

Balancing the risks and benefits of conducting a vaccine trial amidst a ravaging pandemic: Lessons learned and best practices

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Speaker: RALPH ELVI M. VILLALOBOS, MD



• **Educational Background:**

- Doctor of Medicine (2011): University of the Philippines-Manila
- Residency (Internal Medicine) and Fellowship (Pulmonary Medicine): Philippine General Hospital
- Post-graduate Training in Interventional Pulmonology: China Medical University, Taiwan
- Masters in Clinical Trial (*ongoing*): University of London

Speaker: RALPH ELVI M. VILLALOBOS, MD



• **Current Affiliations:**

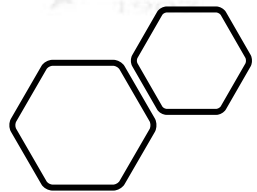
- Attending Pulmonologist, University of the Philippines- Philippine General Hospital
- Principal Investigator, University of the Philippines- Philippine General Hospital
- Panel Member, University of the Philippines Manila Research Ethics Board
- Associate Editor: Philippine Journal of Chest Diseases
- Peer reviewer: European Respiratory Journal, British Medical Journal, ACTA Medica Philippina

Speaker: RALPH ELVI M. VILLALOBOS, MD

- **Disclosures**

- I have nothing to disclose





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Outline of the talk

I will talk about my own and individual experience as a PI conducting COVID-19 vaccine trials in the Philippines (under a single institution)

- Introduction to the research landscape in the Philippines
- Changes in the initial part of the pandemic and the conduct of trials
- Challenges encountered during the early part and strategies employed to solve these

Introduction to COVID-19 Research in the Philippines



- COVID-19 research started early 2020, upon entry of the COVID-19 virus locally
- Started with observational studies
- First global trial that Philippines participated: WHO Solidarity Trial

Introduction to COVID-19 Research in the Philippines



Early 2020:

Investigational COVID-19 medications started clinical trials

- Most of the Philippines were in widespread lockdowns
- No approved medication yet both locally and globally

Late 2020s:

Approvals sought for COVID-19 vaccine clinical trials for Philippines

- Start of roll-out of vaccines under EUA abroad, but locally no vaccines available yet

Early 2021:

First Filipino patient entered global clinical trial for a COVID-19 vaccine

- Still no locally available vaccine available at the start of the clinical trials

Introduction to COVID-19 Research in the Philippines



Mid 2021:

Vaccines with EUA finally arrive in the Philippines, but priority grouping were followed

- Multiple placebo-controlled vaccine trials already recruiting

Mid 2021:

Philippine economy opening up, priority grouping for government-led vaccination now shift to population of clinical trials

- Unblinding and vaccination of active vaccine were done in some trials

Mid 2021:

Vaccination cards were required by the government as economy slowly opens up

- Clinical trial participants were issued vaccine trial cards that are honored by the government

Introduction to COVID-19 Research in the Philippines



Late 2021 to 2022:

**Booster vaccines become
available locally**

Late 2021 to early 2022:

Placebo controlled trials were
recommended to unblind and
offer government-led vaccination
or switch to active control

2022:

Booster vaccine clinical trials
were conducted locally

Different platforms— wild-type,
variant-specific, or bivalent/
quadrivalent boosters

PHILIPPINE GENERAL HOSPITAL



- Biggest modern government tertiary hospital in the Philippines
- The only national referral center for tertiary care
- Services more than 600,000 patients annually
- Functions:
 - Service
 - Training
 - Research
- COVID-19 referral center
- Initially 130-bed allocation → 320
(Acta Medica Philippina)

University of the Philippines Manila

- National referral center for COVID-19
- Research and academic center
- Site for a big number of COVID-19 treatment and vaccine clinical trials
- Ethics Board: UP Manila Research Ethics Board



Challenges and Solutions



Challenge #1:

Balancing the risks/benefits of subjects' participation during the community quarantine, i.e. traveling to the site for study related visits to adhere to the protocol versus risk of contracting the highly infectious COVID-19

Solutions made



AREA CLASSIFICATION AND INTERVENTIONS

ECQ

CRITICAL ZONE (CRZ)

