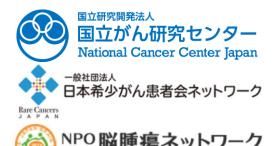


Patient Engagement in Cancer Research: A Comparative Evaluation between Europe and Japan

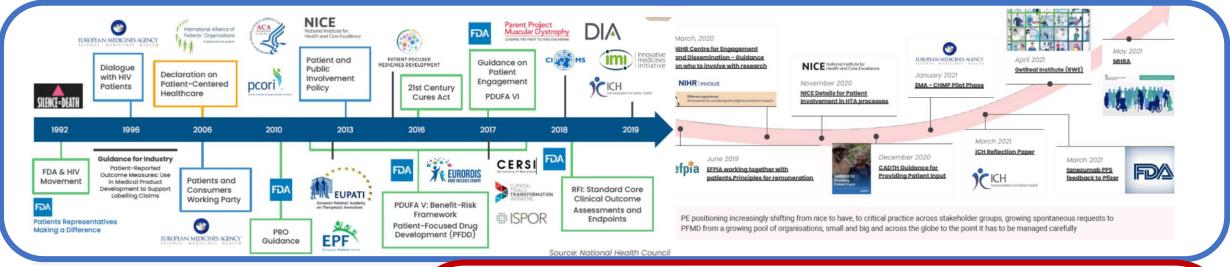


Laureline Gatellier, PhD, MBA

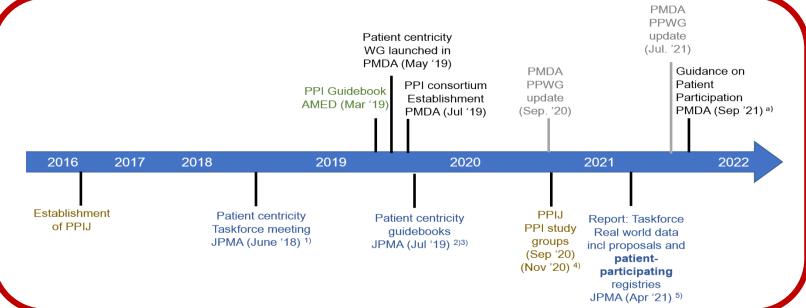
- Researcher @ National Cancer Center Japan
- Board member @ Rare Cancers Japan
- President @ Japan Brain Tumour Alliance

Béatrice Serckx, PhD - EU Support

Background of patient engagement



- EU: Faster advances in the last 2-3 years as much as 27 previous
- Japan: relatively newer



Project Methodology (1)

Preliminary decision

To capture the differences between Japan and EU, it was decided ear survey on Cancer Research in EU and Japan. The survey was original Principal Investigators belonging to academia and pharmaceutical colon this basis a Pilot Survey was launched a year ago

ce que je pensais dire que la pilote a ete en pharma et a l'academ en resultat de la "pilot" avons decide de nous sur l'academia. Bien veux pas me repea pourrait eliminer les remailleurs alors

Pilot Study (May – June 2022)

- Japan: 10 sent questionnaires
 Response rate: 80% (8 answers)
- EU: 14 sent questionnaires
 Response rate: 7% (1 answer)



Identified Challenges

Big difficulty to get answers in EU due to potentially

- Lack of motivation of responders
- Generic addresses
- Questionnaire might be too long
- Cultural difference
- Uniformized responses of pharmaceutical companies
- Major incentive in JP: Leader in the field (JCOG Director) is part of the project steering Committee

Countermeasures

- Identify the "sponsors" of the selected Cancer Research to get their support for the survey.
- Review the questionnaire to make it shorter

Project Methodology (2)

Meet with experts, key players in Cancer Research & funding organisations and Authorities (EMA) to get support, review the survey questionnaire, to better understand blocking points, vision and overall landscape



