MULTI-REGIONAL CLINICAL TRIALS

THE MRCT CENTER OF BRIGHAM AND WOMEN'S HOSPITAL and HARVARD

Creating and Sharing Plain Language Summaries

One Team's Experience

10/17/2024

Welcome!

Thank you for joining this webinar today!

Tips for today's session

- Use the Q&A for your questions – we will do our best to answer live.
- Feel free to use the Closed Captioning available on the Zoom toolbar.
- Most of the links in our presentations will be shared in the Chat.

The recording, slides, and any additional materials will be available next week.

Disclaimers

The opinions contained are those of the speakers and are not intended to represent the position of Brigham and Women's Hospital, Harvard University, or any other entity.

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We are committed to autonomy in our research and to transparency in our relationships. The MRCT Center—and its directors—retain responsibility and final control of the content of any products, results, and deliverables.

Session Overview

- Welcome and Introductions
- Presentations:
  - MRCT Center’s Health Literacy and Return of Results Efforts
  - Dana Farber/Harvard Cancer Center's Breast Oncology PLS Process
- Moderated discussion and Q&A
- Wrap up and thank you.

Meet the Speakers

Timothy Erick, PhD
Senior Science Writer

Breast Oncology Program

Dana Farber/Harvard Cancer Center

Christine McLaughlin
Patient Research Advocate

Breast Cancer Research Advocacy Group

Dana Farber/Harvard Cancer Center

Paula Steeves
Co-Lead Advocate

Breast Cancer Research Advocacy Group

Dana Farber/Harvard Cancer Center

Moderated by:

Sylvia Baedorf Kassis, MPH
Program Director

MRCT Center

The MRCT Center

The MRCT Center is a research and policy center focused on addressing the conduct, oversight, ethics, and regulatory environment of clinical trials.

Our Vision

Improve the integrity, safety, and rigor of global clinical trials.

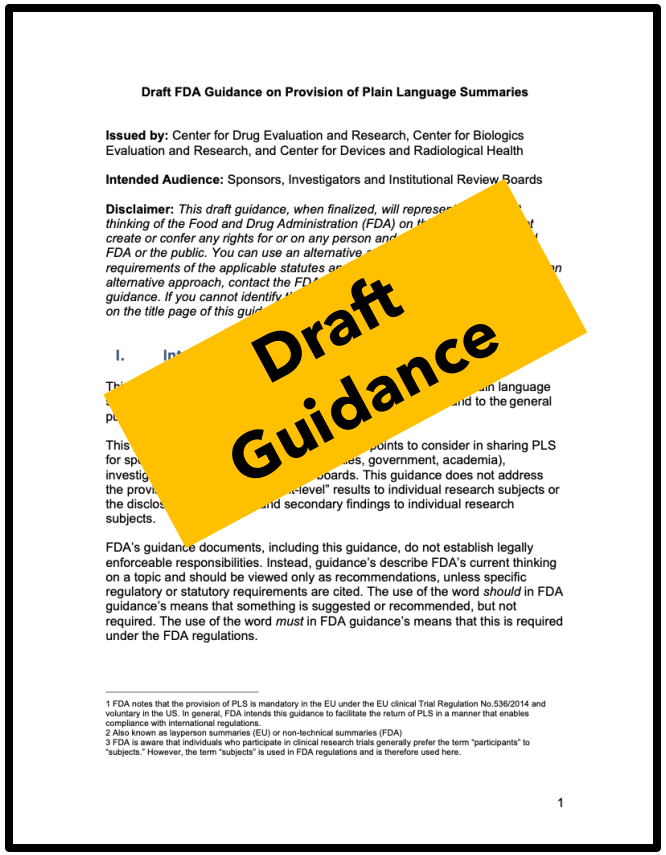
Our Mission

Engage diverse stakeholders to define emerging issues in global clinical trials and to create and implement ethical, actionable, and practical solutions.

www.mrctcenter.org

Health Literacy and Returning Results

MRCT Center Guidance and Toolkit

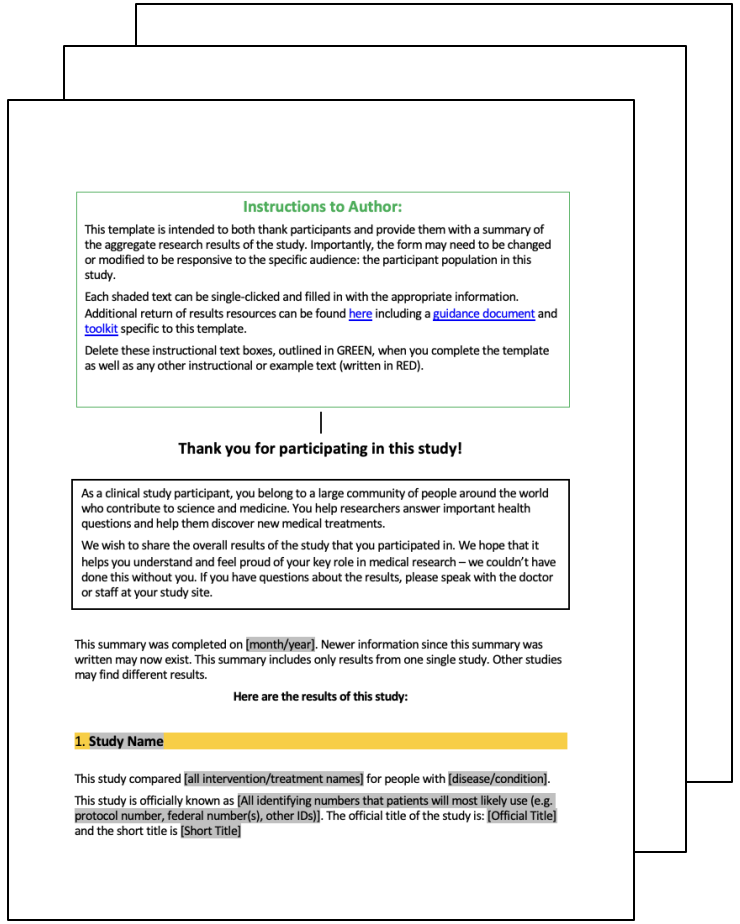


MRCT Center-authored draft FDA Guidance

https://mrctcenter.org/project/aggregate-results/

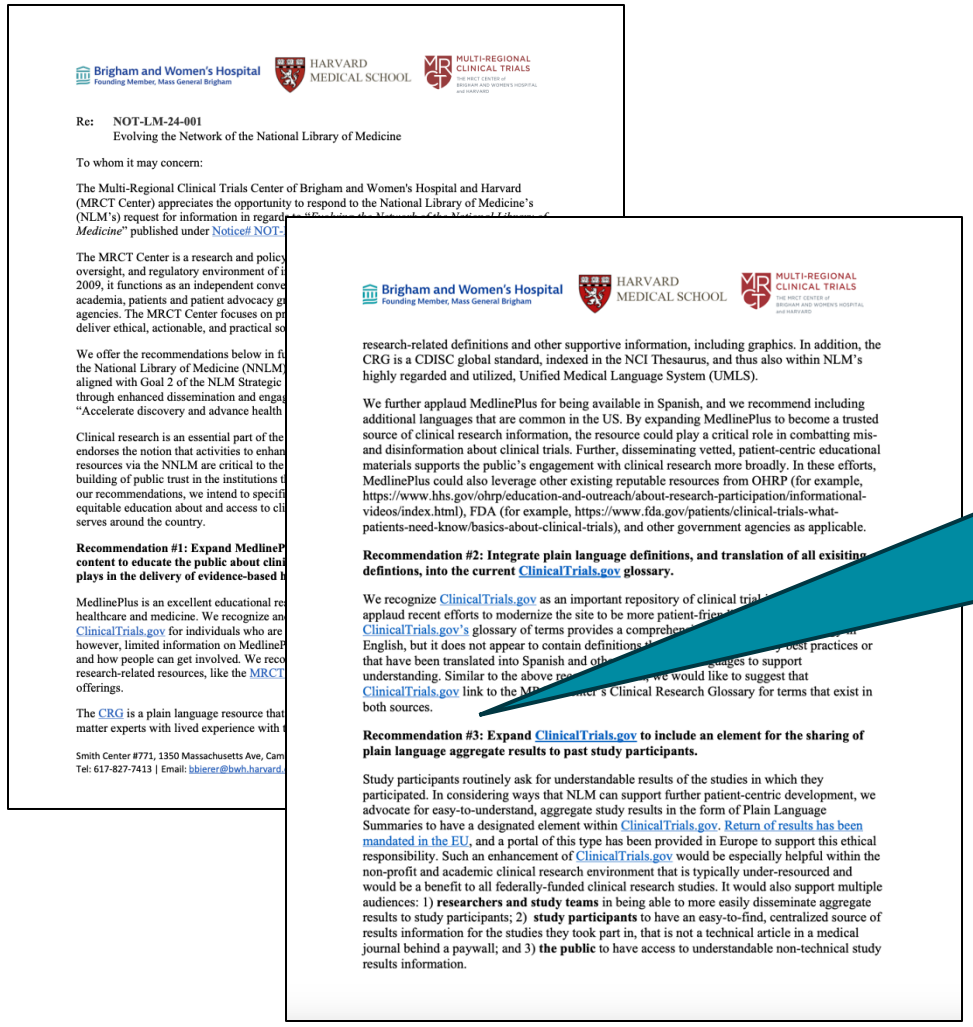
Health Literacy and Returning Results

Downloadable, fillable PLS Template



https://mrctcenter.org/health-literacy/tools/overview/return-of-results/

Health Literacy and Returning Results



Brigham and Women's Hospital
Founding Member, Mass General Brigham
HARVARD MEDICAL SCHOOL
MULTI-REGIONAL CLINICAL TRIALS

Re: **NOT-LM-24-001**
Evolving the Network of the National Library of Medicine

To whom it may concern:

The Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard (MRCT Center) appreciates the opportunity to respond to the National Library of Medicine's (NLM's) request for information in regard to "*Evolving the Network of the National Library of Medicine*" published under Notice# NOT-

The MRCT Center is a research and policy oversight, and regulatory environment of i 2009, it functions as an independent conve academia, patients and patient advocacy g agencies. The MRCT Center focuses on pr deliver ethical, actionable, and practical so

We offer the recommendations below in fu the National Library of Medicine (NNLM) aligned with Goal 2 of the NLM Strategic through enhanced dissemination and engag "Accelerate discovery and advance health

Clinical research is an essential part of the endorses the notion that activities to enhan resources via the NNLM are critical to the building of public trust in the institutions t our recommendations, we intend to specifi equitable education about and access to cli serves around the country.

Recommendation #1: Expand MedlineP content to educate the public about clini plays in the delivery of evidence-based h

MedlinePlus is an excellent educational re healthcare and medicine. We recognize an ClinicalTrials.gov for individuals who are however, limited information on MedlineP and how people can get involved. We reco research-related resources, like the MRCT offerings.

