



**NUOVO REGOLAMENTO EUROPEO  
SULLA SPERIMENTAZIONE CLINICA:  
A CHE PUNTO SIAMO E COSA BISOGNA FARE**

**Roma, 14 novembre 2018**



*con il patrocinio*



Associazione Nazionale Farmacisti Italiani



Società Italiana di Medicina e Farmacologia

# 21st Century Cures Act

## Modernizing Clinical Trials

## Introducing Digital Therapeutics

Giuseppe Recchia

Consigliere e Vice Presidente

Fondazione Smith Kline, Verona

## 2014 – Brooke and Brillie



**#CuresNow**



## 2015 – FasterCures



*FasterCures* is an action tank that works to speed and improve the medical research system.

**10,000 diseases. 500 treatments. We have work to do.**

10.000 diseases

- 7.000 rare

- 500 treatments

- 9.500 waiting for...

***Patients Can't Wait***



## 2015 – FasterCures

# Sanità24

15 Lug 2015

Stampa

Chiudi

## Dagli Stati Uniti nuove speranze per i pazienti in attesa di terapie

di Giuseppe Recchia (direttore medico scientifico, GlaxoSmithKline), Armando Genazzani (Università del Piemonte Orientale), Francesca Pasinelli (Dg Fondazione Telethon)

Il progresso scientifico degli ultimi vent'anni, grazie al sequenziamento del genoma umano, ha fornito una quantità di informazioni sulle cause delle malattie ed ha permesso di identificare bersagli terapeutici impensabili fino a pochi anni fa. Tradurre queste scoperte in nuove terapie è però un processo più lento del previsto. Le malattie oggi conosciute sono circa 10.000, ma per alcune di esse, cioè colpiscono meno di 500 persone ogni anno, non vi sono trattamenti o terapie adeguati.

## The 21st Century Cures Act and the Future of Healthcare

February 17, 2018  
by Carrie Nixon



# 2016 – Austin at the FDA Hearing

Drugs research [+ Follow](#)

## US healthcare: Power to the patients?

Families of boys suffering from Duchenne muscular dystrophy push for approval of a new medicine



Stacie al-Chokhachi and her son, Dalton listen to testimony on the use of Eteplirsen at an FDA meeting in April



MAY 22, 2016 by: [David Crow](#)

Austin Leclair steered his electric wheelchair into the hotel ballroom and prepared for what he would later describe as the proudest moment of his life. Upon taking the microphone, the 17-year-old pleaded with US regulators to approve an experimental drug for the deadly wasting disease he suffers from. "It lets me feed myself, it gives us a chance," he told the assembled scientists and doctors. "It's time to listen to the real experts."

Austin has [Duchenne muscular dystrophy](#), a [rare genetic disorder](#) that sends its victims — almost all of them boys — to an early grave, usually before they are 25. He was one of more than 150 sick children to attend a meeting organised by the US Food and Drug Administration last month, where it discussed whether to give the green light to Eteplirsen, the first medicine for the disease.

The FDA is due to announce on Thursday [if it has approved Eteplirsen](#), a ruling that is

Families of boys suffering from Duchenne muscular dystrophy are pushing for approval of a new medicine despite scientists' scepticism. The case highlights the difficulty of developing treatments for rare illnesses.

By David Crow

## Power to the patients?





# 2016 – 21st Century Cures Act...

NOVEMBER 25, 2016

## RULES COMMITTEE PRINT 114-67

### TEXT OF HOUSE AMENDMENT TO THE SENATE AMENDMENT TO H.R. 34, TSUNAMI WARNING, EDUCATION, AND RESEARCH ACT OF 2015

[Showing the text of the 21st Century Cures Act.]

In lieu of the matter proposed to be added after the enacting clause, insert the following:

#### 1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “21st Century Cures Act”.

4 (b) TABLE OF CONTENTS.—The table of contents for  
5 this Act is as follows:

Sec. 1. Short title; table of contents.

#### DIVISION A—21ST CENTURY CURES

Sec. 1000. Short title.

#### TITLE I—INNOVATION PROJECTS AND STATE RESPONSES TO OPIOID ABUSE

Sec. 1001. NIH innovation projects.

Sec. 1002. FDA innovation projects.

Sec. 1003. Account for the state response to the opioid abuse crisis.

Sec. 1004. Budgetary treatment.

#### TITLE II—DISCOVERY

##### Subtitle A—National Institutes of Health Reauthorization

Sec. 2001. National Institutes of Health Reauthorization.

Sec. 2002. EUREKA prize competitions.

## Obama signs 21st Century Cures Act

On December 7, the US Senate approved the 21st Century Cures Act—the final step before President Barack Obama, who had long championed the bill, signed it into law six days later. Senate passage, by a vote of 94–5, came a week after the House of Representatives reiterated its overwhelming support for the measure, which it first passed in July 2015 (*Nat. Biotechnol.* **33**, 891, 2015). The Act calls for increasing support for government-led programs including \$1.8 billion for Cancer Moonshot 2020, nearly \$3 billion for the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) and Precision Medicine Initiatives, and steps to improve mental health. It also includes incentives aimed at making processes for drug development and approval more industry-friendly, and encourages a more patient-centric approach to drug review. The legislation



2016 – 21st Century Cures Act... #CuresNow

# 21<sup>ST</sup> CENTURY CURES ACT

## GOALS OF THE LEGISLATION

### RESEARCH



Remove barriers to research collaboration



Invest in STEM education



Provide new incentives for the development of rare disease drugs

### GETTING TREATMENTS TO PATIENTS MORE QUICKLY



Foster coordination to find cures more quickly



Modernize clinical trials to increase access to drugs and treatments



Incorporate patient feedback in drug development and review process



### KEEPING JOBS HERE AT HOME



Ensure U.S. remains a global leader in medical innovation, protecting and creating jobs at home



Encourage development of new medical apps to save lives and create jobs



#CURESatOne

E&C

## Perchè Modernizzare i Trials Clinici?

FDA

# FDA's Janet Woodcock: the clinical trials system is 'broken'



by ZACHARY BRENNAN - RAPS — on September 20, 2017 02:20 PM EDT

The nation's clinical trial system is "broken" and needs to be changed to generate better evidence that leads to better patient outcomes, the head of the FDA's drug center said.





