Appendix 2: Transcripts of Online Educational Videos

1. What are early phase clinical trials?

My name is Dr _____ and I am one of the consultant oncologists in the Drug Development Unit. Cancer is the leading cause of mortality in the developed world – unfortunately their remains an urgent need to develop more effective anti-cancer therapy with less side effects for almost all the major cancers. Scientists in a lab like this are working hard all the time – when they find a chemical that shows promising results in the lab, the next step will be to trial it in humans.

This is where we come in.

The first step is to work out if this new drug can be safely administered in humans and what the right dose to use is. We test these drugs in animal models but it is impossible to accurately predict how the drug will be tolerated in humans.

In the first part of a trial which you may be recruited in, called dose escalation, we start a dose where we do not expect to see any toxic side effects and then after a given time period passes after each patient at a particular dose, we slowly increase the dose until we start seeing side effects.

In the second part of the trial, called dose expansion, we have decided that a particular dose is tolerable and we are expanding the numbers of patients to start seeing if the drug has any anti-tumour efficacy and also continue to collect information about side effects.

Clinical trials have very specific inclusion and exclusion criteria, and also we only have a limited number of slots available at any particular time – it is understandable for you to be disappointed if there is no trial suitable for you.

2. Will being in an early phase clinical trial shrink my tumour?

My name is Dr _____ and I am one of the consultant oncologists in the Drug Development Unit.

This is the most important question patients will have on their mind.

The answer is that we do not know. We may have an idea or a prediction based on the match between a particular trial and the characteristics of your tumour, but ultimately we do not know and this uncertainty is part of the research process. We make every effort to allocate you to a trial where we believe you will have the maximum chance of benefit. Saying this, it is crucial to remember that there is no proven benefit from trial participation.

This is perhaps the key difference for you to understand – there is a big difference between treatment offered with your referring oncologist which has been tried on thousands of patients and research trials where there has been a small number of patients who have been exposed to the treatments.

It is important for you to understand that the main purpose of an early phase trial is to establish the side effect profile and the correct dose of the drug to use – traditionally the question about whether the drug is effective is answered at later stages of development.

Historically response rates have ranged from 5 – 10% but your doctor will let you know if they expect the response rate to be or higher or lower in your particular situation during your consultation. Many patients ask how long a trial is, and the answer is that it depends on your response – for the majority of trials we usually wait 6 – 8 weeks to perform a scan and make a decision at that point about whether continuing on the trial is in your best interests.

3. Will I get side effects by being on an early phase clinical trial?

My name is Dr _____ and I am one of the consultant oncologists in the Drug Development Unit.

This is a vital area to understand however as side effects do occur on early phase trials and can be serious and potentially life threatening.

New cancer drugs may work brilliantly in the lab or a mouse, but unfortunately when given to humans, unexpected side effects can occur – while new agents are designed to be as targeted and precise as possible, it is unfortunately true that side effects are seen in early phase clinical trials.

Our primary concern is your safety and your safety comes first at every step of the way and is at the heart of the research protocols we design and create. Nevertheless, patients can suffer side effects and these can range from ones you may have experienced during previous therapies before such as nausea, diarrhoea, rash or numbness or tingling in the fingers and toes to more unexpected and concerning side effects.

It is important for you to understand that there is a distinct difference between treatment you have received before which has been tested in thousands of patients so doctors have a good understand of the side effect profile, to these research trials where the side effect profile is being worked out.

If you come to harm during our trials you can be assured that we will look after you and treat your side effects to the best of our ability.

4. Do I have any other options? Am I missing out by not being on a Phase 1 trial?

My name is _____ and I am one of the clinical nurse specialists in the Drug Development Unit.

Often patients coming to see us feel like they have no other options. That is never the case. We understand that patients coming to see us all have a diagnosis of an advanced cancer and that their time is precious – deciding to be on a Phase 1 trial means accepting the uncertainty of benefit, the uncertainty of risk and also spending time participating in research activities – this combination is right for some patients but not for all patients. You may have chemotherapy options available to you with your referring oncologist, you may have options at trial centres closer to home and you may take the option of best supportive care which means stopping anti cancer therapy and focussing on addressing any troublesome symptoms caused by your cancer such as pain or nausea.

5. What is it like to be on an early phase trial?

My name is _____ and I am one of the clinical nurse specialists in the Drug Development Unit.

