



OPEN WORKSHOP

Patient and public involvement (PPI) in clinical trials

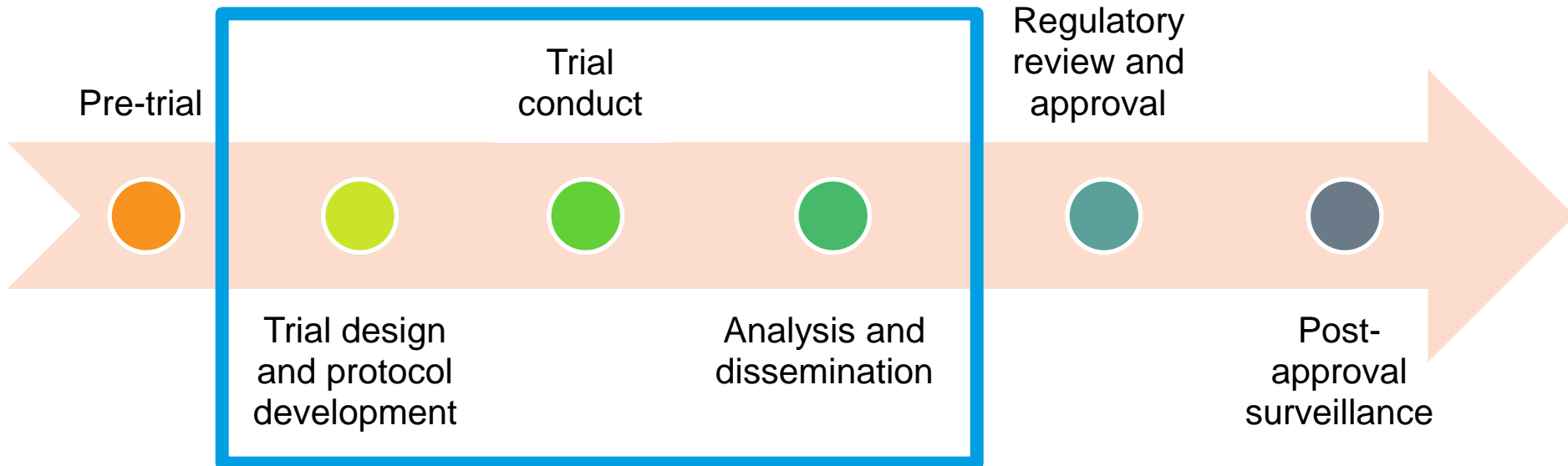
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Session outline



- Potential challenges and facilitating strategies
- Key points



PPI in trial design and protocol development

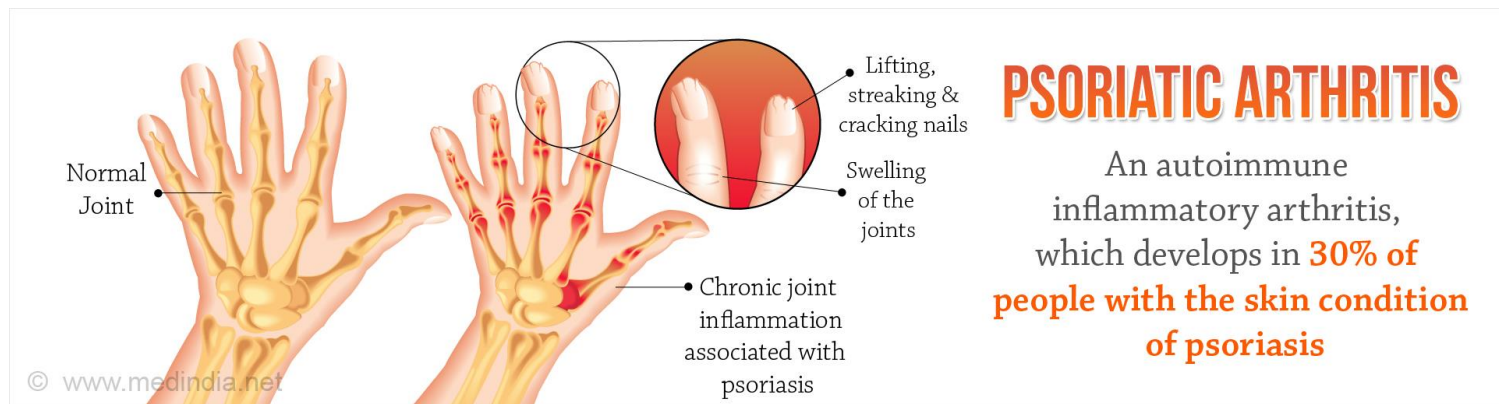


"If you ask people in the industry what Parkinson's is about they'll say shaking and that's how all drugs were developed; how well do they control shaking? But we've talked so much with patients now that we've realised the hardest part of living with this disease is not the tremor, which is relatively easy to manage, it's other things like sleep disturbances and gastro problems that have a much greater effect on your life. That will drive your clinical studies and the drugs you go for." [Lode Dewulf, UCB; cited in Underwood, 2016]

1. Identify outcomes or endpoints that are meaningful and relevant to patients

Example: Dures *et al.*, 2017

- Patients with psoriatic arthritis identified important outcomes beyond those that are commonly measured.
 - E.g. the impact of *fatigue* and the ineffectiveness of some treatments to improve it
- Outcomes identified reflect patients' treatment beliefs and influence their treatment decisions (e.g. adherence).



