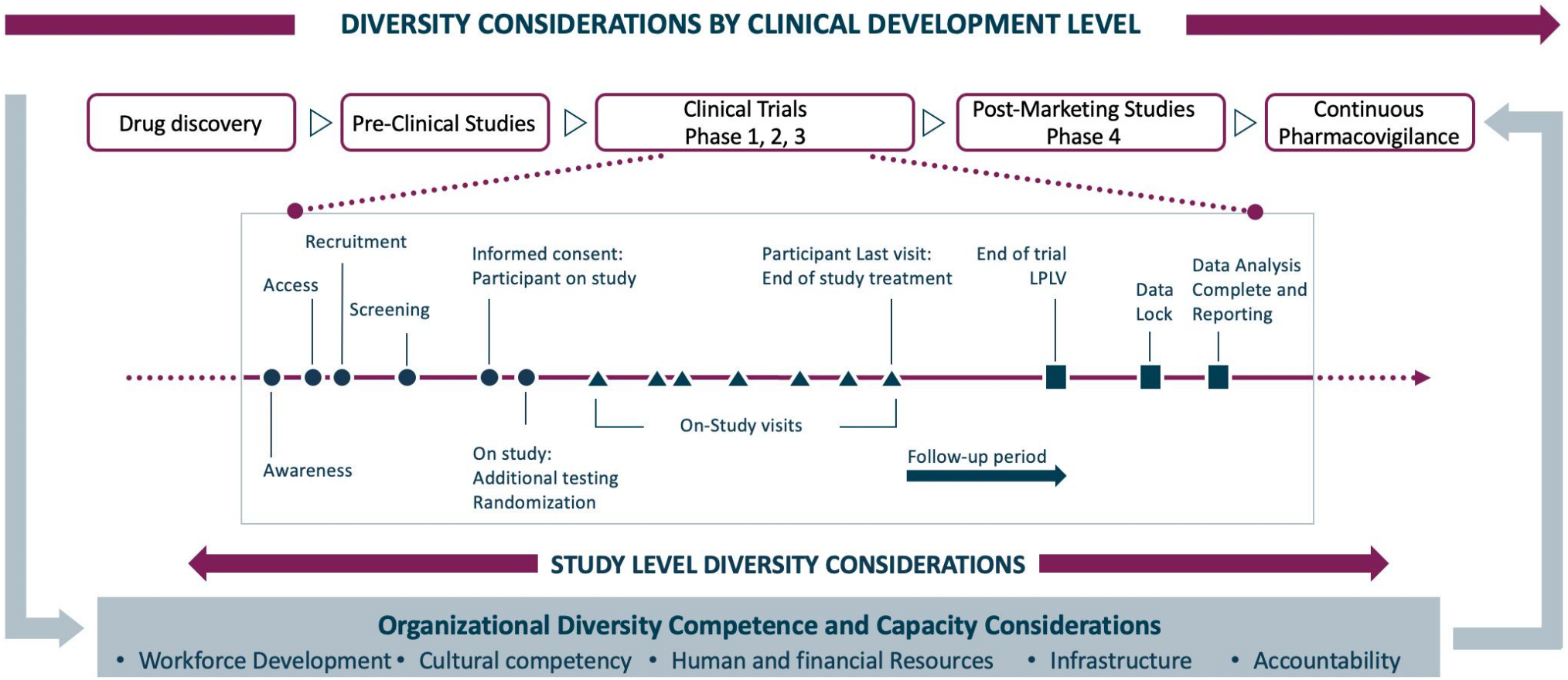
Sustained partnerships

Build Trust

Participant's Clinical Trial Journey

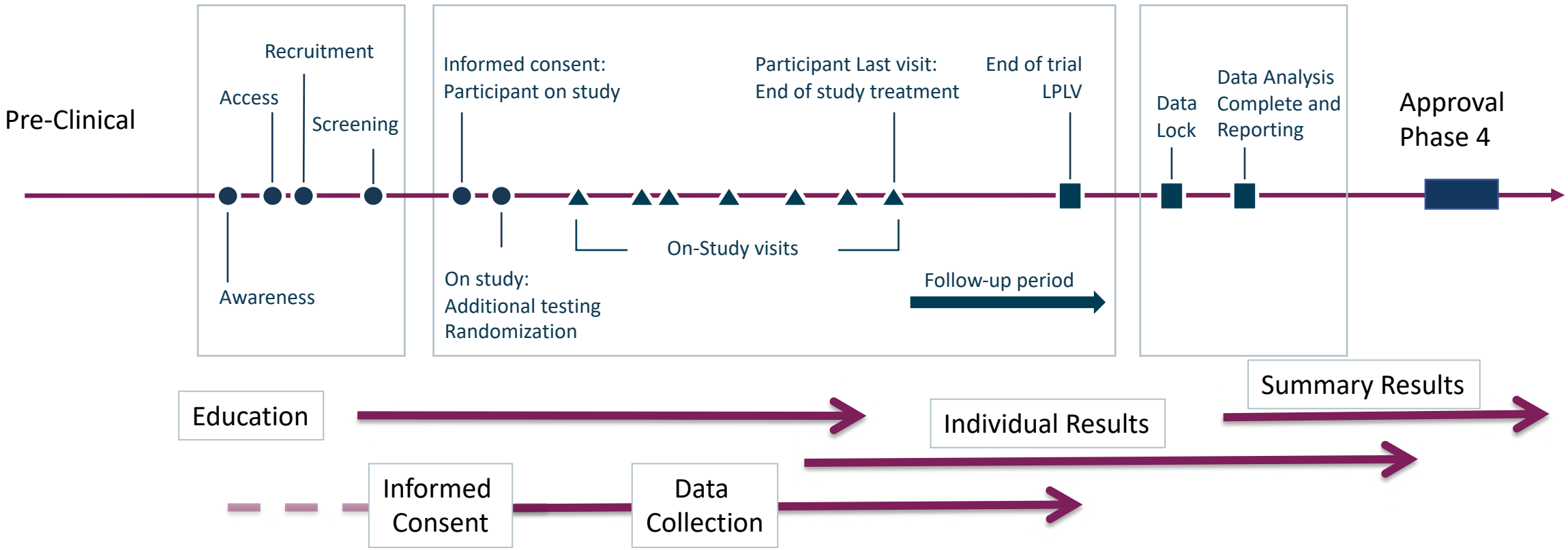


Product Development Pathway



- Workforce Development
- Cultural competency
- Resources, human and financial
- Infrastructure
- Accountability

Clear communications throughout the product development program



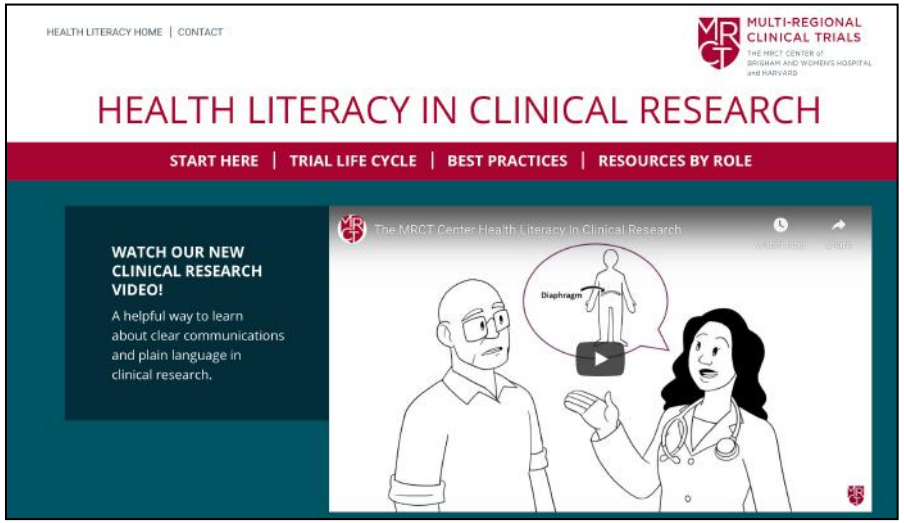
Clear communication is a shared responsibility

- It is not that the listener has “poor literacy.”
- The communicator is responsible for sharing information that is understandable to the listener.
- The listener should be comfortable communicating any lack of understanding

- Plain language
- Numeracy
- Visualization
- Clear design
- Cultural considerations
- Interactive techniques
- Teach-back

Written Materials
Verbal Communications

The MRCT Center launched a "Health Literacy in Clinical Research" website



In a language understandable to the participant

www.mrctcenter.org/health-literacy

COVID-19 Research Flyers

“Should I join?”