- NO MOVEMENT REGARDLESS OF AGE & HEALTH STATUS
- MINIMAL ECONOMIC ACTIVITY EXCEPT FOR UTILITY SERVICES (I.E., FOOD, POWER, WATER ETC) AND CRITICAL ECONOMIC SECTOR
- NO TRANSPORTATION ACTIVITY EXCEPT FOR UTILITY SERVICES
- SUSPENSION OF PHYSICAL CLASSES

MODIFIED ECQ

CONTAINMENT ZONE (CZ)

- LIMITED MOVEMENT WITHIN ZONE FOR OBTAINING ESSENTIAL SERVICES & WORK
- OPERATION OF SELECTED MANUFACTURING AND PROCESSING PLANTS UP TO MAXIMUM OF 50% WORKFORCE
- LIMITED TRANSPORTATION SERVICES FOR ESSENTIAL GOODS & SERVICES
- SUSPENSION OF PHYSICAL CLASSES

GCQ

BUFFER ZONE (BZ)

- LIMITED MOVEMENT TO SERVICES & WORK WITHIN BZ AND OOB
- OPERATION OF GOVERNMENT OFFICES & INDUSTRIES UP TO MAXIMUM OF 75% WORKFORCE
- LIMITED TRANSPORTING SERVICES TO SUPPORT GOVERNMENT AND PRIVATE OPERATIONS
- FLEXIBLE LEARNING ARRANGEMENTS OPERATE AT LIMITED CAPACITIES TO CATER TO STUDENTS

MODIFIED GCQ

OUTSIDE BUFFER ZONE (OBZ)

- PERMISSIVE SOCIO-ECONOMIC ACTIVITIES WITH MINIMUM PUBLIC HEALTH STANDARDS

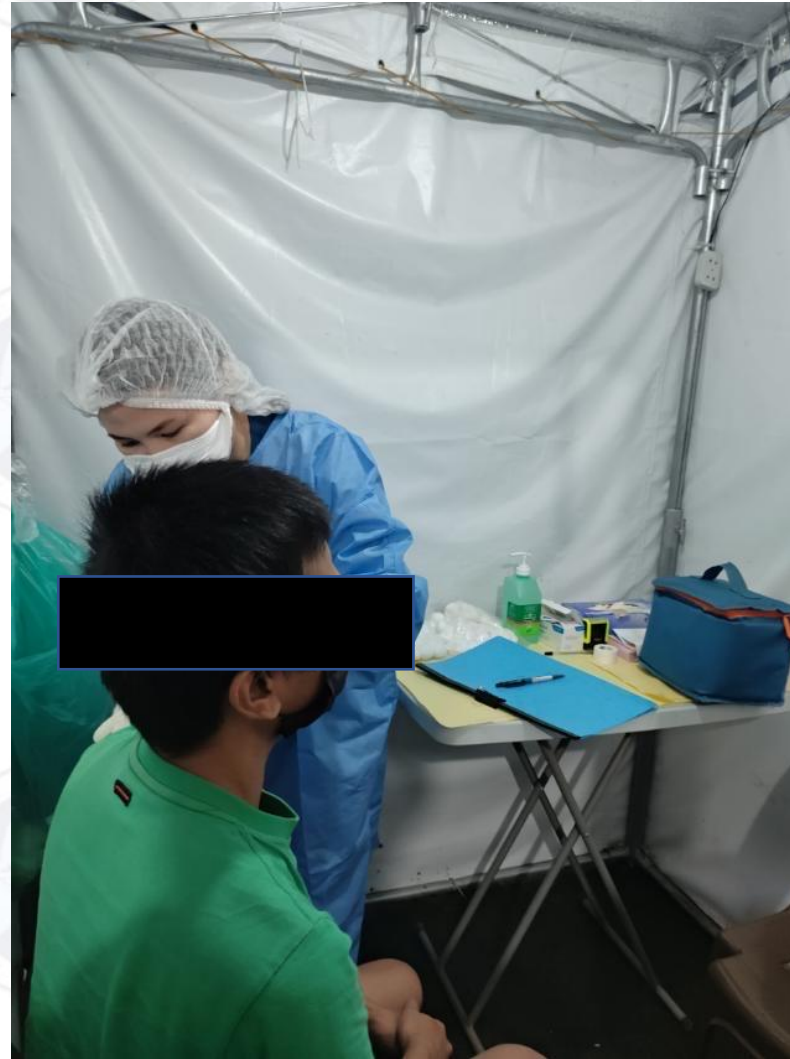


Always keeping updated by the recent quarantine guidelines and apply dynamic changes in the site