2. Design and review patient-related materials

- a) Informed consent documents that are comprehensive, concise, clear, relevant, and understandable to a layperson.
- b) Data collection methods and tools that are appropriate to patients' needs and lifestyles, and ethically acceptable.

Example 1: European Patients' Academy, EUPATI, 2017

Patient consumer group input resulted in revisions of the parental patient information leaflet (PIL), and child and adolescent assent forms:

- Patient-friendly wording, avoiding complex terms and jargon
- Shortened review timeline from the Ethical Review Board (ERB)

Example 2: Ennis and Wykes, 2016

In mental health studies, higher levels of patient involvement:

- Facilitated briefer information sheets
- Associated with higher likelihood of successful recruitment to target



PPI in clinical trial conduct



PPI can have a role in influencing trial adaptations or modifications to improve trial conduct and recruitment:

- a) Highlight potential barriers to participation
- b) Help improve patients' access to clinical trials

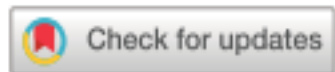
Example 1: Dyakova *et al.*, 2017; Otter, 2017

- Patients declining to provide a rectal swab associated with many of the risk factors for antibiotic-resistant bacteria (e.g. age, gender)
- Highly variable message delivery; decline rate after week 1 = 50%
- PPI resulted in improved staff training materials and revised message
- Implemented changes in week 5
- Decline rate reduced from 31.9% (n = 869) to 7.6% (n = 3690; $p < 0.001$)

Example 2: Donovan *et al.*, 2002

- ProtecT (prostate testing for cancer and treatment) study
- Recruiters used terminology that was misinterpreted by patients
- Changed content and delivery of information, e.g. defined non-radical arm as “active monitoring” instead of “watchful waiting”
- Recruitment rate increased from 40% to 70%





Impact of patient and public involvement on enrolment and retention in clinical trials: systematic review and meta-analysis

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Results:

- PPI interventions modestly but significantly increased the odds of participant enrolment in the main analysis (odds ratio 1.16; $p=0.04$).
Non-PPI components of interventions may have contributed to this effect.
- In exploratory subgroup analyses, the involvement of **people with lived experience of the condition under study** was significantly associated with improved enrolment (odds ratio 3.14 v 1.07; $p=0.02$).
- Findings for retention were inconclusive.

BMJ 2018;363:k4738 <http://dx.doi.org/10.1136/bmj.k4738>



PPI in trial data analysis and dissemination of results



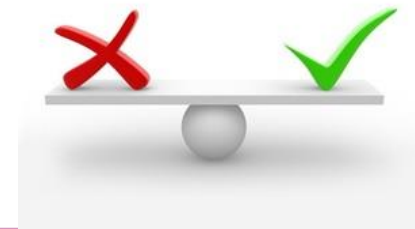
1. Prepare plain language summaries of trial results to be returned to participants.
2. Contribute to the analysis of participant feedback on trial experiences.
3. Develop a strategy and materials for disseminating trial results to the general public – ensure that language and format used are clear, understandable and accessible.

Potential challenges

- Representativeness of patients involved
- Perception that patients have a self-serving agenda or limited contribution, despite being given opportunity and support
- Patients lack understanding of trial methodology
- Lack of mutual trust and respect, openness and reciprocity
- Added time, complexity and cost
- Impact of legal and regulatory restrictions on stakeholder's communication with patients

Facilitating strategies

- Involve patients in responsive and managerial roles rather than oversight roles in steering committees
- Clear goals and well-developed plans for PPI in a trial
- Training or clear explanation of trial methodology
- Recognise patients as equal partners in every aspect of the clinical trial process
- Adequate funding for PPI
- Cultural sensitivity



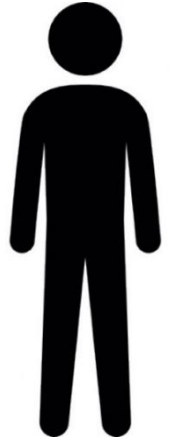
Key points

- PPI can be incorporated at all stages across the clinical trial continuum.
- PPI in **trial design** and **protocol development**:
 - Identify outcomes that are meaningful and relevant to patients
 - Improve access to and recruitment of participants
 - Assist in the development of patient-related materials
- PPI in clinical **trial conduct**:
 - Advise on any modifications to improve trial conduct and recruitment
 - Ensure accountability of researchers
- PPI in **trial data analysis** and **dissemination of results**:
 - Ensure coherence in the understanding and interpretation of trial data
 - Contribute to the analysis of participant feedback on trial experiences
 - Assist in the development of patient-level communication



Principal investigators who have had experience of PPI have these to say...

