CLINICAL TRIALS UNDERSTANDING
EXPANDING THE WORLD OF TREATMENT
Seventh Edition
UNDERSTANDING CLINICAL TRIALS

PRP PATIENT RESOURCE PUBLISHING®
Luminosity Study: A study in patients with previously treated locally advanced or metastatic c-Met+ Non-Small Cell Lung Cancer

Non-Small Cell Lung Cancer Research Study

Do you or someone you know have Non-Small Cell Lung Cancer? Consider the Luminosity Study.

This research study is evaluating the safety and effectiveness of an investigational study medication, called telisotuzumab vedotin (ABBV-399), in Non-Small Cell Lung Cancer patients (NSCLC).

Patient Population
Subjects with locally advanced or metastatic c-Met+ NSCLC, who have progressed on systemic cytotoxic therapy (or are ineligible) and an immune checkpoint inhibitor (as monotherapy or in combination with systemic cytotoxic chemotherapy, or ineligible), and prior anti-cancer therapies targeting driver gene alterations (if applicable).

Patients Must Meet the Following Criteria
• 18 years of age or older
• Diagnosed with locally advanced or metastatic non-small cell lung cancer
• Has histologically documented non-squamous cell NSCLC or histologically documented squamous cell NSCLC
• Completed one or two rounds of chemotherapy and the cancer has gotten worse during or after treatment
• Test positive for c-Met protein expression
• Does not have adenosquamous histology
• Has not received prior c-MET-targeted antibody-based therapies
• Other criteria apply*

*The study doctor will tell you about additional requirements to be able to participate in this study.

For more information, ask your doctor about the Luminosity Study or visit https://ClinicalTrials.gov (NCT03539536) to learn more about this study.

ABBV-399 is an investigational drug that is not approved by the FDA or other global health authorities. Safety and efficacy have not been established.
Seventh Edition

UNDERSTANDING CLINICAL TRIALS

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I advise anyone diagnosed with advanced head and neck cancer to consider a clinical trial. Do the research … and always advocate for yourself.

- Bill Whitaker, 15-year Stage IV oral cancer survivor, page 5

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Today’s clinical trials may bring tomorrow’s treatments

Thousands of clinical trials evaluating new and more effective ways to prevent, diagnose and treat cancer are underway across the United States. Such crucial research fuels treatment advances that continue to transform cancer care, giving more people the chance to live longer and have better quality lives after a cancer diagnosis.

WHAT ARE CLINICAL TRIALS?
Clinical trials are structured research studies that test the safety and effectiveness of new medical approaches or interventions. They evaluate methods for disease prevention and patient screening; tools and procedures to diagnose disease; new or improved treatments such as drugs or drug combinations, medical procedures or devices; and lifestyle or behavioral changes that may improve health and/or quality of life.

This guide focuses on treatment trials in which a new type of treatment, such as a drug, surgery or radiation therapy or a combination of them, is better than the current treatment. The standard cancer care therapies used today were once experimental treatments that were studied, evaluated and approved through this type of clinical trial (see *Milestones*, page 3).

These research studies are carefully planned and structured, and their design is rapidly evolving and expanding with precision medicine. This is a personalized approach to treating and managing disease that considers a person’s genetic variants and other factors unique to that individual. New types of clinical trials, such as the following, are being designed for this purpose.

- **Basket trials** test the effectiveness of a drug on a single gene mutation/variant simultaneously across tumor types throughout the body. For example, trial participants will all have tumors with the same gene mutation, but the tumors may be in the breast, colon, lung, bladder or other locations.

- **Seamless trials** are designed without the traditional distinct phases of a clinical trial (see *Understanding the Four Phases of Clinical Trials*, page 7). Instead, researchers combine Phases I and II or Phases II and III in a seamless transition that allows greater flexibility to expand the trial and potentially shortens the time involved in the drug development process.

- **Umbrella trials** are designed with multiple treatment arms within the same study. Participants are grouped into a specific arm based on the type of cancer they have and its molecular profile (flip this guide over to see *Genetic Testing*, page 8).

**BENEFITS OF PARTICIPATING**
The potential benefits of a clinical trial include the opportunity to access leading-edge treatments not yet widely available. It may be an alternative if your current treatment isn’t working as well as it once was, or if you have a rare type of cancer that hasn’t been studied as much as others.

Additionally, you will receive a higher level of care during a trial because you will be closely monitored by the clinical trial medical team as well as by your regular oncologist. This extra attention may help identify and then treat side effects or other problems earlier. Even after the trial ends, you will remain in close contact with the team. Lastly, as you weigh treatment options, it is important to remember that participating in a clinical trial will not jeopardize your care.

