



Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

KCE Trials

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KCE, Belgian Health Care Knowledge Centre

www.kce.fgov.be



- Semi-governmental institution
- Operational 2004
- 50 researchers
 - medicine
 - economics
 - statistics, sociology, law
- Studies ($n > 300$)
 - Health technology assessment (HTA)
 - Good clinical practice, guidelines
 - Health services research

Need for non-commercial trials

- **Important research questions of interest to society that will never be answered by industry (no commercial interest)**
- **Examples**
 - Pragmatic comparative effectiveness
 - Areas not owned by industry (surgical techniques, life style, diet, psychotherapy, ...)
 - Drugs in paediatrics and orphan diseases
 - Medical devices including diagnostics
 - Repurposing of older drugs, including early clinical development

The healthcare payers

- **Aim to maximise health within the available budget**
- **HTA desktop research: often no answer, comparative trials missing**
- **Selecting and funding clinical trials should be part of the R&D of healthcare payers**
- **The trials should answer questions of relevance for the healthcare payer**



Comparative Effectiveness

Comparator

best
active

active

placebo

none

pragmatic practice-
oriented trial

Endpoints

- *Quality of Life (EQ-5D)*
- *Survival*

placebo-
controlled trial

narrow
(efficacy)

broad
(effectiveness)

Study
population



KCE Report No. 246 June, 2015

www.kce.fgov.be

KCE REPORT 246

PUBLICLY FUNDED PRACTICE-ORIENTED CLINICAL TRIALS



2015

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.be

“In addition to patient benefit, publicly funded trials can provide a positive return on investment”

Publicly funded practice-oriented clinical trials: of importance for healthcare payers.

Neyt M, Christiaens T, Demotes J, Walley T, Hulstaert F. *J Comp Eff Res*. 5:551-560; 2016

Impact of KCE Report June 2015

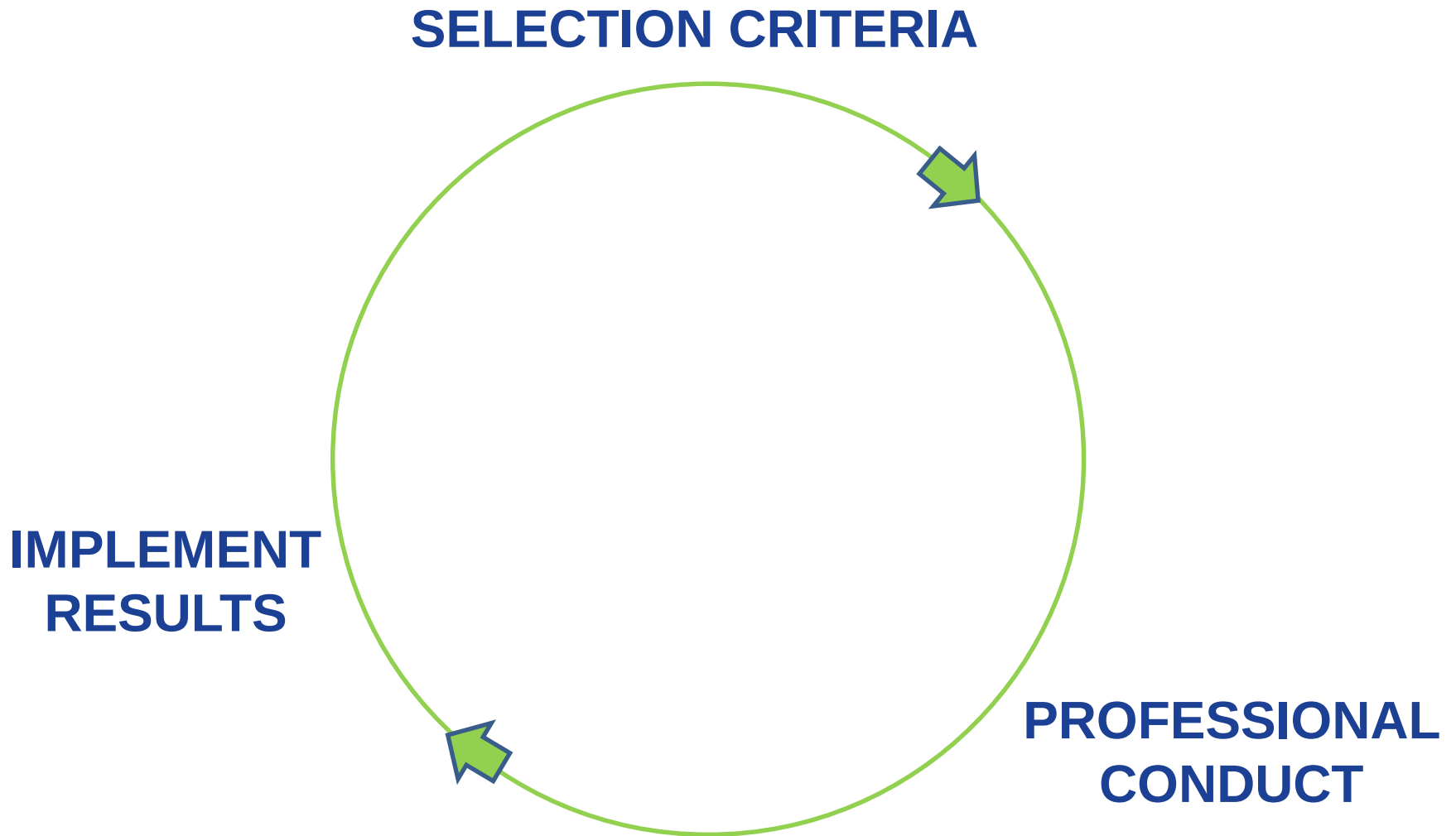
- **Decision October 2015**
 - KCE to set up a programme of practice-oriented clinical trials: “KCE Trials”
- **Budget**
 - 2016 and 2017: €5 million per year
 - From 2018 onwards: €10 million per year
- **Return on investment is expected**
- **Challenge 2016: first patient in a trial**



