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WORKSHOP

# NOVEL CLINICAL TRIAL METHODOLOGIES 2019

25 February 2019

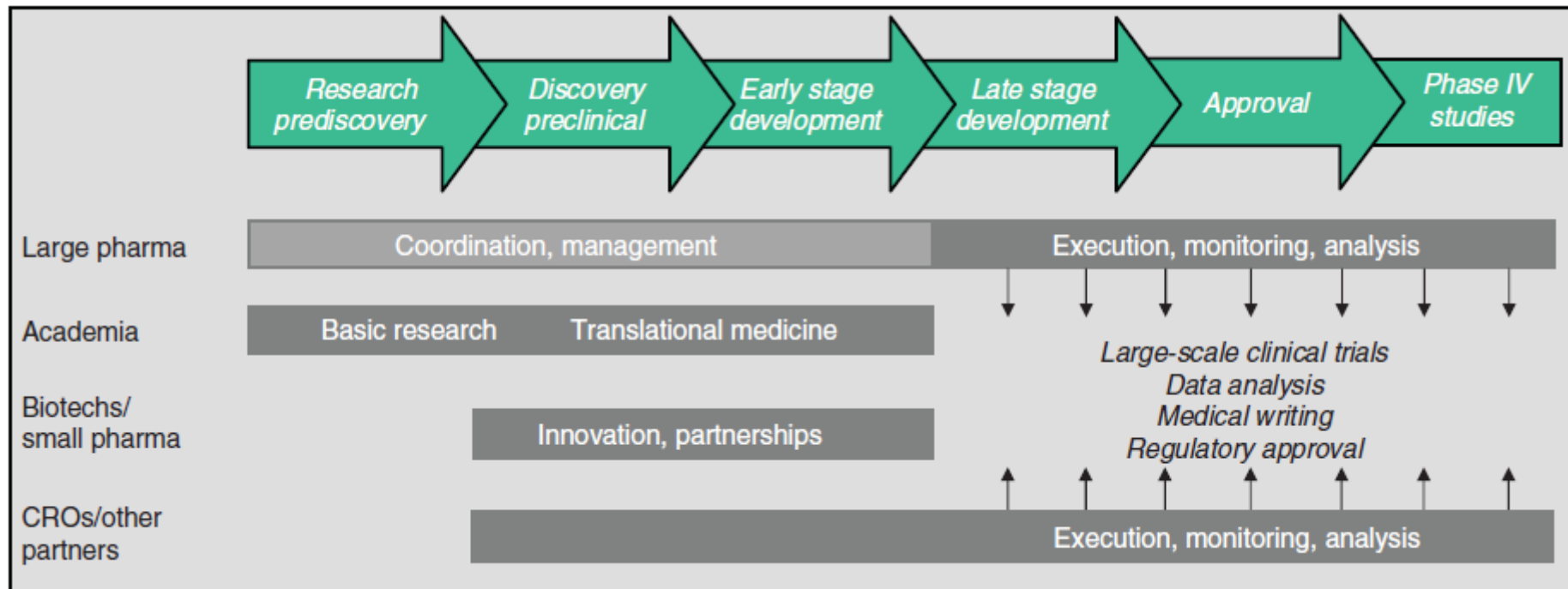
**Prof Bernd Rosenkranz, MD PhD (Germany), FFPM**



