State of the Art in Informed Consent

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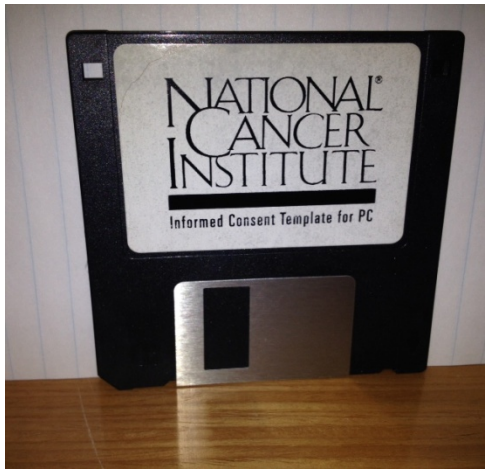
IN THE
BEGINNING
WAS THE
WORD

National Cancer Institute Informed Consent Template Initiative

- **1997**
  - Concerns raised by research participants and investigators
    - Too long and complex
  - Working group formed
    - OHRP and FDA
    - Investigators , nurses, advocates, IRB members, ethicists, legal experts, communication experts, pharmaceutical company representatives



National Cancer Institute Informed Consent Template Initiative

Goals

- Simplify form
  - Plain language
- Provide guidance
  - IRB researchers
- Use supplemental materials
- Comply with federal regulations
- Provide process recommendations

Short Comings

- Treatment study focus
- Excluded
  - Genetic testing
  - Specimen banking
- Limited buy in from Industry
- No evaluation plan
- No audit plan

But… Over Time

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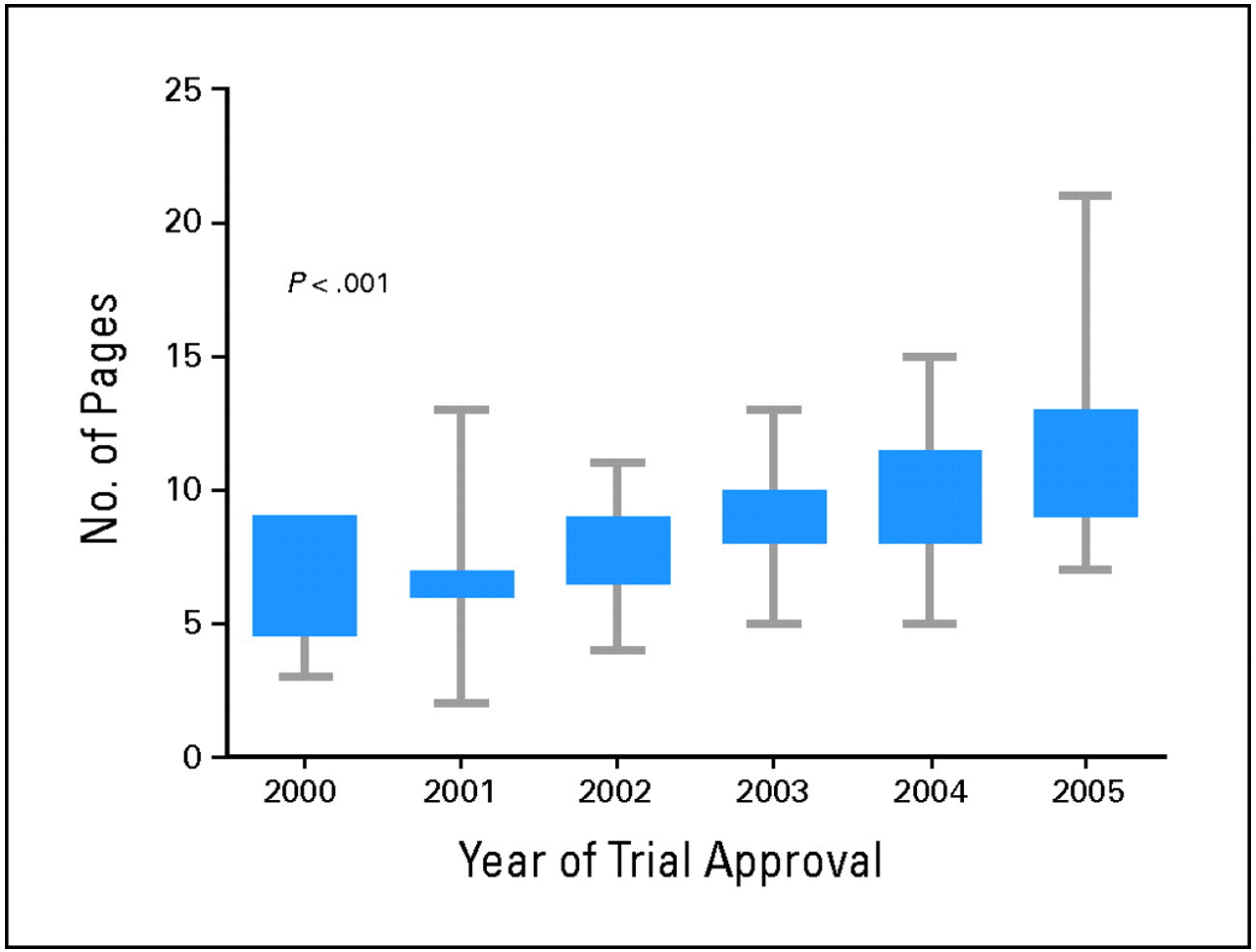

