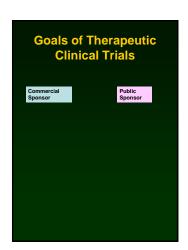
# Publicly Funded Clinical Trials in the Era of Comparative Effectiveness Research Richard L. Schilsky, M.D. Professor and Chief Section of Hematology-Oncology University of Chicago Deputy Director, Comprehensive Cancer Center









	herapeutic al Trials
Commercial	Public
Sponsor	Sponsor
Drug	Optimize
Registration	Treatment
Label	Label
Extension	Extension
Expand Market	Create New
Share	Knowledge
Create	Improve Public
Shareholder Value	Health

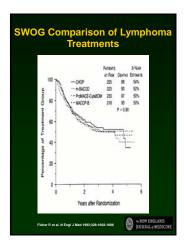
# Why Publicly Funded Trials are Important

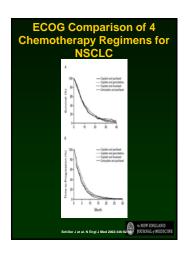
- Compare the effectiveness of various treatment options
- Combine/compare drugs developed by different sponsors
- Develop therapies for rare diseases
- Address optimal dosing
- Test multi-modality therapies such as radiation therapy in combination with drugs

## Why Publicly Funded Trials are Important

- Identify patient and tumor subsets most likely to benefit from interventions
- Study screening and prevention strategies
- Focus on survivorship and quality of life
- Publish negative results
- Assess cost and costeffectiveness
- Provide "gold standard" databases for registry studies

