

Q&A Patient Registries – Brussels meeting

Chairs: Hanns Lochmüller, Jacqueline M. Jackson

Other discussants: Christophe Bérout, Per Nilsson, Vanessa Rangel Miller, Maryze Schoneveld van der Linde

Contributions to the document by: Sarah Baumeister, Hanns L., Jacqueline M. J., Vanessa R. M., Maryze S. v. d. L., Brigitta von Rekowski

This Q&A document was drafted by discussants of the registry session of the NIH and TREAT-NMD sponsored conference, "Bringing Down the Barriers" which took place on 17-19 November 2009 in Brussels, Belgium. Questions were submitted by participants via email prior to the conference. Due to time constraints not all questions were discussed at the conference. This document is intended to provide answers to all questions submitted. However, the statements reflect the opinions of the contributors only. They should not be regarded as official statements of the NIH or TREAT-NMD.

Q: How should questions of data ownership in clinical research be resolved? To what extent do patients and their families own the data they contribute to researchers, sponsors, and regulatory authorities? What model of data ownership would patients and their organisations see developed?

A: Data contributed by patients and their families belong to the individual national patient registry. Personal and medical data will be kept for an indefinite period under the responsibility of the Principal Investigator of the national registry. These data are subject to the regulations on data protection (national laws related to EU directive 95/46) and all information received from patients will be treated confidentially. Patient participation is, however, voluntary; patients may decline to participate or withdraw consent for their data to be stored on the registry at any time without prejudice. In this respect individual patients do own their own data; they can decide to contribute to the patient registry or to withdraw their personal and medical data at any time of the existence of the patient registry.

For patients, more important than ownership in a legal sense is: What happens to their data and who has control over their data? These questions are addressed in the Registry Charter; for example, the patients' right to withdraw their data at any time. Furthermore, patients/parents are asked to consent to being on the registry. In the informed consent form, it is explicitly stated that de-identified data will be shared with the TREAT-NMD Global Patient Registry and that de-identified data may be further shared with others beyond TREAT-NMD.

Third parties wishing to have access to data in the TREAT-NMD global registry, such as researchers or companies planning clinical trials or conducting research on new therapies, will only have access to anonymous information identifiable only by a code. Before they are granted access even to this anonymous information, they will have to have the approval of an Ethics Committee and the TREAT-NMD Global Database Oversight Committee (TGDOC). Patient data will not be made available to employers, governmental organisations, insurance companies, and educational institutions, or to a patient's family member or doctor.

Data used by researchers and published in journals or other scientific publications are owned by the researchers themselves. As soon as anonymised medical data of patients is processed and analysed, the owner is the researcher. It is not possible to withdraw your medical data from already published material.

In summary, ownership of data is variable depending on 'the level' at which the data is stored or is being used:

Level 1: Patient is owner of own individual medical data and is free to contribute them to the patient registry and to withdraw them at any time during the existence of the registry.

Level 2: The collected data of patients is maintained by the institution of the national patient registry. Even when the data of a patient are collected and stored in the patient registry, a patient can always withdraw his/her own personal and medical data.

Level 3: The processed, analysed or published material coming from a patient registry is owned by the principal investigator of the research, or author. It is not possible for an individual patient to withdraw his/her de-identified data when their data is already being used or in a publication. It is possible, however, for an individual patient to withdraw the data for future use.

Q: In what way and to what extent should patients and their organisations see patient registries as contributing to ongoing pharmacovigilance studies?

A: The future role of the TREAT-NMD patient registries in pharmacovigilance studies is not yet clear, but is the subject of discussions and negotiations with all interested parties. This activity may help to sustain patient registries and help in the approval process for new therapeutic products.

Q: What ethical questions do patients and their organisations have regarding patient registries?

A: A major ethical concern from registry participants is in regards to confidentiality of data and data protection. It is important to ensure that databases are secured by a high level of security and encryption programming. Beyond that, data and peer review processes – by which any dataset to be sent beyond internal use is reviewed before being sent – should be implemented. On the global registry level, access of patient data by third parties is reviewed by the TGDOC (cf. 1st question). Furthermore, communication processes should be implemented so that protected information is not transferred and patient identity is not compromised.

Other ethical concerns, such as ownership of the data and data access, have been described in other questions in this document.

Q: How can patients and their organisations contribute to the development of best practices for clinical trial registries?

A: An aim of the network TREAT-NMD is the facilitation of clinical trials with promising new therapeutic agents. Key to the network's success is the close communication and concerted approach to questions like best practice guidelines and standards of care. TREAT-NMD forms a platform of specialists from all fields of neuromuscular diseases, including patient organisations which are involved in all major activities. Patients and patient organisations can pinpoint certain issues or practices within a clinical trial that don't seem to be important to researchers and physicians, but that are important for patient groups and may also identify concerns regarding the practical utility of proposed evaluation metrics.

Q: Will children living in countries where no clinical trial is running for their disease, be selected if their mutation is the correct one?

A: This depends on the individual trial protocol and is decided by the trial sponsor. Several factors would need to be taken into consideration: The health of the participant, the effort and cost of travelling to the closest clinical trial centre, the frequency of visits, burden of participation etc. Participation in a clinical trial is a complex assessment, often based on many factors beyond one's mutation, and therefore, participation in the registry does not guarantee participation in a trial.

Q: I have seen that a lot of work is going on in SMA, but whenever I tried to contact a doctor or researcher I do not get the proper response from them. I want you to open a sub office to my country Pakistan so I can help the poor as you are helping in your country not the world.

