

C. Sanges¹, L. Roux-Opstaele²; E. Pennings³, B. Huber¹, M. Dreyling⁴, N. Bolanos⁵, S. Clavreul⁶, S. Nier⁷, M.C. Hollerith⁸, J. Clark⁹, D. Henderson¹⁰, L. Brunetti¹¹, J.K. Doorduijn¹², C. Dreuillet², Y. Cabrerizo¹³, A. Fleischer¹, O. Millan⁸, E. Gonzalez⁸, M. Hudecek¹, M.J. Kersten¹⁴

¹Universitätsklinikum Würzburg, Lehrstuhl für Zelluläre Immuntherapie, Medizinische Klinik und Poliklinik II, Würzburg, GERMANY; ²Institut National du Cancer (French National Cancer Institute INCa), Boulogne-Billancourt, FRANCE; ³Amsterdam UMC location University of Amsterdam, Department of Hematology, Cancer Center Amsterdam, LYMMCARE, Amsterdam; ⁴Erasmus School of Health Policy and Management, Erasmus University Rotterdam, Rotterdam, NETHERLANDS; ⁵University Hospital LMU, The Coalition for Reducing Bureaucracy in Clinical Trials, Munich, GERMANY; ⁶Lymphoma Coalition Europe, Paris, FRANCE; ⁷Myeloma Patients Europe, Brussels, BELGIUM; ⁸Acute Leukemia Advocates Network, Bern, SWITZERLAND; ⁹Patvocates GmbH, Riemerling, GERMANY; ¹⁰Inspire2Live, Motovun, CROATIA; ¹¹Bayer AG, Berlin, GERMANY; ¹²Università Politecnica delle Marche, Clinica di Ematologia; The Coalition for Reducing Bureaucracy in Clinical Trials, Ancona, ITALY; ¹³University Medical Center Rotterdam, Erasmus MC Cancer Institute, Department of Hematology, Reducing Bureaucracy in Clinical Trials, Rotterdam, NETHERLANDS; ¹⁴European Hematology Association (EHA), The Hague, NETHERLANDS; ¹⁵Amsterdam UMC location University of Amsterdam, Department of Hematology, Cancer Center Amsterdam, LYMMCARE, Amsterdam, NETHERLANDS

Introduction

Patients eligible to participate in a clinical trial must be informed about all significant aspects of the study and freely provide their informed consent to participate. The freely given informed consent as a prerequisite to participate in clinical research serves to protect the human dignity and the right to the integrity of the person as recognized in the Charter of Fundamental Rights of the European Union(1). Key regulations governing informed consent forms (ICF) in Europe include the Clinical Trial Regulation (CTR)(2) and the General Data Protection Regulation (GDPR)(3).

However, there has been broad consensus for decades that the ICFs for clinical research are overregulated, resulting in documents that are complex, too long and difficult to understand(4-6).

The large cross-disciplinary coalition of medical societies and patient advocates Reducing Bureaucracy in Clinical Trials (RBinCT) has published recommendations to improve ICFs(7). Unfortunately, these recommendations are rarely implemented in clinical trials involving complex CAR T-cell therapies.

Objective

We conducted specific surveys among patients, physicians, and sponsors of clinical studies involving CAR T-cell therapy to better understand the needs and hurdles for implementing more patient-friendly ICFs in clinical research with these innovative treatments.

Methods

- Specific surveys were conducted among the different stakeholders. Adult patients who received CAR T-cells in a clinical study responded to four specific ICF-related questions in an international cross-sectional online survey developed by the European consortia T2EVOLVE and QUALITOP in collaboration with patients, caregivers and patient organizations(8). The online survey was available from January to October 2023 in seven languages.
- A specific survey for CAR T-cell clinical study sponsors and a separate survey for physicians was disseminated by email and during face-to-face interviews in September-October 2024. Descriptive statistics were used for analyses of the surveys.