Fakulteit Geneeskunde en Gesondheidswetenskappe

Faculty of Medicine and Health Sciences

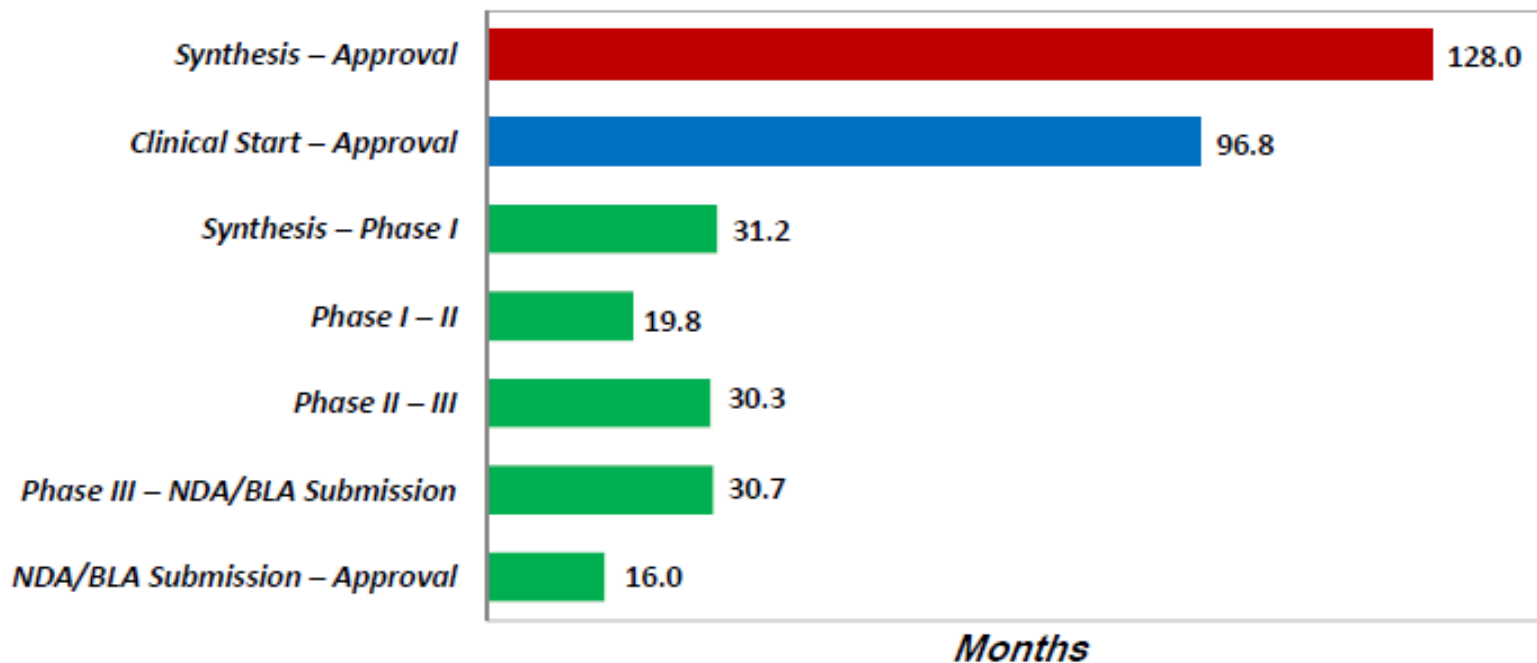




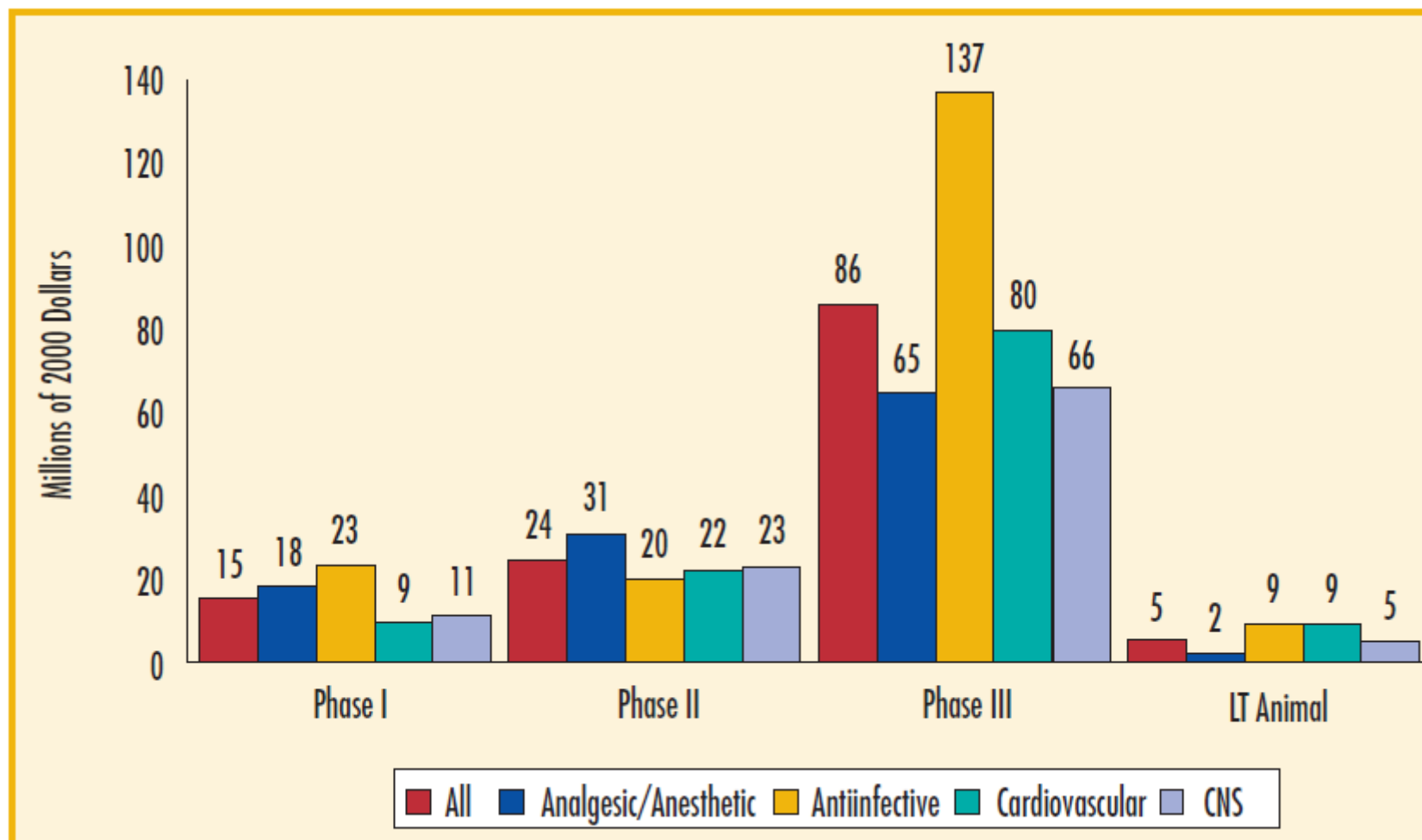
Cost: 1 – 2 billion US-\$



## Representative Development and Regulatory Review Time Profile (synthesis to approval)



## Cost of Clinical Development per Phase

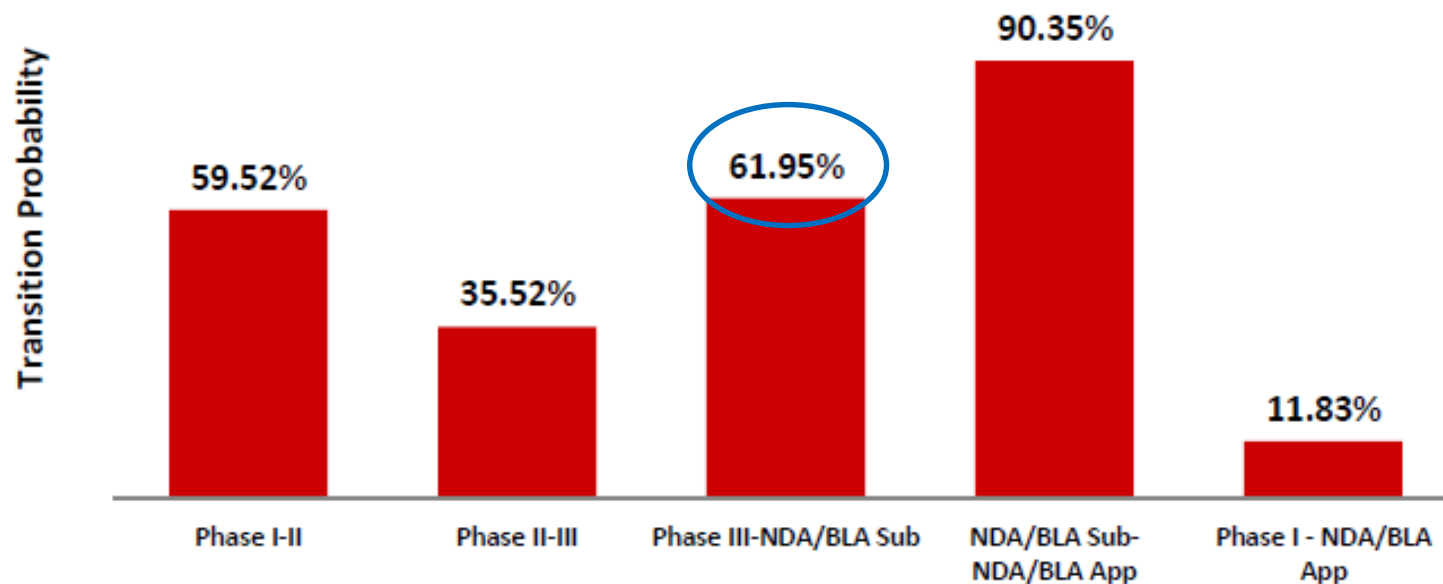


Mean phase cost by therapeutic class for drugs entering a phase