“Protect the subjects and protect the research staff as well”

Solutions made

- IF transmission is very high in the community, site visits were suspended and the sponsor/EC is notified of these changes
- Participants were also given enough allowance for PPEs during their travel to the site.



Solutions made

Home visits to be done by clinical trial staff for crucial procedures, whenever feasible (also ensured safety of site staff)



Solutions Made: Open communication with the Sponsors, CROs and the Ethics Committee



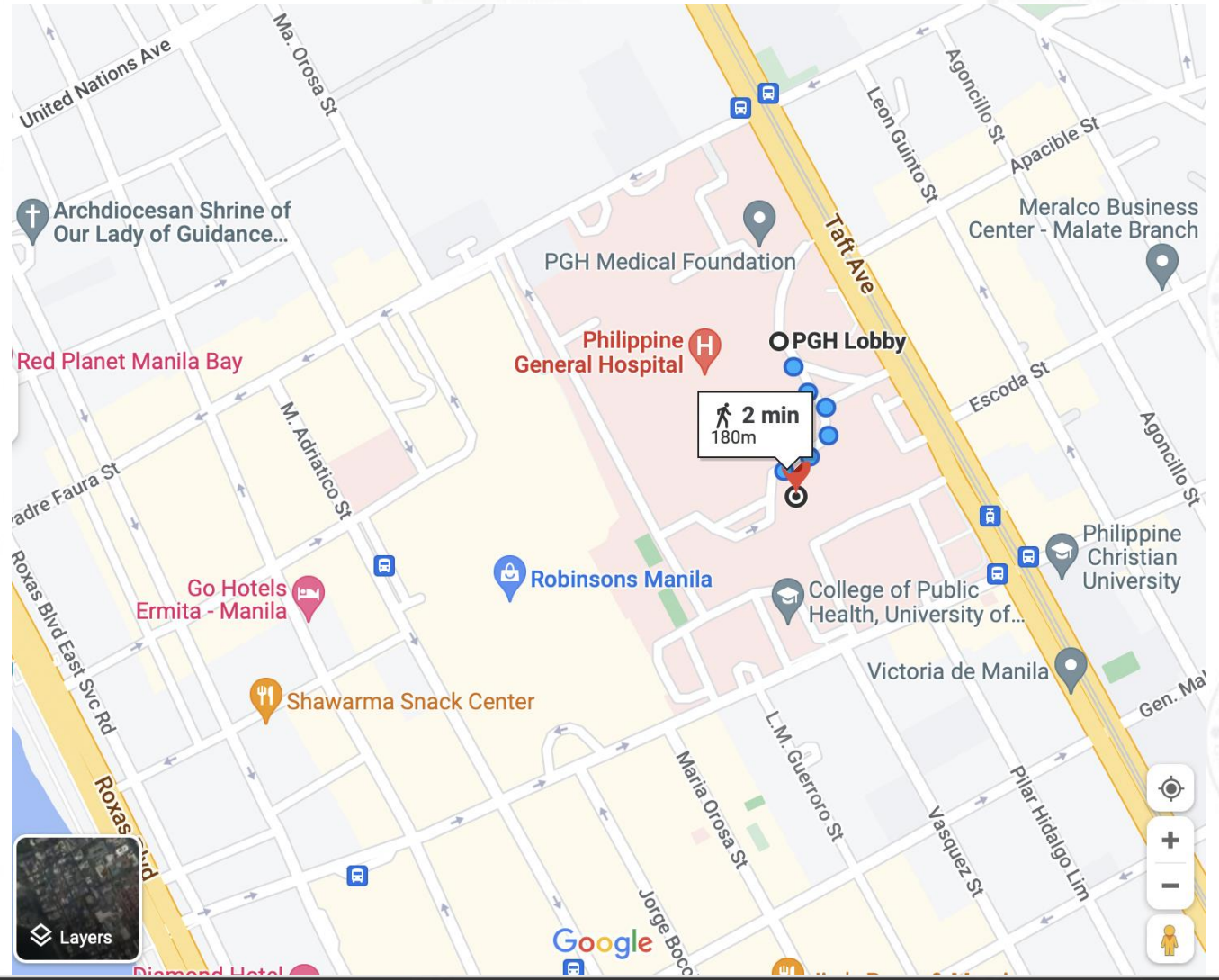
- In the early phases of the pandemic:
 - numerous protocol deviations especially due to lockdowns (when patients cannot comply with the procedures and it is too risky for travel)
- Sponsors and the EC were **very understanding** amidst these deviations