The CRG is a plain language resource that matter experts with lived experience with t

Smith Center #771, 1350 Massachusetts Ave, Cam
Tel: 617-827-7413 | Email: bbierer@bwh.harvard.

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research-related definitions and other supportive information, including graphics. In addition, the CRG is a CDISC global standard, indexed in the NCI Thesaurus, and thus also within NLM's highly regarded and utilized, Unified Medical Language System (UMLS).

We further applaud MedlinePlus for being available in Spanish, and we recommend including additional languages that are common in the US. By expanding MedlinePlus to become a trusted source of clinical research information, the resource could play a critical role in combatting mis- and disinformation about clinical trials. Further, disseminating vetted, patient-centric educational materials supports the public's engagement with clinical research more broadly. In these efforts, MedlinePlus could also leverage other existing reputable resources from OHRP (for example, https://www.hhs.gov/ohrp/education-and-outreach/about-research-participation/informational-videos/index.html), FDA (for example, https://www.fda.gov/patients/clinical-trials-what-patients-need-know/basics-about-clinical-trials), and other government agencies as applicable.

Recommendation #2: Integrate plain language definitions, and translation of all exisiting defintions, into the current ClinicalTrials.gov glossary.

We recognize ClinicalTrials.gov as an important repository of clinical trial applaud recent efforts to modernize the site to be more patient-frien ClinicalTrials.gov's glossary of terms provides a comprehen English, but it does not appear to contain definitions th best practices or that have been translated into Spanish and oth guages to support understanding. Similar to the above rec we would like to suggest that ClinicalTrials.gov link to the MR ter's Clinical Research Glossary for terms that exist in both sources.

Recommendation #3: Expand ClinicalTrials.gov to include an element for the sharing of plain language aggregate results to past study participants.

Study participants routinely ask for understandable results of the studies in which they participated. In considering ways that NLM can support further patient-centric development, we advocate for easy-to-understand, aggregate study results in the form of Plain Language Summaries to have a designated element within ClinicalTrials.gov. Return of results has been mandated in the EU, and a portal of this type has been provided in Europe to support this ethical responsibility. Such an enhancement of ClinicalTrials.gov would be especially helpful within the non-profit and academic clinical research environment that is typically under-resourced and would be a benefit to all federally-funded clinical research studies. It would also support multiple audiences: 1) **researchers and study teams** in being able to more easily disseminate aggregate results to study participants; 2) **study participants** to have an easy-to-find, centralized source of results information for the studies they took part in, that is not a technical article in a medical journal behind a paywall; and 3) **the public** to have access to understandable non-technical study results information.

Recommendation #3:
Expand ClinicalTrials.gov to include an element for the sharing of plain language aggregate results to past study participants.

MRCT Center Public Comment:
Response to National Library of Medicine Request for Information
"Evolving the Network of the National Library of Medicine"

https://mrctcenter.org/resource/public-comments-submitted-evolving-the-network-of-the-national-library-of-medicine-not-lm-24-001/

Paula Steeves

Dana-Farber Cancer Institute

Creating and Sharing Plain Language Summaries - One Team's Experience

Tim Erick, Christine McLaughlin, and Paula Steeves

Date: October 17, 2024

Agenda

- Dana-Farber Breast Oncology Center
- Our PLS Program's Purpose
- Our PLS Program's Overview
- Phase 1: PLS Creation Process
- Phase 2: PLS on Dana-Farber Website
- Phase 3: Getting PLS in Hands of Trial Participants

Dana-Farber Breast Oncology Center

- 30+ medical oncologists
- Cross-functional staff resources
- Large active patient research advocate group
- Many clinical trials

Breast Oncology Center Leadership

Our PLS Program's Purpose

- Effectively communicate aggregate clinical trial results to a specific audience (people with limited scientific or medical background)
  - Trial participants
  - Patients
  - Family members and caregivers
  - Interested members of the public
- Develop a program to create and share PLSs
  - Consistent
  - Efficient
  - Timely
  - Scalable process

Our PLS Program's Overview

- Phase 1: PLS Creation Process ✓
- Phase 2: PLS on Dana-Farber Website ✓
- Phase 3: Getting PLS in Hands of Trial Participants – In progress

Phase 1: PLS Creation Process

Scope: Our PLS Creation Process

- Dana-Farber investigator led interventional clinical trials (ISTs)
- Dana-Farber investigator led non-interventional studies
- Produce as soon as possible based on **published manuscripts**

Our Cross-Functional Team

- Principal investigator
- Breast Oncology Center (BOC) science writer
- Breast patient research advocates
- BOC graphic designer
- Communications department

Our Benchmarking

- EU Regulation & Good Lay Summary Practice
- Third-party medical communications agencies
- Multi-Regional Clinical Trials Center (MRCT) guidance
- Industry PLSs

Our PLS Section Outline

- Why was the trial done?
- Who took part?
- What treatments did they receive?
- What were the results?
- What were the side effects?
- How has this trial helped?
- Where can I learn more about this trial?

Our PLS Content

- PLS based on published results
- Content from the paper to include in the PLS
- Content from the paper not to include in the PLS
- Patient perspective provided by research advocates
- Careful attention to quality control
- PI initiation and signoff

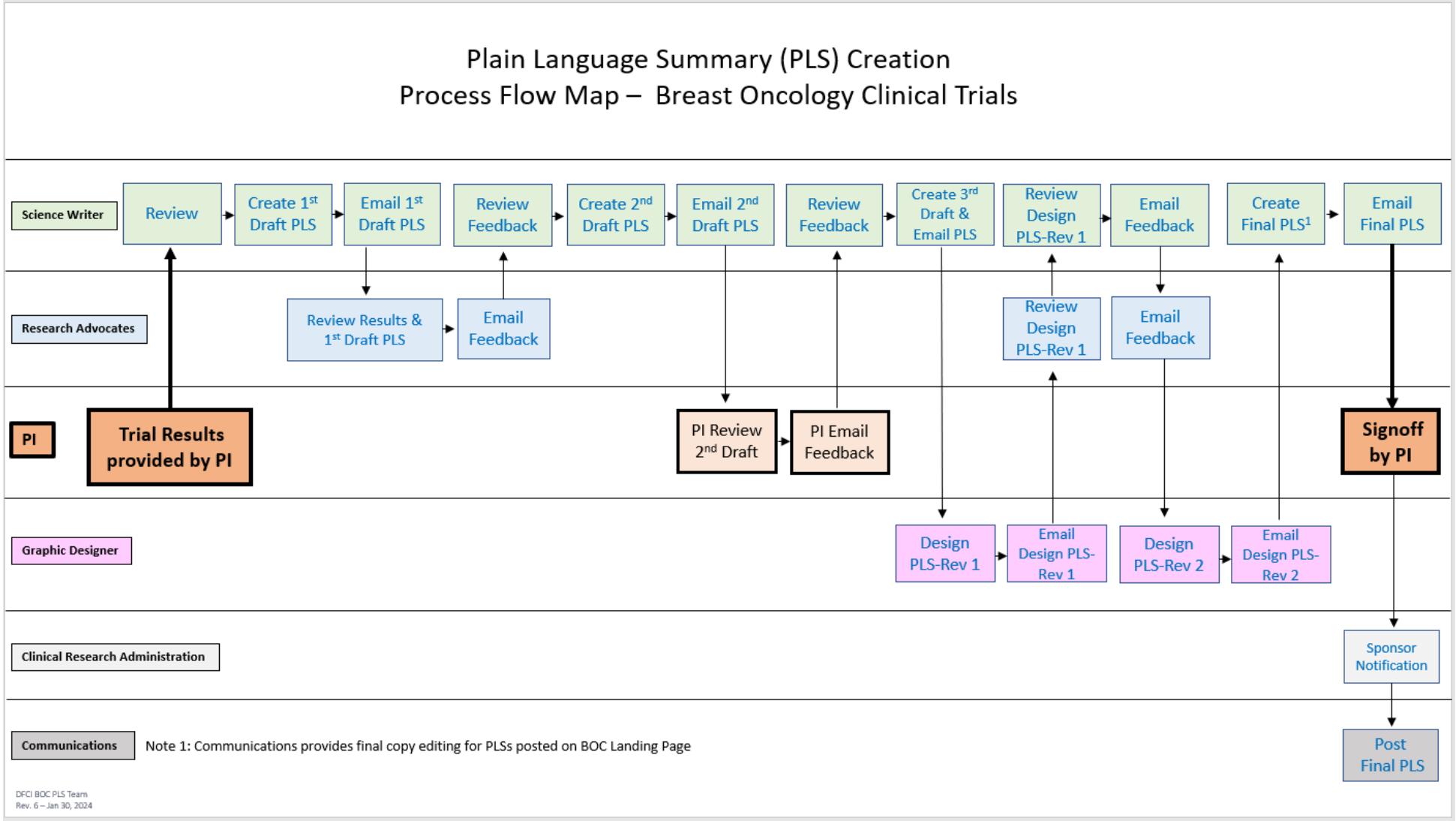
Our PLS Style Guide

- Short in length (4 pages max)
- Lay language
  - Define medical and scientific words if terminology must be used
  - Keep words simple (6-8 grade level)
  - Avoid acronyms and slang (e.g., “Site” can mean website, not location)
- Paragraphs and sentences
  - Short paragraphs (2-4 sentences)
  - Short sentences
  - Consider sentence order within a paragraph
- Simple graphics
  - Tables for side effects (given a participant may have more than one side effect)
  - Pie charts are easily understood
  - Avoid complex bar charts and graphics
  - Color consistent with ADA compliance and printability

Our PLS Process Workflow

- Science writer summarizes trial results in lay language
- Patient advocates provide feedback on PLS's content and wording
  - Science writer and patient advocates meet to discuss
- **PI verifies the PLS is aligned with published trial results**
- Graphic designer creates visuals to support text
- Communications department provides final copy editing for website posting

Our PLS Process Workflow Chart



PLS Example #1

Dana-Farber Cancer Institute

CLINICAL TRIAL RESULTS

DEPARTMENT OF BREAST ONCOLOGY

TRIAL NAME: Feasibility and safety of avoiding granulocyte colony-stimulating factor prophylaxis during the paclitaxel portion of dose dense doxorubicin-cyclophosphamide and paclitaxel regimen

This trial was conducted to learn whether people with early breast cancer can receive fewer doses of a medication used to strengthen their immune system while they are being treated with chemotherapy.

We would like to thank every person who participated in this trial. The only way we can make progress in treating breast cancer is through volunteers like you, and we are very grateful.

It is important to note this is a summary of the overall results of the clinical trial. Individual participants might have had different results. Other trials might have different results.

1. Why was this trial done?

Most cases of breast cancer are diagnosed when the cancer is confined to 1 breast and possibly some nearby lymph nodes. At this early stage, the tumor and affected lymph nodes can usually be surgically removed. There is still a risk that the cancer could return (recur) in the original breast or elsewhere in the body. Several factors influence this risk, including the size of the initial tumor and the number of affected lymph nodes. People who might have a high risk of recurrence may receive chemotherapy medications to reduce this risk.

