CenterWatch Weekly

Join the CenterWatch Community!

April 12, 2021

Sites Push Back on the Burden of Handling Sponsors' Unnecessary Safety Reports

By Charlie Passut

Sponsors are overwhelming sites with a growing volume of safety reports, and sites are fighting back. The magnitude of the problem of unnecessary and overly burdensome safety reporting is getting worse; in the past three years, some sponsors of oncology drugs have unleashed a five-fold increase in safety reports.

Safety reporting procedures have always been a time-consuming challenge for sites, but sponsor and CRO safety reports that duplicate information or are not needed increase the workload for staff who need to process the reports. The rising complexity of trials and the growing number of oncology trials is amplifying the problem.

"Sites are really starting to take a stand," said Steven Beales, senior vice president for WCG's scientific and regulatory division. "Some of the biggest [academic] sites are coming back to sponsors and saying enough is enough. We're going to see more and more of this pushback from nonacademic sites if sponsors don't do something," Beales said.

Part of the problem is that some sponsors and CROs do not differentiate between adverse events caused by the investigational product and those related to factors outside the trial, classifying everything as requiring documentation in a suspected unexpected serious adverse reaction (SUSAR) report. "Sponsors think they're following the letter

see **Unnecessary Safety Reports** on page 7 »

Deputy Commissioner Says FDA Working at Top Speed to Develop RWD Skills

By Charlie Passut

More than 60 percent of current drug submissions to the FDA include real-world data (RWD) in some form, and agency officials are saying the FDA needs to expedite honing its skill set in regulating the use of it in trials.

Amy Abernethy, principal deputy commissioner for food and drugs at the FDA, said the agency needs to strengthen those skills as soon as possible. "RWD is becoming progressively more common and important," she said.

Abernethy said the FDA is learning how to analyze real-world datasets better and how to incorporate them as part of an overall evidence package. But she said the agency still needs to develop a comfort and familiarity with working with RWD to create an inclusive approach that weighs the totality of the evidence.

"You may think that we've known the scientific methods for observational research for a very long time, but in fact these datasets are different," Abernethy told attendees of the Pharma Clinical 2021 Conference last week. "We need to develop definitions for variables within the datasets that are common and well-understood across different datasets. We need to develop ways of working with datasets when the information is rapidly accumulating and also when the day-to-day delivery of care is adjusting across time. And we really need to be able to rapidly convey the methods as they

see **Develop RWD Skills** on page 8 »

COVID-19 Update

COVID-19 Drug Research Roundup

COVID-19 Therapies:

Eli Lilly's and **Incyte's** Janus kinase (JAK) inhibitor Olumiant (baricitinib) proved unable to significantly reduce progression to noninvasive ventilation for COVID-19 patients in a phase 3 trial, though the drug still managed to significantly reduce the risk of death. The companies announced last week that the phase 3 study didn't meet its primary endpoint, with only 2.7 percent of patients given the JAK inhibitor proving less likely than those who received standard of care to progress to ventilation or death, a finding that was not statistically significant, the companies said.

Grifols has announced that its investigational immunoglobulin therapy CoVIg-19 showed no benefit in 593 hospitalized adults with COVID-19 who participated in the phase 3 INSIGHT-013 trial. The therapy, which consists of antibodies from patients who have recovered from COVID-19, was developed in partnership with **Takeda Pharmaceutical**, **CSL Behring**, **Emergent BioSolutions** and other companies involved in the CoVIg-19 Plasma Alliance. The late-stage trial was conducted across 63 sites in the U.S. as well as 10 other countries. The investigators assessed whether the plasma treatment reduced the risk of COVID-19 progression when added to standard of care, including **Gilead Sciences'** remdesivir. There was no difference between patients who received CoVIg-19 vs. standard of care only in regard to clinical status at day seven. Following the announcement of the study results, the CoVIg-19 Plasma Alliance announced it plans to disband.

Tiziana Life Sciences announced it will soon launch a phase 2 trial for Foralumab, the company's nasal anti-CD3 human monoclonal antibody, in hospitalized patients with moderate-to-severe COVID-19. The randomized, placebo-controlled trial will be conducted in Brazil. Patients enrolled in the study will receive standard-of-care background therapy with or without Foralumab. A previous study in patients with mild-to-moderate COVID-19 found that the nasally administered anti-CD3 antibody treatment was well-tolerated and associated with reduced pulmonary and systemic inflammation. Treatment with Foralumab in this prior study reduced several markers of inflammation, including C-reactive protein and interleukin-6. Another recent study from Harvard Medical School and a Brazilian CRO also found that Foralumab reduced pulmonary and systemic inflammation.

