Name: Lucille Sebastian
Position & Affiliation: Program Manager, NHMRC Clinical Trial Centre at the University of Sydney
Full Reference:
Oral presentation
L. Sebastian, S. Chinchen, S. Finlayson, M. Ballinger, S. Thavaneswaran, F. Lin, C.K. Lee, K. Sjoquist, B. Vachan, N. Barrie, R.J Simes, D.M Thomas. *Implementation of an Australian-wide master cancer protocol - an operational analysis of the Molecular Screening and Therapeutics program*.

Poster presentation
L. Sebastian, S. Chinchen, S. Finlayson, M. Millward, F. Lin, J. Desai, M. Ballinger, S. Thavaneswaran, C.K. Lee, B. Vachan, K. Sjoquist, N. Barrie, R.J Simes, D.M Thomas. *Site-reported benefits and challenges of implementing a platform study of molecular screening and therapeutics in Australia. A survey of clinical leads at treatment centres.*

Conference/Meeting Name: International Clinical Trials Methodology Conference (ICTMC)
Location: Harrogate, North Yorkshire, England
Dates: 3rd to 6th October 2022
Presentation Type: Oral and poster presentation

Panel discussion after presentation in the Platform Protocol Lessons Session at the International Clinical Trial Methodology Conference
(L – R): Richard Parker, University Of Edinburgh, **Lucille Sebastian, University of Sydney**, Loretta Davies, University Of Oxford and Alexandra Griessbach, University Hospital Basel

The International Clinical Trial Methodology Conference is a focussed arena for dissemination of trials methodology research. Over 800 delegates from more than 22 countries attended the 2022 conference. As a trial methodologist, this conference is of singular importance for networking and learning.

Key invited speakers included:

1. Prof Salim Abdool Karim who presented the decades long work to bring treatment options for AIDS to South Africa
2. Prof Max Parmar, who has undertaken one of the seminal multi arm multi stage clinical trials in prostate cancer and that has led the way for global platform studies, discussed key learnings from that study.

3. Prof Isabelle Boutron presented some interesting observations on how negative results can be the subject of 'spin' in papers whereby authors present data as more positive or the conclusion of a study is reported at odds with (and more positive compared to) the results

Topics of interest and further discussion:
The UK is a leader in patient and public involvement (PPI) in trials. There were studies, experiences and recommendations for including PPI perspectives in all phases of a clinical trial, including analysis and results dissemination. Another important learning for me was learning about behavioural approaches to understanding how best to communicate with patients and embed diversity and inclusion in patient interactions.

Personally, I gained tremendous value from interacting with and learning from trial methodologists who are delivering complex platform studies, such as the Molecular Screening and Therapeutics Program that I manage.
A highlight of, and direct collaboration resulting from, this meeting was networking with colleagues from the MRC Clinical Trials Unit at the University College, London. I initiated a meeting after the conference, in London. The result of this meeting is:

1. In principle agreement to form a collaboration to review recommendations for platform studies in a global context.
2. To meet in December 2022 and outline a framework for the collaboration.

Currently, individually we understand the challenges and enablers of trials from a local country or regional perspective. Through this collaboration, we can harmonise our experiences and insights and solutions for progressing the success and benefit of platform study operations and delivery on a global level.

Attending the conference broadened the context of my research and will inject new ideas and collaborations to the research. I can now produce outputs in an Australian context but also take the research and my experience to a global audience.

Relevance to the wider Sydney Cancer Partners membership:
This will be of relevance to the wider Sydney Cancer Partners membership. Both through increased expertise in delivering innovative trial designs to and through local membership but also by highlighting the leadership that members, such as colleagues in the MoST program, are displaying on the global stage. Members of the SCP will be recognised for the outstanding work being driven through their existing and future programs in this highly evolving adaptive clinical trial design space. And I am extremely proud to work within the context of this group and what we have collectively achieved to date. Namely, the realisation of a 20-study platform tied to molecular screening currently being offered to over 5000 people with rare or advanced cancer.

In addition to the talk and panel presentation, I also presented a poster. *Site-reported benefits and challenges of implementing a platform study of molecular screening and therapeutics in Australia. A survey of clinical leads at treatment centres.*

Site-reported benefits and challenges of implementing a platform study of molecular screening and therapeutics in Australia

L Sebastian, J Desai, M Millward, S Chinchen, S Finlayson, M Ballinger, S Thavaneswaran, F Lin, C Lee, K Sjoquist, B Vachan, N Barrie, D Thomas, RJ Simes

Introduction

The Molecular Screening and Therapeutics (MoST) program facilitates next-generation molecular screening and clinical evaluation of a diverse range of biomarker-driven treatments for rare and advanced cancers. Between 2016 and 2018, 5 treatments were evaluated. From 2019, the platform rapidly expanded to offer 20 therapeutic substudies across approx. 20 sites across Australia (Figure 1). Noting 12 – 15 substudies were recruiting at 2022.

Aim: To understand the impact and delivery of this platform trial from a site perspective through a series of semi-structured interviews with site Principle Investigators. Site suggested solutions are proposed.

