



@ Cancer Research UK Clinical Trials Unit
CRCTU

Research team and PPI perspective on Early phase trial designs

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MOTIVATION

CRM

Umbrella
trials

Basket trials
Platform trials

What do patients think? What do nurses think?

- Can trial designs be more research nurse friendly?
- Can trials designs be more patient friendly?

- We interviewed 2 CRCTU research nurses – Faye and Ceri.
- Group discussion with 9 PPI representatives
- Access to the results of an ECMC held last year.



SURVEY

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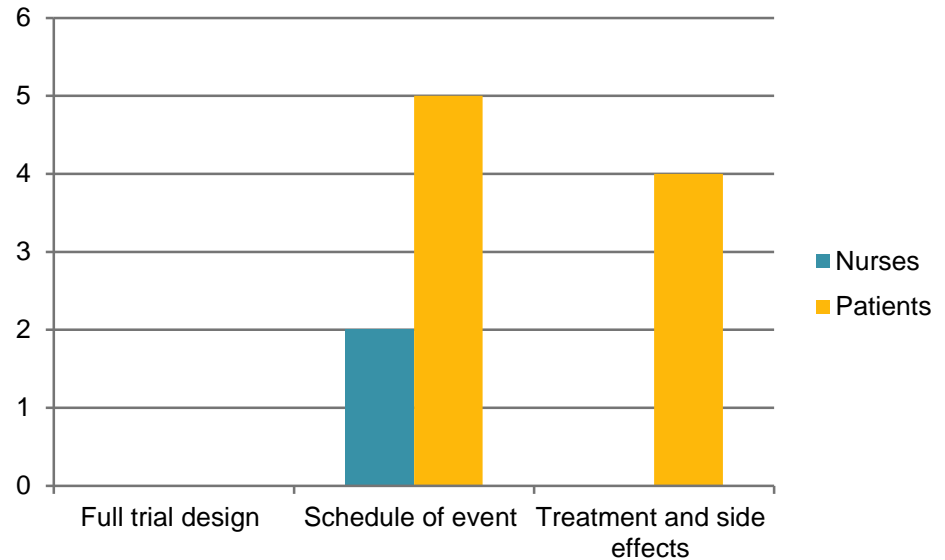
QUESTION 1

What information do you think is most important to share with patients prior to trial entry?

- a) Full trial design (simplified)
- b) Schedule of events
- c) Information on treatment and side affects

Patients

- Didn't feel that the design mattered to them.
- Interested in the schedule of events.
- Want to know about the possible side effect.