# Perchè Modernizzare i Trials Clinici?

## THE SITUATION



**50mi**

average distance  
patient lives from  
nearest site



**<5%**

of patients  
participate in  
clinical research



**49%**

of participants  
drop out before  
study completion



**48%**

of trial sites  
miss enrollment  
targets

## THE CHALLENGES



Rapid  
recruitment



Participant  
diversity



Hard-to-recruit  
sub-populations



Patient  
retention



Speed  
to market



Cost  
efficiencies

# 21st Century Clinical Trials...

## Modernizing clinical trials

U.S. Congressional testimony: 21st century cures initiative

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### Quintiles is committed to bringing cures to patients, faster

The U.S. Energy & Commerce Committee is sponsoring the 21st Century Cures Initiative, a bi-partisan effort with the mission of identifying actions Congress can take to accelerate the pace of cures in America – from discovery through development to delivery – with the end goal of developing legislation to effect changes that drive new cures, faster.

On July 9, 2014, Paula Brown Stafford, president of Clinical Development at Quintiles, was invited – along with other participants from Harvard University, Yale University, the Mayo Clinic, and Johnson & Johnson – to provide expert testimony in a U.S. Congressional hearing on the topic of modernizing clinical trials. During the hearing, Stafford provided recommendations and possible approaches Congress could take to address issues in three key areas – **patients, processes and pathways** – to accelerate the delivery of therapies to patients.

### **Patients, processes and pathways: Reducing the cost of trials and accelerating timelines**

Modernizing clinical trials is critical if we are to meet the goals we share of delivering medicines faster, at less cost, to patients who need them. Quintiles works closely with our biopharma customers to improve their probability of success, by finding ways to design and execute studies to meet this goal. Quintiles also sees opportunities for policymakers and regulators to further drive efficiencies that will help us all deliver better, faster trials and therapies to patients who need them.



# FDA Work Plan - 1



## Proposed FDA Work Plan for 21<sup>st</sup> Century Cures Act Innovation Account Activities

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Prepared for Review by the FDA Science Board  
As Required by Section 1002 of the 21<sup>st</sup> Century Cures Act (Public Law 114-255)

## FDA Work Plan - 2

### Patient-Focused Drug Development

- Patient Experience Data
- Patient-Focused Drug Development Guidance

### Advancing New Drug Therapies

- Targeted Drugs for Rare Diseases
- Rare Pediatric Disease





## FDA Work Plan - 3

### Patient Access to Therapies and Information

- Accelerated approval of Regenerative Advanced Therapies
- Standards for Regenerative Medicine and Regenerative Advanced Therapies
- Combination Product Innovation



## FDA Work Plan - 4

### Modern Trial Design and Evidence Development

- Novel Clinical Trial Designs
- Real World Evidence
- Protection of Human Research Subjects
- Informed Consent Waiver





# Novel Clinical Trial Designs

The  
Economist

INTELLIGENCE  
UNIT

HEALTHCARE

## The Innovation Imperative: The Future of Drug Development Part I: Research Methods and Findings

A report by The Economist Intelligence Unit

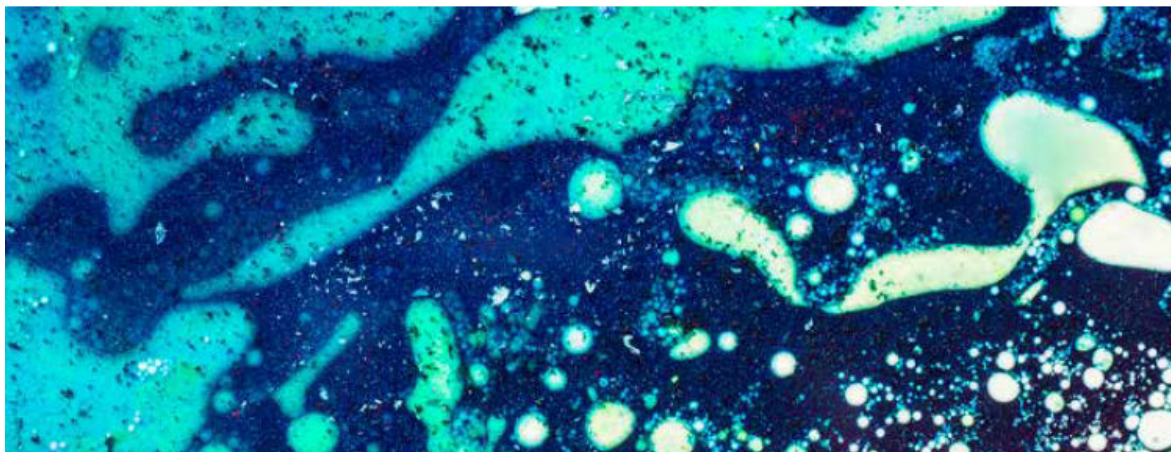
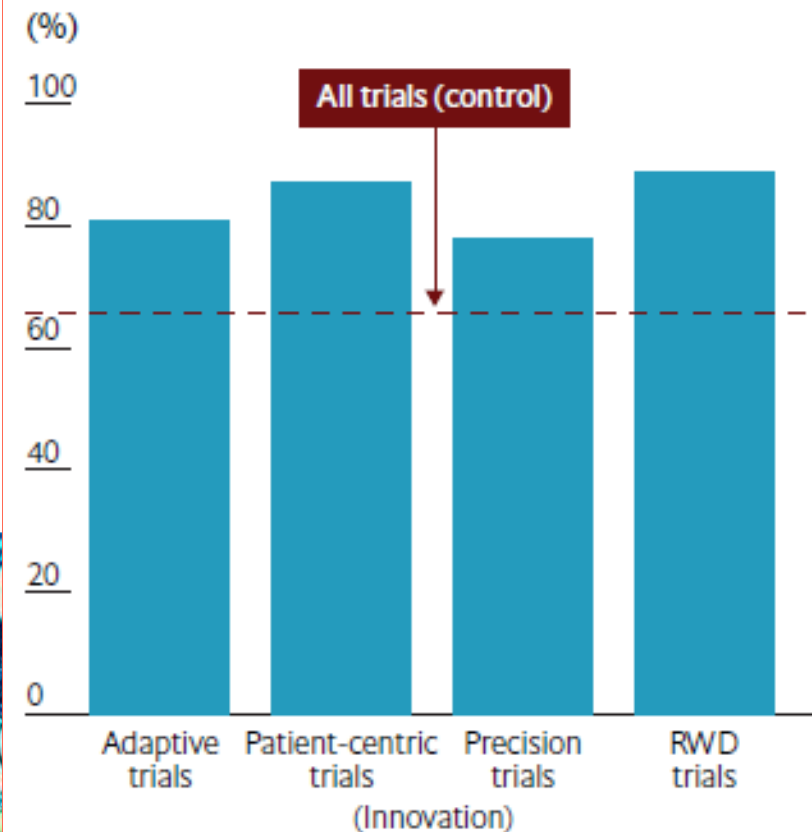


Figure 2: Phase II and III likelihood of launch for four innovations



Source: Trialstrove® | Pharmaintelligence, 2018. Data: 2012-2017.