LT animal = Long-term animal testing concurrent with clinical trials



## Clinical Phase Transition Probabilities and Overall Clinical Approval Success Rate\*

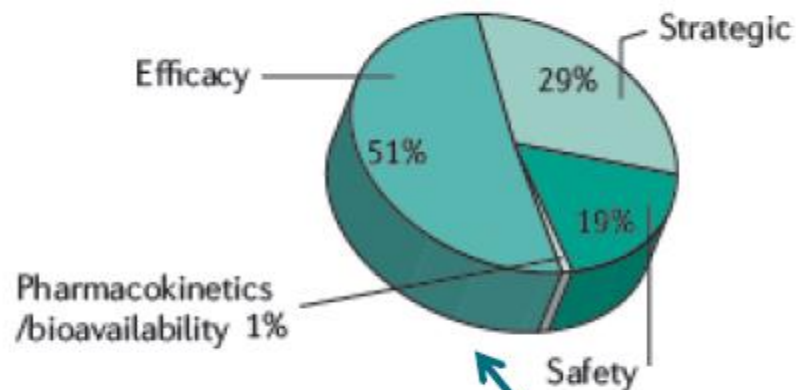


\*Therapeutic new molecular entities and new therapeutically significant biologic entities first tested in humans, 1995-2007

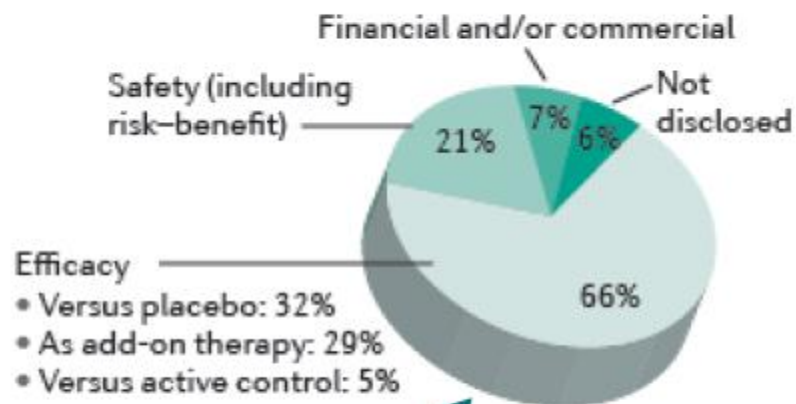
# Causes of Failure in Phases 2 and 3



Phase 2 Failures: 2008 – 2010  
(N = 87 compounds)



Phase 3 Failures: 2007 – 2010  
(N = 83 compounds)

