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

Room: G.07 Joseph Rotblat, Charterhouse Square, QMUL, London

Date and Time: Monday 24th April 2017 2pm-4pm

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
Lesley Cooke (LC), Lay member of MPAG
Caroline Vass (CV), Research Fellow (part-time by V/C)
Mike Barnes (MB), Reader in Bioinformatics, QMUL
Charlotte Austin (CA), Research Involvement Officer, Arthritis Research UK
Deborah Maskell (DM), MATURA Project Manager WorkStream 2
Gaye Hadfield (GH) MATURA Project Manager WorkStream 1
Elin Rees (ER) STRAP Clinical Trial Manager

Apologies:
Professor Costantino Pitzalis, MATURA Lead
Professor Anne Barton, MATURA Co-Lead
Caroline Wallis, Lay member of MPAG
Simon Stones, Lay member of MPAG
Chris Wills, Lay member of MPAG
Cameron Neil, Lay member of MPAG
Philip Bell, Lay member of MPAG
Laura White, EMR Clinical Trials Centre Manager

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1. Welcome:

Zoe welcomed everyone to the fifth MATURA Patient Advisory Group (MPAG) meeting and thanked them for attending. Apologies were noted. There were no comments on the minutes of the previous meeting.

2. MATURA Updates:

2.1 MATURA Discrete Choice Experiment: Caroline Vass

DCE: Caroline Vass joined meeting via videolink

Link to Discrete Choice Experiment survey circulated to MPAG prior to meeting.

Caroline is a Health Economist at University of Manchester, she is interested in peoples' preferences and how they value different health care goods and services. They are working on a Swedish based project called Mind the Risk. This is trying to understand how people (with RA, general public and clinicians) feel about the potential of the new stratified approach for prescribing treatments for RA, particularly in understanding how good the stratification would have to be before people would choose it over standard/conventional treatment regimes.

Developed survey, split in to 3 parts.

1. Explaining what RA is – how a new stratified approach using a biologic calculator could help direct you to the best treatment option for you.
2. Asking how you might choose in hypothetical situations which enable you to trade off the new approaches with conventional choices in treatment decisions.
3. Asking about peoples differing personal situations as they complete the survey.

Requesting feedback from MPAG:

Comments made:

- Quite straight forward, took a while to understand the treatment choices (positive and negative predictive values). Took about 30 minutes. Could do with being quicker at the first stage, but also allow to have a rest and not have to do the whole lot in one go.

  CV response: following others feedback has asked the company developing the software if people can stop and re start at the same place to have a rest.

- Got quite tired so started making it up half way through. Need the re-start option – especially as her hands were hurting (patient with RA). Also, the calculating probability was too complex.
- Easy to get distracted during it, so need the pause option. Perhaps add a question about how the questions are being asked. Graphics could be better.
- Possibly add "don't understand the question" option?

CV response: we don't want to give an option to opt out as they get paid them and then don't get any data.

- Suggested perhaps asking a few questions first then give option to exit before the survey proper.
- Perhaps leave it with the group for a bit longer so people can trail it and feedback.

CV left the VC, but discussion continued:

- Survey quite long
- Need a long attention span time

Consensus:

- Definitely need option of coming out and going back in again.
- Quite long
- Quiet complex in places.
- Might want to ask where people are in their disease as well.
- Need classifier perhaps needed at the beginning on the level of involvement the respondents think they should have – a) patients who want to be led by clinicians and not interested particularly in being involved in their own regime decisions (leads to a shorter survey) and b) patients who read up about their condition and want to be involved in the diagnosis and treatment decision processes (leads to a longer survey).

ACTION: DM to send CV recording of discussions.

2.2 TransMART

Mike Barnes, Bioinformatician, joined the meeting and described the computer systems being used to collect and analyse data in the MATURA consortium.

Data is being used to help define 'Endotypes': in the clinic RA patients may present with the same symptoms, so on the outside they look the same but the underlying cause of the disease can be different and these are 'endotypes' so it's what's on the inside rather than what's on the outside that we are trying to stratify.

