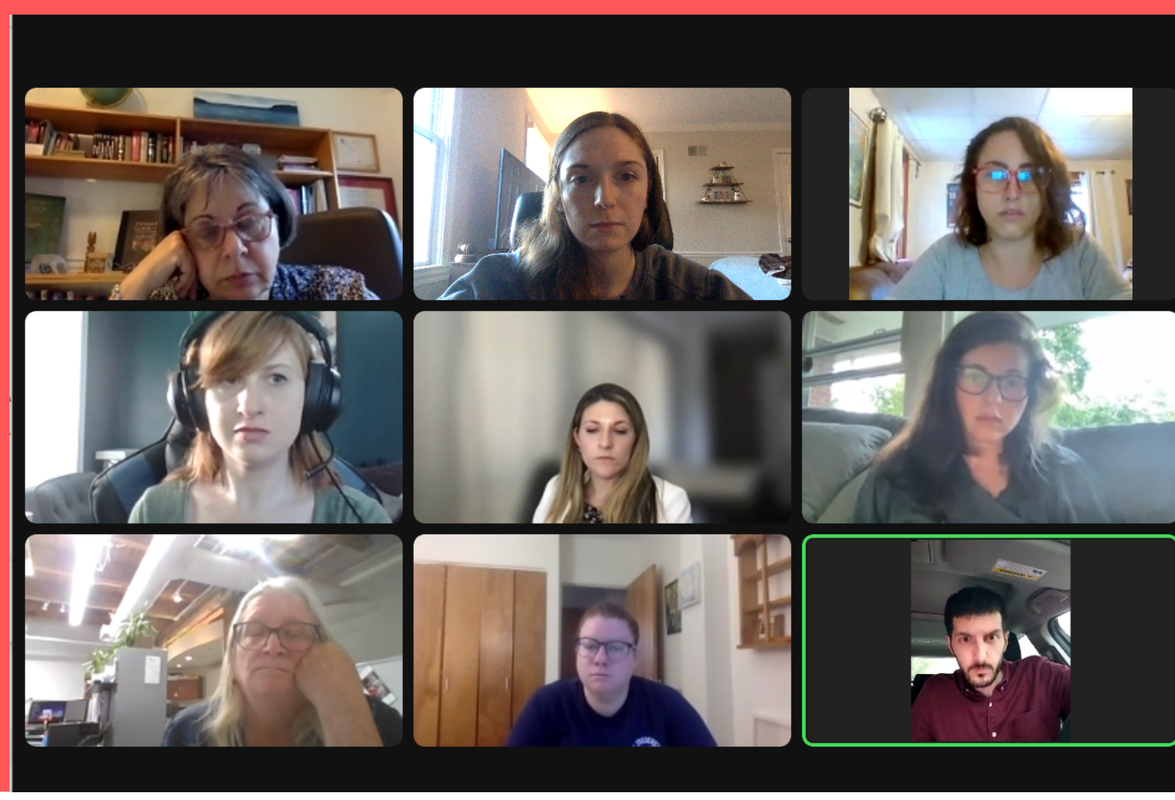
Morgan Smith **Service Learning Poster** **June 19, 2022**

RIGHTCARE

RIGHT CARE ALLIANCE

A Call for a New Health System



LOCATION AND OVERVIEW

Right Care Alliance (RCA) Is located In Boston, Massachusetts. RCA Is a grassroots coalition that consists of patients, clinicians, and community members. The coalition organizes to make health care Institutions accountable to communities. They also demand that healthcare puts patients, not profits In the forefront of healthcare. RCA Is currently focusing their efforts on Aduhelm, a pharmaceutical that received FDA accelerated approval In 2021 despite significant controversy. For my service learning project, I reported to Stephanie Aines, the director of organizing and training.

VISION/MISSION

- The Right Care Alliance vision Is that of a transformed healthcare system In which health Is a right for all and healthcare Is based on putting people over profits.
- The RCA mission is to create a healthcare system that Is affordable and just, with meaningful public transparency

ACTIVITIES

- Weekly meetings with Stephanie Aines and Catie Moulton
- Research regarding the FDA Accelerated Approval Process, Aduhelm, and scientific or peer-reviewed articles
- Outreach to current RCA members, friends, allied health professionals, and colleagues on Aduhelm
- Create a study group agenda, Including discussion questions
- Collaborate with RCA social media team
- Attend meeting on facilitation
- Attend Orientation to Organization session
- Host and facilitate a study group on the FDA Accelerated Approval Process, specifically focusing

VIEWPOINT

A Middle Ground for Accelerated Drug Approval—Lessons From Aducanumab

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The accelerated approval by the US Food and Drug Administration (FDA) of Biogen's monoclonal antibody aducanumab (Aduhelm) for treatment of patients with Alzheimer disease has created a controversy. Three members of the FDA's Peripheral and Central Nervous System Drugs Advisory Committee, which nearly unanimously rejected approval of aducanumab, resigned over the decision. Some major academic medical centers declared that they will not prescribe the Biogen drug. An inspector general is investigating reports of irregular contacts between FDA officials and Biogen executives.[1] In addition, many were outraged by Biogen's price of $56 000 per year for aducanumab. Conversely, patient groups, such as the Alzheimer Association, endorsed the first FDA-approved drug for Alzheimer disease in 18 years. This controversy forces the question of how to improve accelerated approval.