Beardsley E et al. JCO 2007;25:e13-e14

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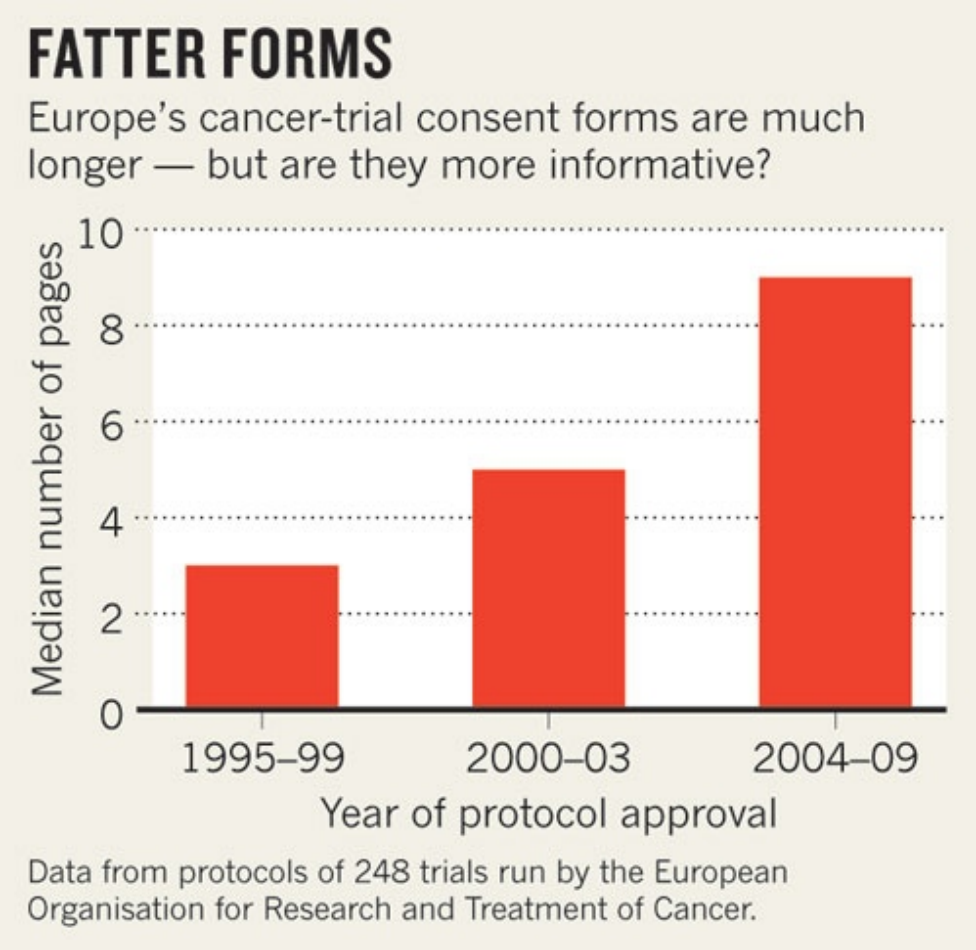