Sound Pharmaceuticals is planning to launch two phase 2 trials to study SPI-1005, an oral capsule comprising small-molecule ebselen, in patients with moderate-to-severe COVID-19. While the therapy was developed for neurotologic, neuropsychiatric and respiratory indications, a Cooperative Grant award of $3.1 million from the National Institutes of Health's National Center for Advancing Translational Sciences has provided an incentive for Sound to investigate SPI-1005 in treating the novel coronavirus. A total of 120 patients with moderate-to-severe COVID-19 will be enrolled in the two randomized, placebo-controlled trials. Patients will receive either SPI-1005 or placebo for up to seven or 14 days. The primary outcome is the number of participants with treatment-related adverse events. Additional secondary study outcomes include clinical improvement and degree of supplemental oxygen required during treatment.

Findings from a phase 1 study show that **UNION therapeutics'** COVID-19 inhaled and intranasal niclosamide candidates are safe when administered to healthy people. The study included 44 healthy participants who were randomized to either one of the UNI911 candidates (UNI91103 or UNI91104) or placebo. The trial met its endpoints and demonstrated that the niclosamide solution was well-tolerated when administered both intranasally and through inhalation. There was no indication of systemic accumulation of the products in the blood. These findings pave the way for future studies that will examine the prophylactic and treatment efficacy of these drug candidates in patients with COVID-19.

COVID-19 Vaccines:

Johnson & Johnson (J&J) is now dosing adolescents with its COVID-19 vaccine candidate Ad26.COV2.S in an ongoing, placebo-controlled phase 2a trial. The randomized trial was launched in September and initially included healthy adults between 18 and 55 years of age as well as individuals 65 years and older. The amended protocol now includes adolescents and teenagers between 12 and 17 years of age. Currently, the study is enrolling participants from the UK and Spain, but J&J expects to soon start enrollment in the U.S., Canada and the Netherlands. In February, the FDA granted an Emergency Use Authorization (EUA) to the company's single-dose version of its vaccine, but this authorization restricts the use of the vaccine to adults. The EUA was based on findings from the phase 3 ENSEMBLE trial, which showed the vaccine was 66 percent effective at preventing moderate-to-severe COVID-19 approximately four weeks following vaccination.

The University of Oxford is pausing a trial evaluating **AstraZeneca's** COVID-19 vaccine in children and teenagers after concerns were raised that the vaccine may be associated with rare cases of blood clotting. Back in February, researchers of the study started to recruit 300 people between the ages of six and 17 years who were to receive the AstraZeneca vaccine or a control meningitis vaccine. The UK's Medicines and Healthcare products Regulatory Agency (MHRA) is now recommending that people under the age of 30 try to get a different vaccine if possible. Previously, the MHRA had said that the benefits of the COVID-19 vaccine outweigh the potential risks. The World Health Organization has also echoed these sentiments. The European Medicines Agency has not identified a causal association between AstraZeneca's COVID-19 vaccine candidate and blood clots.

A phase 2 study led by the NIH's National Institute of Allergy and Infectious Diseases is looking to assess the risk of allergic reactions

continues on next page »

COVID-19 Update

(continued from page 2)

in patients who have received the **Moderna** and **Pfizer/BioNTech** COVID-19 vaccines. The trial will be performed across 35 academic allergy research centers in the U.S. and will recruit up to 3,400 adults between 18 and 69 years of age. The majority of participants in the study (60 percent) will have a history of severe allergic reactions or a mast-cell disorder diagnosis. The other 40 percent of the study population will include individuals with no history of allergic reactions or mast-cell disorder. Up to two-thirds of participants in each study group will be women, given that females tend to experience the most severe allergic reactions to the vaccines.

An early-stage NIH trial is investigating the immunogenicity and safety of **Moderna's** investigational mRNA-1273.351 vaccine developed to protect against the B.1.351 variant of SARS-CoV-2. The new variant vaccine delivers instructions for making the SARS-CoV-2 spike that includes mutations in the B.1.351 SARS-Cov-2 variant. The phase 1 study plans to enroll up to 210 healthy adults at four sites in the U.S. Moderna says it plans to test mRNA-1273.351 in animal models concurrently with the phase 1 clinical trial. Participants aged 18 years and older in this trial must have already received Moderna's mRNA-1273 vaccine, but a subgroup of patients between 18 and 55 years of age who have not received a COVID-19 vaccine are also eligible to participate. Study volunteers will be randomly assigned to one of eight cohorts featuring varying doses of the vaccine.

Fred Hutchinson Cancer Research Center's COVID-19 Prevention Network (CoVPN) has launched a new trial to study the risk of SARS-CoV-2 infection and transmission among college students who have received the **Moderna** COVID-19 vaccine. Researchers will evaluate whether the mRNA-1273 vaccine, which is authorized for emergency use by the FDA, can prevent SARS-CoV-2 infections, reduce viral load in the nose and reduce viral transmission from vaccinated college students to other people in the community. Researchers hope the study will provide greater insight into whether the currently authorized COVID-19 vaccine prevents symptomatic and severe COVID-19 in adults. The study will also seek to determine whether an individual can become infected following vaccination. The study will include up to 12,000 college students between the ages of 18 and 26 from more than 20 U.S. universities. Participants will be followed over a five-month period. Half of the cohort will be randomized to receive the vaccine at the time of enrollment, and the other half of participants will receive the vaccine approximately four months later. Around 25,500 people who are considered "close contacts" of the study participants will also be invited to participate in the trial so the researchers can examine the rate of viral transmission from vaccinated people.