A: If you are working for a patient organisation or you are a specialist thinking of setting up a patient registry in a country where there is no TREAT-NMD registry or for a disease that TREAT-NMD doesn't yet address, please go to the TREAT-NMD website (www.treat-nmd.eu) where you can find all the relevant information. Most of these efforts face many of the same challenges that TREAT-NMD faced - such as legal and ethical framework, data protection, patient information and consent, professional involvement etc. By providing information about how we addressed some of these questions ourselves, we hope to facilitate and harmonise these efforts.

Q: How can researchers share the human resource and information most effectively where a patient is eligible for more than one clinical trial in order to reduce duplication of effort and make best use of a valuable human resource?

A: In the end, the patient and/or the patient's family make(s) the decision to participate in a clinical trial. Researchers interested in recruiting patients for a trial via the TREAT-NMD patient registries need the approval of the TREAT-NMD Global Database Oversight Committee. The Oversight Committee will decide if patients should be informed about their eligibility for a certain trial via the national patient registries. Individual national registries are then responsible for informing the families about the trial since the TREAT-NMD global registry does not have access to identifiable family information such as a name and address.

Q: TREAT-NMD has begun the formation of a European patient registry for rare, inherited neuromuscular disorders. How can individual patient organisations within Europe help to ensure this compilation of registries continues successfully 5 to 10 years from now?

A: Without question, one of the limiting factors of patient registry efforts is the uncertainty of long-term financial support. Patient organisations can support these projects through grant applications, by financial contributions, lobby work, communication and active participation. Some patient organisations even run patient registries that are part of TREAT-NMD.

Q: The 157th ENMC International Workshop on patient registries for rare, inherited muscular disorders talked about the importance of global harmonised patient registries. What progress has there been in the harmonisation of registration practices and content?

A: All TREAT-NMD patient registries adhere to the Registry Charter, which contains guidelines related to best practices for the national and global registries. The guidelines include third-party access to the data, data protection, patient consent and the responsibilities of the Oversight Committee. The Charter ensures a harmonised approach to questions relevant to all participating registries. All national registries participating in the global registry collect a harmonised core dataset. There has also been some harmonisation across different diseases regarding data items and registry practices.

Q: What can patient groups do to help this become a reality?

A: The support of patient organisations is a major motivation for the project. Representatives from patient organisations are involved in TREAT-NMD activities and participate in the TREAT-NMD Global Database Oversight Committee by sharing their perspectives and experiences.

Q: What would ENMC advise organisations of other conditions who are planning to create a similar registry to TREAT-NMD's?

A: We would recommend sharing information, to set up registries that 'talk' to each other. Furthermore, the following questions should be placed and continuously monitored, to make sure the registry is fulfilling expectations:

1. How easy is it for patients to register?
2. Are the national registries really available in the countries that are listed?
3. What type of aggregated information is then returned to patients? How easy is it for the patients to access information gathered by the registry?
4. Of course, the real test happens when a registry is used for recruitment. This would then open the door to other questions, such as if the registries are ready to proceed and how a registry should be set up to protect patients in the best way.

Q: Aside from the TREAT-NMD website, how is progress on the registry being communicated to the wider (SMA) community?

A: Progress on TREAT-NMD activities is communicated via the newsletter, press releases and through the national registries and their supporting patient organisations (apart from the website).

Q: Can patient groups be more proactive in communicating progress in specific areas and in the dissemination of any non-confidential meta-analysis of data?

A: It would surely be beneficial if the collaboration between patient organisations and national registries could be intensified on the national level in order to inform patients and their doctors about the progress made. National registries are welcome to disseminate anonymised analysis of their data.

Q: I have the feeling that whenever patient registries are discussed, everyone focuses on their use in the selection of patients for clinical trials. This is of course their primary purpose at the current stage of therapy development. But later on, when new treatments are actually being marketed, I presume the registries can also be used to inform patients that the new therapy might work for them. Is this true, and if so, isn't it something that should be mentioned more often so that patients realise it's worth signing up for the registries even if they don't get to take part in a trial?

A: This is absolutely true. Patients not interested in actually taking part in clinical trials are welcome to register with their respective national registry. Patient registries are also used as a tool to inform patients about current standards of care or to disseminate other information about their disease that might be of relevance to them, such as information on research or trial results.

It is important for families to also realise that even if they never participate in a clinical trial their pooled de-identified data is used to study their condition. A number of publications concerning the natural history, the history of ventilation use and others, have resulted from the use of de-identified data in which no participants were ever put into contact with the researcher. Patient registries also help investigators better assess the patient population on a variety of levels, from identifying the possible target population to helping identify where trial sites can best be located. Providing a unified patient community helps accelerate discoveries, by demonstrating a large contingent of patients attractive to investigators and providing general characteristics and data that are otherwise not broadly available.

Q: TREAT-NMD doesn't yet seem to have registries for all neuromuscular conditions. Is that the aim in future? I'd like to see a registry for FSHD, for example, and there are probably people like me with research interests in other conditions - do you provide anything for us?

A: The TREAT-NMD network is supporting the setup and harmonising patient registries in countries across Europe and is also linking with other national registry efforts worldwide. To begin with, TREAT-NMD focused on registries for DMD and SMA, but recently it has begun to assist in the setup of harmonised registries for other neuromuscular diseases as well, aiming at covering as many neuromuscular disorders as possible. An inventory list of registries can be found on the TREAT-NMD website. TREAT-NMD also welcomes contact from people interested in setting up other registries. FSHD is one of the most frequent muscular dystrophies in adults and is being included in TREAT-NMD programs for 2010.