

Clinical Research Transformation Towards Patient Centered Approaches An opinion of the EORTC

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EORTC by the numbers (2016)

A world-class network	An expert HQ	Unique output
<ul style="list-style-type: none">• ± 5,000 collaborators• 870 institutions• 35 countries• 21 groups & task-forces• 111 collaborative groups	<ul style="list-style-type: none">• 202 employees• > 195,000 patients in database• 24,000 patients in follow-up	<ul style="list-style-type: none">• 12 new studies open to patient entry in 2016• 54 ongoing studies• 19 studies in protocol outline development• 15 studies in protocol development• 15 studies in regulatory activation• Working on ≈ 193 studies

The changing clinical research pathway

From trials “designed to learn” to real life situation

Early clinical trials (R&D)

- Biology / imaging driven
- Integrated TR
- Screening platforms
- Collection of high quality data from various sources

Pivotal trials

- Highly targeted
- Large differences

Population-based studies

- Real world data
- Quality of life
- Health economics
- HTA
- Pragmatic trials

New continuity solutions that span from proof of concept into effectiveness

Burock et al. Eur.J.Cancer (2013), <http://dx.doi.org/10.1016/j.ejca,2013.05.016>

The 2 major challenges for cancer clinical research

- Drug development clinical research is currently not patient centered
Drug centered based on non representative/highly selected patient population

The need: Protocols seeking patients → patient seeking protocols

- Sub-optimal anticipation of real life questions:
 - combinations, sequence, duration, QoL , long term outcome and toxicity ...

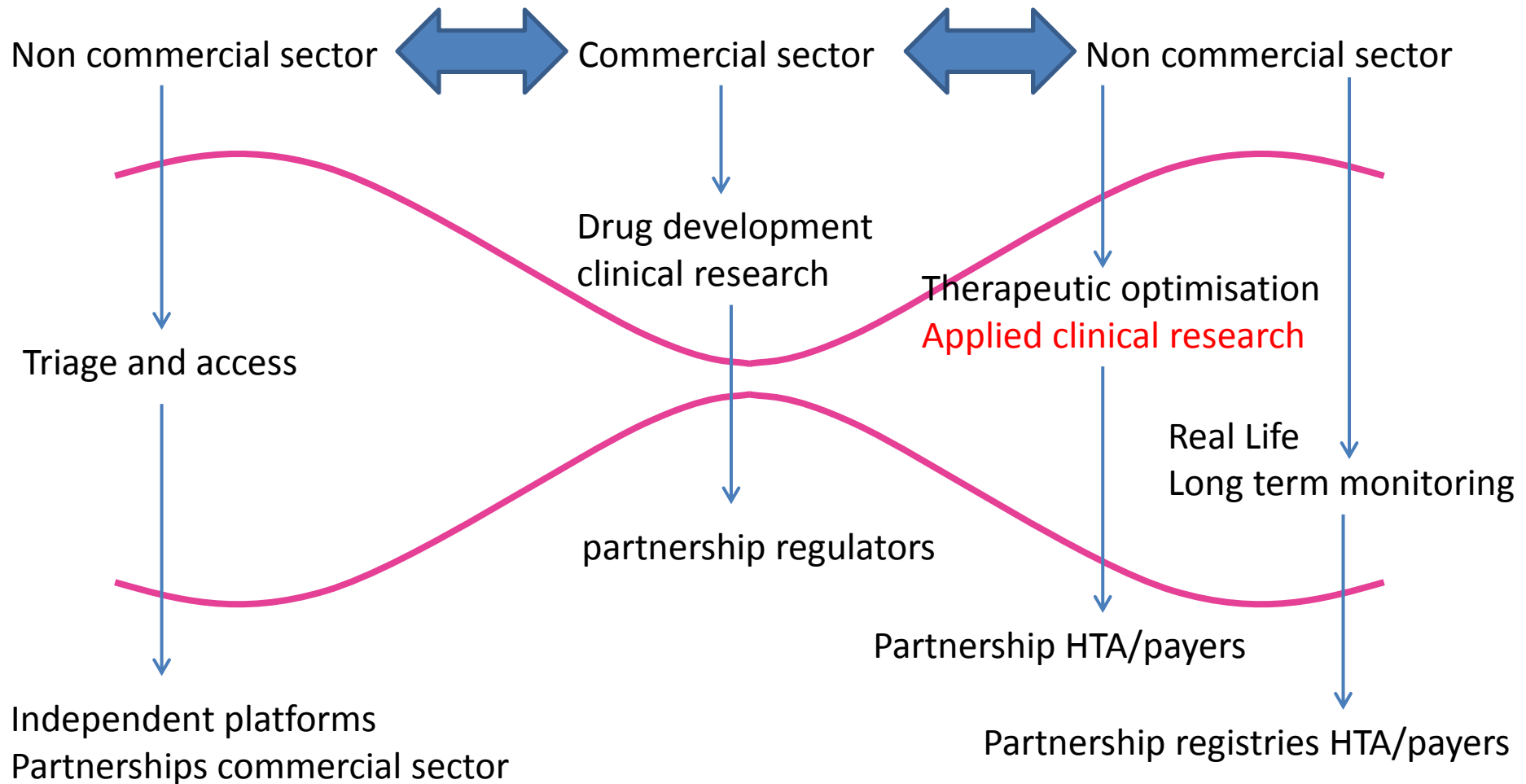
The need: build on applied (often independent) clinical research

Do our systems function correctly: Why do HTA bodies and payers would take decision based on drug development research when it should happen based on **applied clinical research?**

Comments on the changing landscape

- Regulatory trials are not representative of real life
 - Surrogate end-points may not mirror hard clinically relevant outcomes
- MAPPs/ conditional approvals generate earlier data sets
 - Though potential benefits tend to be diluted over the development process
- Drugs will be more active as biological pathways get uncovered
 - Multiplication of expensive drugs for niches is not sustainable
 - The drug based model approach is no longer suitable
- Let's talk about immunotherapy....

A different perspective



Key observations and conclusions

- Health care is long overdue for transformation
 - Not adapted to precision medicine / technology based treatments
- Pharma sector dominates while the drug development system is not patient centered
 - tell the patient the truth, and rebuild
- Value, in a reformatted environment, applied clinical research
 - Implementation of practice known to be effective, with methodological rigor

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