Chemotherapy medications kill dividing cells (cells that are in the process of splitting into 2 new cells). Cancer cells divide rapidly, which usually makes them susceptible to chemotherapy. Unfortunately, chemotherapy medications can also kill healthy dividing cells including **neutrophils**, immune cells in the blood that fight infections. Chemotherapy medications that are likely to kill neutrophils are usually given in combination with a medication called **peg-filgrastim** (pronounced "peg-fil-GRAS-tim" and commonly known by the brand name Neulasta) that helps replenish neutrophils. Peg-filgrastim may be expensive for patients and can cause side effects, so researchers at Dana-Farber Cancer Institute conducted a clinical trial to determine whether it can be omitted in breast cancer patients receiving certain chemotherapy medications.

2. Who took part?

There were 125 women who joined the trial and started treatment. All participants had breast cancer that was confined to 1 breast and/or nearby lymph nodes, the skin of the breast, and muscles of the chest wall. The participants ranged in age from 21 years old to 65 years old when they joined (people younger than 18 or older than 65 were not eligible). The first participant joined the trial in May 2016, and the last participant joined the trial in November 2018.

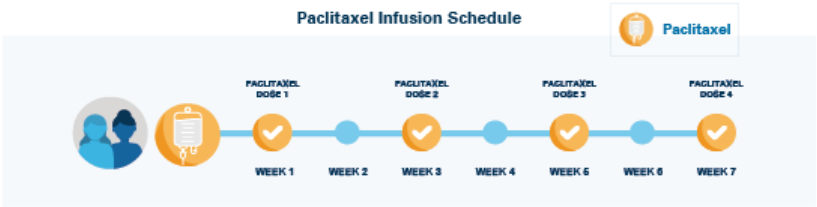
All participants had received 2 chemotherapy medications before they joined the trial: **doxorubicin** (pronounced "DOK-soh-ROO-bih-sin" and commonly known by the brand name Adriamycin) and **cyclophosphamide** (pronounced "SY-kloh-FOS-fuh-mide"). This treatment combination has been shown to cause neutropenia (reduction in neutrophils), so all participants received peg-filgrastim the day after each dose of doxorubicin and cyclophosphamide. Notably, people who had received any other prior chemotherapy medication (aside from doxorubicin and cyclophosphamide) or prior radiation therapy in the previous 5 years were not eligible to participate in this trial.

3. What treatments did they receive?

Two weeks after they had finished doxorubicin and cyclophosphamide, all participants started on the trial and received a chemotherapy medication called **paclitaxel** (pronounced "PA-klih-TAK-sil" and commonly known by the brand name Taxol). The participants received 1 dose of paclitaxel every 2 weeks for 7 weeks (4 doses total). In prior studies, paclitaxel was less likely to cause neutropenia than the combination of doxorubicin and cyclophosphamide. This trial was designed to study whether peg-filgrastim was necessary during the paclitaxel portion of treatment. The participants did not receive peg-filgrastim with paclitaxel unless they developed neutropenia along with a fever (which could indicate an infection), or their treating doctor thought it was otherwise in their best interest.

Paclitaxel was given as an intravenous infusion (through a needle in the vein). Peg-filgrastim was given as a subcutaneous injection (though a needle under the skin).

Paclitaxel Infusion Schedule



4. What were the results?

The main question the researchers wanted to answer in this trial was:

How many participants received all 4 doses of paclitaxel within the 7 weeks?

People taking paclitaxel for breast cancer may have to delay a dose or stop the medication if they develop neutropenia, with or without a fever. Among all 125 trial participants, 112 (**90%**) received all 4 doses of paclitaxel within 7 weeks. Most of the paclitaxel dose delays or omissions in the remaining **10%** of participants were due to side effects that might have occurred whether or not peg-filgrastim was given or not. Before the trial started, the researchers determined (based on prior studies) that giving paclitaxel without peg-filgrastim would be feasible if at least 85% of trial participants received all 4 doses of paclitaxel within 7 weeks. This goal was achieved.

A second question that the researchers wanted to answer was:

How many participants received peg-filgrastim with paclitaxel?

Eight of the trial participants (**6.4%**) received at least 1 dose of peg-filgrastim for neutropenia during treatment with paclitaxel. One of these participants had neutropenia along with a fever.

5. What were the side effects?

Side effects are medical problems that the trial doctors think might be related to the trial treatment. In this trial, the researchers were mainly interested in hematologic side effects, meaning those related to blood cells. These included reduction in red blood cells (anemia), neutrophils (neutropenia), and platelets (thrombocytopenia). The table below lists hematologic side effects of any intensity.

THESE WERE THE MOST COMMON HEMATOLOGIC SIDE EFFECTS

Hematologic Side Effect	Number of Participants	Percent of Participants
Anemia	27	21.6%
Neutropenia	24	19.2%
Thrombocytopenia	3	2.4%
Febrile neutropenia	1	0.8%

Neutropenia is a condition in which a person has a low number of neutrophils, which are a type of white blood cell that helps fight infection. **Febrile neutropenia** is neutropenia with a fever.

Anemia is a condition in which a person has a low number of healthy red blood cells, which carry oxygen to the body's tissues.

Thrombocytopenia is a condition in which a person has a low number of platelets, which are cells that help blood clots to form.

It is important to note that 14 participants (11.2%) experienced hematologic side effects that were severe (grade 3) or life-threatening (grade 4). This included 3 participants (2.4%) who experienced grade 4 neutropenia.

Aside from hematologic side effects, the trial researchers only recorded other side effects that were severe (grade 3) or life-threatening (grade 4). Overall, there were 12 cases of grade 3 non-hematologic side effects (9.6%). The most common were pain, tingling, or numbness in the nerve cells responsible for feeling (peripheral sensory neuropathy; 2.4%) or movement (peripheral motor neuropathy; 1.6%). Only 1 participant (0.8%) experienced a grade 4 non-hematologic side effect.

6. How has this trial helped?

The results of this trial demonstrated that some people with early breast cancer who are being treated with doxorubicin, cyclophosphamide, and paclitaxel before or after surgery can receive paclitaxel without peg-filgrastim. Based on these results, medical providers at Dana-Farber Cancer Institute now routinely give paclitaxel without peg-filgrastim to people with early breast cancer who are being treated with doxorubicin, cyclophosphamide, and paclitaxel, if they meet the eligibility criteria of this study (i.e., people 18-65 years old with early breast cancer who did not receive any other prior chemotherapy or radiation therapy within 5 years). In addition to reducing side effects, this can also save money for people with early breast cancer. Depending on a person's health insurance, each dose of peg-filgrastim can cost anywhere from $5 to $697 out of pocket.

7. Where can I learn more about this trial?

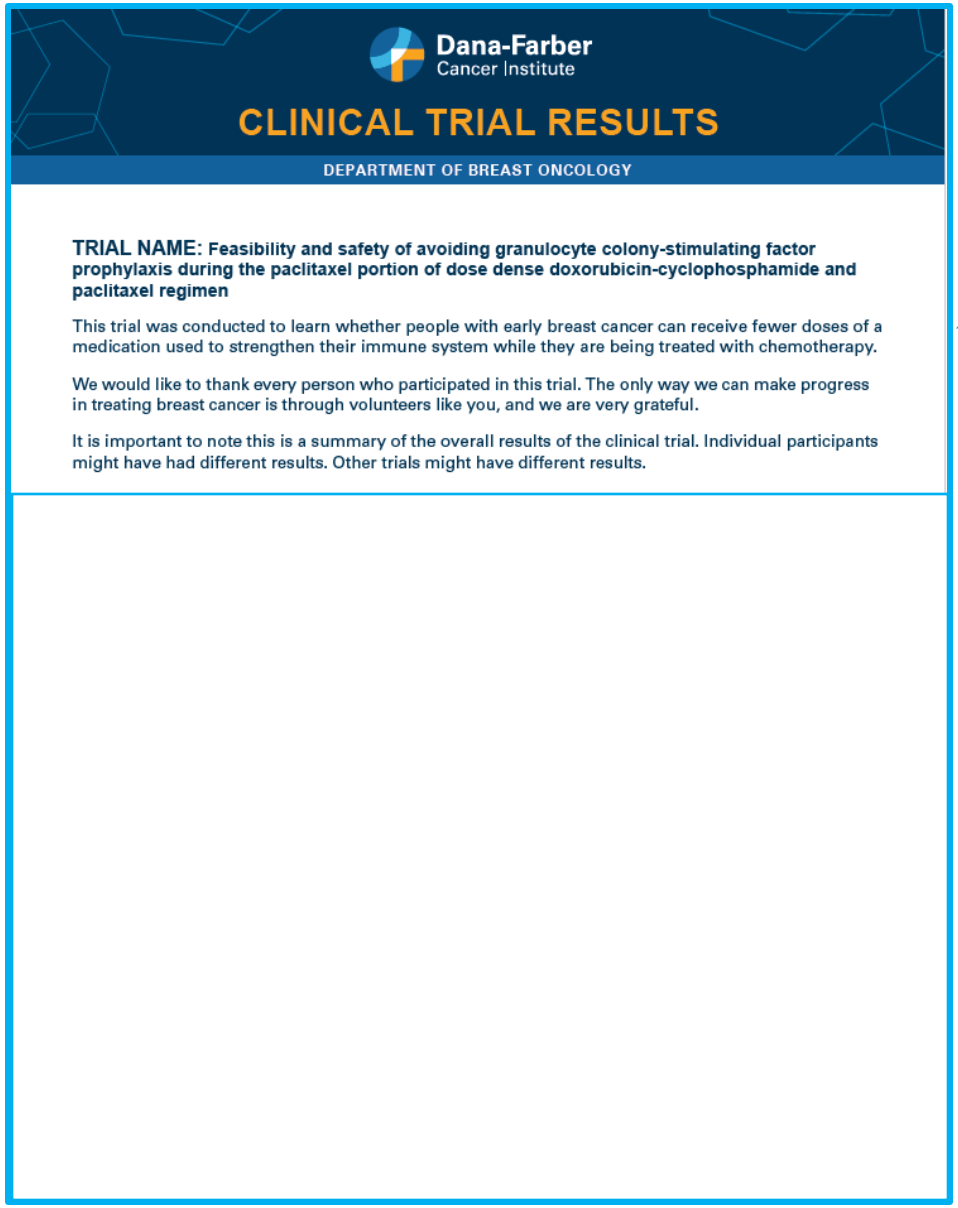
You can find more information about this trial on the websites listed below.

- On http://www.clinicaltrials.gov: On this website, type NCT02698891 into one of the search boxes and click "Search".
- In the Journal Clinical Cancer Research: https://ascopubs.org/doi/10.1200/JCO.19.02484

If you have questions about the trial or your experience, please speak to your treating provider.

