



Home-based (Site-free) Clinical Trials

Application to Older Adults

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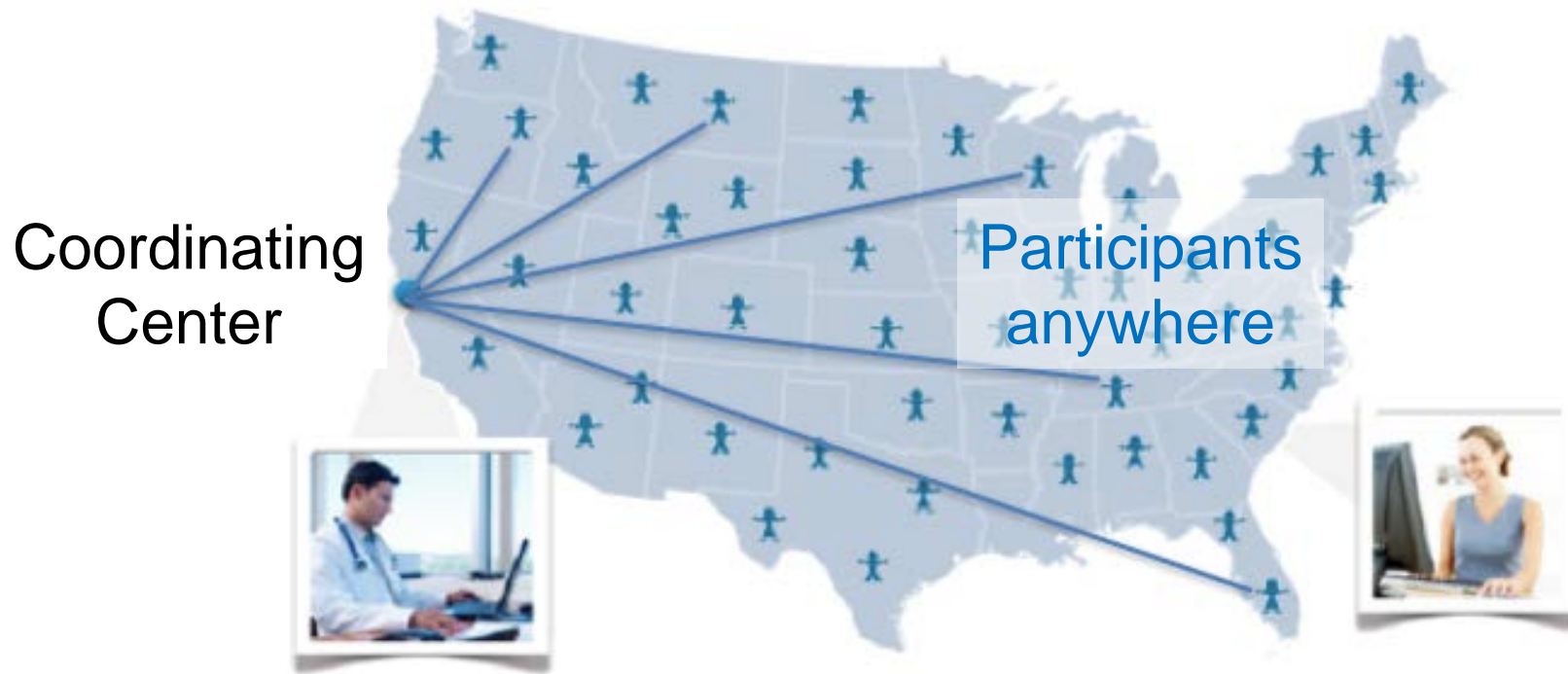
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Home-based Trials

AKA 'Site-free, Virtual, Direct-to-Participant Trials

No clinical sites. No geographic limits on participation.



Home-based Trials: Essential elements

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- Patients report AEs to a central site overseen by MD

Advantages for older people

Potential advantages for older people

- Dramatically expands the feasibility to participate in trials
- No travel to sites, parking, hassles
 - Can increase participation by people who have difficulty participating in clinical sites, e.g. those with disabilities
- More diverse enrollees
 - With a larger population to draw from, recruitment can focus on people with comorbidities eg Parkinson's, racial minorities
- Ideal for vaccine trials
 - Take the trial to those most prone to consequences and death

Potential disadvantages for older people

- Most, not all, have internet access; increasing
- A few older people do not want examinations at home
- Some older people may prefer F2F interactions
 - Some need personal assistance

