

# The importance of pragmatic and platform trials

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# **Conflicts of interest**

No personal conflict of interest to disclose.

The content of this presentation should be understood as personal views and not as official views of the organisation I am affiliated with.





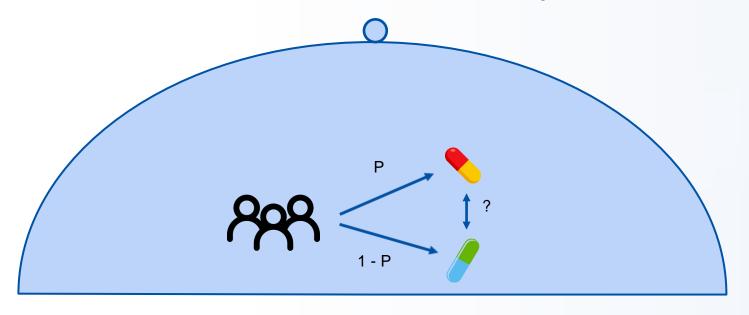
# Key characteristics on pragmatic clinical trials



# **Explanatory trials for knowledge development**

**Explanatory trials** address the question:

Can the treatment work,
if it is applied under ideal circumstances?
→ treatment efficacy



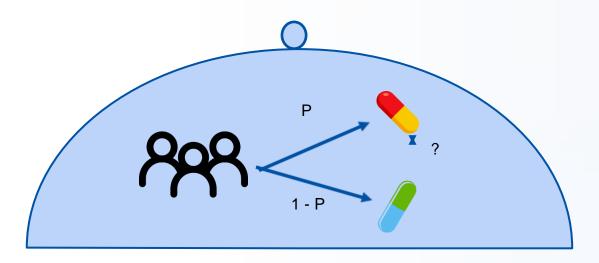


# Pragmatic trials for applying knowledge

**Pragmatic trials** address the question:

Will the treatment work, if it is applied in real-world clinical practice?

→ treatment effectiveness



Schwartz and Lellouch. *J Chronic Dis* (1967); Roland and Torgerson. *BMJ* (1998); Tunis et al. *JAMA* (2003); Patsopoulos. *Dialogues Clin Neurosci* (2011); Sedgwick. *BMJ* (2014); Ford and Norrie. *N Engl J Med* (2016)



# The explanatory-pragmatic continuum and key differences

### **Explanatory Clinical Trials**

- **Population:** extensively selected and homogeneous; not necessarily representative of standard practice;
- Setting: experimental and controlled conditions;
   conducted at highly differentiated institutions;
- Randomization/blinding: random individual allocation to treatment groups, allocation concealment and double-triple blind set-ups;

# **Pragmatic Clinical Trials**

- Population: broadly selected and heterogeneous;
   representative of the real-world health care setting
- Setting: routine clinical practice; conducted extended networks including community hospitals
- Randomization/blinding: randomized, at individual or cluster level, or other allocation techniques e.g. patient preferences; open-label



# The explanatory-pragmatic continuum and key differences

## **Explanatory Clinical Trials**

- Intervention: standardized delivery and adherence closely monitored;
- Comparator: not necessarily an active comparator/standard of care; controlled via a placebo;
- Outcomes: short-term surrogate outcomes, targeting scientific knowledge and biological activity

# **Pragmatic Clinical Trials**

- Intervention: flexibility in its delivery and adherence normally monitored
- Comparator: usual care, including combination of different treatments/modalities; not-placebo controlled
- **Outcomes:** long-term patient-centric endpoints, targeting the understanding impact on patients' health



# The explanatory-pragmatic continuum and key differences

# **Explanatory Clinical Trials**

- Informed consent: extensive and burdensome informed consent processes
- Procedures: additional study visits and procedures, requiring additional training
- **Data collection:** collection of highly detailed patient data, resorting to study-specific eCRFs; extensive safety data collection (e.g. treatment-emergent adverse events)