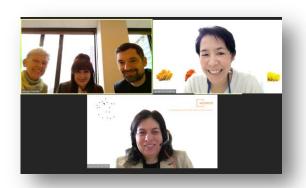
- OECI: T. Philip, G. Apolone
- UNICANCER: S. Beaupère, M. Dahan, M. Canovas, B. Juzyna
- ESMO/UNICANCER: JY Blay
- EORTC: D. Lacombe, S. Lejeune, I. Shakhnenko
- EMA: M. Mavris
- PFMD, The Synergist : N. Brooke, L. Dewulf, E. Priest
- Hosp. St Luc /previous President EORTC: B. Tombal
- Hosp. Bordet: P. Miqueu
- Inst. Paoli-Calmettes: M. Bouyssié
- Patient Organisations
- JCOG/NCCJ: K Nakamura

And others



Outcomes

- Fine-tune the survey criteria
- Fine-tune the survey questionnaire
- Active survey support
- Invitation as speaker in different public audience (JSCTR, PPI-Japan, JPPaC, OECI, JSNO...)
- EMA 's proposal to launch a parallel survey with the EU Patient Organisations



Project Methodology (3)

2) Main survey launched with Research Principal Investigators of academia-led clinical trials / clinical research

Survey Criteria summary

Research Steps (EUPATI scheme)

- Research priorities
- Research design and planning
- Research conduct and operations
- Dossier submission

Patient Egagement self assessment

 Principal investigator (through surveys)

Selected Cancers

Breast	Common, F				
Prostate	Common, M				
Colorectal	Common				
Lung	Common, most frequent in EU/JP				
Pancreas	Common, low survival rate				
Brain	Rare				
Sarcoma	Rare				

Research Sponsor

Academia, Institutions, Hospitals

Research Period

1-Jan-2018 to 31-Dec-2022

Region

- JP
- **EU:** France, Belgium, UK, Germany (+OECI)

Clinical Trial Databases

- **EU**: EudraCT
- JP: UMIN and JRCT

Survey PE/PPI Maturity scale

- Co-Creation / Partnership
- Actively involved
- Informed / consulted
- Considered
- No PE/PPI

Region	# Selected ID from Database			
EU	205			
Japan	135			

One-page Questionnaire

Is PE/PPI occurring or planned in your study??	No	Considered	Informed or consulted	Actively involved	Co-creation / Partnership	Not yet started
1. Research Priorities including defining patient-relevant added value and outcomes	0	0	0	0	0	0
2. Fundraising for research	0	0	0	0	0	0
3. Protocol design / end points/ study activities	0	0	0	0	0	0
4. Informed Consent, Patient Information, and other Information to Trial Participants	0	0	0	0	0	0
5. Ethical review	0	0	0	0	0	0
6. Investigators Meetings	0	0	0	0	0	0
7. Study reporting (incl. dissemination, communication, publishing)	0	0	0	0	0	0
8. Co-applicant (i.e involved in the regulatory dossier set up for Regulatory Authorities or for Funding Organisations)	0	0	0	0	0	0
Other(s) - if others, please describe below	0	0	0	0	0	0

