



AMERICAN SOCIETY OF HEMATOLOGY

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Re: Request for Information (RFI): ClinicalTrials.gov Modernization (NOT-LM-20-003)

Dear Dr. Brennan,

The American Society of Hematology (ASH) appreciates the opportunity to provide comments to the National Library of Medicine (NLM) on its RFI regarding the modernization of ClinicalTrials.gov (NOT-LM-20-003)

ASH represents more than 18,000 clinicians and scientists worldwide, who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell disease, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

Additionally, ASH established the ASH Research Collaborative (ASH RC) in 2018 to foster collaborative partnerships to accelerate progress in hematology, with the goal of improving the lives of people affected by blood diseases. The foundation of the ASH RC is its Data Hub, a technology platform that facilitates the exchange of information by aggregating in one place, and making available for inquiry, research-grade data on hematologic diseases. The ASH RC also launched a Sickle Cell Disease Clinical Trials Network in 2019 to accelerate the execution of clinical trials in sickle cell disease.

ASH members often utilize ClinicalTrials.gov in a variety of ways, including submitting their research studies into the system, as well as searching for trials for their patients and for their own reference. Also, as clinical trials are executed via the Sickle Cell Disease Clinical Trials Network, those studies will be added to ClinicalTrials.gov. The Society is pleased to provide the following suggestions in response to the topics outlined in the RFI as they relate to improvements to ClinicalTrials.gov.

Website Functionality

Clinical trials provide potential treatment options for many individuals with hematologic conditions, but the process of finding clinical trials is complicated and can be overwhelming to patients and clinicians. ASH is committed to advancing research, as well as improving access to research and care for individuals with hematologic conditions. ASH and the Leukemia & Lymphoma Society's (LLS) Clinical Trial Support Center (CTSC) recently launched a collaboration to expand access to LLS's service providing clinical trials navigation

and support to clinicians and patients with blood cancer and their families. The goal of this initiative is to connect more patients to appropriate clinical trials. ASH encourages the NLM to make the following changes to ClinicalTrials.gov to make the interface more user friendly for patients who are unable to access this type of ASH-LLS service.

➤ **Make the interface more user friendly for patients and clinicians by making the following modifications:**

- Consider ways to streamline the scope of the search function in the system by providing more options to personalize the search by age, location, and diagnosis for open and appropriate trials.
- Place the contact information for the trial at the top of the page rather than hidden within the page, so the user can easily find the point of contact's email and phone number. This information is included in a link in the top right corner of the site, but it would be ideal to have the information spelled out rather than linked.
- Update the map in the system as it is currently outdated, and the user must click through several times just to find the studies and locations.
- Change the default selections, such as those displayed after the user searches for a study. Users can "show/hide columns," but the screen is very busy and hard to navigate. Consider hiding certain columns (e.g. "locations" and "row" columns) to help the user focus on the important details.
- Institute a more frequent review of content to ensure study details are current.

Important Items to Consider re: Both Website Functionality and Information Submission

As precision medicine continues to progress rapidly with advanced diagnostics and genetic sequencing, especially in the treatment of individuals with hematologic conditions, ASH encourages NLM to ensure that ClinicalTrials.gov is able to capture this information when it is associated with clinical trials. When patients know more about their individualized disease, they will approach the portal with a better definition of their disease. Likewise, trials will include information that better defines disease type, so investigators will be able to target populations more by biomarker or genetic alteration of the disease. Therefore, the portal should have the capability to (1) allow researchers to more specifically define their target population; and (2) allow patients to search by biomarker so they can find a trial that matches their specific disease.

Information Submission

ASH members have indicated that the reporting portal in ClinicalTrials.gov is inflexible and burdensome. The challenges with the system also often delay the related publication of trial findings. The Society encourages the NLM to make the following changes to make the interface more adaptable for researchers submitting information.

➤ **Improve clarity of standards for submission and reporting.**

- Although primary, key secondary, secondary and exploratory endpoints are listed, only require entry of primary and key secondary results. Sometimes secondary and exploratory endpoints turn out not to be analyzable. There should be a clear option for each outcome measure to indicate when endpoints were not analyzed, which would then remove the requirement for all the related details that are not available. Additionally, it is important to also develop an option for the investigator to indicate why an endpoint was not evaluable.

- Allow linkage with a publicly available paper reporting results and consider this as an acceptable way to report the primary analysis.
- Improve the availability of technical assistance for ClinicalTrials.gov. It would be helpful for an investigator to have the ability to ask questions and respond to comments in real-time, rather than the current process of guessing how to respond to comments, then having to wait to see if that was successful. Additionally, a record of all the comments and data revisions would be helpful.

Additional Questions to Consider

ASH recommends that NLM consider the following questions as the system continues to be modernized. The Society would be pleased to engage in additional discussion about how these inquiries could be more effectively addressed.

- Should observational studies, including real world evidence assessments, be included within the site?
- Should the Registry of Patient Registries, previously managed by the Agency for Healthcare Research and Quality, be integrated within Clinicaltrials.gov?
- Should clinicaltrials.gov become the repository for the required deposition of phase III clinical trial data?
- Does the system have the flexibility to change the deadlines for the reporting of study results to accommodate potential delay in data analysis?

Again, ASH appreciates the opportunity to provide these comments. Please consider ASH as a resource; we would be pleased to provide additional information or support. If you have any questions, please use ASH Deputy Director of Government Relations and Public Health Stephanie Kaplan (skaplan@hematology.org or 202-776-0544) as your point of contact.

Sincerely,



Stephanie Lee, MD, MPH
President