TDR/GHT Newsletter: Issue 1

September 2011

Dear Fellow

Welcome to the 1st edition of the TDR/GHT website newsletter.

Each newsletter will feature reports from several of the TDR Fellows. Please feel free to submit reports on the progress of your fellowship, problems encountered, contributions on papers you publish, presentations you have given, conferences and training you attend, posters you present, etc. The newsletters will also report on new developments on the TDR and GHT websites, upcoming international conferences, funding, etc.

This newsletter features articles from TDR Fellows Tafireyi Marukutira, Laureano Mestra and Steven Baveewo.

It also provides details on the WSPID, EDCTP and ASTMH conferences and TDR CRF annual meeting.

Finally the new developments on the TDR/GHT website are explained, plus brief explanations of the new additions to the GHT website that may be of interest to you are provided.

This newsletter is designed specifically for you, so if there is something you would like to see featured, please let us know.

Best wishes

Mary

GHT Training and Professional Development Coordinator

DRUG INFORMATION ASSOCIATION (DIA) CONFERENCE

47th ANNUAL MEETING
June 19-23, 2011 Chicago

Report by: TAFIREYI MARUKUTIRA
Home institution: Baylor Children's Clinical Center of Excellence,
Gaborone, Bostwana.

The DIA conference is a multidisciplinary event involved in the discovery, development, and life cycle management of pharmaceuticals, biotechnology, medical devices, and related health care products.

The theme was 'Convergence: the convergence of science, medicine, and health; of scientific and operating functions and technology solutions; of internal and contract personnel; of research professionals, health care providers, patients and public.

This international conference offered 18 tracks over 5 days, these included:

- Health Economics & Outcomes (HEO)/ Comparative Effectiveness Research (CER)/ Health Technology Assessment (HTA)
- Clinical Operations
- Development Planning
- Product Advertising & Communications
- Research Data & Content Management
- Quality & GXP Compliance
- Clinical Safety & Pharmacovigilance
- Global Agency
- Outsourcing Strategies & Innovative Partnering Models
- Nonclinical & Early Clinical Translational Development
- IT Methods & Technologies
- Regulatory Affairs & Science
- Public Policy/Health Care Compliance
- Statistics
- Professional Development
- SIAC Showcase
- Medical Devices
- Late-breaking Topics

FOCUS ON PEDIATRIC DRUG DEVELOPMENT

Before any drug registration it is mandatory that there is a Pediatric Investigation Plan (PIP) where applicable and regulations vary between Europe and America. A PIP means a research and development programme aimed at ensuring that the necessary data are generated determining the conditions in which a medicinal product may be authorized to treat the paediatric population. The PIP includes details of the timing and the measures proposed to demonstrate quality, safety and efficacy. It also includes development of an appropriate formulation for pediatric use if necessary and it is binding to the pharmaceutical company. In Europe the PIP or the application of a waiver should be submitted with a request for agreement not later than upon completion of the human pharmaco-kinetic studies (Phase 1) in adults.

As an advocate for pediatric drug development I actually found this very interesting that pharmaceutical companies are actually mandated to develop drugs for children. There are benefits of submitting a PIP and actually following it through and this includes:

- 6 months extension of Supplementary Protection Certificate (SPC)*
- 2 additional years exclusivity (for orphan products)
- Paediatric Use Marketing Authorization (PUMA)

*SPC = is an intellectual property right, extending the protection a patent offers beyond the validity of the patent. From the moment a patent expires, the SPC starts its protection.

In the USA, the Pediatric Research Equity Act (PREA) of 2003 gives guidance to PIPs. The WHO Pediatric Regulators Network and CIOMS guidelines are also used. There was an interesting discussion on whether clinical trials are a

always needed in pediatric drug development or extrapolation from adult studies. It recognized that while this may be happening in reality there is always caution in extrapolating safety of drugs used in adults. Indication and efficacy issues may be ok to extrapolate in paediatrics but there is always concern on safety especially on dosing.

GLOBAL CLINICAL TRIALS

Globalization will affect both art and science of clinical research. Long a reality, the gradual shift of clinical trials from developed countries to emerging markets continues to be steeped in assumptions, misunderstandings, out-dated facts and inaccurate data. Clearly more and more clinical trials sites are being identified in the developing world. Many pharmaceutical companies for various reasons now use sites in Asia, China, India and Africa. One of the main reasons is that it is becoming more difficult to find research subjects in the developed world especially for infectious diseases. The other reason is that it may be cheaper for the pharmaceutical company to conduct clinical trials in these areas. I would however look forward to these developing countries benefiting when the drug comes into the market, hopefully.