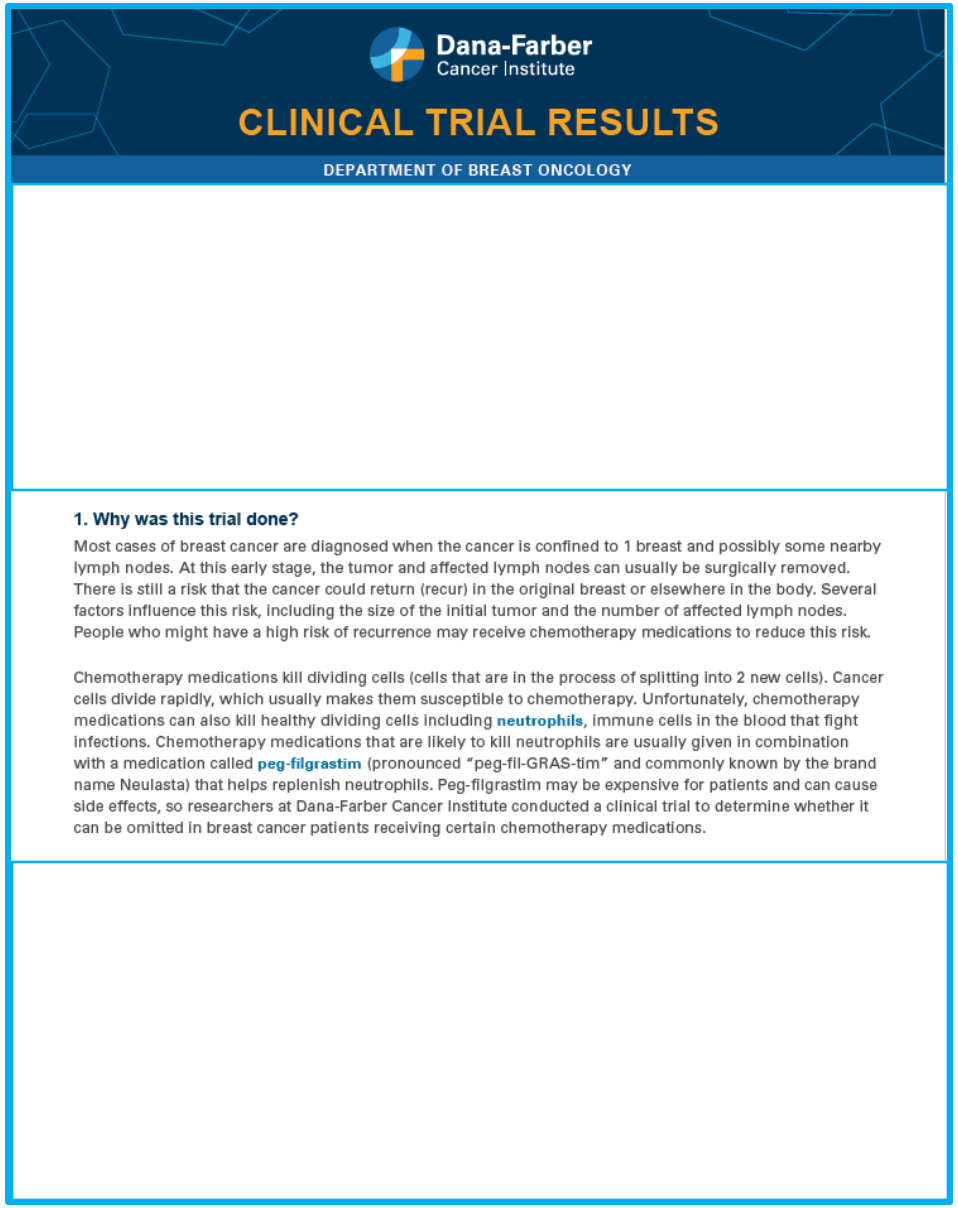
- This is the Dana-Farber Cancer Institute protocol ID: 15-516
- Dana-Farber Cancer Institute sponsored this trial.
- This trial was funded by a grant from the Friends of Dana-Farber Cancer Institute.
- These trials are conducted through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.

PLS Section Overview



Opening Section

- Provide trial purpose overview
- Express gratitude to trial participants
- Sharing aggregate results not individual results



Why was the trial done?

- Frame the issue
  - Background
  - Status of the disease
- Explain why this research matters
- Explain what the researchers are studying

Dana-Farber Cancer Institute

CLINICAL TRIAL RESULTS

DEPARTMENT OF BREAST ONCOLOGY

2. Who took part?

There were 125 women who joined the trial and started treatment. All participants had breast cancer that was confined to 1 breast and/or nearby lymph nodes, the skin of the breast, and muscles of the chest wall. The participants ranged in age from 21 years old to 65 years old when they joined (people younger than 18 or older than 65 were not eligible). The first participant joined the trial in May 2016, and the last participant joined the trial in November 2018.

Who took part?

- Sample size and gender
- Age range of participants
- Disease subtype/stage
- Trial enrollment timeframe

3. What treatments did they receive?

Two weeks after they had finished doxorubicin and cyclophosphamide, all participants started on the trial and received a chemotherapy medication called **paclitaxel** (pronounced "PA-klih-TAK-sil" and commonly known by the brand name Taxol). The participants received 1 dose of paclitaxel every 2 weeks for 7 weeks (4 doses total). In prior studies, paclitaxel was less likely to cause neutropenia than the combination of doxorubicin and cyclophosphamide. This trial was designed to study whether peg-filgrastim was necessary during the paclitaxel portion of treatment. The participants did not receive peg-filgrastim with paclitaxel unless they developed neutropenia along with a fever (which could indicate an infection), or their treating doctor thought it was otherwise in their best interest.

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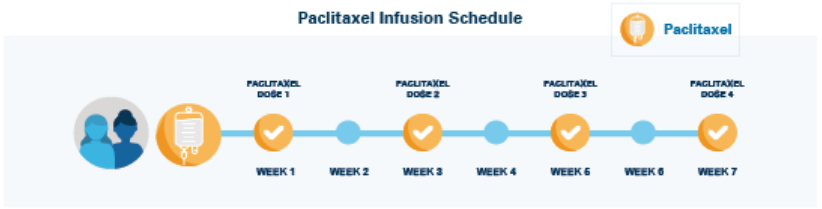
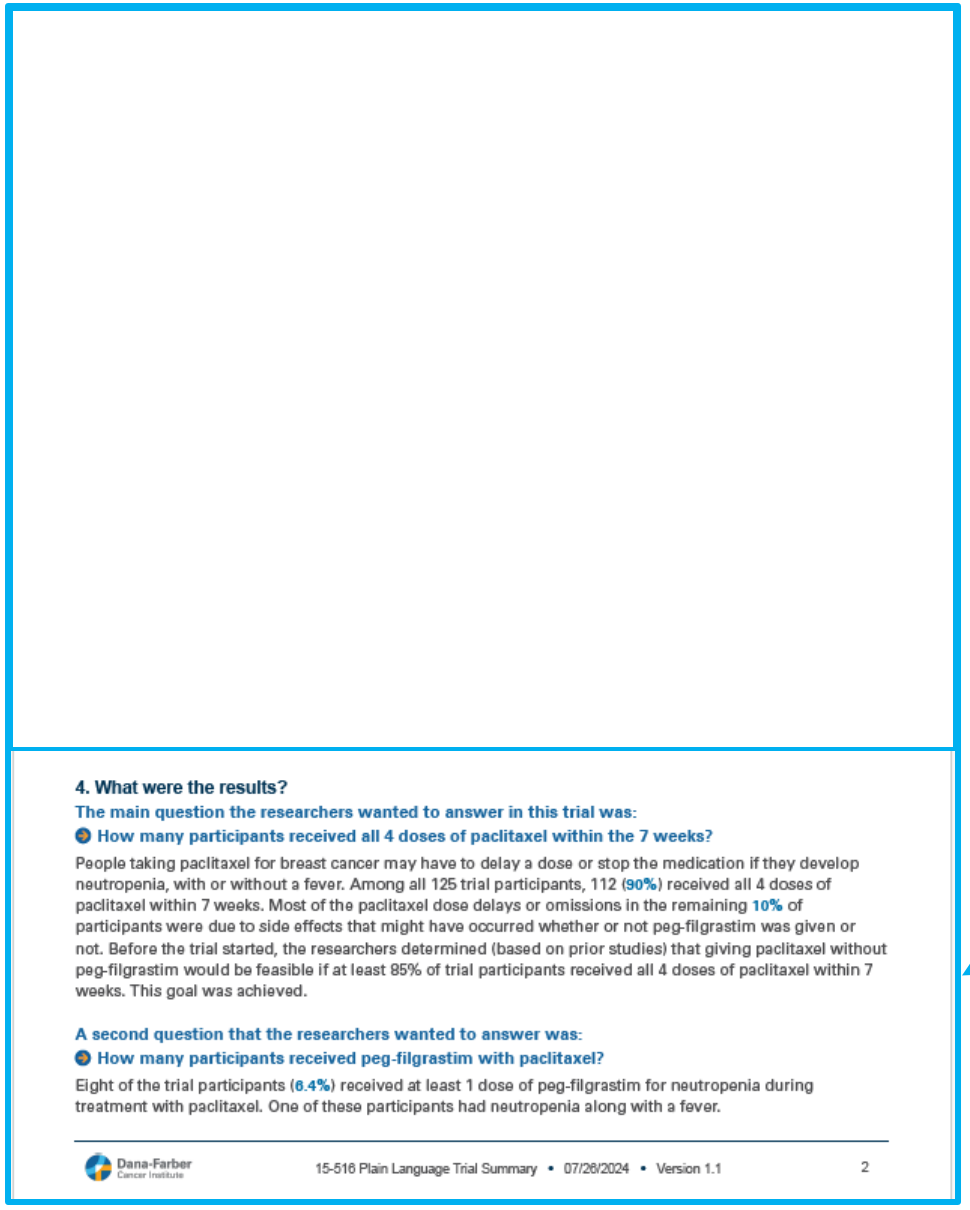


What treatments did they receive?