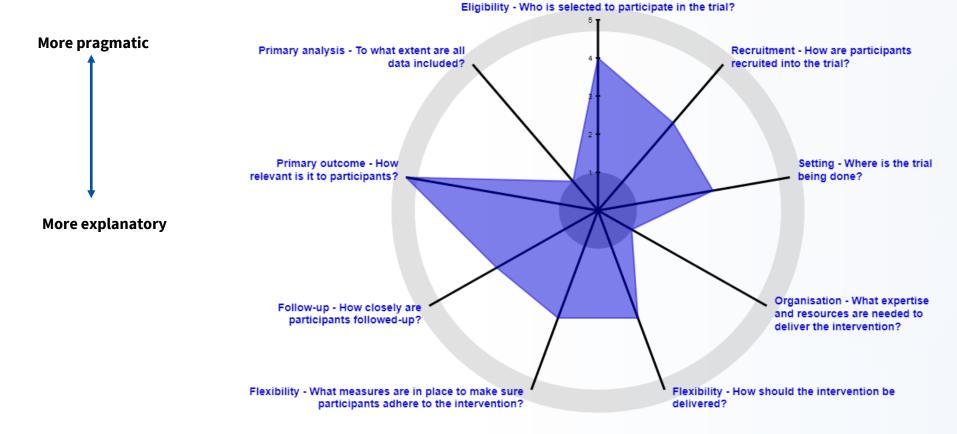
## **Pragmatic Clinical Trials**

- Informed consent: simplified informed consent processes; electronic versions preferred
- Procedures: study visits and procedures as per usual care; minimal additional training required
- Data collection: collection of data as per standard of care, possibly resorting to EHR or hybrid approaches; limited safety data collection (e.g. SAEs)



# How can you recognize a pragmatic trial?

#### **PRECIS-2** wheel





# **DE-ESCALATE (EORTC-2238-GUCG)**

**Study schema** 

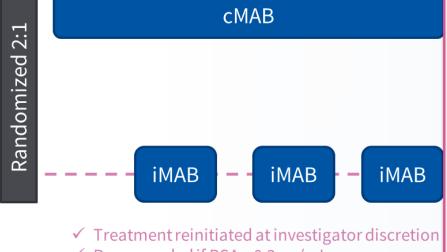
Progression (defined as investigator decision to start next OS prolonging drug)

#### mHNPC

PSA≤0.2 ng/mL after 6 to 12 months of MAB (induction phase)

#### **Stratification**

- Country
- MAB vs MAB + docetaxel vs MAB + prostate RT
- $PSA > 0.1 \text{ vs} \le 0.1 \text{ ng/mL}$
- Age ≤ 70 vs > 70 yrs
- < 9 vs ≥ 9 months of MAB during induction phase



✓ Resuspended if PSA ≤ 0.2 ng/mL

mHNPC: metastatic hormone naïve prostate cancer patients

MAB: Maximum androgen blockade = LHRH agonist/antagonist + androgen receptor pathway inhibitor cMAB / iMAB: continuous MAB / intermittent MAB

Subsequent 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> line

Death

#### **Endpoints:**

#### Co-Primary (hierarchical):

- 1. Proportion of patients who did not restart iMAB treatment at one year
- 2. Overall survival

#### Secondary

- 1. QoL (QLQ-C30; IL249)
- 2. Time spent on treatment
- 3. Time to next systemic prostate cancer therapy
- 4. Toxicity with CTCAE v5