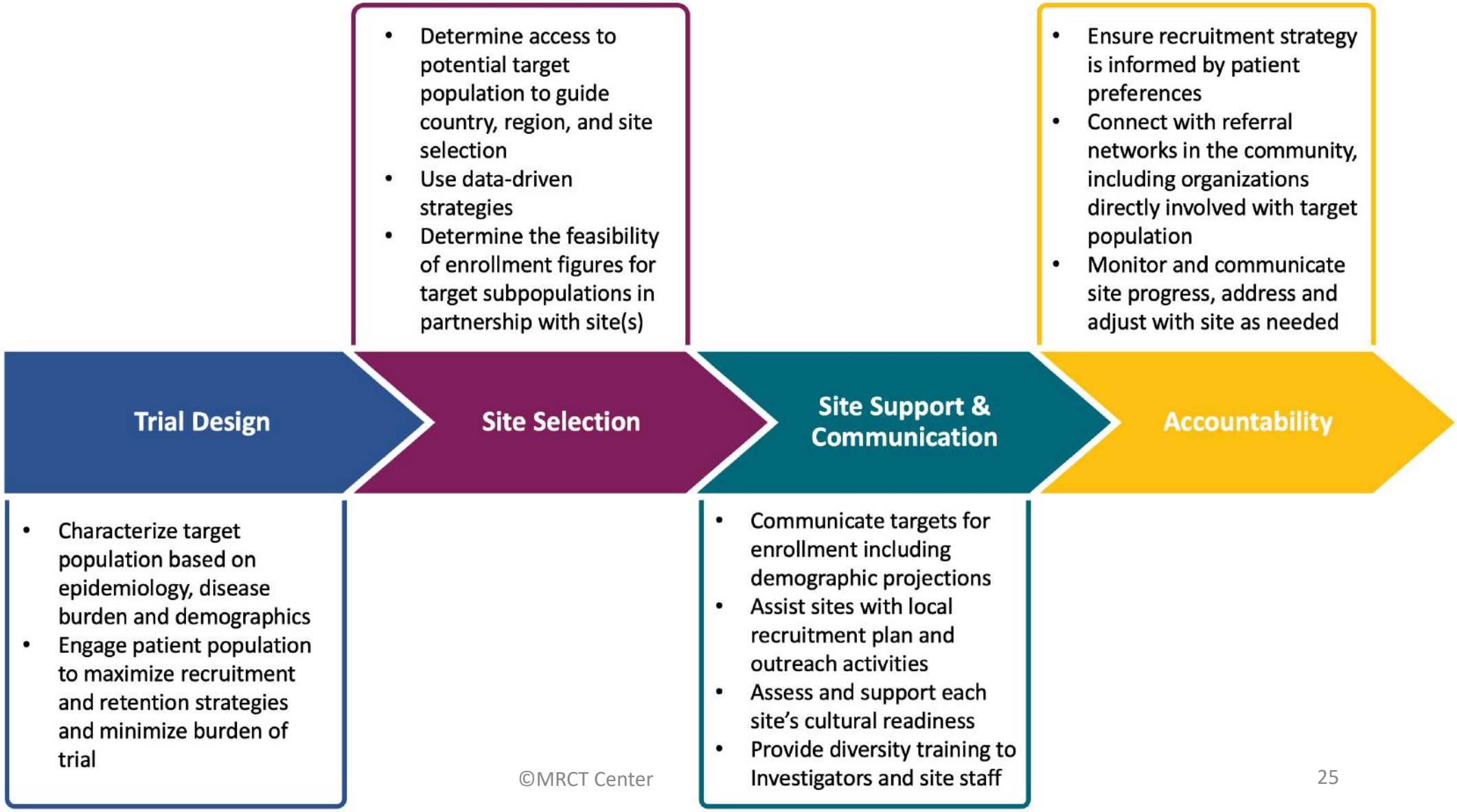
Resources for the public

https://mrctcenter.org/blog/resources/covid-19-clinical-research-flyers/

En Español

¿Debería unirme?

Opportunities: What can we do?



Solve for logistical challenges

- Easy and quick reimbursement processes
- Consider compensation for missed work or caregiver support
- Flexible, extended site hours (after work hours and weekends)
- Flexible appointments
- On-site childcare and eldercare
- Provide transportation or assist with arrangements
- Health literate study information in the correct language
- Culturally competent and linguistically-capable staff

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

> *Is there anything that we should understand to make your participation easier?*

Accountability in Partnership

Holding ourselves and one another accountable

- Metrics
- Transparency
- Dialogue

The work ahead

- What can each of us do now?
  - One step at a time towards change
- Targeted recommendations for special populations
- Additional tools and resources
- Need for local, national, and international focus going forward
- Committing to inclusion is our first step.

"…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…"

mrctcenter.org/diversity-in-clinical-trials

Practical Approaches to Improving Diversity in Clinical Trials

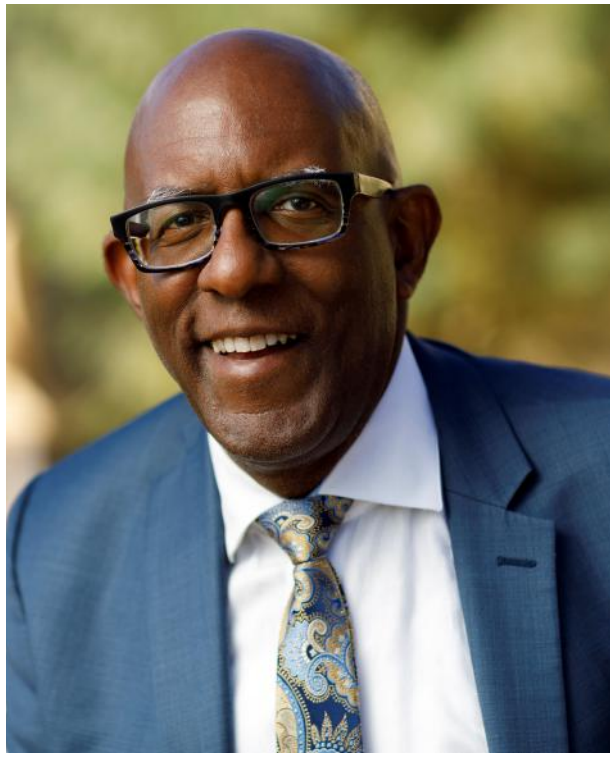
Wednesdays
11AM –12noon ET

MULTI-REGIONAL CLINICAL TRIALS
THE MRCT CENTER of BRIGHAM AND WOMEN'S HOSPITAL and HARVARD

LEANING IN: A WEBINAR SERIES

October 14, 2020	Community Awareness, Access, Knowledge
October 28, 2020	Workforce Development
November 11, 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

Today's speakers



No slides, Please listen to the webinar

Paul Underwood, M.D., FACC, FSCAI

Medical Director, Close the Gap and Interventional Cardiology
Boston Scientific

Today's speakers

Eldrin Lewis, M.D., MPH
Professor of Medicine,
Stanford Medicine

Achieving Diversity, Inclusion, and Equity in Clinical Research

Eldrin Lewis, MD, MPH, FAHA, FACC

Professor of Medicine

Chief, Cardiovascular Medicine

Stanford University

MULTI-REGIONAL CLINICAL TRIALS

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

October 19, 2020

Stanford MEDICINE

Faculty Disclosures

- *Novartis (Consulting, Institutional research support)*
- *NHLBI (Institutional research support)*
- *Sanofi (Institutional research support)*
- *Merck (Consulting, Institutional research support)*
- *DalCor (Consulting)*

