Rare Voices Australia Submission: Australian Commission on Safety and Quality in Health Care's National One Stop Shop single national Site-Specific Assessment (SSA) minimum core elements

Executive Summary

Rare Voices Australia (RVA) welcomes the opportunity to provide a submission to the Australian Commission on Safety and Quality in Health Care's (the Commission), single national Site-Specific Assessment (SSA) core elements (national SSA). RVA is the national peak body for the estimated two million Australians living with a rare disease.

RVA has provided a rare disease perspective for clinical trials in Australia and recommendations that align with the priorities, actions and implementation steps of the Australian Government's National Strategic Action Plan for Rare Diseases (the Action Plan)[1]. RVA led the collaborative development of the Action Plan, which was informed by extensive multistakeholder consultation. The Action Plan was launched in February 2020 with bipartisan support and RVA is now leading its collaborative implementation. The Action Plan provides guidance and direction around key goals and priorities of the rare disease sector in Australia and includes a strong patient voice.

RVA commends the vision and efforts of the Commission to ensure multistakeholder involvement in the development of minimum core elements of the national SSA. RVA supports all efforts to streamline and harmonise the business processes of all stakeholders involved in the uptake and approval of clinical trials in Australia. RVA's submission shares the need for a nuanced approach to rare disease clinical trials in Australia and the importance for the National One Stop shop to meet the needs of all rare disease stakeholders, including researchers, clinicians, healthcare professionals, industry as well as patients and their families. Please see RVA's original submission to the National One Stop Shop for further detail on the needs of those living with a rare disease around clinical trials.

Clinical Trials for Rare Diseases in Australia

Rare diseases are often serious and progressive, taking action is time critical. For many living with a rare disease, participation in clinical trials is the only access to treatment. Limited treatment options mean it is essential that people living with a rare disease can benefit from new transformative treatments and health technologies through better access to clinical trials.

Even where a potential new treatment is available, the health of those waiting often progresses to debilitating and even life limiting stages before access to a clinical trial is granted. This is due to the lack of national infrastructure for rare disease clinical trials and the largely fragmented mechanisms for clinical trials approval in Australia. Delayed or lack of access to clinical trials for rare disease is further compounded by a lack of industry interest due to relatively low demand. There is much that needs to, and can be, done to build clinical trial infrastructure, increase economies of scale and streamline clinical trials for rare disease. RVA would like to see faster trial enrolment, shorter approval timelines and improvements in rare disease clinical trial data collection and interoperability.

It is vital to ensure the nuances of rare diseases are considered in the development of the national SSA. The Action Plan outlines the importance of making processes in Australia more conducive to clinical trials for rare diseases in Australia. Actions and implementations steps from the Action Plan around rare disease clinical trials are listed in Appendix A.

Contents

RVA's Recommendations

These recommendations highlight the specific needs of the rare disease community and align with the priorities, actions and implementation steps in the Action Plan.

Recommendation 1: The national SSA should be implemented as a priority for the proposed National One Stop Shop and supported by the Commonwealth

Timely access to new drugs and novel medical technologies including genomics, cell and gene therapies, as well as precision medicine for rare diseases, is one of the recommendations of The New Frontier—Delivering Better Health for All Australians[2]. The Parliamentary report recommends significant reforms to Australia's healthcare system to ensure people have better and faster access to the wave of new medicines and technologies. This recommendation is supported by the Action Plan, and as such RVA strongly supports the development of a national SSA process as a central mechanism for clinical trials approval that should be prioritised. This national approach to clinical trial site approvals is a vital step towards streamlining and harmonising processes, minimising duplication, and facilitating timely access to treatments for Australians living with a rare disease.

Re-prosecution of a clinical trial across different trial sights is time intensive and means people living with a rare disease wait too long for what could be their only access to a lifesaving treatment. The national SSA is one way to prevent these delays and the irreversible progression of rare disease pathology, that, in some cases, has life threatening consequences. Specifically, RVA strongly supports the principles, processes and workflow of the national SSA to include cross-jurisdictional requirements and ethics approvals, and integration with, and links to, the next generation registry. RVA also strongly supports the proposed implementation of the national SSA through a smart form with explanation and guidance for users—ease of use will enable more timely approvals.

