



THIS PROJECT HAS RECEIVED FUNDING FROM THE EUROPEAN UNION'S SEVENTH FRAMEWORK PROGRAMME FOR RESEARCH, TECHNOLOGICAL DEVELOPMENT AND **DEMONSTRATION UNDER GA N°261483**

AD HOC INFORMATIVE STRATEGIES AS A CRUCIAL TOOL TO EMPOWER CHILDREN AFFECTED BY HAEMOGLOBINOPATHIES INVOLVED IN A MULTINATIONAL CLINICAL STUDY Lucia Ruggieri¹, Maria Cavallo², Mariangela Lupo², Ludovica Frizziero³, Maria Caterina Putti³, Lorella Pitrolo⁴, Floreta Kurti⁵, Eleni Nastas⁵, Manika Kreka⁵, Jorida Zogaj⁶, Ariana Zaka⁶, Donato Bonifazi², Adriana Ceci^{1,2} on behalf of the DEEP consortium.

¹Fondazione per la Ricerca Farmacologica Gianni Benzi Onlus, TEDDY – European Network of Excellence for Paediatric Clinical Research, Italy; ²Consorzio per Valutazioni Biologiche e Farmacologiche, TEDDY – European Network of Excellence for Paediatric Clinical Research, Italy; ³Azienda Ospedaliera di Padova, Italy; ⁴Azienda Ospedaliera Ospedaliera Ospedali Riuniti Villa Sofia – Cervello, Italy; ⁵Qendra Spitalore Universitare Nene Tereza, Albania; ⁶Hospital "HISAN CABEJ"- Lushnje Albania.

BACKGROUND

The need to actively involve children in the decision-making process related to a clinical trial is part of the recently updated guidelines 'Ethical considerations' for clinical trials on medicinal products conducted with minors' prepared by the European Commission and the Paediatric Committee within the Regulation EU 536/2014.



Despite it is universally established that written communication, combined with verbal interaction, may enhance children's understanding of their participation in a clinical research, available data and publications show that ad hoc strategies to inform minors to be enrolled in clinical trials are rarely produced.

Careful attention to the contents, format and style of documents addressed to paediatric patients may largely influence their understanding of written documents. For example, the use of pictures, improves the quality of communication, especially for patients with very low literacy skills (Houts et al 2006).

In multi-centre international trials, the difficulty to develop appropriate communication strategies for paediatric patients increases, because of the different cultural and educational backgrounds.

In the framework of the international DEEP project (Deferiprone Evaluation in Paediatrics, Grant Agreement No. 261483), aimed at integrating the existing information on deferiprone use in iron overloaded paediatric patients, an appropriate communication strategy for the paediatric patients involved in the clinical trials has been developed.

AIM AND METHODS

To empower minors in DEEP-2 Study (an efficacy and safety trial to compare deferiprone versus deferasirox in 388 paediatric patients aged 1 month- <18 years from Mediterranean area countries), age-tailored information booklets and assent forms have been prepared, In particular, 3 informative booklets and 2 ad hoc assent forms were prepared for different ages in six languages (Albanian, Arabic, English, French, Greek, Italian) thanks to a collaborative effort involving pharmacologists, paediatricians, child psychologists and illustrators, in an easy-to-manage format, a charming graphic including picture, a simple vocabulary and sentences structures. In order to investigate the quality, the comprehensibility and the likeability of the informative booklets for children involved in the trial, a pilot study (QUBO) has been conducted using age-tailored questionnaires.

RESULTS

QuBo pilot study was completed in Albania (at the UHCT and Lushnja centers, in 4 and 9 patients aged 6-10 and 11-18 yrs respectively) and in Italy with 5 patients in Padua centre (3 aged 6-10 and 2 aged 11-18 years) and 3 patients in Palermo centre (aged 11-18 years).

All participants have appreciated the informative booklets in the DEEP-2 trial, both in terms of formatting and style (colours and pictures). Also in terms of understanding, all participants have demonstrated a good comprehension of the key concepts of the disease and the clinical trial (study aim, design and length, administration schedule, possibility to withdraw).

orzio per Valutazioni Biologiche e Farmacologiche - Protocol No: Qu

1. QUESTIONNAIRE

5.1 Questionnaire addressed to paediatric patients enrolled in QuBo aged 6-10 years old ID. CODE: A - ____

DEEP-2 DEferiprone Evaluation in Paediatric

Hello boys and girls! Do you want to help us to understand better the Mission Iron Bus

If you have read the booklet, please answer this short questionnaire. Your answers will help us to get the information we need to be sure the booklet is working and what we can do to improve it. Nobody will give you a mark for your answer and, if you do not want, you can decide at any moment to not answer the questions. Please, write down only your age, not name and surname. You can ask for any question to the doctor that

Do you want to participate? YES NO

ross (X) for your answer. Are you ready? Let's GO!