Outline

- Brief history/intro, entry into current work
- Perspective as an investigator for site activities to increase diversity
- Experience in workforce development for diversity and inclusion
- Any relevant success stories or lessons learned

My Journey: Training and Education

HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

My Journey: Training and Education and Practice

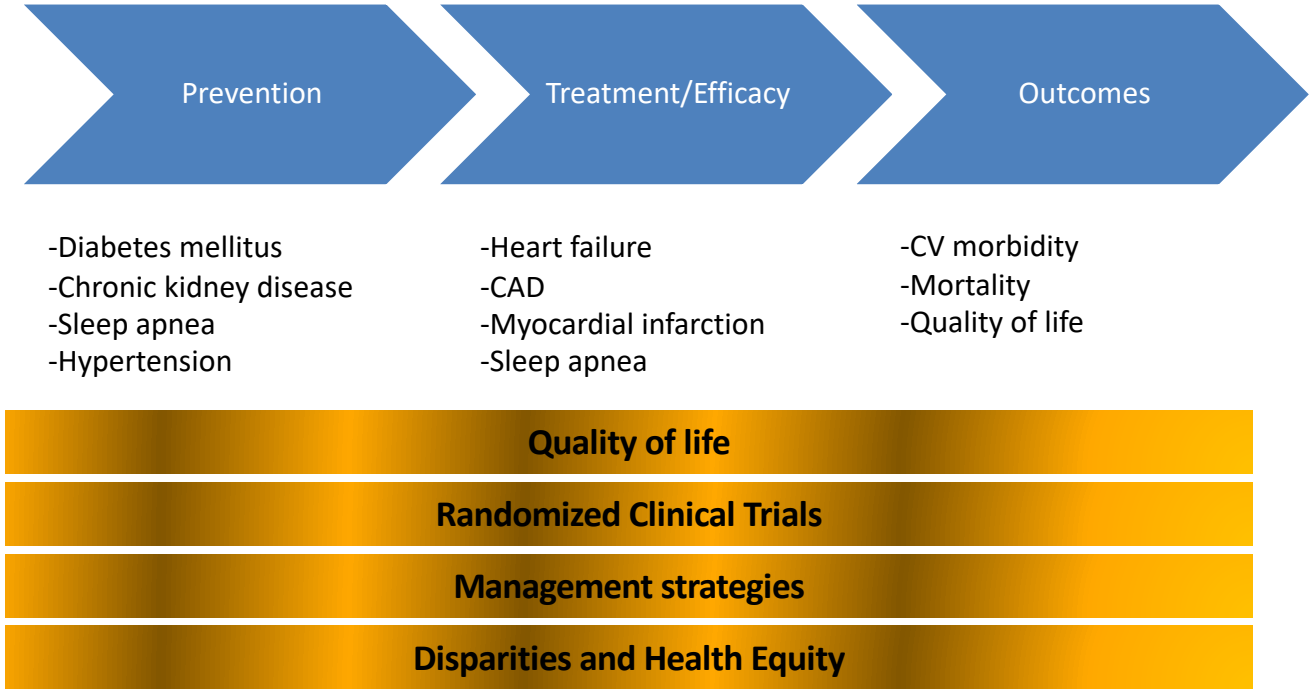
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

- CV Clerkship director
- Recruitment
- STARS program

HARVARD BUSINESS SCHOOL
Executive Education

Scientific Interest and Mission

Research Mission: To improve outcomes in patients with heart failure and at risk for CVD



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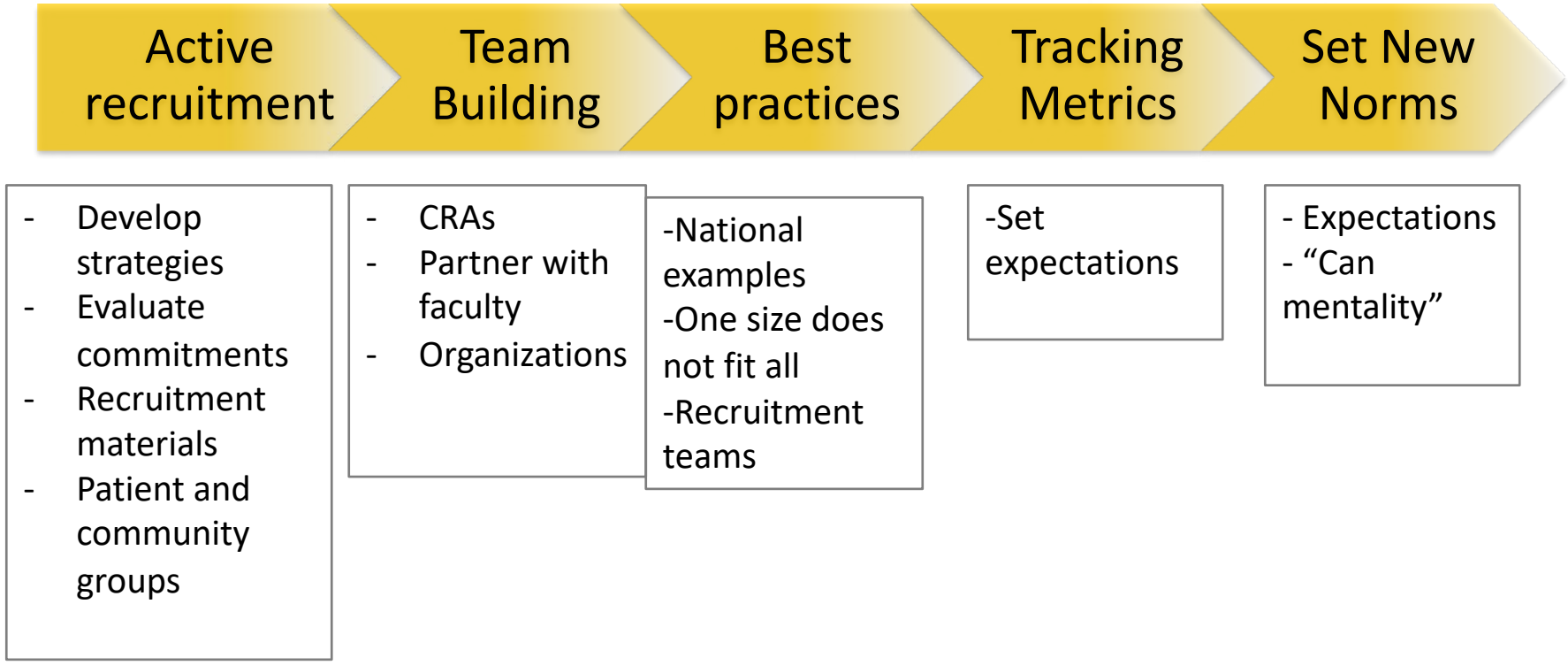
Perspective as an Investigator for Site Activities to Increase Diversity



