Screening rounds

R1

Jan 01 2013- Jan 01 2020

Sept 20

Alzheimer disease OR Alzheimer's disease OR AD OR Parkinson disease OR Parkinson's disease OR PD OR ALS OR Amyotrophic lateral sclerosis OR Huntington disease OR Huntington's disease

R2

Sept 26-Jan 01 2013- Jan 01 2020

MS (Multiple Sclerosis) OR MS OR Migraine OR Headache OR Epilepsy OR TBI OR Traumatic Brain Injury OR Stroke

R3

Sept 28

1. 01/01/2011-12/31/2012

Alzheimer disease OR Alzheimer's disease OR AD OR Parkinson disease OR Parkinson's disease OR PD OR ALS OR Amyotrophic lateral sclerosis OR Huntington disease OR Huntington's disease OR

MS (Multiple Sclerosis) OR MS OR Migraine OR Headache

1. 01/01/2011-12/31/2012

Epilepsy OR TBI OR Traumatic Brain Injury OR Stroke

1. 01/02/2020-01/01/2021

Alzheimer disease OR Alzheimer's disease OR AD OR Parkinson disease OR Parkinson's disease OR PD OR ALS OR Amyotrophic lateral sclerosis OR Huntington disease OR Huntington's disease OR MS (Multiple Sclerosis) OR MS OR Migraine OR Headache

<https://clinicaltrials.gov/ct2/download_studies?cond=Alzheimer+disease+OR+Alzheimer%27s+disease+OR+AD+OR+Parkinson+disease+OR+Parkinson%27s+disease+OR+PD+OR+ALS+OR+Amyotrophic+lateral+sclerosis+OR+Huntington+disease+OR+Huntington%27s+disease+OR+MS+%28Multiple+Sclerosis%29+OR+MS+OR+Migraine+OR+Headache&term=&type=Intr&rslt=&age_v=&gndr=&intr=&titles=&outc=&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&phase=2&rsub=&strd_s=&strd_e=&prcd_s=01%2F02%2F2020&prcd_e=01%2F01%2F2021&sfpd_s=&sfpd_e=&rfpd_s=&rfpd_e=&lupd_s=&lupd_e=&sort=>

01/02/2020-01/01/2021

Epilepsy OR TBI OR Traumatic Brain Injury OR Stroke

<https://clinicaltrials.gov/ct2/download_studies?cond=Epilepsy+OR+TBI+OR+Traumatic+Brain+Injury+OR+Stroke&term=&type=Intr&rslt=&age_v=&gndr=&intr=&titles=&outc=&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&phase=2&rsub=&strd_s=&strd_e=&prcd_s=01%2F02%2F2020&prcd_e=01%2F01%2F2021&sfpd_s=&sfpd_e=&rfpd_s=&rfpd_e=&lupd_s=&lupd_e=&sort=>

degen additional including the ones that were excluded from R1 that were excluded but should be included from new rules

R4

Extra (got lost)

R5

MS expanded terms just added Multiple Sclerosis

R6

Trials with Limited data

R7

P2/3 trials that needed to be reincluded, MS trials that we found pubs for later, ones with no results

Add 1s in round 7 column and ones that need pubs from MS category and p3s that pass the P3 test

Lons answers about symptoms

|  |  |  |
| --- | --- | --- |
| **Indication:** | **Symptom** | **Used as a measure of disease modification? (yes/no)** |
| **AD** | Insomnia | No |
| Apathy | No |
| Agitation | No |
| Sleepiness | No |
| **Huntington’s** | Chorea | DK - possibly |
| **Stroke** | Fatigue | No |
| Walking deficits | No |
| **MS** | Chronic Visual Loss Related to Optic Neuritis | DK posibly |
| Processing speed | DK – doubt it |
| Pain | No |
| **PD** | Sleepiness | No |
| Apathy | No |
| **TBI** | Mood disorders | No |
| Affect Recognition | No |
| Sleepiness | No |
| **Migraine** | Dizziness | Not in itself |