# Novel Clinical Trial Designs

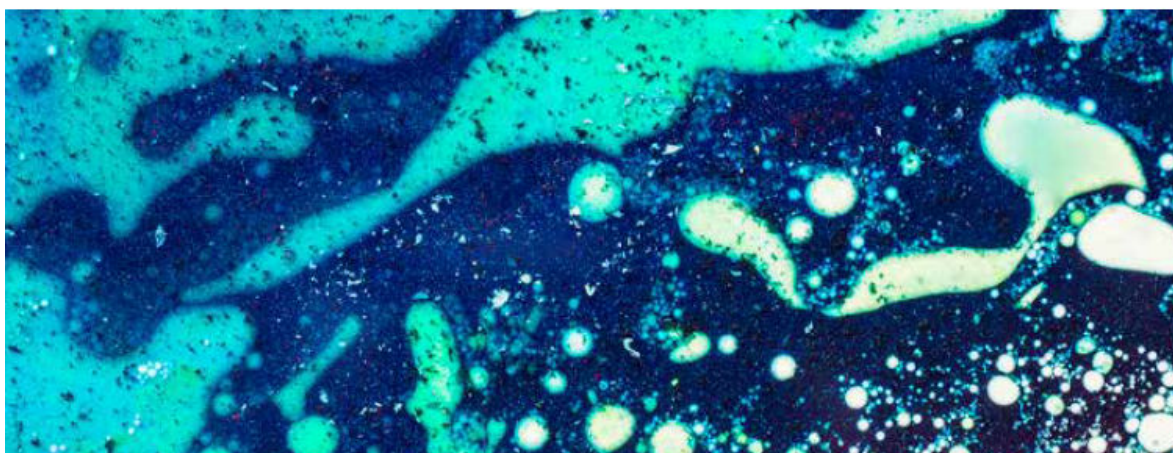
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Economist

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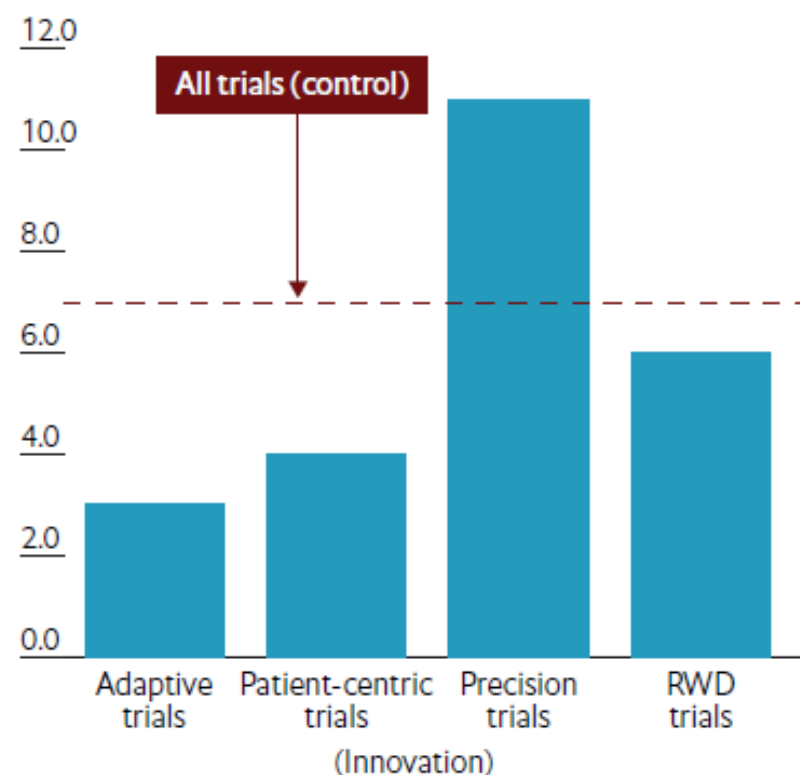
HEALTHCARE

## The Innovation Imperative: The Future of Drug Development Part I: Research Methods and Findings

A report by The Economist Intelligence Unit



**Figure 3: Average time to enroll 100 participants for four innovations (months)**



Source: Trialtrove® | Pharmaintelligence, 2018. Data: 2012-2017.