Being part of an early phase clinical trial can represent hope for many patients coming to see us, and in some of our patients, we are able to control or shrink their cancer for a prolonged period of time which is our common goal. However, we like to explain to patients that being on an early phase trial is time consuming and at times, some patients can find it to be onerous.

Because these drugs are so new, we are extra careful and we have frequent clinic visits, usually once a week, to check on how you are going and to make sure you are not getting any side effects. We also have overnight admissions for many of our trials as we take regular blood samples to measure the level of the drug in your body. If you have an unexpected or serious side effect we will likely ask you to come to our unit so that we can review you, and if required, organise a hospital admission.

These visits are usually not so much of an issue for patients travelling a short distance to see us but definitely a consideration for patients who are travelling several hours to see us.

If you are working full time, it will likely interfere with your work schedule – if you are working part time, we will try to work around your schedule but you may still experience some interruptions. In addition, you will likely undergo one or more biopsies for the purposes of the trial and you will likely undergo more frequent imaging with CT or MRI than in your cancer care so far. Many of our trials with oral tablets may ask you to fast for one or two hours prior to having the tablet, and we will ask that you do not go on any holidays in the first two months of the trial – these are new drugs with unexpected side effects and we would not want you to be experiencing an adverse effect in a location where we are unable to review you. In summary, being on an early phase trial will change how you live your life during the time on your trial.

6. Why are biopsies part of many early phase trials and what is involved?

My name is Dr_____ and I am one of the consultant medical oncologists in the Drug Development Unit.

You may have had a biopsy during your cancer journey – most patients will have had one at the start of their journey when they were first diagnosed. A biopsy usually involves a trained doctor inserting a needle into an organ to collect a sample of cancer cells.

Many early phase clinical trials involve one or more biopsies – one prior to starting the clinical trial and one performed during the trial. Given these trials are early and we are uncertain of the benefit we are keen to look at whether the drug has impacted upon the tumour tissue in the way we thought it would. This information is vital for the development of the drug and to determine whether to use a higher dose or whether the drug is one that should be tested on larger numbers of patients.

There are two types of biopsies that we perform – superficial and deep. Superficial biopsies are performed of visible lumps on your skin while deep biopsies are performed in your abdomen of structures such as your liver. We will only request to perform a biopsy on you if it is a safe procedure to do so. The most common side effect of biopsies is pain and we have an extremely low rate of complications, but if a complication were to occur we would take the necessary steps to address it.

7. What types of imaging will I undergo?

My name is Dr_____ and I am one of the radiologists in the Drug Development Unit.

You will likely have had CT scans and other types of scans during your cancer journey – a key thing to understand about early phase trials is that we perform scanning more frequently and will likely perform some form of imaging with a CT, bone scans and/or MRI every 6 – 8 weeks. On rare occasions we do use PET scans as well. CT's are performed within a matter of minutes and can be performed with or without contrast given through the veins. There is a small radiation exposure to CTs with each image, however if this is worrying you, you can discuss with the doctor what the risks mean for someone with advanced cancer.. MRIs can take longer, up to 40 minutes and some patients find the machine claustrophobic and/or noisy. Please let us know if you have had any negative experiences and we will work to make the experience of imaging more comfortable.

8. What will you do with my data?

My name is _____ and I am one of the clinical governance specialists in the Drug Development Unit.

As part of your medical care, all your medical data is kept confidential between yourself and your treating doctor and their institution. In clinical research, your medical data provides valuable insight into how you are doing and helps the study team to monitor your safety. Often, a clinical trial is carried out at multiple hospitals in the UK and also, across the world. Your medical data that we collect here, will be de-identified, and unique study id is provided to your data. With this unique id, your medical data will be provided to study sponsors. This means that, your data will be anonymised. Sponsor will have access to your date of birth and your medical history and details of your consultations with us and results of any tests. This data is shared with them so that they can monitor the safety of the trial and to make decisions about the trials progress. If you have any questions about this aspect of the trial, please do not hesitate to ask the doctor and nurse you meet in our clinic.

9. What is it really like #1? Does escalation

a. Explanation of trial they are on
b. Personal experience of the trial
c. Handling uncertainty
d. Impact upon lifestyle
e. Comments on quality of care received

10. What is it really like #2? Dose expansion

a. Explanation of trial they are on
b. Personal experience of the trial
c. Handling uncertainty
d. Impact upon lifestyle
e. Comments on quality of care received