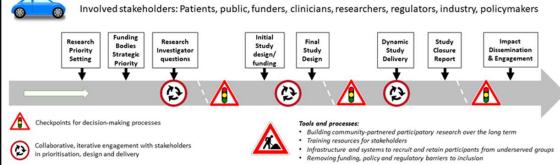


Representation in Trials: The NIHR INCLUDE Project





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Why bother making research inclusive?

• Three reasons:

- Research that doesn't reflect the population it seeks to help will not lead to improved healthcare
- Research that is not inclusive will not command the confidence of our patients or our colleagues
- Its morally the right thing to do



Is there a problem with research not being inclusive?

Yes. COVID highlights this!

- Example 1:
 - 50% of all COVID-19 trials were likely to exclude older people
 - 100% of all COVID-19 vaccine trials were likely to exclude older people
- Example 2:
 - People from BAME communities are often underrepresented in research
 - Yet their risk of severe COVID is much higher than age-matched white people
 - And at present we don't know the ethnic make-up of many COVID-19 trial populations

Letters

RESEARCH LETTER

The Exclusion of Older Persons From Vaccine and Treatment Trials for Coronavirus Disease 2019-Missing the Target

Older adults are at greatest risk of severe disease and death due to coronavirus disease 2019 (COVID-19), Globally, persons older than 65 years comprise 9% of the population, 1 yet account for 30% to 40% of cases and more than 80% of deaths.²

Unfortunately, there is a long history of exclusion of older adults from clinical trials. In response, the National Institutes of Health instituted the Inclusion Across the Lifespan policy, requiring the inclusion of older adults in clinical trials.³ Thus, we reviewed all COVID-19 treatment and vaccine trials on http:// www.clinicaltrials.gov to evaluate their risk for exclusion of older adults (≥65 years)

Each of the 847 clinical trials was abstracted by at least 1 trained research associate, with reliability checks of all ratings. Age exclusions were identified by viewing all of the eligibility and exclusionary criteria. Specific age exclusions were classified into 5-year catego-

+Supplemental content

ries from ages 55 to 80 years our focus was on exclusion of the 65 to 80 years age group

most affected by COVID-19. Informed consent was waived be cause all data were deidentified and came from previously pub lished studies.

Results | Table 1 identifies clinical trials by treatment with an exclusion by age. We found large variability in the age exclusions. Among the 847 trials, 195 (23%) included an age cut-off.

Commen

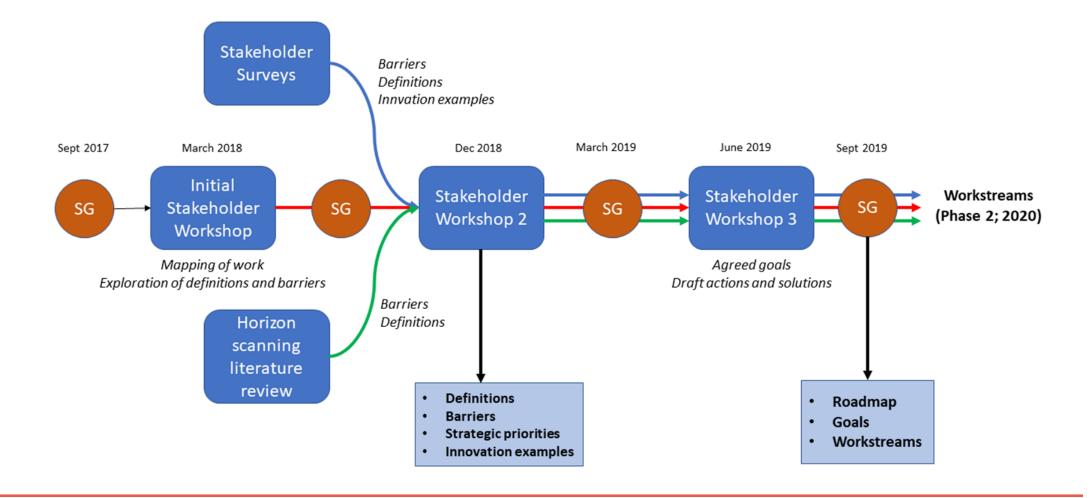
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COVID-19 and ethnicity: who will research results apply to?