Examples

REMOTE

Detrol for Overactive Bladder

REMOTE funded by



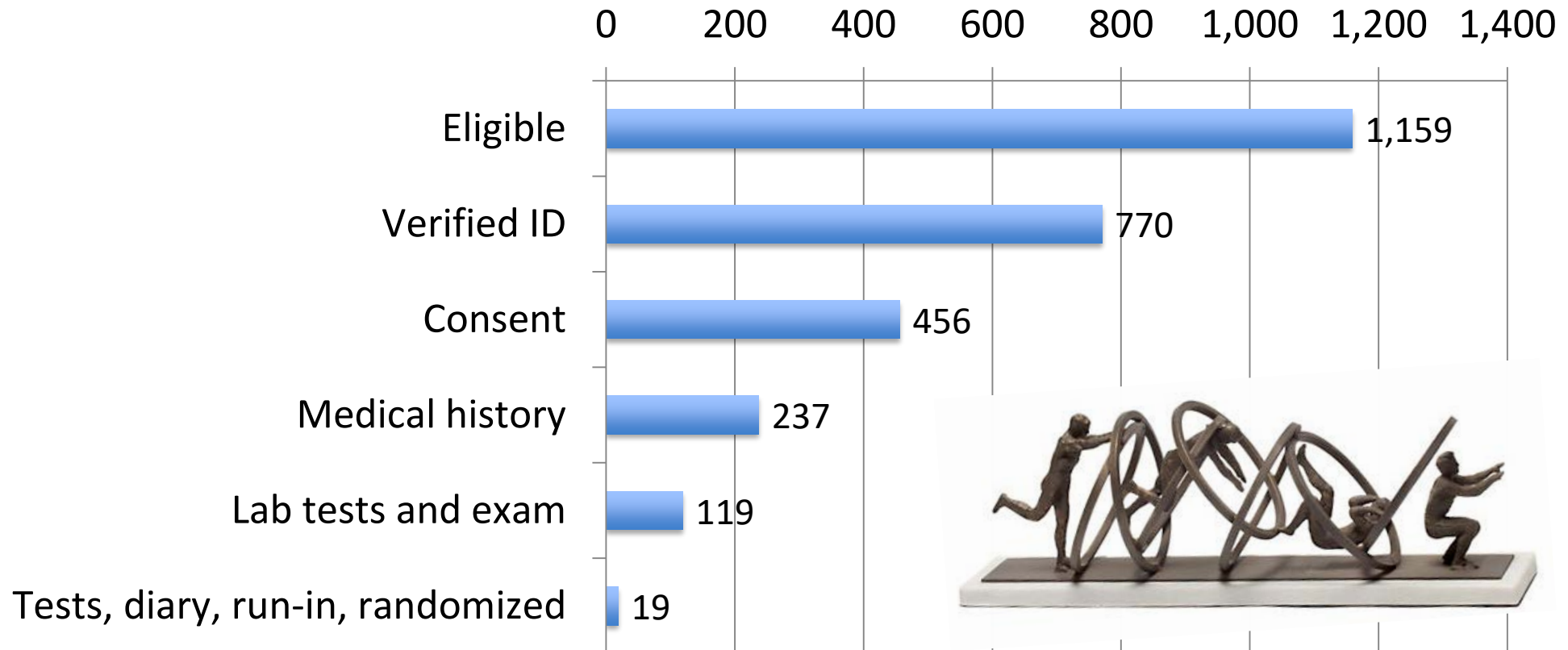
- Detrol vs. placebo for overactive bladder
- Done under IND; approved by FDA
- Their goal: Mimic a clinic site-based trial

Complex

- The protocol was very complex
- Many steps
 - >100 screens
 - An average of >90 interactions with a participant to enroll

44-84% of interested and eligible women dropped out at each step

Number of women who passed each step in the protocol



Only 1.6% of eligible and interested older women made it through all of the hoops

Lessons from REMOTE

- FDA is supportive
- The electronic method worked very well
- Complexity killed the trial

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TRIAL OF PARKINSON'S AND ZOLEDRONIC ACID

Preventing Fractures in Parkinson's Disease

- They have a very high risk of fractures
- RCT of zoledronate (ZA) vs. placebo
 - An FDA-approved I.V. drug
 - Increases bone strength
 - Benefits of 1 infusion last more than 2 years
 - Does it reduce fracture risk?