The FDA established accelerated approval in 1992, and it was formalized in legislation in 2012. The intention is to permit "drugs for serious conditions that fill an unmet medical need to be approved based on a surrogate [or intermediate] endpoint reasonably likely to predict clinical benefit."[2] Because an accelerated approval is not based on definitive evidence of long-term clinical benefit, it constitutes a *conditional* approval that must be followed up by a confirmatory (or refuting) study. The purpose of accelerated approval is speed in the following 3 aspects of the drug development process: getting innovative treatments to market, obtaining definitive data on whether the drugs provide clinical benefits, and providing regulatory assessments of drugs. If speed is lacking in any of these 3 steps, accelerated approval is failing to meet its objective.

Critics of accelerated approval are concerned that the pathway undermines obtaining definitive data on the long-term clinical benefit of drugs.

From 1992 to 2020, accelerated approval has been used for more than 253 drugs, of which 125 (49.4%) have been granted full approval and 16 (6.3%) have been withdrawn.[3] Because the process is focused on serious conditions with unmet needs, 64.8% of drugs granted accelerated approval have been for oncology.[3]

Proponents of accelerated approval argue that the pathway enables patients with serious conditions and few therapeutic options fast access to innovative interventions. Transformative drugs that went through the pathway include imatinib (Gleevec) for chronic myelogenous leukemia in 2002 and durvalumab (Imfinzi) for small cell lung cancer in 2017. Without accelerated approval, it likely would have taken many more years to approve these drugs, potentially depriving thousands of patients of their benefits.

Critics of accelerated approval are concerned that the pathway undermines obtaining definitive data on the long-term clinical benefit of drugs. Confirmatory studies may not be completed or are completed slowly, and are sometimes conducted with end points that repeat the use of surrogate end points without measuring long-term clinical benefits, such as overall survival or quality of life. They maintain that accelerated approval reduces drug companies' incentive to complete confirmatory trials. In addition, the instance of bevacizumab for the management of metastatic breast cancer demonstrates that once accelerated approval is granted, it can be difficult to remove some drugs from market even if studies do not substantiate long-term benefit.[4,5]

Accelerated approval needs to be improved. Is there a middle ground between proponents and critics about how that can be achieved? The aducanumab experience suggests 4 potential changes.

First, surrogate or intermediate end points that are established as highly or moderately correlated with long-term clinical benefit (eg, improved survival or functioning) should be used as primary outcome measures in the accelerated approval trials. In the case of aducanumab, the surrogate end point identified, reduction in beta amyloid plaque, has not been linked to the clinical outcomes of cognitive improvement or delayed clinical decline in patients with dementia.[6] According to the FDA, there was a dose-dependent reduction of amyloid plaques by aducanumab, suggesting that the drug may be having a biological effect on Alzheimer disease with a reasonable likelihood of further benefit. But, even if the FDA is correct, a reduction of plaque has no established correlation with improved cognitive functioning.

Acceptable intermediate outcomes should be tailored to the specific condition. These could include response rate, complete cytogenetic response, or progression-free survival when linked to survival or quality of life improvement for specific cancers. Conversely, hypothesized correlations of end points based on theories about pathophysiology with no substantiating data, such as reduction of amyloid plaques and cognitive functioning, should not be acceptable for an accelerated approval trial.[7] End points with important preliminary data could be used, but only with a definitive plan to establ-