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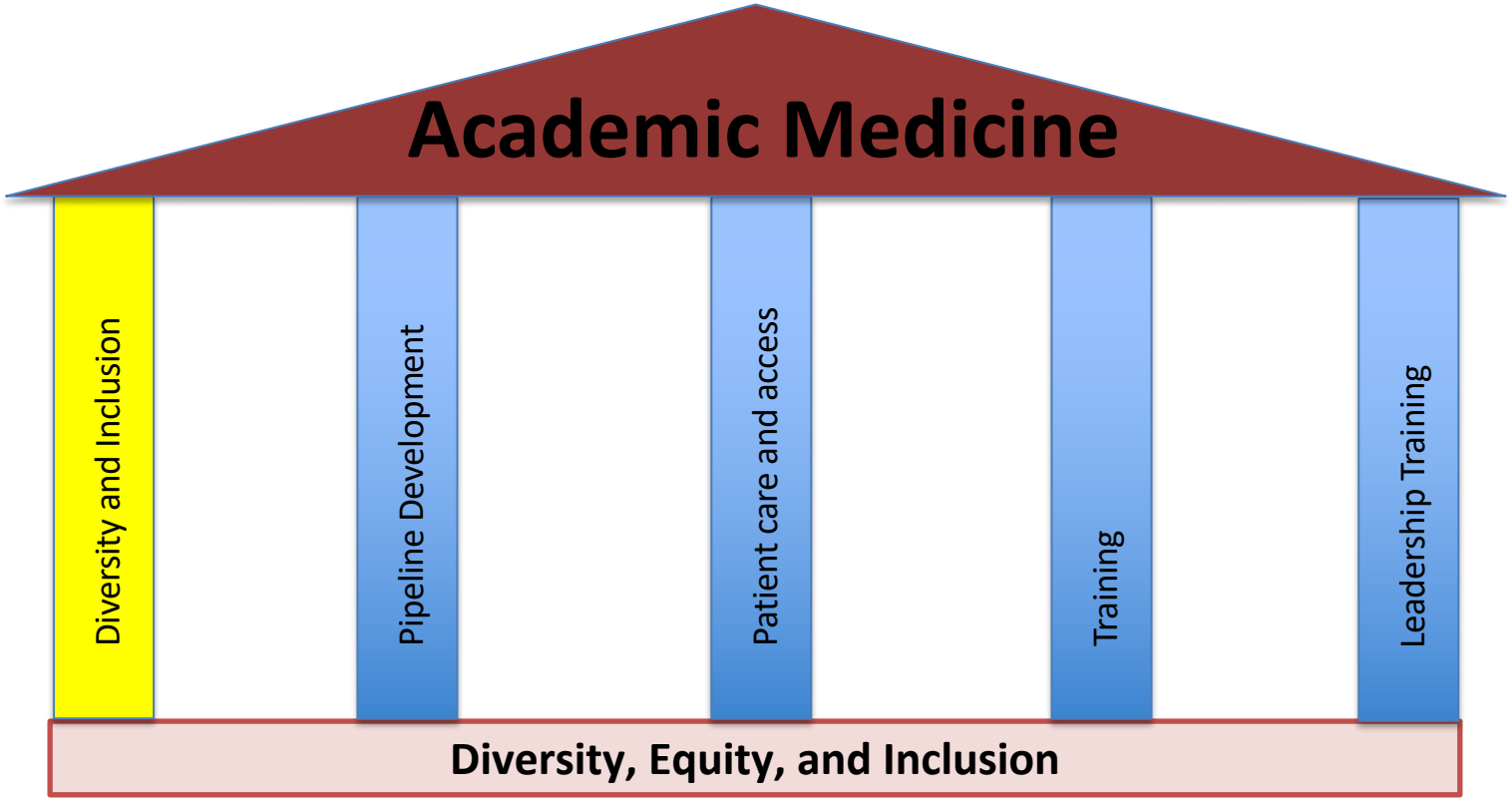
