Early Phase Clinical Trials: Consent Considerations for Enrolling Affected Patients

Phase I trials are designed, not to provide direct therapeutic benefit to participants, but to evaluate safety in relation to toxicity and side-effects of the research intervention in question. It is possible that oncology patients, for example, may experience tumor shrinkage or limiting of tumor growth, but they are unlikely to experience a demonstrable change in their quantity or quality of life.

Patients considering enrollment in Early Phase trials are facing a life-threatening illness for which there are usually no standard or effective treatments. The fact that they have a life-threatening illness does not compromise their capacity to make an informed decision, but it is important that they understand that that the research described is not intended to primarily provide them direct therapeutic benefit.

The IRB can help facilitate potential participants' decision making by ensuring that the informed consent form (ICF) and the proposed consent process provide accurate information to promote understanding.
The ICF should:

- Clearly state that the main benefit from participating in the trial is to help future patients with the knowledge gained from the trial, and that Phase I trials are not designed to provide direct therapeutic benefits to participants. ("Consent documents should not contain unproven claims of effectiveness or certainty of benefit, either explicit or implicit, that may unduly influence potential subjects. Overly optimistic representations are misleading and violate FDA regulations concerning the promotion of investigational drugs . . . or investigational devices . . . as well as the requirement to minimize the possibility of coercion or undue influence [21 CFR 50.20]."[1])
- Not downplay potential risks
- Make it clear if it is unknown whether a surrogate marker will translate into personal clinical benefit (e.g., tumor shrinkage may not affect life expectancy)
- Use terms such as "experimental drug" or "research drug" and not refer to the test article under study as simply "treatment" or "therapy" for the participant's disease
- Provide a comprehensive discussion of alternatives to participation in research including, as applicable, palliative and symptom directed care
- As applicable, clearly explain concepts of randomization and placebo:
  - The subject cannot choose which group to be in
  - They are not assigned to a group based on what is best for them
  - They need to be willing to be in either group
  - If they have a strong preference, they may not want to be in the study

The IRB can recommend or require independent consent monitoring or other methods of assessing subject understanding to ensure:

- Adequate information is provided
- There is appropriate opportunity for the potential participant to ask questions and that the questions are answered appropriately
- The potential participant has sufficient understanding of the study to make an informed decision

[1] FDA. A Guide to Informed Consent: Guidance for Institutional Review Boards and Clinical Investigators (1998)