

**Patient Engagement in Benefit-Risk Assessment throughout the Life Cycle of Medical Products
Dissemination Plan**

Dissemination: The intentional, active process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence and to motivate its use in policy, practice, and individual choices.

- What information about the evidence will help people make decisions?
- In what ways can that information be provided?

Key factors:

1. Identify audience with potential to adopt practices or influence the adoption of practices
2. Identify audience with potential to address gaps and challenges
3. Involve stakeholders from beginning in all aspects of the project
4. Identify the questions they have about the issue/topic
5. Identify audience values, motivation, and expectations
6. Determine the incentives for necessary adoption/change/response to call to action
7. Define goals for adoption of practices
8. Target messages to the audience and their needs and motivations
9. Identify relevant engagement vehicles

1. Audiences with potential to adopt practice:

- Biopharmaceutical and medical device company personnel
- Academic clinical researchers
- Patient organizations
- Regulators: policy makers, reviewers, decision-makers

Audiences with potential to influence adoption of practices:

- Biopharmaceutical and medical device companies C-level, VP, Director levels
- Organizations visible to or influencing biopharma and medical device companies: DIA, PhRMA, BIO, ACRES, ISPOR, ISPE, The Center for Innovation in Regulatory Science (CIRS), Medical Device Innovation Consortium (MDIC), AdvaMed, National Pharmaceutical Council (NPC)
- Patient organizations
- Organizations visible to or influencing multiple stakeholders: FasterCures, National Health Council (NHC), NORD, International Association of Patient Organizations (IAPO), Clinical Trials Transformation Initiative (CTTI), Rare Disease Legislative Advocates (RDLA), Global Genes, Genetic Alliance
- Regulators: policy makers
- Legislators

2. Audiences with potential to address gaps and challenges:

- All of influencers above

- Legislators
- DIA with its Communities and Scientific Working Groups

3. How can these audiences be involved in the project?

- Involved in planning of the conference/project:
 - Academia with expertise in area (Duke Clinical Research Institute, Johns Hopkins, University of Colorado)
 - Biopharmaceutical thought leaders in area (AstraZeneca, EMDSerono, GSK, Janssen, Lilly, Merck)
 - Patient Organizations (JDRC, PPMD, T1DExchange)
 - Stakeholder Influencers (FasterCures)
 - Health Canada
- Participated in program content (Speaking and conference participation):
 - CTTI, NHC
 - diaTribe/Close Concerns, LUNGeivity, iConquerMS
 - Yale University School of Medicine, Northwestern University Feinberg School of Medicine, U of Maryland School of Pharmacy
 - FDA (Patient programs, Patient Focused Drug Development, Data and Statistical Review, OSE (Pharmacovigilance and Epidemiology))
- Participating in the program:
 - Patient Scholarships (PCORI and DIA-supported registrants)
 - FDA Reviewers (DIA supported five registrations)
- Additional stakeholders to be briefed on program and its key messages:
 - FDA (Patient programs, Patient Focused Drug Development, Data and Statistical Review, OSE (Pharmacovigilance and Epidemiology))
 - PhRMA, BIO, AdvaMed, ISPOR, ISPE, CIRS, NPC
 - IAPO, NORD, RDLA, Global Genes, Genetic Alliance
 - Multiple patient organizations and DIA Patient Engagement Community
 - DIA Communities – including Pharmacovigilance, Clinical Research, Study Endpoints, Preclinical Sciences, Pediatric, Regulatory Affairs, Medical Communications, Electronic Regulatory Submissions, Statistics
 - Legislator(s) associated with 21st Century Cures

4. Identify the questions they have about the issue/topic

- Pre-registration survey results
- Post-conference evaluation on questions still remaining
- Update Note on Findings – Key Areas of Knowledge Needs (identified among all stakeholders, both at large and registrants) :
 - Methods/approaches for engaging all appropriate patients/patient partners in the clinical research process, and particularly in benefit-risk assessment
 - Approaches to network building with other stakeholders (patients and researchers alike have these questions)
 - Fundamentals of benefit-risk assessment
 - The value/impact of patient perspective in the medical product life cycle
 - How to systematically incorporate data on patient perspectives into the medical product submission for consideration during review and approval

5. Identify audience values, motivation, and expectations

- Pre-registration survey results

6. Determine the incentives for necessary adoption/change/response to call to action

- CTTI report from CTTI-DIA survey on practices and barriers to patient engagement in clinical research (general, not specific to benefit-risk assessment)Stakeholder discussions in planning committee (and ongoing feedback)
- Ongoing contacts and briefing discussions with key stakeholders and influencers
- Pre-conference surveys:
 - At large survey – specific to benefit-risk practices
 - Attendee pre-conference survey
- Pre-conference focus group with industry clinical researchers on patient engagement practices within their companies
- Questions during work on visual model
 - What are the challenges with patient engagement in benefit-risk assessment?
 - What new information is needed to better engage patients, better gather & incorporate their input?
 - What changes in attitudes, culture, and systems are needed?
 - What resources are needed?
- Conference evaluation to include questions specific to:
 - Audience learning and take-aways
 - Questions they still have; issues needing further discussion/learning opportunities
 - How likely they are to apply the learnings in their work
 - Barriers they anticipate in applying learnings
- Post-conference work to refine messages based on learnings
 - Review Visual Model to confirm incorporation of all comments
 - Finish Visual Model in format clearly illustrates concepts, breaking them down into components that are applicable at specific (appropriate) stages

