Women in Clinical Trials:
The Challenge of Research During the Reproductive Years

Webinar | June 1, 2023 | 1:00 PM ET
Beth Battaglino
CEO, HealthyWomen
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<th>Corporate Advisory Council Members</th>
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healthywomen.org
Congresswoman Lois Frankel
(D-Florida-22)
Marsha Henderson
Former Associate Commissioner for Women’s Health at the FDA
Panelists

Rebecca Abbott  
Senior Director of Advocacy  
Society for Maternal-Fetal Medicine

Diana Bianchi, MD  
Director  
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Kay Matthews  
Founder  
Shades of Blue Project

Ramita Tandon  
Chief Clinical Trials Officer  
Walgreens Health
MISSION: SMFM supports the clinical practice of maternal-fetal medicine by providing education, promoting research, and engaging in advocacy to optimize equitable perinatal outcomes for all people who desire or experience pregnancy.
Chronic Conditions
- Cardiovascular disease
- Hypertension
- Obesity
- Renal disease
- Asthma
- Sickle cell disease
- Lupus
- Epilepsy
- Thyroid disease
- Thrombophilia
- Mental health disorders

Infectious disease
- HIV
- Hepatitis
- Tuberculosis
Preeclampsia or eclampsia
Gestational diabetes
Placental complications
Mental health disorders
1 in 10 pregnant women use a medication
1 in 7 pregnant women use a prescription medication
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<tr>
<th>Condition</th>
<th>Total (N)</th>
<th>Total (%)</th>
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<tr>
<td>Mental health conditions</td>
<td>224</td>
<td>22.7</td>
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<tr>
<td>Hemorrhage</td>
<td>135</td>
<td>13.7</td>
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<td>Cardiac and coronary conditions</td>
<td>126</td>
<td>12.8</td>
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<tr>
<td>Infection</td>
<td>91</td>
<td>9.2</td>
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<tr>
<td>Embolism-thrombotic</td>
<td>86</td>
<td>8.7</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>84</td>
<td>8.5</td>
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<td>Hypertensive disorders of pregnancy</td>
<td>64</td>
<td>6.5</td>
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CAMT
Coalition to Advance Maternal Therapeutics
Advancing Safe Medications for Moms and Babies Act (HR 1117)

- Require the Food and Drug Administration to update regulations to remove pregnant people as a vulnerable research population.
- Establish a federal clearinghouse of information on clinical trials and registries enrolling pregnant and lactating people.
- Create an education campaign targeted toward consumers and clinicians on enrolling pregnant and lactating people in clinical trials and registries.
- Initiate new clinical research at the National Institutes of Health on existing and new medications prescribed for pregnant and lactating people.
- Reconstitute PRGLAC to monitor progress on its original 15 recommendations and subsequent implementation plan.
Dr. Diana Bianchi
Director
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Lack of Inclusion in Research Complicates Medical Decision Making for Pregnant and Lactating People

- ~ 4 million people give birth in US each year
- Most (90%) take at least one medication
- Evidence for safety, efficacy, and dosing of medicinal therapies in pregnant and lactating persons is severely lacking
- 2016: 21st Century Cures Act established Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC)
Task Force on Research Specific to Pregnant Women and Lactating Women (PRGLAC)

• **Representation from all sectors**: multiple NIH institutes, CDC, FDA, AHRQ, HRSA, HHS, VA, professional societies, industry, academia, non-profit organizations

• 2018: PRGLAC Report to Congress included **15 recommendations** to promote the inclusion of pregnant and lactating women in clinical trials

• 2020: PRGLAC issued an **Implementation Plan**

• Implementation is ongoing via funded research and a working group of Council
Brief Overview of PRGLAC Recommendations

- Key recommendations included:
  - Protect pregnant people through research instead of from research.
  - Change the existing culture that has limited scientific knowledge of therapeutic product safety, effectiveness, and dosing for pregnant and lactating women.
  - Remove pregnant women as a vulnerable population through Common Rule.
  - Expand workforce of clinicians and researchers with expertise in obstetric and lactation pharmacology and therapeutics.
  - Remove regulatory barriers.

- All 15 recommendations and full Task Force report are available online: [https://www.nichd.nih.gov/About/Advisory/PRGLAC](https://www.nichd.nih.gov/About/Advisory/PRGLAC)
Commonly Used Drugs During Lactating and infant Exposure (CUDDLE) Study

- 50-70% of lactating women take prescription drugs, despite only 2% of common medications with evidence-based recommendations for use in this population
- Extent of transfer into breast milk is largely unknown
- CUDDLE Study - how medicines used during breastfeeding are absorbed and delivered in the body
  - Collects breast milk, plasma, safety data
  - Opportunistic design → 1600 enrolled; 10 drugs studied
  - Recent results for oxycodone, nifedipine, ondansetron
- Drug(s) label changes under review at FDA
A-PLUS (Azithromycin-Prevention in Labor Use Study) Trial