STATISTICS

There was a focus on Comparative Effectiveness Research (CER) that the pharmaceutical world is trying to follow. CER is thought to identify what works and does not work in health care. CER infuses evidence on product quality into markets, shifting the relative demand for products in CER studies.

Adaptive Research Designs are being used more and more. These combine phase II and III studies by establishing a number of dosing arms and pruning those down to a manageable two or three (including a comparator) for a confirmatory stage. Once the final doses get confirmed, the study is then expanded assuming a second pivotal study is warranted. Simulations can be used to model possible outcomes and their ramifications. The methodologies and infrastructure for the adaptive approach should be in place and running well and that includes quick and accurate data capture, rapid data validation, prompt generation of meaningful information, and readiness for continuous decision making. This kind of approach can easily reduce development time by a year or more and save many millions of development dollars. However the question is always on the pros and cons of this approach and who benefits the most.

SITE SELECTION

There was an interesting discussion on how sponsors chose their research sites. There is a lot of outsourcing now and many pharmaceutical companies now use Clinical Research Organizations (CROs) to manage trials on their behalf. The CROs therefore will select the investigators' sites. Site selection normal starts with a feasibility assessment of all potential sites with the use of a questionnaire. Upon identification of potential sites then a pre-study visit is done by the CRO or sponsor before the final selection is done.

FDA INSPECTION/AUDIT

I am based at a site that where I conducted a pharmacokinetic trial and we were the highest recruiters in Botswana. We may potentially be audited by the Food And Drug Authority (FDA). This session was very relevant because an investigator from a site that was audited was sharing experiences on an audit done on their site. You will never know whether your site will be audited and when you get to know it is not going to be for more than 24-48 hours for you to prepare.

CONCLUSION

This was a big welcome for me to the pharmaceutical industry and there is a lot that goes on behind the scenes and there are many renowned professionals behind as well. The next DIA conference is in Philadelphia in 2012.

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A NEW STEP

Report by: LAUREANO MESTRA
Home institution: Programme for Study and Control In Tropical Diseases (FECET), Medellin, Colombia

Since I knew that I was selected for the opportunity to be a WHO/TDR CDF, I definitively felt that my life was about to change, but not that much!

At the beginning I was a bit concerned about the arrangements to get everything ready for the trip, but once I arrived in the United States, the challenges were different, but very exciting!

New place, new culture, and new people, everything is new for me, but despite the big endeavour that all this means, it has been very exciting.

I have had the opportunity to meet great people in the United States, especially in EISAI, the company where I am doing my fellowship.

I had a warm welcome from the people at the company; Greg Altamura (EISAI Inc. Human resources) has been a great support since my arrival.

Fred Duncanson and Mike Everson, my bosses, are such a great guys; they are very kind, smart and funny! Now I feel they are not only my trainers or bosses but they are my new friends. Actually, during this short time, I have learned a lot about preclinical and clinical drug development and I hope one day to be as good as them.

Finally, I want to tell you that the area where the company is located is beautiful and is a good place to live and to work. Now I know that all the concerns a few months ago are gone and this is a new step in my life. This is such experience and I feel very grateful.

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My Fellowship So Far

Reported by: STEVEN BAVEEWO
Home institution: Makerer University College of Health Science, Department of Medicine, Kampala, Uganda

Having been a Study coordinator for three years' and five months for the National Institute of Mental Health's funded behavioral interventional clinical trial in Uganda I was sure I had got most of the necessary experience required to manage phase III clinical trials.

During the application for this training, my expectations were to get practical experience in the design and implementation of clinical trials phases I, II and IV and to obtain additional experience to empower me to address the tropical disease challenges from the global perspective. To me, this was a unique opportunity as I could also understand how the collaboration between pharmaceutical companies and the World Health Organization (WHO) operates. I was also very inquisitive about how my training and skills, learned during this fellowship, could be of value to developing countries.

It's been just two months since I started the fellowship training and there is already much I have learnt and so much more to learn in the next 10 months. The program is unique as every bit of training is hands on. It's using the knowledge acquired over the years and refining it, to groom me into one of the best scientists globally.