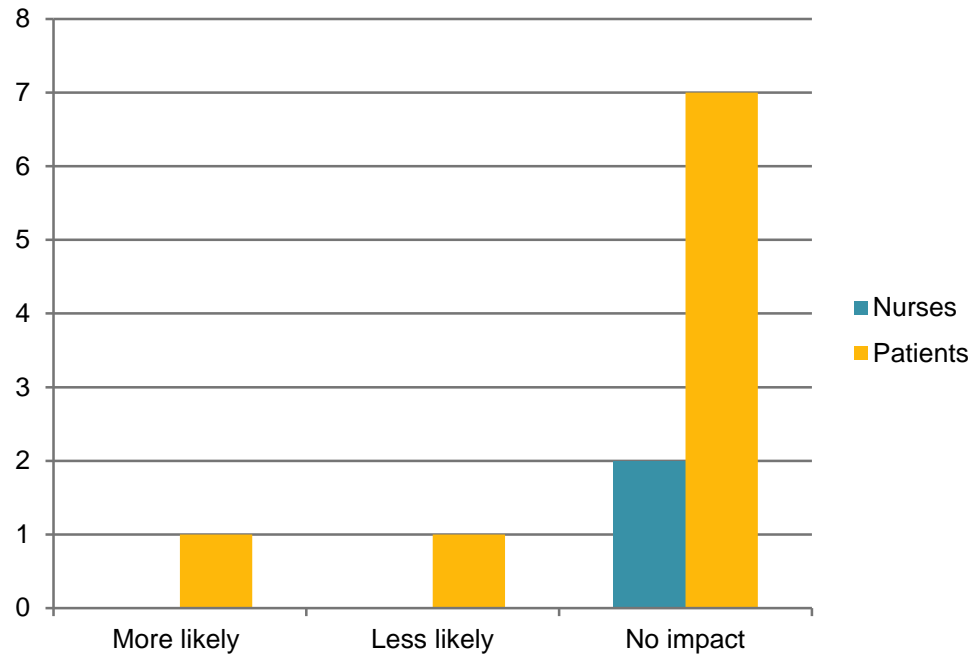
Nurse

- Schedule of events and the logistical aspects e.g. number of visits
- Felt some basic design was useful.

QUESTION 2

Does design complexity in a trial impact on the likelihood of a patient joining?

- a) More likely
- b) Less likely
- c) No Impact



Patients

- Logistical complexity is an issue
- ‘Complexity’ of the design was something for the professionals to work out

“Extra visits are difficult and also result in car parking issues”

Nurses

- Logistics are the most important

“If you read through the consent forms you are made aware of complexity, but it’s a good thing that not every-one is aware they’re on a complex trial”

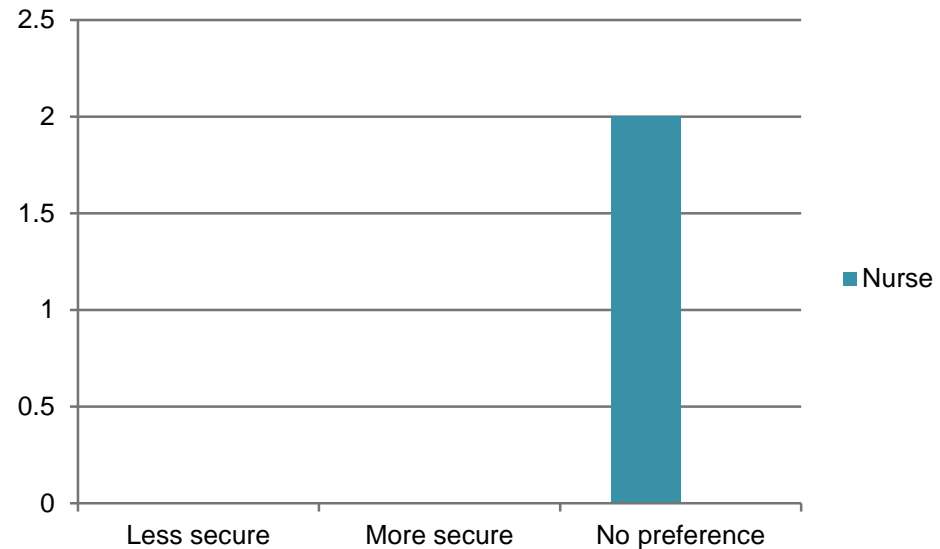
“Patients are most concerned about car parking issues”

“I will do whatever”

QUESTION 3

Do patients feel more or less secure joining a trial that is first in man?

- a) Less secure
- b) More secure
- c) No preference



Patients

- Dependent on what else is available
- Patients driven by the want to avoid certain treatments

“Patient journey is key”

“We were clutching at straws
and would have done
anything”