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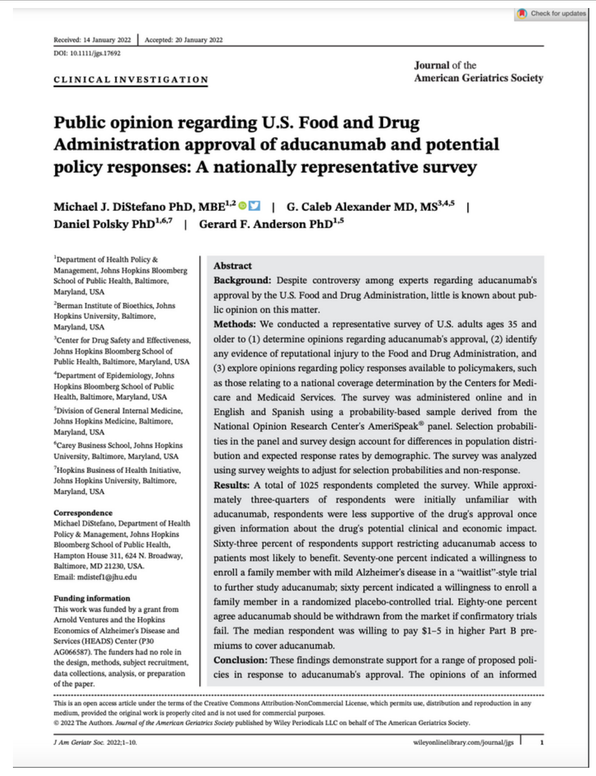

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CLINICAL INVESTIGATION

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Public opinion regarding U.S. Food and Drug Administration approval of aducanumab and potential policy responses: A nationally representative survey

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Abstract

Background: Despite controversy among experts regarding aducanumab's approval by the U.S. Food and Drug Administration, little is known about public opinion on this matter.

Methods: We conducted a representative survey of U.S. adults ages 35 and older to (1) determine opinions regarding aducanumab's approval, (2) identify any evidence of reputational injury to the Food and Drug Administration, and (3) explore opinions regarding policy responses available to policymakers, such as those relating to a national coverage determination by the Centers for Medicare and Medicaid Services. The survey was administered online and in English and Spanish using a probability-based sample derived from the National Opinion Research Center's AmeriSpeak® panel. Selection probabilities in the panel and survey design account for differences in population distribution and expected response rates by demographic. The survey was analyzed using survey weights to adjust for selection probabilities and non-response.

Results: A total of 1025 respondents completed the survey. While approximately three-quarters of respondents were initially unfamiliar with aducanumab, respondents were less supportive of the drug's approval once given information about the drug's potential clinical and economic impact. Sixty-three percent of respondents support restricting aducanumab access to patients most likely to benefit. Seventy-one percent indicated a willingness to enroll a family member with mild Alzheimer's disease in a "waitlist"-style trial to further study aducanumab; sixty percent indicated a willingness to enroll a family member in a randomized placebo-controlled trial. Eighty-one percent agree aducanumab should be withdrawn from the market if confirmatory trials fail. The median respondent was willing to pay $1–5 in higher Part B premiums to cover aducanumab.

Conclusion: These findings demonstrate support for a range of proposed policies in response to aducanumab's approval. The opinions of an informed

COMMUNITIES AFFECTED

- Right Care Alliance Is committed In ensuring that all Americans have a right to quality healthcare that Is equitable, accessible, and delivered with compassion
- COVID-19 has exposed deep, health-related Inequities In the medical system and In our society - American healthcare functions as a business, but Is Inefficient
- The current focus on the pharmaceutical Aduhelm affects those with Alzheimers, and their loved ones

SOCIAL INNOVATION ANALYSIS

Effective through collaboration between community members, physicians and clinicians, and patients via a grassroots approach. Having members from a variety of facets In society Is socially Innovative and allows for more effective tactics
Efficient by hosting study groups, house parties, protests, and petition signing events. RCA members and Interested people have quick access to relevant Information surrounding Aduhelm and other RCA Initiatives
Sustainable through the reframing of what health and healthcare should look like, and using RCA members to continue educating others

ORGANIZING AND ADVOCACY

- *Joining a chapter:* There are local RCA chapters In Boston, D.C., Gainesville, and Nashville. These groups consist of physicians, nurses, allied health professionals, and patients who meet to discuss strategy and progress with efforts
- *Study Groups:* RCA members share conversation and learn from each other to better understand how the American healthcare system currently works and what a future system could look like
- *Guidebooks:* Current guidebooks and resources Include how to build a chapter, Insulin protest toolkit, Eli Lilly postcards, house part and study group guides, town hall toolkit, and other leadership training materials

CONCLUSION

Community organizing and advocacy strategies are being utilized to build power and capacity at Right Care Alliance by creating a grassroots coalition of members from all areas to fight for health justice and rights. RCA strives In telling the story of health Injustices and Inequities via their house parties and study groups to raise awareness of the current Issues and barriers to solutions.

RECOMMENDATIONS

- Conduct further community organizing and advocacy efforts, Ideally adding in more larger scale events as COVID-19 restrictions ease up
- Hold more protests and public facing events to raise more public awareness of RCA's efforts. Holding events outside public officials' offices or gaining attention by local news or media may help
- Identify other organizations that may be able to spread the word of RCA efforts more nation-wide

BIBLIOGRAPHY

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