**Erika**

|  |  |  |
| --- | --- | --- |
| **Indication:** | **Symptom** | **Used as a measure of disease modification? (yes/no)** |
| Huntington’s | Chorea | Yes |
| Optical neuritis | No |
| Cognition | Yes |
| Stroke | Verbal fluency | Possibly |
| Epilepsy | Postictal Central Respiratory Dysfunction | No |

1. We’ve come across some phase 3 trials in MS that use weird endpoints. Would you consider any of the following “widely used measures of disease modification of MS” for phase 3 trials? (I am pretty sure the answer is ‘no’ but want to double check)
2. All make sense as primary-maybe not as primary endpoint
   1. fatigue-rarely
   2. walking-as secondary endpoint yes. It's called T25W
   3. spasticity-rarely
   4. processing speed-as tertiary endpoint
   5. chronic visual loss related to optic neuritis-Vision is part of the EDSS, so yes very often. some trials focused on vision. Then they used retinal fiber thicknes by OCT.
   6. cognitive disorders-in some as secondary or tertiary endpoint
   7. cognition-same
3. Athough all these endpoints are most often used in trials on secondary or primary progressive forms of the disease. In RRMS, primary endpoint is mostly annualised relapse rate

**Allow**

**Huntington’s-chorea and cognition**

**MS-** Chronic Visual Loss Related to Optic Neuritis

PD-motor function

General function scores

TASKS TO DO

Before presentation

* For me to do
  + Finish paper and codebook mostly
  + Finish presentation
  + Individual indication-read tb and papers from
    - Stroke-verbal fluency in manual
    - Parkinsons update from textbook
    - Ms- Optic Neuritis
    - If anything moved from exclude to include check approval and positivity (ms emails symptoms)
* Questions for presentation
  + severity
  + those that are terminated for futility-can we call non pos
  + What to do about phase 2/3 trials - I want to exclude p2/3
    - Also don’t know if they proceeded if they stated they didn’t move on or called P2 we excluded
  + We focused in on the efficacy variable how does eff in P2 translate to P3 but more work should be done to look at safety and dose or others bc for example in Ms a P3 trial may be very positive but not moved to approval because it had immune reactions so not successful??
  + Take the same outcome when not primary to be able to pool??
  + New formulations of old drugs
  + Moral economy worth it?
  + Made ambiguous count as bypassing-ok?
  + I have information to pool all p3 trials (first in indication for many indications-interesting for a diff trial
    - Like amandas project with headache, ms, als etc. -more power if not considering bypass subgroups
* JK
  + Answer to spreadsheet?
  + Both excluded should we include-only ambigious answers from collabs
    - Stroke-verbal fluency
    - MS-optical Neuritis
* Robyn
  + Check Funding- When it was but the drug was supplied by pharma
    - Make these non pharma---check this
  + SMD check
    - when data finalized see if other indications can go into SMD and pick outcome to put into it and make sure extracted that one if available even if not primary?
    - Check negatives
    - Check Cis intervals
  + K and M
    - For approved drugs, drugs@FDA documents used to
      * to check that we correctly matched P2 trials to P3 trials
      * bypass is correct
      * For preapproval-check if approved after the start of trial
      * Post-approval find the last version see if approved in the new indication
    - True Bypass further search
      * MEDLINE and EMBASE via OVID-only do once I define p2/3
  + For me to do later
    - Email authors where you didn’t find pubs
    - Email authors to see if they moved on to p3 in included trials excel
    - Fill in new enrollment numbers for included NCTs
      * phase 2 or phase 3 check in matching doc— b/c of ss need to check avg enrollment for that p3 indication in that indication
    - SMD
      * I excluded those without mean differences given-way to calculate with out CI only pvalue?
      * Calculating ses correctly?
    - Last matching questions