Results

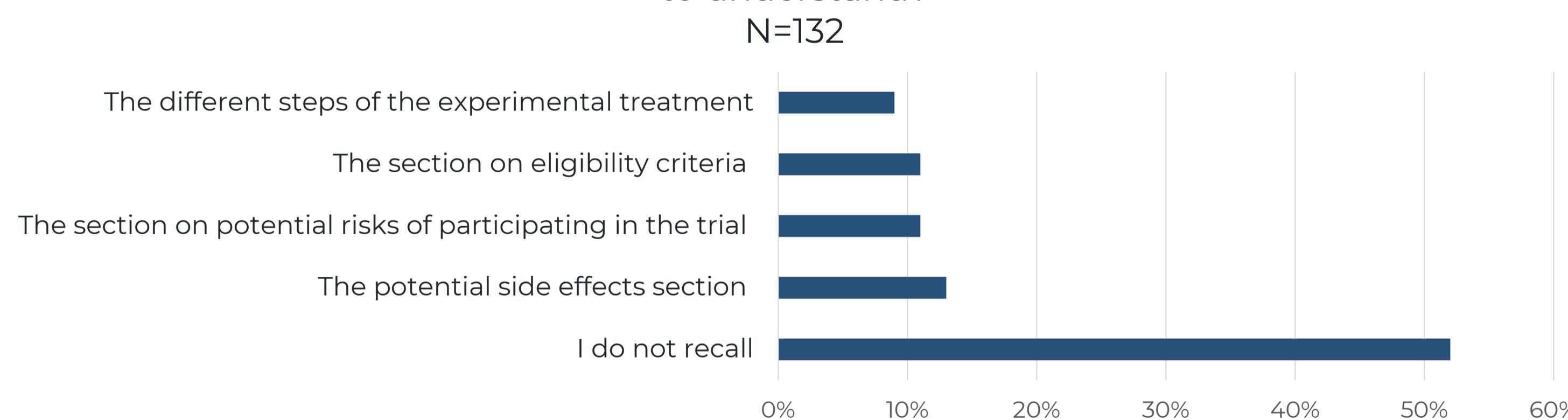
The patient survey (N=392)

A total of 392 patients who were treated with CAR T-cells, completed the T2EVOLVE and QUALITOP online European Survey(8). Of these, 132 patients received their CAR T-cell treatment in a clinical study and responded to the ICF related questions of the online survey.