- Medication(s)
- How medication(s) were given
- Medication(s) schedule



4. What were the results?

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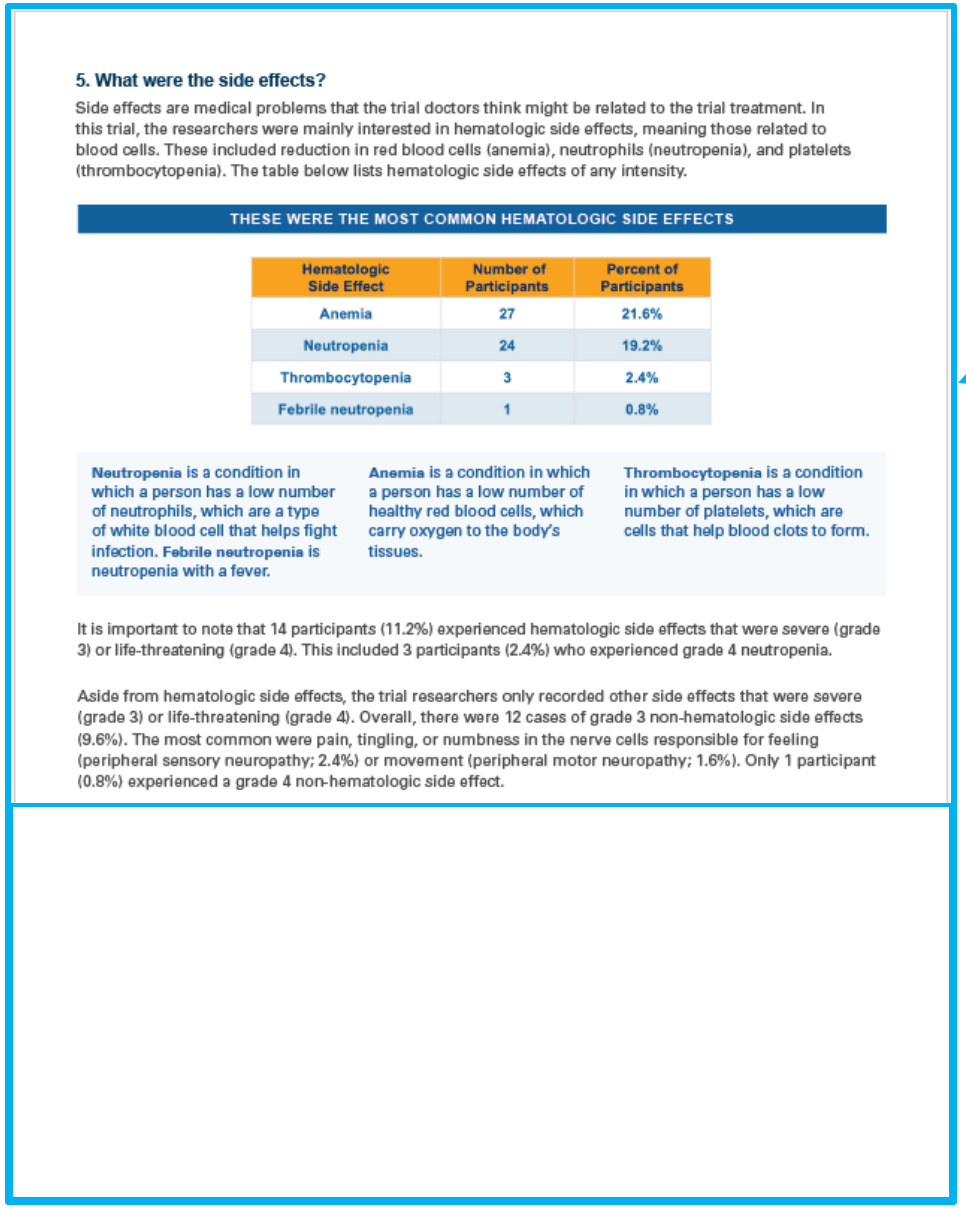
What were the results?

- Primary endpoint, secondary endpoint(s), other results important to patients
- Plain language explanation of statistical significance



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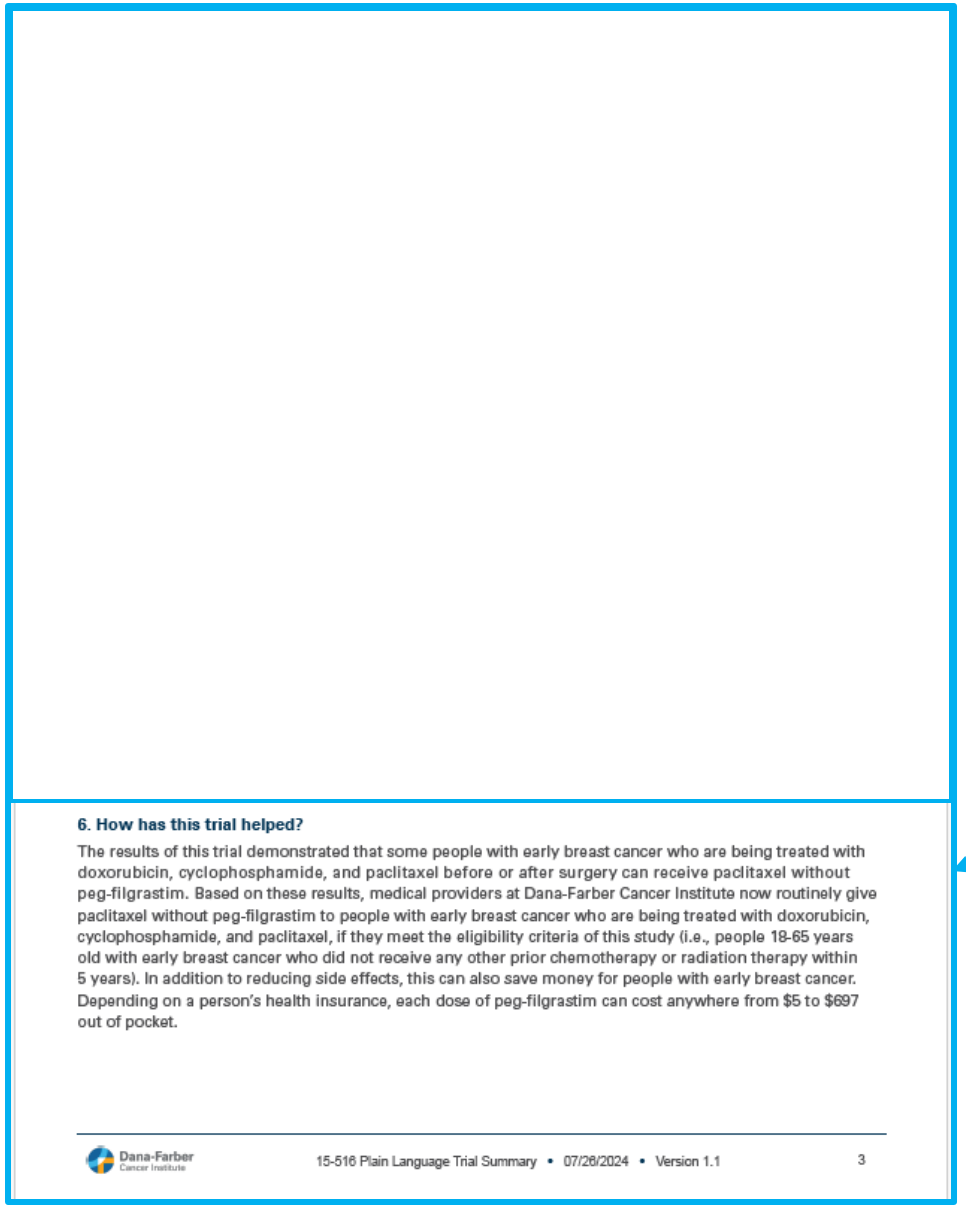
What were the side effects?

- Include at least the most common side effects outlined in the published paper
- Define non-familiar medical terms



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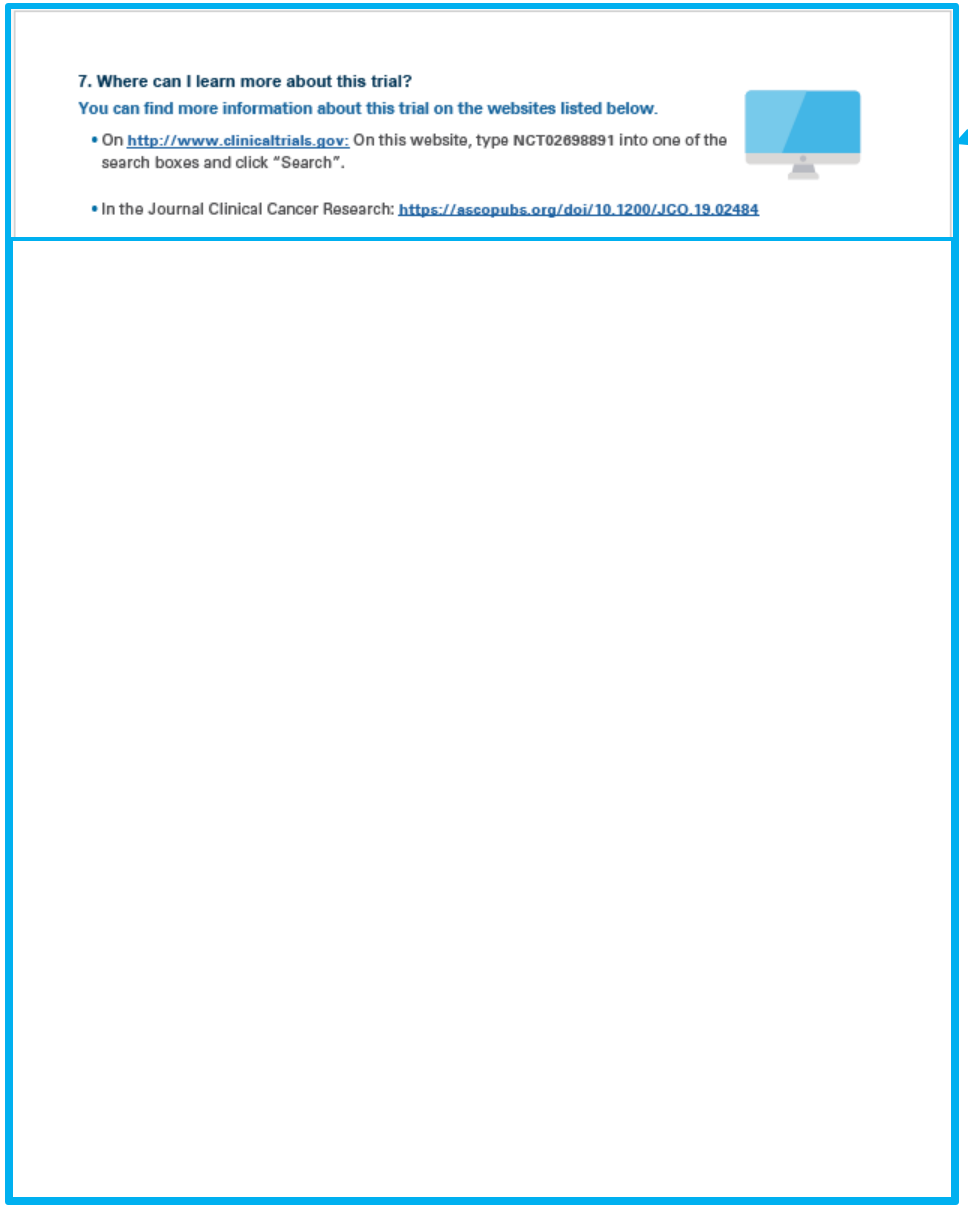
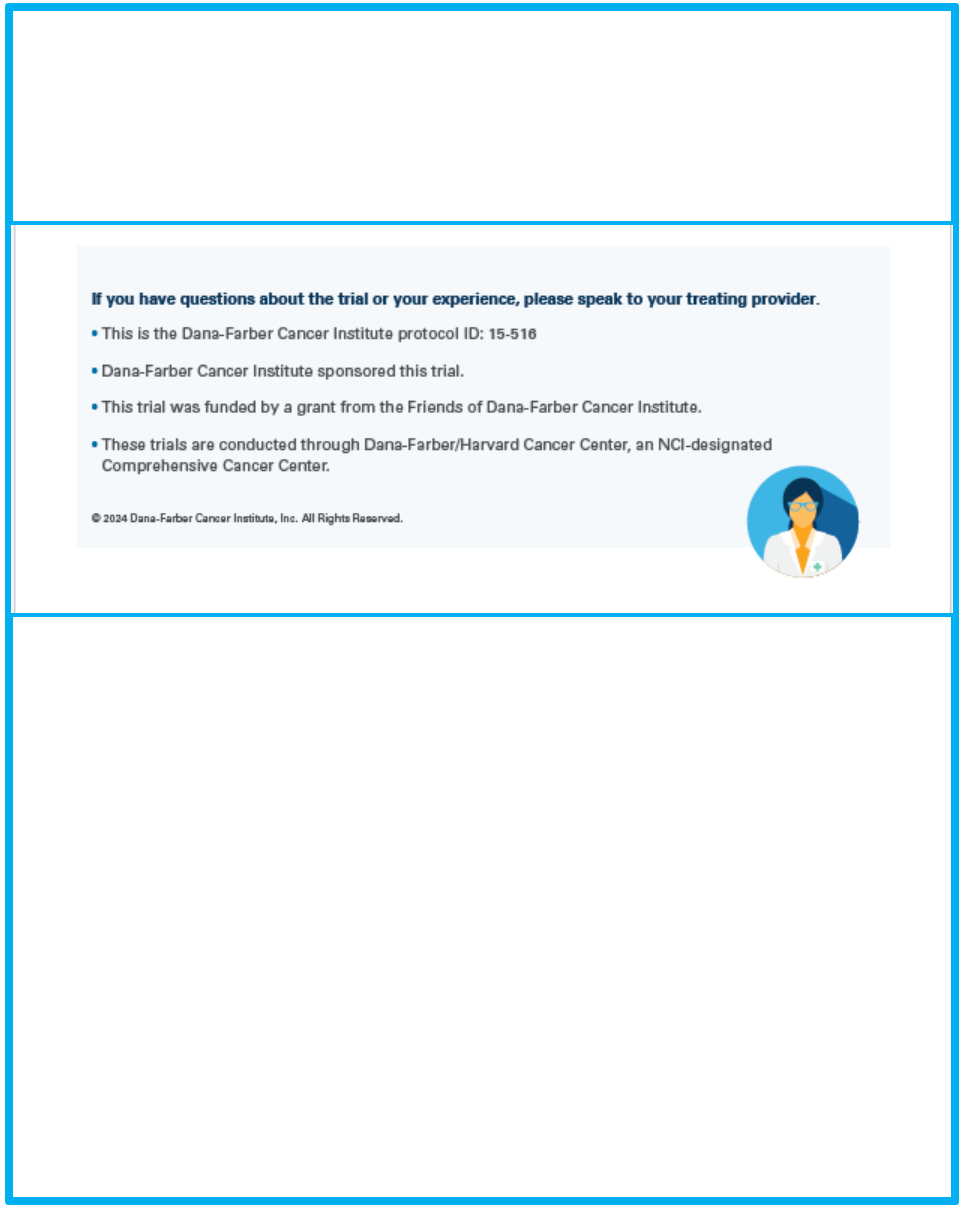
How has the trial helped?