# Novel Clinical Trial Designs

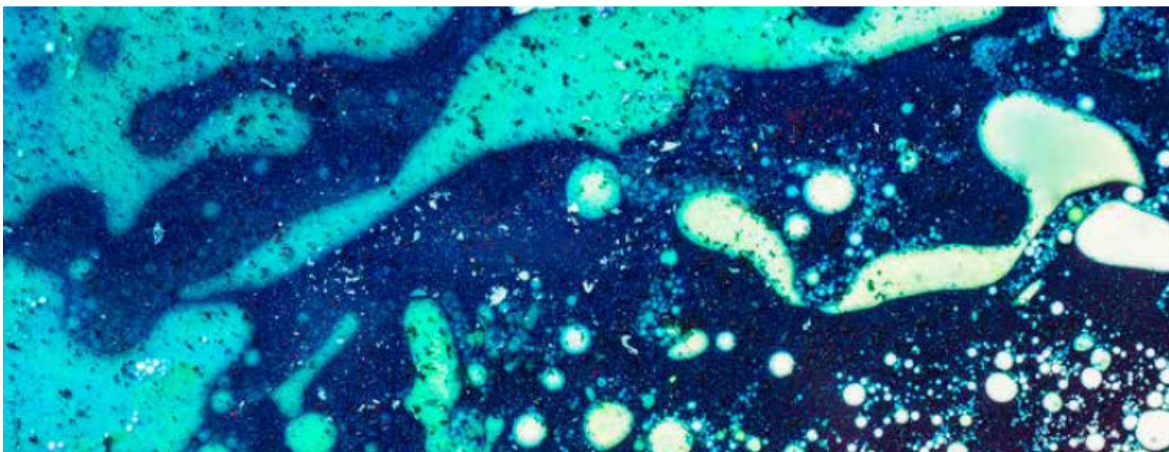
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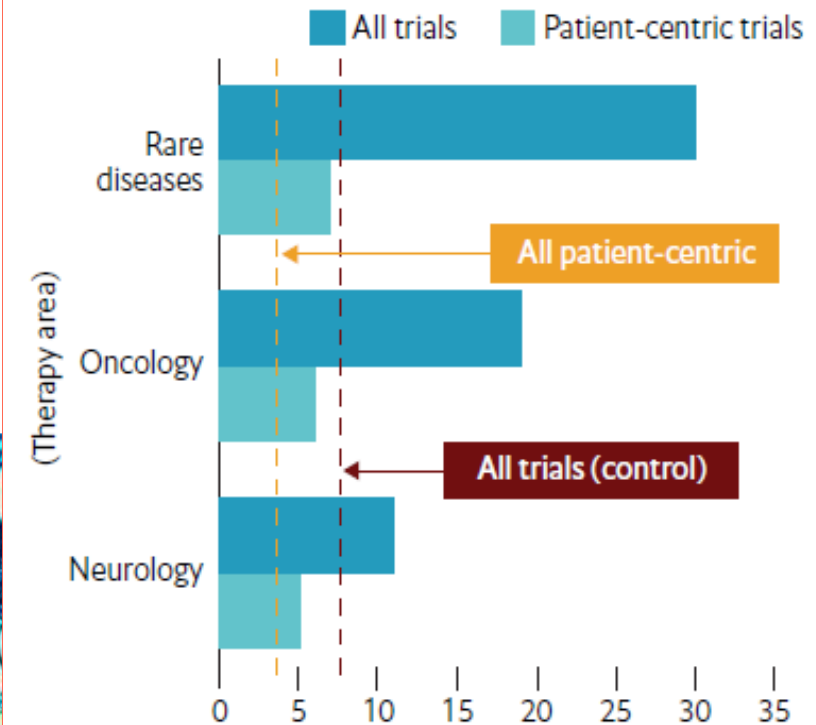
HEALTHCARE

## The Innovation Imperative: The Future of Drug Development Part I: Research Methods and Findings

A report by The Economist Intelligence Unit



**Figure 12: Average time to enroll 100 participants for patient-centric trials vs all trials (months)**



Source: Trialtrave® | Pharmaintelligence, 2018. Data: 2012-2017.



# Novel Clinical Trial Designs

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## The Innovation Imperative: The Future of Drug Development Part I: Research Methods and Findings

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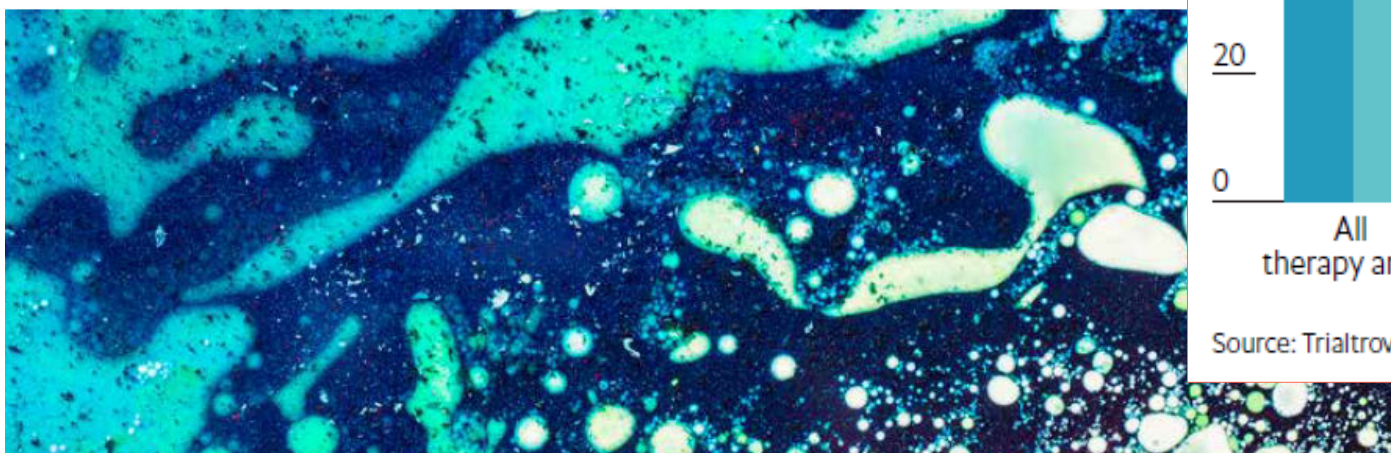
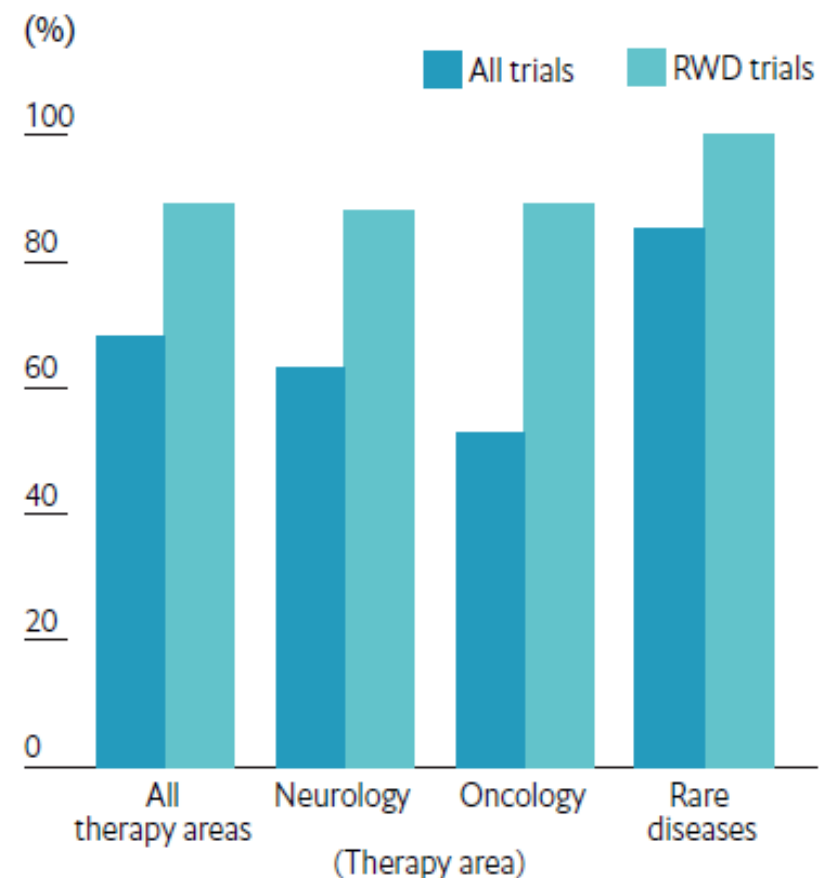


Figure 23: Phase II and III likelihood of launch (%)



Source: Trialtrove® | Pharmaintelligence, 2018. Data: 2012-2017.

