



Proposed

Global
Pediatric
Clinical Research Network

Overview

William R. Treem, M.D.

May 29, 2015

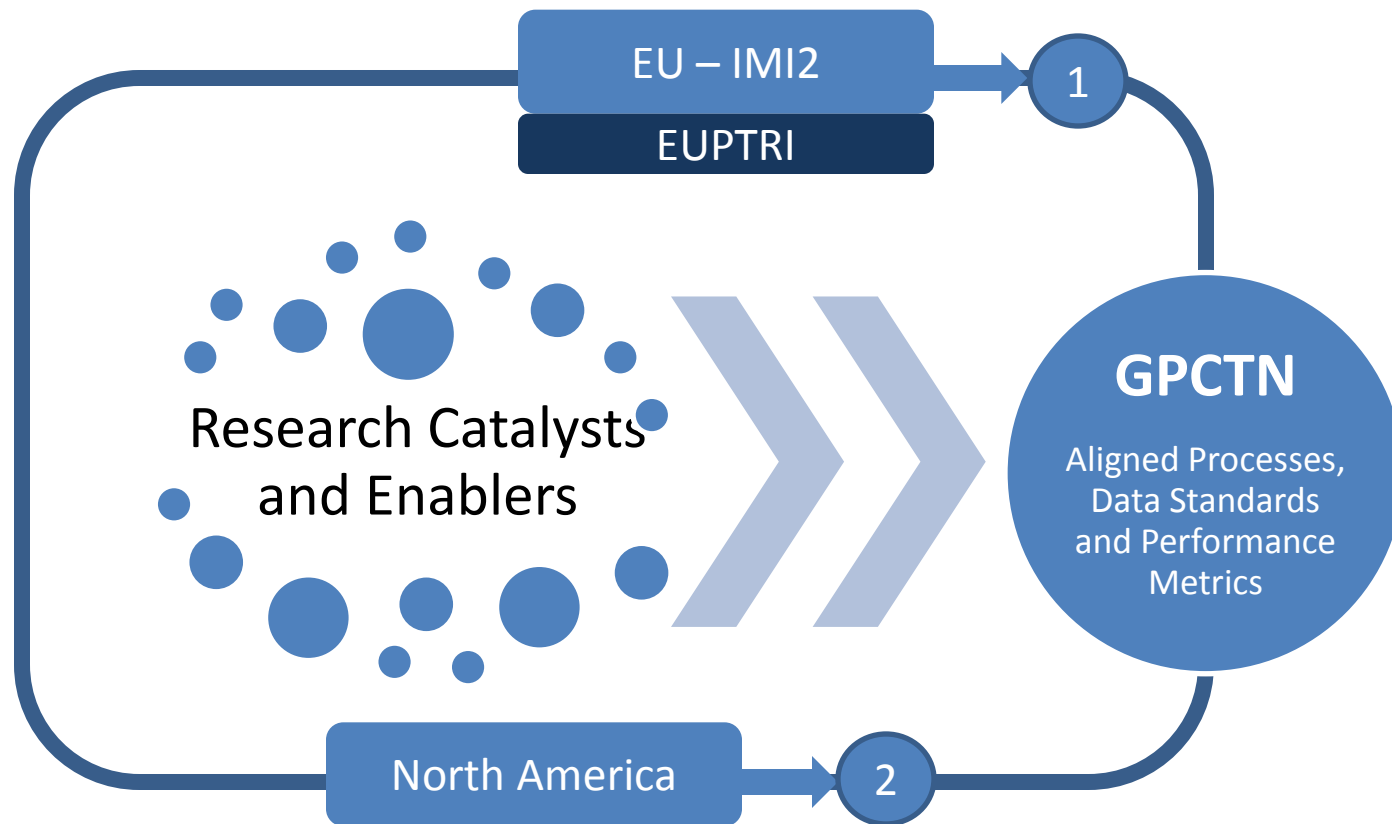
Concept of a Global Pediatric Clinical Trials Network

- Initial funding from a public-private partnership (industry, public/private research institutions, patient groups)
- Disease-agnostic; phase I-IV; neonatal-adolescence
- Global: US, Canada, EU and beyond
- 50-100 of the best children's medical centers in the world
- Heterogeneous study sponsors including industry, NIH (government research), private foundations, patient advocacy groups, investigator initiated
- Cooperate and partner with existing networks, patient groups, medical societies, foundations
- Global resource for advancing science of pediatric drug development and advocating for sound regulatory policy

What is Different?

- Primary focus development and approval of new therapies; comparative evaluation of existing therapies
- Real (not virtual), global (not local or national) network
- Disease-agnostic, not disease-specific
- All age groups (including neonates)
- All phases (I-IV, registries)
- **Sustainable infrastructure**
 - Governing board (industry; academia; government research institutions)
 - Independent corporate non-profit entity with full time FTEs to operationalize and manage the network
 - Financial support of on-site employees in clinical trials units; and of site PI champions to foster long-term community of investigators
- **Sustainable Funding**
 - Founding partner initial capitalization
 - Subsequent additional partner's buy-in
 - Partner yearly dues (including non-industry partners and partnering sites)
 - Ad-hoc fees to non-partner companies utilizing services for specific studies
 - Ad-hoc fees to patient advocacy groups/foundations utilizing network
 - Grants from NIH, other government, foundation sponsors