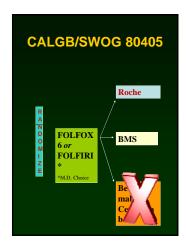
## **Comparing Efficacy**

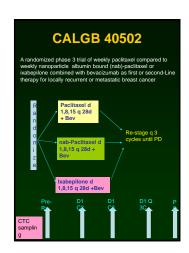


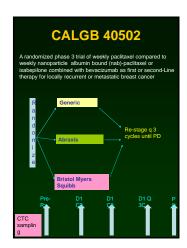


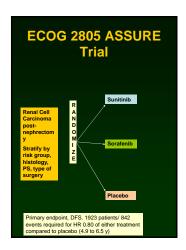


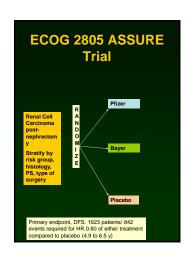




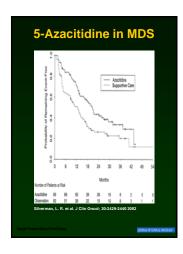




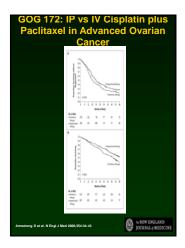


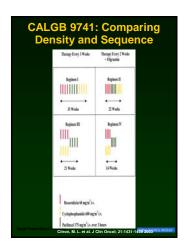


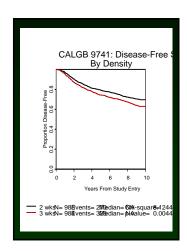
# Rare Disease Treatments

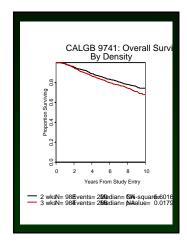


# Optimize Dosing

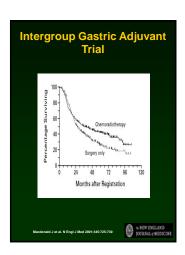


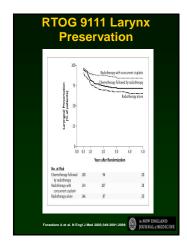


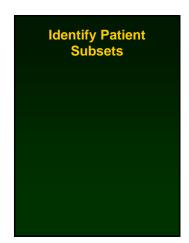


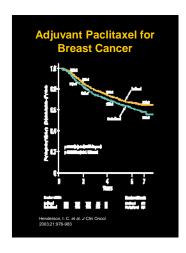


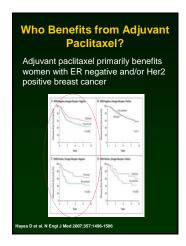
## Combine Treatment Modalities

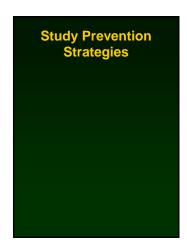


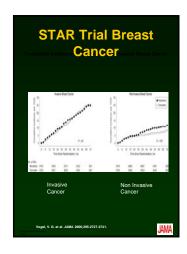


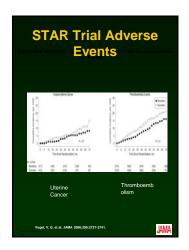


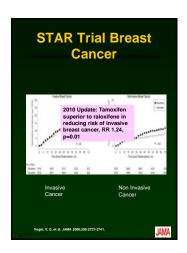






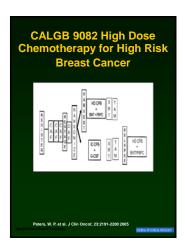


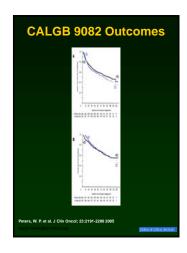




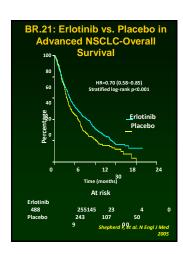


Publish Negative Results	





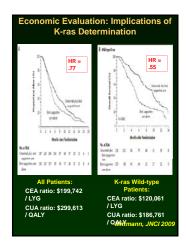
## Assess Cost Effectiveness



## **BR.21 Cost Effectiveness**

- Median overall survival benefit: 2 months
- Incremental cost effectiveness ratio: \$94,638/year of life saved
- ICER for EGFR amplified subset: \$33,353
- ICER for Never-smoker subset: \$39,487

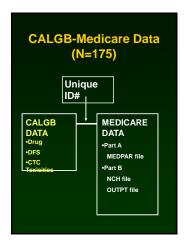
Bradbury, et. al. JNCI 102:1-9, 2010



# Provide Gold Standard Databases

## **Practical Problem**

- Most people who are diagnosed with cancer are elderly
- Most people who are on clinical trials of anti-cancer therapy are not elderly
- The risks and benefits of anti-cancer therapies in the elderly is uncertain

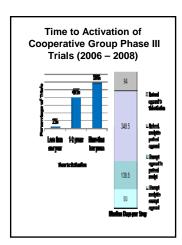


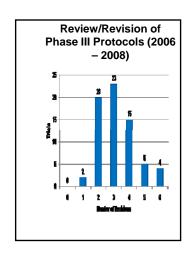


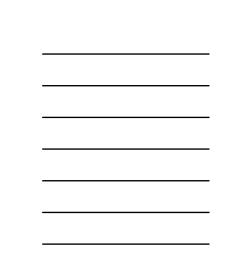
# Advantages of Groups • Access to large, diverse (unique) patient populations • Research resources: administrative and data management centers; specimen repositories; reference laboratories; image archives • Quality assurance procedures in place • Staff and investigator training and mentoring • Study results definitive

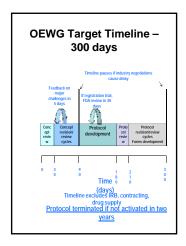
## **Disadvantages of** Groups

- Cumbersome bureaucracy with review at many levels
- Years to launch and complete may limit relevance
  Results may not be reproducible in "real world" patients
- Uniform tissue handling and acquisition of complex data sets difficult
- Competing priorities with industry









## **IOM** Report on CER

"Comparative effectiveness research is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat and monitor a clinical condition or to improve the delivery of care.

The purpose of CER is to assist consumers, clinicians, purchasers and policy makers to make informed decisions that will improve healthcare at both the individual and population levels."

## **Characteristics of CER**

- CER has the objective of directly informing a specific clinical decision from a patient perspective or a health policy decision from the population perspective.

   CED accepted to the control of the control of
- CER compares at least two alternative interventions, each with the potential to be "best practice".

