

The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard Bioethics Collaborative

Thursday, October 1st, 2020 | 12:00PM- 3:00PM EDT
Virtual Meeting

Ethical Challenges in Patient Advocacy and Engagement in Clinical Research Executive Summary

1. Introduction

Patient (and **community**) **engagement** refers to the process by which patients (and communities) are consulted to provide their perspectives on topics such as unmet needs, research design, research conduct, patient-relevant outcomes to measure, and research implementation. **Research** or **patient advocates** are individuals involved in expressing the needs/interests of patients and may participate in patient engagement. In this context, 'patient' may be defined in a traditional sense, but 'patient' may also refer to a research participant or healthy volunteer, a family member, or a caregiver. The MRCT Center Bioethics Collaborative focused on the individuals and processes involved in providing input on the design, conduct, and reporting of clinical research. Advocacy activities that occur outside these areas, such as participation in marketing authorization, positions about insurance coverage or reimbursement for products, formulary decisions, advocacy for funding for science and research, and/or influencing state, national, or international policy, were outside the scope of the Bioethics Collaborative.

There are many recognized benefits of patient input for clinical research, and these benefits extend to patients, research participants, investigators, sponsors, IRBs, and regulators. They include increasing research participation and public knowledge, developing appropriate recruitment and study information materials, informing the development of research questions and outcome measures, refining study design, and improving communication between research staff and participants, among others. The value of patient input has been increasingly appreciated amongst clinical research stakeholders. Nevertheless, significant questions remain unanswered in the work of research advocacy.

Many of these questions have ethical dimensions, and several were posed to Bioethics Collaborative attendees to stimulate discussion:

- Is an advocate self-defined? Is training, education, or some familiarity with clinical trials or research required? Does 'training' bias research advocates?
- What is representativeness in research advocacy? How does one increase the diversity of patient voices?

- Is remuneration a problem? If so, why? Should there be any limit to the amount of compensation someone can receive? Are there process concerns?
- Advocates are sometimes prohibited from discussing research they consulted on with individuals considering enrollment in that research. Is this fair?
- Advocates are sometimes barred from participating in research on which they have consulted. Is this fair? Alternatively, some patients feel that they should have priority access to trials on which they have consulted. Is this appropriate?

Questions and Feedback

- Meeting attendees expressed their enthusiasm for the discussion, emphasizing several topics of interest:
 - Determining whether and which voices are underrepresented in research advocacy
 - Discussing ways to help advocates share what they learn with others
 - Leveraging the increased interest in the stories of people of color to benefit both researchers and patients
 - Discussing the use of data generated by patients and patient advocacy organizations
 - Providing clarity on what is expected of patient advocates
 - Discussing compensation for the use of patient data
 - Discussing training for advocates and researchers:
 - Research advocate training helps advocates ask the right questions and feel comfortable sharing their opinions
 - Researcher training helps researchers better engage patients and advocates
- One attendee noted three different reasons individuals may be compelled to become a patient advocate and expressed interest in exploring these motivations:
 - Receiving some healing benefit from sharing their personal story or narrative
 - Using their personal experience as a tool to inform the research process
 - Representing the interests of a group
- Meeting attendees noted the importance of context throughout the discussion:
 - Opinions and perspectives will vary depending on an advocate's role
 - Sometimes advocates are best able to contribute when they are familiar with research design and research concepts
 - Other times advocates are best able to contribute when they are unfamiliar with research but familiar with a particular patient or demographic community

2. Representativeness in Research Advocacy

Advocates primarily represent themselves, but an individual advocate is often expected to represent the collective patient experience. At best, individual advocates can represent some dimensions of the collective experience and work to understand others' experiences and interests. Thus, advocates need to understand whether their personal experience is generalizable. This knowledge can be gained through engagement with peer organizations, support groups, and other patients. Appropriate forums and venues need to be available and accessible. Further,

research advocates need to consider which groups need representation and hold researchers and sponsors accountable for listening to these voices.

Diversity should be sought in patient engagement, and the types of diversity required in a given situation will vary with the type of research, phase of research, disease knowledge, and other factors. Importantly, diverse input can be obtained over time. Patient engagement should occur early and often, allowing time for gaps in representation to be recognized and corrected. Additionally, this lessens the pressure on an individual advocate or patient engagement activity to represent the collective patient experience.

Several questions and strategies can help patient advocacy organizations foster diversity and inclusion. Where and how are we reaching out to identify advocates? Can research advocates be compensated for their time and/or reimbursed for expenses associated with advocacy (e.g., travel costs, meals, etc.)? Attendees recognized that research advocacy does not always require advanced knowledge or training and that everyone's voice has value.

