

Implementing technology to support remote trials

A guide for remote and decentralized trials

PRESENTATION FOR

endpoint Clinical Webcast

Questions we'll help you answer during this webcast



Vincent PugliaSr. Director, Strategic Alliances endpoint Clinical



Alison Holland Head of Decentralized Trials, Medable

- What are our options for technology support on ongoing trials?
- What is the hot topic and solutions that everyone is talking about?
- How realistic are the technology solutions and are there barriers to adoption?
- How do you convert a standard live trial in progress to one that employs televisits.
 How does it impact the protocol?
- How do you deploy multiple solutions to meet multiple different needs?



The world has changed

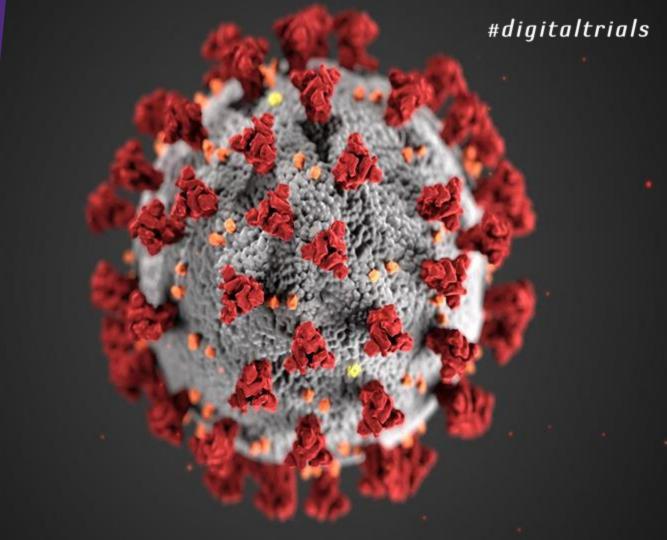
Our Mission

Accelerate the clinical development process, leading to faster decisions on therapeutic effect.



Dr. Michelle Longmire CEO & Co-founder

MEDABLE 🔀



Reducing risk to patients safety during containment needs a shift towards remote trials





Study participant safety at risk

Data quality could be compromised

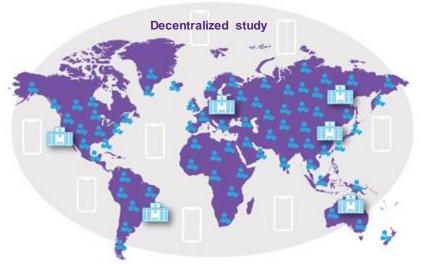


Reducing risk for patients safety during containment needs a shift towards remote trials



Alison Holland Head of Decentralized Trials





Study participant safety at risk

Data quality could be compromised

Mitigate patient safety and data quality risks with televisits and remote patient monitoring



"... using digital technologies to bring clinical trials to the patient, rather than always requiring the patient to travel to the investigator. **This is an FDA priority.**" (Jan 2019)

Scott Gottlieb, M.D. | Commissioner, FDA



Health authorities worldwide offer guidance

Patient safety remains paramount across regulatory agencies



FDA

"Ensuring the safety of trial participants is paramount. Sponsors should consider each circumstance, focusing on the potential impact on the safety of trial participants, and modify study conduct accordingly." ¹

EMA

"Pragmatic actions may be required to deal with the challenges of conducting research, and in ensuring the rights, safety and wellbeing of participants." ²

MHRA

"Using phone calls instead of protocol-directed in-person study visits is acceptable where possible." ³

AIFA

"First of all, it should be assessed whether in-situ monitoring visits can be replaced by an enhanced centralised monitoring or whether such local visits can be postponed." 4

Statements are excerpts and not advisement from Medable. Applicable source documentation from regulatory agencies should be consulted.

¹FDA guidance March 2020 ²EMA guidance V1 March 20, 2020 ³MHRA guidance March 19,2020 ⁴AIFA - Notice March 12, 2020

FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic

Guidance for Industry, Investigators, and Institutional Review Boards

Comments may be submitted at any Dockets Management Staff (HFA-) 1061, Rockville, MD 20852. Subm comments should be identified with publishes in the Foleral Register.

