

An academic organisation perspective on complex clinical trials: the EORTC experience

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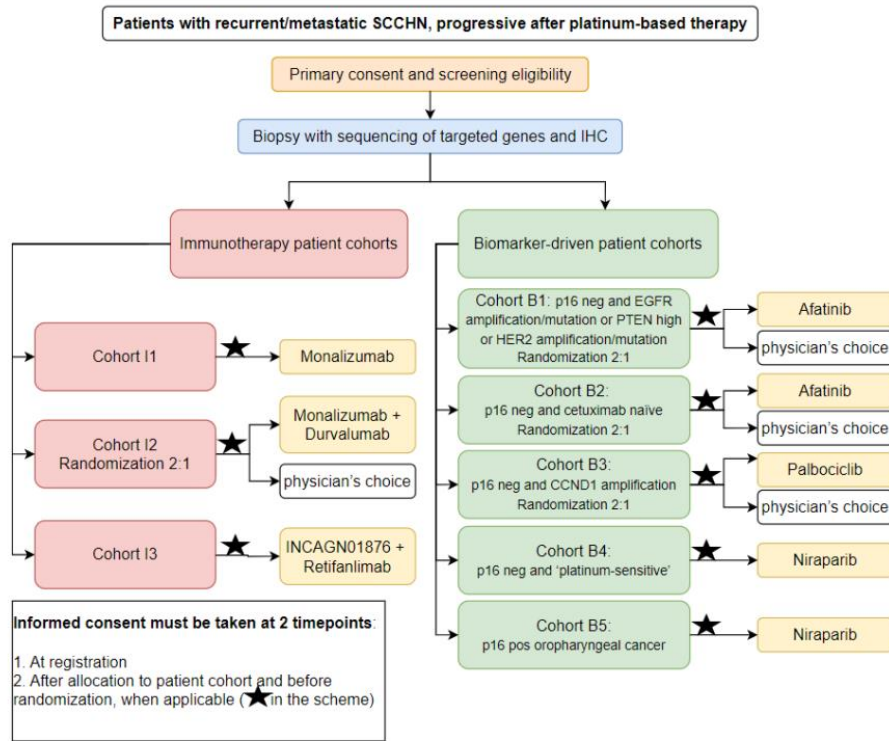
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ACT EU Multi-Stakeholder Workshop on Methodology Guidance: A patient-centred approach to methodology

Examples

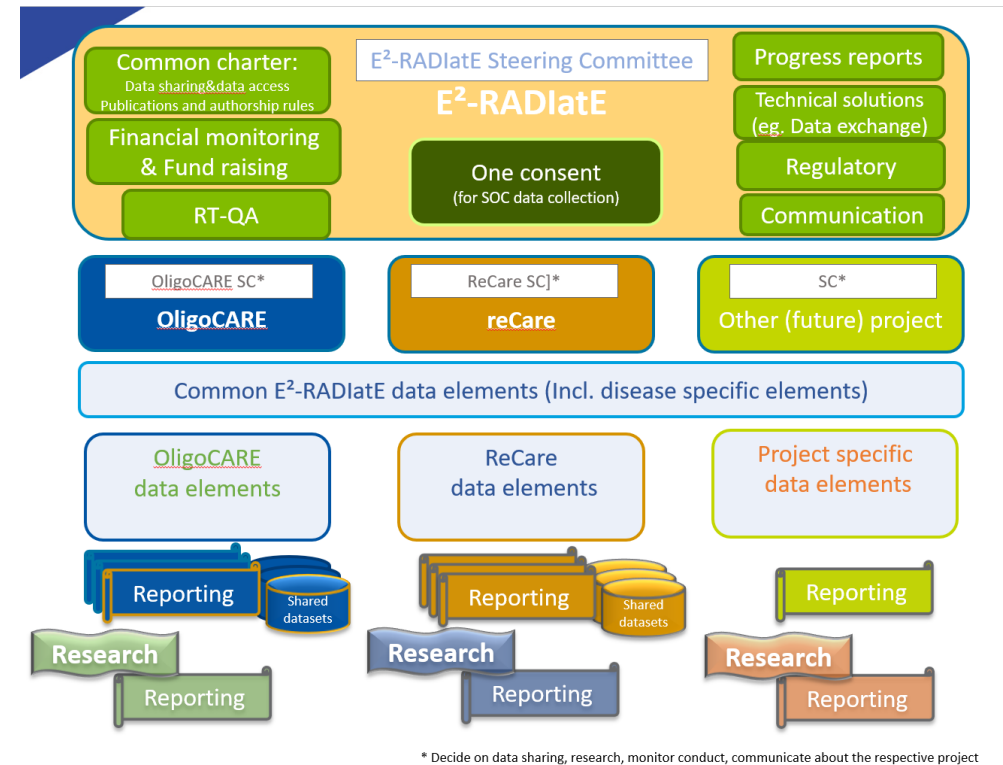
UPSTREAM

One platform, one disease, multiple cohorts



Oligocare

Observational study, randomized cohort (TWICS)



Some observations

Upstream

- No adjustment for multiple testing
 - Separate trials ...
- Practically:
 - One study number
 - One **(big)** protocol
 - One database
 - similar structure for programming and analysis
 - becomes quite complex (~amendments)
 - **well understood by sites?**
- Separate parts submitted as one clinical trial with sub-protocols
= amendment nightmare

Would be done differently if we had to restart today

Oligocare

- Observational study so slightly different approach (<> CTIS “needs”)
- Practically:
 - Several study numbers
 - Several protocols
 - One database
- ***So far seems to work quite well***
- To embed a randomized question (XXX vs SOC) -> TWICs
 - <https://www.twics.global/>
 - Staged consent -> not generally accepted (yet?) by ECs
 - Could need to be written as CTR protocol (~XXX)
 - Separate protocol linked to a master protocol in CTIS?