KCE Trials programme

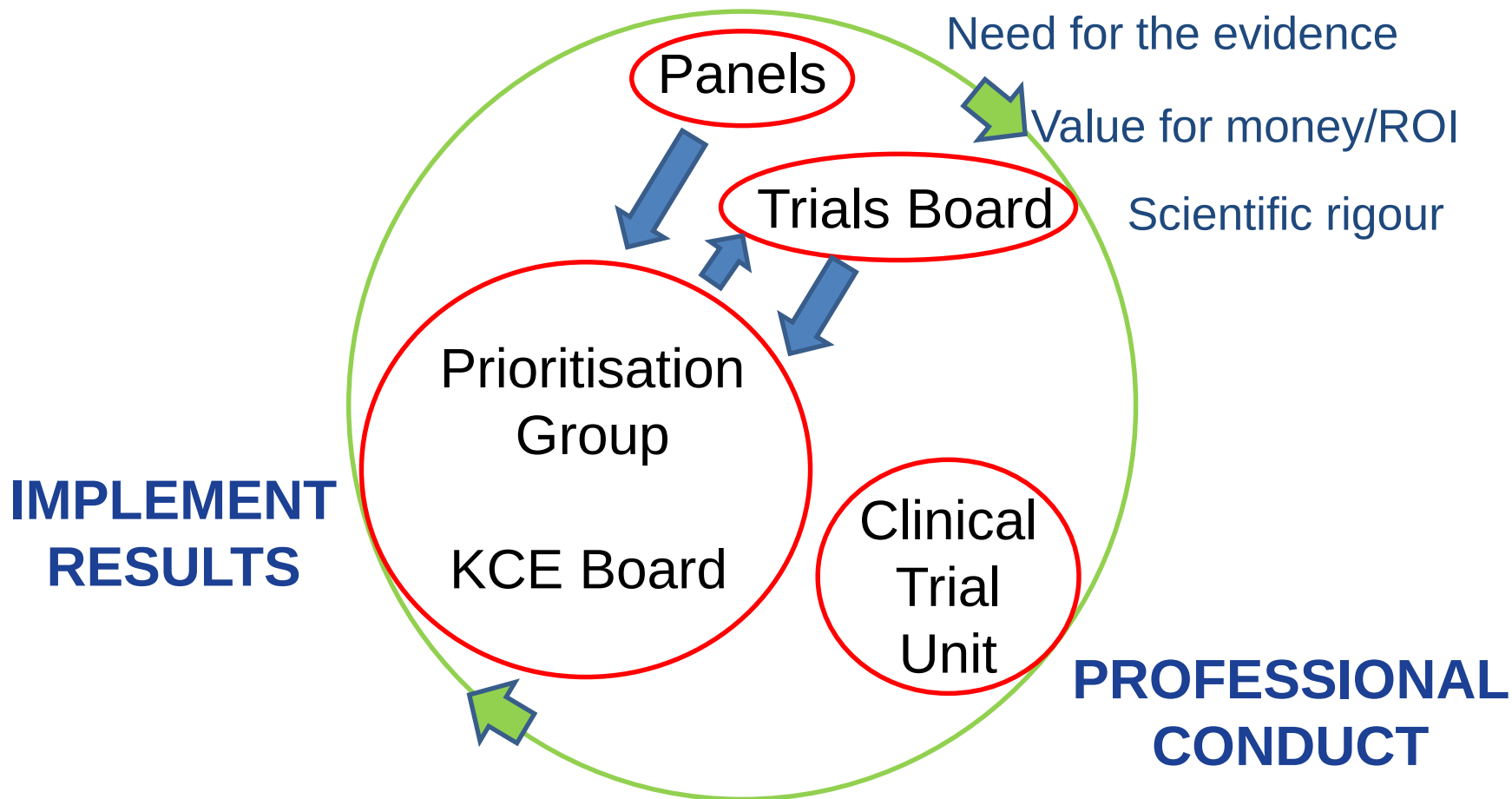
- **Immediately useful**
 - to patients, clinical practice (effectiveness)
 - to policy or decision makers (efficiency)
- **Extension of HTA programme, as at NIHR**
- **National and international trials**
- **Commissioned and investigator-led**
- **KCE is the funder**
- **Non-commercial sponsor**
- **Need for clinical trial units (CTU)**

