



where science and ethics meet

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eHealth, Innovation and Patients Centredness

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'Patient Centricity' is 'in'



UCB advertisement at the Brussels airport:

*Inspired by patients –
Driven by science*

AstraZeneca:

*Science and patients
...the heart of everything
we do*

Sanofi:

*A global integrated health-
care leader focused on
patients' needs*

Patients' Need: Access to Effective and Safe Treatments

- Reliably effective
- No (or bearable) side effects
- Affordable for me and my healthcare system
- Available when I need it
- Well investigated – in general terms

An Illusion:

**To believe
that patients
WANT
to join a clinical trial**



Current Paradigm for Access to Treatment

- Demonstration of evidence for efficacy and safety in randomised clinical trials in patients
 - Performed according to strict protocol conditions in selected patient populations under high quality standards
 - Required patient numbers defined by statistical rules
 - Data generated for the purpose of the clinical trial
 - Access to efficacious treatment stopped after patient's end of trial participation
 - High drug attrition rates during clinical development make patient participation in a trial often useless
- Outcome of the clinical trials, benefit-risk assessment and quality of documentation assessed by competent authorities as basis for marketing authorisation
- Request for demonstration of positive cost-benefit balance and added value by HTA/payers based on additional studies

Patients' Reasons for Trial Participation

Patients consent to participate in a clinical trial

- Because they have no other choice to get access to a new treatment option
- Because they get access to free medication and diagnostic
- For altruistic reasons
- If they want to follow their doctor's advice

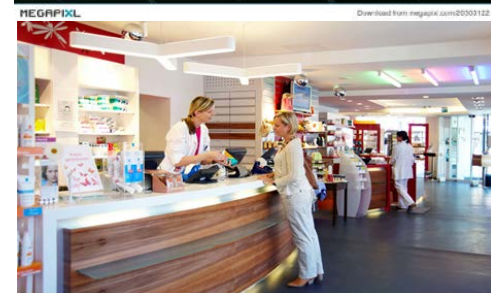
But not because they want to expose themselves to the risk and burden of research -

especially in a moment when they fight with being sick

Consequence: Change of Paradigm?

No,

- we will not be able to change the paradigm of data generation from exposure of a new medicine to patients
- we will not want to move back from governmental responsibility for release of efficacious and safe treatments assessed from reliable and secure data
- our societies cannot afford anymore to provide unjustified access to all types of treatments



Mandatory Consequence: Change of Conditions

We have ethical and societal obligations **to find better ways** to achieve access for patients to efficacious and safe treatments

- Faster growing and better managed scientific knowledge
- Innovative R&D methodology
- Imaginative, reliable and affordable technology
- Integrative IT infrastructure in healthcare

and **to have the courage to implement demonstrated advancement quicker**



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Key Areas for Change of Conditions

- We need to find ways to make clinical trials an element of better healthcare
- We need to enable other reliable but secure data sources than clinical trials to demonstrate efficacy, safety and added value
- We need to minimise the number of patients required to participate in clinical trials
- We have to find ways to facilitate patients' involvement in clinical trials:
 - ❑ Minimise their risks
 - ❑ Minimise their burden
 - ❑ Maximise their chance for effective treatment



Innovative Tools for Change of Conditions

- Decentralised, digital studies, “trials at home”
- Computer Modelling & Simulation, *in silico* clinical trials, digital patients
- eHealth Records to collect Real World Data, “Big Data”
- Biobanks, Registries, global databases
- Distributed Ledger Technologies (“BlockChain”) for increase of security, privacy and interoperability of all data relating to health
- Etc.



Future “Patient Centredness”

- Systematic educated patient involvement in all processes of new treatment development to ensure focus on patients needs
- Responsible use of resources to achieve gradual and break-through improvements of treatments affordable by all societies
- Innovation to be limited by patients’ protection and rights





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**Thank you
for your
attention!**