CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

December 22, 2014

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Draft Guidance on Disclosing Reasonably Foreseeable Risks in Research Evaluating Standards of Care

Dear Secretary Burwell:

The Cystic Fibrosis Foundation is actively engaged in all aspects of clinical research to develop new cystic fibrosis (CF) therapies and improve the quality of care provided to those with CF. The CF Foundation supports a clinical trials network for CF studies and is engaged in ongoing CF care quality improvement. We are seriously concerned about the Draft Guidance on Disclosing Reasonably Foreseeable Risks in Research Evaluating Standards of Care and its potential impact on CF research efforts and the CF patients we serve. While we fully support full disclosure about known risks, this guidance will result in an overestimation of risk and prevent research participation.

Individuals with CF who participate in clinical trials are fully informed regarding the clinical trials investigating new therapies in which they enroll. They must be provided a statement that the study involves research, an explanation of the research, information regarding the duration of their participation, a description of the procedures to be followed in the trial, and the identification of any experimental procedures. The CF Foundation and the researchers who are engaged in CF research take seriously their responsibility to inform patients regarding clinical trial risks and to protect those patients from unreasonable risks.

The draft guidance document is described by the Office of Human Research Protections (OHRP) as setting standards for disclosing reasonably foreseeable risks in research evaluating standards of care. We believe that the guidance document will force investigators to disclose risks that are not in fact "foreseeable." The result of this requirement will be to overstate the risks of research that compares different treatments and to undermine our ability to complete such research.

In many trials comparing CF treatments – including nutritional interventions, exercise interventions, and home monitoring with home spirometry – there are limited data to permit a firm comparison of the risks of the alternative treatments being evaluated. The fundamental goal of these trials is to determine

the relative risks and benefits of the treatments. If we are required to report to patients that they are being exposed to risks greater than the risks of treatment outside the trial, we will likely be overstating the risks of care in the trial, will discourage enrollment in the trial, and will be hampered in answering the fundamental questions regarding the risks and benefits of the treatments under investigation.

The draft guidance suggests that patients must be informed of the foreseeable risks associated with treatments being studied. This requirement suggests that there are definitive data at the beginning of the trial regarding the relative risks and benefits of the therapies being investigated. This sort of informed consent requirement also conveys to patients that they can avoid risk by refusing to enroll in the study and instead receiving "standard of care" treatment outside the trial. In fact, this may not be true.

The informed consent process for standard of care research should provide patients information about the treatments being evaluated and should explain that the treatments and their risks and benefits are assumed to be in equipoise. In the case of patients with CF, it is important to distinguish standard of care research from trials evaluating new therapies and to make clear the different kinds of risks associated with these research efforts.

We urge OHRP to reconsider its guidance on standard of care research and to develop recommendations that would provide patients appropriate information about the risks of a study without exaggerating the risks and discouraging research participation.

Sincerely,

Robert J. Beall, Ph.D.
President and CEO