VIEWPOINT

The Crucial Role of Patient Advocates in Pediatric Oncology Research—Insights From ACCELERATE

Nicole Scobie
Zoe4Life, Sullens, Switzerland.

Teresa de Rojas, MD, PhD
ACCELERATE, Brussels, Belgium.

Vickie Buenger, PhD
Coalition Against Childhood Cancer, Bryan, Texas.

The role of patient advocates in pediatric oncology research has become increasingly vital. Advocates, often parents of young patients with cancer, bring personal experience, in-depth disease knowledge, and commitment to the well-being of children to the field. In the complex landscape of medical research, where competing interests can influence discussions, advocates serve as impartial catalysts to bridge stakeholders and hold them accountable. Historically, advocates have played key roles in reconceptualizing issues and driving change in medical research, particularly pediatric oncology.[1]

In pediatric oncology, parents and primary caregivers step into the crucial role of advocating for young patients. These advocates bring passion and determination to address challenging issues and drive progress in pediatric oncology. Drawing from their firsthand experience, they offer invaluable perspectives that inform scientific discussions. Traditionally, childhood cancer advocacy has lacked clear role definitions and has assumed that advocates can fulfill any role needed, from individual patient care to public awareness and policy. However, effective advocacy in medicine requires specialized skills and knowledge tailored to specific roles, such as research advocate, patient representative, charity representative, and policy expert.

In drug development, particularly for rare diseases like pediatric cancers, advocates are vital. They influence regulatory authorities and bring urgency to addressing patients' unmet needs. Parents and survivors offer essential insights to international organizations, such as the US National Cancer Institute, US pediatric cancer consortia, the US Food and Drug Administration (FDA), and programs under the US Department of Defense peer review. They also contribute to tumor groups affiliated with the European Society for Pediatric Oncology (SIOPE), the Innovative Therapies for Children with Cancer Consortium (ITCC), and international pediatric oncology clinical trials.[2] Advocates in the US have shaped federal laws on anticancer drug development for children, while in Europe, advocate involvement contributed to the revision of the Paediatric Medicine Regulation. Several national and international groups, notably the Coalition Against Childhood Cancer and Childhood Cancer International, raise awareness and support families while advancing research efforts.

While advocates have made significant strides in influencing regulatory landscapes in pediatric drug development, challenges persist.[3] Inclusion of advocates throughout the research continuum is not yet routine. Advocates face barriers in accessing early-stage processes, missing opportunities therein to contribute to critical decision points. In pediatric oncology, scientific, ethical, logistical, economic, and regulatory challenges impede progress in improving survival rates and reducing treatment-related toxic effects.[4] More than 20% of children with cancer die of the disease, and survivors often face lasting treatment-related disabilities.[5] A collaborative, multistakeholder approach is essential to advance treatments for challenging pediatric cancers.

The multistakeholder organization ACCELERATE[6] was founded in 2015 with the goal of accelerating innovation in pediatric oncology drug development. ACCELERATE exemplifies a successful multistakeholder platform, embracing clinicians, researchers, regulators, advocates, and industry professionals.[7] Advocates serve on its steering committee and in all programs. The ACCELERATE platform's 3 pillars—annual conferences, working groups, and pediatric strategy forums—facilitate information sharing, issue analysis, and drug pipeline prioritization. ACCELERATE emphasizes the inclusion of advocates' priorities and perspectives in all discussions.

ACCELERATE has set the standard for advocate engagement by integrating them as equal partners. Advocates contribute to conferences, lead working groups, and shape the platform's annual work plans. ACCELERATE's pediatric strategy forums facilitate strategic discussions where advocates play a pivotal role.[8] The advocate community's contributions extend to scientific publications, exemplifying their equal participation in disseminating critical information.

Advocate involvement in ACCELERATE has catalyzed advocates' growth in scientific expertise, thereby fostering connections with stakeholders. ACCELERATE's model has influenced advocate engagement in Europe and North America and enabled contributions to legislative changes addressing issues like pediatric regulations and childhood cancer research. In Europe, ACCELERATE inspired the inclusion of advocate committees within academic collaborative groups, such as the ITCC and SIOPE-Neuroblastoma. Creation of these committees fosters advocate participation in early clinical trial development through opportunities such as GloBNHL (A Global Study of Novel Agents in Paediatric and Adolescent Relapsed and Refractory B-Cell Non-Hodgkin Lymphoma), a platform trial evaluating new therapies in relapsed B-cell lymphoma; BrigaPed, evaluating targeted therapies (NCT04925609); and iLTB (International Leukemia/Lymphoma Target Board) for relapsed leukemia (NCT05270096). Collaborations with advocacy initiatives have influenced regulatory policies and driven legislation in the US and Europe. Advocates urged the European Medicines Agency (EMA) to revise pediatric regulations for evaluating oncology drugs, focusing on mechanism of action rather than adult indications. Similarly, US parent-led charities successfully advocated for amending the