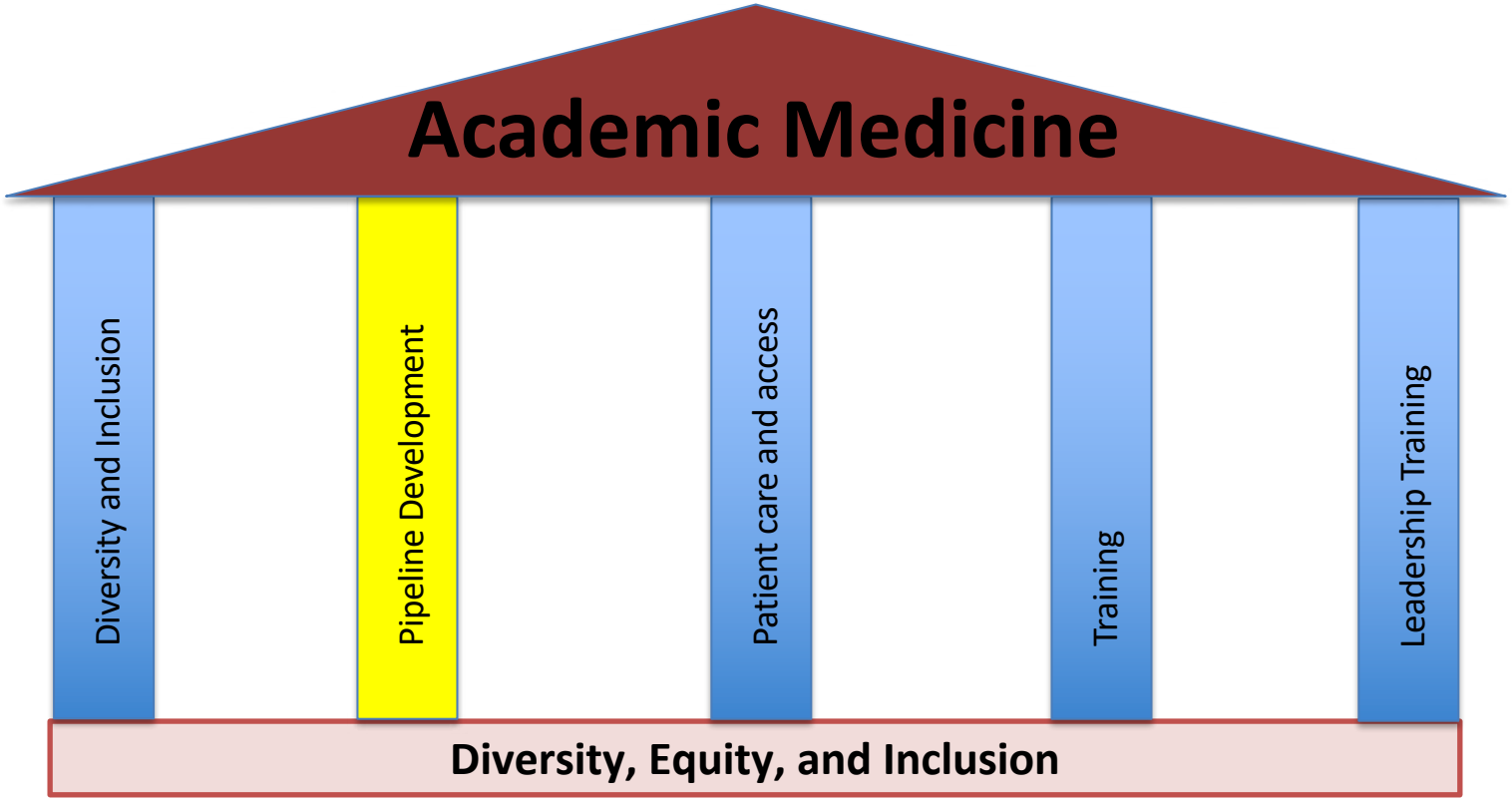
Pillars of Workforce Development in Research and Medicine



