

Barriers and solutions to clinical research during outbreaks

LEAPing the barriers

Peter Horby

Reaching out, 20-21 September 2018





*International Severe Acute Respiratory
and emerging Infections Consortium*

2011

56 networks

112 countries



2017

21 partner organizations

13 countries

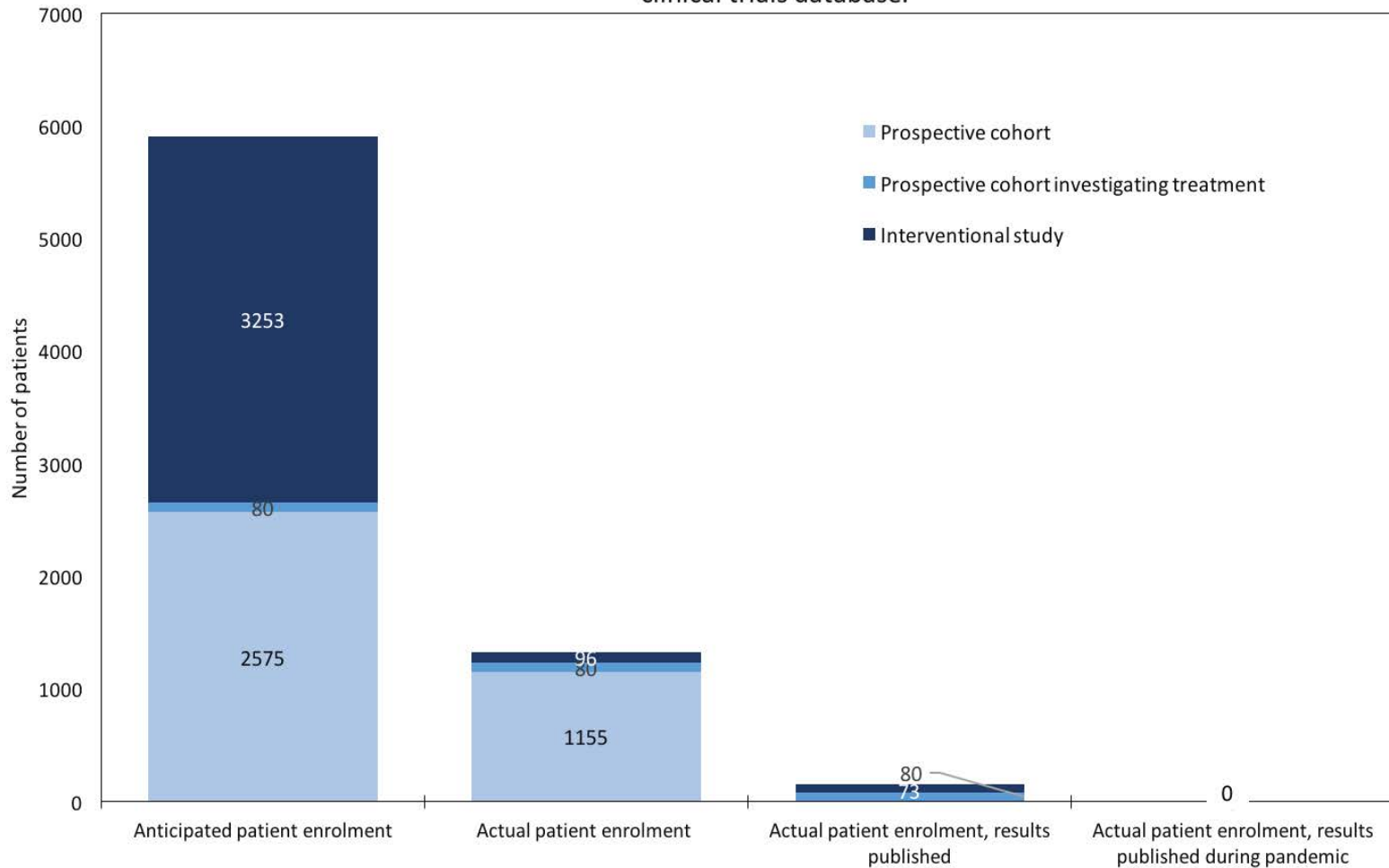
9 African and 4 European

wellcometrust

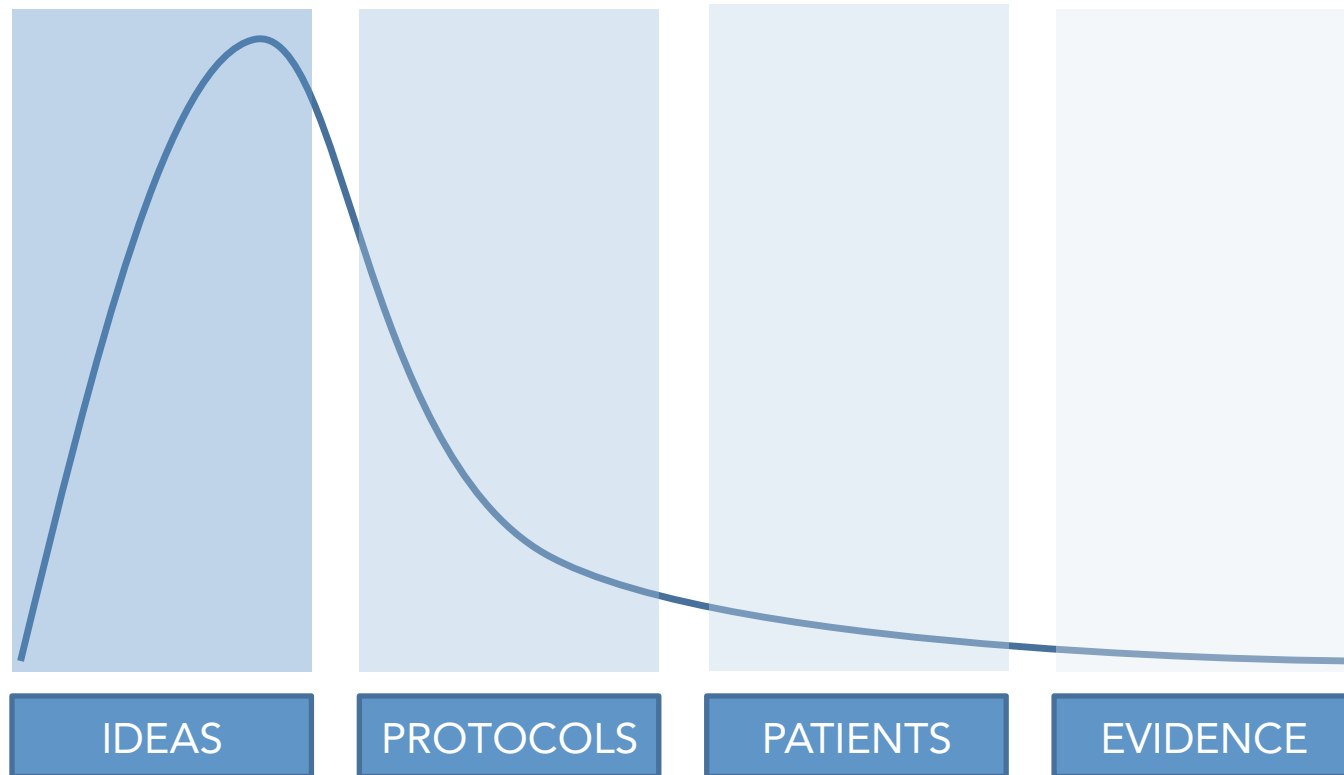
BILL & MELINDA
GATES *foundation*



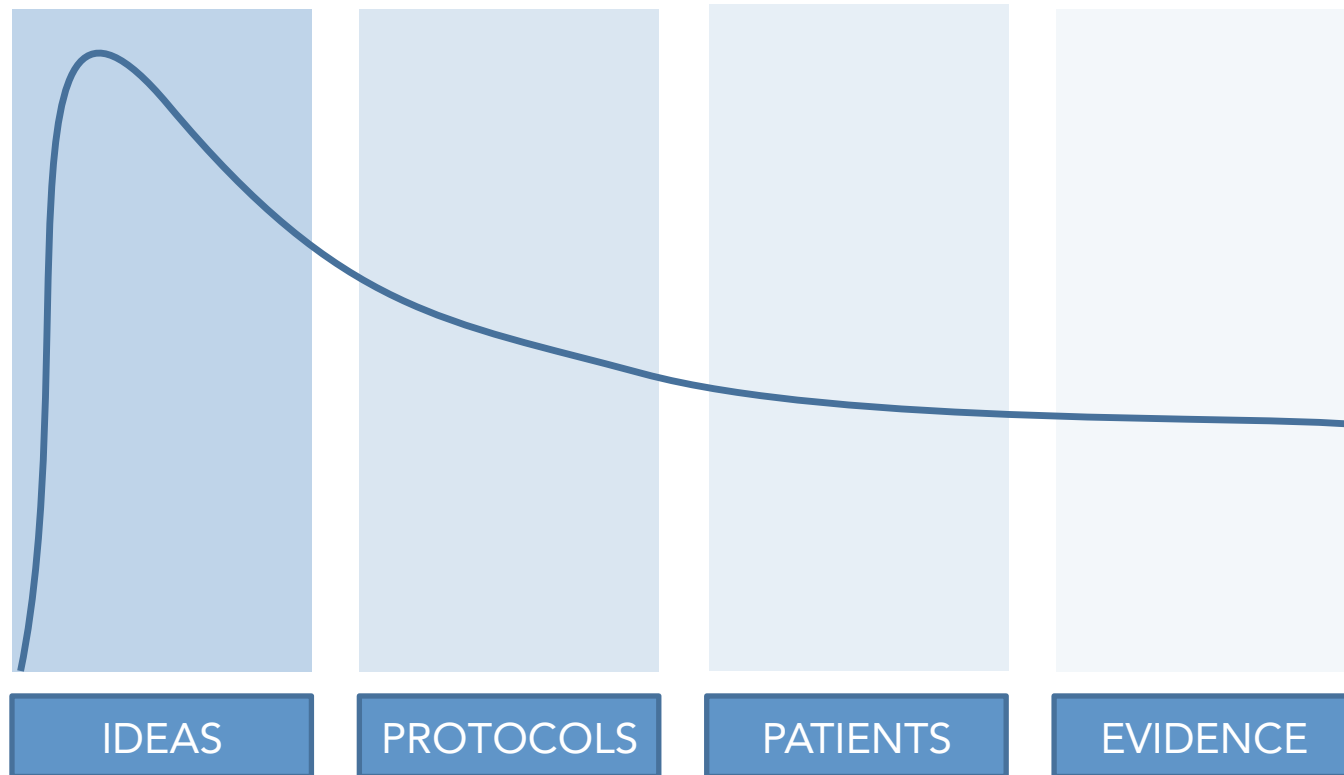
Enrolment of hospitalised or severe patients in A(H1N1)pdm09 studies registered on clinical trials database.



The epidemic curve....of ambition



The epidemic curve....of ambition



Barriers to research

POLITICAL

ETHICAL

ADMIN

REGULATORY

LOGISTICAL

SOCIETAL

EPIDEMIOLOGICAL



Leaping the barriers

L = Logistical

E = Ethical

A = Administrative

P = ePidemiological

L - Logistics



Yambuku 1976



West Africa 2014

+ +









Experimental Treatment of Ebola Virus Disease with TKM-130803: A Single-Arm Phase 2 Clinical Trial.

PLoS Med. 2016 Apr 19;13(4):e1001997. doi: 10.1371/journal.pmed.1001997. eCollection 2016 Apr.

Evaluation of Convalescent Plasma for Ebola Virus Disease in Guinea.

N Engl J Med. 2016 Jan 7;374(1):33-42. doi: 10.1056/NEJMoa1511812.