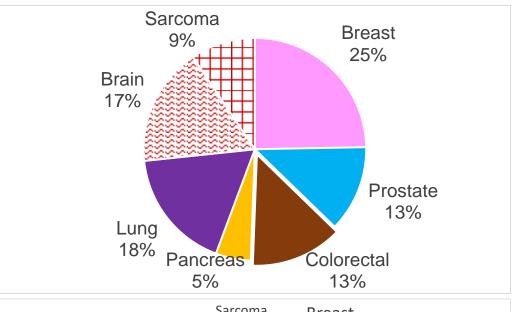
Landscape of academic cancer research

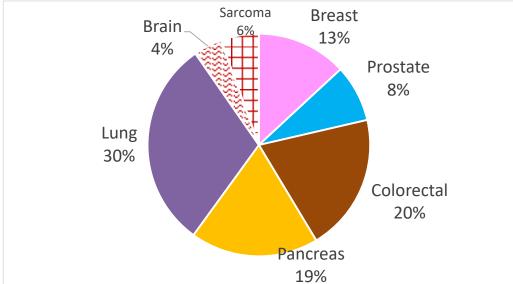
Europe

BE, DE, FR, UK

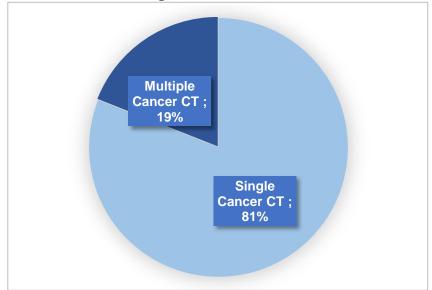
Japan

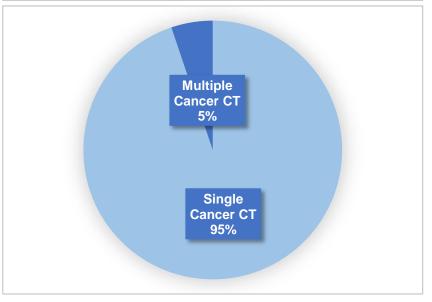






By single versus multiple cancers





Interim results – 12th June 2023

Japan: 135 questionnaires sent, 69 (51%) valid responses

COMPLETED - Closed

Cancer Centers, University Hospitals, Prefectural Hospitals, Municipal Hospitals, City Hospitals etc

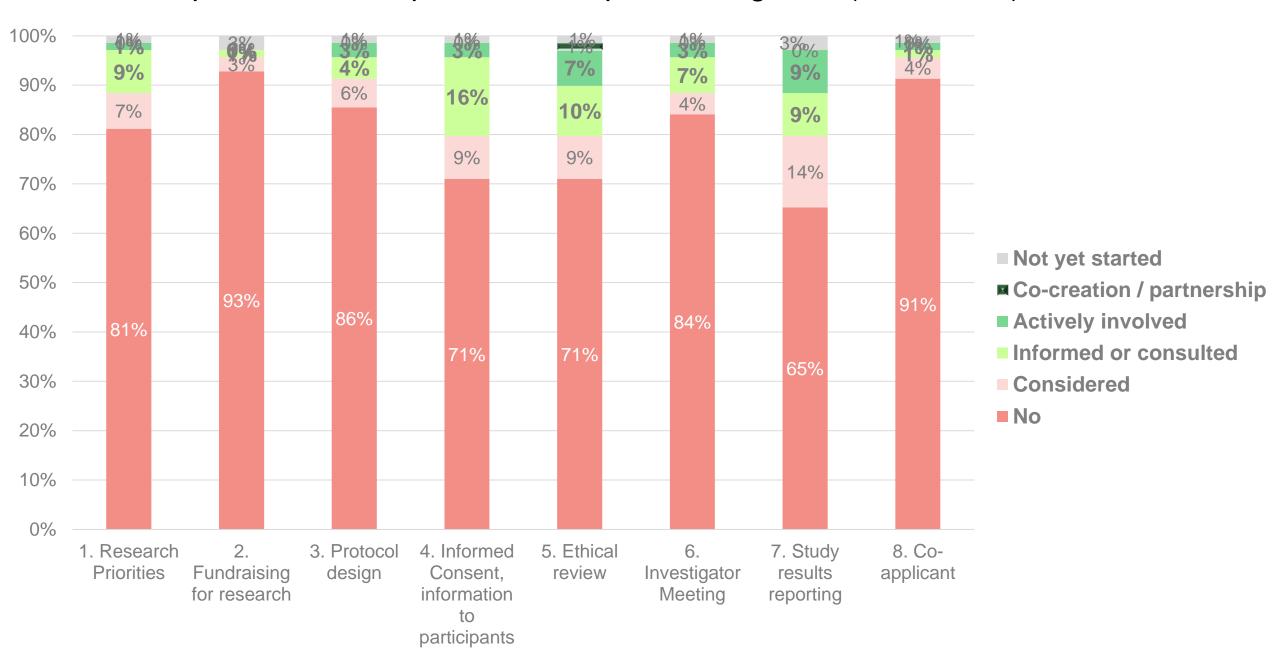
EU: out of 126 sent questionnaires, only **39 (31%) responses**79 questionnaires still to be sent