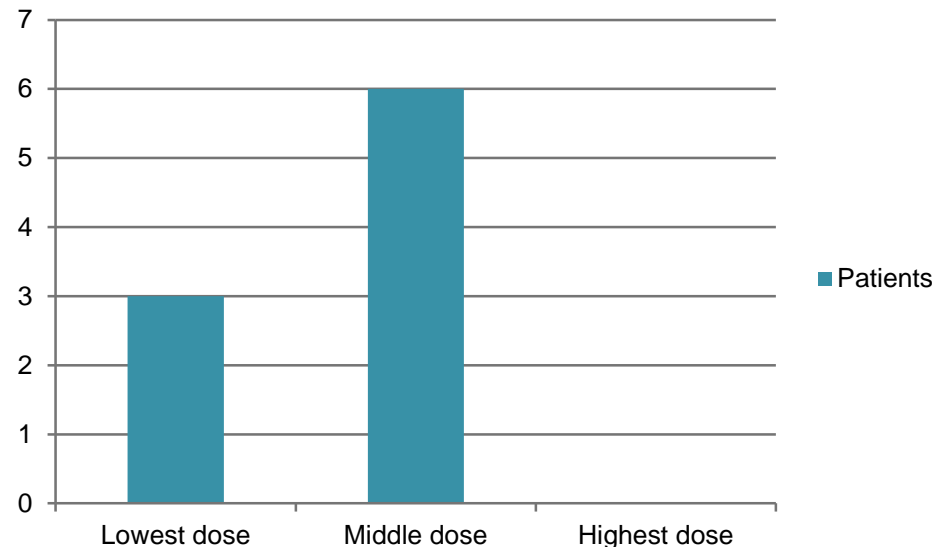
Nurses

- If it's the last available option they will do anything

QUESTION 4

As a patient joining a phase I cancer trial, which dose would you hope to join?

- a) Lowest dose
- b) Middle dose
- c) Highest dose



Patients

- Highest dose was too risky
- Lowest dose would be safe
- All agreed it was not information they would seek out.
- Concerned about introducing bias if they knew which dose they were on.

“Clinician knows best”

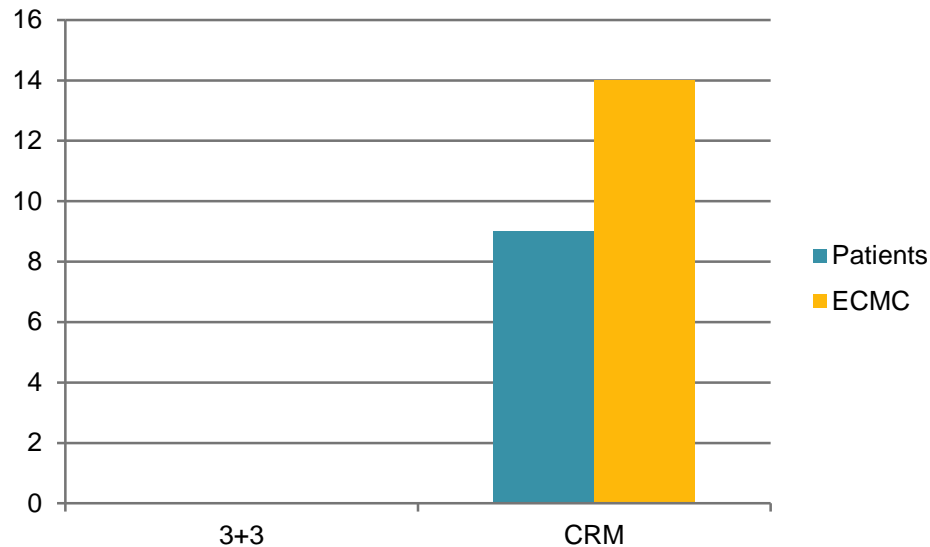
QUESTION 5

As a patient joining a phase I cancer trial, which trial design would you prefer?

- a) 3+3
- b) CRM

Patients

- Concern about 3+3 being 'memoryless' and inflexible



“CRM every day of the week”

CONCLUSIONS?

- Efficient trials need to be efficient for patients too.
- All patients require different amounts of information
- They want to help.

INTERESTING FINDINGS

- Trust in their doctor – leave the complexity down to the professionals
- Patients wanted to be involved in toxicity profile discussions.
- Car parking.

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THANK YOU FOR YOUR ATTENTION