# Novel Clinical Trial Designs

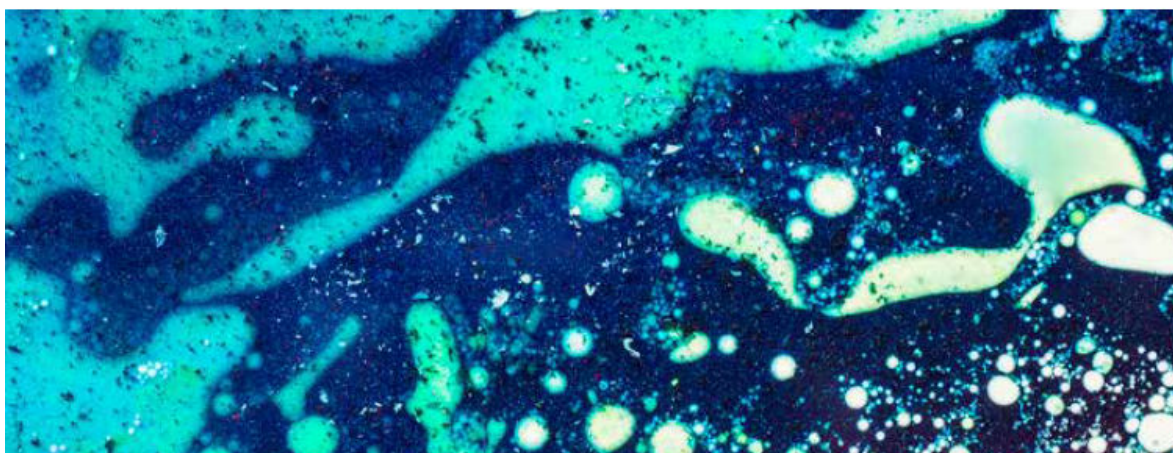
The  
Economist

INTELLIGENCE  
UNIT

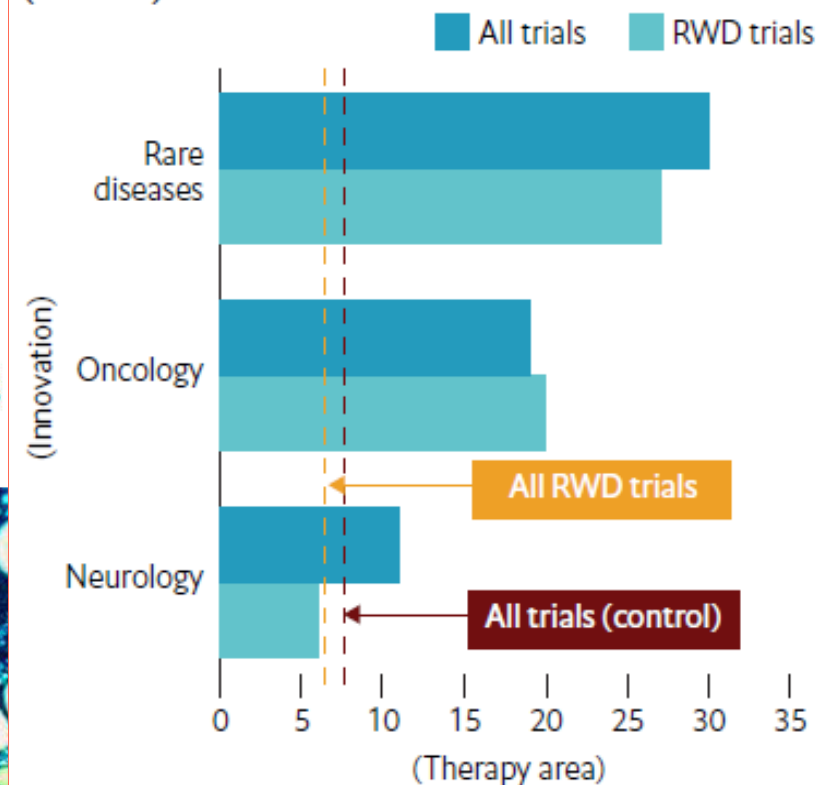
HEALTHCARE

## The Innovation Imperative: The Future of Drug Development Part I: Research Methods and Findings

A report by The Economist Intelligence Unit



**Figure 24: Average time to enroll 100 participants for RWD trials vs all trials (months)**



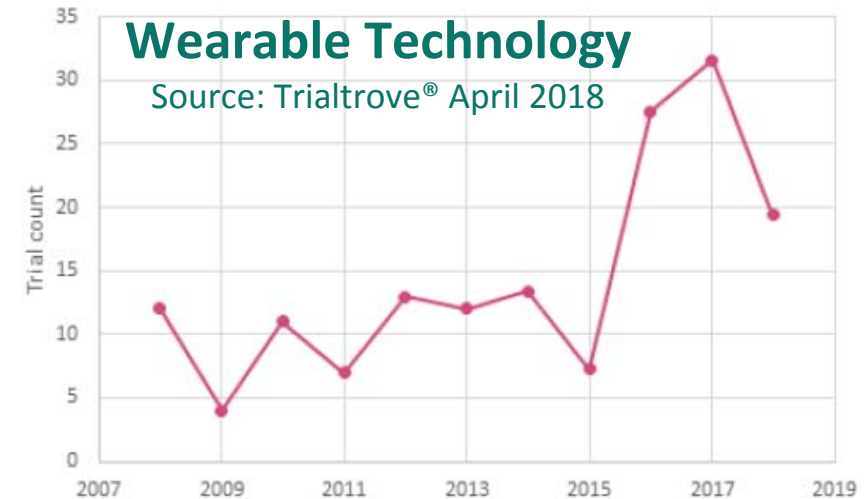
Source: Trialtrove® | Pharmaintelligence, 2018. Data: 2012-2017.