Questions and Feedback

- Attendees shared how they pursue diverse and representative patient input given practical limitations on time, resources, and the number of patient advocates available:
 - One group uses a web forum to amplify patient voices
 - One group challenges advocates to consider diversity along two dimensions:
 - Diversity of lived experience
 - Demographic diversity (e.g., socioeconomic status, sexual orientation, age, race, gender, etc.)
 - Others are intentional about hearing from 'new' patient advocates
 - One attendee recognized that it is impossible to hear from every perspective and encouraged stakeholders to identify the specific objectives for consulting patients and who might be best suited to help address those objectives
- Attendees discussed the potential utility of a patient advocate 'taxonomy' that details the various roles a patient advocate may serve in
 - Potential benefits
 - Researchers could clearly identify and communicate what perspective or role is necessary in a given setting
 - Patient advocates could understand if they are the right individual to help the articulated perspective or need
 - IRBs and other stakeholders could better understand the role that a patient advocate played in research design and conduct
 - Definition of the types of research advocacy may allow for easier evaluation of the impact of different types of patient engagement
 - Potential drawbacks
 - Placing strict parameters around patient advocate roles may unnecessarily restrict the range and types of contributions that an advocate can provide
 - A flow-chart could help researchers and patients determine what advocate role is needed in a particular situation

- We should consider not only *when* patient input might be helpful, but also *why* and *how*
 - What is the sponsor/investigator looking for?
 - Why is patient input being sought?
 - How will patient input be used?
- Attendees shared the criteria they use to evaluate patient engagement:
 - Whether research advocates felt heard
 - Whether researchers felt that they gained unique insights from patients they would not have gotten otherwise
 - Whether advocates and researchers individually and mutually understood their responsibilities
 - Whether researchers felt like consulting patients changed the research project
 - A cautionary note was introduced in that championing metrics might diminish the impact of patient engagement if stakeholders focus more on checking certain boxes than maximizing the value of patient engagement

3. Research Advocacy Training and Education

Research advocacy training and education has a rich history, beginning with HIV/AIDs advocates whose intelligence and educational background allowed them to advocate for specific research needs, such as faster drug development timelines and access to experimental therapies, in meetings with the Food & Drug Administration, National Institutes of Health, and pharmaceutical companies, among others. Breast cancer advocates similarly recognized that it was insufficient to lobby for breast cancer research funds only. Rather, advocates wanted a say in how the research funds were used, and advocate training and education were necessary in preparing advocates to share their opinions. Project LEAD, first launched in 1995, trained breast cancer advocates to play a role in determining how funds were allocated, and since then, many advocacy organizations have developed training programs for research advocates. Beginning in 2010, the Patient-Centered Outcomes Research Institute (PCORI) has funded advocate training projects and workshops, launched online trainings, and developed team science models for researchers and patient advocates.

While research advocates need an understanding of science and research, their education does not need to be extensive. A high school biology course is often sufficient for research advocates. Patient advocates are not the scientists; they are, however, the subject of research and the ones impacted by disease. They have the experience to teach, to educate about the disease itself and its impact.

Advocate training should teach individuals to recognize the power of their story, but it should also help individuals recognize that they represent the collective patient experience to the extent possible. Effective advocate training teaches individuals the limits of representation and the importance of giving researchers an appreciation of the diversity of experience and patient diversity.

The culture of science remains a challenge in research advocacy. Patients may be intimidated by investigators' academic degrees and the relatively confrontational nature of scientific

conversations. Some investigators remain resistant to the work of research advocacy. Training should help advocates feel comfortable speaking up and asking questions in research spaces. Equally, investigator training on patient advocacy engagement should underscore the value of respect and humility.

Mentoring may be the most effective strategy for developing diverse and capable research advocates. Mentoring can occur formally (e.g., explicit mentoring relationships through an organization) or informally (e.g., through advocates working closely together on a project) and allows advocates to learn from each other.

Currently, rarely do advocate training or the advocate literature address ethical issues beyond financial conflicts of interest.

Questions and Feedback

- Basic communication training to help advocates feel comfortable speaking up and telling their story effectively and succinctly is missing from some advocate training programs
- Role-playing and journal clubs can be valuable components of research advocacy training
- One organization's training program includes modules on clinical trials, soft skills, and expectations of advocates throughout the engagement process
- Training should also address how advocates can bring new information back to their communities
- Engaging researchers in the training of research advocates allows investigators to interact with patients, a valuable form of patient engagement in itself
- Training of investigators and their study staff and of industry representatives charged with patient engagement should be developed and routinely encouraged

4. Representativeness, Compensation, and Potential Conflicts of Interest (COIs)

Patient engagement may suffer from convenience sampling, in which the individuals selected for engagement are well-informed patients who have personal connections to an institution or investigator. Since engagement activities are unfunded, institutions and investigators often rely on people already in their network. This practice may exclude less accessible and unique patient voices. Additionally, whether patients affiliated with advocacy organizations are representative of the broader patient community is unknown. The research community needs clearer empirical evidence on who is being consulted in patient engagement and who is excluded from those interactions.