A COVID-19 vaccine candidate developed by the **University of Texas at Austin** and **Mount Sinai Hospital**, is headed for phase 1/2 clinical trials. The candidate, called NDV-HXP-S, was developed using methods similar to those used to develop influenza vaccines. According to the researchers who developed the vaccine, the new candidate can be stored at regular refrigerator temperatures and can be developed faster and cheaper than other leading COVID-19 vaccines. The two-phase study will enroll 210 healthy participants who will receive the vaccine candidate at different doses without adjuvant and at two different doses with an adjuvant. Endpoints will include safety, tolerability and immunogenicity. Following the completion of an interim analysis of the phase 1 data, researchers will then study the vaccine in 250 participants in a phase 2 portion. Approximately one-third of participants in the phase 2 study will be between the ages of 60 and 75 years of age.

Novavax has updated its clinical trial protocols for two ongoing clinical trials of NVX-CoV2373, the company's COVID-19 vaccine candidate. The update allows participants from the phase 2b South African trial and the pivotal phase 3 UK trial to receive additional injection rounds in crossover arms. Study participants who elect to receive additional injections will receive an additional two-dose regimen of the vaccine if they originally received the placebo or an additional dose of the placebo if they originally received the active vaccine. In the South African trial, participants will receive the vaccine if they had originally received a placebo or a booster dose of the active vaccine if they had received only the active vaccine. Participants will remain blinded to their treatments throughout the trial. Safety and durability of the vaccine will be assessed over a two-year follow-up period.

Bharat Biotech is launching clinical trials to study whether a third dose of Covaxin, the company's COVID-19 vaccine, is an effective booster shot when administered six months following the second vaccine dose. The Drugs Controller General of India's subject expert committee gave permission to the company to test this booster shot in an amended phase 2 trial. Only participants who have received 6 micrograms of the vaccine will receive the third dose. According to the company, the 6-microgram dose was chosen because this demonstrated better immune responses. Last month, Bharat presented initial results of its phase 3 trial, which showed Covaxin was 81 percent effective for protecting against COVID-19.

A nanoparticle COVID-19 vaccine developed by the **U.S. Army** has entered phase 1 clinical research. The vaccine features a flexible approach capable of targeting several SARS-CoV-2 variants and possibly other coronaviruses. The vaccine, dubbed spike ferritin nanoparticle (SpFN), features a multifaced sphere design that reportedly allows for repetitive and ordered presentation of the spike protein to the body's immune system. Preclinical research shows that SpFN generates robust and broad neutralizing antibody responses against SARS-CoV-2 as well as three variants of the novel coronavirus. A total of 72 healthy adult volunteers between 18 and 55 years of age will be enrolled in the phase 1 study of SpFN. Participants will receive either placebo or the investigational vaccine candidate.

Industry Briefs

Gene Therapies for Neurodegenerative Diseases May Need Only Phase 1 Trials

Because of how difficult it is to find participants for rare neurodegenerative disease trials, the FDA says in a recent draft guidance that phase 1 trials of gene therapies (GT) for such diseases may be sufficient to produce evidence for regulatory submissions.

The agency said eligibility for first-in-human GT trials should, in general, consider disease severity or stage as part of the benefit-risk profile and, where feasible, should be initiated in adult patients who understand the risks and are able to provide informed consent.

The guidance also encourages the use of innovative clinical trial designs, such as adaptive trials, and recommends that trials with a placebo arm should consider giving an already-proven treatment to all participants before randomizing them. Crossover trial designs, in which two randomized arms alternate treatments to give all participants a chance to receive the investigational product, also could be used.

Read the FDA's draft guidance here: https://bit.ly/3mzyc5x.

Regulators: Focus Global Harmonization Efforts on Rare Disease Trials

Regulatory officials from the U.S., UK, EU and Japan said their agencies should harmonize rules for clinical trials targeting rare diseases because patient populations in some study areas number only in the hundreds worldwide. If enacted, such a strategy could lead to faster development of advanced therapy medicinal products used to treat ultra-rare diseases.

Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, said there were plenty of diseases with patient populations so small that it may be difficult to field a viable trial in just one regulatory jurisdiction.

Marks suggested that the four regulators begin any global harmonization efforts with a focus on ultra-orphan drugs. He and other top regulators made the comments at last week's Alliance for Regenerative Medicines' Meeting on the Med.

Device Consortium Pushes for Stronger Patient Voice in Trials

Despite all the hoopla about patient engagement, the fact is that the industry is still not really engaged. Recent surveys show more than 80 percent of industry respondents never seek patient input as part of protocol development and almost one-third estimated they sought such input less than 25 percent of the time.

