

Building a National Research Network via Clinical and Translational Science Awards



**Hepatitis C Therapeutic Registry
and Research Network**

ClinicalTrials.gov Identifier: NCT01474811

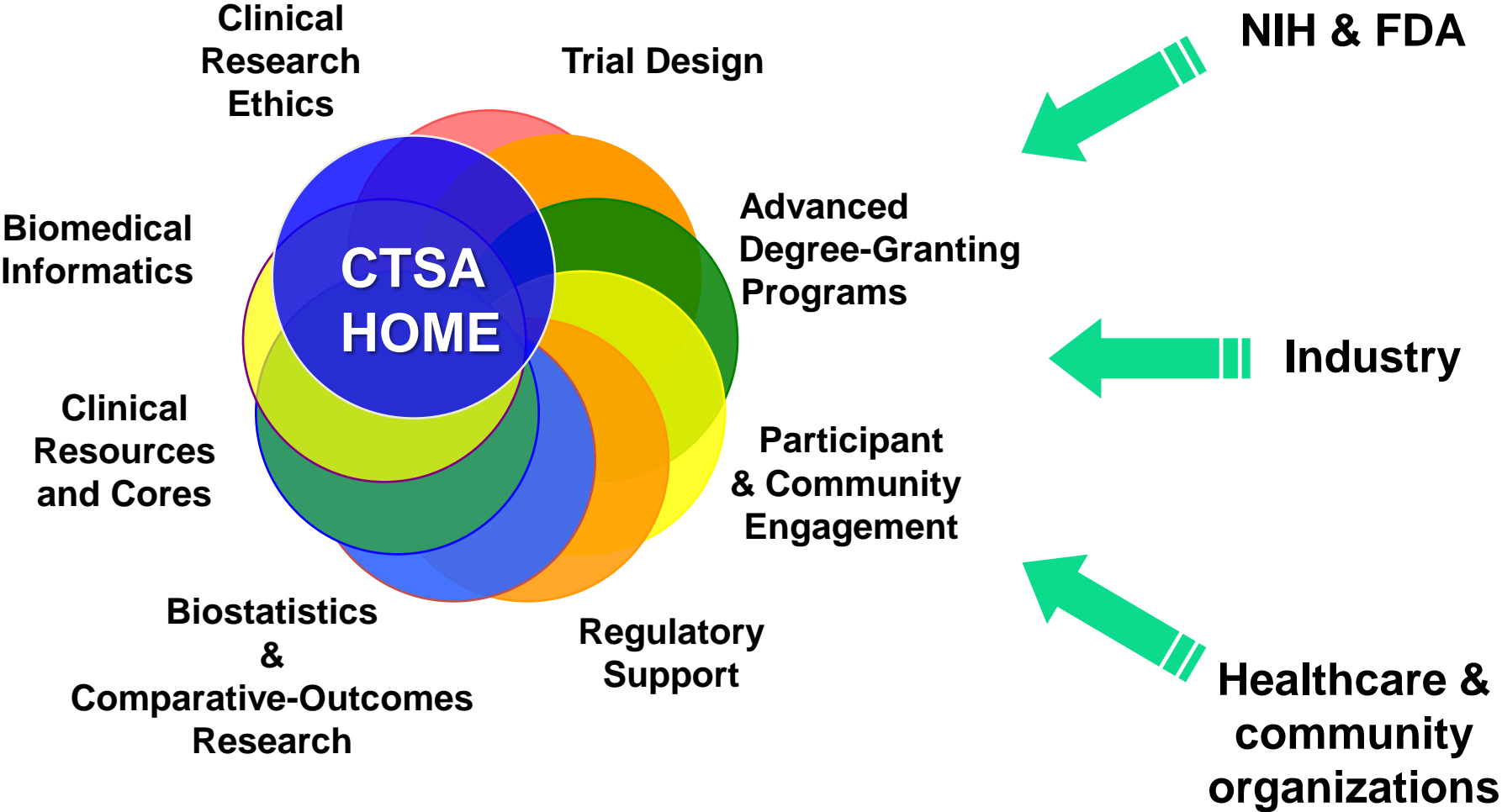
HCV-TARGET

- HCV-TARGET is:
 - An academic consortium of leading HCV investigators who will establish a common research database and perform a longitudinal observation study to answer important questions about HCV therapy with DAAs
- Unique aspects of HCV-TARGET:
 - All academic centers affiliated with NIH CTSA
 - Leverages existing research infrastructure
 - Standardizes data acquisition using CTSA open source database (REDCaP)
 - Engages community-based HCV providers geographically related to academic centers
 - Potential for rapid recruitment of patients being treated with standard-of-care triple therapy regimens

