Clinical trials for anti-trypanosomal drug development: *impact on efforts towards disease elimination*

4th Scientific meeting
HAT Platform-EANETT
Conakry Sept 20-22, 2016

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DNDi
Drugs for Neglected Diseases *initiative*

Fexinidazole

3 clinical trials ongoing

FEX-04:	Pivotal phase II/III Stage 2 HAT in adults (n=394)
FEX-05:	Adult patients stage 1 and early stage 2 HAT (n=230)
FEX-06:	Children 6-14 years old, all stages (n=125)

2 clinical trials starting

OXA-02:	Pivotal phase II/III Stage 2 HAT + stage 1 in adults (n=350)
FEX-09:	Adult + Children in & outpatients, all stages (n=174)

Plan of the presentation

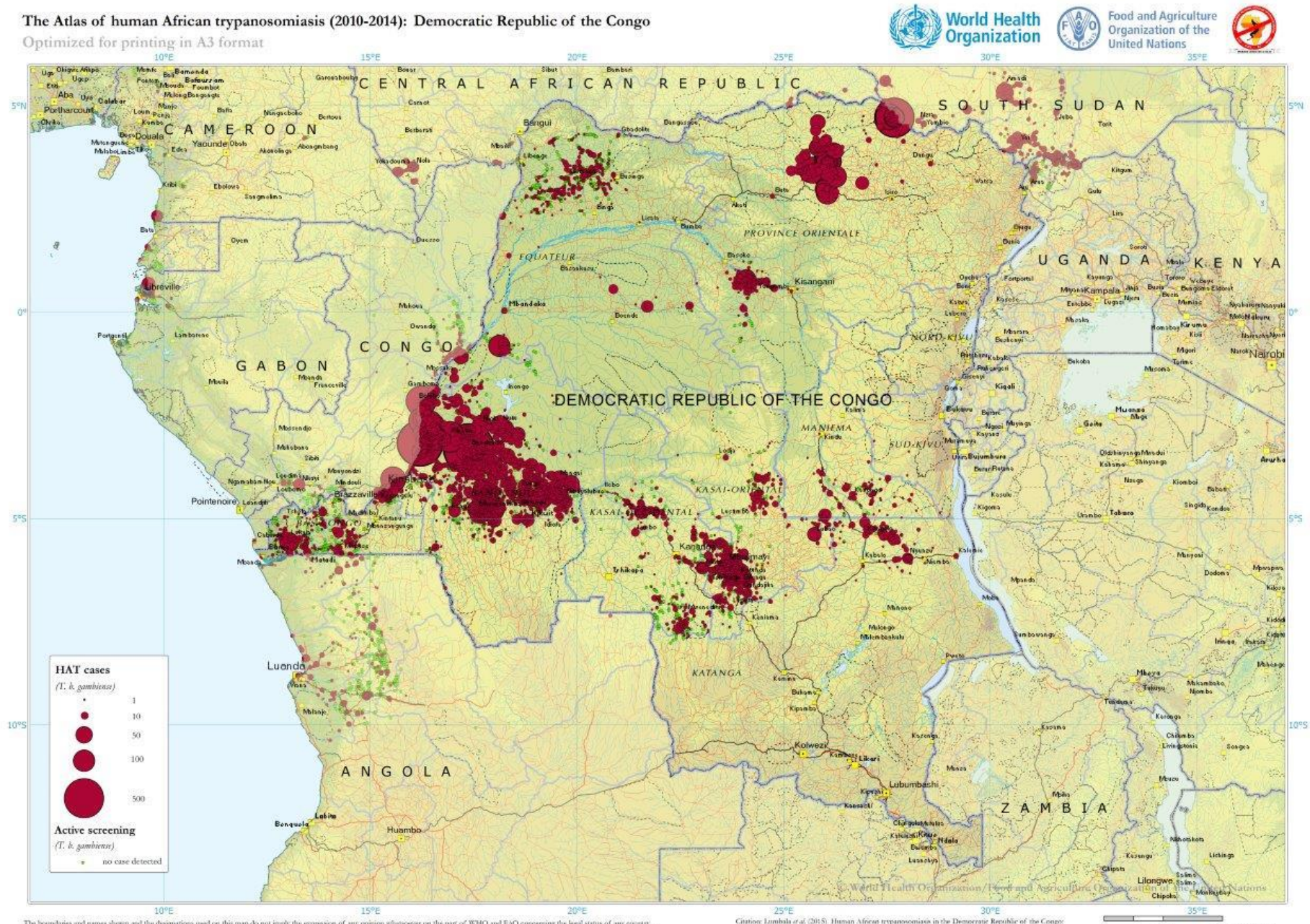
- SITE SELECTION
- SITE PREPARATION
- CASE DETECTION

SITE SELECTION

Site selection process

- Epidemiology: Check the highest case report rate
  - *through available documents,*
  - *refined in the field, to estimate feasible inclusion rate.*
- Needs assessment for:
  - *infrastructure,*
  - *equipment,*
  - *human resources*
- Accessibility: Air, river, road.
- Telecommunications: Internet, telephone.