In a 45-page report released last week, the Medical Device Innovation Consortium (MDIC), a partnership of the FDA, NIH and several pharma heavyweights, presented a roadmap of tactics trials can use to increase patient involvement.

MDIC suggested that when researchers engage patients about participating in a trial that they include a discussion about the applicability of exclusion criteria, on the grounds that some criteria may be unnecessarily preventing patients who are otherwise willing to participate.

Patients and advocacy groups should be adequately compensated for their participation in a trial, and a transparent communication plan between them and researchers is essential, MDIC said. It added that clinical trial participants or advisers could continue to play a positive role in supporting interpretation of a study's findings, and reminded researchers that the process of patient engagement doesn't end once the patient's insights have been recorded and evaluated — it may be necessary, for example, for researchers to reconcile patient input with input from other stakeholders, especially if the feedback from both groups are not aligned or are in conflict with each other.

MDIC has 64 members, including Johnson & Johnson, Medtronic, Siemens, Philips, Danaher and Becton Dickinson.

Read the MDIC report here: https://bit.ly/3mtLoIX.

Study Finds Pandemic Mitigation Efforts Impacted Trial Completion Rates

A new study finds that trials sponsored by the pharma industry fared better during the pandemic and were more likely to complete enrollment compared to trials sponsored by academia, hospitals and medical centers.

Pandemic mitigation efforts, such as social distancing and lockdowns, caused global trial completion rates to decline by 13 percent to 23 percent, depending on geographic location and who sponsored the trial, researchers from the Pennsylvania State College of Medicine found.

The researchers analyzed more than 117,000 clinical trials worldwide and also broke out trials conducted in the U.S., Europe and Asia. They compared the number of clinical trials submitted and completed between April and October in both 2019 and 2020, using data from the ClinicalTrials.gov database. To more accurately assess the impact of the pandemic, researchers analyzed the 2020 dataset both with and without data from trials related to COVID-19.

The study found a slight increase in the overall number of clinical trial submissions between April and October of 2020 compared to 2019, but with COVID-19 related trials removed, there was a 9.7 percent decrease in the number of submitted trials. Globally, there was a 13.3 percent decline in the number of clinical trials completed in 2020 with COVID-19 studies included, but that figure grows to a 16.7 percent decline without those studies. In the U.S., a 17 percent decline in completed trials occurred in 2020 with

continues on next page »

Industry Briefs

(continued from page 4)

COVID-19 studies included; excluded, it was a 19.1 percent decline.

Read the report here: https://bit.ly/3wA8O48.

AI Study Finds Benefits to Broadened Eligibility Criteria

Researchers said they were able to more than double, on average, the pool of eligible patients in oncology clinical trials by using artificial intelligence (AI) to broaden restrictive eligibility criteria.

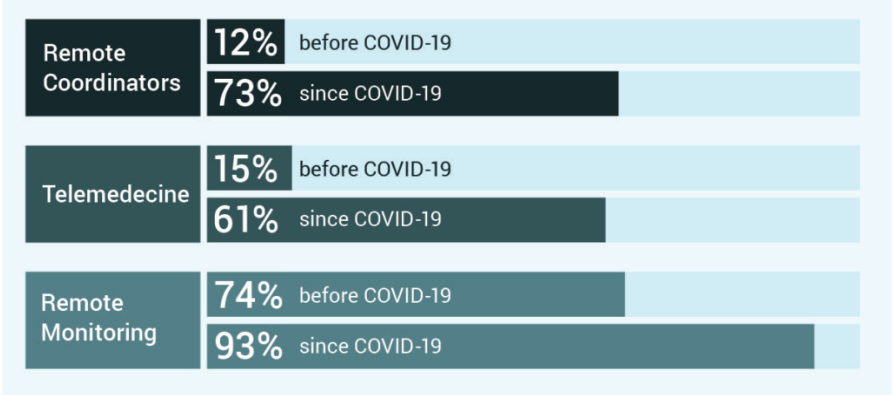
In a retrospective study, researchers from Stanford University, in partnership with Genentech, used electronic health records (EHR) of 61,094 patients with advanced nonsmall-cell lung cancer. The data, which came from a nationwide database of highly structured EHRs from Flatiron Health, was then analyzed by Trial Pathfinder, an AI framework that uses data-driven algorithms and real-world data. The results were that many common criteria, including exclusions based on several laboratory values, had a minimal effect on trial outcomes.

The results were published online by the peer-reviewed journal *Nature* on April 7.

Read the report here: https://go.nature.com/3g0rCDM.

Data Point

Clinical Research Site Survey Shows Rapid Shift in Acceptance of Virtual Solutions



Source: WCG CenterWatch™

Up and Coming

This feature highlights changes in clinical trial organizations' personnel.

Altis Biosystems

Bill Thelin has signed on to serve as Altis Biosystems' new chief scientific officer. Prior to joining Altis, Thelin was vice president of research at Parion Sciences.

Amryt

Commercial stage biopharmaceutical company Amryt has named **Sheila Frame** the president of Americas. Frame was most recently the vice president and global disease lead at Novartis Oncology.

