Industry Experience of Cross-Border Enrolment in Rare Diseases

Jo Sprague,
Associate Director
Global Regulatory Clinical Services
ICON Biotech

Agenda

- Application
- Case study
- Ethics involvement
- Pre-screening and site allocation
- Logistics
- Inclusion and consent

Application - Rare Diseases

- Most common application
- Enrolment expansion without requiring site per country
- Inherently designed to include fewer patients
- Patients and families have unique motivation
- Strong online communities
- European reference networks strongly encouraged

Trans-national studies in Europe are supported by European Parliament Directive 2011/24/EU, which addresses patient rights in cross-border healthcare and notes a need for cooperation to address rare diseases.

Case study

- Study requiring young babies
- Carers/parents highly motivated; treatment not always available in-home country
- Short timeframe between diagnosis and identification of suitable site
- Majority of patients recruited cross-border:
- EU to EU
- Ex-EU to EU
- Sponsor had to take a step back putting processes in place, creating cross-border plans and tracking individual patients, pre-screening
- In hindsight, discussing at PSSVs would have been advantageous

Ethics Committee Involvement

- Permission and patient document translations
- Became apparent a broader approach needed
- Proposal document
- EC compassion varies
- Review requirements/timelines vary; clarify up-front

Proposal document

- Justification
- Recruitment process
- Pre-screening and consent
- Confidentiality
- Insurance
- Logistics and patient support
- Patient documentation
- Post-study support

Pre-Screening and Site Allocation

- Patients identified
- Pre-screening mandatory; minimal pre-screening details collected and reviewed by project team
- Patient confidentiality – country, language spoken, age
- Site matched based on requirements/ preferences
- Sponsor supported site to obtain (directly or via referrer) remaining pre-screening details.

Pre-Screening:

- Top level diagnosis
- Country of residence
- Parent/caregiver's native language and other language skills
- Status of passport of parent/caregivers and patient
- Whether parents are willing/able to move for duration as needed

Logistics

– Travel and lodgings - third party vendor

– Patient liaison - translation support at site and beyond

– Insurance – travel arranged by vendor

– EU patients advised to carry European Health Insurance Card (EHIC)

– IP shipment – ok within EU, patient may need to pick up from site if ex-EU

Inclusion and Consent

- Detailed inclusion and exclusion criteria were checked prior to travel to site
- Subject's parents and Investigator were required to sign ICF in own language
- Interpreter was also required to sign ICF, as impartial witness
- Source data – copies of GP source data brought by patients (SDV conducted by a CRA versed in that language)

In summary

- Analyse likelihood and prepare accordingly, creating cross-border plans and tracking individual patients, pre-screening
- Educate study team regarding cross-border potential, requirements and timelines
- Plan early discussions with sites, at Pre-Study Site Visits
- Discuss early with ECs; apply with the possibility and determine early on the process for review of new translations
- Decentralized Clinical Trials – Decentralized Coordinating Centres per country
- Considerations for chronic illness; RA approvals and shipping IP across borders

ICONplc.com