This fellowship has provided me with an understanding of the regulatory procedures for research, from the sponsor's perspective. Pharmaceutical companies that have to obtain regulatory approval from the Food and

Drug Administration and the Europeans Medicines Agency go through more rigorous audits of the drug product research findings before a drug is approved to be marketed for human consumption and this demonstrates the standards of the training I am obtaining. This is slightly different from academic institutions in developing countries whose primary focus is on developing fundable proposals, the conduct of clinical trials and publishing research findings. The other procedures that take place after the manuscript publication, up to the time the drug is approved for marketing, are not well appreciated at least from the practical point of view. In fact the processes after publishing the findings are much more rigorous and employ systematic reviews and meta-analysis of the combined clinical trials to demonstrate the company's proof of the higher benefit-risk ratio of the drug for marketing. The pharmaceutical companies have to show full proof to regulatory authorities that the drug is safe for human consumption, through a thorough risk-benefit analysis based on multiple trials conducted with thousands of patients. Often new findings emerge which may require designing more studies and going back to the field to conduct more research, a task that can take additional months or years in order to have drug accessed by the people who need them.

I had an excellent mentorship from the investigators for the clinical trial in Uganda and a great learning experience while coordinating the behavioral trial at Mulago hospital; I gained the experience on clinical trials management from the implementer's perspective. The WHO fellowship/ Pfizer placement has taken it further by giving me an experience on managing clinical trials from sponsors, and a global, perspective as per stringent GCP guidelines and sponsor SOPs, in terms of planning, implementing, monitoring and ensuring adherence to the quality standards of clinical trials being conducted across many countries and multiple study sites.

The very experienced and dedicated Malaria Development Team at Pfizer is sharing with me their many years' experience in other skills which include the following:

- The design and management of Pharmacokinetic and Pharmacodynamic studies through an ongoing multicounty study. Hopefully I will get experience on the analysis and clinical study report writing and manuscript writing of PK/PD studies when the study comes to an end.

- The fear of clinical monitors: anyone who has been part of the clinical research and specifically randomized clinical trials will attest to the great fear that develops at study sites when the clinical monitors set a date to visit. Often it is a fear of the uncertainty around what fault the clinical monitors might find and the implications of the audit findings. I am starting to get the experience of monitoring clinical trials at a local and global level. This will be great experience to share with the researchers back in my home country and in Africa, and surely will improve on the quality of research conducted in the resource limited settings.

- Skills to meet the requirements of the different regulatory bodies with differing requirements and standards while maintaining the original specific objectives of the research or even the quality of research, and paying due attention to the GCP,ICH, CIOMS, FDA and EMEA regulations.

- Skills of how to handle challenges of regulatory documents like translating consent forms into multiple official languages such as English, French and Spanish, and into multiple local languages, often for participants with variations in education levels and with limited ability to comprehend the nature of studies. It has been amazing how the team goes all the way to simplify the research consent forms and case report forms for the research participants to understand the study procedures.

My major challenge at Pfizer was initially that of keeping pace with the high level of Information technology as my previous experience had less of these details but the Pfizer team have been very supportive and I picked it up in a short time. The funding has been regular and just adequate for my personal needs at the Fellowship program.

Thank you the WHO TDR Fellowship program and thank you Pfizer for empowering me with the skills; relevant to my work in the developing countries.

Up and Coming Conferences & Meetings

6th EDCTP Forum

Strengthening Research Partnerships for Better Health & Sustainable Development

Addis Ababa, Ethiopia
9th-12th October 2011

The Sixth EDCTP Forum provides an international platform for the presentation and discussion of frontier research for everyone involved in combating the three main poverty-related diseases of HIV/AIDS, tuberculosis and malaria, and the appropriate capacity development and networking activities.

Global Health Trials is really pleased to be running a session at the EDCTP forum on Professional Recognition, Career Development and Training for Clinical Research Investigators.

For further information please visit:
http://www.edctp.org/Announcement.403+M5f050bb81f4.0.html

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The 7th World Congress of the World Society for Pediatric Infectious Disease

Melbourne, Australia
15th – 19th November 2011

WSPID 2011, the 7th World Congress of the World Society for Pediatric Infectious Diseases, provides thousands of specialists in the field a world forum for sharing the latest knowledge and receiving updates on the treatment and prevention of pediatric infectious diseases.

Organized by the World Society for Pediatric Infectious Diseases (WSPID), this biennial congress is the largest gathering of paediatricians in the field of infectious diseases. Participants will receive a fully comprehensive scientific program featuring internationally renowned experts, sponsored and plenary symposia, free papers, poster sessions, and networking opportunities.