HAT foci in DRC : Geographic distribution

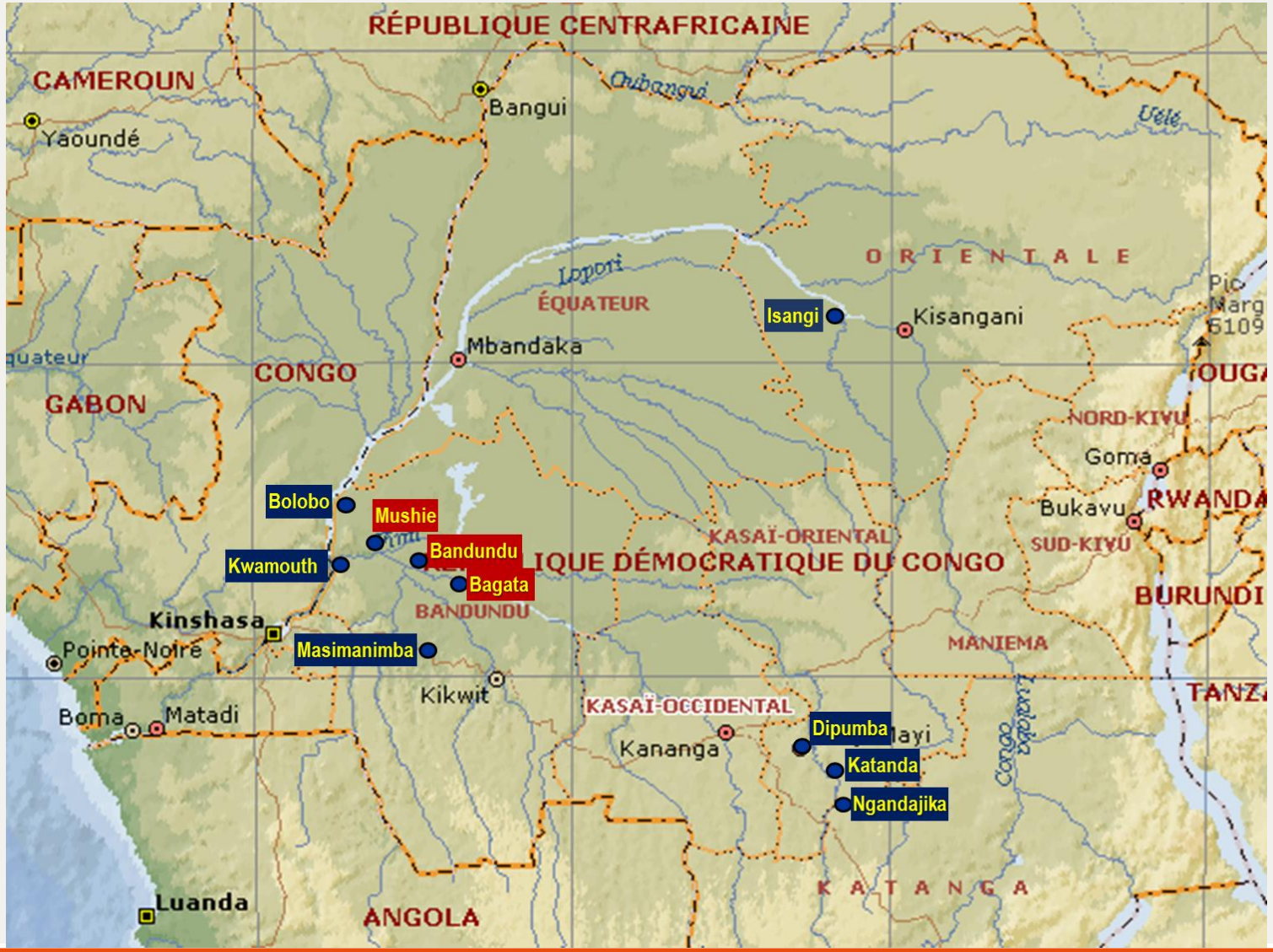


HAT Clinical trial sites in DRC

Colour Codes

Bolobo OXA-02

Mushie FEX-09

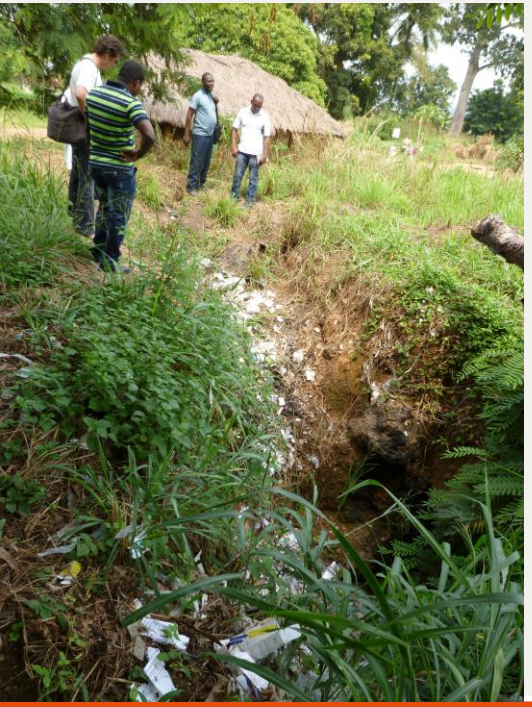


SITE PREPARATION

Achieving the required international standards for clinical trials

IMPACT IN:

- General environment of care in health structures
- Build capacity in staff concerned by clinical trials
- Passive and active screening activities



Hospitalisation

MUSHIE

Gestion des déchets

Laboratory rehabilitation

Bagata (before)

Masi Manimba (after)

Training for clinical trials

- Good Clinical Practice for researchers, monitors, and practitioners.
- Trial protocol and procedures for all involved staff at Investigator's meeting and site initiation visits.
- Laboratory HAT diagnosis and specific trial procedures
- HAT patient examination techniques, including those specific to the trials
- Standard Precautions and waste management
- Pharmacovigilance both during trials and after registration
- Continuous quality assurance