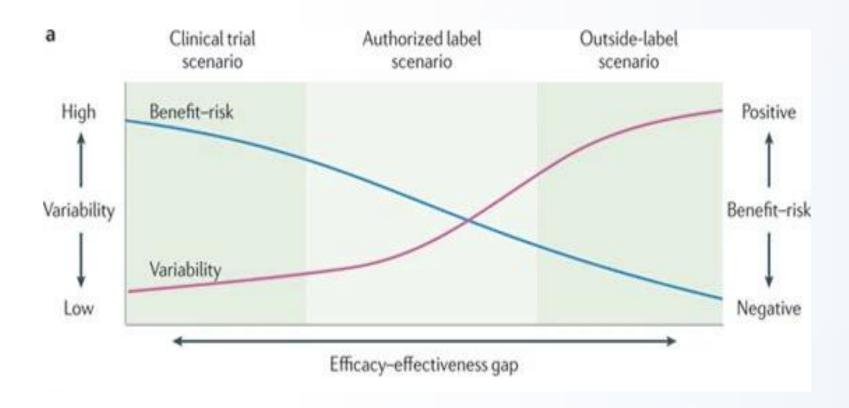




# The importance of pragmatic and platform trials and associated challenges



# The efficacy-effectiveness gap



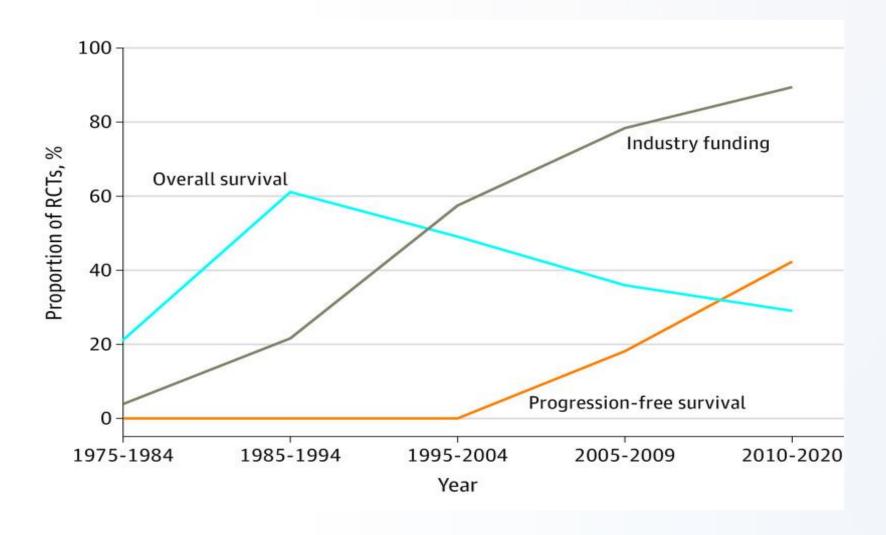
**Treatment efficacy** > **Treatment effectiveness** 

>99% of trials

<1% of trials

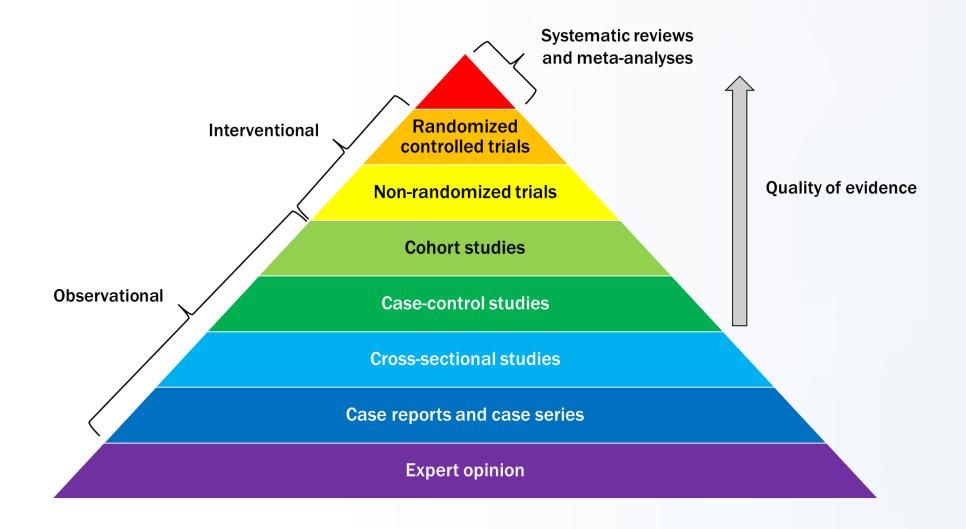


# The efficacy-effectiveness gap





# The pyramid of evidence-based medicine





# The value of pragmatic trials

#### Patients

- ☐ less burdensome participation
- ☐ more realistic picture of a treatment's benefits and harms for the average patient
- enhances patients' accessibility

#### Clinicians

- ☐ offer insights directly applicable to daily decision-making
- ☐ bring innovative methods, simplified infrastructures and limited data collection

Pragmatic trials combine the methodological strengths of RCTs with the inclusiveness of studies that analyze real-world data

→ Sources of robust and actionable real-world evidence



# **Challenges of pragmatic trials**

- Lack of regulatory guidance and specific legal framework
  - ☐ limited acceptability of reduced regulatory requirements despite their lower risk
- Ethical concerns
  - ☐ Distress related to simplified consent procedures and de-escalation trials
- Feasibility and implementation concerns
  - ☐ limited attractiveness to patients, investigators and site staff
- Lack of available funding
  - ☐ limited attractiveness to pharmaceutical industry, especially in the post-authorisation setting
  - ☐ lack of independent funding options



# **Conclusions**

- Pragmatic trials have their role in the current clinical research agenda
- Tools and examples available validate their importance
- Discussions across stakeholders are essential to overcome the current challenges