7. Goals for adoption of practices/implementation of conference learnings:

- **Goal 1:** Medical product researchers will use the learnings resulting from this conference to engage patients and incorporate patient input data into all benefit-risk assessment decisions during the life cycle of the medical product
- **Goal 2:** Patients/Caregivers/Patient Organizations will use the learnings from this conference to participate in and engage their communities in providing appropriate data for benefit-risk assessment and participation in the decision-making process
- **Goal 3:** The conference learnings will contribute to the dialog informing the larger regulatory process on Patient Focused Drug Development, specifically the incorporation of data on patient benefit-risk balance perspectives into the medical product review and approval process, and the guidance provided to medical product researchers on collection and utilization of patient perspective data

8. Target messages to audience and their needs and motivation:

- Learnings from the conference about:
 - Importance and impact of patient engagement in all key stages of benefit-risk assessment of medical products

- Approaches, methods, and timing for stakeholders to appropriately engage patients and utilize patient input in benefit-risk assessments
- Patient opportunities and approaches to providing appropriate input to benefit-risk assessment
- Operational, methodological, and regulatory challenges all stakeholders may experience in engaging patients and incorporating patient input into benefit-risk decision-making; approaches to overcoming these challenges
- Needs for improvement and new knowledge in engaging patients, collecting patient perspectives on benefits, risks, and balance in the context of patient needs
- Opportunities to work toward changes and improvements to assure better outcomes for patients
- Visual model will be refined to capture learnings and facilitate stakeholder view of the overall picture and elements of patient engagement in benefit-risk assessment of medical products
 - Visual model iterations tailored to specific stakeholder groups will be considered
- Update Note on Findings:
 - Pre-registrants industry/research desired help for better patient engagement in benefit-risk:
 - 94% say need more guidance on methodology
 - 71% say need information on establishing collaborations with patients
 - 65% are concerned with assuring representative patient input
 - 12% say need to obtain buy-in within organization
 - 18% have other needs, mainly FDA guidance, methods/approaches, support
 - At large industry/research percentages differ slightly:
 - 5% say need no additional help
 - 88% say need more guidance on methodology
 - 43% say need information on establishing collaborations with patients
 - 54% are concerned with assuring representative patient input
 - 18% need to obtain buy-in within their organization
 - 15% have other needs, mainly FDA guidance, methods/approaches, support
 - Pre-registrants patient groups:
 - 88% say need information on establishing collaboration with researchers
 - 75% say need more guidance on methodology
 - 63% say need more information on the medical product life cycle processes
 - 25% say need guidance on obtaining buy-in from the patient community
 - At large patient groups expressed a different pattern of needs:
 - 100% say need more guidance on methodology
 - 71% say need more information on the medical product life cycle processes
 - 48% say need information on establishing collaboration with researchers
 - 33% say need guidance on obtaining buy-in from the patient community
 - Conclusion: All groups seem to need more information on methodology for obtaining patient input on benefit-risk; the need to assure representative patient input is high among all groups, also. There is a fairly strong need among all stakeholders to better understand/approach collaboration with other stakeholders. Buy-in from the stakeholders' own organizations seems to be a less pressing need.

9. Identify relevant engagement vehicles (for dissemination of learnings):

- **Presentations and Conference Summary:** Emailing and online posting

- **Visual Model**
 - Refine with all input from conference discussions and feedback to reflect current state and desired future state of patient engagement in benefit-risk assessment
 - Share with conference participants to confirm that it represents the consensus of the group (all stakeholders)
 - Model to be produced in electronic and print formats
 - Distribute as attachment to other dissemination vehicles
 - Distribute as stand-alone visual piece for stakeholder learning, discussion, self-assessment, and planning tool
 - Distribute to professional associations of stakeholders (after peer-reviewed publication) as basis for call to action to address new knowledge and improvement needs
 - References and resources to be attached
 - Crowdsourcing for additional model feedback after model is posted
 - Refined model to be posted and distributed as a “living” model
 - Distribution through DIA and conference stakeholders and supporters (reference Item 3 above)
 - Comments and feedback from stakeholders at large to be funneled back to DIA and reviewed by a dissemination team
 - Early dissemination team includes stakeholder representatives from the program committee; ongoing, it will be coordinated by DIA and will always include representatives of all stakeholder groups
 - Visual Model to be periodically updated
- **Peer reviewed journal:**
 - Conference proceedings/White Paper – DIA Journal of Therapeutic Innovation and Regulatory Science (TIRS) referenceable, open access article subsequent to conference to reach industry and academic research audiences, regulators, patient organizations, related organizations
 - *Possible* special section on patient engagement in benefit-risk assessment:
 - Articles by stakeholders or stakeholder collaboration groups relating to specific content and learnings from the conference
- **Articles in multiple publications:**
 - For awareness raising and message distribution: Conference recap, highlights, learnings, featured patient organizations, featured speakers and messages, sources for more information
 - DIA Global Forum – print and electronic
 - Newsletters/publications of Program Committee, Speaker, and other partners’ organizations
- **Blogs, podcasts, and social media** on conference highlights, learnings, featured patient organizations, featured speakers and messages, sources for more information
- **Briefing document and related materials as completed for presentation at conferences and meetings:**
 - Stakeholder organizations
 - Expansion to additional stakeholders who were beyond the scope of this conference, i.e. payers, clinician groups