Highlighting Clinical Trials | Muscle Invasive Bladder Cancer

Part IV: Questions & Answers

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BCAN Patient WEBINAR SERIES

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Question 1: Are clinical trials covered by insurance?

Rick Bangs: That's a great question. The answer is that, in general, we would expect the normal procedures as part of a clinical trial to be covered by the insurer. Then if there are incremental items, incremental steps, generally speaking, we would look for the trial price to do this to make sure that SWOG is picking up those costs either directly or indirectly through pharma or other vehicles.

But Dr. Singh or Dr. Black, who've faced off to a lot of patients, may want to embellish on that. I don't want to lose sight of the fact that there are co-payments and deductibles and those kind of things when I answer that question. Dr. Black or Dr. Singh, do you want to say something?

Dr. Singh: Yes, exactly what you said. When we see a patient in our clinic and we offer them a clinical trial, then an insurance approval person sends in a request to the insurance provider to see if they will cover the cost of the clinical trial.

Then they usually are able to get back to the patient with a number saying whether they would need to pay so much co-pay when they are coming in for the investigation, whether it is not covered or it is completely covered. Most of the clinical trials are covered through insurance, unless it is a contractual agreement between the institution and the insurance provider. I'm not sure how it goes in Canada. Peter, do you have any insights in Canada?

Dr. Black: Yes, no difference essentially. What usual care is paid for, whatever's extra has to be covered by the trial. But the worst the patient can pay for is parking.

Stephanie: That was the one main question specifically focused on clinical trials. The others were more related to muscle invasive disease. We'll save those for the very end if we have some time. Rick, I don't know if you want to start going through some of these facts versus the fiction, so that people have a better understanding of how this works.

Question 2: Are clinical trials just for people who have run out of options? Dr. Black, do you want to start with that one?

Dr. Black: Yes, that's a very good question to which I would answer an emphatic no. Ideally, we would have clinical trial options all along the treatment course, because it allows us to improve care continuously and it allows us to introduce new options for patients.

One of the things I tried to highlight in the trials I presented is how at different points along the way for each part of the treatment, there's the potential to do a clinical trial. Clearly, a patient having a radical cystectomy can just have the cystectomy the usual way with no trial, or we can build in a trial to ask questions. Can we enhance outcomes with an immunonutrition? Can we enhance outcomes with an extended no dissection, and all these different questions? It's very clearly not just for patients who've run out of options, but, ideally, would be for every patient.

Rick Bangs: Otherwise, we wouldn't get better.

Dr. Black: Yeah, exactly.

Question 3: Will I receive a placebo? Placebos are sometimes called sugar pills or they can be in the form of saline solutions or other things. Will I receive a placebo in a clinical trial?

Dr. Singh: This is a very, very important question, and many patients struggle with this because they feel that being on a clinical trial means that there is a possibility that they may get ineffective treatment with a sugar pill or a saline solution. But what patients need to understand is that there are different clinical trial designs. We call them phase one designs, phase two designs, phase three designs. Each design may have a different kind of a setting in which the clinical trial question has been asked.

When we are talking about having a placebo, it is usually a phase three design, where we are comparing the new treatment versus placebo, or where there is no treatment options, we are offering a placebo. But in an early phase trial like phase one and phase two, there is no placebo. You will always get the treatment which is being tested.

The question is usually different in phase one. Phase one, we are trying to look for safety. In phase two, we are looking for early signal of efficacy. In phase three, we are trying to compare it with standard of care to see if the treatment which we are offering, the new treatment is better than the standard of care.

In some places where there is no standard of care, then the investigators may offer placebo; although there is a general sense that we want to move away from placebo because it is difficult to enroll patients on a placebo trial. The trials which I showed you were both phase three trials, in which there is no standard immunotherapy against which we are comparing the immunotherapy, which we are adding to radiation.

Then the comparative patients are only getting chemo radiation, and in the investigational arm, we are adding immunotherapy to chemo radiation. Both group of patients will get the effective treatment, which is chemo radiation, and one group is getting an extra treatment of immunotherapy to see if adding that helps, and in the second trial, where we are looking at adding immunotherapy after removing the bladder.

In that clinical scenario, we usually do not offer any treatment. We wait to see if the patient's cancer occur and then treat them. Then there is no standard treatment in that space. The investigators could have chosen to give patients placebo and give the immunotherapy, but then they decided not to offer placebo, because there's a general sense that giving saline solution is more unethical as compared to just offering a sugar pill, because immunotherapy is an injection.

To compare that in a placebo would be an injection of saline solution. To ask a patient to come in to get a saline injection, we felt that it's unethical, so we decided not to give placebo in that clinical trial. But in some clinical trials where the treatment is a pill, there could be a sugar pill with no drug in it, especially in trials like migraine trial. It was highly publicized. Recently, there's a new medicine for migraines.

In that setting, they were offering a new medication in a sugar pill to see if the headaches respond. But in cancer-related situations, those scenarios are different. There's less likely that you'll get placebo. But, yes, there could be a design, which is usually a phase three design, where placebo is offered only because there is no standard of care in that space. I hope that answers the question.

