

Post-trial survey of participants of a Phase 3 clinical trial in SSc-ILD

Ilaria Galetti,¹ Edith Brown,² Ann Kennedy,³ Robert J Riggs,⁴ Annelise Roennow,⁵ Maureen Sauv e,⁶ Joep Welling,⁷ Henrik Finnern,⁸ Annie Gilbert,⁹ Martina Gahlemann,¹⁰ Wiebke Sauter¹¹

¹Gruppo Italiano per la Lotta alla Scleroderma, Milan, Italy and FESCA aisbl, Belgium; ²Scleroderma and Raynaud's UK, London, United Kingdom; ³FESCA aisbl, Saint Maur, Belgium; ⁴Scleroderma Foundation, Inc, Danvers, MA, USA; ⁵Sclerodermforeningen, R dovre, Denmark; ⁶Scleroderma Canada, Hamilton, Canada; ⁷Nationale vereniging voor lupus, APS, sclerodermie en MCTD, Utrecht, Netherlands; ⁸Boehringer Ingelheim International GmbH, Ingelheim am Rhein, Germany; ⁹AK Gilbert Ltd, Brighton, United Kingdom; ¹⁰Boehringer Ingelheim (Schweiz) GmbH, Basel, Switzerland; ¹¹Boehringer Ingelheim International GmbH, Biberach an der Riss, Germany

BACKGROUND

- SENSISC[®] (2015–18) was a large Phase 3 trial with 576 participants that investigated the efficacy and safety of nintedanib versus placebo in patients with SSc-ILD.¹
- The SENSISC[®] clinical research sponsor (CRS) collaborated with a scleroderma patient community advisory board (CAB) regarding the design, implementation and conduct of the trial.²
- The CRS and CAB developed a post-trial survey for SENSISC[®] participants.

AIM

- To gain experience in collecting real-world information and trial satisfaction data from patients to inform and improve future patient-centric clinical research.

METHODS

- SENSISC[®] trial participants who were involved in the extension trial SENSISC[®]-ON were asked to complete a post-trial survey covering nine multiple-choice questions about three main topics.
- A total of 125 participants contributed to the survey.
- Participants could select more than one option per question.

The SENSISC[®] post-trial survey was an innovative approach to obtaining real-world feedback on improving future trial design and patient participation using multiple channels.

CONCLUSIONS

- The results highlight the importance of reaching patients who may not be actively looking for clinical trials and using multiple communication channels.
- These first learnings will help develop patient-centric approaches and improve communication with patients in future trials.

RESULTS

1. Recruitment

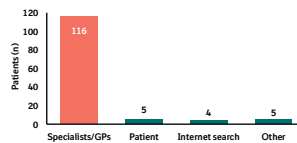
62% (n=78) of patients would pay attention to printed materials and contact a study site.

The most common sources of information about recruiting SSc trials were:

- Specialists/GPs (n=46)
- Internet search engines (n=20)
- Patient organisations (n=12)

51 patients reported not actively looking for trials.

'How did you become aware of the SENSISC[®] study?'



2. Motivation and retention

Most frequently selected responses	Patients, n
'Why did you participate in the SENSISC[®] study?'	
Hope for an improved therapy	98
Specialist/GP recommendation	81
Hope for an improved therapy for other patients	64
'What did you particularly like?'	
Opportunity to receive an improved therapy	92
Opportunity to support development of an improved therapy	90

'Why did you stay in this study?'

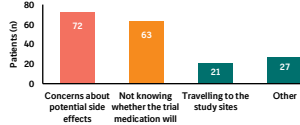


*Patients in the US were not asked this question.

Patients were motivated to contribute to research and help others living with SSc.

3. Challenges and wishes

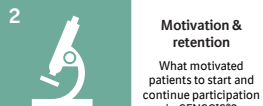
'What did you like the least?'



115 patients would consider taking part in another study by the CRS in the future.

Most frequently selected responses	Patients, n
'What can the CRS offer to improve future trials?'	
More patient-friendly information	50
Opportunities to communicate with other trial participants	48
Availability of information material in multiple formats	46

These data suggest that operational support and patient education during a trial may improve the travel burden of patients and their concerns about potential side effects.



References

1. Distler O, et al. N Engl J Med 2019; 380:2518–2528.
2. Roennow A, et al. BMJ Open 2020; 10:e039473.

Abbreviations

CAB, community advisory board; CRS, clinical research sponsor; GP, general practitioner; SSc-ILD, systemic sclerosis-associated interstitial lung disease; US, United States.

Disclosures

IG has nothing to disclose. EB has nothing to disclose. AK reports consultancy fees for her patient organisation from Boehringer Ingelheim (BI) for participation in the CAB described, and grant/research support from BI for FESCA (Federation of European Scleroderma Associations) aisbl. RJR has nothing to disclose. AR has nothing to disclose. MS has nothing to disclose. JW reports patient advocacy fees from BI and Sanofi. HF and WS are employees of BI International GmbH. AG is a paid consultant for BI. MG is an employee of BI (Schweiz) GmbH, Basel, Switzerland.

Acknowledgements

Sue Farrington (Federation of European Scleroderma Associations [FESCA] Belgium), Luke Evnirn (Scleroderma Research Foundation, United States), Beatriz Garcia (Asociacion Espanola de Esclerodermia, Spain), Catarina Leite (Associao Portuguesa de Doentes com Esclerodermia, Portugal), Alison Zheng (Chinese Organisation for Scleroderma), Matea Perkovici Popovic (Hrvatska udruga obojavnih od sklerodermie, Croatia), Tina Ampudia (Asociacion Mexicana de Orientacion Apoyo y Lucha Contra la Esclerodermia, AC, Mexico), Stephanie Munoz (Norsk Reumatikerforbund, Diagnosegruppen for Systemisk Sklerose, Norway), Monica Holmner (Reumatikerforbundet Riksforeningen for systemisk skleros, Sweden). The study was supported by Boehringer Ingelheim International GmbH (BI). The authors meet criteria for authorship as recommended by the International Committee of Medical Journal Editors (ICMJE). The authors did not receive payment for the development of the poster. Writing assistance was provided by Hannah Cook, PhD of MedTech Media and was contracted and funded by BI. BI was given the opportunity to review the poster for medical and scientific accuracy as well as intellectual property considerations.