Arch Oncology

Laurence Blumberg has been named president and CEO of Arch Oncology. Blumberg comes to Arch from Syntimmune, where he served as founding CEO and director.

Brooklyn ImmunoTherapeutics

Howard Federoff will take the helm at Brooklyn ImmunoTherapeutics as its newest CEO. Previously, Federoff was the CEO of UCI Health.

Cogent Biosciences

John Robinson has been named chief scientific officer of Cogent Biosciences' newly formed Cogent Research Team. Robinson was most recently the vice president of medicinal chemistry at Pfizer.

Eloxx Pharmaceuticals

Sumit Aggarwal, the former president and CEO of Zikani, has been appointed CEO of Eloxx Pharmaceuticals. **Vijay Modur**, another Zikani veteran who served as the company's chief scientific and medical officer, has been named head of R&D at Eloxx.

Evonetix

Evonetix has appointed **Michael Daniels** to head of product management. Daniels was previously the director of marketing and product management at Arcis Biotechnology.

Excision BioTherapeutics

William Kennedy, former vice president of development at Calcilytix, has been named senior vice president of clinical at Excision BioTherapeutics.

Ichnos Sciences

Cyril Konto has been named chief medical officer of biotech company Ichnos Sciences. Prior to this appointment, Konto served as vice president of clinical development at Allogene Therapeutics.

IM Therapeutics

IM Therapeutics has named **David Alleva** the company's new vice president of immunology. Alleva previously served as executive director of immunotherapeutics at Akston Biosciences.

ImmuneID

ImmuneID has appointed **Annalisa D'Andrea** to president and chief scientific officer. D'Andrea was previously the chief scientific officer of Kiniksa Pharmaceuticals.

Juvenescence

Grazia Piizzi has been named chief scientific officer of Juvenescence. Formerly, Piizzi was the senior vice president of small molecules R&D and head of inflammation at Cygnal Therapeutics.

Lykan Bioscience

Patrick Lucy, former president and chief operating officer of Lykan Bioscience, has been promoted to president and CEO of the company.

Medable

Pamela Tenaerts has been hired by Medable to serve as the company's chief scientific officer. Prior to this appointment, Tenaerts was executive director of Duke University's Clinical Trials Transformation Initiative.

Overland ADCT BioPharma

Overland ADCT BioPharma has appointed **Eric Koo** to lead the company as its newest CEO. Koo comes to Overland from Takeda China, where he served as vice president and head of the oncology business unit.

Prothena

Late-stage clinical company Prothena has found its newest chief medical officer in **Hideki Garren**, former vice president and global head of neuroimmunology at F. Hoffmann-La Roche.

Rain Therapeutics

Richard Bryce, former chief medical and scientific officer of Puma Biotechnology, has been named executive vice president and chief medical officer of Rain Therapeutics.

Rentschler Biopharma

Martin Kessler has been named CEO of Rentschler Biopharma's U.S. subsidiary. Kessler most recently served as an associate partner at McKinsey & Co.

Tessera Therapeutics

David Davidson, former chief medical officer of bluebird bio, has been named chief medical and development officer of Tessera Therapeutics. Tessera also recently appointed Hari Pujar to chief operating officer and Lin Guey to senior vice president of rare diseases program strategy and operations. Pujar is the former chief technology officer at Spark Therapeutics, and Guey most recently served as the vice president of program and portfolio strategy at Xilio Therapeutics.

Tyme Technologies

Tyme Technologies has named **Jan Van Tornout** as its newest chief medical officer. Van Tornout was previously the senior vice president and head of oncology at Natera.

Features

Unnecessary Safety Reports

(continued from page 1)

of the law by over-distributing and reporting every event," Beales told attendees of a WCG webinar last week. "That's not what the FDA wants, and that noise buries true [safety] signals."

Sites increasingly are articulating what they will and won't do as far as safety reporting is concerned, passing back to sponsors the responsibility for evaluating whether adverse events are caused by the investigational product (IP) and determining which require reporting to regulators and IRBs. Sponsors should notify sites of IP-related events that are classified as SUSARs, but too often are flooding sites with multiple reports that sites need to process before determining what does and doesn't qualify as a SUSAR.

Beales said that especially in oncology studies, it is difficult to tease out whether an event was caused by the IP or the underlying disease. The agency doesn't want sponsors to overreact by sending sites multiple follow-up reports for the same issue. Doing so could lead to complacency and a feeling at sites that the reports represent something of a nuisance, rather than anything actionable.

Elena Jouravleva, director of regulatory affairs for the U.S. Oncology Network, a site network of about 160 integrated, community-based oncology practices, said her team works with more than 100 sponsors that collectively support more than 300 clinical trials, and team members log into about 40 different portals on a daily basis to pull safety reports. She said her team was trying to process between 1,500 and 2,500 safety reports a month during the pandemic, but the number has since declined to a range of between 1,500 and 1,600 safety reports.