EORTC (12)
UNICANCER (15)
Centre Léon Bérard (6)
Centre Eugene Marquis (1)
NCT Dresden / TU Dresden (1)
Deutsches Krebsforschungszentrum (1)
Centre François Baclesse (1)
DKFZ (1)
Centre Antoine Lacassagne (1)

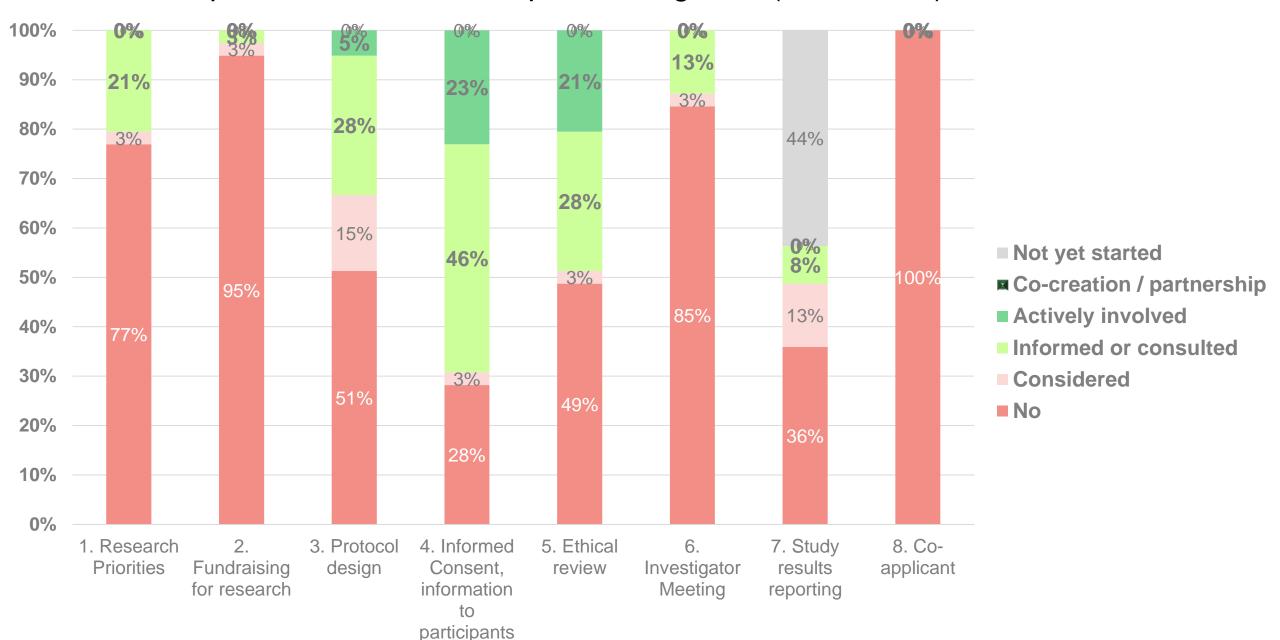
EU Patient Organisations : 11 responses,

Digestive Cancers Europe
Europa DONNA
EuropaUOMO
European Cancer Patient Coalition
POLA
NET en MEN Kanker Belgie
Europacolon Portugal

