Minutes of the MATURA Patient Advisory Group (MPAG) – Third meeting

Room: B02/B03, Heart Centre, Charterhouse Square (Basement seminar room)

Date and Time: Tuesday 9th February 2016, 1pm – 3pm

Attendees:
Zoe Ide (ZI), MPAG Chair
Dr Frances Humby (FH), Consultant Rheumatologist
Hannah Maltby (HM), Lay member of MPAG
Sonia Jeevanason (SJ), Lay member of MPAG
Eleanor Goddard (EG), Lay member of MPAG
John Game (JG), Lay member of MPAG
Caroline Wallis (CW), Lay member of MPAG
Lesley Cooke (LC), Lay member of MPAG
Professor Costantino Pitzalis (CP) (1pm – 1.10pm), MATURA Lead
Gaye Hadfield (GH) MATURA Project Manager WorkStream 1
Laura White (LW) EMR Clinical Trials Centre Manager
Elin Rees (ER) STRAP Clinical Trial Manager

Dial In:
Professor Anne Barton (AB), (1.20pm – 1.30pm), MATURA Co-Lead
Philip Bell (PB), Lay member of MPAG

Apologies:
Kanta Kumar, Nurse Specialist and Lecturer
Deborah Maskell, MATURA Project Manager WorkStream 2
Chris Wills, Lay member of MPAG
Simon Stones, Lay member of MPAG
Cameron Neil, Lay member of MPAG

---

1. **Welcome:**

   CP thanked MPAG for their continued support and reaffirmed that MATURA strives to have patients at the centre of all we do and is driven by a desire to improve patient care.

ZI welcomed everyone to the third MATURA Patient Advisory Group (MPAG) meeting and particularly thanked those who had travelled long distances, and those who were feeling unwell, for making the effort to attend. She introduced Gaye Hadfield the new Project Manager for Work Stream 1, Gaye is based at QMUL, London and joined the MATURA project in July 2015.

Round table introductions followed, it was noted that LC had a synovial biopsy for R4RA she described it as uncomfortable but not painful, SJ confirmed this had also been her experience of the procedure.

2. MATURA Updates:

Work Stream 1 is based at Queen Marys and is investigating synovial tissue biomarkers within the STRAP clinical trial, whilst Work Stream 2 is based in Manchester and is investigating genetic biomarkers from existing and new nationwide blood collections.

2.1 WS2 - Prof Anne Barton

AB joined the meeting by teleconference to update on progress for Work Stream 2, she reported the work is on track and the results of two studies should be available for the next MPAG meeting.

A. Rituximab

Plan is to collect 800 blood samples from patients treated with Rituximab at the start of treatment and 6 months later. Samples are being tested for genetic markers at Leeds University; it is possible that the results may help to select patients for treatment who are likely to respond to Rituximab.

B. Methotrexate

Several of the MATURA consortium partners have provided blood samples from patient cohorts. Leeds University is doing the analyses with Genome Wide Association Analyses (GWAS) being done at Manchester.

Anne explained that in addition to looking for the presence of genes they are also looking at whether the genes are expressed and whether there is a different pattern in patients who respond and those who don't respond. For example C-reactive protein (CRP) is coded by particular genes but they are expressed at different levels. The group will be looking at the level of expression of genes associated with RA in those who respond and those who don't, this includes looking 4 weeks after the start of treatment to see if we are able to predict response at an earlier stage (4 weeks) than we can currently so that patients get the right treatment for them as soon as possible.

PB asked about the naming of biologics, AB explained that the suffix -"mab" indicates the

product is a **m**onoclonal **a**nti**b**ody and "cept" indicates Mimics a re**cept**or.

AB confirmed that MPAG would be involved in reviewing and distributing lay summaries of these studies.

The group **discussed the problem of getting results of trials to patients who participated in trials.** It often takes years from patients participating to results being published. Patients forget the results will be on a website or which website and are often involved in more than one study and can't remember the details of each one. LW advised that as the central coordinating centre we don't hold names and addresses so are unable to write to patients with the results, it is the responsibility of the hospitals where the patients were recruited to disseminate results, but if there was a strong case for QMUL to communicate the results then we could get approvals to have patient names and addresses so that we could do this. No decision was made on this but it will be reviewed at future meetings. Action: GH to add to next agenda

SJ asked if we were any closer to a cure for RA. FH said we are much closer than we were 10 years ago for example if patients are treated aggressively in the pre-RA phase there is no disease progression. This led onto a discussion about the study PREVENT RA, family tracing is being used to identify people at risk of developing the disease. Several members reported that they were involved in the study but that family members were reluctant to participate because of

(1) Concerns about the potential impact on insurance policies
or
(2) Not wishing to know that they were at risk of RA.

Actions: FH to feedback issues to Mile End research team. ZI to alert NRAS to this issue

JB described the trial and error approach he had been through and he hoped he would not have to go through a similar experience for biologics but was concerned that if markers for treatment are identified that NICE may not support their use. FH confirmed that NICE could overrule, as their role is cost-effectiveness but that the guidance can always be challenged as new evidence is published.

