

ATHN  
DATA  
SUMMIT  
2015

A Longitudinal, Observational  
Study of Previously Treated  
Hemophilia Patients (PTPs)  
Switching Factor Preparations

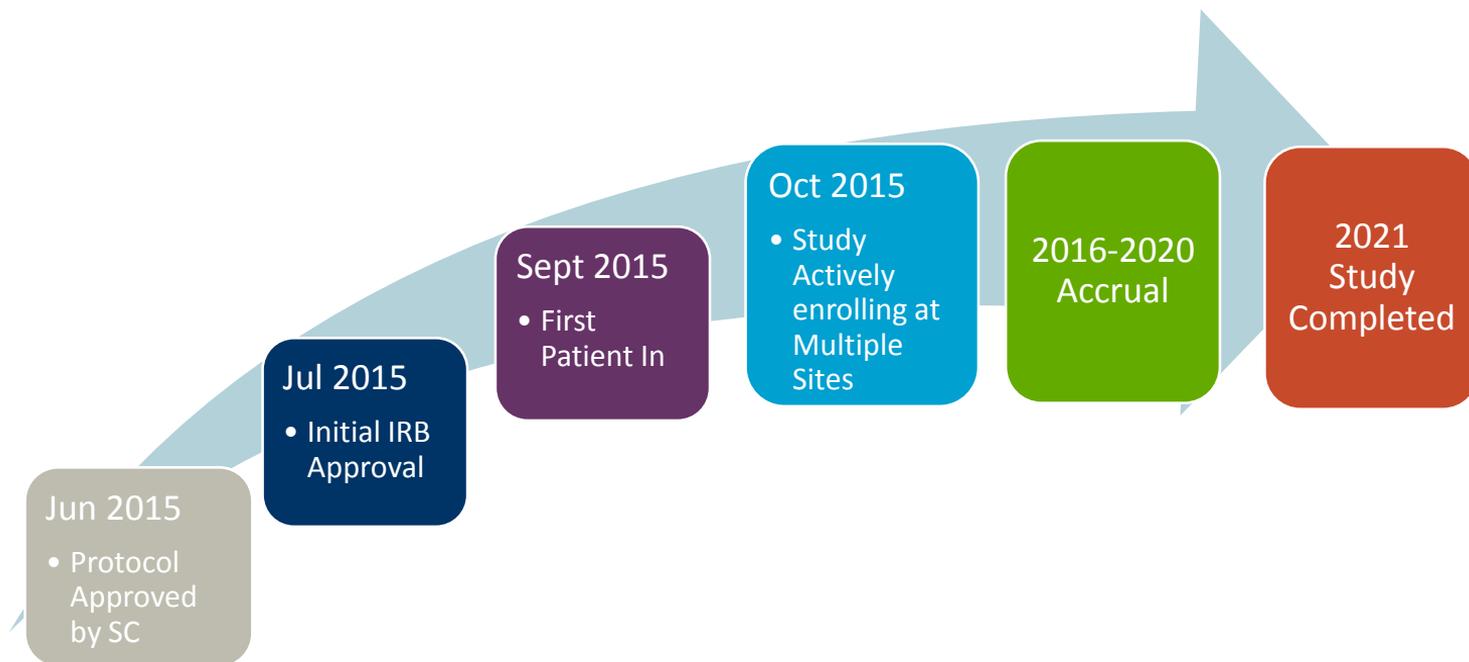
ATHN 2 Breakfast Breakout Session  
October 30, 2015

# Agenda:

Welcome!

- Introductions
- Study Update
- Recruitment
- Good Documentation Practices in Clinical Research
- Feedback and Questions

# Current Timeline



# Study Update: Recruitment

## Study Population

The study will enroll approximately 600 patients with hemophilia and are receiving care from one of the HTC's into:

- Arm A (Prospective): patients who are switching factor replacement products
  - will be followed prospectively for up to 1 year
- Arm B (Retrospective): patients who have switched factor replacement products previously (within the past 50 weeks at the time of enrollment).
  - will be assessed retrospectively and/or followed prospectively for up to 1 year

# Study Update: Recruitment

As of 10/15/15

- Site Participation:
  - 15 Sites have agreed to participate, 3 are open
    - Western Pennsylvania, Pittsburgh, PA, Dr. Ragni
    - St. Josephs, Tampa FL, Dr. Cockrell
    - Boston Children's Hospital, Boston, MA, Dr. Croteau
  - More Sites to be recruited (~10) for up to 30 sites
    - Each site should enroll at least 5 subjects
- Accrual to Date
  - Arm A – 1 Subject!
  - Arm B – first subject pending

# Study Update: Version 2.0

- Amendment issued September 4, 2015
  - Adds baseline inhibitor screen (Sample stored, or result)
  - Clarifications regarding Arms
  - Updates to Schedule of Assessments (next slide)
  - Other minor clarifications
- Study Manager
  - Forms reflect Version 2.0
- Manual of Operations available
  - Includes tools and forms