For further information please visit:
http://www2.kenes.com/wspid/Pages/home.aspx

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TDR CDF Annual Meeting

25 - 27 January 2012
Geneva, Switzerland

The annual TDR CDF meeting will take place in Geneva from the 25th to the 27th of January 2012.

Further information will be posted on the TDR/GHT website once it becomes available.

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American Society of Tropical Medicine and Hygiene 60th Annual Meeting

4th – 8th December 2011

Philadelphia, USA

The ASTMH 60th annual meeting will be held in Philadelphia this year.

Global Health Trials director Dr Trudie Lang is delighted to be chairing a symposium at the meeting. The ASTMH aims at promoting global health through preventing and controlling disease, and the global health symposium chaired by Trudie will be entitled 'Harnessing the Web to Support and Enhance Research into Global Health'. The symposium will include five talks in diverse areas surrounding this topic. We will post slide sets of the presentations and, if possible, audio clips on the GHT website after the symposium.

The draft schedule and further information can be found at:
http://www.astmh.org/Schedule_at_a_Glance.htm

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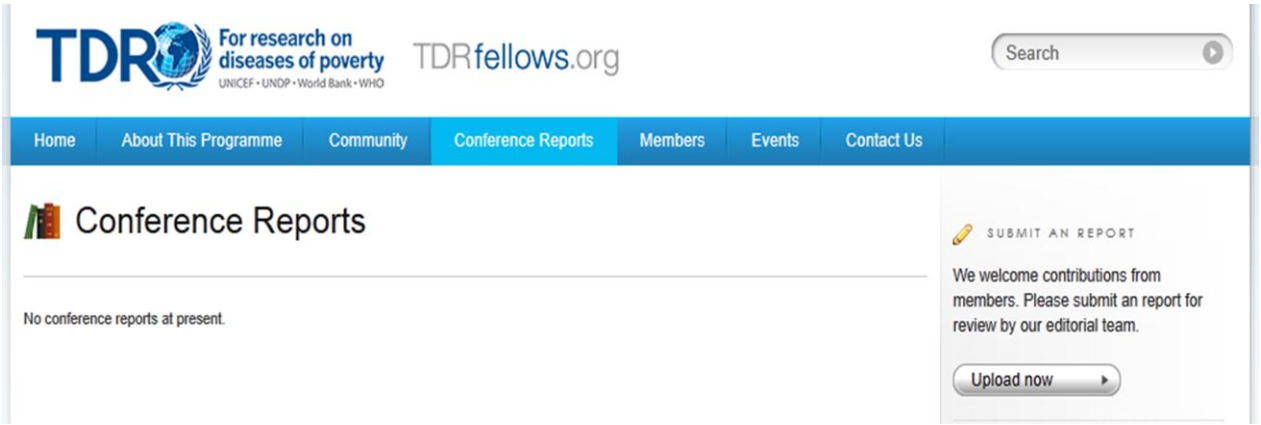
Website News

TDR Fellows Website: Conference Reports Area

In the 'Conference Reports' section of your website you will find the 'Conference Report Template' which you can use for completing and submitting all of your conference reports to TDR. Additionally this is the area where you can upload all of your previous conference reports so that your colleagues can read about your experiences and impressions of each of the conferences that you have attended. See below for an example of how this area of the website appears.