Challenge #2:

Ensuring proper networking and safety nets for participants and clinical trial site staff in case they develop severe COVID-19 or experience any serious adverse events related to the trial

Solutions made

Before the initiation of a trial, we made sure that enough beds were available in the emergency room in the event that a participant does experience an adverse event during vaccination



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(Acta Medica Philippina)

Solutions made

In the unfortunate situation wherein a participant needed to be hospitalized for COVID, coordination for admission was also ensured



**ONE HOSPITAL
COMMAND CENTER**

24/7

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PUREFORCE
AND RESCUE CORP. 
Citizens App

 [onehospitalcommandcenter](https://www.facebook.com/onehospitalcommandcenter)

Maaari ninyo rin kaming makontak sa mga sumusunod na numero:

-  **0919-977-3333**
-  **0915-777-7777**
-  **(02) 886 505 00**



Challenge #3:

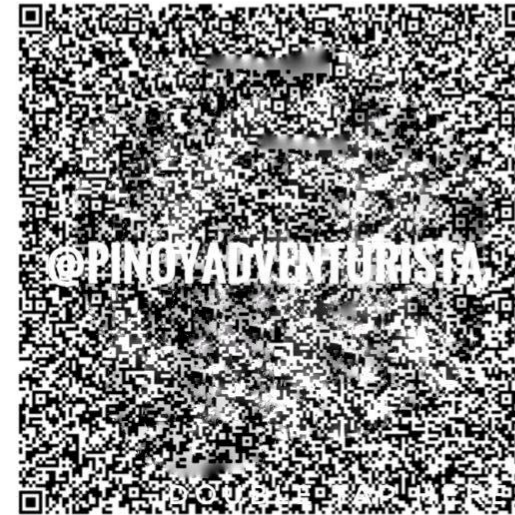
Updating information with current vaccines with emergency use authorizations (EUA) and updating the protocol regularly to keep up with the ever-changing health regulations (i.e. issuance of vaccine cards for accessibility)

Solutions made

Proper coordination with regulatory agencies to allow clinical trial participants to have a valid vaccine card to be honored in establishments



VaXCertPH
COVID-19 VACCINATION CERTIFICATE



VACCINEE DETAILS

Full Name:
MERVIN

Date of Birth:

Passport No.:
P7427

Issuer:

Philippine Department of Health

Issuance Date and Time:
27-Aug-2022 09:46 AM

This is a secure QR code and can be verified by using the scan functionality at <https://vaxcert.doh.gov.ph/>

Certificate ID: 565133

Dose Number	Date of Vaccination	Vaccine/ Prophylaxis	Brand, Manufacturer	Lot Number	Country of Vaccination
1	28-Jun-2021	COVID-19 vaccine, inactivated virus	CoronaVac, Sinovac		Philippines
2	26-Jul-2021	COVID-19 vaccine, inactivated virus	CoronaVac, Sinovac		Philippines
3	18-Jan-2022	COVID-19 vaccine, RNA-based	BNT162b2 (Pfizer-BioNTech), Pfizer-BioNTech		Philippines
4	25-Aug-2022	COVID-19 vaccine, RNA-based	BNT162b2 (Pfizer-BioNTech), Pfizer-BioNTech		Philippines