ZI reported on her experience at the CCG, negotiating for patients in the STRAP study who are responding to Rituximab to be able to stay on this treatment. These discussions are challenging but this is an area where MPAG can provide support for hospitals in negotiating treatments for STRAP patients.
Action: GH to add this to a list of ways in which MPAG can support sites

SJ asked about B-cell transplants for RA, FH explained that this had been tried in juvenile RA but the high risks outweighed the benefits.

EG asked how patients could access trials not being run in their local area, FH advised that

they would need their GP to refer them for treatment to a hospital participating in the study and that most GPs were prepared to do this as the costs to them was no different and in fact if drugs are provided free-of-charge there would be cost savings. It was noted that this might mean additional travel for the patient.

JB asked if there was any potential for dogs to be used to identify when RA is developing, noting that they have been used to identify skin cancers. FH was not aware of any work in this area.

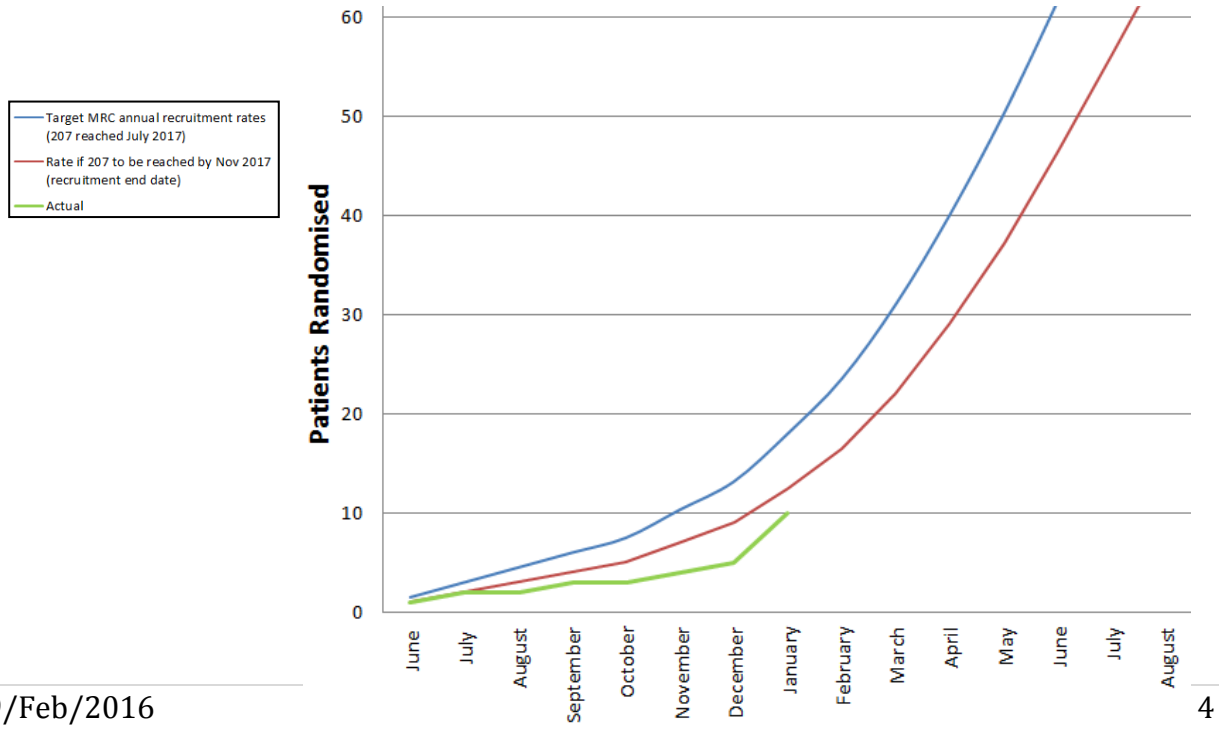
EG noted that biosimilars are now available at a lower cost than the branded products, £6,000 rather than £10,000 per year, and that this should impact on NICE assessments.

JB expressed frustration that NICE has a limited remit and therefore the full economic cost of effective treatment is not included in their assessments.

2.2 The STRAP clinical study: Elin Rees

Elin Rees, STRAP trial manager presented an overview of the STRAP trial and an update on its current status, 4 sites are open and 10 patient have been recruited, we are actively progressing opening a number of sites:

ACTUAL	June	July	August	September	October	November	December	January	Total
Mile End	1	1	0	1		1	0	4	8
UCL						0	0	0	0
Glasgow						0	1	1	2
Cardiff								0	0
Newcastle									



Open Sites		
London (Mile End)	Dr Stephen Kelly	Open - recruiting well
London (UCLH)	Prof Michael Ehrenstein	Open - not recruited since greenlight on 04-Nov-2015
Glasgow	Prof Iain McInnes	Open - recruiting well
Cardiff	Prof Ernest Choy	Open – no-one recruited since greenlight (19-Jan).
Sites in Setup		
Newcastle	Dr Arthur Pratt	Greenlight pending NHS Permission only
Oxford	Prof Peter Taylor	Greenlight was on hold until approval of the amendment (now received) so now moving forwards quickly
Birmingham	Prof Chris Buckley	SIV due 17-Feb-2015 and 22-Feb-2016
Leeds	Dr Maya Buch	SIV due 02-Mar-2016
Basildon	Nagui Gendi	Setup actively progressing.
Southampton	Christopher Edwards	Setup actively progressing.
Manchester	Pauline Ho	Setup actively progressing.
Liverpool	Robert Moots	Feasibility questionnaire not yet returned as waiting to hear back from aseptics about capacity.
Salisbury	Richard Smith	Dr Richard Smith needs Bx training (March/April). Minor issues with feasibility questionnaire and understanding of requirements.
KCL/GSTT	Andy Cope/Nora Ng	On hold pending THERAPIST SIV on 19th Feb and estimated recruitment end 31st August. Will start setup to aim for STRAP greenlight on 31st August.
Bath	Tim Jenkinson	Deepak Jadon has moved to Cambridge. R&D contact said STRAP setup was on hold due to lack of capacity.
Coventry	Shirish Dubey	No research support. Will be in touch when they do.
Southend	Bhaskar Dasgupta	Requested time from a Research Fellow as interviews failed.
Homerton	Clare Gorman	Can't do biopsies - want them done at Mile End.

CW asked what happened to patients at the end of the 48 week treatment period. FH explained that those on rituximab, and those not taking methotrexate, are not on the standard NICE pathways and treatments will need to be negotiated locally with CCGs as described above by ZI. The patient information sheet specifies that patients might not be able to stay on rituximab.

It was pointed out t that having to be prescribed particular drugs leads patients to take prescriptions home but not use them and this is a complete waste of money driven by NICE guidance.

Patients on STRAP visit every 4 weeks for 48 weeks, appointments take about half an hour.

LC asked if an audio version of the patient information sheet could be made available for the visually impaired and those who prefer listening rather than reading the documents.
ZI said that if hospitals requested particular forms of information we would do our best to provide them.

2.3 EPIC RA: Gaye Hadfield

Gaye Hadfield presented the slides prepared by Kanta Kumar for the scientific symposium.

The qualitative research (focus groups which were attended by several members of MPAG) had identified 5 themes that will be used in developing the discreet choice questionnaire:

(1) Perceptions surrounding the use of synovial biopsy and blood tests

(2) Perceptions surrounding the use of synovial biopsy vs blood test
(3) Utility of test to manage expectations: positives and negatives of accuracy
(4) The stages of illness on decision making for predictive testing
(5) Understanding the predictive tests in clinic: the importance of information

Kanta has submitted an abstract to EULAR and a paper is in progress, she will draft a lay summary of the paper for review by MPAG.

The next step will be the development of the discreet choice questionnaire which will be used to survey the views of a large number of RA patients on the application of stratified medicines, MPAG will be involved in promoting the study.

3.0 MPAG plans : Zoe Ide

ZI led a discussion on ways of supporting hospitals involved in the STRAP trial. The aim is to ensure that as many patients as possible have an understanding of stratified medicines and an awareness of the trials. A tailored approach was proposed, matching support with the needs of the individual sites.

ZI had introduced MPAG to the principal investigators from the sites at the symposium and ER advised that she would update as each site opened to recruitment.

EG would like to have practical guidance on how this would be done. Action ZI/GH to produce guidance notes

The best person at each site for MPAG to contact will be identified by ER in her communications during site set-up. This is likely to be one of the research nurses who is involved in PPI. Action ER

Materials we could provide include
1. TV screen information about the trial for clinic waiting rooms.
2. NRAS news item publicising the trial – website and subscriber e-mail distribution list
3. Posters and leaflets for trial sites
4. Presentations describing the trial to patient groups/hospital user groups/local NRAS groups
5. Trial newsletters aimed at patients to be published on charity websites, MATURA website etc.

Actions: ER to determine what approvals are required by ethics for each of these. GH to draft documents for MPAG review.

It was noted that patients are now encouraged to ask about trials that they might be suitable

for. Action GH to forward information on the 'OK to ask' campaign

4. **Review of MPAG website : ZI**

The website has been updated, ZI requested that everyone has a look and gives feedback. ACTION : All

Next meeting: to be confirmed (3-4 months notice requested) Action GH

Action Log

- FH to feedback issues with recruitment to RA PREVENT to Mile End research team
- ZI to alert NRAS to patients concerns re: insurance and diagnosis of being at risk of RA
- GH to ensure future agendas cover feedback of study results
- GH/ZI to compile a list of ways MPAG can support STRAP sites including guidance on how to do this
- ER to identify the best PPI contact at each site.
- ER to determine what approvals are required by ethics for documents to support STRAP
- GH to draft documents to support STRAP for MPAG review.
- GH to forward information on the 'OK to ask' campaign
- MPAG members to provide feedback and suggestions for PPI section of MATURA website.
- GH to arrange a date for the next meeting