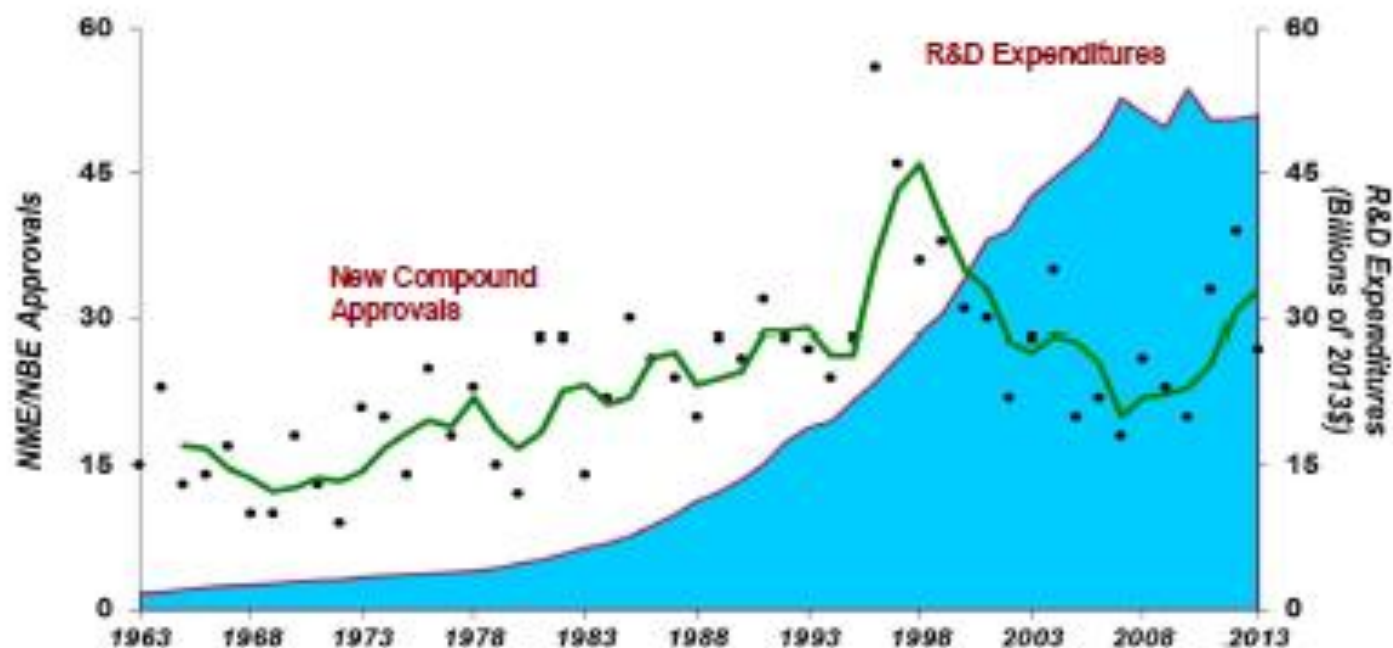


- Efficacy
- Versus placebo: 32%
  - As add-on therapy: 29%
  - Versus active control: 5%

Efficacy is the major problem

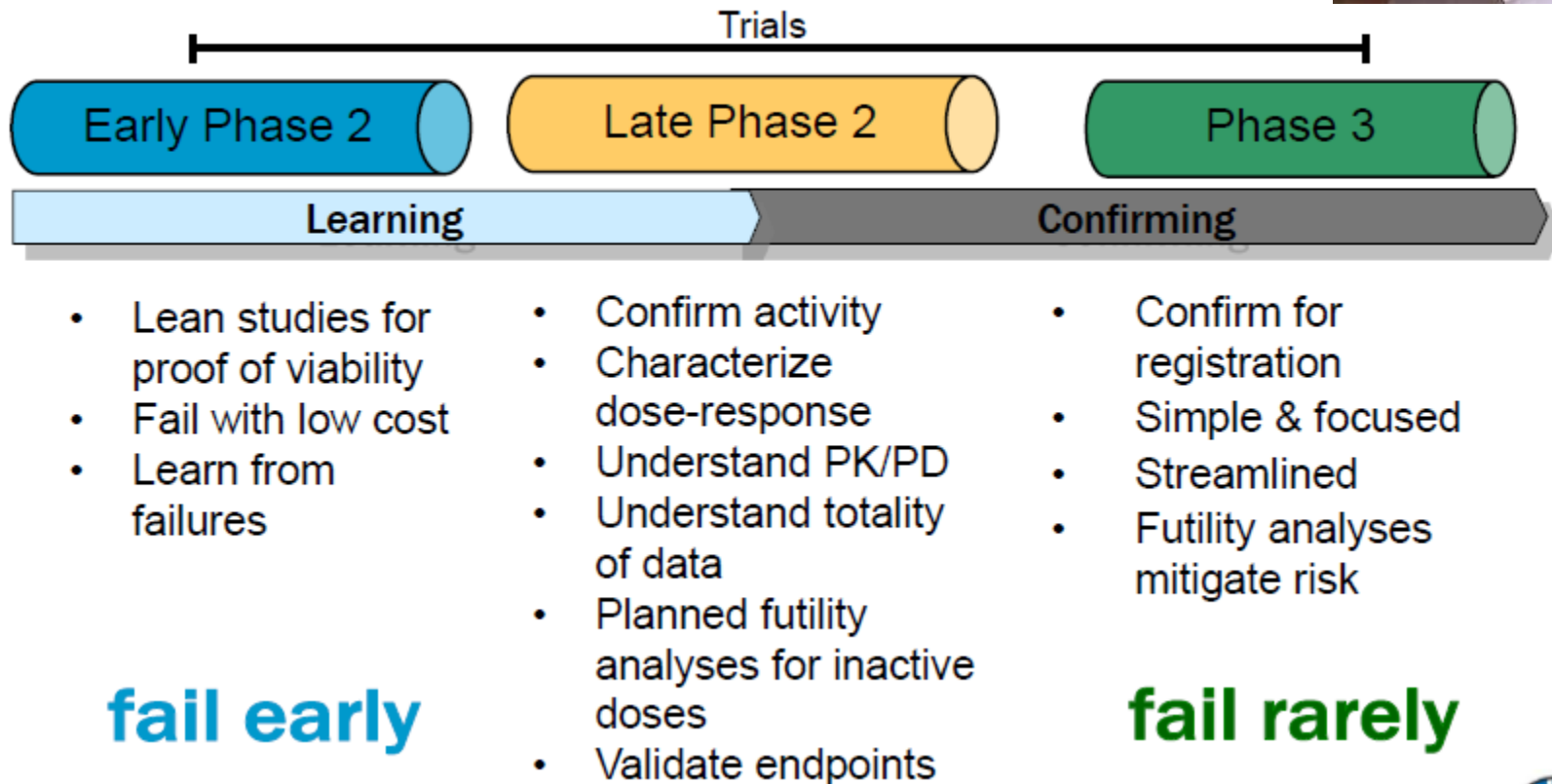
Arrowsmith J. Nat Rev Drug Discov 2011;10: Feb  
Arrowsmith J. Nat Rev Drug Discov 2011;10: May