Corresponding Author: Teresa de Rojas, MD, PhD, ACCELERATE, c/o Brussels Life Science Incubator, Clos Chapelle-aux-Champs 30, Box 1.30.30, 1200 Brussels, Belgium (teresa.derojas@accelerate-platform.org).

Pediatric Research Equity Act, leading to enactment of the Research to Accelerate Cures and Equity for Children Act in 2020. This legislation empowers the FDA to mandate pediatric studies for new agents targeting molecular factors relevant to childhood cancers, eliminating automatic waivers. In Canada, ACCELERATE inspired a multistakeholder workshop on improving access to pediatric cancer trials. The model of ACCELERATE's pediatric strategy forums has been replicated in pediatrics outside the oncology context. conect4children, a public and private project creating a European Union (EU) sustainable pediatric trial network, held its first multistakeholder meeting in 2021 on pediatric inflammatory bowel disease.

To sustain and expand the ACCELERATE model, we need to recruit, engage, and train advocates globally. Advocates who might be willing to engage often refrain, due to lack of time and resources. Knowledge acquisition is challenging, as advocates require training on pediatric oncology research, regulations, and clinical drug development. ACCELERATE has responded to these challenges in part by launching the Multistakeholder Education Alliance to Accelerate Drug Development for Children and Adolescents With Cancer (ALADDIN) to build expertise in regulatory science and enhance collaboration. A need remains to better include underrepresented groups and improve diversity, to represent more nationalities and ethnic and socioeconomic backgrounds, and to engage with limited-income countries. Best practices for advocate inclusion are summarized by the MERITS system proposed by our group (**Box**), which adds to previous guidelines.

The ACCELERATE model stands as a beacon for advocate engagement and for incorporating patient representatives across various pediatric initiatives. ACCELERATE's success in creating a multistakeholder platform, where advocates actively contribute to conferences, working groups, and scientific publications, showcases the potential for advocates to be integral partners in the entire research continuum. Most of the authors of this Viewpoint are advocates who have lived experience parenting a child with cancer. ACCELERATE's commitment to equal representation and involvement of advocates in strategic planning and decision-making processes set a standard for other pediatric endeavors. The lessons learned from ACCELERATE extend beyond oncology. Recognizing the unique perspectives and contributions of advocates, irrespective of medical specialty, can enhance the quality of research outcomes. By embracing these principles, the broader pediatric community can enhance the authenticity, relevance, and impact of research initiatives, ultimately improving outcomes for children and adolescents worldwide.

Box. Recommendations for Advocate Involvement: The MERITS System

M: Meaningful. Mentoring. Advocate involvement must be meaningful and should not be a box to be checked or an afterthought. Advocates need a mentor for scientific and technical issues or to understand background and context.

E: Early engagement. Early interaction between patient advocates, academia, pharmaceutical companies, and regulators is critical. Involving advocates early in strategic discussions and collaborations for clinical trial designs, as shown by ACCELERATE, is crucial to ensure that patients' voices are heard and needs are met through the drug development life cycle.

R: Regular. Respect. Advocate engagement should be regular and consistent. Advocates should be treated as equals, engaged in meaningful dialogue, and brought into complex discussions to enable their participation in problem solving. There should always be respect in both directions, including at points of disagreement.

I: Inclusive. Impact. Inclusivity is crucial to ensuring diverse points of views are represented. People of different demographic characteristics should be encouraged to participate. The impact of involving advocates should be assessed, and lessons learned should feed back into improving future processes.

T: Teamwork. Trust. Advocates should be viewed and treated as equal partners. It is important to recognize different ideas and perspectives and address advocates' questions and concerns. Trust is crucial for effective involvement in both directions.

S: Support. Sustainability. Advocates need learning opportunities and support. Governance structures should be put in place to foster, administer, and sustain advocate involvement. Most advocates are uncompensated volunteers, but advocate engagement should evolve to compensate them for their travel, time, and contributions.

ARTICLE INFORMATION

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