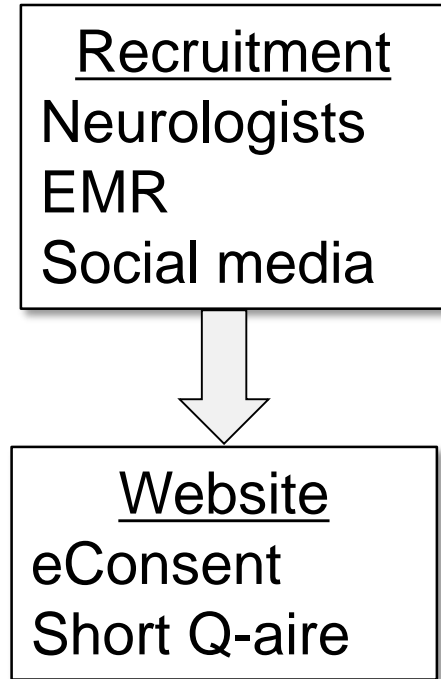
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- 3,500 participants > age 65
- Requires nationwide recruitment
- Includes PD patients with disabilities and dementia
- No clinic visits. Conducted from patients' homes.
- Simple

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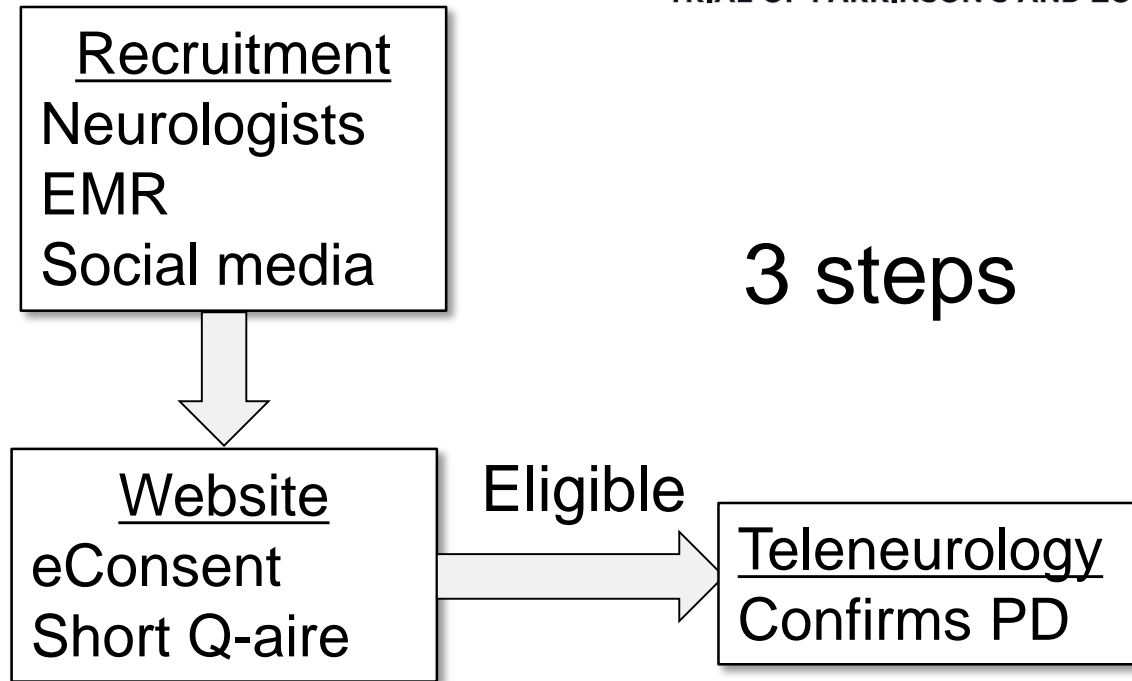
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3 steps