National Institutes of Health Clinical And Translational Science Awards

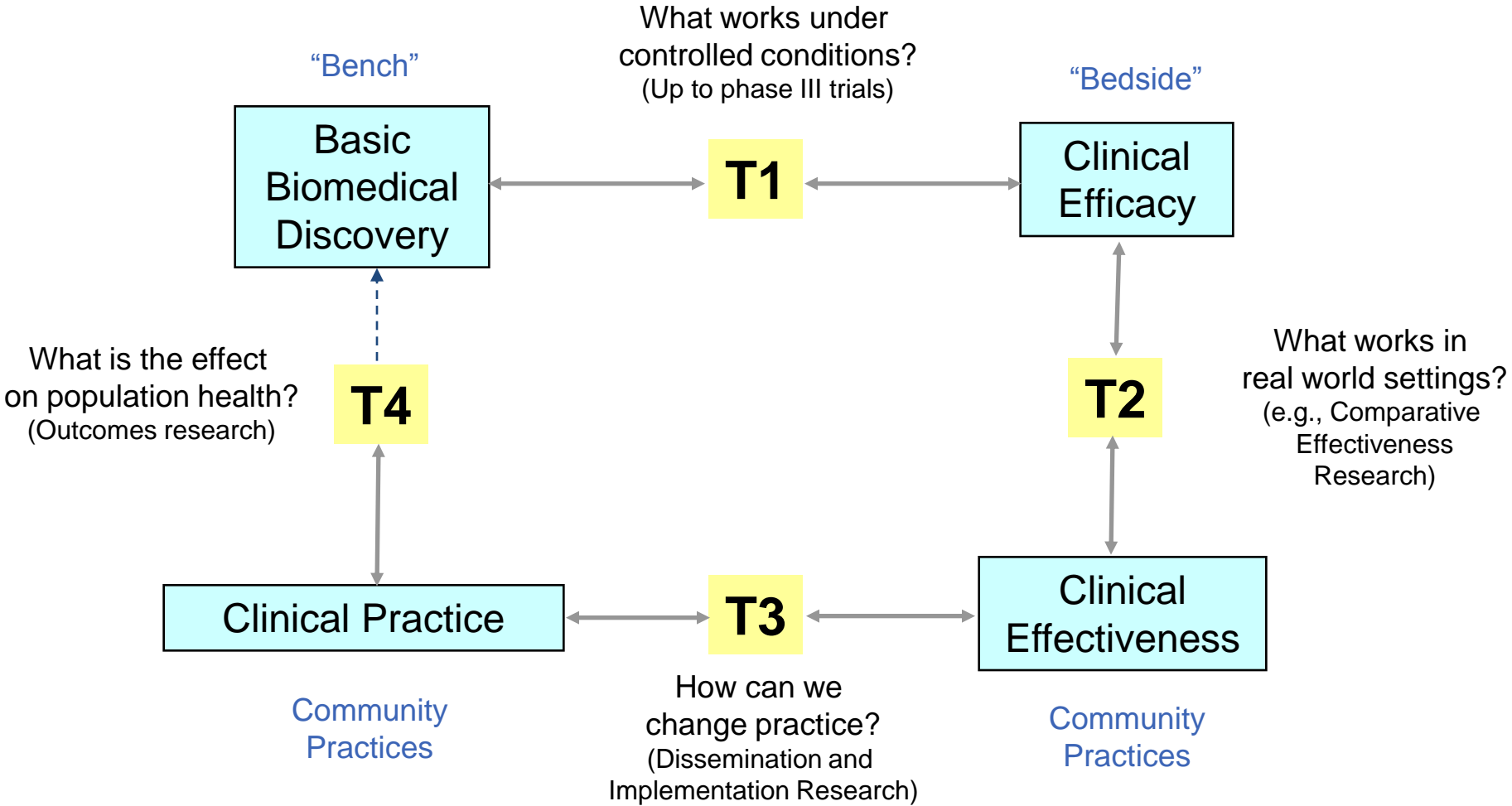
- In 2006, NIH developed the Clinical and Translational Science Award program (CTSA)
 - > \$700 million awarded
- CTSA works together as a national consortium of institutions sharing a common vision to improve human health by transforming the research and training environment to enhance the efficiency and quality of clinical and translational research – ***helping scientists bridge laboratory discoveries to patient treatments***
- In 2011, **60** institutions now linked together to transform the local, regional, and national environment to increase the efficiency and speed of clinical and translational research across the country