Requests for Change

Investigators

Patient Advocacy Organizations

Cancer Therapy Evaluation Program

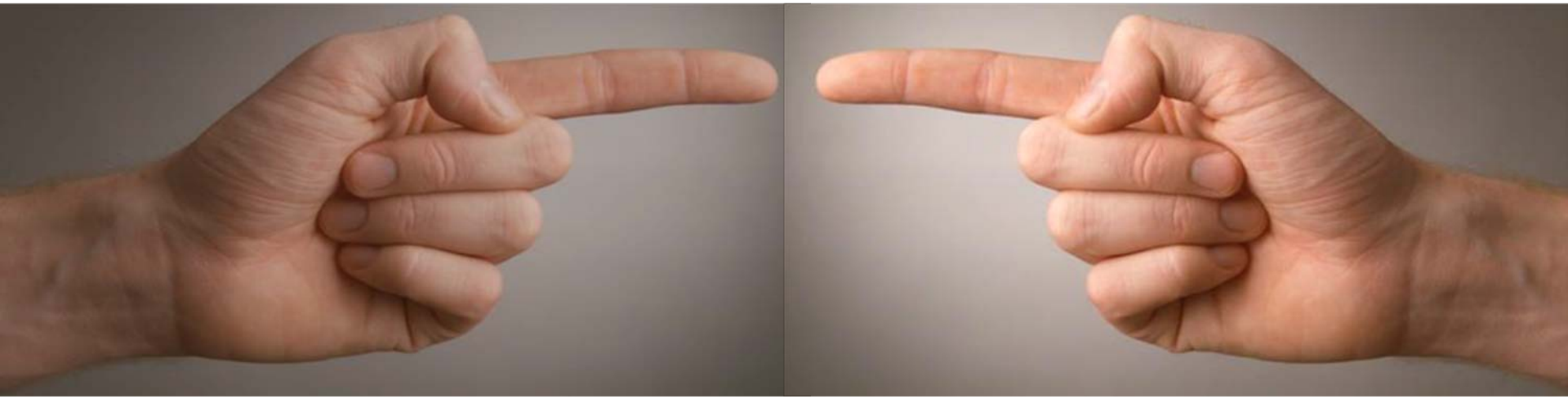
Association American Medical Colleges

Agency for Healthcare Research and Quality

IRB CHAIRS

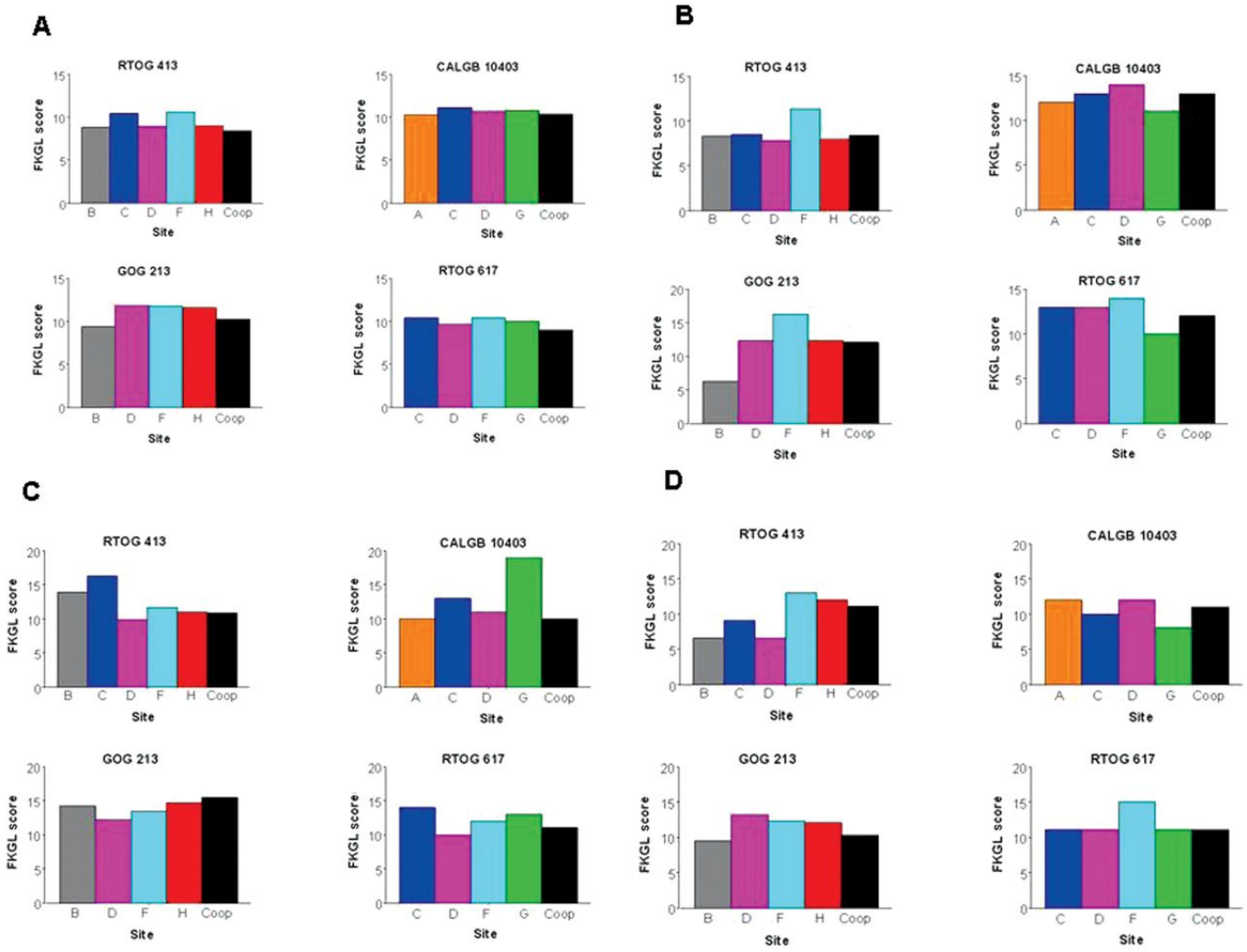
Institute of Medicine

Who and What are the Problems



- IRBs add too much unnecessary information
- Investigators use too much medical information/jargon
- Cooperative groups have made the forms too complicated and long
- Industry wants a legal document

