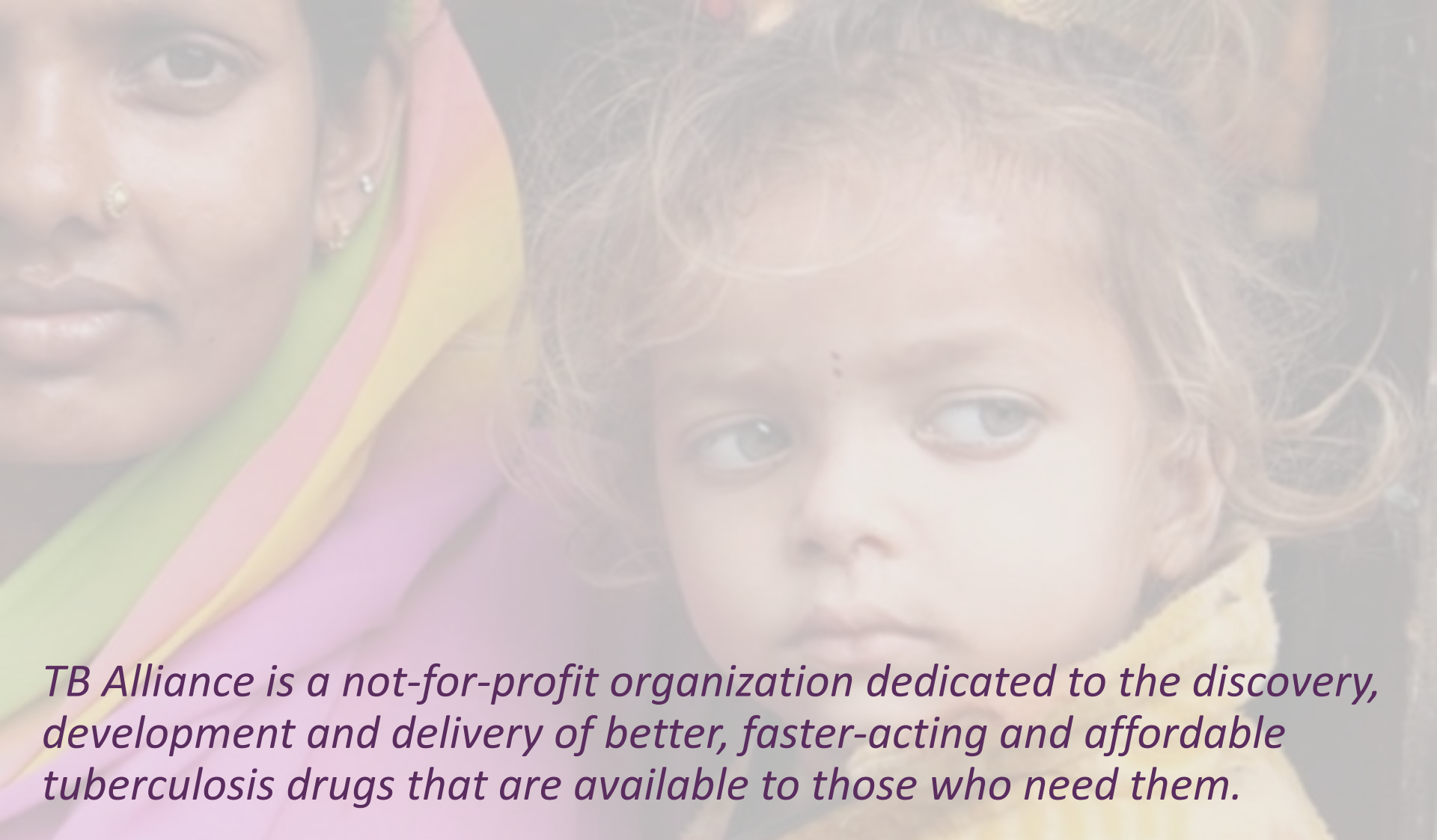


TREAT TB MDR-TB Trials Capacity Building Series 10 July 2018

Daniel Everitt, MD

# Sponsor Challenges: From Concept to Full Site Approval





*TB Alliance is a not-for-profit organization dedicated to the discovery, development and delivery of better, faster-acting and affordable tuberculosis drugs that are available to those who need them.*

