ACRO
ASSOCIATION OF CLINICAL RESEARCH ORGANIZATIONS

December 24, 2021

The Honorable Diana DeGette
2111 Rayburn House Office Building
Washington, DC 20515

The Honorable Fred Upton
2183 Rayburn House Office Building
Washington, DC 20515

Dear Representatives DeGette and Upton,

Thank you for the opportunity to provide feedback to H.R. 6000, the Cures 2.0 Act.

The Association of Clinical Research Organizations (ACRO) is made up of the world's leading clinical research and technology organizations. Our member companies conduct or support the conduct of the majority of clinical trials in the United States and around the world. ACRO members provide an array of specialized services across the entire spectrum of drug, biologic, and medical device development—from discovery, pre-clinical, proof of concept, and first-in-man studies, through post-approval and pharmacovigilance research.

ACRO was pleased to be involved in the drafting of the 21st Century Cures Act, to which we provided input and expertise on issues including the sharing of clinical research data in federally-funded studies, patient protections and IRB operations, the use of real-world evidence in drug development, and some of the barriers to research uses of health data encountered under HIPAA.

Since the 21st Century Cures Act was signed into law in 2016, ACRO members have been at the forefront of innovation in the drug development space. From developing novel trial designs, to streamlining clinical research monitoring practices, and exploring new ways to truly put patients at the center of the clinical research process, ACRO members are delivering on the promise of 21st Century Cures.

We were pleased to see some of our feedback on the Cures 2.0 discussion draft included in the introduced language of the Cures 2.0 Act. Below you will find our feedback on H.R. 6000 as introduced on November 16, 2021.

Sec. 102. National Testing and Response Strategy for Future Pandemics

This section tasks the Secretary of Health and Human Services with developing and implementing a national strategy to prevent and respond to future pandemics.

Relevant to lessons learned from the COVID-19 pandemic, during a discussion with the ACRO Board of Directors on June 3, 2021, NIH Director Dr. Francis Collins and Acting FDA Commissioner Dr. Janet Woodcock provided an overview of the clinical trials that tested COVID vaccines and therapeutics.

It is fair to say that the vaccines trials, designed and funded by biopharmaceutical companies (in some cases with assistance from Operation Warp Speed), and executed in partnership with clinical research organizations (CROs) and technology companies, were,

on the whole, highly successful, recruiting reasonably diverse populations and producing meaningful data in record time, without sacrificing safety or efficacy standards.

Meanwhile, the clinical trials aimed at developing COVID treatments, a percentage of which were federally-funded, were largely investigator-initiated—and an overwhelming majority of them (as much as 95 percent) were designed or executed in such a way that not enough patients were enrolled and thus were not statistically powerful enough to produce meaningful results. Even the ACTIV trials, which were overseen by the Foundation for the National Institutes of Health (FNIH), struggled to develop community-based clinical trial networks and to enroll sufficiently diverse patient participants in a timely fashion.

We have learned many lessons as a result of the COVID-19 pandemic. Included is the fact that we shouldn't be asking investigators, academic medical centers, or NIH to set up new community-based clinical trial networks in the midst of a pandemic; rather, they should partner with CROs that have already done this work to better identify communities in which to place trials. Any national strategy to address future pandemics or gaps shown through the current pandemic should take these lessons into account.

Based on the lessons learned from the COVID vaccines and therapeutics trials, ACRO suggests inclusion of the following language in the Cures 2.0 Act:

"Within 6 months of enactment, the Secretary of HHS shall provide a report to the House Energy and Commerce Committee and Senate HELP Committee on the COVID-19 therapeutic clinical trials funded by the federal government, including the National Institutes of Health. This report shall include the following:

(1) number of trials funded;
(2) types of trials funded;
(3) number of trials that were designed to be exploratory, or hypothesis-generating vs. confirmatory;
(4) number of trials yielding statistically valid data adequate to support regulatory decision-making;
(5) information on inclusion of populations historically underserved by medical research (e.g., on the basis of race, ethnicity, gender);
(6) number of trials placed at sites located at community hospitals, freestanding research centers, and small medical practices within the community; and
(7) recommendations for addressing issues identified in (4), (5), and (6)."

While the strategy outlined in Sec. 102 includes many important factors like testing and data sharing, it should also include mention of ensuring clinical research (including clinical trials relating to combatting said pandemic) remain up and running. During COVID-19 we made great strides in harnessing new technologies and other strategies—such as the use of telemedicine and remote sensors to allow continuation of the clinical care and evaluation that are part of a clinical trial—to continue, and we should enshrine those learnings going forward. Regarding this section's mention of testing (Sec. 102(b)(1)), strategies for tests

should be comprehensive to address all testing types and should not focus solely on point of care tests and tests at non-medical sites. It would also be wise to add to Sec. 102(b) a sixth item to address: evaluating COVID-19 regulatory flexibilities that can be built into trial risk mitigation plans moving forward and more immediately activated in future public health emergencies.

