EPOXI

lessons learned thus far

EMA meeting 09-JUN-2023

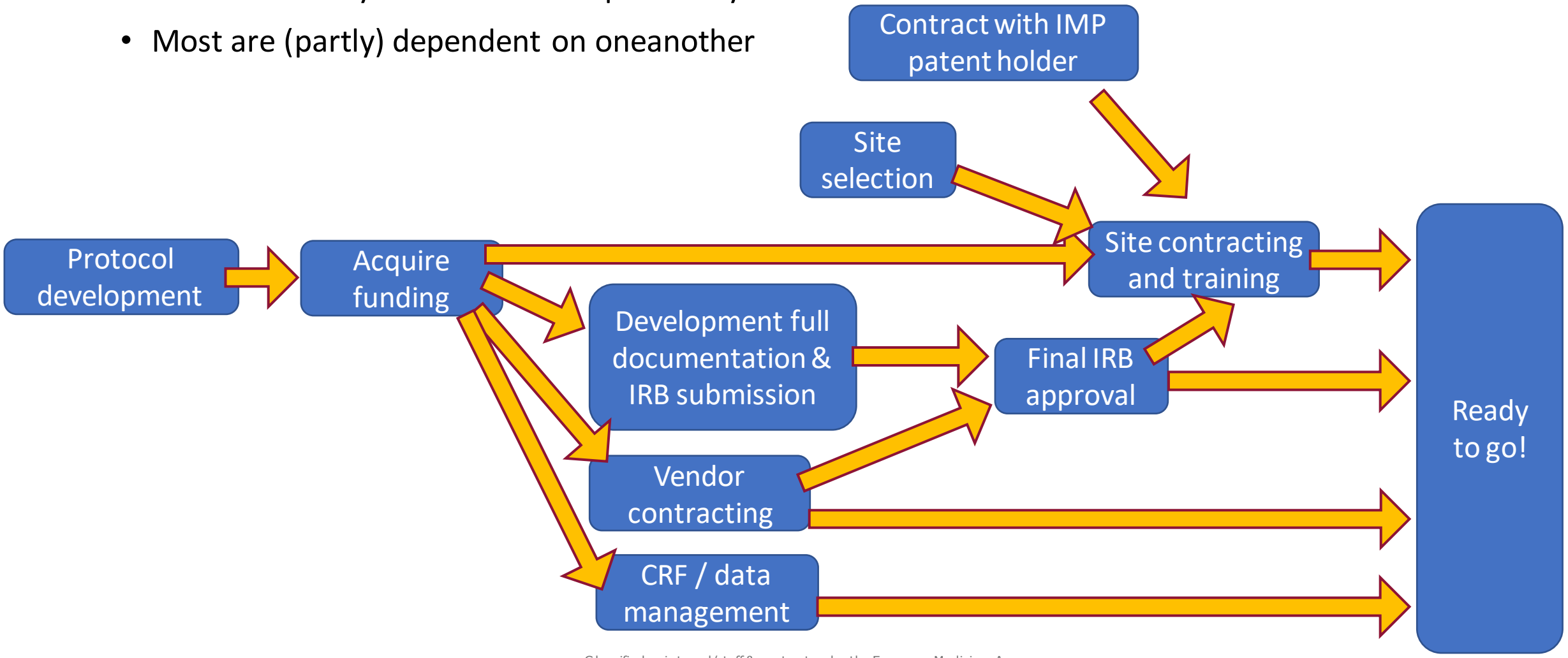
Miquel Ekkelenkamp & Marc Bonten

UMC Utrecht

ecraid

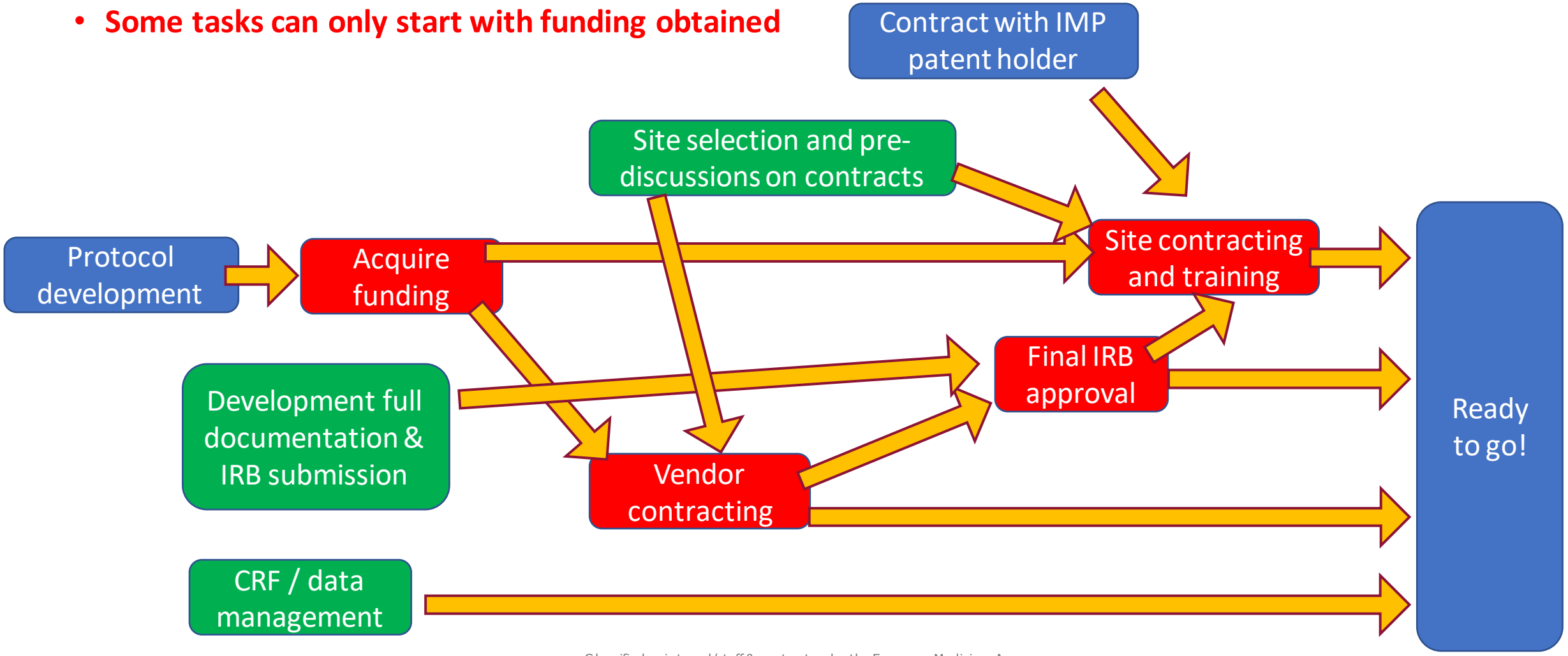
Tasks and workflow (1)

- Some tasks may be initiated independently
- Most are (partly) dependent on oneanother



Tasks and workflow (2)