Key success factors for publicly funded trials



Key success factors for publicly funded trials

SELECTION CRITERIA



Sponsor capacity in university hospitals

	I	II	III	IV	V	VI	VII
1.SPONSOR ORGANISATION AND MANAGEMENT							
1.1.Organisation	Yellow	Green	Yellow	Yellow	Yellow	Red	Yellow
1.2. Management Oversight	Green	Green	Yellow	Green	Green	Yellow	Yellow
 1.3 Quality Management System	Red	Red	Red	Yellow	Red	Red	Red
1.4. Document Management Process	Yellow	Yellow	Red	Yellow	Yellow	Red	Yellow
1.5. Staff and training	Yellow	Yellow	Red	Red	Yellow	Yellow	Yellow
1.6. Regulatory knowledge	Yellow	Green	Green	Green	Green	Red	Green
1.7. Quality Assurance and auditing processes	Red	Yellow	Yellow	Yellow	Yellow	Red	Red
 1.8. Non compliance and CAPA management	Red	Red	Red	Red	Red	Red	Red
2.INFRASTRUCTURE FOR CLINICAL RESEARCH							
2.1. Multicenter Clinical Trials	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red
2.2. Protocol development	Yellow	Yellow	Yellow	Yellow	Red	Yellow	Yellow
2.3. Sponsor Insurance	Green	Green	Green	Green	Green	Green	Green
2.4. Site selection and oversight	Red	Yellow	Yellow	Yellow	Red	Red	Red
 2.5. Vendor Management	Red	Red	Red	Red	Red	Red	Red
 2.6. Recruitment Strategy, tracker, status reports and oversight	Red	Yellow	Yellow	Yellow	Red	Red	Red
2.7. Trial Master File process, documentation and archiving	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
 2.8. Data management processes	Yellow	Yellow	Red	Red	Yellow	Red	Red
 2.9 Pharmacovigilance processes	Red	Red	Red	Red	Yellow	Red	Red
2.10. Biostatistics and reporting processes	Yellow	Yellow	Red	Red	Yellow	Yellow	Yellow
2.11. Regulatory submission processes	Green	Green	Green	Yellow	Green	Yellow	Yellow
2.12. Clinical Supplies processes	Green	Green	Green	Red	Green	Green	Green
2.13. Central laboratory processes	Green	Green	Green	Green	Green	Green	Green
3. INFRASTRUCTURE AND IT SUPPORT							
3.1. Information Systems	Green	Green	Green	Green	Green	Yellow	Yellow

Sponsor capacity in university hospitals

- **Few multicentre RCTs**
- **Expertise scattered, not shared**
 - No central management of sponsored trials, procedures, quality management, recruitment, vigilance, vendors etc.
 - Trial data management
 - Limited eCRF expertise
 - Study data in excel, not in a database
- **KCE support (IT tools, training,...)**



Status KCE Trials

- **Commissioned workstream 2016**
 - **165 Topic suggestions**
 - proposed by clinicians, patients, payers etc.
 - **11 Clinical questions published**
 - GP topics to high cost specialized care
 - **Two step review process ongoing**
- **International collaboration**
 - 3 trials funded by ZonMw (Netherlands)
- **Investigator-led workstream 2017**
 - **16 Outlines received**

Frequently asked questions I

- **Why a pragmatic trial approach?**
 - **Most informative for payers**
- **Why non-commercial sponsors only?**
 - **Regulatory exemptions**
- **What about industry involvement?**
 - **Free product is possible, if no strings attached**
- **Why multicenter trials only?**
 - **Speed of recruitment**
 - **Broad support for implementation**

Frequently asked questions II

- **When are international trials indicated?**
 - **Speed of recruitment**
 - **Co-funding may be needed**
- **Why strict data management, data access?**
 - **Solid basis for public health decision making**
- **Why detailed budget with all activities specified?**
 - **Fairness, reassurance all activities are planned**
 - **Microscopic monitoring**
- **Why involve patients from the start?**
 - **Input on acceptance, feasibility, endpoints**

Additional planned project for 2017, a first BeNeLux common call for trials

- **End of 2017**
- **Investigator-led**
- **Medicines and other interventions, of relevance in all three countries**
- **Focus**
 - **Medical needs**
 - **Return on investment**
- **Any questions: trials@kce.fgov.be**