ISCTM
THE INTERNATIONAL SOCIETY FOR CNS CLINICAL TRIALS AND METHODOLOGY

Innovations: Manuscript Plans

Preliminary Outline

1. Rational for workgroup
2. Survey results/desired deliverables
3. Applying Innovation concepts
4. Lessons from non-CNS development
5. Lessons from other industries
6. Components to incorporate
7. Minimum viable protocol (MVP)
8. Methods and statistical issues
9. Discovery vs delivery thinking
10. Developing innovation
11. Management/business structure
12. Discussion and Conclusions

Negative/Failed Trials
FDA Approval Rate
Novel Target Failures/Placebo
CNS Development Dropout
Neuroscience Advancements
Innovation to Invigorate

Workgroup
ISCTM Survey Results
Desired Improvements
Infusing Innovation

Lean Start-Up
Adjacent Possible
Disruptive Innovation
Prospect Theory
Validated Learning
Minimum Viable Product
Innovative Accounting
Team Building

Designate Authors 3/1/14

Cancer (Genetics)
Neurology (Devices)
Immunology (Vaccines)
Primary Care (Prevention)

Aerospace (Obstacles)
Biotech ($ - Delivery)
Oil (Going Green)
Agriculture (Environ-Gene)
Sports (Safety)

Author Sections Due 7/1/14

Poll Consumer and Prescribers
Item Specific Rating Endpoints
Objective Target Endpoints
Decrease Develop Costs
Predicting Failure Early
Choosing Patient Population
Answer = MVP

MVP for Sensitivity
Quick Answers
Low Cost Adaptive Design
Indication Finding
Safety and Dose?
Too Specific?

Smaller Trials
Power Issues
False Positives/Negatives
Use Selective Endpoints
Decrease Variance
FDA Count Negative Trial?

Abandon Dogma
Neuroscience Endpoint
Fit Drugs to Endpoint
Delivery Quicker
Need FDA Buy-in
Fuels R&D
Discovery

Risk to Changing Models
Cost $ to Change
Unknown Success
Fear of Change
Will Changes = Market

Stop Big Initiative $ Design
Small Group Team Pilots
Multidisciplinary
Open Discussions
Evaluate Viability Early
Change Course
Measurable Predictors

Implementing Innovation
Industry-Acad-Gov-Health
Market Share
Meld Science-Business
Iterative Design Trials
Objective Endpoint
FDA Change/Approval

Final Manuscript Review 9/1/14

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Presentation 1: Better Novel CNS Target Validation: Reducing Wasteful and Minimally Informative Studies

Bill Potter, NIMH

- Develop full dose response understanding based on RO/PD measures before making late stage investment
- Be prepared to stop development in absence of such data even if there is some early positive clinical data which requires some “hand waving” to explain
- Accept risk of Type 2 Errors reasoning that resources saved by not pursuing Type 1 Errors will allow for potentially better alternatives

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Presentation 2: The patient voice in clinical trial design; an experiment
Jeremy Gilbert, Patients Like Me

- There are significant **downstream economic consequences** when patients are not well understood
  - Patient understanding in advance could avoid mistakes
  - Cost typically in the form of protocol amendments and recruiting challenges
- Any successful patient listening tool must operate **quickly and seamlessly** inside the lifecycle of a clinical development program
- While advocacy interviews and focus groups can be helpful, trial designers have an unmet need for **objective, quantified patient insight**
- Protocol assumptions must be **unpacked and tested** in order for patient voice to be most helpful