Patient’s/Parent’s view on clinical trial challenges

EMA/FDA/Health Canada workshop on paediatric pulmonary arterial hypertension (PAH)

12 June 2017

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Setting the scene

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- German Heart Foundation (member of European Heart Network/member of EMA’s PCWP)
- Founded in 1979, member organisation (mainly patients or their relatives)
- 97,000 individuals, 1,700 of them are parents of children with congenital heart disease
- Main task: Educating the public/members about cardiovascular diseases and promotion of a heart healthy life, building a bridge between doctors and patients, enabling them for F2F chats
- Excellent co-operation with Herzkind e.V., another registered association that allowed me to conduct interviews with their members

Disclaimer

- This presentation is based on interviews
- The statements don‘t necessarily reflect my personal or my organisation‘s point of view
- I have no relationship with the pharmaceutical industry

- Please note that parents were all from Germany, situation might be different in other European countries

Interviews

- Phone interviews with a German
  - parent of a child that is younger than 10
  - parent of child that is now 18
  - Adult

All patients have a congenital heart disease, most of them had a Fontan operation and developed after the correcting operation a PAH.

Parents‘ source of information

- Parents are extremely well informed about their child’s condition
- Speak “expert language” because that is the way doctors talk to them
- Read a lot, search in the internet, self-help groups, associations
- Some were educated about side effects, consequences and other possibilities, others complain that they had to find out everything by themselves -> seems to depend on the respective heart centre

Solution?-> standard protocols/guidelines + handing over documents with information

Treatment and Monitoring

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- None (PAH is regularly monitored, but no drug therapy necessary)
- Sildenafil and/or Tracleer
- Usual procedure: Initial therapy (IV or as pill) in the heart centre with check-ups and continuation at home
  - Every 6 months or once a year: check-up in heart centre (mostly only with echo), every 4 weeks appointment at “local” cardiologist, blood tests if required
  - Parents often check oxygen saturation with a device at home and do other measurements (see later slide)
  - 6 minutes walking test was rarely or never performed, some nevertheless had heard of it

Efficacy

- Some parents complain that drugs in whatever combination “don’t work”
  - PAH is still too elevated despite all efforts taken
  - Life quality decreases yearly
  - Organs start failing one after another
- Others say that drugs are working “ok”, but results could be better (doctor’s opinion)
- A parent was told to go to a second heart centre to see if they have another idea (raises hopes, but can cause an awkward feeling)

Current side effects

Please note: Due to the various health problems these patients have, it is very difficult to say from which drug these side effects effectively are.

- Damage of liver (liver cirrhosis) and kidneys, organ failing
- Soft defecation
- One patient has to take 80 (!) pills per day, most of them because of the protein losing enteropathy

Monitoring by parents

- Measurement of INR, weight, oxygen saturation, liquid intake + notes in a calendar to detect connections, check improvement/deterioration
- Some do it daily, weekly or if appropriate
- All confirmed that they immediately “see/feel” if there is something wrong

Off-label use

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- General attitude: there is no other way/option, so we have to do it, we hope that the doctors will do it the right way
- Some even didn’t know what the term means
- Mostly trust their physicians, follow the suggested therapy
- All are not happy with off-label use

Challenges

- Even if two children are born with the same basic heart failure it doesn’t mean that they have the same condition and require the same therapies (co-morbidities)
- GUCH-patients need to see a GUCH-physician not a cardiologist for adults
- Adult patient reported that even if he has grown up now and is an adult, he can not take the same dosages as an adult with a non-congenital heart disease

Clinical Trials: Patient's perspective

Clinical trials for new drugs

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- No-one would be willing to participate in a study for a new drug, not marketed neither for adults nor for children
- Only exception: If soon death is inevitable and there are no other options
- One adult patient stated: “As we are all experienced and informed patients ourselves, they must have some pretty good arguments to get us on board as we are taking these same drugs for years now and manage to get around with them somehow. So why should we change anything with additional risks?”

Clinical trials for „adult drugs“

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- If this means to continue therapy with e.g. Sildenafil or Tracleer (what they already take) and protocol weekly measurements, changes etc. via an online feature or e-mail, all parents would be fine with it
- Benefit: They would have an additional confirmation that everything is still ok if reports are regularly checked by the physician with no additional risk
- All see it as an add-on, some have already done that after critical situations with their physicians (sent data daily in the evening for a couple of weeks).
- But: Child needs to live at home or must be reliable enough to make measurements him-/herself; time to go to centres

Difference parent vs. adult

- There seems to be a difference between decision-making of a parent and an adult patient (18+)
- Parents acknowledge that they constantly have the fear to make the wrong decision, still worry about operations and/or therapies they have said yes to in the past (what if …)
- Parents think it is better to treat the child without bigger improvements than risking to lose him/her (life over life quality)
- Teenagers/young adults as a contrary want to improve life quality dramatically (getting depressed if life quality is low: “He is not allowed anything anymore, he can basically sit at home all day and asks me: Is there anything at all I’m still allowed to do?”
- They seem to prefer life quality over life

Clinical endpoints

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- Not death!!!
- Deterioration of oxygen saturation
- Higher lung pressure
- Faster exhaustion
- Worsing of liver and kidney values

Incentives for parents

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- Being involved and heard from the beginning
- Limited risk (not higher than today's)
- Additional cost-free therapy for the child to relieve side effects e.g. cuffs to help to get water out of the body or oxygen therapy
- Committed and communicative physician they trust and work with for years
- F2F level, sadly some parents are better informed about their child's condition than the doctor they see in emergency cases (if their "own" physician is not available)
- Addressing parents in groups, e.g. all self-help group members participate and can exchange in the meantime via Facebook or messenger systems

Life quality: patients definition

Life quality

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- Varies from good to low
- Good: Can do everything he/she wants except from physically intensive trainings, only has to pause from time to time
- Poor:
- Cannot attend regular schools or go to work
- Often have no “healthy” friends because can’t compete with them -> isolation
- Observe deterioration in their friends with the same condition -> depression/fear that this happens to them, too
- Often have to disrupt, cut or shorten their activities
- Their condition influences whole family situation (siblings)
- Depression

Life quality - wishes

- Want to go on holiday to the South with their families by plane
- Driver’s license
- Go to McDonald’s with friends without calculating way, time etc.

Payment by health insurances

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- Usually they get all drugs and therapies paid (apart from an oxygen saturation measuring device)
- One parent reported that heart centre had to hand in application for permit (Tracleer) 3 times, it was declined 2 times with the justification that “the drug wouldn’t work in the child”
- Have a disabled person’s pass, one parent tried to get the status of “care dependency” to cover extra expenses or reduced working hours to care for the child which was rejected

Thank you!

Any questions?