Sec. 203. Increasing Diversity in Clinical Trials

ACRO is pleased to see diversity and inclusion be an important piece of the Cures 2.0 package. ACRO and its members have made addressing and improving diversity and inclusion in clinical research an operational priority. Our member companies work with trial sponsors and sites to develop strategies to improve the recruitment of underserved communities in clinical trials. For meaningful improvements to be made, CROs and technology providers should be included in groups tasked with addressing current barriers to participation of diverse populations.

Regarding Sec. 203(a)(1), ACRO recommends including a review of the format and utility of FDA Drug Trials Snapshots as both a consumer tool and a benchmark of progress for the industry. The website has been valuable as a mechanism for increasing industry attention on diversity, however more clarity and context is needed for consumers and other stakeholders to understand:

1. when and if a trial population is in fact representative, and
2. if the full body of research has uncovered differences in treatment effect or safety

To support such context and industry progress on this issue, Congress should also consider actions that would improve the depth and granularity of data available to support a more accurate understanding of disease-state population epidemiology across a range of indications.

We believe that conducting a GAO report on barriers to participation can be useful, but Sec. 203(b) should clarify whether this GAO report is meant to focus on government-funded trials only or if it is meant to be inclusive of all trials intended for filing with FDA. We would recommend that this study includes industry-funded/FDA regulated trials.

We would add to Sec. 203(b)(1): “(C) Assess in particular the effect of digitization and incorporation of remote technologies into clinical trial design on the representation of participant populations in clinical trials to evaluate a potential mode of increasing representation through breaking geographical access barriers and other barriers identified in the report.”

We are very supportive of a public awareness campaign to increase awareness, understanding, and trust among minority communities and would add to Sec. 203(c)(1): “(D)emphasizing the availability of clinical trials utilizing decentralized elements, where participants are able to be involved regardless of geographical location and to ease patient burden for inclusion of more diverse participants.” We would suggest that the planning and execution involve not only FDA/NIH, academia, and patient organizations but also representatives from the life science/biopharmaceutical industry including CROs and technology providers, and key community organizations. We also suggest the campaign

include predetermined metrics and analyses, and that those data be used to refine and redeploy efforts in an ongoing, durable effort.

With regard to improving the user experience of ClinicalTrials.gov, a fifth designation should be added to Sec. 203(d)(2) to say: "(E) clinical research organizations and technology providers that support multi-site clinical trials, specialize in patient engagement, and develop patient-friendly user interfaces."

Clinical research organizations and technology companies have already invested significant resources to make ClinicalTrials.gov more user- and patient-friendly via web crawlers and patient-friendly user interfaces. Inclusion of these companies on the Task Force, particularly representatives from these companies who specialize in patient engagement, including diverse population expertise, would be extremely beneficial to the success of this effort.

Sec. 204. Patient Experience Data

ACRO agrees that patient centricity is essential in clinical research. We would make one addition to Sec. 204(b)(1)(B)(i): "…in particular, collecting data on patient experience with regards to the use of various technologies and decentralized trial elements, as well as engaging the patient early on in trial planning and design to build the patient's voice into the trial from inception, with the aim of incorporating patient centricity by design in the future." In a patient centricity by design approach, the patient plays a critical role in the development and planning of the trial, allowing for a truly patient-centric trial design. Within the above analysis, any barriers to providing clinical trial participants with technology should also be considered.

Sec. 304. Increasing Use of Real-World Evidence

Since the 21st Century Cures Act has become law, FDA has made strides regarding real-world data and evidence (RWD/RWE) in the post-market, pharmacovigilance space but remains stagnant when it comes to the use of real-world evidence in pre-market studies. Sec. 304 of the Cures 2.0 Act similarly lacks attention to the use of RWE for pre-market evaluation of drugs, biologics, and devices, and should be amended to include such provisions.

Sec. 310. Recommendations to Decentralize Clinical Trials

ACRO welcomes the inclusion of this new section in the Cures 2.0 Act. As we outlined in our comments on the discussion draft, ACRO and its members have been working diligently over the past two years to improve the adoption of strategies that would decentralize clinical trials. We would recommend that the Cures 2.0 Act similarly encourages the adoption of electronic/remote inspections and remote site monitoring. We've seen regulatory flexibility from the FDA on many of these remote and decentralized elements during the COVID-19 pandemic and believe they would continue to be beneficial to the clinical trials process if they were to become the norm.

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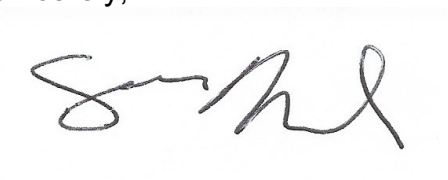
Conclusion

Thank you again for the opportunity to comment on the Cures 2.0 Act. As we continue to learn from the COVID-19 pandemic and look to the future of drug development ACRO members are thinking boldly about what can be accomplished and how we can improve the clinical research process for patients throughout the country whether on site or virtually.

If you would like to discuss any of these issues further, please do not hesitate to get in touch.

Sincerely,



Sophia McLeod
Director of Government Relations
smcleod@acrohealth.org