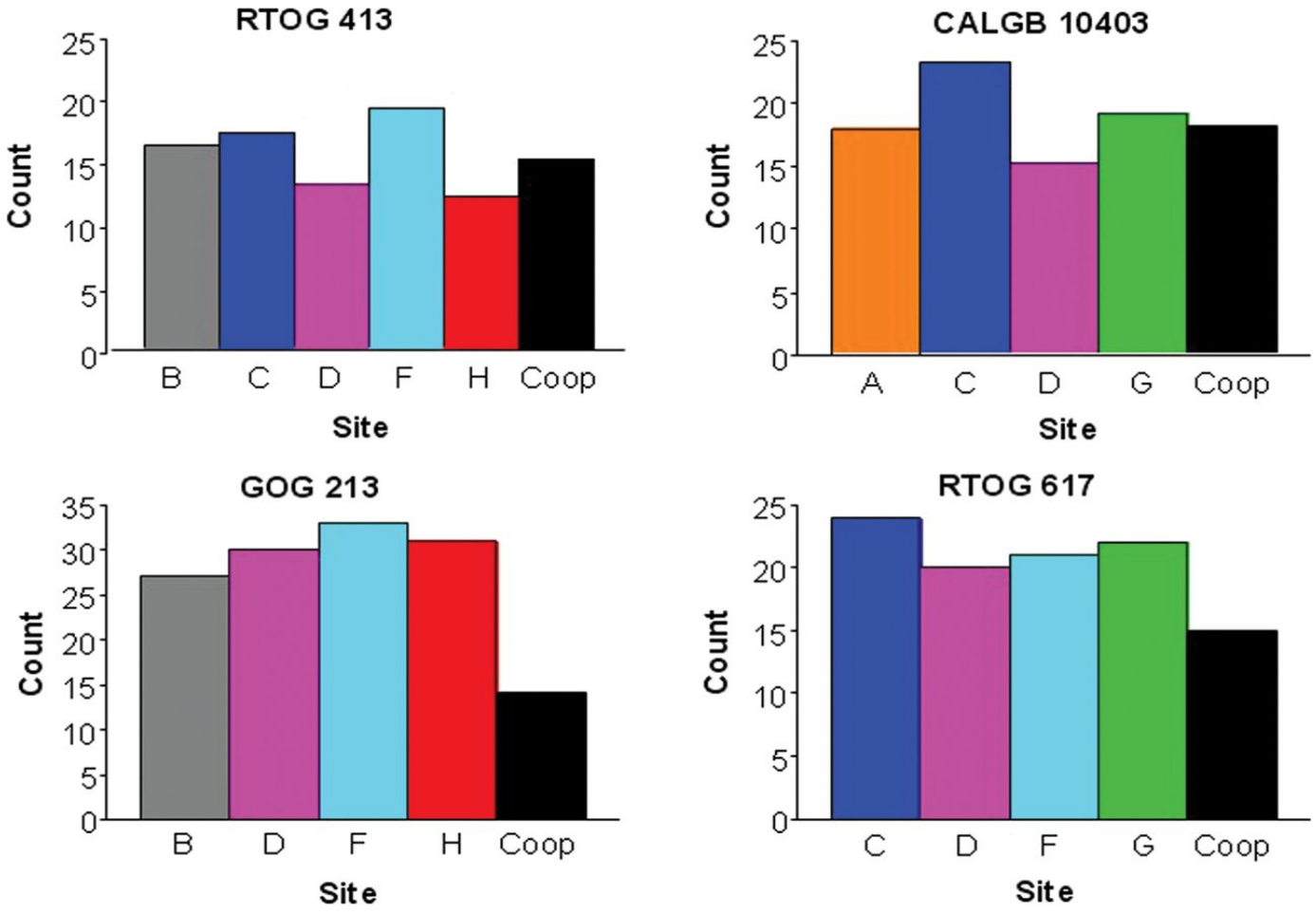
Flesch–Kinkaid Grade Level (FKGL) scores.



Koyfman S A et al. JNCI J Natl Cancer Inst 2013;105:947-953

JNCI

The respective length (number of pages) of the overall consent form as approved by the institutional review board of each respective participating institution and the sponsoring cooperative group (labeled as 'Coop') for the designated studies.



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JNCI

National Cancer Institute Audit
CTEP-Sponsored Trials

- Phase 3 Trials
  - No of Studies 97
  - Pages
    - Range 5-35
    - Median 16

National Cancer Institute Informed Consent Template Initiative

- **2011**
- **Planning Committee**
  - Office of NCI Director
  - Center for Cancer research
  - Cancer Diagnosis Program
  - Cancer Imaging Program
  - Cancer Therapy Evaluation Program
  - Division of Cancer Control and Population Sciences
  - Division of Cancer Prevention
- **Advisors**
  - FDA
  - OHRP

National Cancer Institute Informed Consent Template Initiative

- **Working Groups**
  1. Background, required tests, interventions
  2. Risks and Benefits
  3. Alternatives, privacy, injury, cost, rights, signature
  4. Attachments of additional information
  5. Placement and language for companion studies

Challenges and Controversies

- Two titles
  - Lay and official
- Brief description of usual care
- Include procedures? Risk of procedures?
- Language
  - How to refer to “standard care”?
  - “Study doctor”?
- Correlative trials
  - imbed into the document?

Challenges and Controversies
Risk Presentation

- Risks described from the participants perspective
  - Easy to understand
- Consistent approach to discussing frequencies
  - Don’t use percentages
  - X out of one hundred
- Format risks into tables
  - Possible side effects

Template Risk Section

What risks can I expect from taking part in this research study?

If you choose to take part in this study, there is a risk that you may:
Lose time at work or home and spend more time in the hospital or doctor's office than usual
Be asked sensitive or private questions which you normally do not discuss

The (specify type of research intervention) used in this study may affect how different parts of your body work such as your liver, kidneys, heart, and blood. The study doctor will be testing your blood and will let you know if changes occur that may affect your health.

There is also a risk that you could have side effects.

Here are important points about side effects:
The researchers do not know who will or will not have side effects.
Some side effects may go away soon, some may last a long time, or some may never go away.
Some side effects may interfere with your ability to have children.
Some side effects may be serious and may even result in death.

