Comments of the European Federation for Exploratory Medicines Development (EUFEMED, Brussels) regarding the Consultation Document 'Summary of Clinical Trial Results for Laypersons'

General comments

The target population of lay summaries should be made entirely clear. Lay summaries are intended for public information exclusively. Lay summaries must not serve as primary data source for safety and efficacy evaluation of medicinal products. Lay summaries require shortening and simplification compared with scientific synopses and are therefore of limited scientific precision.

Specific comments

Line 89 to 100, 150, 268 Literacy proficiency level

The complex concepts of clinical trials and the description of their results in lay summaries cannot be simplified to a literacy proficiency level of 2 which is defined as 'being able to identify words and numbers in a context and being able to respond with simple information, e.g. being able to fill in a form'. This literacy level requires oversimplification and thus might result in incorrect and inadequate public information which would in turn foil the entire intention of a lay summary.

We suggest a literacy proficiency level of 3 in local language as adequate for lay summaries, which we feel corresponds to the literacy proficiency level widely used in patient informed consent forms for participation in a clinical trial.

References, Page 11

The reference 'Sroka-Saidi K et al' needs to start on a new line to be clearly legible

Section 3.3, Page 15, suggested wording for Phase 1 trials

We do not approve the term 'side effects' for early phase clinical trials. 'Side effect' denotes an established causal relationship between an adverse event and an administered drug. Phase 1 trials assess safety and tolerability of medicinal products in small numbers of trial subjects and are not adequately powered to determine 'side effects'. The term 'adverse event' should be used.

Section 7, Page 19 ff: Examples for clinical trial endpoints in simple, plain language

Unfortunately several of the presented examples are incorrect. The translation from 'scientific' language into 'simple' language has falsified the trial results, further details are given in the following:

- The definition of <u>dose escalation</u> 'Dose escalation is sometimes used in Phase 1 studies to measure safety' lacks a reference to pharmacokinetics, which is a major endpoint in this type of trial as well as to the use of pharmacodynamics / biomarkers as an early measure of target engagement.
- <u>Non-inferiority:</u> Presented text: 'This study showed that insulin A (Group A) was not different or at least not worse than standard insulin therapy (Group B) in *lowering the level of red blood cells* in Type 1 diabetic patients.' Comment: Insulin does not lower the level of red blood cells (that would mean it causes anaemia = an undesirable effect), but the level of glycosylated haemoglobin HbA1c (desirable effect, HbA1c marks high sugar levels in blood over a time period of 1-2 months; HbA1c = parts causing the colour staining of red blood cells are bound to glucose and increase with high blood sugar levels).

- Prevention / incidence: Presented text: '1 in 20 women (5%) in Group A (bisphosphonates) had a break in their back bone (vertebrae). 2 in 20 women (10%) in Group B (X Treatment) had a break in their back bone (vertebrae). This means that patients in Group A had fewer breaks in their back bone.' Comment: This conclusion does not correctly reflect the trial results; the frequency of breaks in back bone was not assessed (how often did each patient break a back bone?). The conclusion should rather be 'Less patients in Group A had a break in their back bone'.
- A similar falsification has to be noted for the example presented for 'patient reported outcomes'.

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EUFEMED asbl
European Federation for Exploratory Medicines Development
Rue de l'Industrie 4, 1000 Brussels - Belgium
EN: 0629.959.66.
info@eufemed.org

Contact persons**:**

Prof. Jan de Hoon- EUFEMED President
Dr. Kerstin Breithaupt-Grögler - Corresponding Author / EUFEMED Board Member