Experimental Treatment of Ebola Virus Disease with Brincidofovir.

PLoS One. 2016 Sep 9;11(9):e0162199. doi: 10.1371/journal.pone.0162199. eCollection 2016.



E = Ethical



Oxford Tropical Research Ethics Committee
OXTREC
University of Oxford



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The John Radcliffe, Headington, Oxford OX3 9DZ
tel. +44 (0) 1865 743005, fax +44 (0) 1865 743 002
e-mail: Fiona.Maclean@admin.ox.ac.uk

11th February 2009

Dr P Horby
OUCRU
NIITD, 78 Giai Phong Street
Hanoi
Vietnam

Dear Dr Horby *Peter,*

Full Title of Study: Acute post-infectious measles encephalitis in Vietnam

OXTREC Reference Number: 06 09

The OXTREC executive team reviewed the above application at the meeting held on Wednesday 11th February 2009 and thought this to be a very important study for which approval is given on the basis described in the application form.

This approval will be fully implemented upon final approval of the full committee at the meeting on Thursday 26th March 2009.

We look forward to receiving your annual report of this interesting study.

Yours sincerely,

Dick.

Dr Richard Mayon-White
OXTREC Chair

ALERRT-WHO Ethics workshop

Ethics preparedness: facilitating ethics review during outbreaks.

Dakar 20-21 March 2018





**“Ethics preparedness”: Facilitating Ethics Review During Outbreaks
Recommendations arising from a joint ALERRT & WHO workshop**

Dakar, Senegal, 20-21 March 2018

**“Préparation dans le cadre de l'éthique ”: faciliter les revues
éthiques dans un contexte d'épidémie
Recommandations issues d'un atelier conjoint ALERRT & OMS**

Dakar, Sénégal, 20-21 Mars 2018

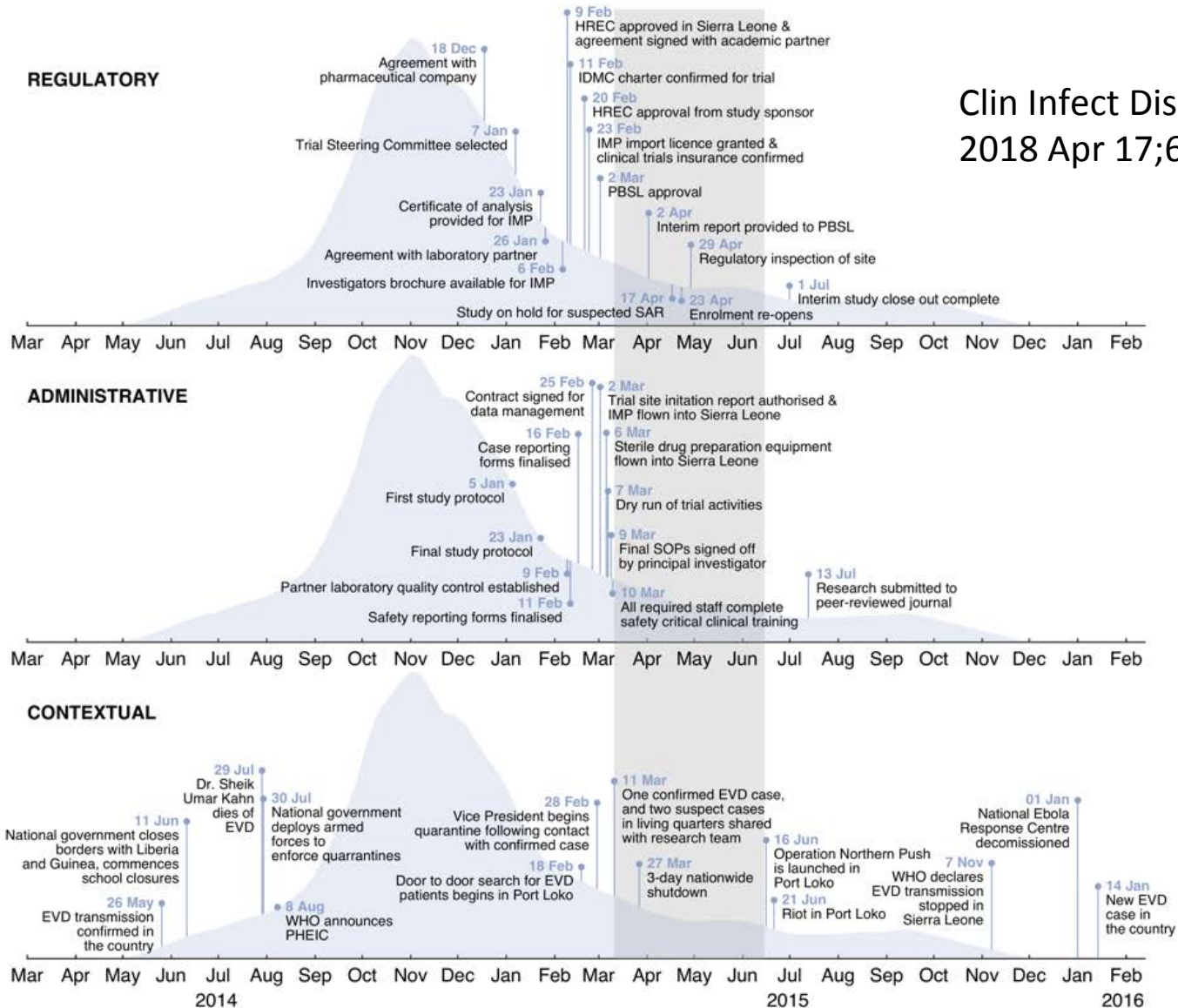
الاستعدادات الأخلاقية ”: تسهيل مراجعة الأخلاقيات أثناء الفاشيات
توصيات ناشئة عن ورشة عمل مشتركة بين
منظمة الصحة العالمية و
التعاون الأفريقي للبحوث الوباء والاستجابة والتدريب
(ALERRT & WHO)