- **Some tasks may start with assurance of funding**
- **Some tasks can only start with funding obtained**



Jul 7: ECRAID-BASE allocates funds for project management / protocol development.
EU-RESPONSE and ECRAID create study group EU/EEA-trial.

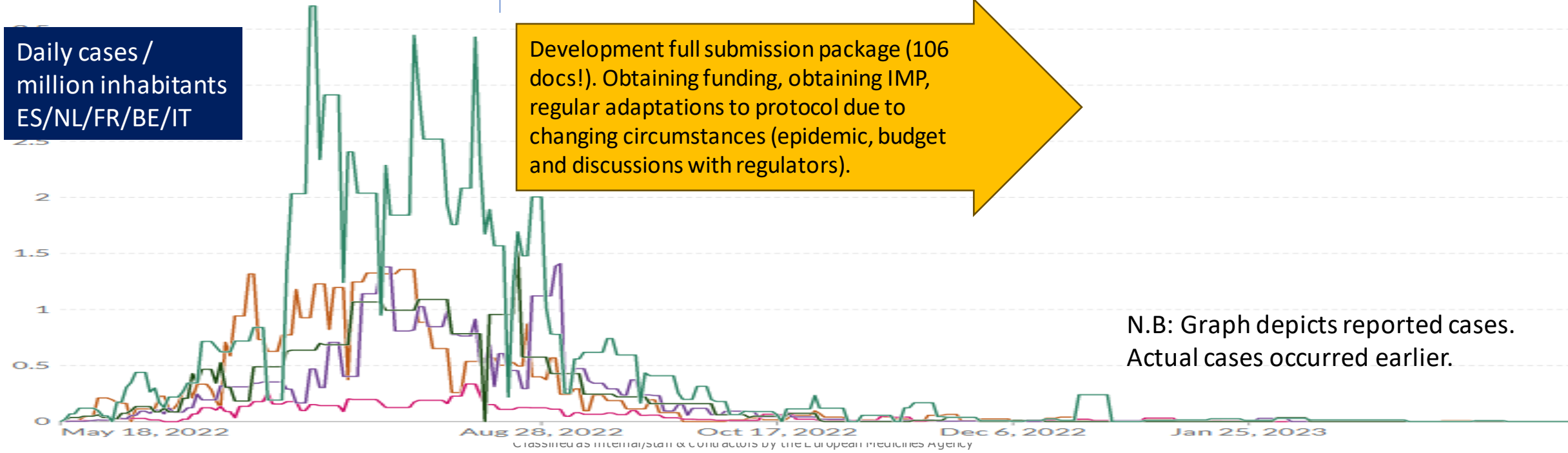
Jul 10: Kinshasa meeting: discussion global (WHO-) trial based on PALM007