The tables below show the most common and the most serious side effects that we know about. There might be other side effects that we do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

Table of Possible Side Effects of Research Intervention

COMMON, SOME MAY BE SERIOUS
OCCASIONAL, SOME MAY BE SERIOUS
RARE AND SERIOUS

Non-physical risks

Laboratory Tests will be monitored by Study Doctor

Important points about side effects:

Risks are in 3 frequency categories:
•Common, Some May be Serious :
In 100 people receiving intervention, more than 20 may have:
• Occasional, Some May Be Serious:
In 100 people receiving intervention, from 4 to 20 may have:
•Rare and Serious:
In 100 people receiving intervention, 3 or fewer may have:

Sample

Table of Possible Side Effects of (*Insert Agent*)

COMMON, SOME MAY BE SERIOUS In 100 people receiving agent, more than 20 and up to 100 may have:
•Diarrhea, nausea, vomiting •Tiredness •Headache •High blood pressure which may cause blurred vision

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving agent, from 4 to 20 may have:
•Anemia which may require transfusion •Abnormal heartbeat which may cause fainting •Pain •Constipation, heartburn •Bleeding from multiple sites including nose bleed, or bleeding in the brain which may cause confusion •Internal bleeding which may cause black, tarry stool; blood in vomit or urine; or coughing up blood •Sores in mouth which may cause difficulty swallowing •Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat

RARE AND SERIOUS In 100 people receiving agent, 3 or fewer may have:
•Heart attack or heart failure which may cause shortness of breath, swelling of ankles •Abnormal opening in internal organs •Stroke which may cause paralysis, weakness

New Features

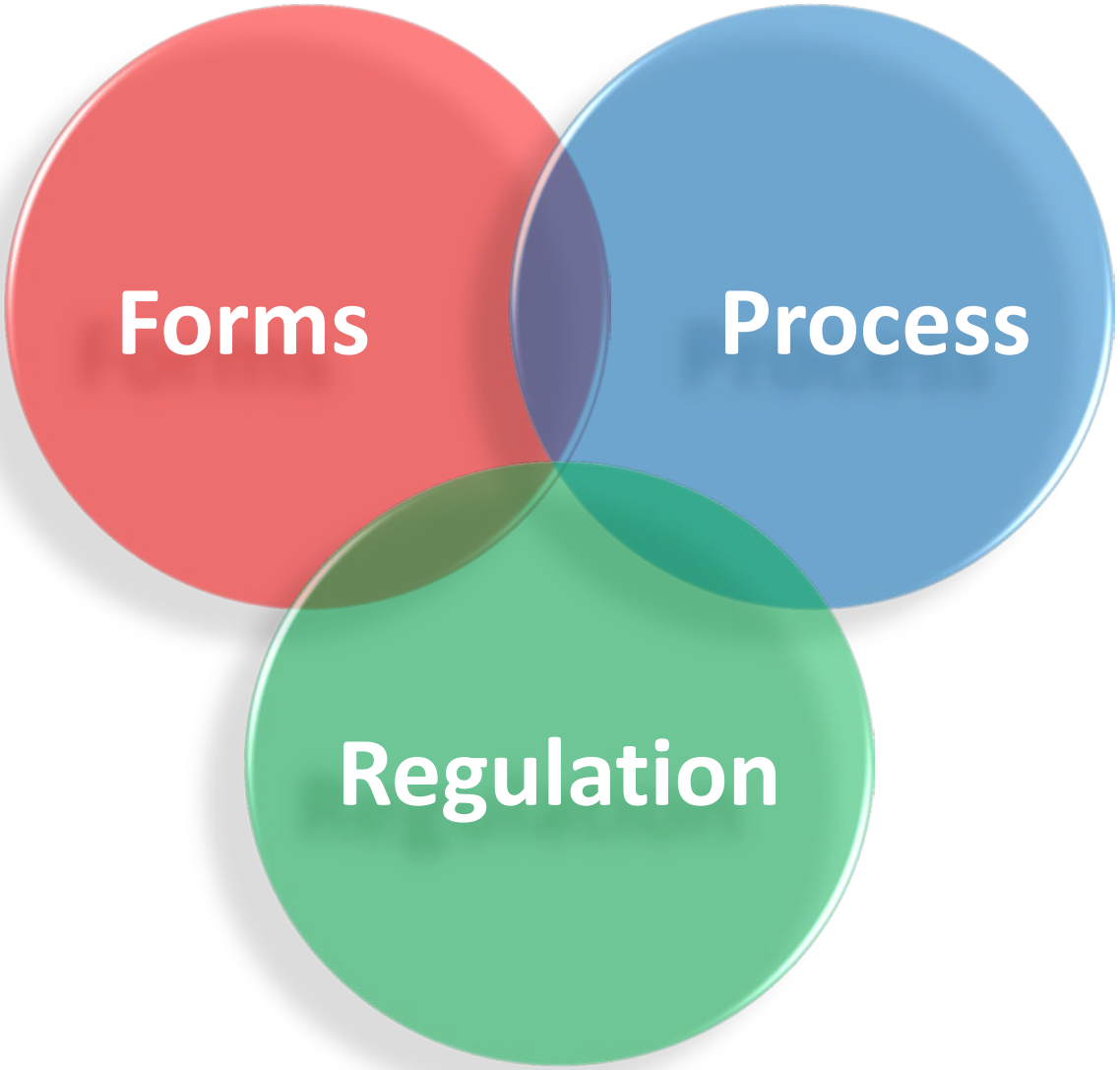
- Examples of a broad range of studies
  - Chemoprevention behavioral and imaging
- Length limits for sections
- Text
  - Specimen collection
    - Mandatory
  - Optional studies
    - Lab studies
    - Specimen collection – future use
    - Imaging
    - Quality of life