## New Drug and Biologics Approvals and R&D Spending



R&D expenditures are adjusted for inflation; curve is a 3-year moving average for NME/NBEs  
Sources: Tufts CSDD; PhRMA, 2014 Industry Profile

# Learn – Confirm Paradigm







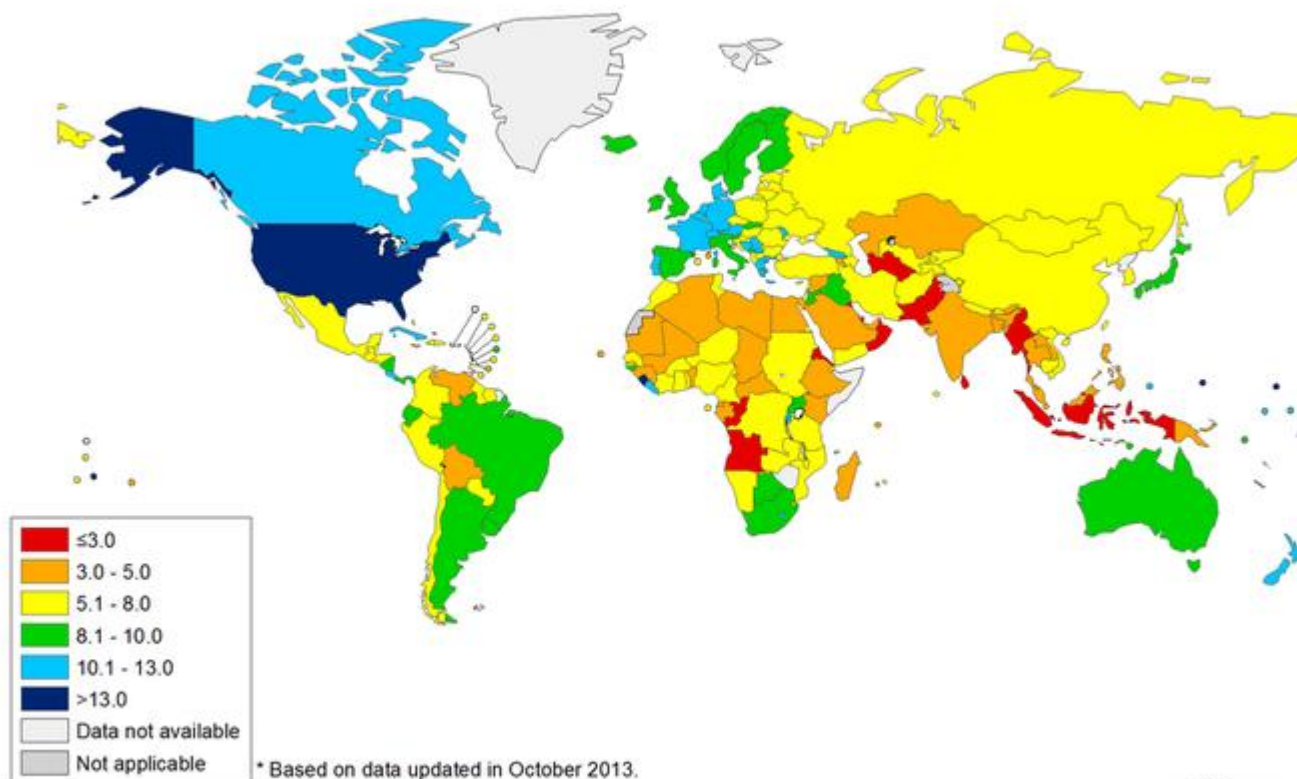
“Wherever health care is provided and used, it is essential to know **which interventions work, which do not work, and which are likely to be harmful.**

This is especially important in situations where health problems are severe and the scarcity of resources makes it vital that they are not wasted”.