For questions on clinical trial cond Clinicaltrialconduct-COVID19@8

> U.S. Depa F Center for Center for B Center for I





Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic

Version 1 (20/05/2020)

The Compane Medicines Agency (MAI), Good Chinad Fractice (GCT) Impaction Working Group, the Chinad Fract Fedicines and Constraints. Group (ETIS, a serving group of the European Commission Agency (MAI)), the Chinad Train Expert Group (CTIS, a serving group of the European Commission Improveding Group Commission and Mandol Companes Authorities) and the European Commission Fractional Commission of Commission and European Commission (ETIS) advantages the proposit of COVID-13 on the health sproom and Enrader scote, and the Impact in term have an inclusior State and the personal Commission (ETIS) advantages from the Association State (ETIS) and the Impact in term have admitted dies to a 2 and a reference from group or and institution contains to sometic teams. Herein admitted dies to a 2 most a reference from group or and institution contains the institute of the COVID-13 produces and the Commission of CovID-13 for the Impact of Commission of the Impact of Commission Commission (ETIS) and Commission of CovID-13 for the Impact of Commission of CovID-13 for Impact of CovID-13 for Imp

The studion is noticing, and prognosis actions may be required to test with the challenges of conducting research, and in elisating the sights, safely and welfaving of participants. The points mentioned believe are intended to provide guidance for all parties numbed to clinical trials during the time.

Due to the urganity, this purbance is issued entirest prior public consultation. The ignorance should note that size to the reprise exchains privation further updates to this guidance are according and litters.

Spenoper and investigation need to take titte account that there regist be sportful cultured splitters and guidance in Series, which they should content and which can be used to complement this publisher as a guidance in Series, which they should content and which can be used to complement this publisher, and the series is shown and the content should be stated with the size to be series or should be stated with the size to be series in the bear of the content publishers in agreed by the Clokest Triple Septem Comp. (2016) of the Groupes commission supported by the CRAW of Clokest Triple Septem Comp. (2016) of the Groupes commission supported by the CRAW of Clokest Triple Septem Comp. (2016) of the Groupes Commission supported by the CRAW of Clokest Triple September (2016) of the Groupes Commission September (2016) of the September (2016) of the Groupes Commission September (2016) of the September (2016) o



Response options for in-flight studies

Build and design around the risk assessment for your study and patients, not one size to fit all



Planned Schedule of Assessments (SOA)















Day 120

Amended SOA











At patient's home visit supported by home nurse



Tele visit



At patient's home visit



Response options for in-flight studies

Build and design around the risk assessment for your study and patients, not one size to fit all



Planned Schedule of Assessments (SOA)















Day 120 Day 0

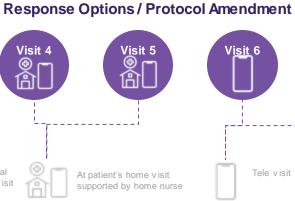
Amended SOA













At patient's home visit

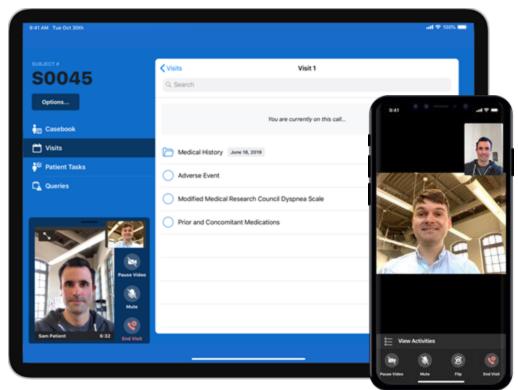




Global Trial-Fit™ Telemedicine with Televisit

Medable's Televisit solution connects patients and sites together for increased communication and collaboration:

- Secure virtual visits between site and patient
- Questionnaire within workflow to increase communication
- Increase patient retention and patient access by reducing burden on patient