Current Status and Proposed Evaluation

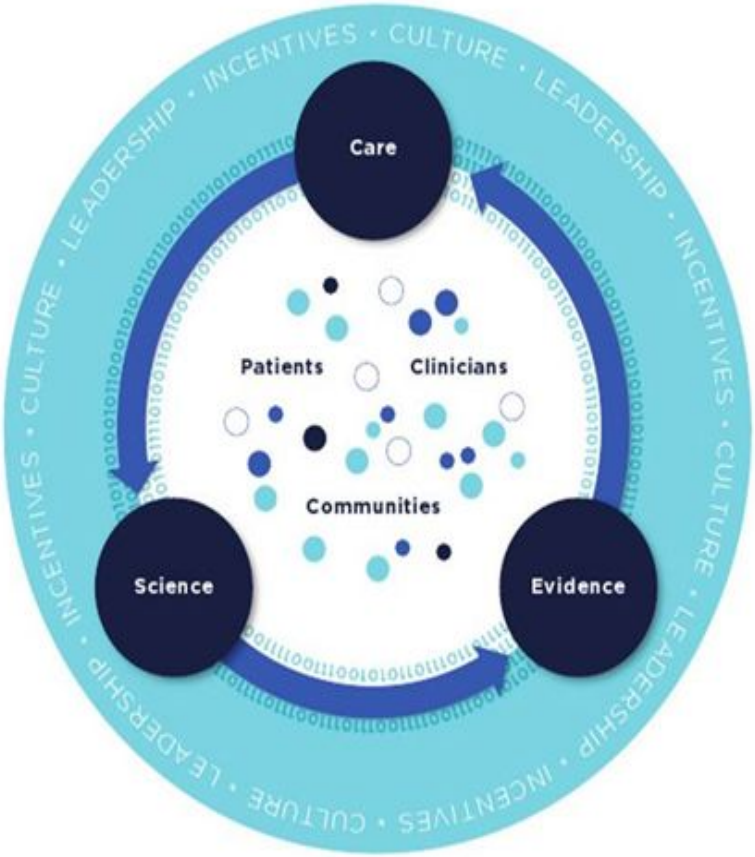
- **Status**
  - Template distributed - February 2013
  - Effective use date for CTEP trials – May 15, 2013

- **Evaluation**
  - Randomized study between new and old version
    - Results being analyzed