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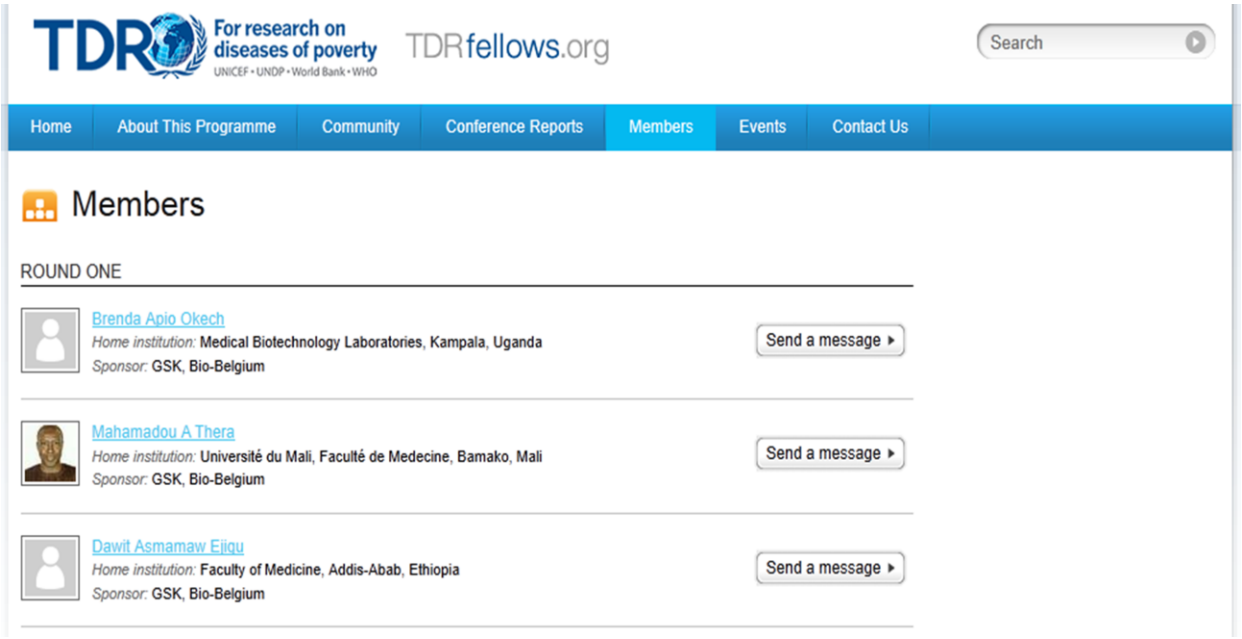
TDR Fellows Website: Member's Area

We are delighted to announce that the development of 'Members Area' on your website has now been completed. Each fellow is listed according to the round they were in, with their home and sponsor institutions displayed beside their photographs. There also a 'Send a Message' button which allows you to contact each member individually. See below for an example of how this area of the website appears.



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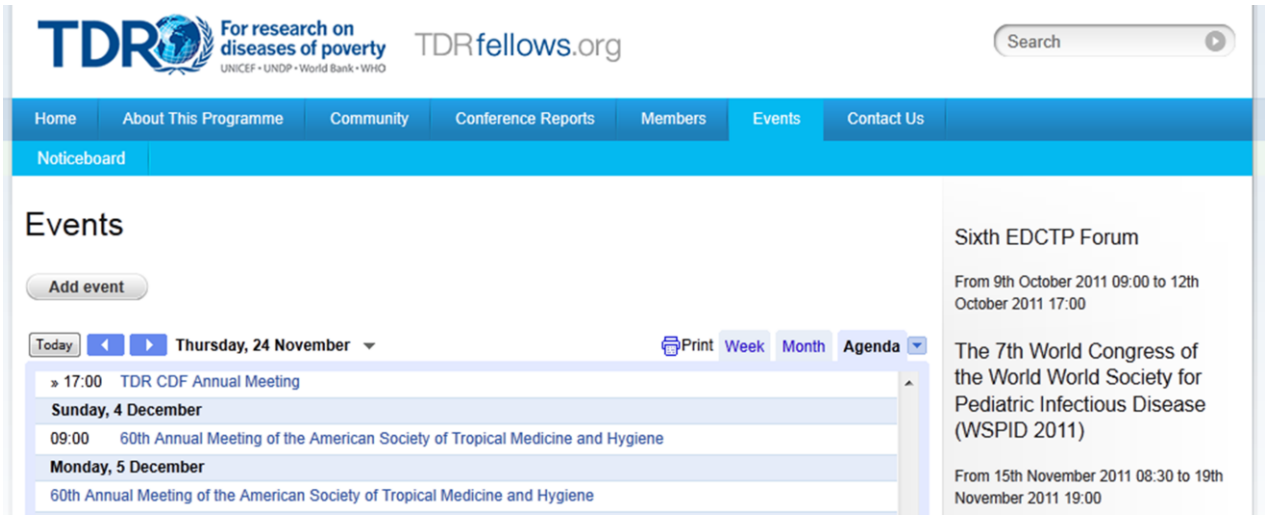
TDR Fellows Website: Event's Area

The 'Events Area' lists all of the forth coming meetings and conferences. If you are aware of events which you feel would be of interest to you TDR colleagues please let us know and we will display them on the Events calendar. See below for an example of how this area of the website appears.