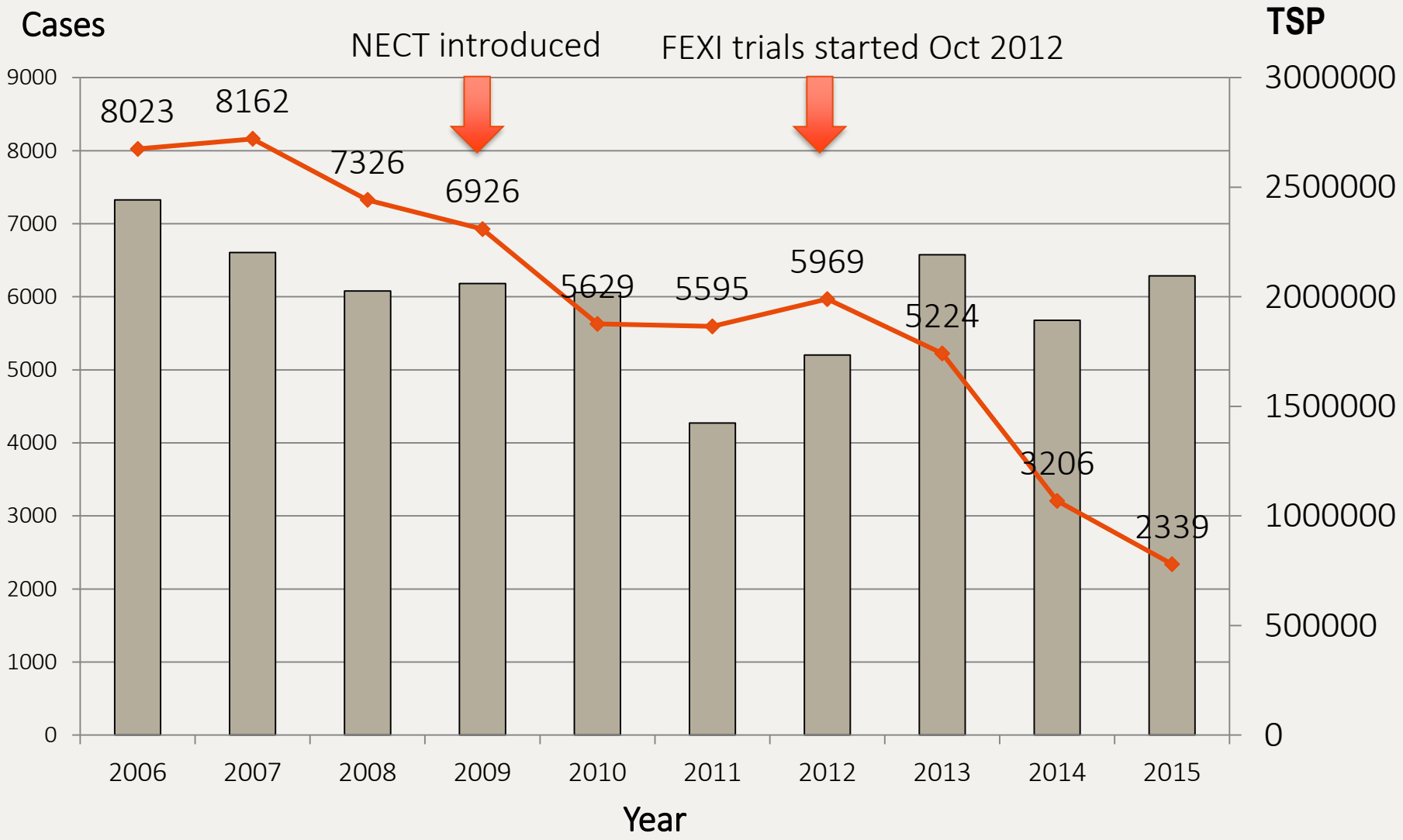
Training

CASE DETECTION

Increase case detection and surveillance

- DNDi supports an increasing number of PNLTHA mobile teams in active case-finding (10 teams from July 2016)
- This will be complemented in 2017 by support to strengthen passive surveillance: upgrading and monitoring the current network of passive screening set up by NSSCP in areas of ongoing clinical trials.
- That is expected not only to contribute to identifying more candidates for inclusion in clinical trials, but also to establish a passive surveillance system for sustainable elimination.

Total Screened Population and HAT cases in DRC



Screening efforts in 2014

N	Screened Total DRC	Cases detected (Total DRC)	Screened in FEX CTs area	Cases detected in FEX CTs area
Active	1585539	1781	409730	385
%		0.11% (of screened)	25.8% (of DRC)	0.09% (of screened in fex area)
Passive	271435	1425	62047	301
%		0.52% (of screened)	22.9% (of DRC)	0.49% (of screened in fex area)
Total	1856974	3216	471777	686
%		0.17% (of screened)	25.4% (of DRC)	0.15% (of screened in fex area)

- 25.4% of the total examined population in DRC was screened in FEX CTs areas
- 8.4% of all worldwide declared cases (319/3796) were included in one of the three FEX clinical trials (52% of all cases detected by the direct screening efforts)
- DNDi-FEX-HAT-04: 153; DNDi-FEX-HAT-05: 110; DNDi-FEX-HAT-06: 56

Conclusions

- Due to the low prevalence of HAT, **epidemiology is the main factor** to select a clinical trial site
- **Sites** do not need to be ready for clinical trials beforehand, but they **need to be prepared up to international standards** regarding infrastructure, equipment and human resources
- Highest prevalence areas still need **enhanced case detection activities** to achieve expected sample sizes for clinical trials

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THANK YOU MERCI