*Sam and Joe from the Medable Implementation Team during a live demo



Flexible ePRO for the most complex protocols

Medable's ePRO platform has undergone rigorous user testing, delivering a superior patient experience to optimize engagement and improve data quality:

- Validated instrument library for quick deployment
- Consumer grade UX for increased patient engagement and retention
- Secure communication with site
- Better compliance with alerts and reminders
- Increased patient access with multi-language and global support
- Real-time analytics and patient monitoring



Connect to patient devices such as thermometer, glucometer and other monitoring devices



Patient diaries and logging ensure audit and traceability



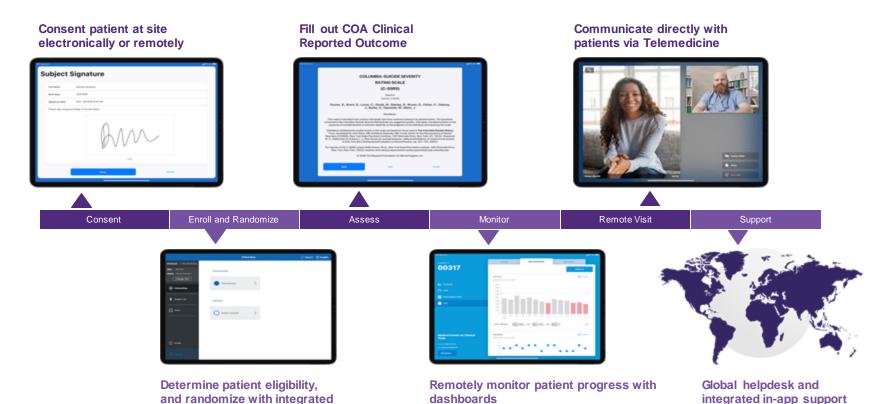
Seamless login experience to ensure ease-of-use and security



Our solution is designed for the clinician, by the clinician

Medable's site app delivers capabilities that ease site burden, simplify enrollment, and accelerate data entry and solves the multi-device problem

endpoint IRT in the same workflow





(24x7 - any language)

Rapid virtualization

A global response to enable continued patient assessment and collection of endpoint data within the pandemic







Risk assessment and mitigation planning

Prioritization of patient safety, preservation of data integrity, anytime, anywhere



Risk Mitigation Assessment

Implementation

Protocol Risk Assessment

- Patient safety risk
- IMP (and comparator) availability and accessibility to patient
- Primary endpoint availability (can this be collected digitally?)
- Timelines and length of study to run
- Enabling care of existing patients and/or new patient enrollment

Deployment Risk Assessment

- Geographic spread
- Timelines for priority patient engagement
- Local country logistics (on the ground travel/accessibility)
- Local regulations and IRB recommendations
- Device usability
- Data privacy considerations
- Site staff availability (and location)
- Contracting and quality assessment status of parties

Mitigation Activities

- Pragmatic scoping to rapidly deploy generic televisit for PI:Patient connectivity
- Comprehensive project plan for roles and responsibilities to meet deployment goals and timelines (Medical, Study, Site, Patient, QA, Contracting, IT, DM)
- Accelerated change management!
- Real-time communication
- Don't forget training and site/patient support



An integrated platform to support remote and decentralized trials

Patient app & connected devices Connect patients to trials remotely with native iOS

and Android apps





Site app Enable site-based staff to conveniently screen, enroll and enter patient data in a user friendly format



Implementations

Study manager for sponsors (or CRO)

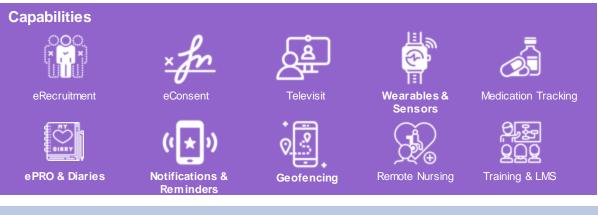
View real-time patient data and lev erage next generation analytics

Integrations



Application Layer

Clinical Data Cloud Platform and Interoperability



Scale Management

Provisionina





Medable



Thank you for your time.

Visit us @ www.endpointclinical.com

Follow us on