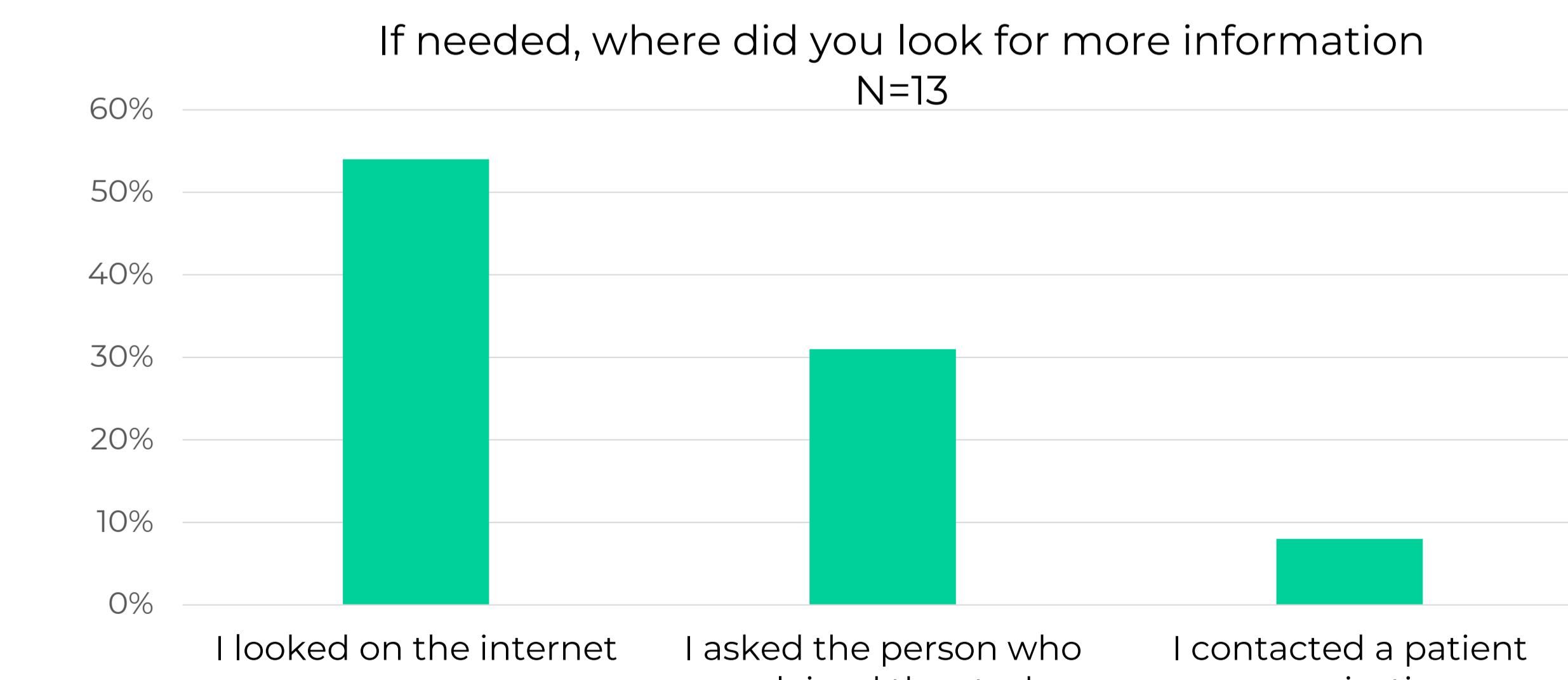
Table I: Patient characteristics

	Patients (N=132)
Age, median (mean; min-max)	65 years (61; 18-85)
>70 years, n (%)	30 (23%)
Female, n (%)	35 (27%)
Time since CAR-T infusion, n (%)	
≤3 months	15 (11%)
4 - 12 months	34 (26%)
13-24 months	33 (25%)
>24 months	50 (38%)

Most difficult section(s) of the consent form was/were the most difficult to understand?



Ten percent of patients (13/132) mentioned the need for more information.



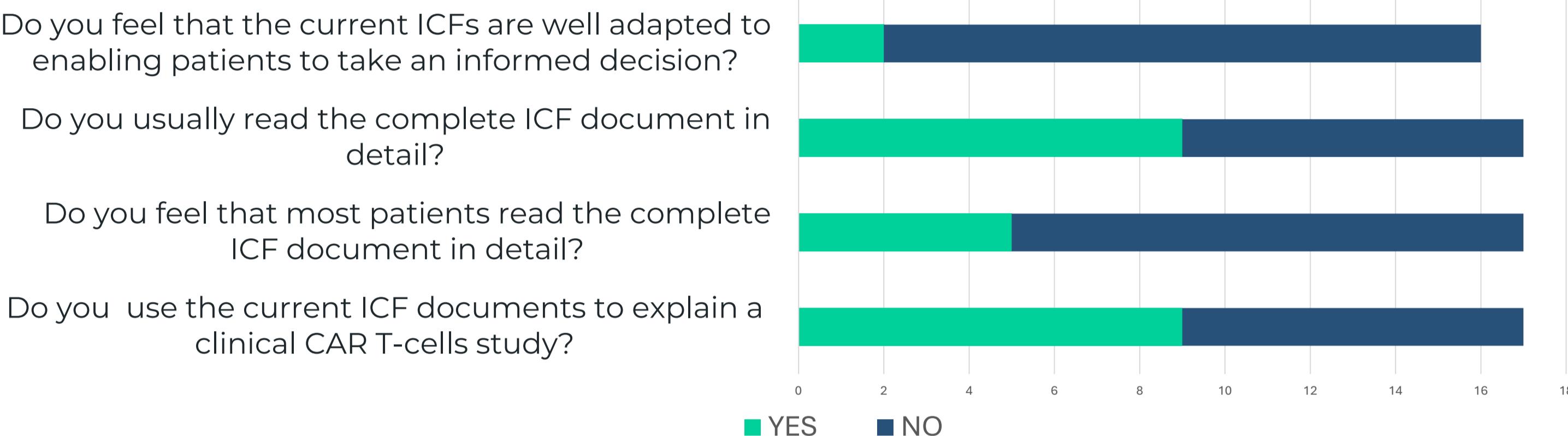
References

- Charter of Fundamental Rights of the European Union. (2000/C 364/01) [Available from: https://www.europarl.europa.eu/charter/pdf/text_en.pdf].
- Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (2014).
- Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the Protection of Natural Persons with Regard to the Processing of Personal Data and on the Free Movement of Such Data, and Repealing Directive 95/46/EC (General Data Protection Regulation). European Union; 2016.
- RBinCT. Reducing bureaucracy in clinical trials: now is the time! Joint statement by medical societies and patient advocates; 2020 [Available from: <https://ehaweb.org/assets/Coalition-statement-Reducing-bureaucracy-in-clinical-trials-270521.pdf>].
- Grant SC. Informed Consent-We Can and Should Do Better. JAMA Netw Open. 2021;4(4):e2110848.
- Gribben J et al. Reducing Bureaucracy in Clinical Research: A Call for Action. HemaspHERE. 2020;4(2):e552.
- RBinCT. Recommendations of the Coalition for Reducing Bureaucracy in Clinical Trials 2021 [Available from: https://bureaucracyincts.eu/storage/2022/04/20220419_Recommendations_Reducing-BinCTs_update_V5.3.pdf].
- Pennings E. Patient reported outcomes of CAR T cell therapy: an international European study evaluating patients' experiences, quality of life and unmet care needs. Abstract: PI683 European Hematology Association Congress; Madrid 2024.

