



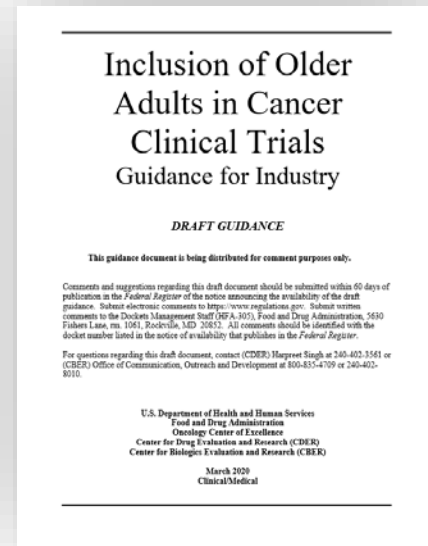
**Catalyzing Innovation  
for Healthy Aging**

# **Improving the Evidence Base for Decision Making for Older Adults with Cancer Patient Advocacy Perspective on Policy Opportunities**

**Susan Peschin, MHS  
President and CEO  
January 25, 2021**

# Recommendations on FDA Guidance

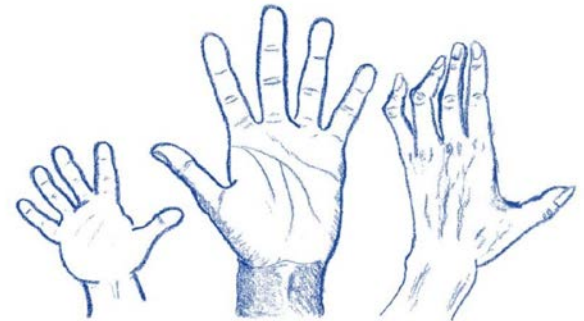
- Consider recruitment strategies that target community oncologists
- Encourage innovative trial designs that reduce barriers to entry and limitations on specific populations (e.g., adaptive)
- Include the full range of research designs outlined in the FDA's broader "Enhancing the Diversity of Clinical Trial Populations" guidance, finalized November 2020
- Ensure the collection of geriatric and aging biology data with geriatric assessment tools
- Provide more detail about developing and reporting on age sub-groups to capture biological age
- Require the publication of post-market studies on older patients so that clinicians and the public can also benefit from the additional knowledge
- Add specialists in geriatrics and geriatric oncology to the FDA Oncology Center for Excellence; and
- Issue a similar agency-wide guidance for all medical products meant to treat conditions that primarily impact older adults.



# Consider Adoption of NIH Inclusion Across the Lifespan Policy for Industry Trials

- The 21<sup>st</sup> Century Cures Act directed NIH to collect data on the inclusion of participants in clinical research studies by age
- The *Inclusion Across the Lifespan* policy applies to all NIH competing grant applications on or after 1-25-2019, and requires a plan for including individuals across the lifespan, *and if excluding based on age, provide justification*
- NIH's Scientific Review Groups assess applications
- NIH may seek additional information and determine if the plans need revision and will not fund until concerns are resolved
- Progress reports are required
- <https://grants.nih.gov/policy/inclusion/lifespan.htm>

NIH Inclusion Across the Lifespan II



# The European Medicines Agency's (EMA) Geriatrics Medicines Strategy



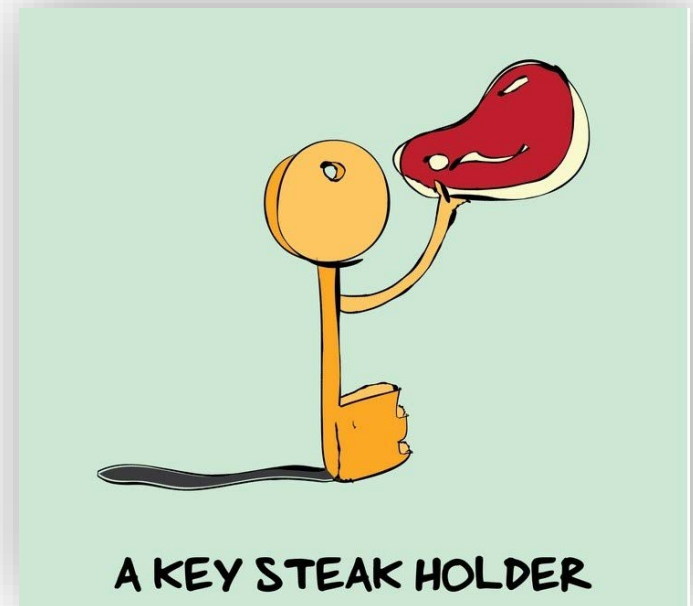
In 2011, the EMA's Committee for Human Medicinal Products adopted the **EMA geriatric medicines strategy**, marking a commitment to improving understanding of how best to evaluate the benefit–risk ratio for a medication in older patients.

“First, the strategy recognizes that older people are the main users of medications — not a minority or special population (a fundamental difference between the geriatric and pediatric populations). Therefore, legislative and regulatory frameworks must be designed to ensure that the use of newly approved medicines in the intended population is supported by relevant data on the benefit–risk balance. The strategy's second aim is to improve the availability of information to patients and prescribers, to support safer use of medications.”

*Drug Policy for an Aging Population — The European Medicines Agency's Geriatric Medicines Strategy* Francesca Cerreta, Pharm.D., Hans-Georg Eichler, M.D., and Guido Rasi, M.D., N Engl J Med 2012; 367:1972-1974.

# Involve Older Adult Patients from the Beginning of Your Research Study

- Ask an older adult cancer patient to serve on your clinical trial review committee to provide input on your study question, recruitment/retention, study design, and dissemination
- Work with PCORI-funded cancer patient engagement projects to identify people



# Thank you!

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