- Research supported by NICHD’s Global Network for Women’s and Children’s Health Research and Bill and Melinda Gates Foundation
- Tested whether oral 2-gram dose of the inexpensive antibiotic azithromycin could reduce postpartum sepsis and death
- Enrolled more than 29,000 women in seven low- and middle-income countries
- Study stopped early due to clear maternal benefit
- Results: Single dose azithromycin can reduce by one-third the risk of postpartum sepsis and death
  - Did not reduce the risk of stillbirth, newborn sepsis or newborn death

Tita ATN, Carlo WA, et al. NEJM. (2023)
MPRINT Hub: Advancing Frontiers in Health through Maternal and Pediatric Precision In Therapeutics

- National resource for expertise in maternal and pediatric therapeutics
- Conducts and fosters therapeutics-focused research in obstetrics, lactation, and pediatrics, enhancing inclusion of people with disabilities
- Addresses underrepresentation of women and children in clinical trials
- MPRINT Hub is both a service center and science catalyst:
  - Enhances availability of knowledge, regulatory science, and drug development tools
  - Catalyzes maternal and pediatric therapeutics towards precision medicine
  - Synergizes with other resources and networks
  - Facilitates safer, more inclusive, and more cost-effective trials
Future Pandemic Preparedness: 
Include Pregnant and Lactating People in Research

• Need to plan for the inclusion of pregnant and lactating people for evaluation of treatments and vaccines in future pandemics before another pandemic occurs

• Create a public awareness campaign to engage the public and health care providers in research on pregnant and lactating people

• Develop and implement evidence-based communication strategies with health care providers on information relevant to research on pregnant and lactating people

• Develop separate programs to study therapeutic products used off-patent in pregnant and lactating using people the NIH BPCA as a model
Kay Matthews
Founder
Shades of Blue Project
THE POWER TO CHANGE THE PAST.
What the community is saying...

- Historical Trauma
- Lack of engagement (prior experiences)
- Lack of understanding
- Access
Prior to Covid I was pregnant and told so much different information about vaccination that I was literally afraid that I was going to get Covid-19 and die. And although I had a fear of dying, I was too afraid to participate in the clinicals trials for the vaccination being offered during that time. I truly felt like it was a lose lose battle. And so, I decided not to do either.
SOLUTIONS FOR CHANGE

Assuring clinical trials are accessible to communities of color

Communication that is person centered and yield basic understanding and capabilities.

Listening to the stories of the lived experience and examining how that becomes a factor in outcomes.

Assuring that the engagement with the patients is done with compassion, intentionality and clear understanding.
We must first build trust within our communities of color before we will truly be able to have lasting Impact.
Ramita Tandon
Chief Clinical Trials Officer
Walgreens Health
A brief history of women in clinical trials

- **1962**: Thalidomide tragedy leads to Keating-Harris Amendment.
- **1975**: Pregnant women labeled as "vulnerable research subjects" by the National Commission for the Protection of Human Subjects and Biomedical and Behavioral Research.
- **1977**: US Public Health Task Force on Women's Health recommends "research should emphasize disease unique to women or more prevalent in women."
- **1985**: NIH advisory committee recommends women be included in studies.
- **1986**: FDA specifies the importance of identifying safety in subgroup populations, including gender, for new drugs.
- **1988**: Office of Women's Health established at NIH.
- **1990**: Congress mandates adequate inclusion of women in NIH sponsored trials.
- **1993**: IOM report on "Women and health research" identifies historical gender bias in design and implementation of clinical trials.
- **1994**: 1977 Guideline reversed by FDA.
- **1994**: Office of Women's Health established at FDA.
- **1998**: FDA "Investigational New Drug Applications: Amendment to Clinical Hold Regulations for products intended for life-threatening disease and Conditions."
- **2000**: FDA requires new drug applications must present safety and efficacy data by sex.

But Wait... Where Are The Women?

Women's health research lacks funding – these charts show how

Conditions that affect women more than men garner less funding. But boosting investment could reap big rewards.

Nature

By Kerri Smith
03 May 2023

Women are still underrepresented in clinical trials

By Erin Blakemore
June 27, 2022 at 7:03 a.m. EDT
Ensuring Clinical Research Reflects the Communities We Serve and the Values We Live

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<tr>
<th>Access</th>
<th>Equity</th>
<th>Trust</th>
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<td>Through partnerships, our localized, patient-centered research model and omnichannel footprint, we address pervasive access challenges including convenient trial visits and support for digital health technologies.</td>
<td>We enhance participation for diverse patient cohorts and leverage real-world data to design protocols that address diversity and social determinants of health.</td>
<td>We provide culturally competent education and support for participants in the pharmacy and through community and advocacy partnerships while ensuring research integrity through quality by design to protect the privacy and autonomy of participants.</td>
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Re-envisioning Clinical Trials With a Seamless Patient Experience Rooted in Local Healthcare Expertise

Trusted community presence across the nation + enterprise-wide health solutions

Personalization, last-mile enablement at every step of clinical trial journey

Proactive, precise patient identification

Robust real-world evidence engine

Compliant technology-enabled care options to engage patients at home, virtually or in-person

Owned, partner digital and physical assets

Trial-ready healthcare locations

Walgreens Clinical Trials
We won’t stop until clinical trial populations look like the communities we serve. But we can’t do it alone.
Audience Questions

Submit questions in the Q&A box.

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