Recommendations

- Preparing RECs for outbreak response
 - Develop national SOPs for emergency response ethical review by NECS or competent authorities
 - Workshops to draft SOPs – Nigeria November 2018
- Pre-review / pre approval of proposals
 - What does this mean, what can be expected? Clarify terminology
 - Publication in preparation
- Multi-country review
 - WHO to consult and develop sub-regional mechanisms
- Data and Benefit sharing
 - What RECs should and should not mandate
- Export of samples
 - REC should engage with relevant authorities – ethically sound template MTAs

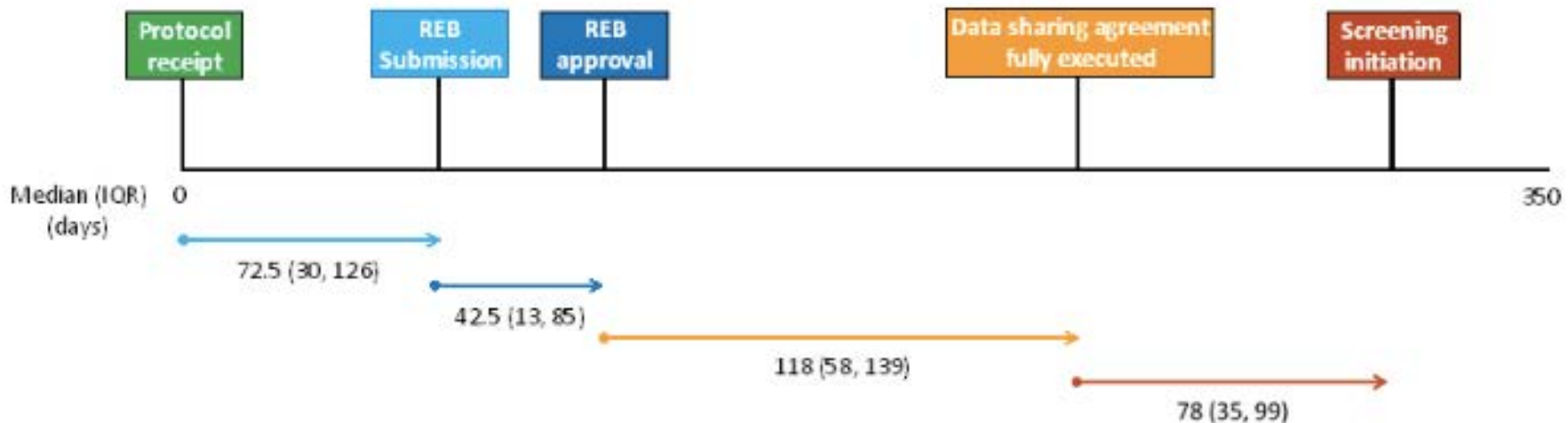
Regulatory or administrative milestone	Time taken			New EVD cases during delay period (n)	
	Start date (dd/mm)	Final date (dd/mm)	Duration (days)	Sierra Leone [^]	GOAL ETC (Adults)
Research agreements with partners					
Laboratory (Public Health England)	26/01/2015	06/03/2015	39	948-1279	28
Academic (College of Medicine and Allied Health Sciences)	26/01/2015	19/02/2015	24	585-961	23
Site (GOAL Global)	26/01/2015	06/03/2015	39	948-1279	28
Pharmaceutical (Tekmira Pharmaceuticals)		18/12/2014	N/A	N/A	
Human Research Ethics Committee (HREC) Approvals					
Prepare submission (Sierra Leone HREC)	23/01/2015	27/01/2015	4	<178	3
Review process (Sierra Leone HREC)	27/01/2015	10/02/2015	14	222-594	19
Prepare submission (trial sponsor HREC)	23/01/2015	29/01/2015	6	<400	6
Review process (trial sponsor HREC)	29/01/2015	20/02/2015	22	363-783	23
Prepare submission (WHO for opinion)		20/02/2015	N/A	N/A	
Protocol development					
Drafting	05/01/2015	23/01/2015	18	560-1072	28
IMP management					
Drug release	19/02/2015	09/03/2015	18	165-516	5
Import license	16/02/2015	23/02/2015	7	<367	5
Shipment of IMP	27/02/2015	02/03/2015	3	<165	3
Data Management					
Database design, set-up and testing	23/02/2015	16/03/2015	21	318-648	10
Case reporting form development	05/02/2015	10/03/2015	33	532-879	14
Other Required Documents					
Study insurance	03/02/2015	23/02/2015	20	363-783	12
European Medicines Agency opinion	06/02/2015	10/02/2015	4	<194	13

Clin Infect Dis.
2018 Apr 17;66(9):1454-1457.



Clinical study agreements

One study in six sites



Time required to initiate outbreak and pandemic observational research.
Journal of Critical Care (2017), doi: 10.1016/j.jcrc.2017.02.009

Solutions?

- Template agreements
 - ALERRT consortium agreement
- Pre-positioned protocols
- Find a sensible lawyer