Clinical and Translational Science Awards Model Infrastructure for HCV-TARGET



The Translational Research Continuum

Expanding T2-T4 HCV Research



HCV-TARGET

Hypothesis

- A carefully maintained longitudinal, observational study of patients treated with telaprevir and boceprevir within academic and real-world community practices can rapidly inform strategies:
 - For better management of populations underrepresented in Ph III clinical trials
 - To identify educational gaps relative to treatment guidelines and management of adverse events
 - To develop a core for translational studies
 - To implement a rapid clinical trials network for novel studies

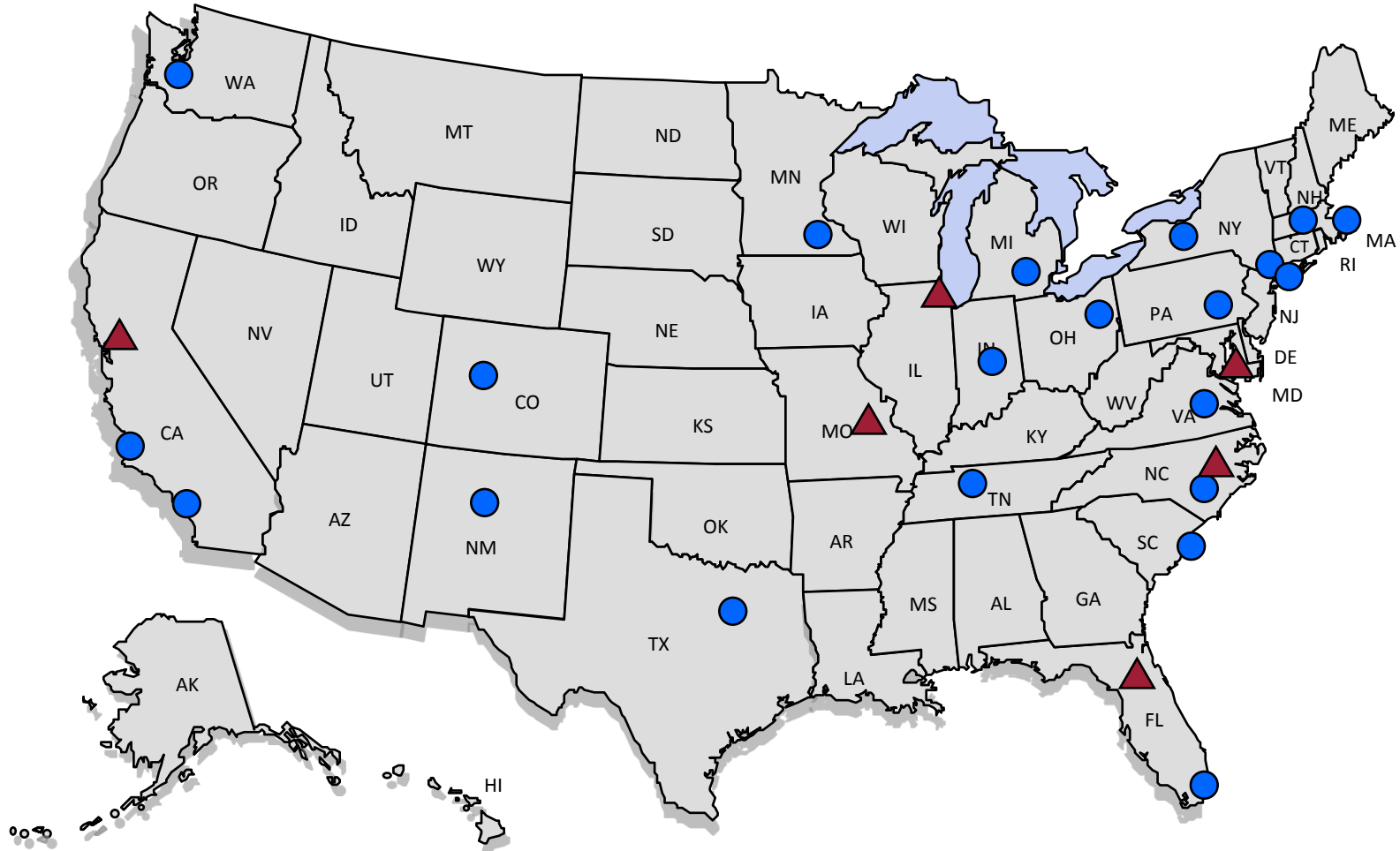
HCV-TARGET

Organizational Structure

- **Steering Committee**
 - Michael Fried, M.D. (Co-PI, Data Coordinating Center)
 - David Nelson, M.D. (Co-PI, Clinical Operations Center)
 - Adrian Di Bisceglie, M.D.
 - Mark Sulkowski, M.D.
 - Norah Terrault, M.D.
 - Donald Jensen, M.D.
 - Ira Jacobson, M.D.
- **HCV-TARGET Membership:**
 - 25 academic CTSA member sites
 - 25 affiliated community sites
- **Sponsors:**
 - Genentech, Kadmon, Merck, Vertex

Building a National CTSA Consortium

HCV-TARGET



Participating Institutions

- ▲ Steering Committee
- Participating Members

Specific Aims

- **Primary aims:**
 - Safety and efficacy in populations underrepresented in phase III clinical trials
 - African Americans, cirrhosis, null responders
 - Duration of therapy:
 - Boc: 24 vs 36 vs 44 weeks of therapy
 - Response guided therapy utility in:
 - Treatment experienced, cirrhotics, African Americans, etc
 - Virologic breakthrough and resistance
 - Impact of viral load measurement on treatment efficacy
 - Compliance and utility of current utility rules
 - Clinical relevance of “detectable / BLOQ” vs “undetectable”
 - Adverse event management and surveillance

Specific Aims

- **Secondary Aims:**
 - Safety and efficacy in special populations
 - HIV/HCV co-infection, pre-liver transplantation (decompensated cirrhosis), post liver transplantation, renal failure, age > 65, genotype 2 and 4 patients
 - PEG-IFN 2a / 2b with different PIs \pm lead-in
 - Frequency and impact of switching PIs