Pillars of Workforce Development in Research and Medicine



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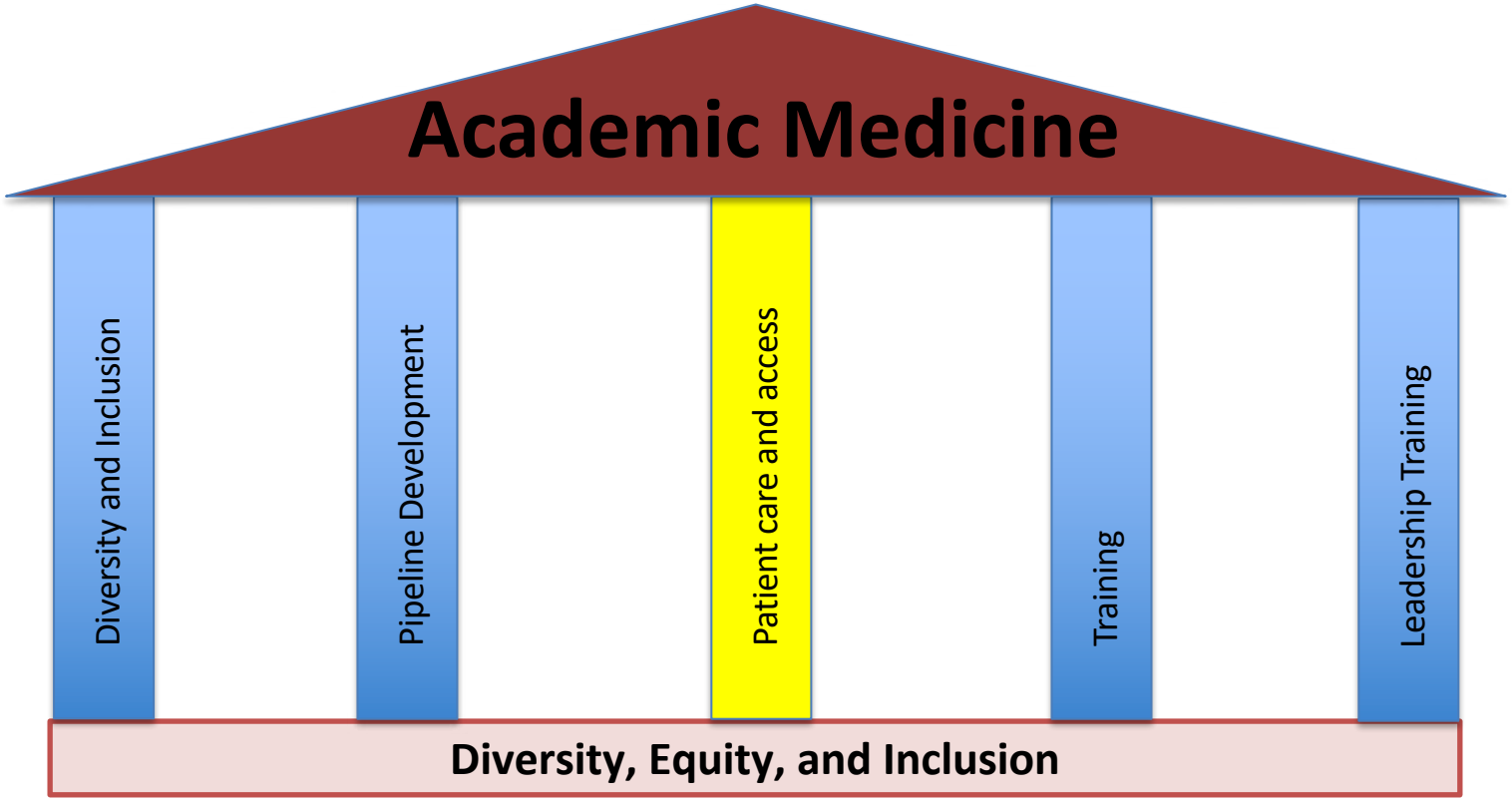
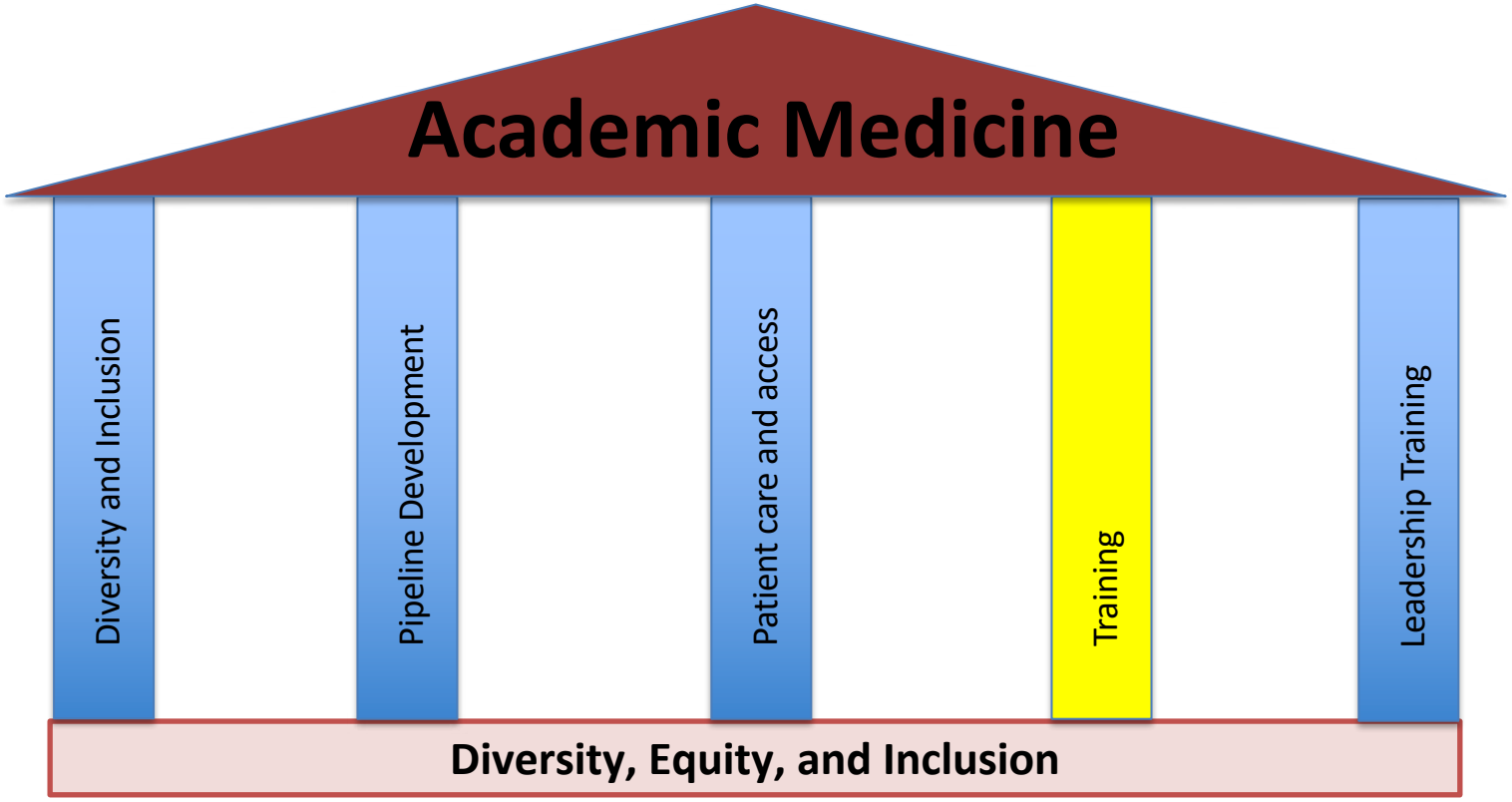