Rick Bangs: Okay, I think so. Then I'm going to not ask the next question and just make a statement. What we've just said is you will never get treatment taken away from you by being in a clinical trial. If there's a treatment, you're going to get a treatment. The question is whether you'll get the new treatment or the existing treatment. That's what's going to happen in the trial. We're not going to give you placebo and take away an effective treatment. That would never happen.

Question 4: Can I select the treatment I prefer from the choices being tested in the trial?

Dr. Black: Generally, no. Most of these trials we're talking about we refer to as RCTs, randomized controlled trials. Randomization is critical, which means that the patient does not get to choose, but is assigned randomly to one or the other. There can be several arms.

This is done so that there's no bias between the groups. If patients were selecting themselves or if the physicians were selecting, you may end up with differences between the treatment groups at the end of the study. Then you don't know if treatment made the difference or whether it was the differences in the group. It could be things like gender, smoking behaviors, stage of the disease. All these different things may lead to different choices. We have to remove the choice from the trial to make it unbiased. They're rare exceptions, but for what we're talking about here, the patient is not allowed to choose.

Question 5: Won't a new treatment be better than an existing treatment?

Dr. Singh: Again, a good question, and I had alluded to this during my presentation, that why do we need to investigate as a clinical trial if we think immunotherapy is so good. It's because immunotherapy in that particular situation may add toxicity when we're combining or may add expense or burden of treatment.

A patient has to travel to come to the institution every three weeks, traveling hundreds of miles, and get the treatment for a year. That may be too burdensome. When we check the quality of life or we check for side effects or we check for the cost of the treatment, if they don't sit well with the incremental benefit we are observing, then we may not approve that treatment for their disease.

This all is tested in a clinical trial situation. Just because we know the drug works doesn't mean that it will work in that particular situation in which the patient is. We need to always test these ideas in a clinical trial.

Rick Bangs: Okay. Newer is not always better, and we do the clinical trial to figure out whether it is better or not.

Question 6: Can non-US, non-Canadian citizens living abroad enter these clinical trials?

Stephanie: Do you want to just comment briefly about some of the global trials that are going on? BCAN doesn't have those on our website because we're really focused on trials here in the United States and maybe some in Canada.

Rick Bangs: The short answer is that clinicaltrials.gov is global. Some of the trials that we've talked about on this call are outside the US. We know that they're in Canada, there may be some other SWOG sites that are in Latin America, for example. I don't think any of these trials that we're talking about are there, but sometimes trials that are driven by the National Cancer Institute fall outside the US.

But if you are from outside the US, then there are two options. One is to go to clinicaltrials.gov. The second is, as I've come to understand, most countries have their own clinical trials search engines that allow you to see the trials that are available in your location, so either clinicaltrials.gov or your country's version of clinical trials are good options for you.

Dr. Black: I think it is possible for non-US patients to come to the US and participate in trials.

Rick Bangs: True.

Dr. Black: But they'll often have to assume all the costs, so what is otherwise standard of care covered by insurance is paid for privately. Then the study drug or whatever, they can have. That is possible.

Question 7: My physician has not offered or did not offer a clinical trial. What should I do? Dr. Singh?

Dr. Singh: We need to understand that there is a cost which goes to the institution when they open a clinical trial. There are over 200,000 clinical trials listed on the clinicaltrial.gov website, but it doesn't mean that every institution can open all trials. Every institution, they look at the portfolio of the patients which they are seeing, and then they decide which group of patients are more in numbers so that they'll open that particular disease setting clinical trial.

Just to give you an example, if Mayo Clinic in Arizona see more breast cancer patients, then they'd like to open more breast cancer patient clinical trials, because they want to serve the population they're seeing. We know that we can't open all clinical trials. It's possible the institution that you're going for your care may not have a particular clinical trial, and so the physician may not offer you it to you.

In some situations where the institutions are very big, again, like Mayo Clinic, there are certain programs. For example, we have a phase one program. We have a GU-specific program. There could be overlap between two different groups, where there could be a trial in phase one where you could be

eligible, and I may not know about that trial because it's in phase one. One reason the physician has not offered it to you is that he may not know, or the other is that they may not have a clinical trial.

The best question, I think, is to ask your provider, "Do you have any clinical trials for me in this setting?" number one. "If you don't have it, do you know of any provider who may have it, or any guidance?" and they will gladly refer you to a nearby institution, or the institution they usually refer to for clinical trials, and help you connect with the provider in that institution. There could be some transportation hurdles, but I'm sure they'll be able to help you with that.

Stephanie: Okay. Excellent. Thank you. Rick, I'd like you to talk a little bit about your article.

Rick Bangs: Okay. This is an article that I co-authored with another SWOG patient advocate. It's about clinical trials and the things that the patient would look for that we would partner with folks like Dr. Singh or Dr. Black as we're designing a clinical trial. If you're interested in a copy, I can provide it to you. The email address is on the left side of the screen.

But it does talk about how and where patients find trials and how you would build clinical trials that would be of interest to patients. If people are interested in that process, by all means, reach out to me. I'm happy to share a copy of the article. I can't provide it broadly, but I can provide it if somebody reaches out to me and asks for a copy.