et rid of iron particles

n this research all children v

el great, but it is normal Children can decide to lea ke and no one will be upse

Thanks for helping

times children taking

How old are you?			
1. The booklet was:			
(please cross one)			
a. Easy to read	YES	A little bit	NO
b. Nice	YES	A little bit	NO
c. Boring	YES	A little bit	NO
d. Too long	YES	A little bit	NO
2. Did you like the drawings?	YES	A little bit	NO
(please cross one)			
3. Did the drawings help you understand what	YES	A little bit	NO
Dr. Ironless means?			
4. Did you learn something new from the			
booklet about?			
a. What are Anemias?	YES	A little bit	NO
b. Why you need transfusions?	YES	A little bit	NO
c. What medicines take the iron away?	YES	A little bit	NO
5. Red blood cells are in the body and they carry o	xvaen.		
		TRUE	FALSE

5.1 Questionnaire addressed to paediatric patients enrolled in QuBo aged 11-17 years of ID. CODE: B -____

Hi guys and girls! We need your help to evaluate the DEEP-2 MISSION IRONBUSTE booklet. If you have read the booklet, please answer this short questionnaire. You answers will help us understand how well the booklet works or if we need to improve it. Nobody will give you a mark for your answer and, if you do not want, you can decide at any moment to not answer the questions. Please, write down only your age, not name and surname. You can ask for any question to the doctor that gave you the questionnai

Do you want to participate? YES NO

Mark your answer with an X. Thank you for your help

How old are you?

b. En

u think about the booklet? (please mark one for each adjective)			
resting			
5	YES	A little bit	NO
yable	YES	A little bit	NO
Long	YES	A little bit	NO
ng	YES	A little bit	NO

lease mark one for each question)				
Easy to understand	YES	A little bit	NO	
Flat	YES	A little bit	NO	
Stimulating	YES	A little bit	NO	
were the font sizes?				
Just right	YES	A little bit	NO	
Too small	YES	A little bit	NO	
Confusing	YES	A little bit	NO	
designs in the booklet were:				
ease mark one for each question				
Interesting.	YES	A little bit	NO	
Funny.	YES	A little bit	NO	
Úseful.	YES	A little bit	NO	
	VEC	A little hit	NO	



CONCLUSION AND FUTURE PERSPECTIVES

This represents a pilot successful experience of appropriate information strategy to paediatric patients involved in clinical trials. In the future, children and families'

Even if the study was not comparative, it has demonstrated that the adoption of age-appropriate informative instruments is of benefit in paediatric clinical trials.



Comp

Likeal

	Subjects 6-10 years	Subjects 11-18 years
rehension	5 ± 1.15	6.2 ± 0.8
bility and	16 86 ± 0 0	26 28 ± 1 5

		4. Boring.
ck (anaemic) to feel better	TRUE FALSE	6.1 Did the booklet provide you with useful YES A little bit NO
EP PROECT funded under FP7 - SP1 - Cooperatio	on 1	DEEP PROECT funded under FP7 - SP1 - Cooperation 3
HEALTH-F4-2010-261483		HEALTH-F4-2010-261483
e Farmacologiche - Protocol No: QuB	30	Consorzio per Valutazioni Biologiche e Farmacologiche - Protocol No: QuBo
lot of iron. Medicine helps	TRUE FALSE	6.2 If yes, about?
		a. How blood and red blood cells work? YES A little bit NO
will get the syrup.	TRUE FALSE	b. What transfusion-dependent anaemias are? YES A little bit NO
		c. Why iron builds in the body? YES A little bit NO
these medicines might not	TRUE FALSE	d. Iron overload treatment? YES A little bit NO
_		e. The aims of the DEEP 2 trial? YES A little bit NO
ave the study when they	TRUE FALSE	f. The different stages of the trial? YES A little bit NO
t.		7. A possible side effect of blood transfusion is iron
		overload. Antibiotic therapy can remove it.
		0 The study was definitions and definitions down to
		8. The study uses deferiprone and deferasirox drugs to
		remove iron overload.
		9. The study needs to deeply study the effects of
		deferiprone and deferasirox in children and adolescents to TRUE FALSE
		ensure they work well.
		10. Two times per day patients assigned to the deferiprone group take the syrup TRUE FALSE
		group take the syrup.
		11. Who will decide if patients will be assigned to Randomly Physicians Patients
		deferiprone or deferasirox group?
		12. Can a patient leave the study at anytime?
		YES NO
		13. What is the duration of the treatment?6 months12 months24 months
		Thanks again for helping!
EP PROECT funded under FP7 - SP1 - Cooperatio	on 2	DEEP PROECT funded under FP7 - SP1 - Cooperation 4
HEALTH-F4-2010-261483		HEALTH-F4-2010-261483

Reference values

Likeability and acceptance 0-14 : no liking, 14-28: poor liking, 29-44: liking Comprehension 0-2: no understanding,

active participation in the informative material drafting and evaluation is considered a

fundamental step to reach consensus and compliance to treatments.

 10.00 ± 0.7 30.30 ± 4.3 acceptance 3-4: poor understanding, 3-4: poor understanding,

5-7: full understanding

0-2: no understanding,

0-6 : no liking,

13-18: liking

7-12: poor liking,

Comprehension

Likeability and acceptance

5-7: full understanding