Example: Vaccine in study was granted EUA (steps in release of Vaxcert cards)



- (1) PI contacts EC for a site-specific measure to be done for this step/ asks approval for a consent/ opt-out script
- (2) PI coordinates with the subjects to *inform* them that their personal details will be sent to the government agencies responsible for vaccine cards issuance
- (3) Coordination with the National Vaccine Operation Center (NVOC) for endorsement to the local government units of the participant's names
- (4) LGU then releases Vaxcert cards to participants

Solutions done

Coordination with the local government for vaccination of trial participants once their priority category comes up

|
22 November 2021

Re:

Approval to Conduct COVID-19 Phase III Clinical Trial at the University of the Philippines Manila - Philippine General Hospital



Meeting with LGU Officials





• Challenge #4:

**Need for very quick approvals to conduct COVID-19 researches
(EC Approvals/Contracts)**

Solutions made

- Centralized Ethics Committee (SJREB) → review protocols centrally and coordinates with local EC (UPMREB) so that the protocol review at the local level will be reviewed in an expedited manner
 - Leading to relatively quicker turnaround processing
 - Avoiding redundancy of duplicate reviews
- Online submission → made the process much quicker and less prone to errors/ lack of documents



UPMREB's iREB Portal (centralized submission portal)



iREB

Login

Announcements

 UPMREB Memo on Electronic Processing

Username

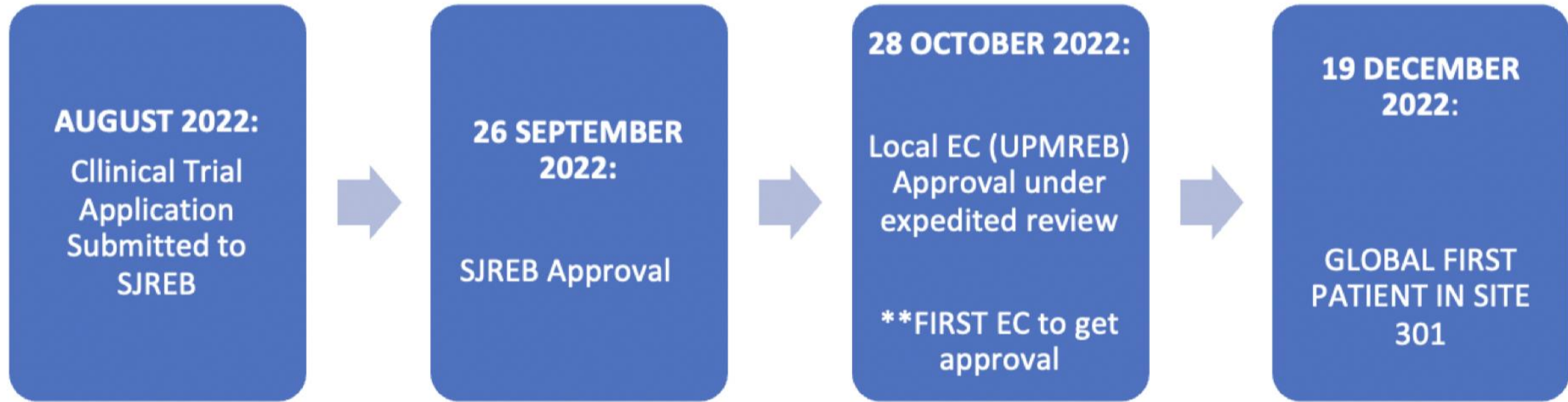
Password

Login

[Forgot your password?](#)

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Example



AVERAGE TURNAROUND

SJREB receipt to approval:

1-2 months

UPMREB to Approval:

14-28 days

Contract (CTA) Negotiations

4-6 weeks

Contract negotiations

- Also done in a fast-tracked manner
- Average turnaround time for review to execution: 3-4 weeks



Current challenges

- Multitude of COVID-vaccine (booster) studies within the same geographic area
- Professional participants
- Retention and issue of dropouts



- Thank you very much for listening

