

# Conducting CNS Clinical Trials in the Developing World

## Summary

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## **M Page: *Clinical Trials in the Developing World: Background and Changing Role***

- Global clinical development programs make sense
- Single integrated data base is more efficient for pharma
- Challenge is how to respect cultural diagnostic, pharmacokinetic diversity
- Different outcome measures
- Trend is of global development going from West to DW; what about the reverse?
- Is there a role for WHO in guidelines for regulatory bodies?

*A Kiev: Multi-National Trials in the Developing World: Conceptualizing the Trials—An Academic Perspective*

- **Importance of awareness of local diagnostic traditions, care taking issues**
- **Importance for inclusion of local PIs and physicians in protocol design issues; inclusion of anthropological expertise**
- **Low placebo response rates**
- **Does that mean also higher study medication response rates?**

## **R Anand: *Multi-National Trials in the Developing World: Conceptualizing the Trials—An Industry Perspective***

- **What does it mean “Developing World”?**
- **A comprehensive review of all issues involved in conducting CTs in the DW**
- **Need to involve local PIs and local opinion leaders EARLY in the protocol design phase**
- **Need to focus on drug dosage issues, related to weights and metabolic issues; lack of preliminary MTD studies**
- **Question: food drug interactions; example curcumin in India;**
- **Issue of concomitant herbal medicine?**
- **ICF in local language and reviewed by independent observer**
- **Concept of independent capacity evaluation; does it exist?**
- **Traditional outcome measures may not be applicable**
- **Western pharmacoeconomic questionnaires may not be applicable**

## *A Kalali: Setting Up and Implementing Protocols in the Developing World*

- The CRO experience in the DW
- Need for adequate local CRO infrastructure
- Knowledge of local regulations, medication importing regs, blood sample export regs, DNA sampling
- Availability of comparators, generic quality
- Questions: What about the site infrastructure? Research pharmacists, research RNs, biostatisticians, cognitive psychologists?

*S Khanna: Reviewing the Protocol Submissions: An Indian Regulatory Perspective on Issues to Be Considered in Approving a Global Trial*

- **Review of Indian Regulatory Procedures**
- **Significant procedural changes are taking place**
- **Some stream lining of the steps required, such as a time line**
- **Procedural standards for ECs**

## JK Trivedi: Setting Up And Implementation The Protocol: A Site Perspective On How To Adapt It For The Developing World

- A comprehensive view from the trenches by an Indian PI
- Issue of funding of research being mostly by outside agencies
- Issue of validity of western developed instruments
- Problems with inquiries of “tabou” subjects in rating scales
- Issue of IQ assessment in illiterate patients
- Remedy: Exclusion of patients during screening
- Issue: Different social and functional normative standards

• Remedy: Inclusion of culturally sensitive social function scales



ISCAP<sup>TM</sup>  
scales

## T Sharma/ R Mohs: Case Studies: Evaluating Cognition In Multi-National in Developing World Trials

- Computerized, paper and pencil tests are doable in other cultures,
- Although computer literacy may not be available in some countries
- Problem is the assessment of IQ in illiterate patients
- Cognitive tests are applicable, but may have to be modified, e.g. for illiterate patients or making them locally applicable (“what a normal person in that particular culture would know”)
- Maintain the concept of cognitive function tested and scoring rules
- What is the validity of the modified tests, particularly for regulators?
- Test retest validity?

## N A Khin: Reviewing Data from Multi-National Trials in the Developing World: FDA Perspective

- Overview of review process of non US data by FDA
- FDA can approve data conducted in non US countries without IND
- FDA can approve non US data for marketing approval
- Possibility of FDA site inspections in non US countries
- Low number of non US sites are FDA inspected with comparable results to US sites in CNS studies
  - Exception: low reporting of AEs
- FDA will not rely exclusively on pivotal trial data from non US sources
- FDA will accept data from long term placebo controlled non US studies
- Excellent case studies
  
- For use of culturally adapted or modified assessment instruments....ask the Division before getting into it.

## G Pons: Reviewing Data from Multi-National Trials in the Developing World: European Regulatory Perspectives

- There is a regulatory EU frame work for the acceptance of CT data from results from one Region to another Region, provided ther no intrinsic or extrinsic differences in the two populations:
- Need for a bridging study:
  - Dose response study
  - pK study
  - Full clinical study
- Case study of EU: CT data was accepted in a substantial number of trials and indications for new drugs in minors
- Significant numbers of completed GPC inspections
- Most concerns came from sponsors and not from hosting countries