After the FDA updated its guidance on safety reporting requirements for investigational new drug applications in April 2020, Jouravleva said her team performed an assessment of the safety reports they had been processing and determined that half of them were not true SUSARs. Consequently, Jouravleva said her team reached out to sponsors individually and said they would only process, acknowledge, review and archive true SUSARs, following the definition outlined in FDA regulations; other reports would not be processed. She also said sponsors were reminded that they — not sites — are ultimately responsible for the grading of safety reports.

"Some [sponsors] are very good at communicating and distributing truly relevant information for FDA regulations," she said. "And some of them are just blasting us with everything under the sun — even today. The problem is that more is not better. We keep forgetting we distribute this information because a physician's time is valuable. They need to be able to [quickly] determine if there is something applicable to their patient's care or not."

Beales said it takes at least 20 minutes for a site to process one safety report, and Jouravleva said sites are not reimbursed for that extra work. "Maybe that's something that needs to be considered at some point. You just have to do it because they're regulations. And when that's impacting the budget, then maybe the stringency of the review is a little bit higher."

While Jouravleva said there weren't any sponsors her network refuses to work with, she advises other sites and site networks to evaluate whether they want to engage in a clinical trial, knowing upfront what the administrative or monitoring burdens are going to be. She says her network tells potential sponsor partners that "these are our policies, this is what we are required to process, this is what we will do, this is what we will not do — because we're not required to accept anything not clearly indicated as a SUSAR. That's how we are approaching it, and I highly advise it."

Sponsors like to communicate with sites using portals because they save sponsors time and money, Beales said. Portals also gives sponsors access to various security and control measures. But he said sites dislike portals for several reasons, particularly that a portal is another proprietary system that a site will need to learn how to use. It also perpetuates the issue of having a different computer system for every trial. Beales said sites also don't like portals because they feel they take time away from patient enrollment and care, and don't necessarily see the direct value in such systems.

Beales co-chairs the Safety Reporting Harmonization Working Group, an independent group that is voluntarily trying to address the safety reporting issue on a global scale. He said the group — which includes Genentech, Roche, Janssen, Amgen, Covance and WCG — started by making a portal of global laws to ensure sites get what they need from sponsors. "We're not forcing the sites to do anything that is not in accordance with those laws. It's all driven by the key spirit of patient safety and protecting the patient. We want to minimize the time that investigators and other people have to spend away from a patient while making sure all of those valuable safety signals get through."

Sponsors have several options at their disposal to help ease the burden felt by sites, according to Beales. They could send batch notifications of safety reports, either on a daily or weekly basis, and can have a site's principal investigator (PI) delegate safety reporting tasks to another member of site staff or a site management organization. Sponsors could also submit a single SUSAR about a specific IP to each study involved instead of blanketing all of the studies' sites with reports of the same event.

Beales said the working group believes the optimum workflow for sites is a simple email with any appropriate links inside. "There is no need for PIs to be signing individual SUSARs. The FDA does not want that, and the PIs don't want that."

Features

Develop RWD Skills

(continued from page 1)

are being developed so that they can be cross-checked by other researchers and also shared for more general-purpose use."

In developing a framework, Abernethy said the FDA is weighing whether RWD are fit for use, whether the clinical trial or study design used to generate real-world evidence can provide adequate scientific evidence to answer questions by regulators, and whether the data and analytic combination can satisfy specific regulatory requirements. She said the agency was exploring the use of RWD for a variety of situations, including as:

- A supplement to an overarching package to describe an underlying population;
- An information set for secondary indications or label expansions; and
- A potential substitute for a control arm in a clinical trial.

The pandemic helped the agency crystalize the importance of being able to learn from many different types of datasets, Abernethy said, adding that the FDA's partnership with the Reagan Udall Foundation in launching the COVID-19 Evidence Accelerator helped to explore how RWD could be put to use. Regulators analyzed electronic health record systems as well as in silico and synthetic datasets.

In other presentations by FDA officials last week, Robyn Bent, director of the Patient-Focused Drug Development Program at the agency's Center for Drug Evaluation and Research, said the program is moving forward on publishing its four-guidance series on collecting patient experience data and other relevant information from patients and caregivers to inform drug trial design. Following publication of the first guidance on methods to collect patient experience data that are accurate and representative of the intended patient population in June 2020, the agency is close to releasing a final version of its guidance on approaches to identify what is most important to patients with respect to their experience as it relates to burden of disease and burden of treatment, which it published in draft form in October 2019.

Next up will be two new draft guidances: one on selecting, modifying, developing and validating clinical outcome assessments to measure outcomes of importance to patients in clinical trials, and another on methods, standards and technologies for collecting and analyzing clinical outcome assessment data for regulatory decision-making. Bent says the agency is almost finished writing and will be ready to release in draft form. "We are working hard to get those out soon," Bent said.