# Health Care Expenditure



**Total expenditure on health  
as a percentage of the gross domestic product, 2011 \***



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global Health Observatory, WHO  
Map Production: Public Health Information  
and Geographic Information Systems (GIS)  
World Health Organization



**World Health  
Organization**

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Regulatory approval/market authorization –

**BENEFIT - RISK**

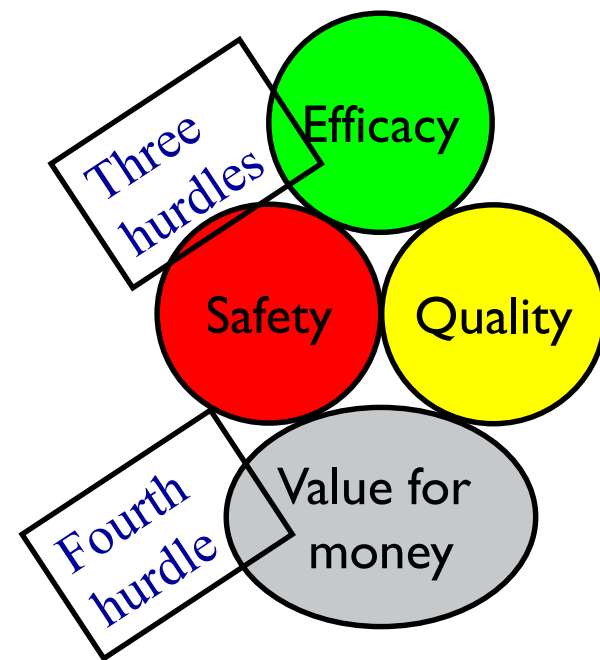
Market access and reimbursement –

**COST EFFECTIVENESS**

Can we pay for it?

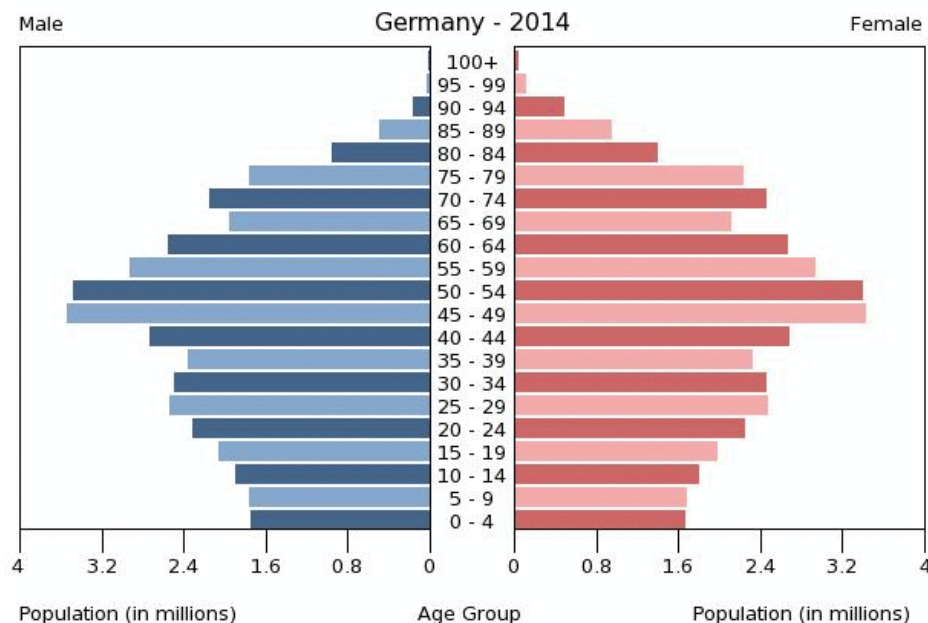
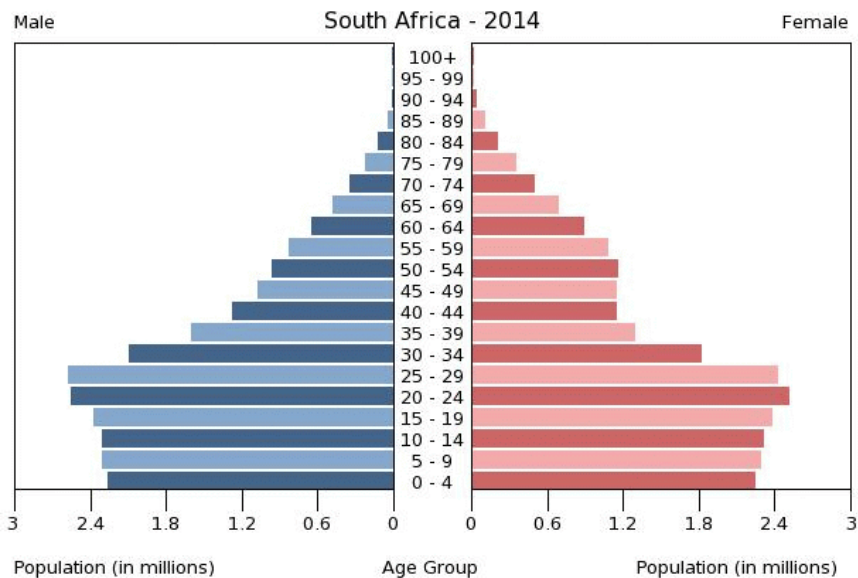
**AFFORDABILITY**

Fifth  
hurdle





## Population Pyramid: South Africa and Germany



# Medicines Development: Competency Development



# Medicines Development: Harmonization of Training Programmes



- **Standard syllabus and learning outcomes**
- **Quality control**
- **Examinations**