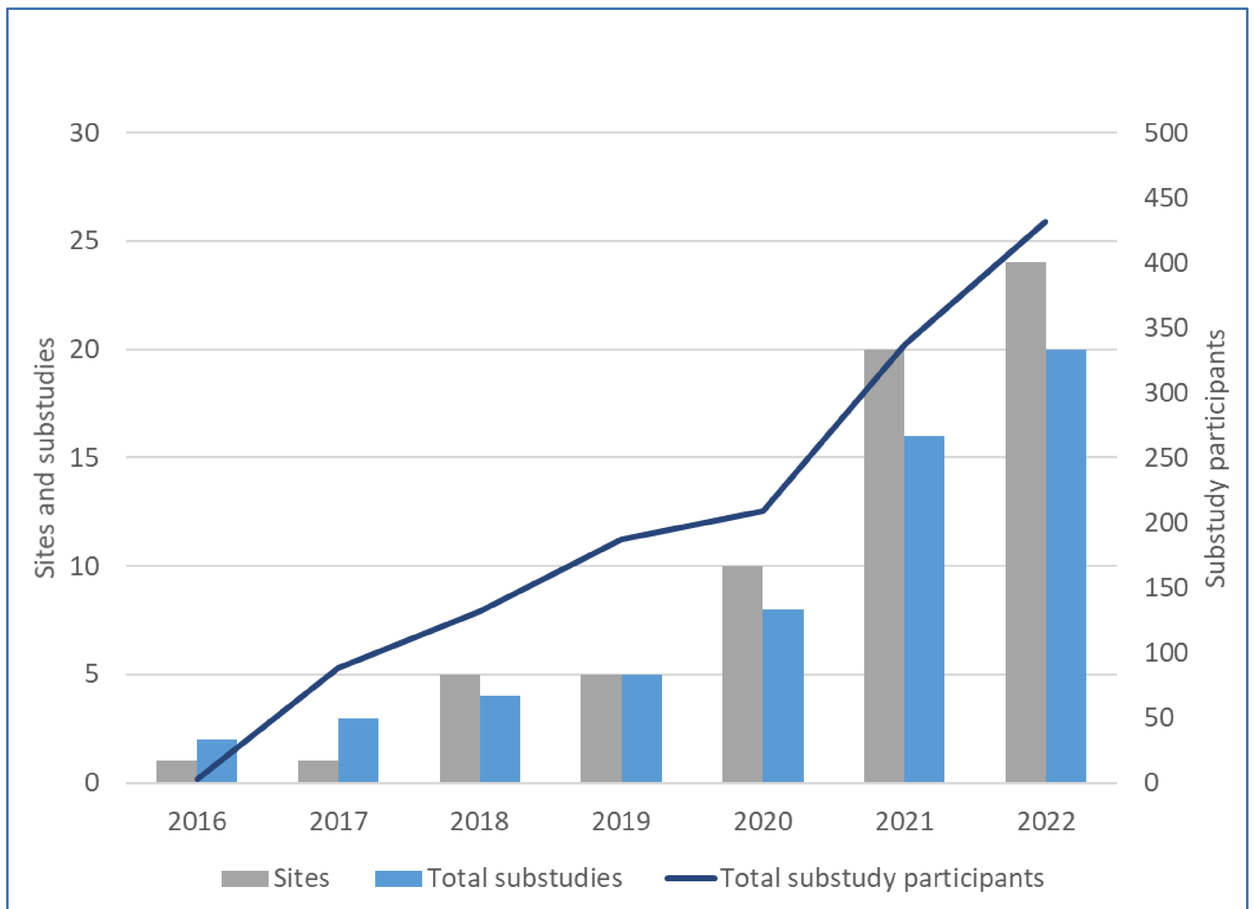

Fig 1. Platform growth over time: patients treated, studies started

Methods:

Preliminary brainstorming (co-Chairs, 2-3 PIs) → Co-design of questions & themes → Survey all site PIs in group setting → Follow-up for additional comments (email) → SWOT matrix to understand results

Results (Sites note the following):

Benefits

- Access to molecular screening
- Access to treatment options
- Public good
- Collaborative network
- Shared values and principles
- Upskilling of staff

Challenges

- Complexity & novelty of study design
- May not recruit (rare cancers)
- Design challenges local site governance and translational research capacity
- Resourcing constraints: staffing, underfunding, large number of studies, expensive procedures

Solutions and Recommendations

- ❑ Set expectations at sites viz. growth of program
- ❑ Bring on additional sites to deliver treatments
- ❑ Distribute challenging studies across sites
- ❑ Encourage site alliances to problem solve and share experiences
- ❑ Share pipeline/timelines of study development
- ❑ Encourage site choice/harness interest in particular treatment studies
- ❑ Provide more funding for expensive assessments
- ❑ Advocate for systemic change to facilitate efficient start-up processes
- ❑ Grow national site capacity

Discussion:

Sites recognised the benefits of genomic-based platform studies, especially access to screening and therapeutics for unmet need. Challenges are imposed by ill-suited review processes for platform designs and low resources, exacerbated by impacts of the pandemic. Sites proposed solutions include:
(i) additional centres to conduct studies and maximise sites available to take on substudies, (ii) set expectations that platform study pipelines will grow and (iii) provide additional funds, if possible.
Work with sites to implement solutions that fit needs and capacity.

Footnotes: PI = Principal Investigator, SWOT = Strengths, Weaknesses, Opportunities, Threats