An invitation to attend

The 1st StaR Child Health Summit

‘Reaching for the Stars’

Amsterdam, 26 and 27 October 2009

Who should attend?

Anyone involved in the design, conduct and reporting of child health clinical trials, and wanting to improve the quality and safety of these trials. This includes child health care providers, researchers, research nurses, regulators, industry, medical journal editors, funders of research, policy makers.

(Rijksmuseum-Amsterdam, G. Metsu - The Sick Child)

Why this Summit?

Children cannot advocate for themselves. It is imperative that child health providers can ensure care based on the highest quality of evidence. Randomized controlled trials and meta-analyses of trials provide the best evidence for treatment questions. Often such evidence, particularly for children, is either nonexistent or not done to the highest standard.

This conference will highlight **key methodological challenges in producing the best clinical research** and identify a process for improvement. It will bring together international leaders working on these issues with current pediatric research networks. It will be an incredible opportunity for anyone who is interested in the **design, conduct or reporting of clinical research in children**. The goal is to develop **globally applicable standards** to ensure high quality and ethically sound research on interventions for children in all settings.

Topics addressed

- Are children really different from adults?
- Are different standards for research needed? Isn’t CONSORT enough?
- How do we determine safety for new interventions?
- How do we determine the optimal drug dose in a trial?
- Is it appropriate to conduct drug trials in children from developing countries?
- How do we avoid bias in pediatric drug trials?
- Can we use placebo or should we compare to (off label) “active” control treatment?
- How do you determine whether a trial is relevant to your patient?
- How do we account for wide gaps in development and physiology across the child continuum?
  What if we need to study both newborns and teenagers?
- How do we inform children and their families about a trial? How do we effectively recruit children and their families?
- Is informed consent needed in critically ill patients? What do we do in emergency situations where the intervention needs to be administered before we can obtain consent from a legal guardian?
- What roles should *Data Monitoring Committees* play?
- What are the most appropriate clinical outcomes for a given trial?

Register at www.starchildhealth.org

Keynote Speakers

Dr Richard Horton
Editor, Lancet
London, UK

Dr Agnès Saint Raymond
Head of Sector Scientific Advice and Orphan Drugs
Paediatric Medicinal Products, EMEA
London, UK

Dr Sue Hill
Scientist at Medicines, Access and Rational Use,
Essential Medicines and Pharmaceutical Policies,
World Health Organization WHO
Geneva, Switzerland

Sir Iain Chalmers
Health services researcher
Co-founder of the Cochrane Collaboration
Editor of the James Lind Initiative
Oxford, UK

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7 Workshops: Cutting Edge Developments

1. Interim and sequential analyses and roles of data monitoring committees, *by Doug Altman & Hanneke van der Lee*

When designing a trial it is important to have sufficient children enrolled so that at the end we can trust our conclusions. On the other hand, we do not want to continue randomizing children, and this way withholding the "best possible treatment" to those allocated to the "inferior intervention" when enough information has been gathered to decide which of the interventions under study is superior. Interim and sequential analyses can help deciding when the amount of information is sufficient to trust the conclusions. Independent Data Monitoring Committees play a crucial role in the performance and interpretation of interim and sequential analyses. In this interactive workshop we will discuss these topics based on real life examples.

2. Bias in Pediatric Trials, *by David Moher, Lisa Hartling & Terry Klassen*

Textbooks, articles, and guidelines have been developed to help minimize the influence of bias in the design, conduct and reporting of randomised controlled trials (RCTs). Reports of trials with a high risk of bias can result in incorrect conclusions about treatment effects. Assessing the risk of bias in trials is an evolving field. Evaluations of pediatric trials have shown the majority of these trials to be at high risk of bias. In this workshop, we will discuss the latest evidence around key components affecting bias within the pediatric context.

3. Standardising Outcomes in pediatric trials, *by Paula Williamson & Ian Sinha*

The selection of outcomes for RCTs can be complex, because diseases and treatments can affect patients in a variety of ways. Even in methodologically sound RCTs, heterogeneous definitions of resolution criteria, outcome selection, and grading systems limits the validity of results. Standardising outcomes across clinical trials of any particular condition increases the likelihood that appropriate outcomes are measured, makes it easier to interpret, compare, and synthesise results of RCTs, and reduces the risk of outcome reporting bias (1). This workshop will comprise a mixture of presentations and participant discussion. Examples of non-uniform measurement of outcomes, problems this causes, and work which has been conducted to standardise outcomes, will be presented. Group work will include the sharing of participants' experiences of problems of non-uniform outcome selection, and discussion of how to involve clinicians, researchers, reviewers, patients and consumers in standardising outcome measurement and reporting.