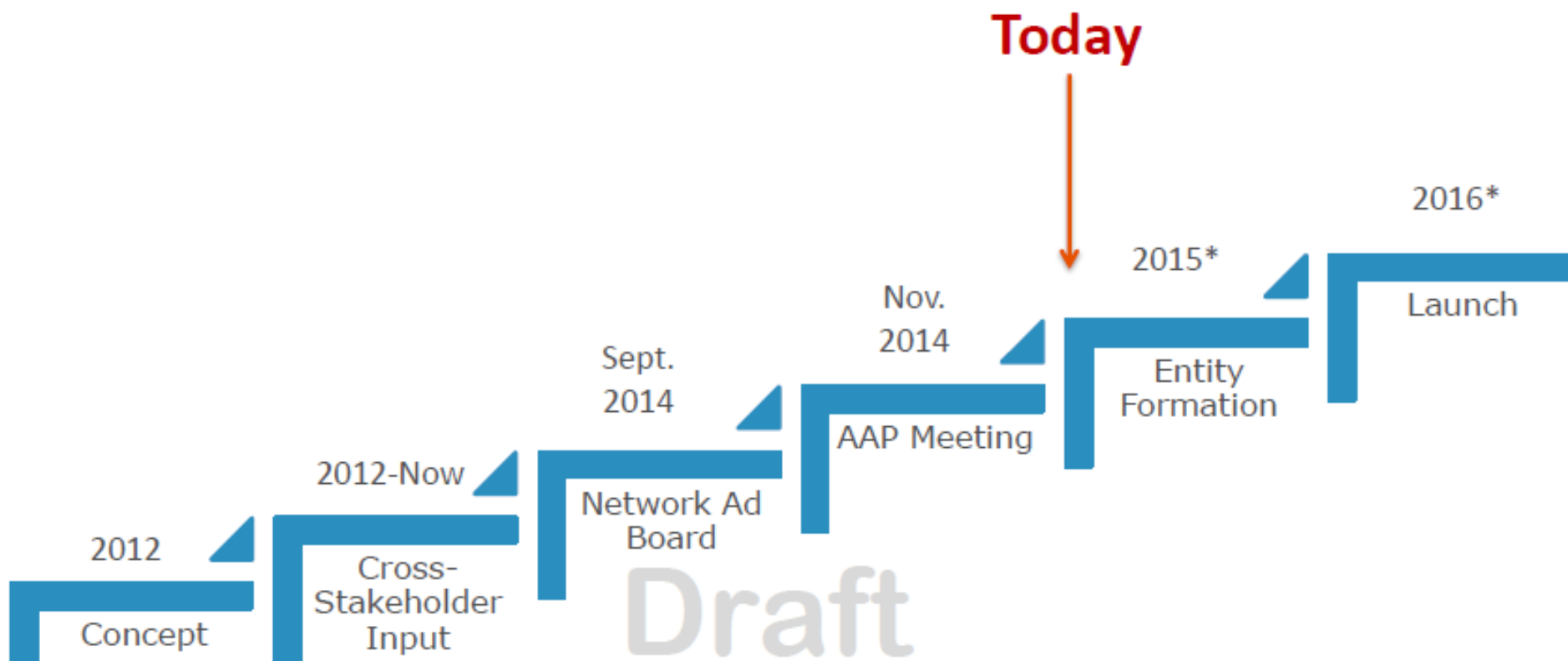
Parallel Initiatives Toward the Creation of a Global Pediatric Clinical Trials Network



Research Catalysts and Enablers include:

- International Neonatal Consortium
- GRiP
- Specialty Networks

Path Forward



*goals

Companies and Organizations Represented at the IMI2 Pediatric Clinical Trials Network Meeting on March 5, 2015

- Lilly
- Pfizer
- Roche
- Janssen (J&J)
- Glaxo-Smith-Kline
- Astra-Zeneca
- Boehringer-Ingelheim
- Lundbeck
- Bayer
- Grunenthal
- Novartis
- Bristol-Myers-Squibb
- UCB
- Novonordisk
- Servier
- EFPIA
- EnprEMA
- IMI2-Europe

Proposed Work Packages

Central network organization
Procedure for access to the
EUPCTN
Clinical Advisory Groups
Liaison with member state
governments, national hub sites
Three proof of concept clinical
trials

WP1: Governance
and Organization of
the Network

WP2: Uniform
Study Procedures

CDAs, master contracts, budget
templates
Ethics Committee Liaisons and
Procedures
Requirements for Sites and
Accreditation, Performance Metrics,
and Quality Control
Robust Feasibility Assessment

WP3: Data
Quality Standards,
Uniformity in
terminology and
data collection,
and
Interoperability

WP4: Business Plan
Development and
Sustainability of the
Network Sources of
Funding post IMI2
support

Patient/Parent Group Participation
Liaison with EnprEMA
National pediatric networks, and
disease specific EU networks
Clinical trial infrastructure networks
(ECRIN, TEDDY, GRIP)

WP6: Stakeholder
Participation

WP5: Network
Research
Personnel
Education and
Training

Scorecard of EU “Interest” in EUPCTRI (EUPCTN) (14/28 Member States)

- 4 countries pledged national network money (England, Switzerland, Austria, Spain)
- 4 Ministries of Health very interested (Italy, Poland, Albania, Netherlands)
- 2 countries with strong networks interested in alignment (Ireland, Finland)
- 4 countries with developing networks interested in alignment (Norway, Iceland, Estonia, Sweden)
- 4 multinational subspecialty networks (Rheumatology, HIV/ID, Oncology, CF)

EU Process for GPCTN: IMI 2 project life cycle