Jul 15: 1st meeting EPOXI-trial (→ weekly)
EU-RESPONSE (Yazdanpanah, Arribas, Olsen, etc), ECRAID (Hensgens, Hullegie, Ekkelenkamp, etc), and other experts.
Agree on EU-trial based on WHO-protocol. Co-CI's from the two networks. Data and DSMB sharing with UNITY.

Jul 29: WHO protocol published
Involvement NEAT-ID network

Aug 13: First draft EPOXI-protocol

Development full submission package (106 docs!). Obtaining funding, obtaining IMP, regular adaptations to protocol due to changing circumstances (epidemic, budget and discussions with regulators).



N.B: Graph depicts reported cases. Actual cases occurred earlier.

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Jul 10: Kinshasa meeting: discussion global trial based on PALM007

Jul 15: First meeting ECRAID-study.

Jul 29: WHO protocol

Aug 1: SIGA commits to delivering IMP

Aug 9: HERA- meeting mpox research initiatives

Aug 29: EC commits to funding UNITY/EPOXI/MOSAIC through EU-RESPONSE

Sep 7: Adding funding to EU-RESPONSE not feasible: separate project submission.

Oct 12: EPOXI CTIS submission Part I + II

Protocol Submission pack

IRB review

Dec 12: Conditional approval, pending funding

Today

Funding process

Contract vendors / site initiat

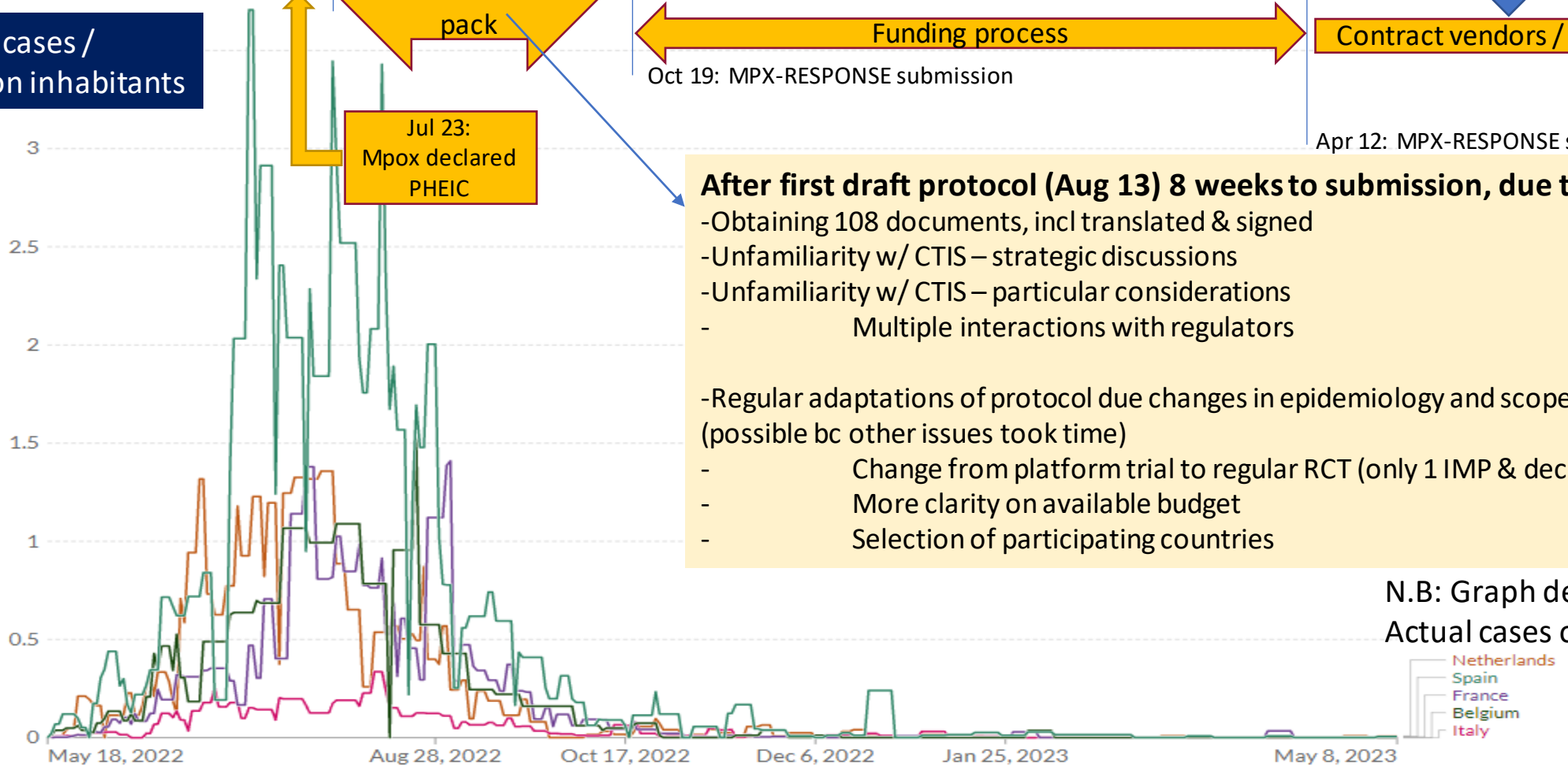
Ready to go

Oct 19: MPX-RESPONSE submission

Apr 12: MPX-RESPONSE signed by EC

Daily cases / million inhabitants

Jul 23: Mpox declared PHEIC



After first draft protocol (Aug 13) 8 weeks to submission, due to:

-Obtaining 108 documents, incl translated & signed

-Unfamiliarity w/ CTIS – strategic discussions

-Unfamiliarity w/ CTIS – particular considerations

- Multiple interactions with regulators

-Regular adaptations of protocol due changes in epidemiology and scope of study (possible bc other issues took time)