Recommendation 2: The national SSA should facilitate connections and communications across trial sites for more timely access to trials that is not limited by the post-codes of potential participants

All systems and centres must be integrated, and healthcare professionals must work together to ensure information is shared, and clinical trial access is embedded in health care independent of jurisdiction. RVA is excited by the proposed functionality of the National One Stop Shop's proof-of-concept to coordinate and facilitate knowledge sharing of the SSA process through notifications and communications between stakeholders and across jurisdictions. This functionality, together with the integration of the business processes of the TGA and HRECs, and the use of digital signatures, will enable more streamlined and timely approval of decentralised, multi-site clinical trials, which are vital for rare disease where patients are few and geographically dispersed.

Recommendation 3: The national SSA should have a mechanism for ongoing evaluation and addition of new core elements to ensure responsiveness to new treatments and technologies

Extremely small patient numbers and a lack of existing knowledge are a major barrier to rare disease clinical trials. Not only do small patient numbers make large scale double-blind placebo-controlled clinical trials impossible, but they also make economies of scale inaccessible.

The need to support innovative trial designs for rare diseases cannot be understated, particularly considering rapidly moving advancements in precision/personalised medicine and cell and gene

therapies (see Action 3.2.4.3 of the Action Plan). Cell and gene therapies are becoming increasingly relevant for people born with rare single gene disorders. Advances in genetic testing and the intention to integrate genetic testing into health care mean the number of people diagnosed with genetic disorders will grow, and so too will opportunities to participate in clinical trials for innovative new therapies. Therefore, ensuring that the national SSA is built to quickly respond to such growth and innovation is vital. RVA welcomes the proposed flexibility that has been built into the proof-of-concept portal for the National One Stop Shop and recommends that this is implemented in a timely and sustainable manner.

Recommendation 4: The national SSA should make department approvals for psychology and mental health support a mandatory requirement for clinical trial sites

RVA strongly supports the requirement for department approvals as part of the national SSA. The national SSA should ensure the availability of staffing and infrastructure. Ensuring particular departments at a clinical trial site are aware of their need to be involved is an important part of defining expectations, allocating resources and managing accountability.

Under section 24 of the national SSA 'Other clinical departments' it states mental health department approval is not mandatory and, although the list of departments under 'other' is not all inclusive, it is RVA's strong recommendation that the psychology department be added to this list. As previously mentioned, clinical trials can be the only access to treatment for those living with a rare disease. Therefore, patients, their families and caregivers place a lot of hope in a trial when an opportunity presents. They may even hope a trial will extend their life. This comes with significant psychological burden, which must be formally acknowledged and managed. Trial sites must be prepared to meet the psychological and mental health needs of patients, caregivers and families. It is also important to recognise, in some cases, there are unforeseen circumstances that lead to the premature termination of a clinical trial. For people living with a rare disease, unexpected termination of a clinical trial can be devastating, and oftentimes trial participants are left with very little explanation. Thus, leveraging the national SSA to ensure the mental and psychological needs of trial participants are met before, during and beyond a clinical trial is paramount.

Recommendation 5: The national SSA should directly request the attachment of collaborative agreements with not-for-profit patient support groups and peak bodies

Clinical trials designed by researchers and clinicians without direct consultation with patient target groups have been known to miss the mark when it comes to recruitment and retention. What matters to patients does not always align with the questions or intentions of researchers and clinicians. In our previous submission to the National One Stop Shop, RVA encouraged the education of researchers and sponsors around the importance of including patients and public early in the planning and design stages of clinical trials. RVA strongly suggests that patient and public involvement in trial design is reflected or captured in the national SSA and that the proof-of-concept for the National One Stop Shop facilities this. Under section 33, Research Agreements, of the national SSA, RVA suggests the inclusion of bubble notes or drop-down notes that draw the attention of site managers filling in the smart form to attach any collaborative agreements with patient support groups or peak bodies.

