

# Case study: trial design for an ECA in multiple myeloma



## Challenge

A new drug is currently being investigated in a single arm study to evaluate its efficacy and safety in MM participants who are refractory to at least one PI, one IMiD, and one anti-CD38 mAb (i.e., triple class refractory, TCR).

- ◆ There is a need to generate evidence on the standard of care for patients with TCR MM, which could be done by creating an external control arm using Real World Data (RWD).



## Solution

Utilizing Rapid Payer Response\* (RPR) to obtain key KOL and payer insights on the appropriate study design elements required to create a robust external control arm, including addressing the following questions:

- ◆ What are the must have inclusion and exclusion criteria?
- ◆ What are the must have confounders (to ensure the appropriate adjustments are in place during the analytical phase)?



## Key findings

### Identified top-three best and worst practices for designing an ECA

- Comparable cohort selection
- Similar data collection
- Benchmark to current SoC
- Sparse data and dissimilarity of data analysis
- Patient population incomparable
- Relevance of treatments



### Discovered payer preference of supportive information for ECA



### Identified and ranked top 10 inclusion criteria, exclusion criteria and confounding factors among KOLs and payers



## Impact

Within three weeks, RPR was able to gather robust insights from Payers and KOLs, which is not available through a traditional research method, that allowed our clients to:

- ◆ Identify best and worst practices for designing an ECA
- ◆ Understand that payers and KOLs in different countries value the publication of final results in a peer-reviewed journal as the most crucial evidence. This shows that the ECA design and applicability are reliable and scientifically valid.