These issues may be overcome by reducing barriers to engagement, particularly through compensating advocates. Providing compensation treats advocates fairly and demonstrates that patient input is taken seriously and respected. Research advocate compensation may raise COI concerns, but some Bioethics Collaborative attendees saw no issues with the practice.

Questions and Feedback

- COIs may exist when patient advocacy organizations are involved in patient engagement. Determining if COIs exist within a patient advocacy organization requires:
 - Understanding an organization's mission
 - Some organizations are for-profit, and others are non-profit
 - Understanding an organization's relationships with other organizations, pharmaceutical companies, academic research institutions, the organization's board of directors, and other groups and individuals
 - Understanding an organization's policies on the endorsement of specific therapies, companies, and/or clinical trials
- Some patient advocacy organizations charge fees for finding individuals to participate in patient engagement
 - These fees can be uncomfortably high
- Advocacy groups sometimes receive phone calls from investors curious to learn their opinions on clinical trials
- Discussions on compensation should distinguish between compensation for an individual's time and reimbursement for items such as travel expenses
- Policies meant to protect groups and individuals against COIs may have unintended consequences
 - For example, a pharmaceutical company may have a policy that prevents the company from consulting with individuals that hold board member positions in patient advocacy organizations that also receive funding from the company. As a result, individuals may be wary to serve on the patient advocacy organization's board of directors.
- Individuals may fear that compensation will jeopardize their disability payments if payment exceeds a certain annual minimum
- Compensation practices may vary with cultural norms
- Compensation amounts can be calculated using the Reasonable Monetary Compensation (RMC) model, which accounts for factors such as cost-of-living in certain locations and an individual's relevant expertise/leadership

5. Potential Future Work

- Create a patient/research advocacy taxonomy that defines the various roles an individual may play in patient engagement
- Design a set of questions to help sponsors, investigators, and advocates clarify their expectations for patient engagement
 - Include questions that ask to what extent advocates will be expected to represent the total disease population
- Write an academic manuscript on the ethical challenges in research advocacy including but beyond financial conflicts of interest
- Generate a 'roadmap' for practical considerations in patient engagement
- Analyze the benefits and risks of allowing research advocates to enroll in research they helped with
- Publish a curated list of training resources for research advocacy
- Generate an ethical framework for research advocate compensation

6. Resources

• Articles

- Esmail, Laura, Moore, Emily, & Rein, Alison. (2015). [Evaluating patient and stakeholder engagement in research: Moving from theory to practice](#). Journal of Comparative Effectiveness Research, 4(2), 133-145.
- Feeney, Megan, Evers, Christiana, Agpalo, Danielle, Cone, Lisa, Fleisher, Jori, & Schroeder, Karlin. (2020). [Utilizing patient advocates in Parkinson's disease: A proposed framework for patient engagement and the modern metrics that can determine its success](#). Health Expectations: An International Journal of Public Participation in Health Care and Health Policy, 23(4), 722-730.
- Gelinias, Luke, Largent, Emily A, Cohen, I. Glenn, Kornetsky, Susan, Bierer, Barbara E, & Fernandez Lynch, Holly. (2018). [A Framework for Ethical Payment to Research Participants](#). The New England Journal of Medicine, 378(8), 766-771.
- Gelinias, Luke, Weissman, Joel S, Lynch, Holly Fernandez, Gupta, Avni, Rozenblum, Ronen, Largent, Emily A, & Cohen, I Glenn. (2018). [Oversight of Patient-Centered Outcomes Research: Recommendations From a Delphi Panel](#). Annals of Internal Medicine, 169(8), 559.
- Kimminau, Kim S, Jernigan, Cheryl, LeMaster, Joseph, Aaronson, Lauren S, Christopher, Myra, Ahmed, Syed, . . . Waitman, Lemuel R. (2018). [Patient vs. Community Engagement: Emerging Issues](#). Medical Care, 56 Suppl 10 Suppl 1(10), S53-S57.
- Scott, Jessica. (2020). [Understanding the Value of Patient Engagement](#). Pharma Boardroom.

• Planning and evaluating patient engagement

- [Patient Focused Medicines Development: Patient Engagement Management Suite](#)
- [Patient Focused Medicines Development: Patient Engagement Quality Guidance](#)
- [Patient Focused Medicines Development: Planning a PE Project](#)

• Patient/research advocate compensation

- [National Health Council](#)

• Training

- [California Breast Cancer Research Program](#)
- [European Patients' Academy on Therapeutic Innovation \(EUPATI\)](#)
- [National Breast Cancer Coalition](#)
- [Patient Focused Medicines Development](#)
- [PCORI Framework for Patient Engagement in Cancer Network Group Studies](#)
- [PCORI Research Fundamentals](#)
- [Research Advocacy Network](#)