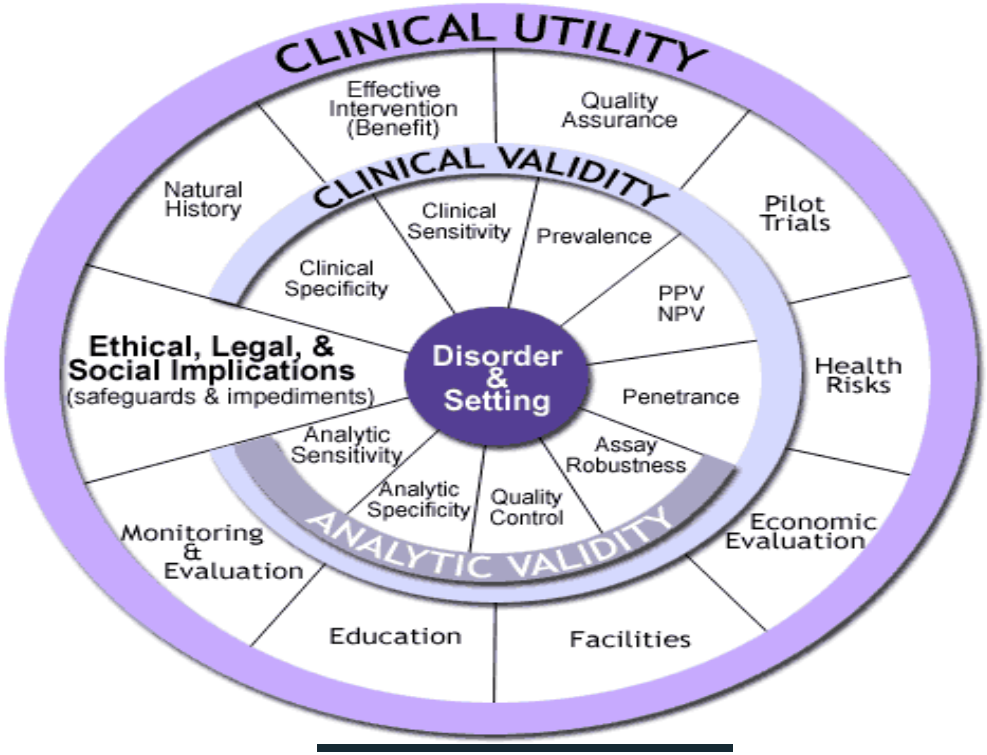
Where Should the Emphasis Be?



Are We Ready for the Future



Schematic of a learning health care system

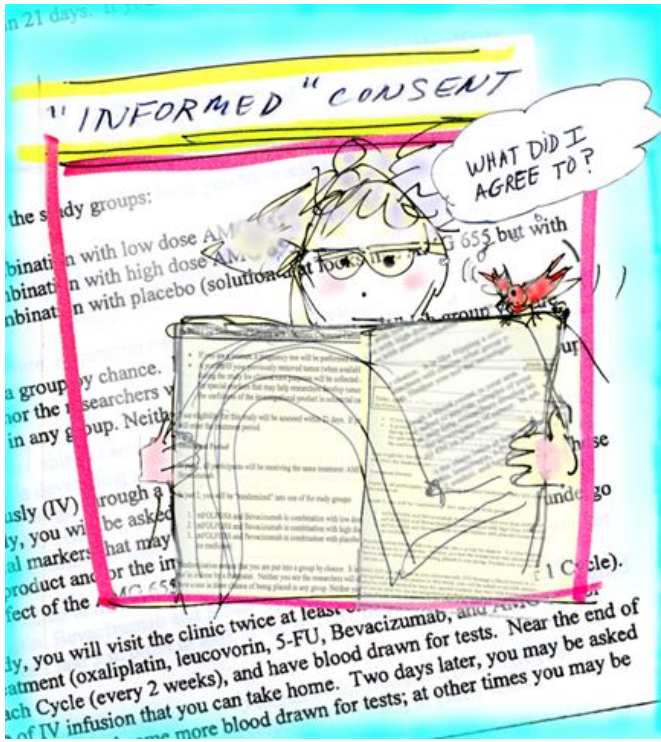


Are we:

- Overemphasizing a regulatory infrastructure?

  Focus on tactics and not strategy

- Overlooking industry in this discussion?



- Should we focus more on education about how to communicate with potential participants?

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MORE THAN A
X Signature