The toll of COVID-19 is not equal. Evidence globally poorer long-term outcomes,¹⁶ but in a review of shows a greater COVID-19 burden with older age, 12 trials, the mean South Asian involvement was 5-5% data suggest that people from Black, Asian, and type 2 diabetes population.³⁶ Four of the 12 studies

Published Online male sex, obesity, comorbidities, and poverty.¹⁴ Early despite South Asians representing 11-2% of the UK south-6736(20)31380-5

Improving inclusion of under-served groups in clinical research: the NIHR INCLUDE project





INCLUDE roadmap for developing guidelines to improve inclusivity in clinical studies Witham et al. Trials (2020) 21:694

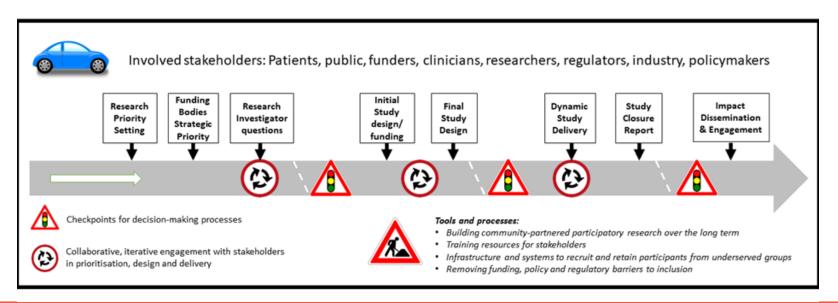
- Guidance needs to be context-specific
- Each region/community/condition/study • will need a different approach

https://doi.org/10.1186/s13063-020-04613-7

RESEARCH

Developing a roadmap to improve trial delivery for under-served groups: results from a UK multi-stakeholder process

Miles D. Witham^{1,2}, Eleanor Anderson¹, Camille Carroll³, Paul M. Dark⁴, Kim Down¹, Alistair S. Hall⁵, Joanna Knee⁶, Rebecca H. Maier⁷, Gail A. Mountain⁸, Gary Nestor¹, Laurie Oliva⁹, Sarah R. Prowse¹⁰, Amanda Tortice¹¹, James Wason^{12,13}, and Lvnn Rochester^{1,14*} On behalf of the INCLUDE writing group







Open Access

Trials

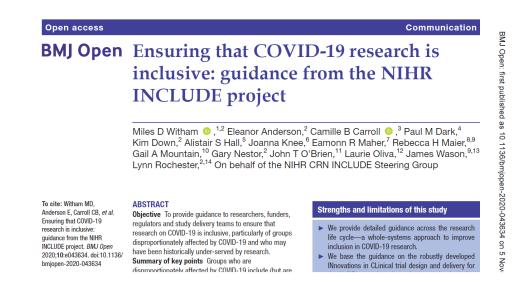
Applying the roadmap - COVID-19 as an example

- COVID-19 is not an equal opportunities disease
- It causes severe disease and death more often in certain groups:
 - Some BAME communities
 - Men
 - People living with obesity
 - People living with multimorbidity
 - Older people
- Research on COVID-19 therefore needs to include these groups but does not always do so
- COVID-19 is an exemplar of everything that the INCLUDE project is about
- Used the roadmap to develop context-specific guidance



COVID-19 guidance content

- Identifies who is at heightened risk from COVID-19
- Identifies groups likely to be under-served in COVID-19 research (e.g. those self-isolating, care home residents, BAME groups, those without a car)
- Then works through the research journey
- Finishes with three checklists for promoting inclusion of underserved groups:
 - For researcher designing studies
 - For funders and reviewers evaluating proposals and analyses
 - · For teams delivering research projects





https://www.nihr.ac.uk/documents/ensuring-that-covid-19-researchis-inclusive-guidance-from-the-nihr-crn-include-project/25441

What else is coming out of INCLUDE?