- Change from platform trial to regular RCT (only 1 IMP & decline cases)
- More clarity on available budget
- Selection of participating countries

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Delaying elements specific to EPOXI mpox-trial

- Declining epidemic
- Specific risk group & risk behaviour
- Vaccine available

- Medication not readily available and importation issues
- EMA “authorisation under exceptional circumstances”

- Epidemic peak /declaration PHEIC in summer holidays

- Generally low sense of urgency
- “Effort that may not pay out for disease that may quickly disappaer”
- Protocol adapted various times to changing circumstances

Facilitating elements specific to EPOXI mpox-trial

- Funding availibility through ECRAID-Base to start study preparations
- Efficient collaborations between research networks (Ecraid, EU-RESPONSE, ID-NEAT)
- Direct interactions with funding and regulatory bodies

Time-consuming elements in RCTs	Typical time required	Strategies to speed up
Protocol development	Can be done in 1 week	Pre-developed protocols, ongoing (platform) trials
Document generation	Takes weeks (requires many signed documents)	
Acquiring funding	3 – 6 months?	
Regulatory process	Standard: 106-187 days Fast track: 67 days	Pre-discussions with regulators Integrate in active (platform) trial
Vendor selection & contracting	Minimum: 1 month. Delays with tender / selection process and contracting.	Pre-contracted vendors (e.g. monitoring). Avoid necessity for vendors in distribution process.
Contracting sites	Minimum 1 month. With obtuse lawyers, may easily become 1 year.	Pre-defined (non-negotiable) contract templates
Data management: eCRF and database building	Minimum 6 weeks for building and testing.	Start-up early in process. Adjudicate adequate resources

Questions and discussion