**SMD**  
SPECIALIST IN  
MEDICINES  
DEVELOPMENT

**MMD**  
MASTER OF  
MEDICINES  
DEVELOPMENT

**PharmaTrain**  
MASTERING MEDICINES DEVELOPMENT  
CENTRE OF EXCELLENCE

**MRA**  
MASTER OF  
REGULATORY  
AFFAIRS

**CLIC**  
CLINICAL  
INVESTIGATOR  
CERTIFICATION

<http://www.pharmatrain.eu/>



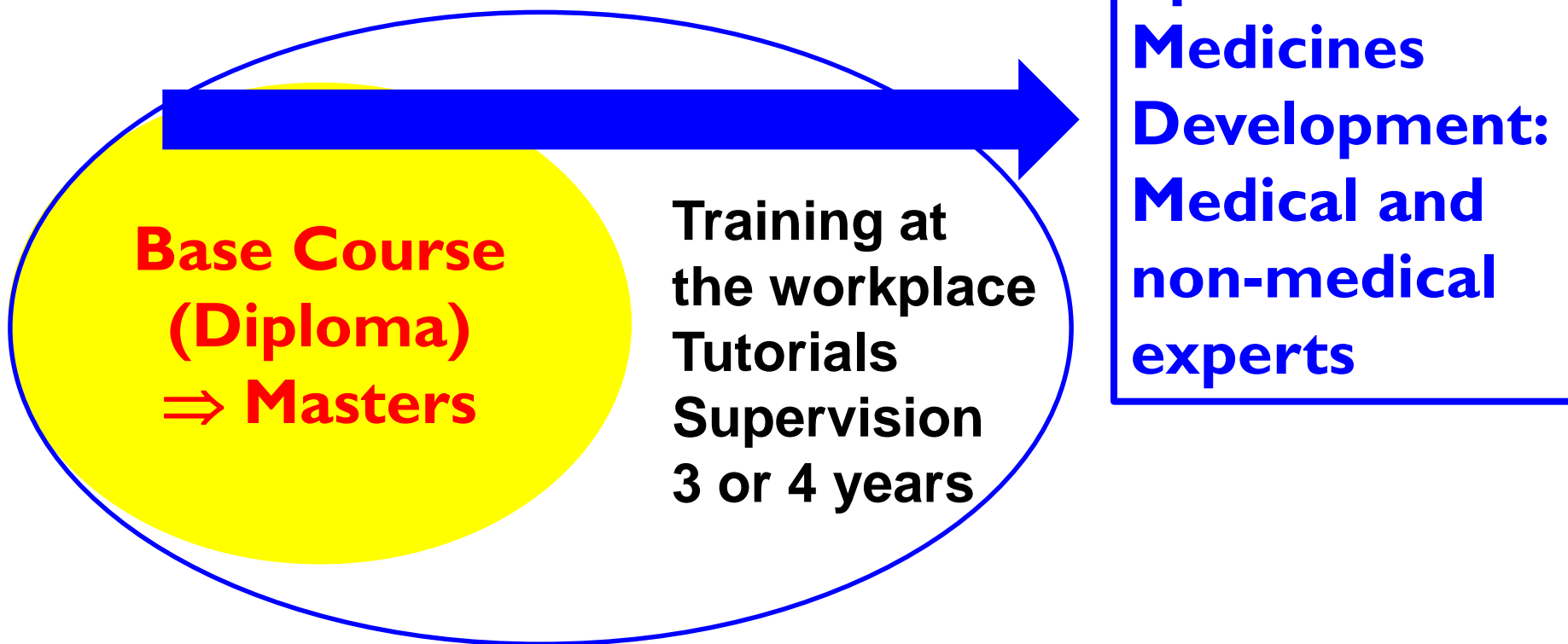
INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS

<http://www.ifapp.org/>

**IFAPP**

- UK Faculty of Pharmaceutical Medicine (FPM): Diploma in Pharmaceutical Medicine
- Non-UK activities managed via International Committee

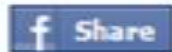








## South Africa 'Not Ready For World Cup'



1 retweet

Share Comments (2)

5:07pm UK, Tuesday February 23, 2010

Emma Hurd, Africa correspondent

Fifa has admitted that South Africa is not yet ready to host the 2010 World Cup, with just over three months to go before kick off.









- Patient population
  - Age distribution
  - Racial profile
  - Genetic background
- Disease spectrum
- Health system
  - Traditional medicines
- Drug discovery
- Clinical trials expertise
- Manufacturing
- Medicines regulation - SAHPRA



- Africa is one of the fastest growing economic regions – value of pharmaceutical industry increased from \$ 4.7 billion in 2003 to \$ 20.8 billion in 2013
  - Sub-Saharan Africa: mainly in Kenya, Nigeria and SA
  - Still relatively small compared to China and India
- Imports comprising as much as 70-90 % of drugs consumed in most countries in sub-Saharan Africa
- 375 companies with manufacturing sites in Africa to serve a population of around 1.3 billion people
  - Only 6 in sub-Saharan Africa which have achieved WHO pre-qualification



- Clinical trials - Focus of pharmaceutical R & D in South Africa
  - Excellent medical qualification
  - € 1.3 - 2 billion generated annually through clinical trials in South Africa (Kahn, SAMJ 2008; SACRA, estimate 2008)
  - 2480 active trials in the country at any time (May 2018)
- Long and unpredictable review timelines by Regulatory Agencies
  - Establishment of SAHPRA