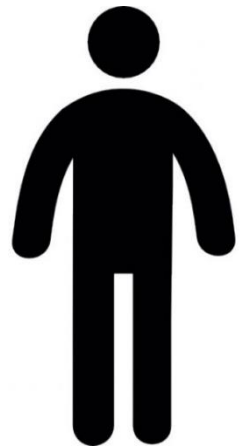
“Now that we do it I wouldn’t be without it”

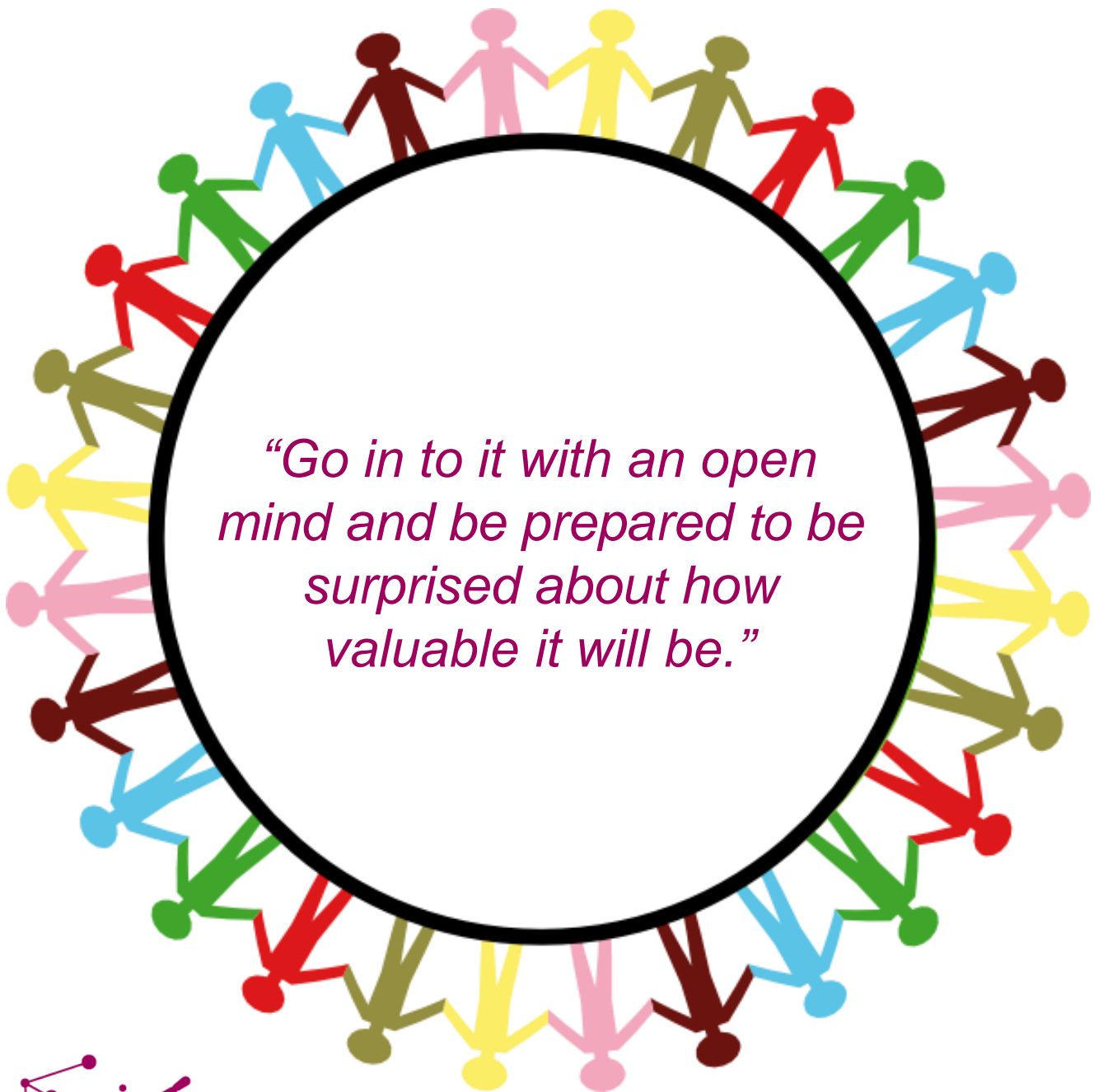


“They provide a different outlook”



“You can’t really do it (run a trial) without them”





*“Go in to it with an open
mind and be prepared to be
surprised about how
valuable it will be.”*



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