# Come Modernizzare i Trials Clinici?



## CTTI Recommendations: Decentralized Clinical Trials

September 2018



### IQVIA™ VIRTUAL TRIALS

*Accelerate your timelines with  
patient-centered drug development*

## Siteless Trials



# To modernize ophthalmic clinical trials...



## **Novartis launches FocalView app, providing opportunity for patients to participate in ophthalmology clinical trials from home**

Apr 25, 2018

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- *FocalView is a first-of-its-kind app designed to modernize ophthalmic clinical trials, making them more accessible and flexible*
- *Using patients' self-recorded measurements, FocalView aims to enable more sensitive trial endpoints and more accurate patient-reported outcomes*
- *Using the Apple ResearchKit platform, Novartis is making FocalView vision tests freely available to the scientific community*

# Come Modernizzare i Trials Clinici?

N ENGL J MED 378;8 NEJM.ORG FEBRUARY 22, 2018

## SOUNDING BOARD

### A Framework for Ethical Payment to Research Participants

Luke Gelinas, Ph.D., Emily A. Largent, J.D., Ph.D., R.N., I. Glenn Cohen, J.D.,  
Susan Kornetsky, M.P.H., Barbara E. Bierer, M.D., and Holly Fernandez Lynch, J.D.



**non è accettabile che un paziente debba sostenere spese di tasca propria per partecipare ad una sperimentazione clinica**



#### Half of clinical-trial sites offer free transportation to patients

Consent forms and reimbursement are the main deterrents of offering the service.

MMJ-ONLINE.COM

# Come Modernizzare i Trials Clinici?

GIHTAD (2018) 11:4

ARTICOLO ORIGINALE

## **Evoluzione dei ruoli del paziente nella ricerca e nella terapia farmacologica**

*Patient engagement, patient input, expert patient*

*Evolution of patient roles in drug research and therapy*

*Patient engagement, patient input, expert patient*

**Roberta Bodini<sup>1,4</sup>, Maurizio Marvisi<sup>2</sup>, Chiara Andreoli<sup>1</sup>, Romeo Poli<sup>3</sup>,  
Fabio Arpinelli<sup>1</sup>, Giuseppe Recchia<sup>4</sup>, Adriano Vaghi<sup>5</sup>**