P is for ePIdemiology

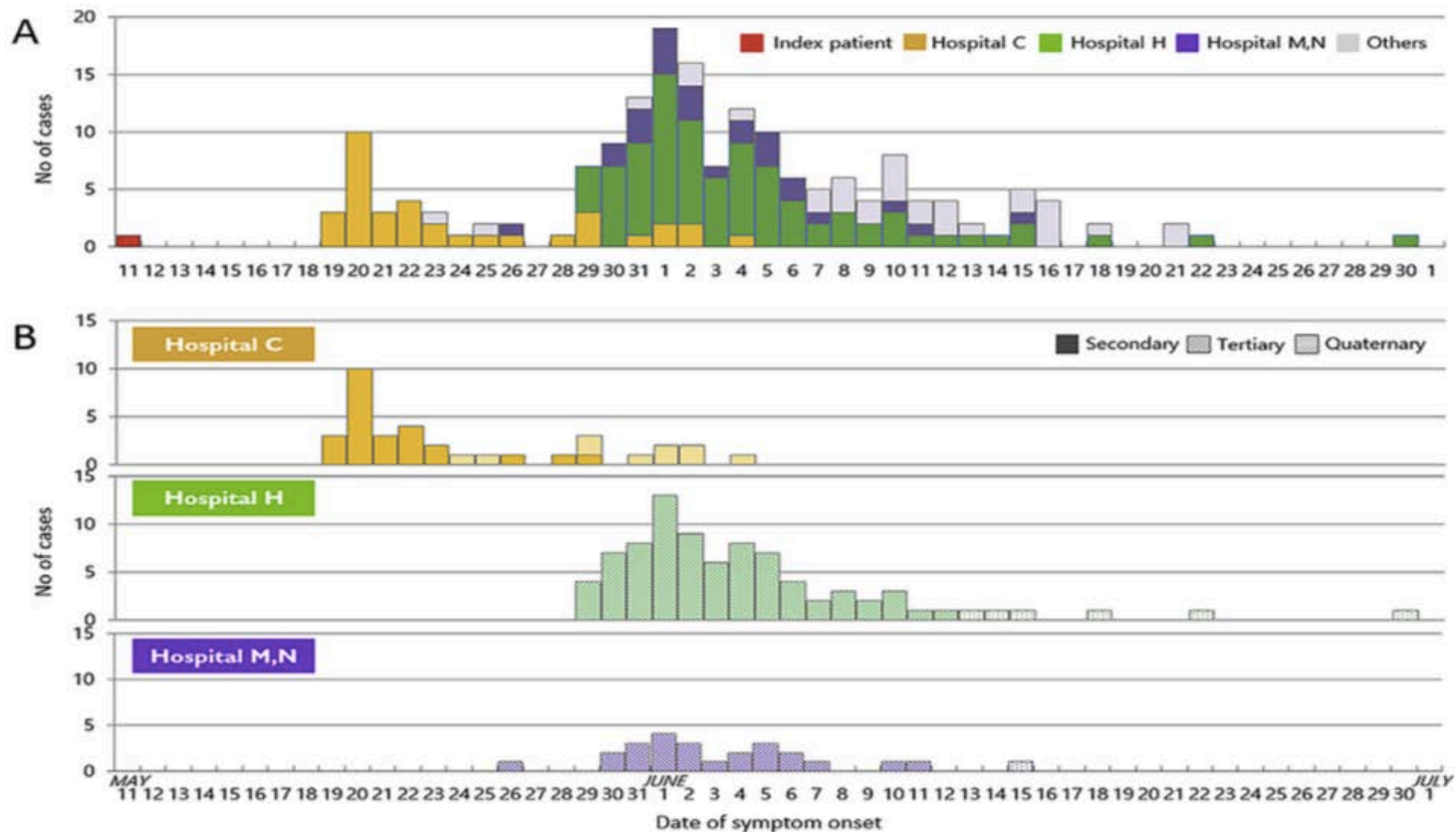



Figure 1. Epidemiologic curve of 178 confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in the Republic of Korea, 2015. Panel A (integrated curve) depicts the overall epidemiologic curve by date of symptom onset. Red

EIDs are in part a rare disease problem



U.S. Food and Drug Administration
Protecting and Promoting Public Health

www.fda.gov

Challenges with Studying Rare Diseases

- Small numbers of patients available for study enrollment
- Understanding of the disease's clinical course may be incomplete
- Often there are no validated measures of disease activity or disease progression
- What is the standard of care for patients with the disease?

11

What do we need for an intervention trial?

An hypothesis:

- *Intervention X when given to patients with Y results in improved outcomes compared to treatment Z*
- Patients (n)
- Time (t)

Uncertainties in EIDs and outbreaks

Parameter	Outbreaks
Intervention X	Incomplete R&D pipeline, unpublished data
Patients Y	What if clinical phenotype is uncertain?
Improved	Baseline outcome rate uncertain?
Outcomes	Measured how if natural history uncertain?
Treatment Z	What if no proven comparator?
Patients (n)	Unpredictable
Time (t)	Unpredictable

Preparation & innovation

Parameter	Potential solutions
Intervention X	R&D catalysts – CEPI, Blueprint
Patients Y	Standardised generic severity scores (e.g. NEWS)
Improved	Odds ratios where baseline outcome rate unknown
Outcomes	Standardised ordinal outcomes scales (Ventilated – O ₂ – ward)
Treatment Z	Compare outcomes between arms without a single fixed control
Patients (n)	Efficient – rare diseases approach, seamless phase II/III, adaptive designs (seq, AR, MSA), meta-analysis
Time (t)	Efficient – simple, early endpoints, sequential analysis, adaptive designs

RESEARCH ARTICLE

Evaluating Clinical Trial Designs for Investigational Treatments of Ebola Virus Disease


Ben S. Cooper^{1,2*}, Maciej F. Boni^{2,3}, Wirichada Pan-ngum⁴, Nicholas P. J. Day^{1,2}, Peter W. Horby², Piero Olliaro^{2,5}, Trudie Lang², Nicholas J. White^{1,2}, Lisa J. White^{1,2}, John Whitehead⁶

PLoS Med.
2015 Apr 14;12(4):e1001815.

Design

**CLINICAL
TRIALS**

Trial design for evaluating novel treatments during an outbreak of an infectious disease

Clinical Trials
2016, Vol. 13(1) 31–38
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1740774515617740
ctj.sagepub.com


Clin Trials.
2016 Feb;13(1):31-8.

John Whitehead¹, Piero Olliaro^{2,3}, Trudie Lang² and Peter Horby²

 **PLOS** | NEGLECTED
TROPICAL DISEASES

RESEARCH ARTICLE

GOST: A generic ordinal sequential trial design for a treatment trial in an emerging pandemic

John Whitehead^{1*}, Peter Horby²

1 Department of Mathematics and Statistics, Lancaster University, Lancaster, United Kingdom, 2 Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom

PLoS Negl Trop Dis.
2017 Mar 9;11(3):e0005439.