# Outline of the Challenges

---

- Context of the TB Alliance Trials
- General Approach of TB Alliance to a New Site and Country
- Regulatory and Ethics Committee Approvals
- Challenges of Site Documents for Clinical Trial Applications
- Site Assessment and Challenges
  - Pre-study visits and site qualification
  - Contracts and budgets
- Laboratories
  - Safety Labs
  - Microbiology laboratories

| Discovery  |   |   | Early Development   |                                     | Late Development  |   |  |
|--|---|---|---|-------------------------------------|---|---|--|
| Lead Identification  | Lead Optimization   | Preclinical Development   | Phase 1   | Phase 2A                            | Phase 2B/2C   | Phase 3   | Phase 4 / Marketed Products  |
| <p>Clp-C/PIP2<br/><i>Eli Lilly</i><br/><i>Harvard University</i></p> <p>Energy Metabolism Inhibitors<br/><i>AUCK/UIC</i></p> <p>GHIT Hit ID Programs<br/>• <i>OP-BIO</i><br/>• <i>Daiichi Sankyo Novare</i><br/>• <i>HyphaGenesis</i><br/>• <i>Chugai</i></p> <p>GHIT Hit-to-Lead Program<br/><i>Takeda</i></p> <p>Natural Product Hit-to-Lead Program<br/><i>Sanofi</i></p> <p>PEPCK<br/><i>Roche/TAMU</i></p> <p>PknB<br/><i>Schrödinger</i></p> <p>POA Prodrugs<br/><i>Yonsei</i></p> <p>RNA Polymerase Inhibitors</p> <p>Whole Cell Hit-to-Lead Program<br/><i>GSK</i></p> | <p>Arylsulfonamides<br/><i>GSK</i></p> <p>InhA Inhibitors</p> <p>Intracellular Phenotypic Hits<br/><i>GSK</i></p> <p>KasA<br/><i>GSK</i></p> <p>Macrolides<br/><i>Sanofi</i></p> <p>MmpL3 Inhibitors<br/><i>Abbvie</i></p> <p>Squaramides<br/><i>Sanofi</i></p> | <p>Preclinical TB Regimen Development<br/><i>JHU</i></p> <p>TBAJ-587 / Diarylquinoline<br/><i>Merck</i></p> <p>TBI-223 / Oxazolidinone<br/><i>IMM</i></p> | <p>Optimization of Rifampicin in Children &lt;5kg<br/><i>Stellenbosch University</i></p> <p>Sutezolid/Oxazolidinone</p> <p>TBA-7371 / DprE1 Inhibitor<br/><i>Eli Lilly/FNDR</i></p> | <p>Linezolid Dose-Ranging Study</p> | <p>NC-005</p> <p>Bedaquiline / Pretomanid / Moxifloxacin / Pyrazinamide (BPamZ)</p> | <p><b>NixTB</b></p> <p>Bedaquiline/ Pretomanid/ Linezolid (BPaL)</p> <p><b>ZeNix</b></p> <p>Bedaquiline/ Pretomanid/ Linezolid (BPaL)</p> | <p>Optimized Pediatric Formulations</p> <p>Ethambutol<br/><i>Macleods</i></p> <p>Isoniazid<br/><i>Macleods</i></p> <p>Pyrazinamide<br/><i>Macleods</i></p> <p>Rifampicin/ Isoniazid<br/><i>Macleods</i></p> <p>Rifampicin/ Isoniazid/ Pyrazinamide<br/><i>Macleods</i></p> |

## TB Alliance Portfolio Partners

|   |  |
|---|--|
| <p>Abbvie</p> <p>Chugai</p> <p>Daiichi Sankyo Novare</p> <p>Eli Lilly</p> <p>Foundation for Neglected Disease Research (FNDR)</p> <p>GlaxoSmithKline (GSK)</p> <p>Harvard University</p> <p>HyphaGenesis</p> <p>Institute of Materia Medica (IMM)</p> <p>IMPACT</p> <p>Johns Hopkins University (JHU)</p> <p>Macleods Pharmaceuticals</p> <p>Medical Research Council (MRC) at UCL</p> <p>Médecins Sans Frontières (MSF)</p> <p>Merck</p> | <p>US National Institutes of Health (NIH)</p> <p>OP-BIO</p> <p>Roche Pharmaceuticals</p> <p>Sanofi</p> <p>Schrödinger</p> <p>Stellenbosch University</p> <p>Takeda Pharmaceuticals</p> <p>TB Drug Accelerator (TBDA)</p> <p>Texas A&amp;M University (TAMU)</p> <p>University College London (UCL)</p> <p>University of Auckland (AUCK)</p> <p>University of Dundee (Dundee)</p> <p>University of Illinois at Chicago (UIC)</p> <p>Yonsei University</p> |
|---|--|

\* Clinical trials are added to the pipeline after enrollment of the first patient and are removed after completion of the Clinical Study Report. This document is updated on a quarterly basis.