MATURA is looking at biologic treatments for RA and Mike's team are working on a range of inflammatory diseases –RA, Psoriasis, Juvenile Idiopathic Arthritis, Lupus. They are very similar in disease features and treatments, and often run in families. Biologic drugs have improved treatment options but the problem is that the efficacy ranges from 40-60%, the ultimate aim is to get to 100% efficacy in the different groups of patients by using targeted treatments.

Mike's team are involved in 4 MRC consortia

i. RA-MAP - to better understand the disease process in RA
ii. MATURA
iii. PSORT – psoriasis
iv. Masterplans – Lupus

Consortia ii, iii & iv are looking at biologics and endotypes to improve biologic treatment for patients.

The example of using Rituximab in patients with B-cells was cited (and this is what we are studying in the STRAP trial) but most endotypes are not well defined so we don't know which treatment will work best and the consortia are working on unravelling this.

Using 'omics' to look at this in layers – genes, DNA for:

1. Disease endotype
2. Drug endotype
3. Response biomarkers

The project is using large quantities of complex data (hundreds of thousands of pieces of data) so it needs bringing together in one place in a way we can understand and apply. Mike compared the data 'packaging' to shipping-containers which are a global standard for moving goods around the world on any type of transport. He is doing the same thing with data in a tool called TranSMART, it was developed by Janssen and is now used by many drug companies. Janssen have made TranSMART available free-of-charge and we are using it for MATURA.

It's important that the teams are using the same systems across the 4 different projects so the results can be brought together.

The power and speed of TranSMART was demonstrated by providing live statistics on differences in demographics (sex, height, weight) and clinical data (disease activity scores) for a large group of RA patients.

Mike confirmed that the system is password protected and access is given to researchers working on MATURA.

He explained that there are many different types of cells in the synovial tissue and blood that are being examined, not just B-cells.

Sonia asked about treatments for children, Mile explained that they are generally the same but used at lower doses. Juvenile Arthritis has different clinical presentations and these may match with different endotypes, the data may help to determine whether Juvenile Arthritis is a different from adult forms of RA.

Data will ultimately be shared across the different consortia and TranSMART facilitates sharing as researchers can analyse in the system without data being downloaded.

2.3 The STRAP clinical study – Elin Rees

The aims of the study were recapped: synovial tissue is collected by ultrasound technique and then analysed for different cell types to determine whether can joint tissue be used to classify patients for biologic treatment.

There has been good progress with 81 patients recruited (out of a target of 207) and 16 hospitals open to recruitment. The average monthly recruitment rate continues to increase and is now approaching 6 per month. Patients attend every month for a year and we are getting excellent attendance rates (98%). A large sample and data collection is being generated which will be extremely useful for analyses on treatment effectiveness. Despite all the progress the study is behind the target of 207 needed by November 2017 and a request is being submitted to the MRC for a further 12-month extension to the recruitment period. If approved, this would extend recruitment to November 2018, the study would end a year later (Nov 2019) and the results would be published in 2020. Letters of support for the extension have been provided by many MATURA stakeholders including MPAG and NRAS.

Strategies for improving recruitment include:

- Involving hospitals that are unable to perform the biopsies by partnering them with experienced centres.
- Encouraging patient engagement in research by providing more information
- Increasing awareness of the potential for stratified medicines – leaflets, videos and talks.

An article on stratified medicine is in the Spring edition of the NRAS magazine, this includes quotes from MPAG members.

The reasons for patients not wishing to participate in the study were reviewed, a small number (5) were unwilling to have a biopsy but the most frequent reason for declining (15 patients) was that they were unable to commit to the monthly visits. Travel was also an issue for some patients, the STRAP study involves a total of 15 visits.

The team have reviewed whether the number of visits could be reduced. The primary endpoint for the study is at 16 weeks, this is when the effectiveness of treatment is assessed. One option could be that patients given the option of committing for 4 months rather than 12. Elin asked if this might make a significant difference to uptake. Zoe advised that often it depends on what people already have in their diary and this is unpredictable, in addition for people who are working a sympathetic employer is needed, or to be able to take time off for the self-employed. The day of the week appointments are offered tends to be fixed and this also reduces flexibility for patients. All of these factors reduces the pool of patients available, but it is noticeable that the patients who have participated have adhered to the study visits.

Zoe asked what number visits are required to answer the research question. Fran advised that monthly reviews are optimal. Eleanor suggested that GP visits might be preferable for patients but because the blood samples are needed at the research laboratory this wouldn’t be feasible.

The option of patients being ‘allowed’ to miss a small number of visits was proposed but as this could impact on data quality it was not considered further.

The logistics are particularly difficult for some patients e.g. those caring for children or on zero-hours contracts.

It was noted that a 12-month extension would solve the issue of slow recruitment and that this would be the best way forward.

Members commented that when they had been unwell they welcomed the opportunity to be involved in research as the regular visits and access to the research team provided reassurance. The positive aspects of being involved in research are often undersold.

Action: GH to identify materials that describe the advantages for patients of taking part in research and consider adding such a section to the next patient video

The majority of STRAP sites are displaying posters members and several sites now have the leaflets on Stratified Medicines and 'OK to ask''', the study trial monitors who visit the sites regularly to review data accuracy, are distributing the leaflets to sites not displaying them in clinics.

The video of a patient talking about having a biopsy has been reviewed by the group, feedback was positive but the group expressed a preference for the questions to be verbal rather than as text in the video. It was noted that different formats appeal to different generations. Elin confirmed that there will be more videos so there is an opportunity to change formats.

The group discussed the use of social media for disseminating information on stratified medicines. It was agreed that the ideal would be to set-up a MATURA twitter account and to get organisations with a large following e.g. NRAS, ARUK, MRC, BRS, EULAR to re-tweet items. The North West London LCRN tweet a study a day – could we get relevant LCRNs to tweet for STRAP?

Other formats to consider are FaceBook and Linkedin.

Action: DM & GH to investigate use of social media

Eleanor advised that she has problems viewing the MATURA website on mobile devices and requested that the website be revised to account for the number of people using this technology.

Action: DM & GH to include mobile device compatible in website updates

Eleanor informed the group of an NRAS meeting coming up in Leeds, this is a potential event for distribution of leaflets.

STRAP poster – suggested that this should be softened, ideas on how to improve it are welcome. Action: All

Zoe asked if there is a correlation between requests for materials and recruitment rates. Elin advised that there is an element of this but some very research active sites already have materials available and very efficient screening systems in place.

The possibility of including leaflets in appointment letters was discussed, the logistics of this varies between Trusts, so the current emphasis is on ensuring materials are available in clinics.

3.0 Arthritis Research UK grant update

An application to ARUK was made in July to fund the MPAG and patient engagement activities, we heard in October that we had secured £12,000 of ring-fenced funding but remuneration of volunteers' time (MPAG members) could not be support at this time by ARUK.

The application was reviewed and good progress has been made against the objectives, particularly providing materials for engagement of patients in stratified medicines.

We need to get more hospitals to organise engagement events

Visits to laboratories was also considered to increase involvement in the research. Maggie Flak has proposed organising informal lab visits combined with a social event (BBQ). Professors Pitzalis and Perretti are both involved and a date of 27th July has been identified, it will run from 3-6pm. Young researchers will be ambassadors leading groups of 10-15 patients around the facilities and demonstrate e.g. microscopy, there will also be games and an ARUK stand of devices that patients with arthritis may find useful. Zoe asked about the 'suit' that can be worn to simulate the experience of living with arthritis, Charlotte knows of gloves that can be worn to do this, she agreed to be the contact at ARUK for the event. An MPAG stand will be included.

Action ALL: Add 3-6 pm 27th of July to your diary

Slides for engagement events to be circulated to MPAG members. Action GH

4.a Website:

The site needs a general update – Action GH/DM

Improvements suggested including links to:

- MATURA news
- Latest updates on the STRAP study
- Published papers

The ARUK funding includes a budget for website updates/Improvements.

4b New MPAG members

Zoe asked for ideas on how we could identify new members for the group, she has asked STRAP sites for nominations and could ask NRAS. Eleanor suggested putting it on the NRAS Facebook page was there something else?

Zoe noted that being able to attend meetings restricts membership. Deborah asked about using Zoom for the MPAG meetings but Eleanor thought this would reduce the level of input as people are more prone to distraction if they are not physically at the meeting.

Next meeting: The date of the next meeting has now been confirmed for 2-4 pm Monday the 13th November 2017 at Charterhouse Square, QMUL (meeting room to be confirmed). Refreshments will be available from 1.30.