 - Surveillance of drug-drug interactions
 - Measurement of treatment adherence
 - Impact of pretreatment education
 - Impact of specialty pharmacy

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- Longitudinal, observational study
- Inclusion criteria:
 - All adult patients (older than age 18) being treated with antiviral regimens that contain telaprevir or boceprevir
 - Ability to provide written informed consent for participation
- Exclusion criteria:
 - Inability to provide written informed consent
- Biorepository: baseline DNA and serum at key timepoints
 - Baseline, week 2, 4/8, 12/16, EOT (protocol or breakthrough/relapse), follow-up SVR (12 or 24)

The Power of HCV-TARGET

Results of Site Survey

Population of Interest	Predicted % Enrolled	Total HCV-TARGET Enrolled	Expected Enrollment of Population of Interest
African Americans	16%	5040	806
Cirrhosis	35%	5040	1764
Prior Relapse	18%	5040	907
Prior Null	15%	5040	756

Post-transplant: 150-200 pts; Gen 2: 150 pts

HCV-TARGET

Long Term Goals

- Establishes a “rapid-response” research network with a proven track record of cooperative studies
 - Encompasses academic and community sites
 - Capable of performing investigator-initiated or industry-sponsored studies (T1-T4)
- Identifies a pool of well characterized patients with HCV infection available for future studies
 - Non-responder, relapser to triple therapy: quad or all oral regimens
 - Virological breakthrough retreatment studies with multiple classes of drugs
 - Cohort development to evaluate long term clinical impact of response vs non-response
- Positions HCV-TARGET for federal funding opportunities

Benefit of HCV-TARGET

Summary

- Academic, Industry, and NIH partnership
 - Translational research opportunities
 - Explore FDA link and label updates
- Leverages existing research infrastructure
 - Biorepository, design and analysis, regulatory, etc
- Standardizes data acquisition using CTSA open source database (REDCaP)
- Engages community-based HCV providers geographically related to academic centers
 - Unique T2-T4 research and educational opportunities
- Potential for rapid recruitment of patients being treated with standard-of-care triple therapy regimens