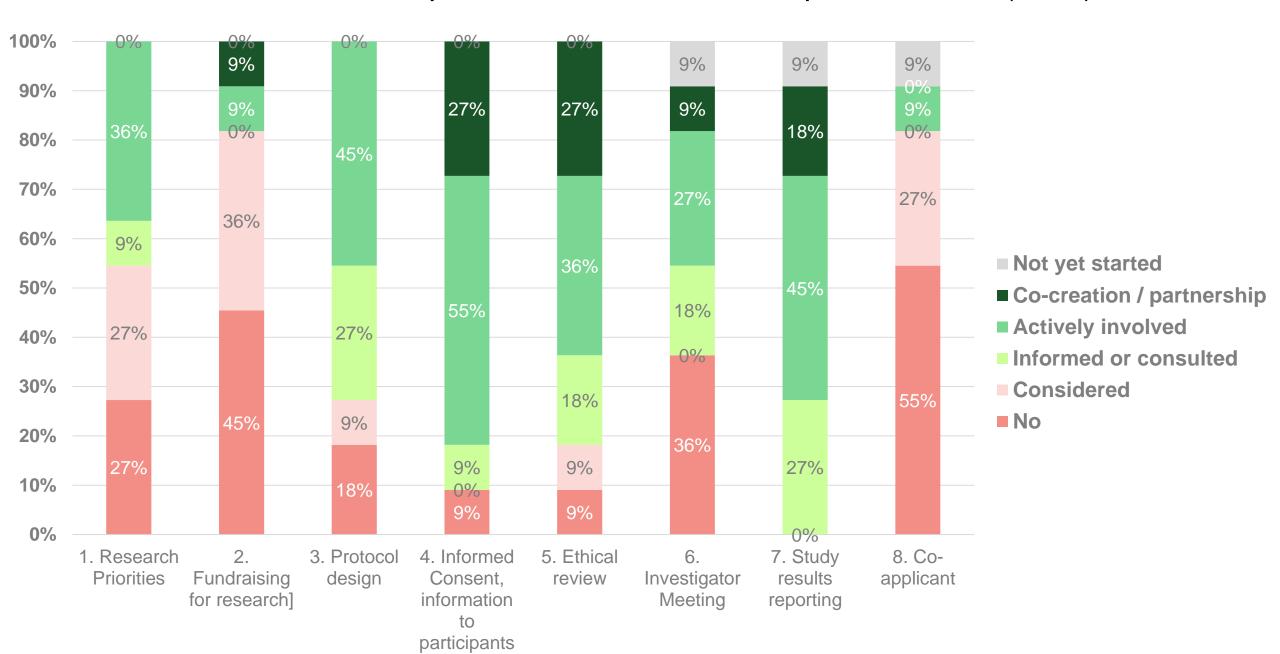
Responses from Japanese Principal Investigators (n=69, 51%) - FINAL



Responses from EU Principal Investigators (n=39, 19%) - INTERIM



As reference, responses from EU Patient representatives (n=11)



KEY Upcoming Milestones

- Today Jun: OECI Oncology Days Oral session
- Jun. : sending remaining questionnaires and follow up
- Jul. Sep.: meeting with the representatives of "best cases"
- Aug: meeting with key stakeholders in Europe
- Sep: Japan Cancer Association: Poster session (tbc)
- Oct : ESMO: attendance (tbc)
- Q4: finalisation of survey data collection and analysis.
- Q1 2024: Confirming results, draft recommendations and report writing

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EU Patient Organisa 11 responses,



Bertrand Tombal

Cliniques Universitaires Saint-Luc

Brussels, Belgium

Thank You!

EORTC (12) UNICANCER (15)

Centre Léon Bérard (6)

Centre Eugene Marquis (1)

NCT Dresden / TU Dresden (1)

Deutsches Krebsforschungszentrum (DKFZ) (2)

Centre François Baclesse (1)

Centre Antoine Lacassagne (1)

Next actions: Joint email with Prof. Bertrand Tombal, MD, PhD, past president of EORTC to the contact point of remaining studies, asking to answer the short survey.



EudraCT Number: 2017-000155-21 Sponsor Protocol Number: UC-Start Date : 2019-06-04 0160/1702 Sponsor Name: UNICANCER Full Title: An open label, randomized, phase III study, evaluating the efficacy of a Combination of Apalutamide with Radiotherapy and LHRH Agonist in high-risk postprostatectomy biochemically relapsed prostate... Medical condition: High-risk biochemically-relapsed prostate adenocarcinoma following radical prostatectomy. Disease: **Version SOC Term** Classification Term Level Code 10029104 - Neoplasms benign, 10060862 Prostate PT malignant and unspecified (incl cysts cancer and polyps) Population Age: Adults, Elderly Gender: Male Trial protocol: FR (Ongoing) Trial results: (No results available) B.5.6 E-mail getug-afu33@unicancer.fr



Emails on their ways to other institutions

Other institutions

32



OECI Members

- APHP (6)
- Centre Léon Bérard (still 4)
- Charité Universitatsmedizin Berlin (3)
- Hôpital Erasme (1)
- Gustave Roussy (3)
- Institut Jules Bordet (5)
- Paoli Calmettes (1)
- Inst. Reg du Cancer Montpellier (5)
- The Christie Hospital NHS (1)
- UZ Brussel (3)

We need your support!