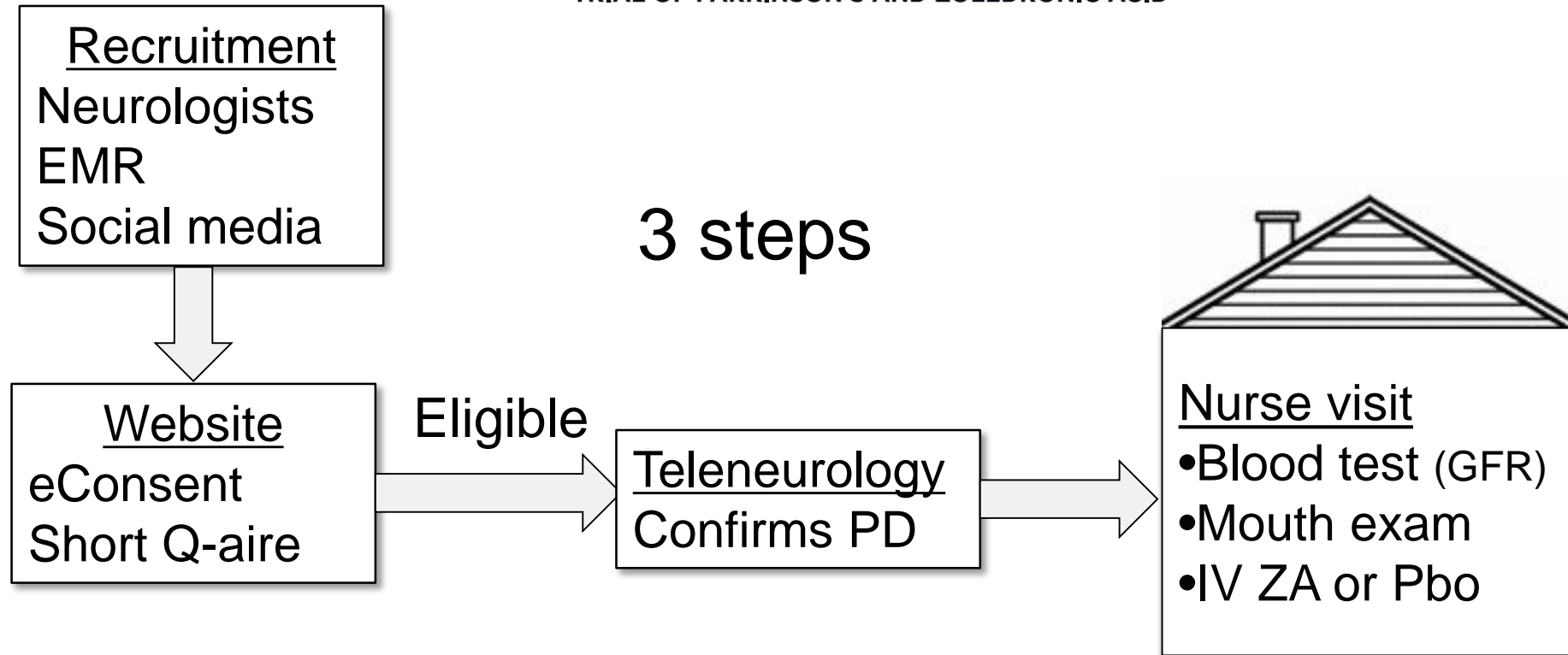
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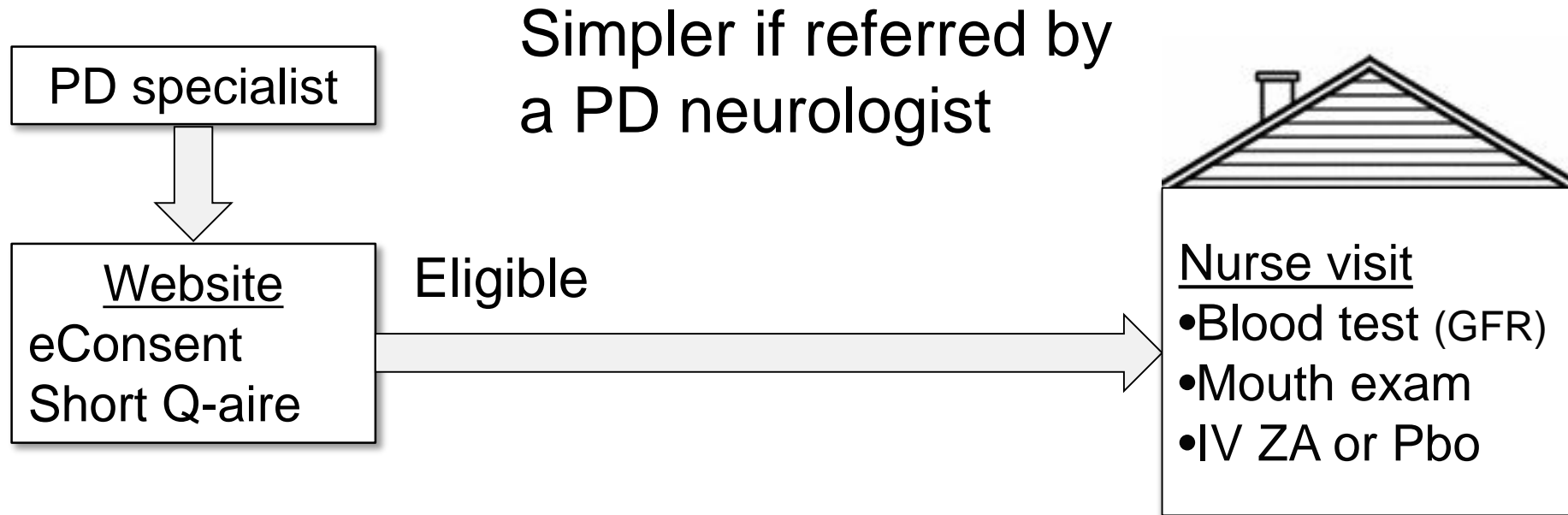
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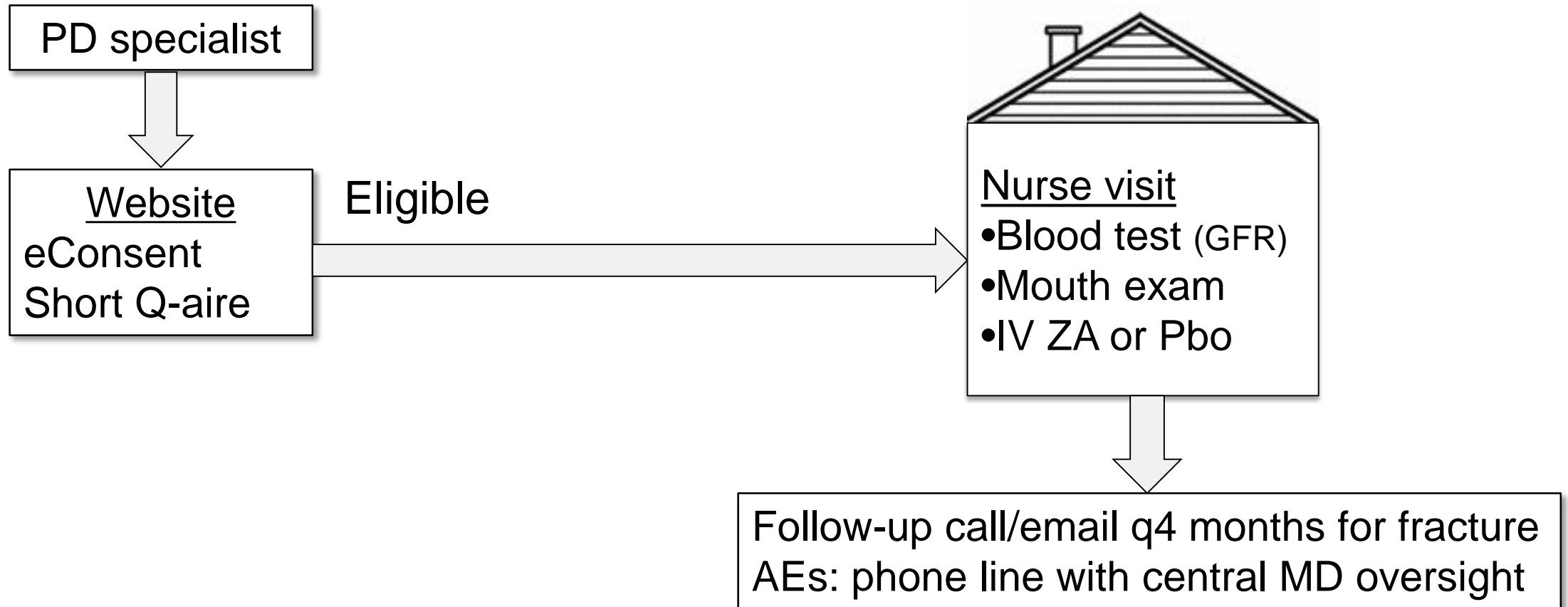
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Adaptable

The Aspirin Study

15,000 patients with known ASCVD + ≥ 1 "enrichment factor"

Patients identified by research networks in PCORnet through EHR/CDM searches using a computable phenotype that classifies inclusion/exclusion criteria

Patients provided with trial information and link to e-consent on a web portal;[†]
Randomized treatment assignment provided directly to patient

ASA 81 mg QD

ASA 325 mg QD

Electronic patient follow-up for PRO's: Every 3 or 6 months
Supplemented with searches of EHR, CDM, & claims data

15,000 with ASCVD

Identified in EHRs

Website: information, eConsent

Randomized, ASA sent to home

Follow-up by EHR, claims data...

Issues

Limitations

- Many treatment trials must be done in clinical sites
 - They can use elements of home-based trials: “Hybrid trials”
- Compensate for no face-to-face interactions
 - Physicians to refer their patients
 - Nurse home visit
 - One-on-one phone & zoom calls

Summary

- Home-based drug trials are feasible
- They may be particularly useful for older adults
- FDA and IRBs are supportive
- Should be simple



Thank you

Special thanks to Bob Temple