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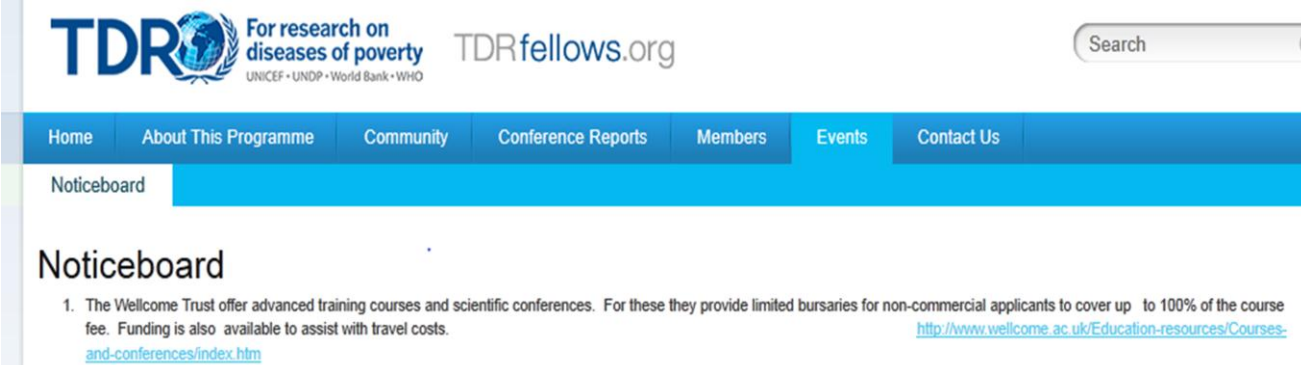
TDR Fellows Website: Notice Board

The 'Notice Board' area has been completed and is can be found under the 'Event' tab. This will be used to post all items of interest such as grants and funding, articles of interest, the newsletter and any other items which may be of interest to you. See below for an example of how this area of the website



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Other Items of Interest

Global Health Trials' 'Professional Membership Scheme'

The Global Health Trials team is very pleased to announce the launch of the Professional Membership Scheme, which we hope will be a valuable asset to all of you in your careers.
This scheme is intended to help people from all areas of clinical research (staff nurses, statisticians, investigators, laboratory staff, etc.) to advance their careers through flexible, straightforward steps which can be followed in your own time, to career goals of your own making. Further, it will automatically create a GCP-standard CV for you, which you can update regularly throughout the scheme and can be used for job applications and when required for study information.

The scheme requires users to fill in a form with basic career history, core competencies, professional qualifications, registrations and publications, which are scored to give the user a membership level. There are five membership levels, each with five levels.

Once accepted into the scheme, there are many ways to update your membership and raise your score. As you gain new skills, attend meetings, take part in training (just a few examples) you can add to your points and enhance your progression through the membership levels. Once you submit your recent new activities the moderators will review and award the appropriate new points.

It is essential that this is a credible and respected scheme that research staff, their managers and potential employers can trust. All such schemes have some kind of validation system and audit capability. We ask for the email address of a referee or line manager and for documented evidence to be maintained for courses and qualifications. This allows for quality spot checks to be carried out in order to validate the system and scoring.

The CPD scheme has been developed in conjunction with the TDR Fellowship Scheme so we are very keen to have your feedback on your experiences of using this system.

For further information, please go to http://aht.globalhealthhub.org/login/?next=/cpd/

Global Health Trials' 'e-Learning Centre

The Global Health Trials eLearning Centre has recently been launched. The free, certified e-learning modules are designed to be used as quick 'how-to' training sessions on designing, planning, operationalising and reporting clinical studies. They can also be used as a means of gaining points towards the Professional Membership Scheme mentioned above.

The e-learning courses are designed to cover every step, process, and issue that needs to be understood in order to conduct a high quality clinical study. These courses should take about 45 minutes to complete and a certificate is issued on completion. Every course is written to be globally applicable, so for all diseases and all regions. They are also highly pragmatic and adaptable. Each course is carefully researched to provide up to date and high quality material that is peer reviewed and regularly reviewed and updated.

These courses are built through the support and partnership of the Bill and Melinda Gates Foundation, the World-Wide Antimalarial Resistance Network (www.wwarn.org) and The East African Consortium for Clinical Research (www.eaccr.org).

Our e-Learning Centre also has a number of audio and video presentations on diverse aspects surrounding the running of clinical research in resource-poor settings.

Additionally there is a list of organisations which provide relevant training for free or at low costs.

To learn more, visit the website at: http://ght.globalhealthehub.org/elearning/

We have a list of upcoming courses as well, so don't forget to keep revisiting the page!

WORLDWIDE ANTIMALARIAL RESISTANCE NETWORK
WWARN

GlobalHealthTrials.org
Research, Guidance, Training, Professional Development & Resources

East African Consortium for Clinical Research
EACCR

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