Further discussions or details needed? Don't hesitate to come to us ©!

Laureline Gatellier ガテリエ・ローリン

Igatelli@ncc.go.jp

beatrice.serckx@gmail.com

Let's contribute to improve lives of cancer patients in both regions

Project members

In Japan

- Laureline Gatellier, National Cancer Center Japan (NCC), Patient representative
- Tomohiro Matsuda, NCC
- Kenichi Nakamura, NCC, Japan Clinical Oncology Group (JCOG)
- Keiko Katsui, AMED, St. Marianna University
- Yoshiyuki Majima, Rare Cancers Japan, Patient Representative
- Jin Higashijima, PPI Japan, Chiba University
- Hadrien Charvat, Juntendo University
- Kazuyuki Suzuki, Novartis Japan

In EU

- Ingrid Klingmann, EFGCP
- Beatrice Serckx, Consultant



















Hadrien

Charvat

Jin Higashijima









Thank you!



Back up

Project Brief

Executive summary

Patient engagement / Patient-Public-Involvement (PE/PPI) around the world is an active and rapidly progressing field. An objective evaluation and comparison among continents is still limited.

This study focuses on the comparison of PE/PPI in clinical research in the cancer field between Japan and Europe with the goal to clarify the current PE/PPI activities (etat des lieux) during the drug development process in both regions and develop proposals for improving PE/PPI activities.

Background

PE/PPI has started in Japan later than EU and US (around 2015) with a steep increase such as the creation the PPI guidebook, the establishment of a PPI department at AMED and PMDA, the implementation and Japanese translation of EUPATI training programs in Japan.

An objective comparison of PE/PPI in EU and Japan would allow to better understand the differences and perspectives of each region.

Problem statement

The evaluation and comparison of PE in clinical research is limited, making it difficult to objectively compare PE/PPI in EU and Japan.

Methodology

- Survey launched with principal investigators of academia-led clinical trials / clinical research (through e-mails and by visiting scientific congresses)
- Meet with experts such as EMA / PMDA, key HCP and funding organisations to better understand blocking points, vision and landscape.

Risks

- Biases (low response rate, self-assessment, cultural differences, responders' profile)
- Limited motivation of responders to participate to this study
 Resulting in a limited view of non-representative figures

Survey – Key elements EUPATI Scheme

Patient involvement in medicines R&D Information to Protocol trial participants Trial Synopsis protocol amendments Setting • design steering new safety information Data & Safety Research target population committee Monitoring protocol follow up I Priorities Regulatory Protocol improving access ■ Committee · gap analysis Affairs Design Investigators · adherence early horizon ■ • MAA evaluation relevant endpoints Meetina scanning drop-out issues area ■ • EPAR summaries · matching amendments benefit/risk balance ■ - trial design · lay summary of unmet needs · in-/exclusion criteria • recruitment results with research · diagnosis procedures challenges disease I ⋅ package leaflets • defining quality of life and patient · opportunities ■ · updated safety ■ patient-relevant reported outcomes can trigger amend- communication added value ethical issues • ments and outcomes data protection mobility issues/logistics · adherence measures Dissemination. Research Conduct Research Design Research Communication, and Planning and Operations **Priorities** Post-approval Medium expertise in disease area required publications · dissemination of research results to patient community / · visual design summary of interim professionals · readability results - language · dissemination in patient Post-study community communication · travel expenses Ethical support for Patient Study family members Review - assessment of value reporting Information - patient-relevant Fundraising # outcomes content for research patient priorities visual design Practical · readability Health

Informed

Consent

Considerations

EUPATI

European Patients' Academy

Geissler, Ryll, Leto, Uhlenhopp doi: 10.1177/2168479017706405

Technology

Assessment