- How did it move cancer research forward?
- How did it impact care/outcomes for patients?
- Reference important correlative data if appropriate
- Reference any future trials based on these results



Where can I learn more about this trial?

- Reference published paper(s)
- Reference clinicaltrials.gov website



Closing Section

- Direct trial participants on whom to speak to if they have questions
- DFCI specific language
- DFCI Copyright

PLS Example #2

Dana-Farber Cancer Institute

CLINICAL TRIAL RESULTS

DEPARTMENT OF BREAST ONCOLOGY

TRIAL NAME: De-escalation to adjuvant antibodies post-pCR to neoadjuvant THP (paclitaxel/ trastuzumab/pertuzumab) – a pilot study in HER2-positive breast cancer (DAPHNe Trial)

When this trial was designed, many people with early-stage HER2-positive breast cancer received chemotherapy medications before and after surgery. This trial was conducted to learn whether people who had a good response to chemotherapy before surgery would agree and adhere to omitting chemotherapy after surgery.

We are grateful for every person who participated in this trial. The only way we can make progress in treating breast cancer is through volunteers like you.

It is important to note this is a summary of the overall results of the clinical trial. Individual participants might have had different results. Other trials might have different results.

1. Why was this trial done?

All anti-cancer medications used to treat cancer can produce side effects, which are symptoms or medical problems caused by the medications rather than the cancer. To reduce side effects, doctors and other health care providers try to use just the right number of anti-cancer medications to minimize the risk that the breast cancer will return. They try to avoid giving people additional anti-cancer medications that will not reduce the risk of recurrence any further.

As background, **HER2-positive (HER2+) breast cancer** is one subtype of breast cancer. HER2 is a protein involved in normal cell growth. HER2+ breast cancer cells carry a larger-than-normal amount of this protein, which causes them to grow very quickly. Most cases of HER2+ breast cancer are diagnosed when the cancer is confined to 1 breast and possibly some nearby lymph nodes. In these early stages, called stages I, II, and III, the tumor and affected lymph nodes can usually be surgically removed. There is still a risk the cancer could return (recur) in the original breast or elsewhere in the body. This risk is generally higher in people with stage II or III breast cancer, meaning they have a larger tumor and/or more involved lymph nodes than people with stage I breast cancer. To reduce the risk of recurrence, people with stage II or III HER2+ breast cancer usually receive medications to treat their cancer (anti-cancer medications) before and after surgery.

In some people with stage II or III HER2+ breast cancer, the anti-cancer medications given before surgery eliminate all detectable cancer in the breast and lymph nodes. This is called **pathologic complete response**, or **pCR** for short. HER2+ breast cancer is less likely to recur after surgery in people who have a pCR. This trial was designed to study whether people with stage II or III HER2+ breast cancer who experienced a pCR after receiving anti-cancer medications before surgery would agree and adhere to receiving fewer anti-cancer medications after surgery.

2. Who took part?

There were 98 people who joined the trial and received treatment, including 97 women and 1 man. The participants ranged in age from 24 years old to 78 years old. All participants had HER2+ breast cancer; 84 of them (85.7%) had stage II breast cancer, and the remaining 14 (14.3%) had stage III breast cancer. The first participant joined the trial in November 2018 and the last participant joined in January 2020.

3. What were the research goals?

When this trial was designed, it was common for people with stage II or III HER2+ breast cancer to receive 1 or more chemotherapy medications along with 2 antibodies called **trastuzumab** (pronounced "tras-TOO-zoo-mab" and commonly known by the brand name Herceptin) and **pertuzumab** (pronounced "per-TOO-zoo-mab" and commonly known by the brand name Perjeta) both before and after surgery. Each of these antibodies binds to a different part of the HER2 protein on cancer cells, which prevents the cancer cells from splitting into 2 new cells and helps the body kill the cancer cells.

The primary objective of this trial was to determine whether participants who experienced a pCR after receiving trastuzumab, pertuzumab, and chemotherapy before surgery would agree and adhere to receiving just trastuzumab and pertuzumab after surgery without receiving any more chemotherapy. The researchers determined this approach would be worth investigating further and the primary goal would be achieved if 80% or more of the participants agreed and adhered to completing 39 weeks of trastuzumab and pertuzumab after surgery without receiving chemotherapy.

4. What treatments did the participants receive?

Before they had surgery to remove their breast cancer, all 98 participants received a combination of trastuzumab, pertuzumab, and a chemotherapy medication called **paclitaxel** (pronounced "PA-klih-TAK-sil and commonly known by the brand name Taxol). Paclitaxel prevents cancer cells from dividing, which eventually results in their death. The participants received this treatment combination for 12 weeks, which included 1 dose of paclitaxel per week (12 total doses), 1 dose of trastuzumab every 3 weeks (4 total doses), and 1 dose of pertuzumab every 3 weeks (4 total doses). All 3 medications were given as an intravenous infusion (through a needle in a vein).

Infusion Schedule Before Surgery

One participant did not complete the initial 12 weeks of treatment, and instead had surgery early, which meant they left the trial. The remaining 97 participants had surgery after the 12 weeks of chemotherapy, trastuzumab, and pertuzumab. Among these 97 participants, 55 (**56.7%**) experienced a pCR and went on to receive the post-surgery 2-medication combination, which consisted of 1 dose of trastuzumab and 1 dose of pertuzumab every 3 weeks for 39 weeks (13 total doses of both antibodies), but no chemotherapy.

The participants who did not experience a pCR received a variety of anti-cancer medications after surgery, including chemotherapy, trastuzumab, pertuzumab, and other medications that specifically target HER2.

5. What were the results?

The researchers designed this trial to focus on the participants who experienced a **pathologic complete response (pCR)** after the initial 12 weeks of chemotherapy, trastuzumab, and pertuzumab. Among the 55 participants who experienced a pCR, **98.2%** completed all 39 weeks of trastuzumab and pertuzumab without receiving chemotherapy. The primary objective of this trial was achieved. This result showed that the participants agreed and adhered to the trial plan and suggested that this approach is worth investigating further. Only 1 of the 55 participants who experienced a pCR (1.8%) received chemotherapy after surgery.

The trial researchers also followed up with all 98 participants to see if any had a recurrence of their breast cancer. After a median follow-up period of 19.1 months (meaning half the participants were followed for more than 19.1 months and half were followed for less than 19.1 months), none of the 98 participants (**0%**) had experienced a recurrence of their breast cancer.

6. What were the side effects?

Side effects are medical problems the trial doctors think might be related to the trial treatment. When this trial was designed, the combination of chemotherapy, trastuzumab, and pertuzumab had been extensively studied in prior clinical trials and had known manageable side effects. Thus, the researchers did not record side effects as part of this trial.

7. What did participants and medical providers think about omitting chemotherapy after surgery?

After surgery, all the participants (including those who experienced a pCR and those who did not) filled out surveys to describe their experience with the chemotherapy medication(s) they received before surgery, and their thoughts about whether they should receive chemotherapy after surgery.

More than half the participants within each group said that their pre-operative chemotherapy went better than expected. Regarding receiving chemotherapy after surgery, 61.5% of the participants were aligned with their doctor's proposed treatment plan, while 20.9% did not agree with their doctor's proposed treatment plan (the remaining 17.6% of participants did not answer this question). Among the participants who planned not to receive chemotherapy after surgery, most felt positive or neutral about that decision. Among the participants who did not experience a pCR and planned to receive chemotherapy after surgery, 100% felt positive or neutral about this decision.