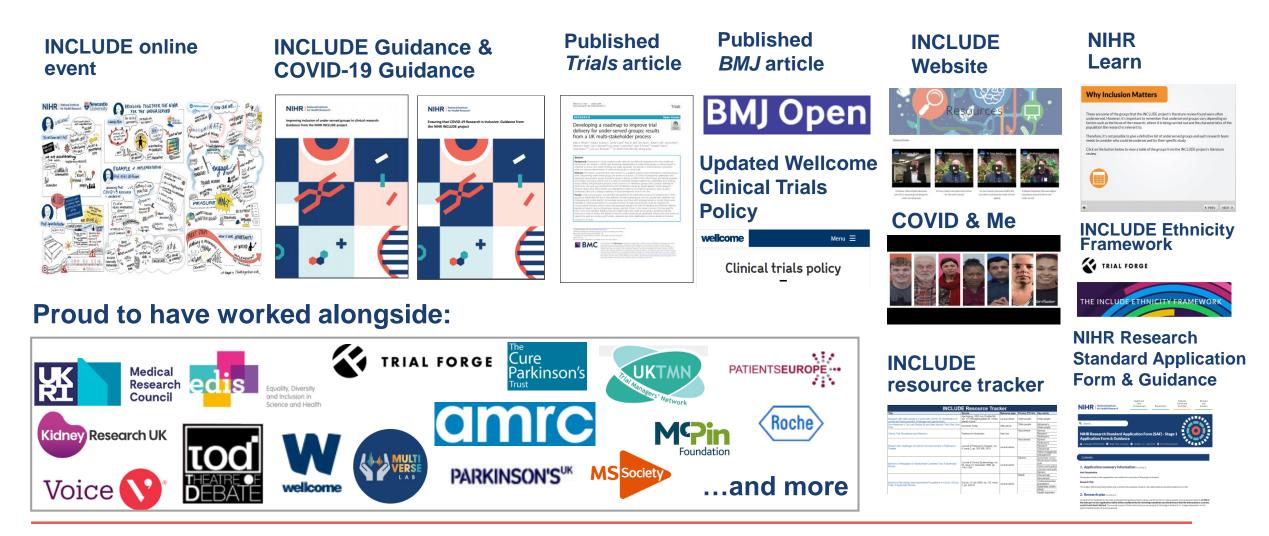
- General guidance
- Ethnicity framework
- Funders starting to change their what they ask researchers for
- Local context-specific approaches (NENC)
- Collection of data by NIHR CRN (driven by COVID)
- Guidance on inclusion of older people (in progress; out in 2021)





INCLUDE: Outputs & partnership working

"Better healthcare through more inclusive research"



NIHR National Institute for Health Research

INCLUDE Ethnicity Framework

- Developed via a UKRI/NIHR rapid response grant
- Resources for study designers, to be used in partnership with patients, public (and delivery teams)
- Examples of good practice

https://www.trialforge.org/trial-forge-centre/include/

 TRIAL FORGE
 ABOUT
 WHAT'S NEW?
 INCLUDE ETHNICITY FRAMEWORK
 RESC

 Principle 13 of the Declaration of Heisinki (Groups that are underrepresented in medical research should be provided appropriate access to participation in research.')
 Resc





https://www.trialforge.org/trial-forge-centre/include/

Tailoring to the needs of regions

- NENC CRN conference workshop 4th March 2020
- Key local under-served groups identified:
 - People who don't attend appointments
 - People who don't speak/read English
 - · People who are socioeconomically disadvantaged
 - People at extremes of age
- Others included:
 - People living with multimorbidity, mental health conditions, those who struggle to give informed consent, BAME communities, full time employment, low educational attainment, carers



Some final thoughts:

- The INCLUDE team can't do all of this alone
- Each trial, each delivery team, each community and each disease area needs to adapt the approach to meet its own needs
- We want to partner with different groups to help make this happen catalysis!
- Research teams, funders, regulators, delivery teams
- Like many things, COVID has acted as an accelerator for this work
- Starting to get traction
- Much to do, including the need for better tools to define when groups are under-served







Questions?

With thanks to NIHR CRN Cluster E staff, and all the stakeholders and steering group on the INCLUDE project

