

Improving Dissemination of Clinical Trial Results

Experiences in HIV and TB Clinical Trials

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An introduction to the panel discussion

Background

- Dissemination of trial results is an ethical obligation
 - GPPs for TB drug trials reference importance of dissemination to:
 - Build trust
 - Ensure respectful partnership
 - Increase ownership of trial results
- Can also be catalyst for program/policy change
- However, often focuses more on peer reviewed publications than communication to civil society, participants and affected communities

Objectives

- Explore dissemination experiences from recent HIV and TB trials through the following topics:
 - 1) Communications channels/materials
 - 2) Making complex topics accessible to all audiences
 - 3) Dissemination of unfavorable or inconclusive results
 - 4) Using results to advocate for change
- Identify key issues and best practices for dissemination

Panel Discussion Format

For each of the four topics:

- Panelist introduces topic and shares experience on topic
- Discussion questions are open to the panelists
- Main points summarized
- Q&A and discussion open to participants/audience

An introduction to the trials

HTPN 052

Question Does the use of antiretroviral therapy (ART) reduce the transmission of HIV in serodiscordant couples?

When 2007 to 2010

Where 13 sites in 9 countries
Botswana; Kenya; Malawi; South Africa; Zimbabwe; Brazil; India; Thailand; and USA (Boston)

Results In 1763 serodiscordant couples, there was a relative reduction of 96% in the number of linked HIV-1 transmissions resulting from early initiation of ART, as compared with delayed therapy

Results Dissemination To WHO and National Department of Health in each country; Participants and Community Advisory Boards invited to dissemination event

Other info Study stopped early because the intervention - early antiretroviral therapy - was so effective (unethical to withhold treatment)

STREAM Stage 1

Question Is a modified Bangladesh 9-month MDR-TB regimen non-inferior to the 20-month regimen recommended by the WHO in 2011?

When 2012-2017

Where 7 sites in 4 countries
Mongolia, Vietnam, Ethiopia, South Africa

Results Favorable outcomes in the short and the long regimen were both around 80%. The longer regimen performed better than expected under program conditions.

Results Dissemination Communications materials developed and tailored to: WHO; International TB CAB; PIs/study teams; Ministries of Health; CABs; participants; family members; other community stakeholders

Other info Preliminary results disseminated early
IDMC thought it was important for NTPs and STREAM Stage 2 (ongoing) to have information regarding ECG monitoring

FACTS 001

Question

Does pericoital tenofovir gel prevent HIV transmission in HIV non-infected women?

When

2011 to 2014

Where

South Africa

Results

Vaginal use of tenofovir gel, before and after sex, was **not** effective in preventing HIV in a diverse study population of young South African women. Tenofovir gel was found safe for use.

**Results
Dissemination**

To HIV leaders and experts, policy makers, donors
To participants, CABs, study staff, communities on day of results release
AVAC outreach to advocates
Media outreach: South African media, US and other global media, press conference art CROI

Other info

FACTS 001 was designed as a confirmatory trial for CAPRISA 004, which found modest efficacy among a smaller group of women

NC-005

Question	Phase 2b trial testing the BPaZ and BPaMZ regimens in patients with drug-sensitive and MDR-TB
When	2017
Where	10 sites in Uganda, South Africa, and Tanzania
Results	Both regimens were found to be safe and efficacious, with the BPaMZ regimen in MDR-TB participants resulting in the highest level of bactericidal activity among all treatment arms, including HRZE in drug-sensitive participants
Results Dissemination	Disseminated to trial sites, participants, CE staff and CABs through direct communication, webinars, research literacy and communications trainings
Other info	Results were presented in a poster at CROI 2017 and covered by press including <i>Science</i> . Broader dissemination strategies were discussed and developed with CE partners at the TB Alliance's annual CE Forum

TREAT TB

Technology, Research, Education and
Technical Assistance for Tuberculosis

Panel 1: Communications channels and materials

HTPN
STREAM

Presented by:

Helen Platt

Nombuyiselo Tshandu



Introduction to the topic

The Challenges

Deciding on the appropriate communications channels and materials is influenced by numerous challenges, including:

- There are usually multiple audiences, all with different levels of knowledge, and different levels and types of interest in the work.
- There is a communications life cycle to the project with different messages at each point, from telling people the project has started and recruiting those who will be involved, to disseminating results and advocacy.
- Changing situations – both within a project and from external forces – can mean communications need to be reactive and quick yet usually involve multiple stakeholders and complex messaging.
- Clinical trials can be technical in language and content, yet they need to be understood by every day people – particularly those taking part in the trial. How to deliver information that is accurate can be challenging.

Examples from HTPN

- The need to identify and establish stakeholder advisory mechanisms at the beginning of a trial
- A common example of a stakeholder advisory mechanism is the community advisory board (CAB), also referred to as community advisory group (CAG). CABs are ordinarily composed of stakeholder representatives and, as such, facilitate broader involvement in the research process
- Develop material to improve community stakeholders' understanding of TB drug research and development, knowledge of the specific trial being conducted, and understanding of the role of stakeholders in TB drug trials.
- When communicating to stakeholders who are not routinely engaged in the clinical research enterprise, ensure that the information is accessible by disseminating through the phases of a clinical trial and patient engagement across the different phases
- Building collaborations with community stakeholders through honest, open dissemination of study results and discussions of future research steps establishes trust between the lay and scientific communities

Examples from STREAM

- Several settings for dissemination activities. Focus group participants, *recognized gate keepers in the communities, Local health workers , Advocacy groups*
- The media is an important channel for advocacy and reaching the scientific community – in addition to journal publication. For STREAM we use pre-briefings as a way to place key announcements and to control the messaging.
- The website and blogs is a valuable tool for informing stakeholders and the broader research community.
- Sessions at conference are an important channel not only for dissemination and amplification of findings but for building discussion.
- Printed materials have been invaluable for reaching the communities involved with STREAM as well as face-to-face briefings.

Concrete Tips

- Always walk in the shoes of the audience – don't just tell people what you want to say, consider what is relevant to them and how they will best understand. For example, it is important to translate into relevant languages and for different settings.
- Develop core key messages and communication objectives – don't try and do everything in one leaflet, have clear messages for the audience and develop materials around that.
- Content is king – develop engaging content, use imagery, use storytelling, theatre, use film, use illustration and good design.
- Listen – don't just broadcast out. Community meetings and social media make this easier than ever. Good communications should be adjusting to what people say.