Drug & Device Pipeline News

Company	Drug/Device	Medical Condition	Status	Sponsor Contact
COVID-19 Trials and Actions				
OSE Immunotherapeutics	CoVepiT	COVID-19 vaccine	approval received from the Belgian Federal Agency for Medicines and Health Products for phase 1 trial	ose-immuno.com
AzurRx Biopharma	micronized niclosamide (FW-1022)	COVID-19-related gastrointestinal infections	initiation of phase 2 trial	azurrx.com
The Cancer Research Institute RevImmune	interleukin-7 (IL-7)	cancer patients with COVID-19	first patients dosed in phase 2 trial	cancerresearch.org revimmune.com
Novavax	NVX-CoV2373	COVID-19 vaccine	initiation of phase 2b and 3 trials	novavax.com
Abbott	BinaxNOW COVID-19 Ag Self Test	detection of COVID-19 infection	Emergency Use Authorization (EUA) granted by the FDA	abbott.com
Baebies	FINDER 1.5 Instrument and FINDER SARS-CoV-2 Test – RT-PCR	detection of COVID-19 infection	EUA granted by the FDA	baebies.com
Quidel	QuickVue At-Home OTC COVID-19 Test	detection of COVID-19 infection	EUA granted by the FDA	quidel.com
Other Trials and Actions				
Arcellx	ACLX-001	multiple myeloma	IND approved by the FDA	arcellx.com
BioInvent International	BI-1808	ovarian cancer, nonsmall-cell lung cancer and cutaneous T-cell lymphoma	IND approved by the FDA	bioinvent.com
Landos Biopharma	omilancor (BT-11)	eosinophilic esophagitis	IND approved by the FDA	landosbiopharma.com
Tarus Therapeutics	TT-10	advanced solid tumors	IND approved by the FDA	tarustx.com
Antengene Corporation	ATG-019 (monotherapy or combined with niacin ER)	advanced solid tumors or nonHodgkin lymphoma	IND approved by the China National Medical Products Administration	antengene.com
BlueRock Therapeutics	MSK-DA01 Cell Therapy	advanced Parkinson's disease	approval received from Health Canada for a phase 1 trial	bluerocktx.com
Azafaros	AZ-3102	GM1 and GM2 gangliosidoses	first cohort dosed in phase 1 trial	azafaros.com
Celon Pharma	CPL'280	diabetes and diabetic neuropathy	completion of phase 1 trial	celonpharma.com
I-Mab ABL Biotechnologies	TJ-L14B/ABL503	locally advanced or metastatic solid tumors	first patient dosed in phase 1 trial	i-mabbiopharma.com ablbio.com
Nascent Biotech	pritumumab	brain cancer, including malignant primary brain tumors and adult brain metastases	initiation of phase 1 trial	nascentbiotech.com
TeneoBio Janssen	JNJ-75348780	B-cell lymphoid malignancies	first patients dosed in phase 1 trial	teneobio.com janssen.com
Pinteon Therapeutics	PNT001	acute traumatic brain injury	first patient dosed in phase 1b trial	pinteon.com

continues on next page »

Drug & Device Pipeline News (continued from page 10)

Company	Drug/Device	Medical Condition	Status	Sponsor Contact
SpringWorks Therapeutics	nirogacestat	nirogacestat in combination with teclistamab	first patient dosed in phase 1b trial	springworkstx.com
Daiichi Sankyo	DS-1594	relapsed/refractory acute myeloid leukemia and acute lymphoblastic leukemia	initiation of phase 1/2 trial	daiichisankyo.com
Gracell Biotechnologies	GC007g	B-cell acute lymphoblastic leukemia	first patient enrolled in phase 1/2 trial	gracellbio.com
Molecular Partners	ensovibep	patients with symptomatic COVID-19	first patient dosed in phase 2a trial	molecularpartners.com
Recognify Life Sciences/atai Life Sciences	RL-007	cognitive impairment associated with schizophrenia	initiation of phase 2a trial	atai.life
AEON Biopharma	ABP-450 (prabotulinumtoxinA) injection	cervical dystonia	first patients dosed in phase 2 trial	aeonbiopharma.com
Aptinyx	NYX-458	patients with mild cognitive impairment and mild dementia associated with Parkinson's disease and dementia with Lewy bodies	restarted patient screening in phase 2 trial	aptinyx.com
Chinook Therapeutics	atrasentan	patients with proteinuric glomerular disease who are at risk of progressive loss of renal function	first patient dosed in phase 2 trial	chinooktx.com
Daiichi Sankyo AstraZeneca	Enhertu (trastuzumab deruxtecan)	HER2 overexpressing locally advanced, unresectable or metastatic colorectal cancer with progression following treatment with standard-of-care chemotherapy	first patient dosed in phase 2 trial	daiichisankyo.com astrazeneca.com
Enzychem Lifesciences	EC-18	chemoradiation induced oral mucositis	patient enrollment complete in stage 2 of phase 2 trial	enzychem.com
Kadmon	belumosudil	diffuse cutaneous systemic sclerosis	first patient dosed in phase 2 trial	kadmon.com
Ocuphire Pharma	APX3330	nonproliferative diabetic retinopathy and mild proliferative diabetic retinopathy	initiation of phase 2 trial	ocuphire.com
Ionis Pharmaceuticals	ION363	amyotrophic lateral sclerosis with mutations in the fused-in sarcoma gene	initiation of phase 3 trial	ionispharma.com
Relmada Therapeutics	REL-1017	adjunctive treatment for major depressive disorder	initiation of phase 3 trial	relmada.com
Da Volterra	DAV132	prevention of clostridioides difficile infection in high-risk patients	Fast-Track designation granted by the FDA	davolterra.com
Passage Bio	PBKR03	Krabbe disease	Orphan Drug designation granted by the European Commission	passagebio.com
Taiho Oncology	futibatinib (TAS-120)	treatment of patients with previously treated locally advanced or metastatic cholangiocarcinoma harboring FGFR2 gene rearrangements, including gene fusions	Breakthrough Therapy designation granted by the FDA	taihooncology.com