# Schedule of Assessments: Version 2.0

STUDY PROCEDURES (CRF)	CYCLE 1						SUBSEQUENT CYCLES (2 – 7)				
	SCREEN	BASELINE	10 ED (+/-2), or after 6 months, whichever is sooner (ED10)	Ad hoc/ Unscheduled visit between exposure day 1- 48 [2, 10] (ADHOC)	Q3 Month Interval [7, 10] PHONE VISIT (Q3)	50 ED (+/- 2 ) or 1 year, whichever is sooner [7] (ED50)	FINAL VISIT [5]	BASE LINE 2/ Day 1	Cycle 2 ED10	Cycle 2 ED50	Q3 Month Interval [7, 10] PHONE VISIT (Q3)
Check eligibility [1] <i>Eligibility Form</i> <i>Demographics Form</i> <i>Concomitant Medications Form</i>	X										
Informed consent [1]	X										
Hemophilia History Family History [3,4] <i>Hemophilia &amp; Inhibitor Hx Form</i>		X									
Factor Switch Plan [6] <i>Factor Switch Form</i>		X					X				
On Study Assessment [8,9] <i>Medical Hx &amp; Phys. Exam Form</i> <i>Concomitant Medications Form</i> <i>Q3 Follow Form</i> <i>SAE Form if applicable</i>		X		X	X	X	X				X
Targeted Physical Exam <i>Medical Hx &amp; Phys. Exam Form</i>		X [10]		X							
Inhibitor Assay (local) [11] <i>Inhibitor Titer Report Form</i> PK Data (if available) <i>PK Form</i>		X [11]	X	X		X	X	X	X	X	
Termination Assessment <i>End of Cycle/End of Study Form</i>				X		X					
Confirmatory Inhibitor Sample (Central) <i>Inhibitor Titer Report Form</i>				X [12]		X [12]				X	
<i>Product-specific forms as applicable</i>	X	X	X	X		X	X	X	X	X	

# What Study Procedures are not “Standard Care?”

- Stored sample for baseline inhibitor assay, if required
- Inhibitor assay at 10 exposure days
- Q3 monthly phone follow up
- Product Specific Modules / Questionnaires

# Screening

- Identify patients planning to switch soon (ideally within 1 month)
- Screening performed prior to seeing patient for Consent to determine Eligibility (because the screening would be necessary to switch factors anyway)
- A Screening ‘Visit’ may not be needed with subject/family.
  - No tests to determine eligibility are required by protocol, other than Inhibitor test to establish baseline, prior to switch

# Study Update: Recruitment

## Eligibility Questions

- Timing of Baseline Inhibitor Test in relation to Switch
  - Clarified by Arm in Version 2.0, Section 4.1
- Number of Exposures
  - Must not be treatment naïve/PUP
  - Must be 2 years old
  - Must have had at least 50 Exposure Days with previous Factor

# Study Update: Recruitment

All recruitment materials must be approved by your IRB prior to use

- Recruitment brochure
  - Available in English and Spanish
  - Brochures to be sent in bulk to sites
  - Sites may add HTC and Contact Information to back panel
- Recruitment script
  - To contact potential subjects by phone.
  - Modify with local site preferences, as appropriate, or use as is
- Powerpoint slides
  - To present at local and regional meetings

# Substudies: Product-Specific Modules

- ATHN working with Industry Partners for selected factor products to collect post-approval data
  - Will be limited to questions about factor use, packaging, patient preferences and similar ‘non-clinical’ data
- Substudies are voluntary for subjects
  - Add-on questionnaires to be administered to subjects receiving specific factor products
- Substudy IRB approval may or may not be required by your institution

# Substudies: Product-Specific Modules

- Several sponsors in play
  - Contracts and budgets pending
- Update on current strategy
  - Possible addition of a validated Adherence Tool

# Feedback on Study Logistics

Open for Discussion

# Administration and Project Plans

- Site Administration at your HTC
- Future Plans

# Site Administration: Payments

- Schedule: Annual Payments for 2015-2016
- ATHN will send HTC a Payment Report
  - # Patients Completed
  - # Inhibitor Report Forms Completed
  - # Product Specific Modules Completed
- HTC will review and submit as Invoice
- ATHN will pay HTC based on amounts negotiated
- Contact Cynthia Branch [cbranch@athn.org](mailto:cbranch@athn.org)
  - ATHN National Contract Manager

# Contract / Budget

Questions and Feedback

# Currently in Development



Coming  
soon

- Manual of Operations Updates as needed
- Requests?

# Future Plans



- Factors presently in pipeline
  - Each becomes eligible as a study product as it achieves FDA approval
- Not every manufacturer will opt for a product-specific module
- Ideally we will catch future factors mostly or entirely in Arm A (prospective)

# If your HTC wants to participate in ATHN 2

- Contact Dr. Neufeld or any member of the ATHN 2 Steering Committee to express interest
- Submit Current Protocol and Informed Consent Template to your IRB, or to Western/Copernicus (WIRB)
- Work with ATHN on Contract Execution
  - Cynthia Branch, National Contracts Manager, ATHN
- Participate in Site Initiation Webinar
  - Ellen McCarthy, Clinical Research Project Manager, ATHN

# Other Questions?

Open for Discussion

# Thank You!

# Good Documentation Practices for Clinical Research

# 2

Securing Data.  
Advancing Knowledge.  
Transforming Care.