Results

The physicians survey (N=17)

When informing patients about a CAR T-cell study
N=17



The study sponsor survey (N=8)

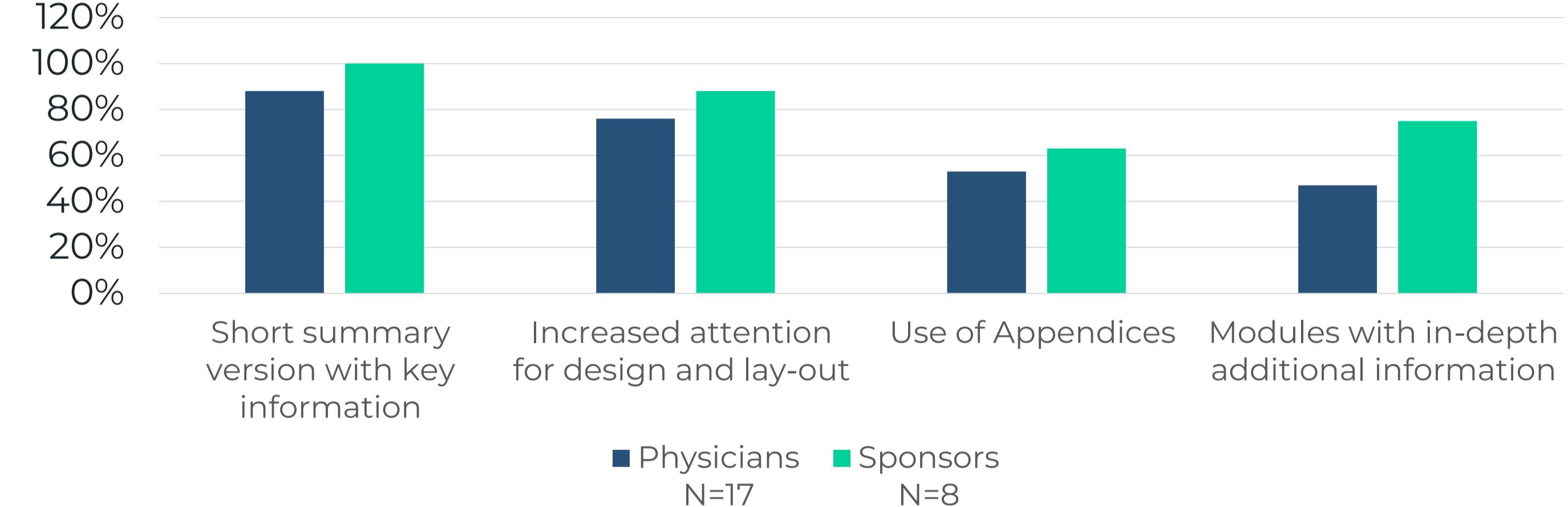
Eight study sponsors replied to the survey: six academic and two industry study sponsors.

What are the current hurdles in Europe to make ICFs more patient friendly
N=8



Potential strategies to make ICFs more patient friendly (Physicians N=17; Sponsors N=8)

Do you agree that one the following strategies would make ICFs more patient friendly?



Conclusions

- Half of the patients could not recall which section of the ICF they found difficult to understand, while for 13%, the potential side effects section was difficult to understand.
- Most physicians believed that the current ICFs are poorly adapted to enabling patients to make an informed decision, and that most patients do not read the complete ICF.
- The specific requirements of national ethics committees and regulators were most frequently mentioned by study sponsors as hurdles to implement more patient-friendly ICFs.
- To address these challenges, joint efforts among all stakeholders; study sponsors, investigators, regulators, ethics committees and patient representatives must continue to implement more patient-friendly ICF forms.
- Future ICF forms should become valuable and comprehensive tools to inform eligible patients, enabling them to make a well-informed and free decision regarding participation in complex CAR T-cell clinical studies.

Acknowledgements

This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking (JU) under grant agreement No 945393. The JU receives support from the European Union's Horizon 2020 research and innovation program and EFPIA and EUROPEAN HEMATOLOGY ASSOCIATION.

This article reflects the views of the authors and not of the funders of the project.



Contact Information: Sanges_c@ukw.de