continues on next page »

Drug & Device Pipeline News

(continued from page 11)

Company	Drug/Device	Medical Condition	Status	Sponsor Contact
Sanofi	Sarclisa (isatuximab) in combination with carfilzomib and dexamethasone	treatment of patients with relapsed refractory multiple myeloma who have received one to three prior lines of therapy	approved by the FDA for expanded indication	sanofi.com
Supernus Pharmaceuticals	Qelbree (viloxazine extended-release capsules)	attention deficit hyperactivity disorder in pediatric patients 6 to 17 years of age	approved by the FDA	supernus.com
United Therapeutics	Tyvaso (treprostinil) Inhalation Solution	pulmonary hypertension associated with interstitial lung disease	approved by the FDA	unither.com
Bausch and Lomb	ClearVisc dispersive ophthalmic viscosurgical device	ophthalmic surgery	approved by the FDA	bauschhealth.com
Chemence Medical	Exofin fusion skin closure system	topical adhesive to close and seal incisions	approved by the FDA	chemencemedical.com
NuVasive	NuVasive Simplify Cervical Artificial Disc	two-level cervical total disc replacement	approved by the FDA	nuvasive.com
Respinova	Pulsehaler	inhaler for patients with respiratory diseases	approved by the FDA	respinova.com
Vysioneer	VBrain, AI-powered tumor autocontouring solution	radiotherapy treatment	approved by the FDA	vysioneer.com

Research Center Spotlight

Research Center Spotlight *is a selection of clinical research centers who have Research Center Profile pages posted on CenterWatch.com. Included in their annual subscriptions, company profiles are randomly selected to appear in this section, providing added exposure for their expertise and services in conducting and managing clinical studies.*

To learn more about becoming a **Research Center Profile** *page subscriber, contact Sales at 617.948.5100 or* **sales@centerwatch.com**.

Advanced Dermatology Institute

Torrance, CA
310.378.8885
edwardhalfon.adi@gmail.com

The Advanced Dermatology Institute is a dermatology and surgical cosmetic physician practice.

Alea Research Institute

Phoenix, AZ
602.562.7000
info@alearesearchphoenix.com

Alea Research is a full-time dedicated research center focusing on psychiatric and central nervous system clinical trials.

HealthPark Medical Center

Fort Myers, FL
239.343.5506
jane.wernow@leehealth.org

Located within HealthPark Medical Center, Shipley Cardiothoracic Center provides a contemporary approach to the surgical treatment of the heart and lungs.

Health Concepts

Rapid City, SD
605.348.4141
healthconcepts104@hotmail.com

Health Concepts is a state-of-the-art research center built in 2009 with complete technology for a wide range of research studies.

IMIC

Palmetto Bay, FL
786.310.7477
info@aktamedika.com

The center was established in 2012 as a continuation of successful completion of more than 63 trials in previous research clinics.

J. Lewis Research

Salt Lake City, UT
801.487.2072
jlr@jlewisresearch.com

J. Lewis is a unique research company with more than 28 years of experience conducting clinical trials for the pharmaceutical industry, specializing in phase 2 to 4 trials.

Long Beach Clinical Trials

Long Beach, CA
562.436.4761
grobles@longbeachclinicaltrials.com

Long Beach Clinical Trials is a leading research site dedicated to improving health and wellness by conducting phase 1 to 4 research studies.

Manhattan Medical Research

New York, NY
212.480.3333
myang@manhattanmedicalresearch.com

Manhattan Medical Research is a multispecialty medical research site proficient in phase 2 through 4 clinical trials.

wcg CenterWatch
www.centerwatch.com

300 N. Washington St., Suite 200 • Falls Church, VA 22046-3431
Phone: 866.219.3440 or 617.948.5100
Customer Service: customerservice@centerwatch.com

Editorial Director: Beth Belton, 703.538.7641, bbelton@wcgclinical.com
Reporter: Charlie Passut, 703.538.7664, cpassut@wcgclinical.com
Sales: Russ Titsch, 813.767.6463, russ.titsch@centerwatch.com