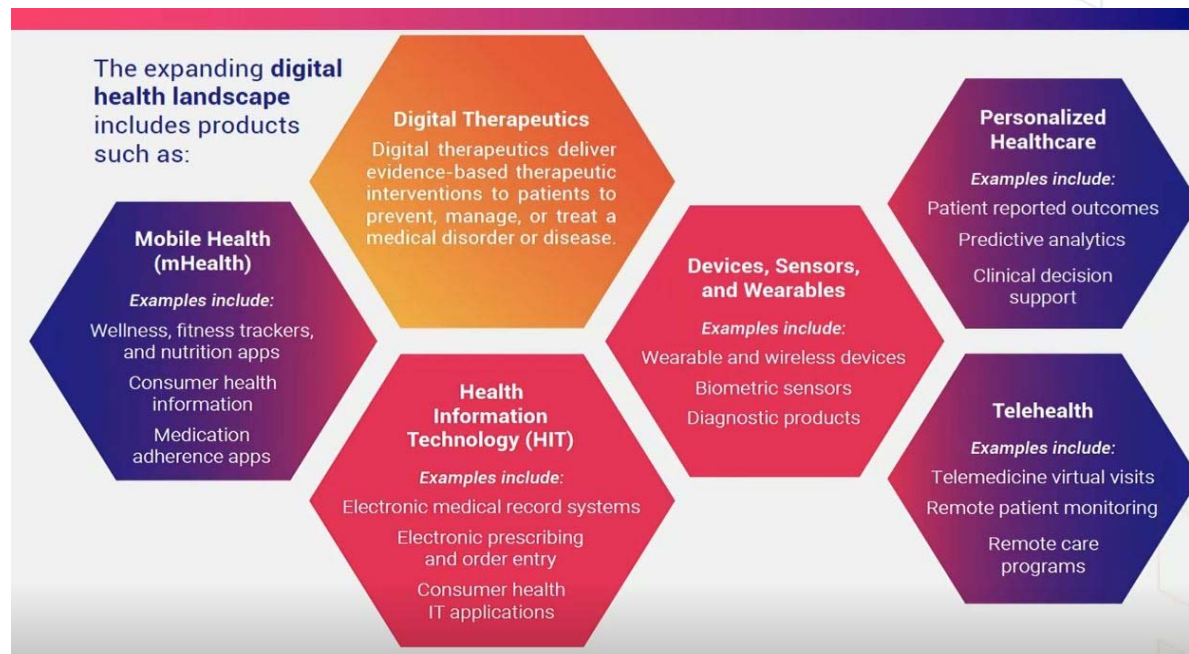


# FDA Work Plan - 5

## Medical Device Innovation

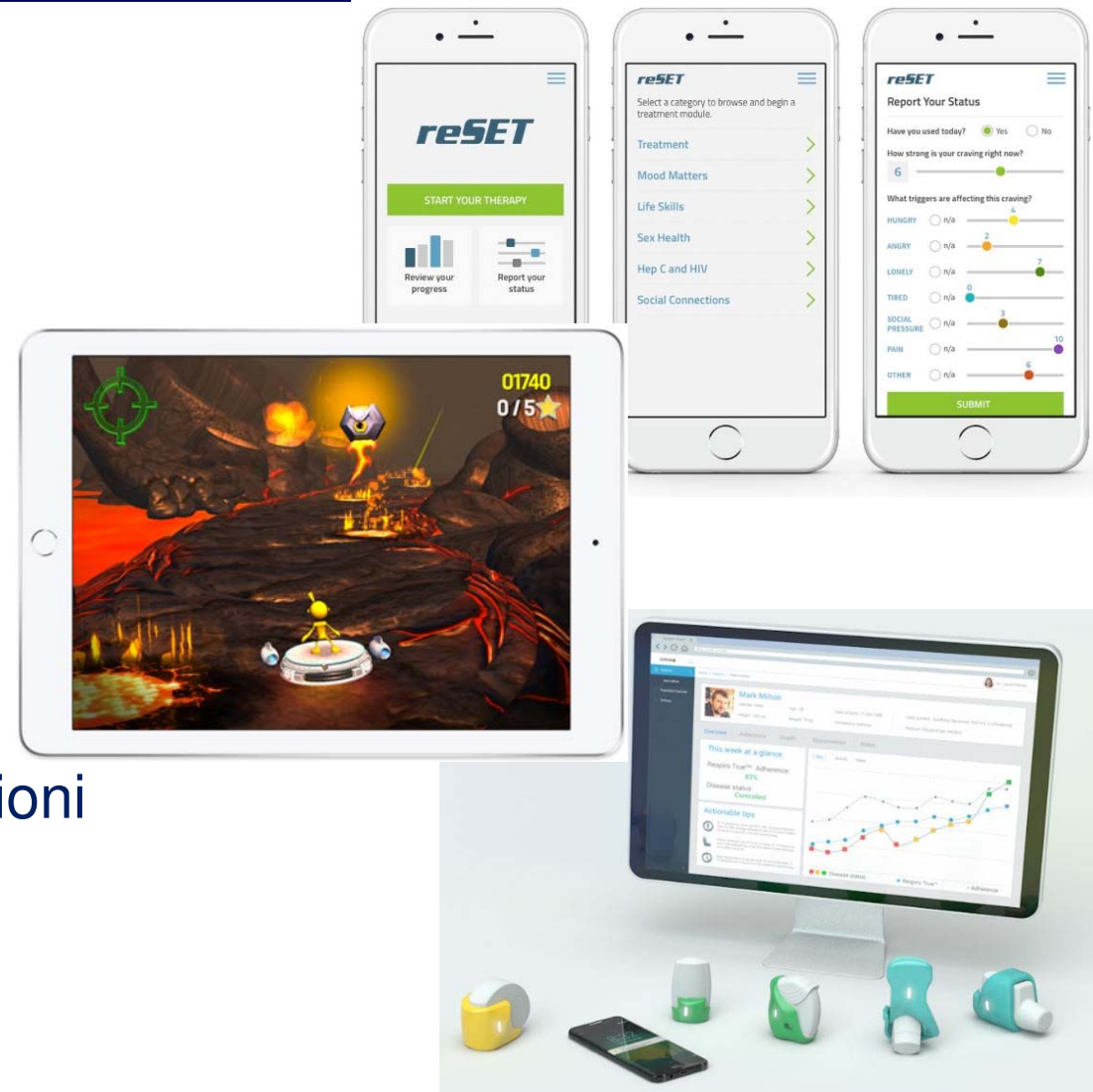
- Breakthrough Devices
- Clarifyng Medical Devices Software

## Digital Therapeutics Alliance



# DTx – Che cosa sono?

- Software come principio attivo
- Sviluppata attraverso RCTs
- Autorizzata da enti regolatori
- Sottoposta a valutazione HTA
- Rimborsata da SSN/assicurazioni
- Prescritta dal medico



# DTx – Come funzionano?

## Combinazione con il farmaco

### Terapia di Combinazione

- Monitoraggio della aderenza alla terapia
- Raccomandazioni sul dosaggio del farmaco
- Proposta di intervento medico
  - *Diabete (Roche)*
  - *Oncologia (AZ, Roche)*
  - *Malattie Respiratorie (GSK)*