**Need for trained staff in industry,  
clinical research groups/CROs and Agencies in Africa**



- PharmaTrain Global PharmaTrain Certification Board (gPCB) established
- Regional (country) programmes require:
  - National PharmaTrain Certification Boards (nPCBs)
  - PharmaTrain Regional Advisor
  - Mentors for individual SMD participants



## Specialist in Medicines Development

<http://www.ssfa.it/en/smd-en>

Dear SSFA member, dear reader,  
we kindly invite you to join the Specialist in Medicines Development programme. This professional path is supported by the PharmaTrain Federation and by IFAPP, has a quality certification, and will give to you an international recognition of your competencies.  
This invitation is addressed to both Pharmaceutical Professionals, who wish to get an international title in recognition of their competencies,

## SMDとは？

SMDは、Specialist in Medicines Developmentの略称です。

SMDプログラム（以下、本プログラム）は、各国の製薬医学教育コースを認証するヨーロッパのNPO法人PharmaTrainにより、2016年から試行的導入が開始された新たな国際認定制度です。今般、2017年度からは正規プログラムとして運用を開始します。



# Continuous Professional Development (CPD): Meeting the Challenge



How to develop further my competencies  
and professional career?

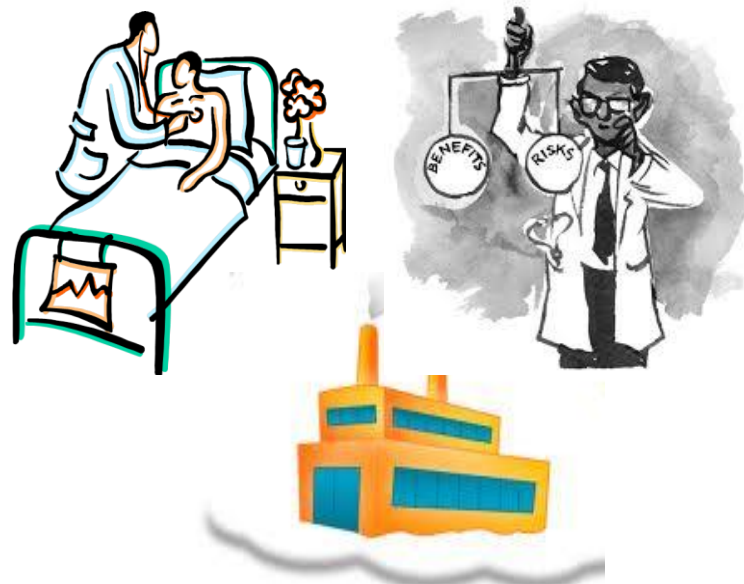
## University



Post-graduate courses  
Whom to teach ?  
What to teach ?



## Workplace



How to train competent  
clinical investigators, regulators,  
and industry professionals ?

**Needs cooperation between academic centers and various work places**

# International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP)



<http://www.ifapp.org/>

**Individual  
membership**

**Country organizations:  
DGPharMed e.V.  
SAAPP**





# CLINICAL INVESTIGATOR (AND SITE STAFF) CERTIFICATION COURSE

Nitida Wine Farm, Tygerberg Valley Road, Durbanville  
11 – 15 MARCH 2019

# Watch the Space: From 2014 to 2020





World Conference on Pharmacometrics

Century City Conference Centre,  
Cape Town 6-9 April 2020



pharmacometrics  
africa

**CONTACT INFORMATION:**

Booking office: T - 021 910 1913  
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Congress office: T - 021 712 0571  
email: [wcop2020@eventmanagementsolutions.co.za](mailto:wcop2020@eventmanagementsolutions.co.za)

[www.go-wcop.org](http://www.go-wcop.org)

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25 FEBRUARY 2019		
08:30 - 09:00	Bernd Rosenkranz	Welcome and introduction
<b>Modelling and Simulations</b>		<b>Chair: Phumla Sinxadi</b>
09:00 - 09:45	Florian Marx	Modelling the dynamics and control of infectious diseases: The example of tuberculosis
09:45 - 10:30	Leon Aarons	Pharmacokinetic and pharmacodynamic modelling
10:30 - 11:00	TEA BREAK	
11:00 - 11:45	Joel S. Owen	Novel clinical trial designs for optimizing parameter estimation in malaria disease-drug models
11:45 - 12:00	Lindi Mathebula & Duduzile Nwandwe	South African clinical trials database - an update
12:00 - 12:15	Elizabeth Allen	Global health working group for the Trials Methodology Research Partnership
12:15 - 13:45	LUNCH BREAK	
<b>Clinical Trial Designs</b>		<b>Chair: Colin Pillai</b>
13:45 - 14:30	Jay Park	Improving efficiency and quality in clinical trials in global health research: Adaptive trial designs and master protocols
14:30 - 15:15	Natasha Pillai	Real world data and evidence in clinical trial design
15:15 - 15:45	TEA BREAK	
15:45 - 16:30	Helmuth Reuter	Investigator experience: Role in trial design, conduct, analysis and reporting
16:30 - 17:15	Mireille Muller	Innovative trial designs: Engaging with regulators, ethic committees and patients
17:15 - 17:45	All Speakers	General discussion: Novel clinical trial methodologies - International and African perspectives
17:45 - 18:00	Colin Pillai	Closing remarks



**„For every human problem, there is always an easy solution that is neat, plausible and wrong.“**

**(Henry Louis Mencken, 1880 - 1956)**