  CER describes results at the population and subgroup levels.
- CER is conducted in settings that are similar to those in which the intervention will be used in practice.

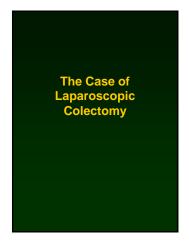
# Cooperative Groups and CER

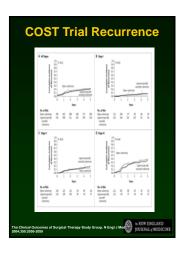
- Specialists from all oncology modalities and scientific disciplines
- Studies broadly accessible to patients through national networks
- Investigator-initiated trials that directly compare therapies
- Collect cancer outcomes and QoL data
- High quality biospecimens to identify/assess subsets

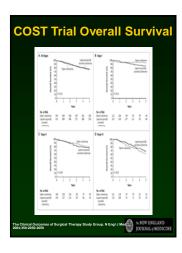
### **CER Strategies**

- "Pragmatic" clinical trials
- Prospective observational studies
- Prospective or retrospective registries
- Meta analyses
- Literature review
- Technology assessments

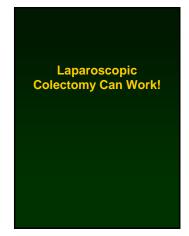
# Pragmatic Clinical Trials Pragmatic Clinical Community of the Community o

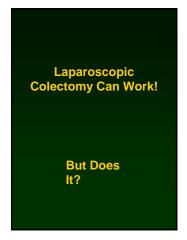






A STATE OF THE STA	-	-		-	in the second	1 1	Colon cancer
0 04- 0 02- 2 02-	ing and if a			ii .	_	-,	
Di. 4 to Spin to Supremper 27	lasis B		lon Acc		ired		
B the state of the		1		-	da series	1 1	Rectal cancer
11	ing well Pu	128		_	_	_	
	Treft	o on fan	ion Acc	green	inert	é	
Stated Spin 19		*					



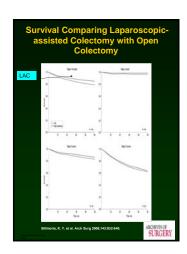


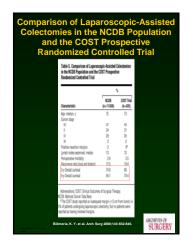
# Dissemination of LapCol

- Survey of 1266 members of Royal College of Physicians and Surgeons of Canada
- 462 (67% of respondents) perform colorectal surgery; 54% perform laparoscopic colorectal surgery
- Uptake related to fewer years in practice, male sex, practice in Quebec, university hospital affiliation, MIS fellowship
- Barriers: lack of OR time and formal training

Mooloo, et. al., Canadian J. Surg. 52:455, 2009

	0010	ctom	y for (	Cance	er
Table 3. Overall an for Canon	lable 1, Overall and Stage-Specific Datasmes for Laparozcapic-Assisted Calestony (JAC) Compared for Canada:				
Danaderido	Positive Resedien Worsins	Recurrence Rate	5yS Downel	initial Relative*	Adjusted Hazard Flatio for Death Within 5 y, (87% Confidence Internal
Owest					
(80)	30	17.76	56.75	88	031 (057-036)
00	23	197	58.5	78.7	1 [Referent]
Stage Loanour LAC	16	5.6	77.6	10.6	0M 07H080F
00	15	25	711	81	1 Béreol
State I canor	10	12		50.0	channel
UC.	25	172	625	82	08.05-085
00	25	163	50.3	10.0	1 [Reference]
Stap II caron					
IAC	62	318	45.4	637	087 (091-125)
00	54	312	47.7	618	1 Réveci





### Conclusion

- Laparoscopic colectomy <u>can</u>
- Laparoscopic colectomy does
- But not as well as it can!

# Publicly Funded Trials in the Era of Comparative Effectiveness Research

- Publicly funded clinical trials are essential to:
- directly compare drug treatments;
   develop combined modality treatments;
- study chemoprevention and rare diseases;
- identify patient subsets;study cost and cost-effectiveness
- Cooperative groups are well-positioned to conduct comparative effectiveness research