8. How has this trial helped?

The findings from this trial demonstrated that a large percentage of people with stage II or III HER2+ breast cancer who experienced a pCR after pre-operative treatment with chemotherapy, trastuzumab, and pertuzumab agreed and adhered to receiving trastuzumab and pertuzumab without chemotherapy after surgery. Only 2 participants who experienced a pCR reported feeling like they should receive chemotherapy after surgery, even though it was not in their proposed treatment plan. This was a small study, but it has

helped researchers to plan larger, longer-term trials to continue to investigate whether people with stage II and III HER2+ breast cancer who experience a pCR can omit chemotherapy after surgery.

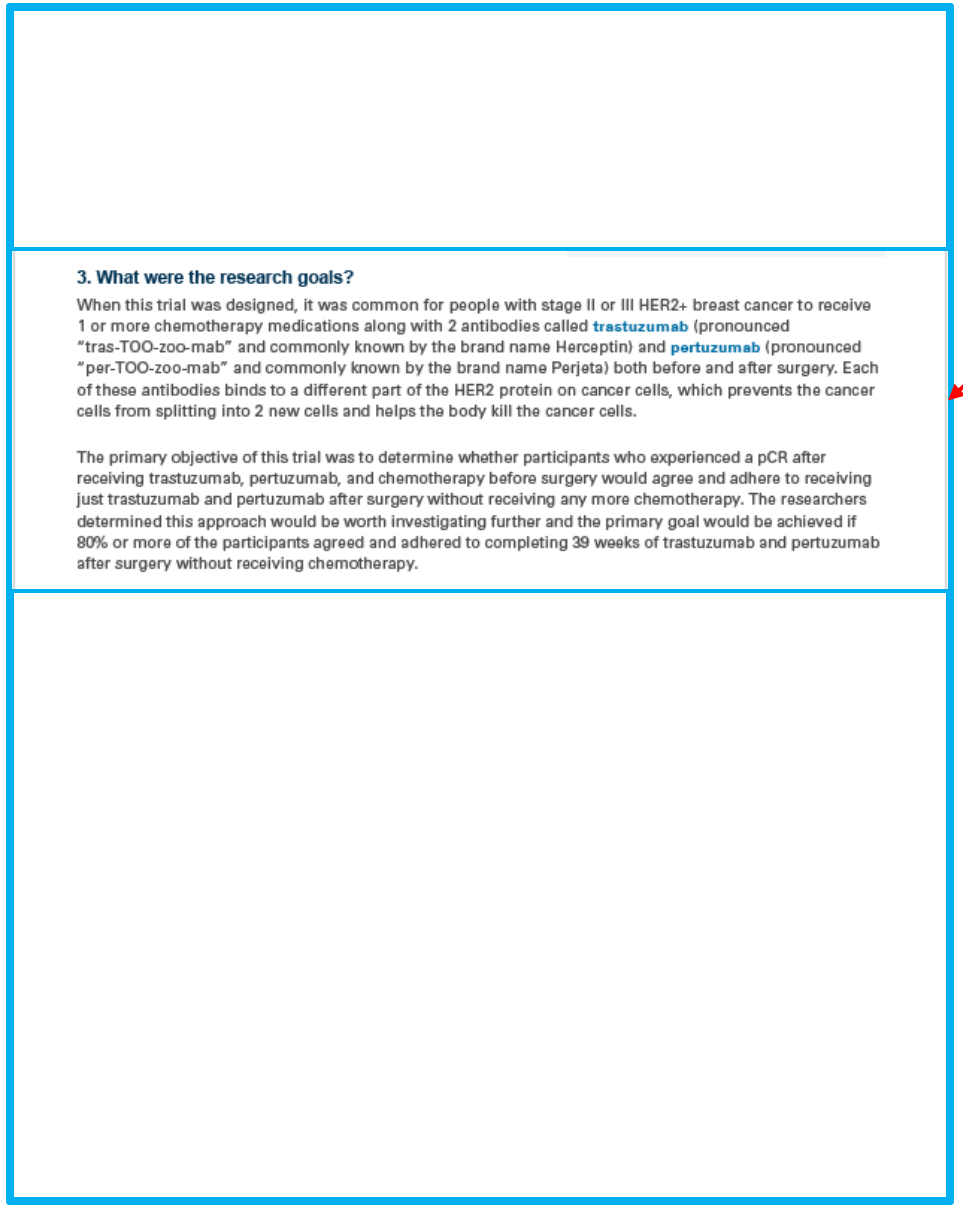
9. Where can I learn more about this trial?

You can find more information about this trial on the websites listed below.

- On http://www.clinicaltrials.gov: On this website, type **NCT03716180** into one of the search boxes and click "Search".
- In the journal npj Breast Cancer: https://www.nature.com/articles/s41523-022-00429-7

If you have questions about the trial or your experience, please speak to your treating provider.

- This is the Dana-Farber Cancer Institute protocol ID: **18-394**
- Dana-Farber Cancer Institute sponsored this trial.
- Funding for this trial was provided by: The Breast Cancer Research Foundation; Conquer Cancer, the ASCO Foundation; the Terri Brodeur Breast Cancer Foundation; and Susan G. Komen.
- These trials are conducted through Dana-Farber/Harvard Cancer Center, an NCI-designated Comprehensive Cancer Center.



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New Section

What were the research goals?

- Explain the primary objective of the trial and how success would be measured.

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New Section

[What did participants and medical providers think about omitting chemotherapy after surgery?]

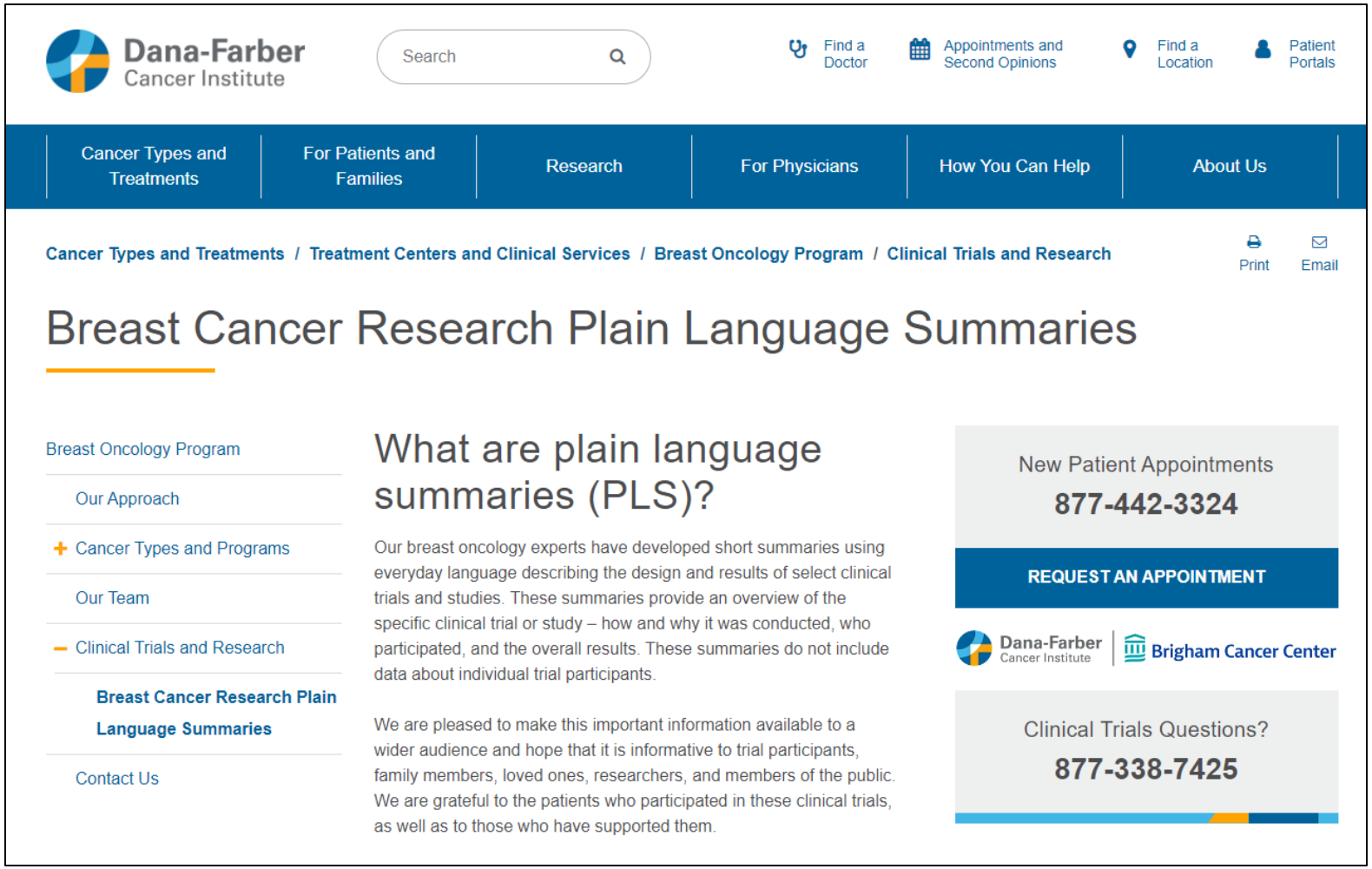
- Share survey results

Phase 2: PLS on Dana-Farber Website

Scope: PLS on Dana-Farber Website

- PLSs on Dana-Farber Breast Cancer Clinical Trials & Research Homepage
- Ability to search for PLSs on Dana-Farber website using the search function
- Organize the PLSs by subtype, stage, and manuscript publication date

PLS on Dana-Farber Website



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What are plain language summaries (PLS)?

Our breast oncology experts have developed short summaries using everyday language describing the design and results of select clinical trials and studies. These summaries provide an overview of the specific clinical trial or study – how and why it was conducted, who participated, and the overall results. These summaries do not include data about individual trial participants.

We are pleased to make this important information available to a wider audience and hope that it is informative to trial participants, family members, loved ones, researchers, and members of the public. We are grateful to the patients who participated in these clinical trials, as well as to those who have supported them.

New Patient Appointments
877-442-3324

REQUEST AN APPOINTMENT

Dana-Farber Cancer Institute | Brigham Cancer Center

Clinical Trials Questions?
877-338-7425

How are these summaries developed?

A team of our experienced science writers and research patient advocates worked together to summarize the research results published in highly respected, peer-reviewed medical journals in everyday language. The physician researchers who led the published research have verified that these summaries are accurate.

Do all trials and studies have a plain language summary?

The trials and studies summarized here were developed and led by physician researchers in the Breast Oncology Program at Dana-Farber. If the trial or study you are looking for was led by another institution or directly sponsored by a pharmaceutical company, it will not appear here.

This work is ongoing; more clinical trial and study summaries will be added to this page over time.

How do I find more information about this research?

If you have questions about the trial you participated in or your experience, please speak to your treating provider.

You can find more information at the end of each plain language summary in the *"Where can I learn more about this trial/study?"* section.

Plain Language Summaries of Clinical Trials and Studies by Breast Cancer Subtype

Some of the plain language summaries are for **interventional clinical trials** and some are for **observational studies**.