Recommendation 6: The national SSA should confirm Participant Information Consent Forms cover all possible trial outcomes, including premature termination of a clinical trial due to unforeseen circumstances

RVA strongly supports the attachment of PICF forms to the national SSA process. RVA strongly recommends that, in addition to outlining the available options, expected outcomes and success rates and side effects for each option, the national SSA requests information from the clinical trial investigators around their strategies to manage the expectations of patients and families and inform/support them if the trial is prematurely terminated due to unforeseen circumstances. This should cover processes for informing participants and managing mental and psychological burden if their treatment ends suddenly. For people living with a rare disease, who have no options outside of participation in a clinical trial, ensuring capacity to manage such expectations and plan for the unexpected is vital.

Recommendation 7: The national SSA should be used as a tool to collect data on gaps and strengths of processes and infrastructure across clinical trial sites. Data collected would highlight challenges and leverage strengths. This would help to ensure equitable access for all Australians to the same level of care regardless of trial site location.

RVA recommends that real-time data is collected by administrators of the national SSA and the via National One Stop Shop portal from the point of initial submission to final approval—capturing the enablers and barriers throughout the process. The national SSA and the National One Stop Shop portal is a potentially valuable data source for identifying gaps, limitations and strengths in clinical trials infrastructure, governance and approval processes at sites across Australia. Identifying strengths can inform best practice in locations where limitations are obvious, and highlighting the gaps creates impetus for advocacy into clinical trials policy reform.

It is critical that Australia attracts and incentivises pharmaceutical companies to conduct rare disease clinical trials in Australia and enables patients to participate in international clinical trials without leaving Australia (See Action 3.2.5 of the Action Plan). Currently, there is a lack of coordinated infrastructure to support a national approach for rare disease clinical trials with very small patient numbers. Using data collected from the National One stop Shop's Portal, including via the national SSA, will help identify existing capability and infrastructure within clinical centres to support the operation of clinical trials for rare diseases. This data and evidence of existing capacity and infrastructure can be further leveraged to make Australia more attractive for clinical trials.

References

1. Australian Government Department of Health. (2020). *National Strategic Action Plan for Rare Diseases.* https://www.health.gov.au/resources/publications/national-strategic-action-plan-for-rare-diseases

2. Parliament of the Commonwealth of Australia. House of Representatives Standing Committee on Health and Aged Care and Sport. (2021). *The New Frontier—Delivering better health for all Australians. Inquiry into approval processes for new drugs and novel medical technologies.* *https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024755/toc_pdf/TheNewFrontier-DeliveringbetterhealthforallAustralians.pdf;fileType=application%2Fpdf*

Appendix A – Excerpts from the National Strategic Action Plan for Rare Diseases

Action 3.2.4

Building on existing initiatives, continue to foster an environment conducive to clinical trials for rare diseases taking place in Australia.

Implementation

3.2.4.1. Develop recommendations to encourage and enable more clinical trials for rare diseases to take place in Australia.

3.2.4.2. Increase the economies of scale of research into rare diseases by, for example, operating multi-trial sites that share common resources.

3.2.4.3. Encourage the adoption of unique and appropriate trial designs that overcome rare disease research challenges.

Action 3.2.5

Investigate and promote options that enable Australians living with a rare disease to participate in clinical trials and other research activity, both in Australia and internationally (without needing to leave Australia).

Implementation

3.2.5.1. Identifying and maximising utilisation of available resources and assets to the extent possible, link people living with a rare disease to research activity, such as data collection, registries, natural history studies, qualitative research and clinical trials based in Australia and internationally.

3.2.5.2. Investigate and promote options for a Trials Enabling Program (TEP) for trials for rare diseases in Australia, leveraging a partnership approach that involves philanthropy and industry in the absence of relevant clinical trials in Australia.

Action 3.4.2

Identify, leverage and enhance existing capability and infrastructure to ensure appropriate and experienced resourcing is available within clinical teams that deliver rare disease care.

Implementation

3.4.2.1. In partnership with industry, philanthropy and trial sites, identify and enhance existing capability and infrastructure within clinical centres to ensure appropriate capability is available to support the operation of clinical trials for rare diseases.

3.4.2.2. Support clinical teams to collect and input data, contributing to research and evidence-building.