Performance of different clinical trial designs during an epidemic

Matthias Brueckner^{1*}, Andrew Titman¹, Thomas Jaki¹, Amanda Rojek², Peter Horby²

1 Department of Mathematics and Statistics, Lancaster University, Lancaster, United Kingdom

2 Centre for Tropical Medicine and Global Health, University of Oxford, Oxford, United Kingdom

* m.bruckner@lancaster.ac.uk

PLoS One.

2018 Sep 11;13(9):e0203387.



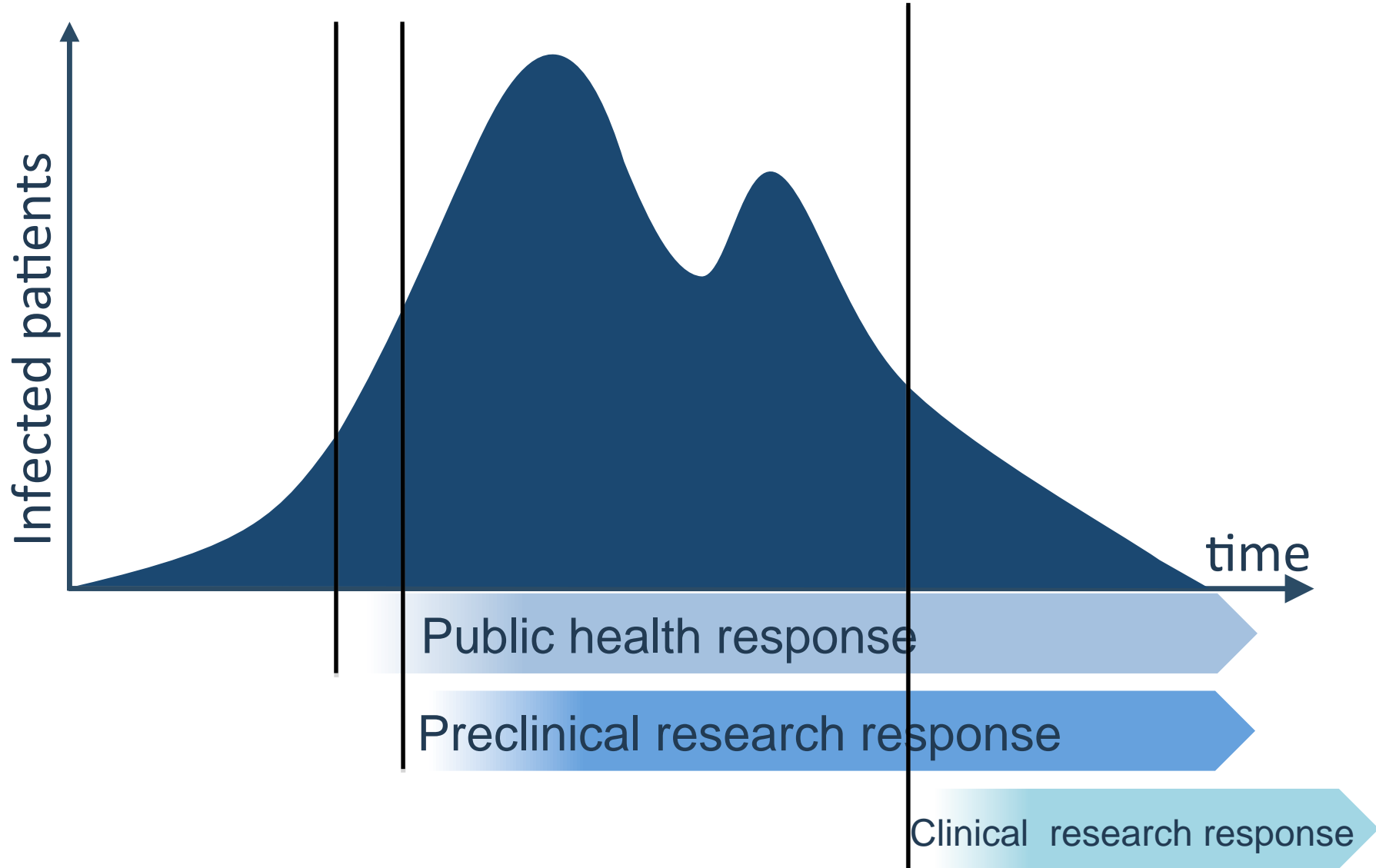
Submitted Manuscript: Confidential

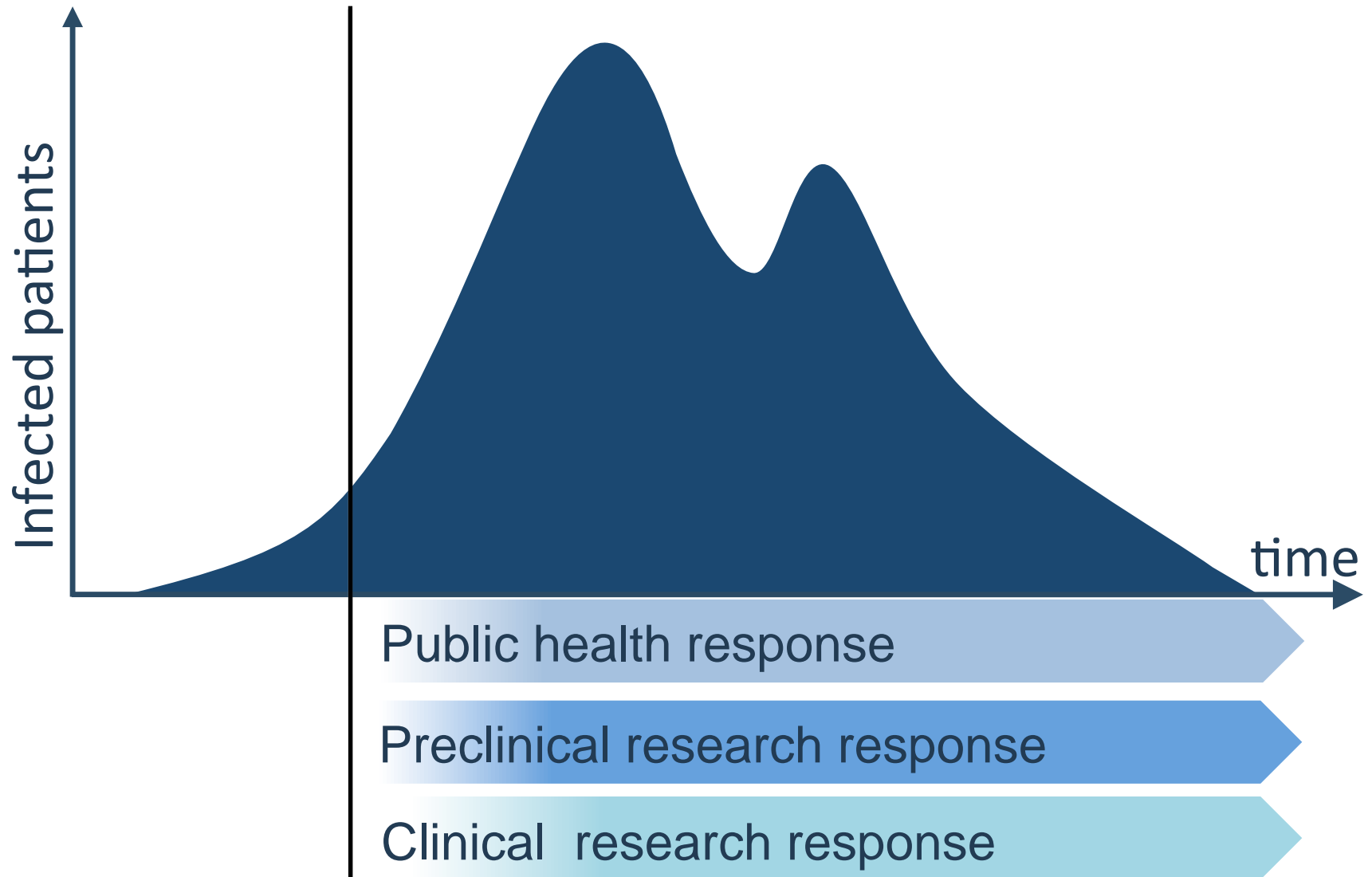
template updated: February 28 2012

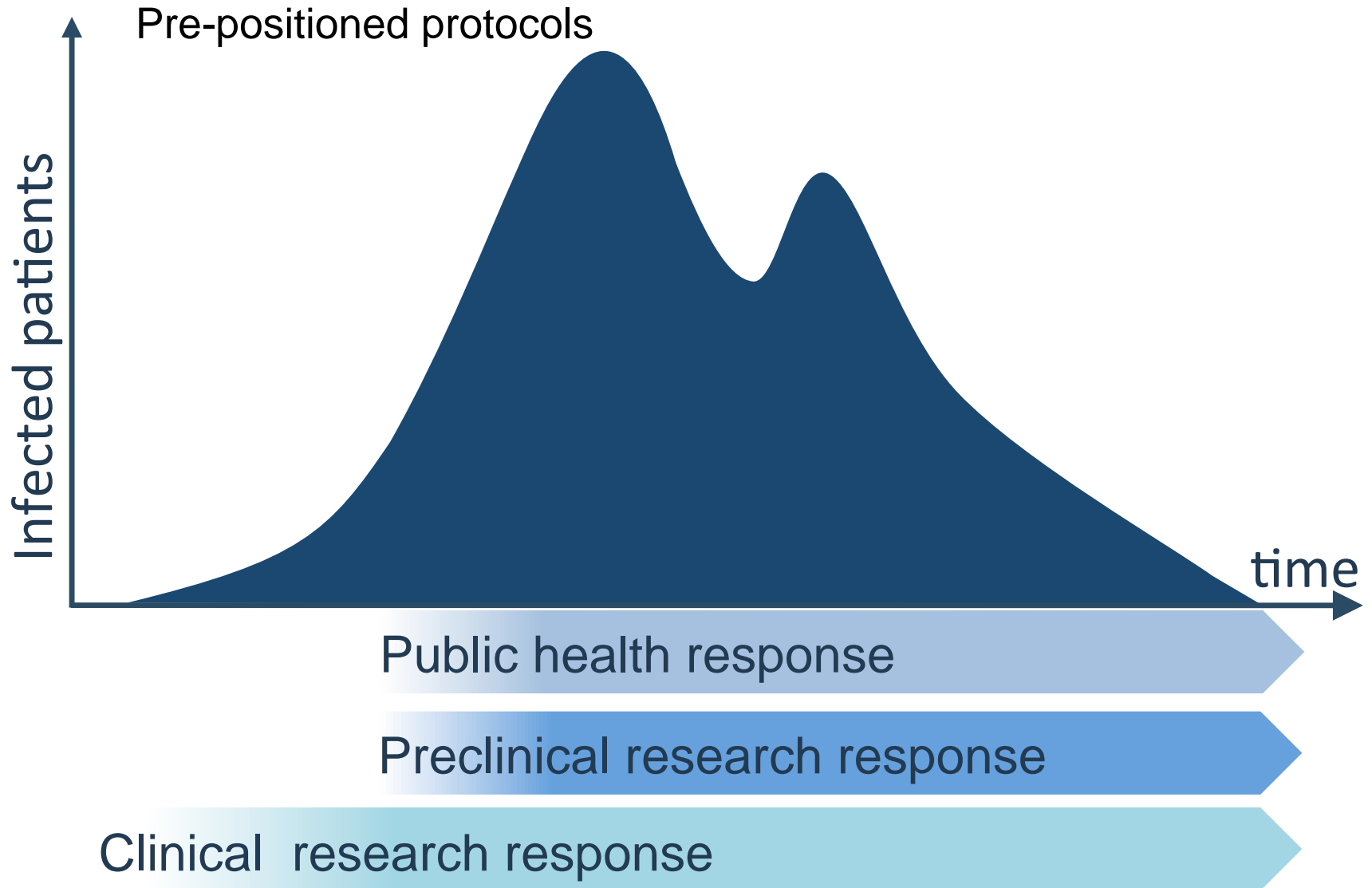
Title: Combining evidence from randomized clinical trials across outbreaks