Pillars of Workforce Development in Research and Medicine



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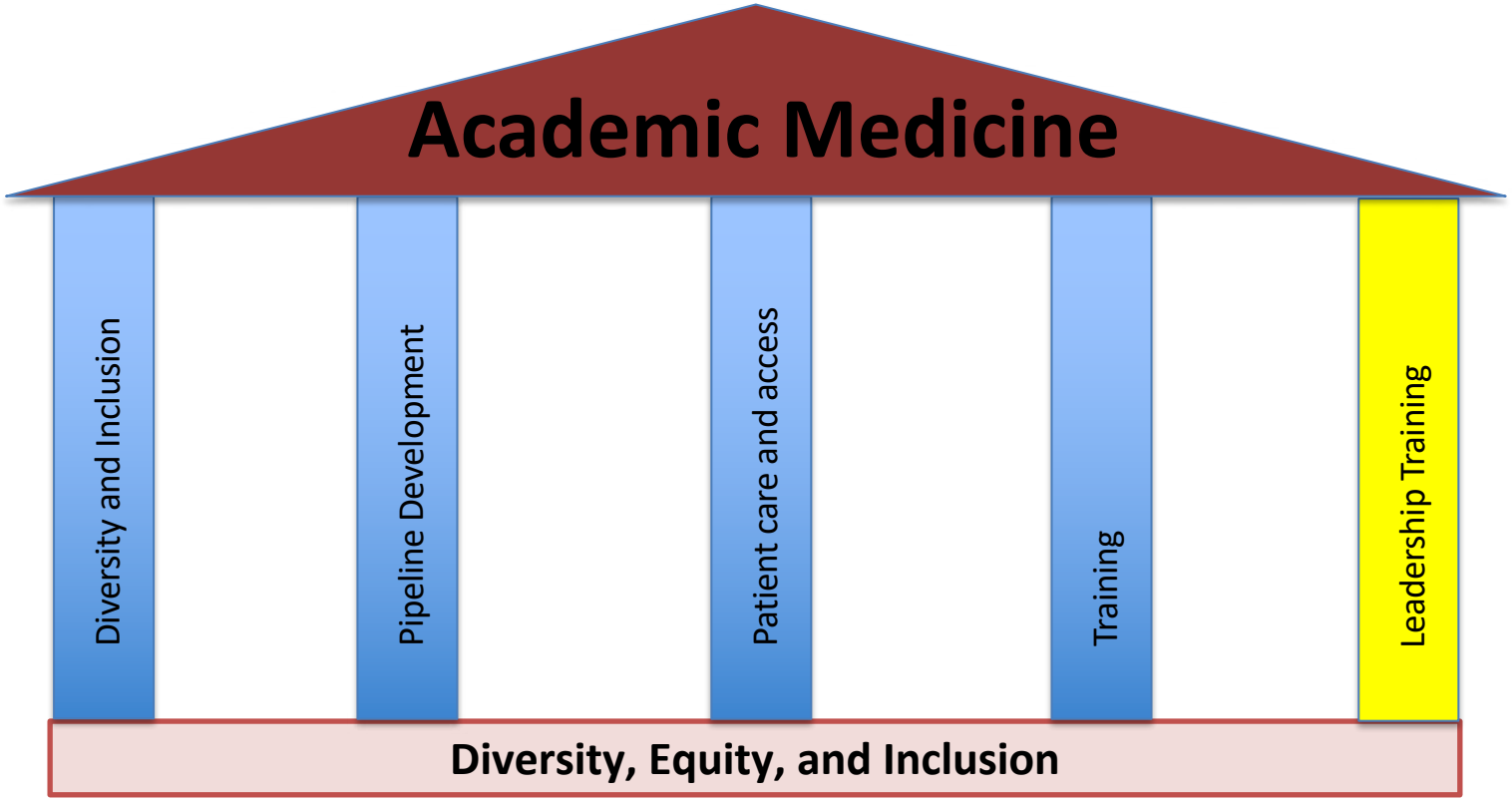

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Conclusions

- Diverse workforce can enrich clinical research enterprise
- Need extended pipelines and training
- Diversity training and leadership training paramount
- Involving community groups can allow shared vision for enrolling patients into clinical studies

Eldrin F. Lewis, MD, MPH, FAHA, FACC
Professor of Medicine
Chief, Division of Cardiovascular Medicine
Advanced Heart Failure Transplant Cardiology
Stanford University School of Medicine
eflewis1@Stanford.edu

Stanford University