4. Developmental pharmacological aspects of pediatric clinical trials, *by John van den Anker*

The absorption, distribution, metabolism and excretion of drugs are often different in children than in adults. This means that the exposure to the drug and its effects - beneficial as well as adverse - may be very different in children. Moreover, there are considerable differences between age groups, cf. (premature) neonates, toddlers and adolescents. There is still insufficient knowledge about pharmacokinetics and pharmacodynamics of many drugs in the pediatric population. In this workshop we will discuss how to incorporate these aspects in pediatric drug trials.

5. Effective Recruitment Strategies for Pediatric Trials, *by Patrina Caldwell & Martin Offringa*

Recruitment of children to clinical trials can be problematic. The decision to participate in a trial is influenced by several factors: parental factors (beliefs, knowledge), child factors (condition, child's choices), trial factors (types of trials, use of placebo or other comparators, specific trial requirements) and doctor factors (treatment preferences, doctor's influences on parental consent). Children's participation in trials can be enhanced by improving communication, education and improving the risk-benefit ratio.

6. Newest Regulatory Developments at EMEA & FDA, *by Agnès Saint Raymond*

In the US, legislation on pediatric drug research has gradually been introduced since 1997. First, the Food and Drug Administration Modernization Act (FDAMA) provided financial incentives, by the Pediatric Exclusivity Provision. In 1998 the Pediatric Rule was introduced. In Europe the "Regulation of the European Parliament and of the Council on Medicinal Products for Paediatric Use" was introduced in 2007. EMEA now requires the approval of a pediatric investigation plan (PIP) for every application for a new therapeutic agent. Because EMEA also regulates drug research in Australasia (excluding Japan) and other parts of the world, these regulations have widespread implications.

7. Pediatric drug trials, prospective meta-analysis and individual patient data meta-analysis, *by Lisa Askie*

Systematic reviews and meta-analyses are essential tools to make efficient use of all information gathered in clinical trials. However, they are often hampered by limitations in the published data. To overcome those limitations, a meta-analysis based on individual patient data instead of aggregate data can be conducted. This approach improves the quality of the data substantially, and allows for more flexible analysis of both subgroups and outcomes. If the number of eligible patients is limited, a prospective meta-analysis can be a way to generate essential knowledge about the effectiveness of an intervention without the complications of running a multi-center trial.

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Programme

Day 1 - Monday 26 October 2009:

"Tools to Improve the Quality and Safety of Trials in Children"

Time	Event	For whom?
9.00 – 13.00	Meetings of *Standard Development Groups:* progress reports and future plans	STaR Child Health Standard conveners and their teams
13.00 -14.00	Lunch	
14.00 – 17.00	Opening – Chairs **Terry Klassen & Martin Offringa**	All participants
	Panel discussion with Conveners of Standard Development Groups	All participants
	Speaker ***Agnès Saint Raymond*****,** EMEA, London, UK	All participants
17.00 -	Closing & Social Event	All participants

Day 2 - Tuesday 27 October 2009:

"New Developments in Design, Conduct and Analysis" & 2nd Annual Meeting MCRN

Time	Event	For whom?
9.00 – 9.15	Welcome – Chair **Jonathan Craig**	All participants
9.15 - 10.00	Keynote speaker ***Richard Horton***, Lancet, London, UK	All participants
10.00 – 12.00	Workshops (part 1)	All participants - choice of workshop at online registration
	1. Interim and Sequential Analyses & Roles of Data Monitoring Committees **Doug Altman, Hanneke van der Lee**	
	2. Bias in Pediatric Trials **David Moher, Lisa Hartling & Terry Klassen**	
	3. Standardising Outcomes in Trials **Paula Williamson & Ian Sinha**	
	4. Developmental Pharmacological Aspects of Pediatric Clinical Trials **John van den Anker**	
	5. Effective Recruitment Strategies for Pediatric Trials **Patrina Caldwell & Martin Offringa**	
	6. Newest Regulatory Developments at EMEA & FDA **Agnès Saint Raymond**	
	7. Pediatric Drug Trials, Prospective Meta Analysis and Individual Patient Data Meta Analysis **Lisa Askie**	
12.00 – 13.00	Lunch	All participants
12.00 – 13.00	Dutch MCRN lunch meeting	MCRN participants
13.00 – 13.30	Chair **Ros Smyth** Speaker ***Sue Hill***, WHO, Geneva, Switzerland	All participants
13.30 – 14.00	Summary of the meeting of the Standard Development Groups	All participants
14.00 – 16.00	Workshops (part 2) repeat morning workshops	All participants - choice of workshop at online registration
16.00 – 17.00	Chair **Martin Offringa** Keynote Speaker ***Iain Chalmers****,* James Lind Initiative, Oxford, UK	All participants
17.00 -	Closing	All participants

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