- Interventional clinical trials evaluate new treatments or procedures, or other action taken to treat disease or improve health in other ways.
- Observational studies monitor people and compare changes over time. Observational studies do not test a medical intervention, such as a drug or device, but may help identify new treatments or prevention strategies to test in clinical trials.

Within each subtype and stage of breast cancer, the most recent research is listed first. If applicable, the Dana-Farber Protocol ID is listed after the trial name. The year shown after the trial name represents the publication year of the research paper. A clinical trial or study may appear under more than one subtype if it included patients with different subtypes of breast cancer.

PLS Posted on Dana-Farber Website (Cont.)

Estrogen-Receptor (ER+) Positive Breast Cancer (also called HR+)

Early Stage

- Prevalence, dynamics, and prognostic role of clonal hematopoiesis of indeterminate potential (CHIP) in patients with breast cancer, Protocol IDs: 20-265 and 21-687 (2024)
- CHiRP: Study of circulating tumor DNA (ctDNA) to identify risk of breast cancer returning, Protocol ID: 20-674 (2022)
- Estudio CHiRP: Estudio del ADN tumoral circulante para identificar el riesgo de que el cáncer de mama regrese (Spanish), ID de Protocolo: 20-674 (2022)
- Feasibility and safety of avoiding granulocyte colony-stimulating factor prophylaxis during the paclitaxel portion of dose dense doxorubicin-cyclophosphamide and paclitaxel regimen, Protocol ID: 15-516 (2020)

Advanced Stage (Metastatic)

- A phase 2 study of eribulin in patients with HER2-negative metastatic breast cancer: evaluation of efficacy, toxicity, and patient-reported outcomes, Protocol ID: 13-077 (2020)

HER2-Positive (HER2+) Breast Cancer

Early Stage

- Prevalence, dynamics, and prognostic role of clonal hematopoiesis of indeterminate potential (CHIP) in patients with breast cancer, Protocol IDs: 20-265 and 21-687 (2024)
- De-escalation to adjuvant antibodies post-pCR to neoadjuvant THP (paclitaxel/trastuzumab/pertuzumab) – a pilot study in HER2-positive breast cancer (DAPHNe Trial), Protocol ID: 18-394 (2022)
- ATEMPT: A phase 2 study of trastuzumab emtansine (TDM1) vs. paclitaxel in combination with trastuzumab for stage I HER2-positive breast cancer, Protocol ID: 13-048 (2021)
- Feasibility and safety of avoiding granulocyte colony-stimulating factor prophylaxis during the paclitaxel portion of dose dense doxorubicin-cyclophosphamide and paclitaxel regimen, Protocol ID: 15-516 (2020)

Advanced Stage (Metastatic)

- A phase 2 study of eribulin mesylate in combination with trastuzumab and pertuzumab in women with metastatic human epidermal growth factor receptor 2 (HER2)-positive breast cancer, Protocol ID: 13-163 (2021)

Triple-Negative Breast Cancer (TNBC)

Early Stage

- Prevalence, dynamics, and prognostic role of clonal hematopoiesis of indeterminate potential (CHIP) in patients with breast cancer, Protocol IDs: 20-265 and 21-687 (2024)
- Feasibility and safety of avoiding granulocyte colony-stimulating factor prophylaxis during the paclitaxel portion of dose dense doxorubicin-cyclophosphamide and paclitaxel regimen, Protocol ID: 15-516 (2020)

Advanced Stage (Metastatic)

- Prevalence, dynamics, and prognostic role of clonal hematopoiesis of indeterminate potential (CHIP) in patients with breast cancer, Protocol IDs: 20-265 and 21-687 (2024)
- A phase 2 study of cisplatin + AZD1775 in metastatic triple-negative breast cancer and evaluation of pCDC2 as a biomarker of target response, Protocol ID: 16-264 (2021)
- A phase 2 study of eribulin in patients with HER2-negative metastatic breast cancer: evaluation of efficacy, toxicity, and patient-reported outcomes, Protocol ID: 13-077 (2020)

Phase 3: Getting PLS in Hands of Trial Participants

Scope: Getting PLS in Hands of Trial Participants

- Use **existing** DFCI workflows, tools, and technology
- Electronically distribute PLS to living clinical trial participants
- Customize communication including opt-in/opt-out feature
- Reporting/metrics capability
- Automation where available/applicable
- Efficient and scalable process

Status: Getting PLS in Hands of Trial Participants

- Workflows, tools, and technology assessment just started
- One-off or manual process is inefficient, time consuming, and not scalable

Lessons Learned

Lessons Learned

- **Audience Diversity**

  Target audience can vary widely, each with different levels of understanding and interest in medical topics

- **Ethical Considerations**

  Crucial to ensure PLS is accurate and not misleading, as it can impact patients' understanding of potential risks and benefits

- **Emotional Sensitivity and Respectful Tone**

  Addressing sensitive topics related to health outcomes, side effects, or participant experiences requires careful wording to avoid causing distress

- **Engaging the Audience/Reader**

  Making the summary engaging and relevant while maintaining content accuracy can be a tricky balance

Lessons Learned (cont.)

- **Complicated Terminology**

  Involves technical medical language that must be simplified without losing essential meaning

- **Summary of Complex Data**

  Distilling complex data (like statistics or outcomes) into understandable language without oversimplifying or misrepresenting findings can be difficult - **shorter can be harder**

- **Balancing Detail and Clarity**

  Important to provide enough detail to summarize the trial's results and significance while remaining clear and concise - **striking this balance can be tough**

- **Feedback from Laypeople**

  Incorporating feedback from a few laypeople ensures better understanding by persons with limited scientific or medical knowledge - **multiple perspectives gave us a better outcome**

Lessons Learned (cont.)

- **Team Composition and Workflow**

  Needs to be tailored to your situation for all phases especially getting the PLS in the hands of the trial participants

- **Organizational Support**

  Building support is important and can be time consuming

- **Continuous Learning**

  Every PLS created offers an opportunity to learn and improve and reflecting on what works and what doesn’t builds skills and improves content quality over time

Getting Started

Getting Started

- Identify the members of your PLS team and define their roles
- Define your intended audience and keep in mind when writing the PLS
  - Have PLS reviewed by people who represent the intended audience
- Determine which trials/studies for which you want to create a PLS
  - 1st and last author, PI of trial, etc.
- Define your PLS section outline and style guide
- Determine what content you want to include in each section
- Define guidance for what to include and not to include in the PLS
- Create process workflow that works for you and your institution

Thanks for Dana-Farber's Support

- Breast Oncology Center (BOC) Leadership
- Dana-Farber/BOC Clinical Research
- Dana-Farber Breast Patient Research Advocates
- Dana-Farber Communications and Marketing
- Dana-Farber Information Systems

Thank you

Dana-Farber
Cancer Institute

Q&A

with Tim, Paula and Christine

Additional Resources

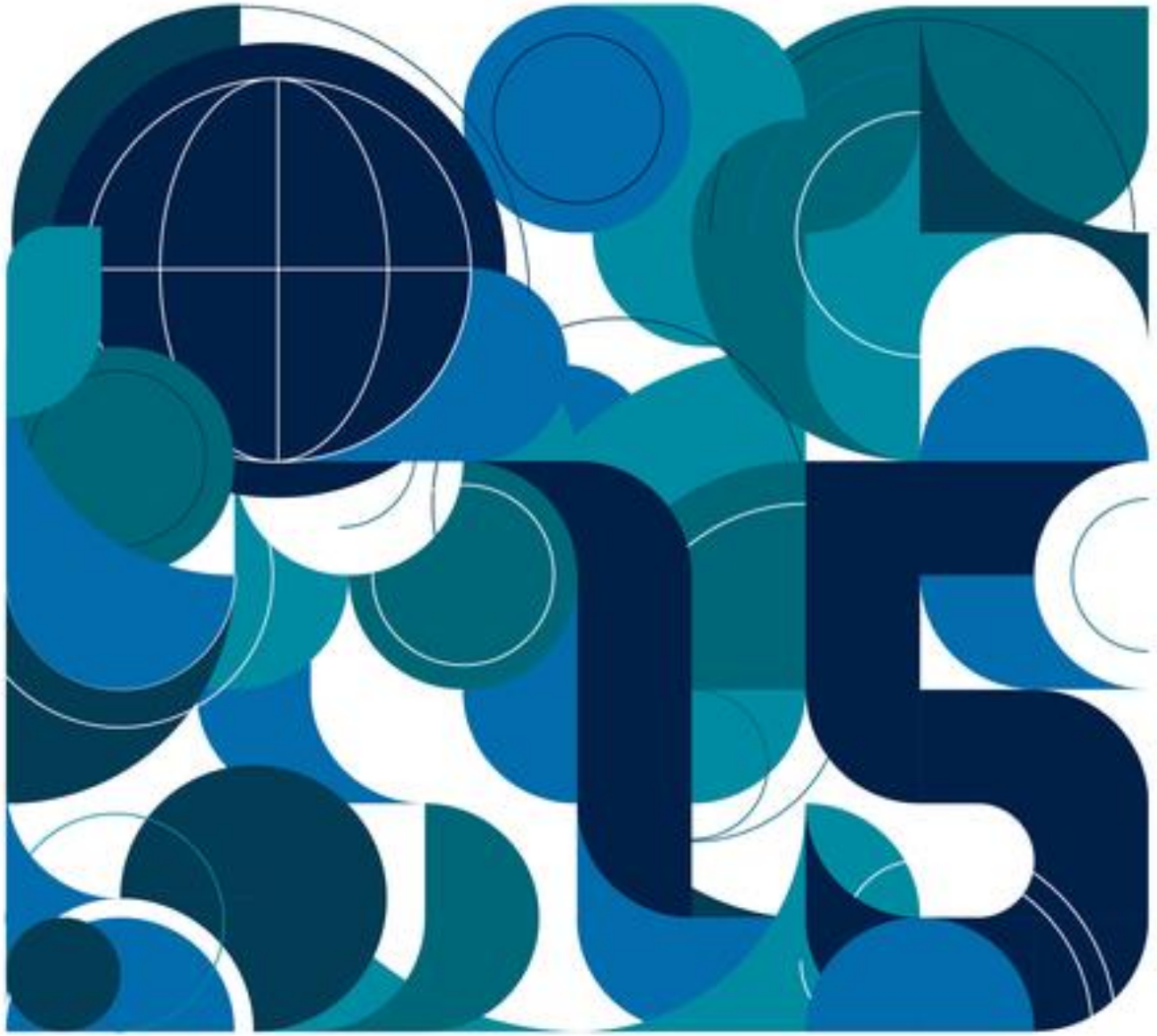
Clinical Research Glossary:
www.mrctcenter.org/glossary

Individual Return of Research Results Resources:
www.mrctcenter.org/return-of-individual-results/

Happy Health Literacy Month!

There is one more webinar in the series. Register today!

October 22, 12 - 1 pm ET:
Session 3: Designing PowerPoint Presentations to Support Health Literacy and Accessibility



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EC/SC and General Public

THURSDAY, NOVEMBER 14, 2024:
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FRIDAY, NOVEMBER 15, 2024:
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