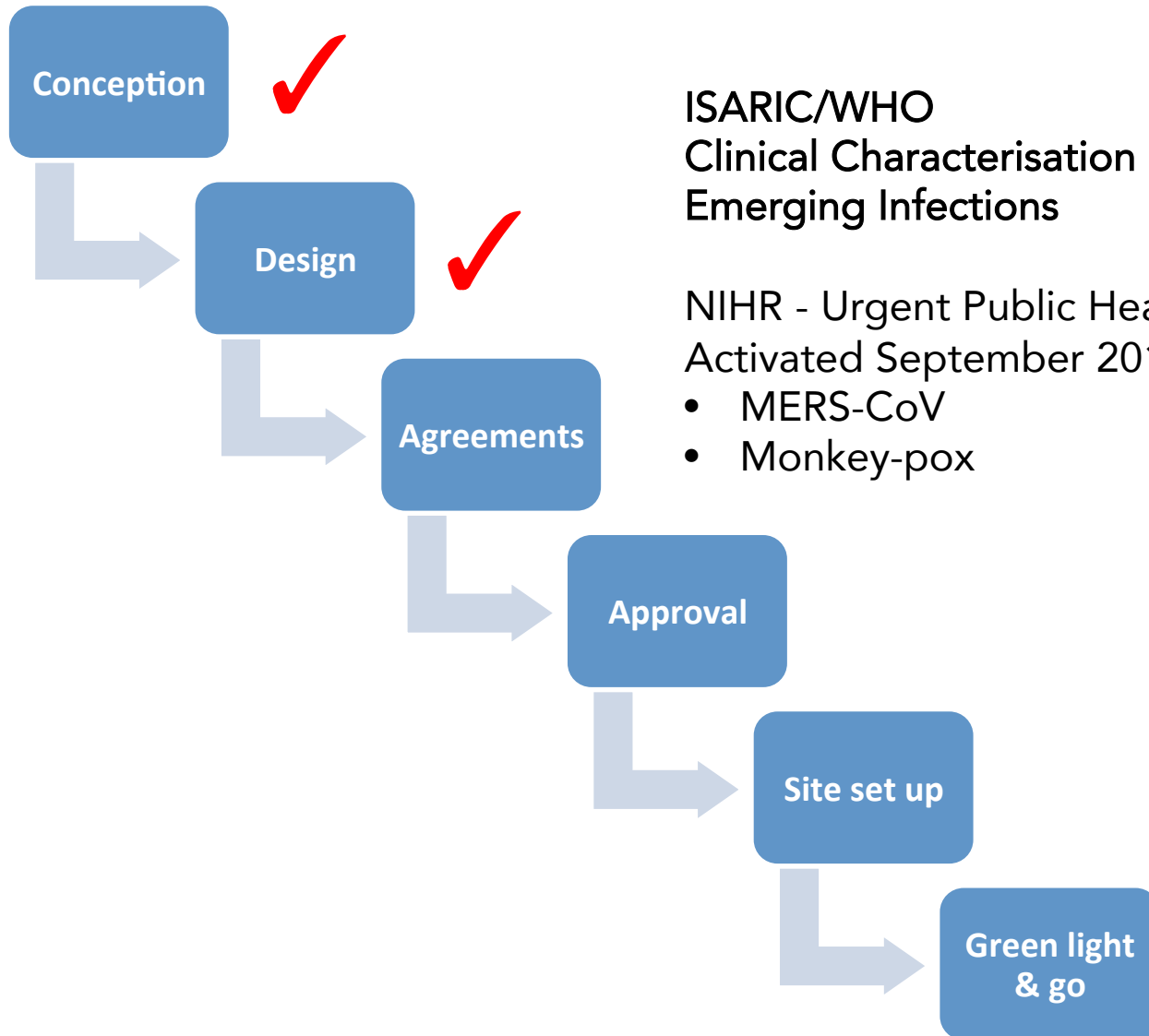
Authors: Natalie E. Dean^{1*}, Ira M. Longini, Jr¹, Ron Brookmeyer², Christl A. Donnelly³, M. Elizabeth Halloran^{4,5}, Pierre-Stéphane Gsell⁶, Peter W. Horby⁷, Martha C. Nason⁸, Victor De Gruttola^{9*}

1. Master protocol
2. Blinded data combination
3. Prospective meta-analysis









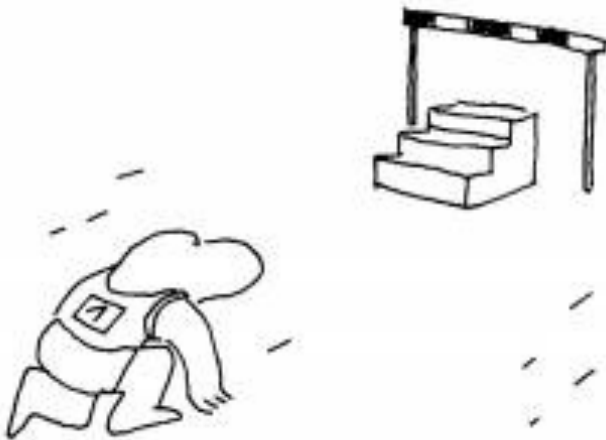
ISARIC/WHO
Clinical Characterisation Protocol for Severe
Emerging Infections

NIHR - Urgent Public Health Research Status
Activated September 2018

- MERS-CoV
- Monkey-pox

Some remaining challenges

- Finances and contracting
- Academic model
 - competition & impact
- ICH GCP



Thank you for your attention