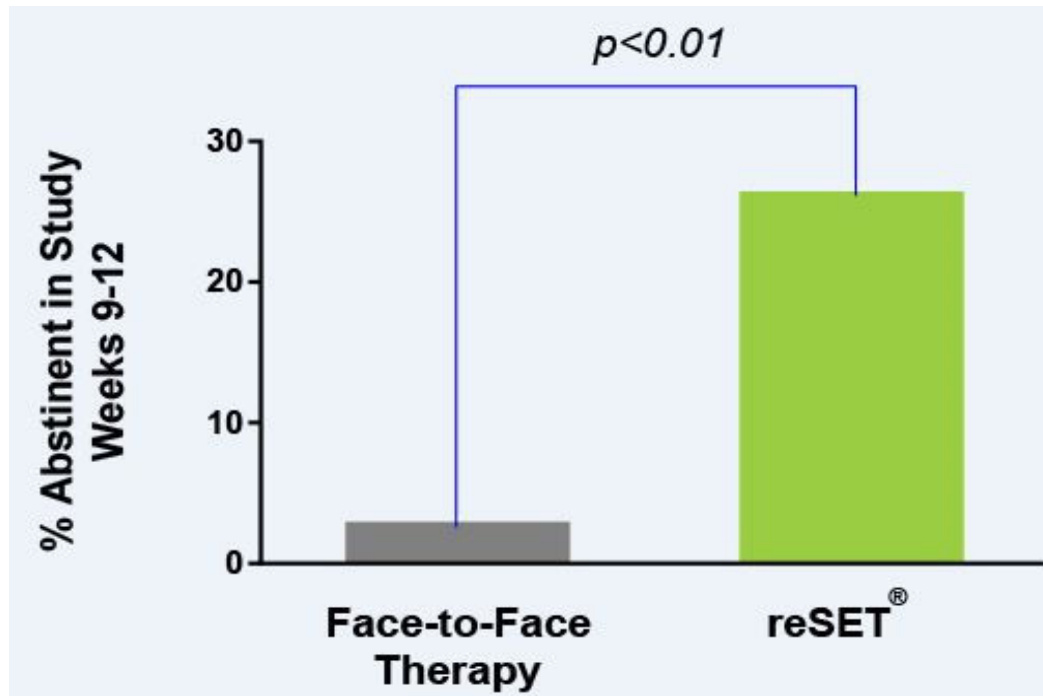
## Alternativa al farmaco

### Monoterapia

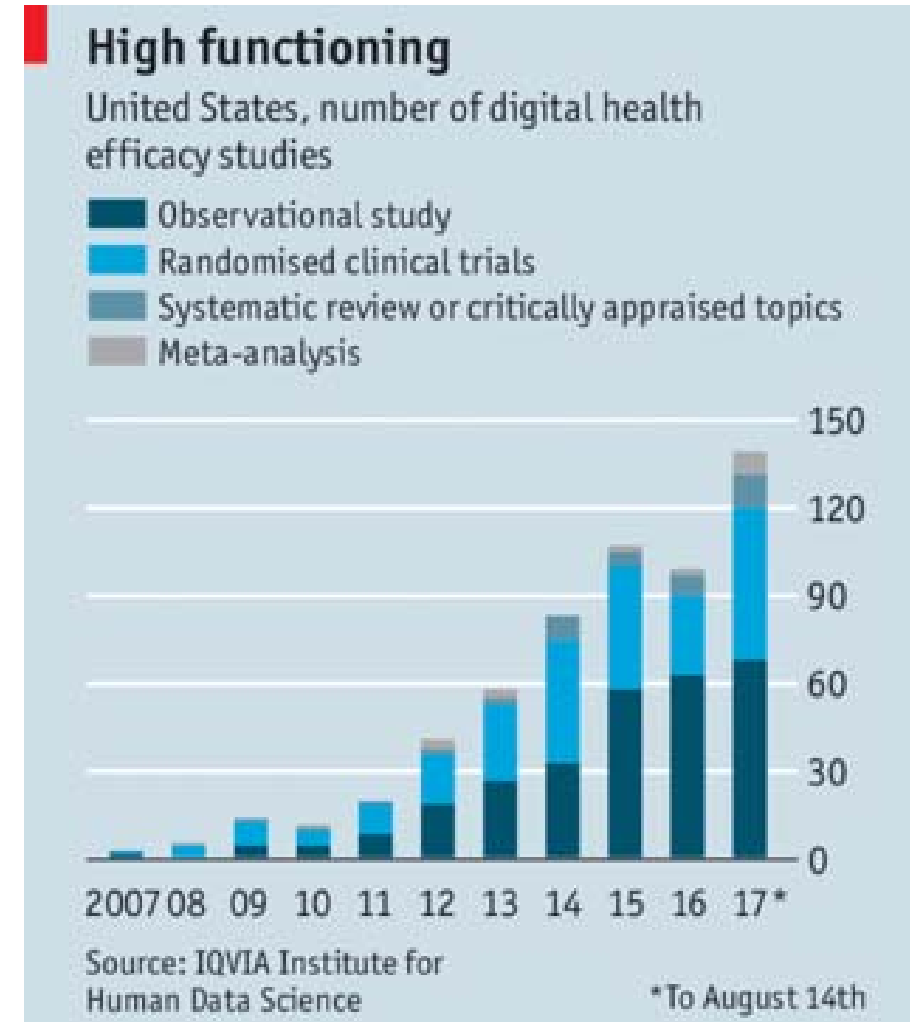
- Interventi cognitivo – comportamentali
  - *Dipendenze (Novartis)*
  - *Insonnia*
  - *Depressione*
  - *ADHD*
  - *Schizofrenia (Novartis)*



## DTx – Quali prove di efficacia?



- Randomizzazione ☒
- Controllo ☒
- Contesto ☐



# DTx – Quali prove di efficacia?

## INDICATIONS FOR USE

reSET is intended to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older who are currently enrolled in outpatient treatment under the supervision of a clinician. reSET is indicated as a 12 week (90 days) prescription-only treatment for patients with substance use disorder (SUD), who are not currently on opioid replacement therapy, who do not abuse alcohol solely, or who do not abuse opioids as their primary substance of abuse.

It is intended to:

- increase abstinence from a patient's substances of abuse during treatment, and
- increase retention in the outpatient treatment program

## LIMITATIONS

- For prescription use only.
- The reSET device is not intended to be used as a stand-alone treatment device or to be used as a substitute for medication
- The benefit of treatment with reSET on abstinence was not evaluated beyond 12 weeks of treatment.



# DTx – Dove?



## Digital Therapeutics in the NHS:

The rise of digital therapies  
& the evidence that proves  
they work

Tuesday, 24 April 2018

#DHLCOLLABORATE

#DigitalHealthLondon



# DTx – Proposte per lo Sviluppo in Italia

## Chiarire Aree Incertezza

- Entità e natura delle prove di efficacia
  - Sperimentazione Clinica  
Randomizzata e Controllata in  
contesto naturale
- Valutazione Tecnologica e modelli di rimborso
- Introduzione nella pratica medica e sanitaria

## Creare Condizioni Abilitanti

- Informazione e Formazione degli Operatori Sanitari
- Consapevolezza nei pazienti / cittadini
- Scientific Advice esperto
- Qualità della valutazione
- Accesso al paziente / Rimborso
- Network di sperimentazione clinica



# 1. DTx – Proposte per Ricerca e Accesso in Italia....



XIX  
CONGRESSO  
NAZIONALE DELLA  
PNEUMOLOGIA



Venezia

13-15 Ottobre 2018  
VENEZIA LIDO

## Siamo preparati al decollo?

## #DTxITA

## Digital Therapeutics In Medicina Respiratoria

*Roberta Bodini<sup>1</sup>, Martijn Grinovero<sup>2</sup>, Claudio Micheletto<sup>3</sup>, Franco Del Zotti<sup>4</sup>, Angelo Corsico<sup>5</sup>,*

*Giuseppe Recchia<sup>1</sup>, Salvatore D'Antonio<sup>6</sup>, Fulvio Braido<sup>7</sup>*

<sup>1</sup>Fondazione SmithKline, Verona; <sup>2</sup>Amiko Digital Health,Londra; <sup>3</sup>UOC Pneumologia Ospedale di Legnago;

<sup>4</sup>Medicina Generale,Azienda ULSS 9,Verona; <sup>5</sup>Pneumologia,Fondazione IRCCS Policlinico San Matteo Pavia;

<sup>6</sup>Associazione Italiana Pazienti BPCO Onlus Roma; <sup>7</sup>Clinica Malattie Respiratorie e Allergologia,Azienda Policlinico

## 2. Modernizzare i Trials Clinici in Italia....?

**#AIxRCTs**

*Symposium Research 4.0*

*#AI4RCT*

### **Artificial Intelligence and Clinical Trials**

*Implications for Patients,  
Investigators, Institutions*

Polihub, Milano  
30 November 2018

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Chairmen: Giuseppe Recchia  
and Massimo Beccaria

Automation and information technology have redefined many aspects of our lives, it is therefore not unexpected that major technology companies are investing in the development of Artificial Intelligence (AI) for healthcare and research.

AI technology, combined with big data, hold the potential to solve many key clinical trial challenges. These include increasing trial efficiency through better protocol design and study management.

Data-driven protocols and strategies powered by advanced AI algorithms, processing data collected from mobile sensors and apps, electronic medical and administrative records, and other sources have the potential to reduce trial costs. We are therefore witnessing the development of what we would call Smart Research Engineering.

Nevertheless, the extensive adoption these innovations does present technological and ethical challenges. These will be among the subjects debated during this workshop, with a panel of experts in the field.

Organized by:

