

REALIZING THE VISION OF DIGITALLY ENABLED, PATIENT-CENTRIC CLINICAL TRIALS

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INVENTING
FOR LIFE

IPAC-RS Digital Devices Roundtable Series

What is a Digital Biomarker and why is it important?

The “Traditional” Clinical Trial Paradigm is Lacking



Site Centricity

- Participant burden
- Geographical limitations
- Data loss between visits
- Lack of real-time feedback



Adherence

- Lack of adherence
- Data inaccuracies
- Lack of real-time data



Endpoints

- May not be meaningful to patients
- May be categorical or subjective
- Variability and sensitivity

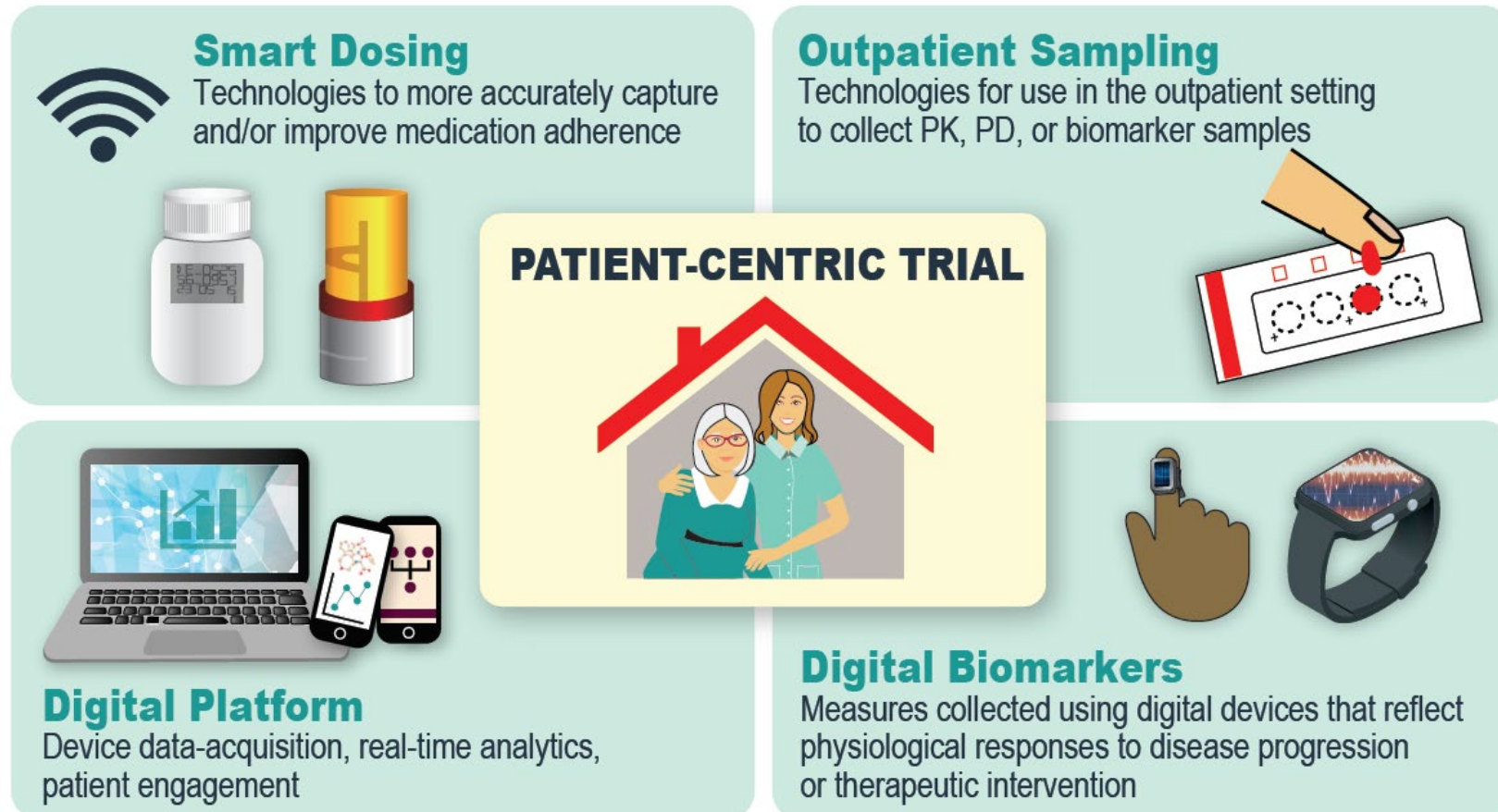


Operational Inefficiencies

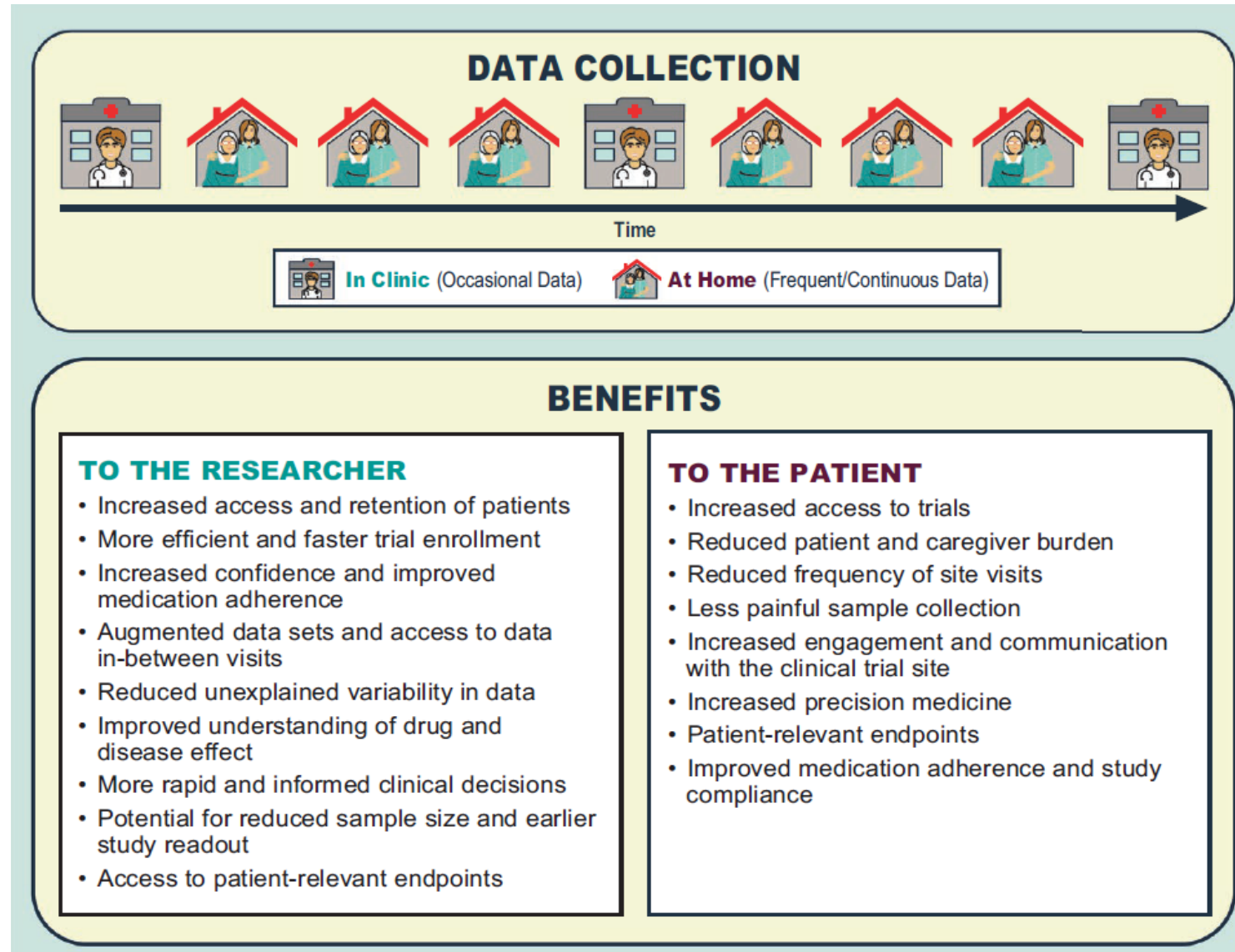
- Transcriptional errors
- Laborious data acquisition
- Cost of visits

Digitally-Enabled Clinical Trials

Our aim is to deploy innovative, digital technologies in clinical trials to reduce patient burden, collect higher quality data, enrich clinical datasets, and enable rapid and informed clinical decisions.



Potential Benefits of Digitally-Enabled Clinical Trials



Digital Endpoints Are a Reality Across the Industry

62 Sponsors have collected digital endpoints

Primary, Secondary or Label Claim



Exploratory Only



Sponsors start digital endpoint development early

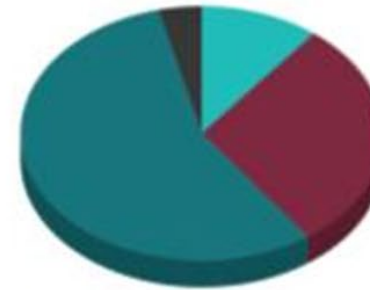
Digital Endpoints



>48% of examples

Digital endpoints are being used across drug, device, and biologic development

Investigational Product



Drug	56%
Device	29.5%
Biologic	10.5%
Other	4%

Pharma trusts digital products, primary/secondary endpoints

Endpoint Positioning

- 61 Primary endpoints
- 121 Secondary endpoints
- 25 Exploratory

207 UNIQUE ENDPOINTS



The Shifting Regulatory Environment



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

26 April 2019
EMA/CHMP/SAWP/178058/2019
Committee for Medicinal Products for Human Use (CHMP)

Qualification opinion on stride velocity 95th centile as a secondary endpoint in Duchenne Muscular Dystrophy measured by a valid and suitable wearable device*

Figure 1. Main components (A), the wearable device and system attached to ankle (B) and to the wrist (C)



EMA Regulatory
Science to 2025



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

1 June 2020
EMA/219860/2020
Human Medicines Division

Questions and answers: Qualification of digital technology-based methodologies to support approval of medicinal products
Status as of June 2020



DIGITAL HEALTH INNOVATION
ACTION PLAN

Digital Health Center of Excellence

Empowering digital health stakeholders to advance health care



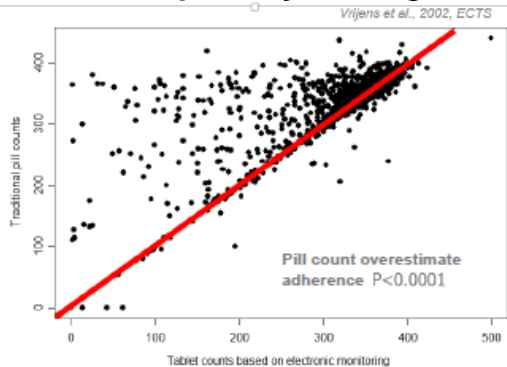
The Challenge of Nonadherence

Nonadherence is Underestimated by Pill Count¹

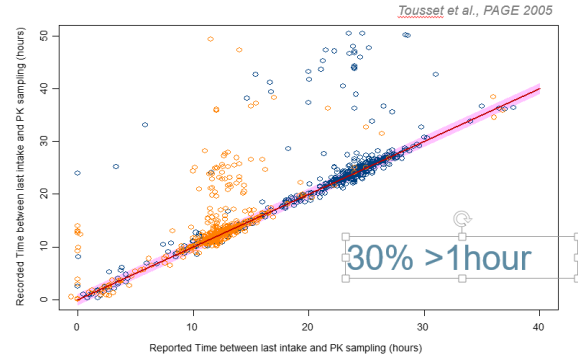
TABLE 1. Medication Nonadherence in AstraZeneca Psychiatry Studies, 2001 to 2011

Indication	No. Subjects Receiving Active Treatment	Name of Drug Under Study	ClinicalTrials.gov Identifier (NCT no)	Subjects With Any PK Sample BLQ (%)	Subjects With > Half of PK Samples BLQ (%)	Subjects With all PK Samples BLQ (%)	Nonadherence Calculated From Pill Counts (%)
MDD	39	AZD2066*	NCT01145755	12.8	12.8	2.6	NC
MDD	91	AZD7268†	NCT01020799	28.6	16.5	12.1	2.9
MDD	100	AZD5077† (quetiapine)	NCT00326144	26.0	26.0	26.0	2.2
GAD	169	AZD7325‡	NCT00807937	33.0	22.5	16.0	2.8
GAD	309	AZD7325‡	NCT00808249	33.7	21.7	13.6	5.1
CIAS	313	AZD3480§	NCT00528905	34.8	20.1	15.0	4.6
MDD	331	AZD5077† (quetiapine)	NCT00320268	23.3	23.3	23.3	0.0
GAD	413	AZD5077† (quetiapine)	NCT00329264	39.2	39.2	39.2	NC

Bias in quantity of drug taken²



Bias in time of drug taken³



Adherence to inhaled therapies

- Adherence to inhaled therapies in the COPD population is low ($\leq 50\%$) and rates of incorrect inhalation technique can range from 35 to 85%⁴⁻⁶, impacting clinical outcomes
- Inhaler technique as measured in one COPD study⁷:

Only **30%** of patients performed a successful first inhalation



61% of patients don't read the IFU

96% self-reported correct technique

¹McCann, D.J., et al., J. Clin. Psychopharmacol. 35, 566-573 (2015)., ²Vrijens et. al. 2002, ECTS; ³Tousset. et. al. 2005, PAGE,

⁴COPD Research and Practice 2015; 1:9; ⁵CHEST 2018; 154(4):984-985; ⁶CHEST 2016; 150 (2); 394-406; ⁷on drug Delivery, April 2018, 85:28

“Smart” Adherence Technology Options

Smart Packaging



Ingestible Sensor



Smart Delivery Devices



Photographic Documentation



- Technology options to provide **more accurate adherence data**
- Potential to **improve adherence** through dosing reminders and real-time transmission of data to HCP or clinical site
- Potential to **improve dosing technique** for non-standard routes of administration, (e.g. inhalers)

We are using smart dosing approaches in select late stage trials
Suite of smart dosing technology options to fit program/trial needs

Patient-Centric Sample Collection Devices

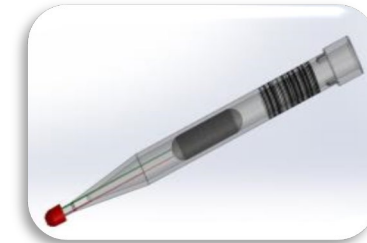
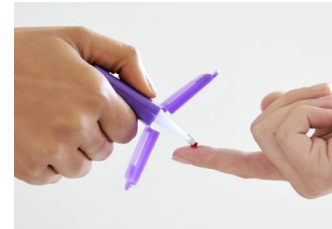
Dried blood collection with electronic diary

- Fingertick, spots on DBS card
- Time and date recorded by patient



Neoteryx Mitra VAMS

- Fingertick with accurate volume collection
- Date and time automatically collected



Seventh Sense TAP™ device

- Minimally invasive, micro-needle based
- Painless, no sharp exposure



Tasso

- External collection
- Painless, no sharp exposure

We have used patient-centric sampling approaches in several clinical trials to date.
Shift toward less painful, more automated sample collection with automated date/time stamps

Resources for Use of Digital Clinical Measures



TOUR OF DUTY: Driving adoption

The Playbook: Digital Clinical Measures

Introducing the essential guide for successful remote monitoring across *clinical research*, *clinical care*, and *public health*.



V3 Framework:

Design Specifications
& Modular Prototyping

VERIFICATION

ANALYTICAL
VALIDATION

CLINICAL
VALIDATION

Clinical
Utility

Verification evaluates sample-level sensor outputs

Analytical validation evaluates the performance of an algorithm to convert sensor outputs into physiological metrics using a defined data capture protocol in a specific subject population

Clinical validation evaluates whether the physiological metric acceptably identifies, measures, or predicts a meaningful clinical, biological, physical, functional state, or experience, in the stated context of use and specified population

Precompetitive Collaboration is Critical

Areas of potential pre-competitive collaboration:

- Technology and platform development
- Studies to enable technology maturation
- Development of digital biomarkers for specific disease states
- Development of data standards
- Sharing experience (successes and failures)
- Shaping policy



Critical Path for Parkinson's 3DT



Patient-centric sampling IQ group



Alzheimer's Diseases: Unmet Medical Need and Societal Burden



Between 2000 and 2019, deaths from heart disease decreased 7.3% while deaths from AD have **increased 145%**



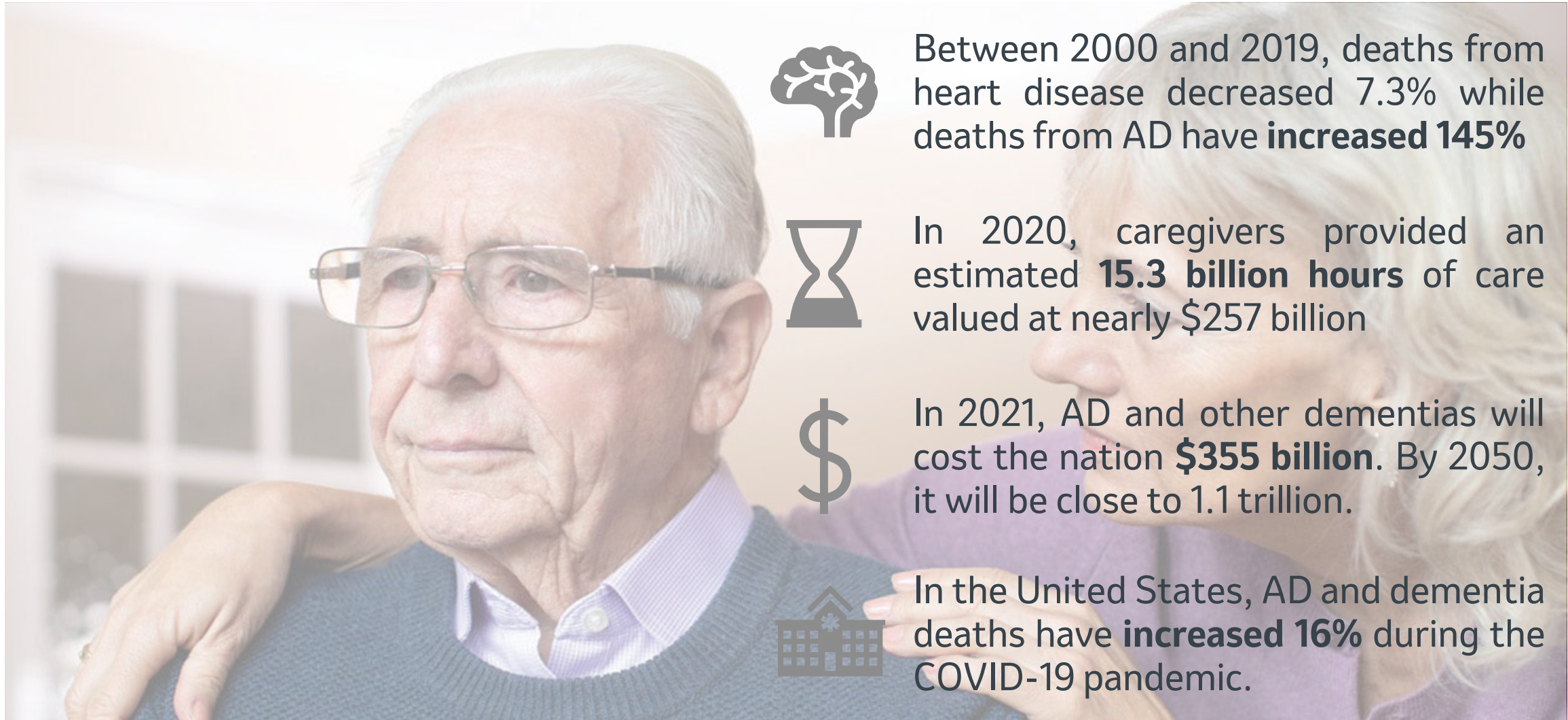
In 2020, caregivers provided an estimated **15.3 billion hours** of care valued at nearly \$257 billion



In 2021, AD and other dementias will cost the nation **\$355 billion**. By 2050, it will be close to 1.1 trillion.

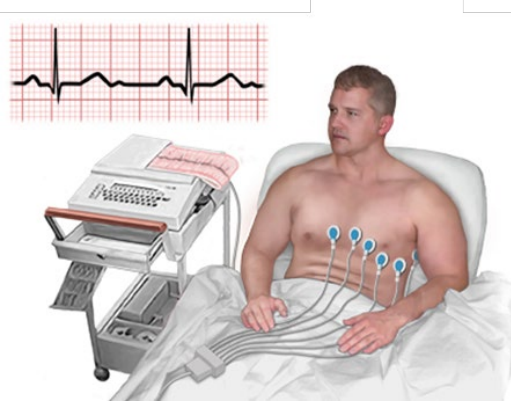


In the United States, AD and dementia deaths have **increased 16%** during the COVID-19 pandemic.

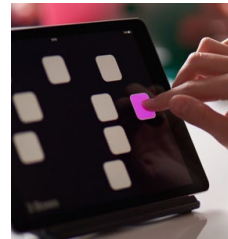
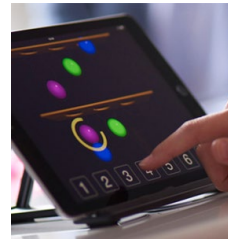


Digital Biomarkers: A new frontier for Alzheimer's Disease

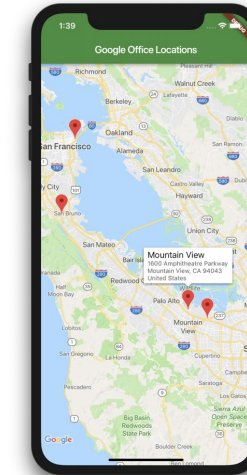
Clinical Endpoint



Active



Passive



Disclaimer: These are just a few examples of the technologies and not an endorsement of any product.

Novel Data to Differentiate Healthy Control & Cognitive Impairment

MedCity News

Leading source for innovation in healthcare

MEDICAL DEVICES, HEALTH TECH

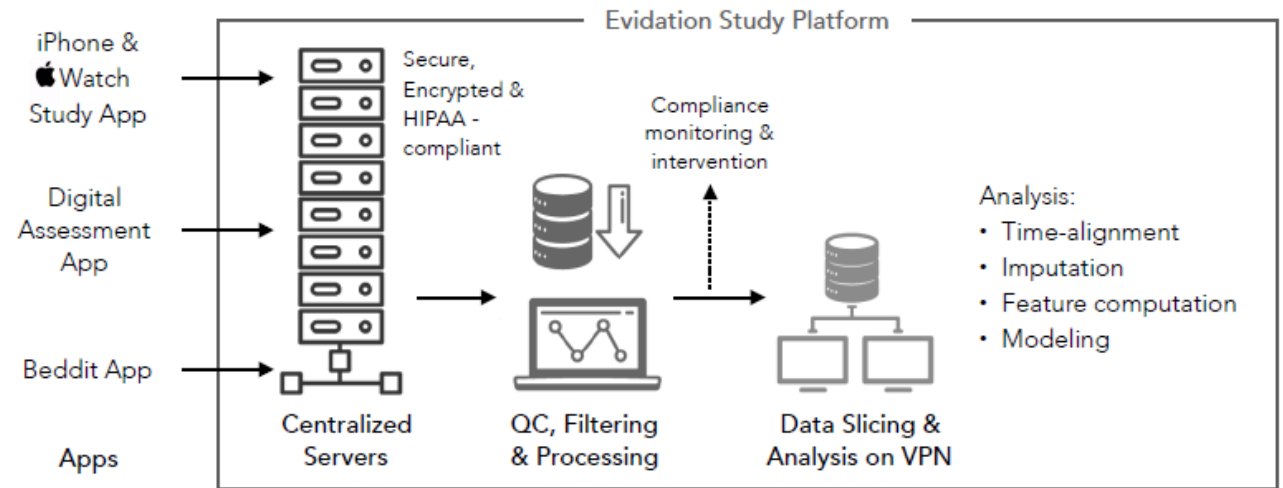
Evidation Health and Eli Lilly study uses Apple devices and apps to predict cognitive impairment

Study Details:

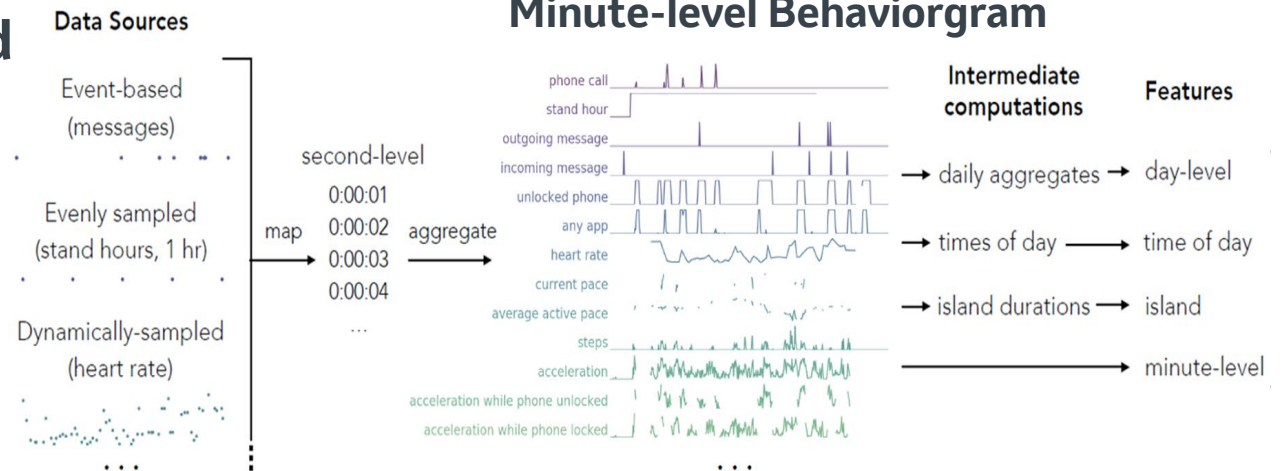
- 28 patients with MCI and 7 mild AD
- 82 healthy age-matched controls
- 12-week exploratory study

Features identifying cognitively impaired participants vs. healthy controls:

- Slower typing speeds
- Fewer text messages
- Later first steps
- Reliance on helper apps
- Poor survey compliance



Jankovic et al., *KDD '19* (2019)



Source: Jankovic et al., *KDD '19* (2019)

Measuring Impairment with Novel Digital Signals (MINDS) Study

Study Details:

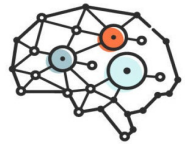
- 150 patients with MCI or early AD
- 150 healthy age-matched controls
- Duration: 6 months
- Population: US-only and remote

Primary Objectives:

- Differentiate MCI, early AD, and controls



- Classification Models



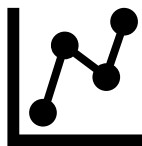
DEEP LEARNING



ALGORITHM

Secondary Objectives:

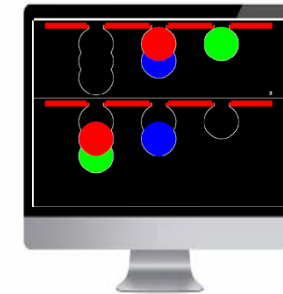
- Feasibility, variability and adherence



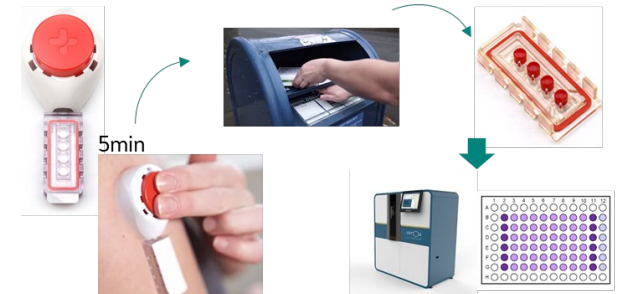
Wearables and Phones:



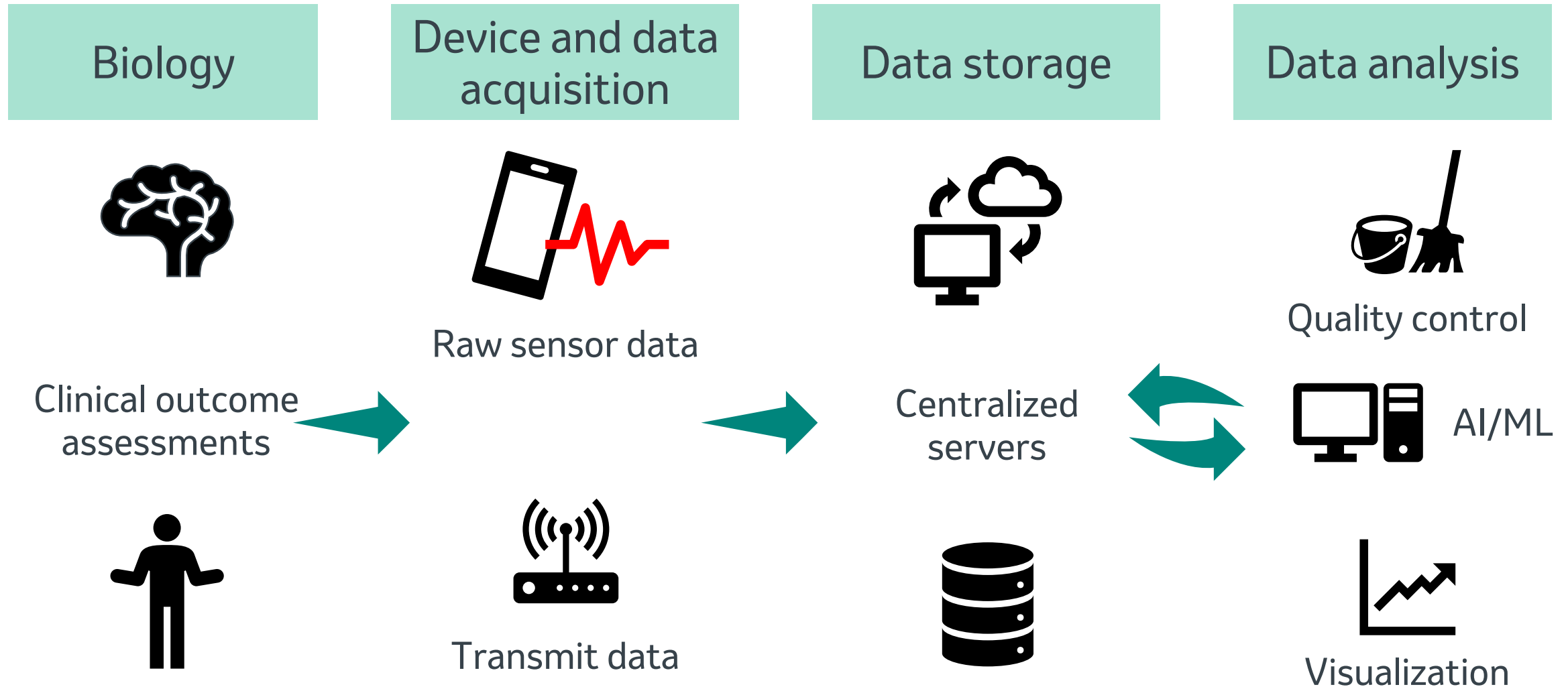
Cognition:



Blood-based Biomarkers:



From Biology to Decisions



Summary and Future Directions

Digitally-Enabled Clinical Trials

MINDS Study

Synergistic Benefit



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