# Approach to a New Site and Country

---

- Example of a new country, from personal experience
- Some key issues:
  - Can we get reliable information on the regulatory process and timelines in the country from our partners and friends?
  - How to identify potential investigators and sites?
  - How is the communication with potential investigators?
    - If an investigator is not good at communicating with us in the exploratory phase, we worry they will not be a good partner in the long run for a complex trial

# The Regulatory Approval Process

---

- First, understand the regulatory authority and what is needed for a regimen with an investigational drug
  - Quality of the CTA submission dossier
  - What is needed in the submission templates?
  - Fully understand what the regulator is asking when questions are raised
    - Example from Russia
    - Need a regulatory partner who fully understands their local country
- Time delays in putting together the submission dossier
  - Local insurance
  - Final translated CRFs
  - Final site contract

# The Regulatory Approval Process

---

- What is the total time from Submission of the CTA to site initiation?
  - Can be less than 1 month in the US, to over a year in some countries
  - Is Ethics Committee and Regulatory Authority in sequence or parallel?
  - Are other approvals needed, such as provincial or local public health departments?

# Can we Influence the Regulatory Process?

---

- Meetings with regulators before the Trial Application is submitted
- Recent example from Tanzania
- Any examples from the audience?



# Site Assessment and Challenges

---

- Approach to Site Evaluation and Qualification
  - Initial visit from TB Alliance Staff
    - My Key questions:
      - Will the PI communicate with the Sponsor/Medical Monitor during the study?
      - Will the PI truly follow the protocol and understand the concept of an “Isolated Positive” culture?
      - Will the site follow all participants through the full follow up period, with minimal losses to f/u?
  - Pre-study visit from CRO for site qualification
    - Challenges:
      - Does our partner CRO really understand the protocol and needs for a site?
      - Need for GCP training, SOP’s, etc.
  - Site Initiation visit

# Required Site Documents

---

- ICF and Patient Materials Translated
  - ? How many local languages
  - ? Dialects of the local languages
  - Don't forget anything – Patient Instruction Cards
- Approach to Site Budgets
  - What must be only on a per-participant basis vs for site development?
    - In general our trial budget cannot pay ongoing salaries but must be linked to services performed
  - Up front payments

# Laboratories

---

- Safety Labs
  - Central Lab
    - Advantage of one budget, one set of reference ranges, standard reporting platform and export to database
  - Local Labs
    - Shorter turn around time, more familiar to the local staff

# Laboratories - Microbiology

---

Very often the limiting factor to initiating a site!

- Can isolates or TB DNA be exported from the country to a trial central lab?
  - Typically MTB isolates are sub-cultured on LJ Slopes and shipped to London for:
    - MICs to the study drugs
    - Standard panel of phenotypic Drug Susceptibility Testing
    - Whole Genome Sequencing of baseline isolates and any late treatment failures or positive cultures in follow up
      - To determine relapse vs new infection
- Does the local / regional lab have the required equipment?
  - MGIT Incubators
  - Hain LPA capability when needed?

# Laboratories - Microbiology

---

- Status of required SOPs, training in GCLP, Hazardous material handling
- Physical facility to provide staff/monitor safety and minimize cross-contamination
  - What standards to use?

# Reminder

---

- Research on a new investigational drug for Marketing Authorization Approval requires trials at a different standard from academic studies
- Any trial of an investigational drug can turn in to a key trial for MAA
  - Example of the TB Alliance Nix-TB trial and the upcoming file for approval of pretomanid to be used with bedaquiline and linezolid for XDR TB and MDR intolerant/failures

# TB Alliance Donors

---



Australian Aid



Bill & Melinda  
Gates Foundation



Dutch Ministry of  
Foreign Affairs



German Federal  
Ministry of Education  
and Research



United States  
Food and Drug  
Administration



Global Health Innovative Technology Fund

Global Health Innovative  
Technology Fund



Indonesia  
Health Fund



Irish Aid



National Institute of  
Allergy and  
Infectious Disease



UK aid



UK Department  
of Health



United States Agency for  
International Development

# Thank You