**RISKS AND INCONVENIENCES**
As with almost any cancer treatment, clinical trials can present potential risks or inconveniences. Ask your medical team about possible side effects and the number of medical visits and tests required. Clinical trials often have little flexibility because participants are required to follow the set protocols, which may affect the ability to work, attend class or meet other commitments. That’s why it’s important to make sure you can accommodate the schedule before you commit.

**INFORMED CONSENT PROCESS**
When you’re considering a clinical trial, you will receive comprehensive information in a document known as an Informed Consent form. It details the purpose of the research, including your role in the trial, the treatment to be studied, how the trial will work, risks, benefits and other pertinent information. The form also discusses how you will be monitored, the potential side effects of the treatment, the current standard of care for your type and stage of cancer (regardless of the doctor or the institution in which you receive care), the safeguards in place to protect participants and how to withdraw from the trial at any time.

You will be given time during the Informed Consent process to study the information and get answers to any additional questions you may have. Before signing the form, check with your insurance provider to determine the procedures that are covered and those you will be required to pay out of pocket (see *Financial Considerations*, page 8).

**TRIAL PARTICIPANTS NEEDED**
A record number of cancer-fighting therapies is currently in development. The need is great for more clinical trial participants so these promising new treatments can be evaluated, formally approved and made available to the public. Talk to your health care team about clinical trials for your particular type, subtype and stage of cancer. Along with achieving your treatment goals, you may have the opportunity to help advance future cancer treatments.

**ADDITIONAL RESOURCES**
- **About Clinical Trials:**
  - [www.learnaboutclinicaltrials.org](http://www.learnaboutclinicaltrials.org)
  - [Considering a Cancer Clinical Trial](http://www.learnaboutclinicaltrials.org)
- **American Society of Clinical Oncology:**
  - [www.cancer.net](http://www.cancer.net)
  - [About Clinical Trials](http://www.cancer.net)
  - [ClinicalTrials.gov](http://clinicaltrials.gov)
  - [About Studies](http://clinicaltrials.gov)
- **National Cancer Institute:**
  - [www.cancer.gov](http://www.cancer.gov)
  - [Clinical Trials Information for Patients and Caregivers](http://www.cancer.gov)
- **U.S. Food and Drug Administration:**
  - [www.fda.gov](http://www.fda.gov)
  - [Clinical Trials: What Patients Need to Know](http://www.fda.gov)
History of medical innovation begins in unlikely way

Surrounded by suffering sailors in 1747, James Lind conducted what’s considered the world’s first recorded clinical trial. Armed only with lemons, oranges and an odd notion about the importance of controlling the variables of an experiment, Lind proved a cure for scurvy and set medical research on a voyage of discovery that saves millions of lives every year.

As you consider your treatment options, remember that participating in a clinical trial is your opportunity to influence the future of cancer care for generations to come.
Navigating the clinical trial search process

Clinical trials may open the door for additional treatment options to consider. With thousands of them currently taking place around the United States, asking your doctor about participating is a great way to start. However, if your doctor doesn't bring it up, you can be proactive and search for them yourself. Many online sites are available to help you locate a clinical trial. Let your doctor know if you find one you may qualify for so you can discuss if it could be a valuable addition to your treatment plan. Ultimately, it’s your decision.

Knowing where to start your online search or whom to talk to can seem overwhelming, and navigating those sites can be complicated. Below are screenshots from a mock clinical trial search site to guide your search and help you understand the medical terminology.

Before beginning your online search, have your exact diagnosis, pathology report and details of previous treatments handy to determine if you meet the eligibility criteria.

If you’re interested in a clinical trial that no longer accepts participants, your doctor may be able to appeal to the U.S. Food and Drug Administration (FDA) for expanded access, also known as “compassionate use.” If you don’t find a clinical trial that’s a good fit, know that new ones are continually added. You may choose to keep searching while moving ahead with your current treatment plan.

Keep in mind that by participating in a clinical trial, you will not jeopardize your care, and you may leave the trial at any time.

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**Getting Started...**

Become an active participant in your own care by searching for available trials. For a list of sites to search, flip this guide over and see page 37. The step-by-step instructions below will help guide you.

**STEP 1**

**FILL IN YOUR INFORMATION**

**YOUR DIAGNOSIS:** For example, enter “lung cancer.” To create more options, you can also search for “non-small cell lung cancer” or “NSCLC” and compare results.

**DESIRED LOCATION:** If you prefer a clinical trial close to home, enter your address. Enter additional locations if you’re willing and able to travel for treatment.

**OTHER TERMS:** You can refine your search by adding treatment types, such as immunotherapy, a specific drug or a National Clinical Trial (NCT) identifier. During your research, you may notice that an NCT identifier is assigned to each clinical trial. Identifiers begin with the letters “NCT” followed by eight numbers.

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**STEP 2**

**READ YOUR SEARCH RESULTS**

**RECRUITMENT STATUS:** This indicates whether the trial is actively seeking patients, not yet recruiting or otherwise inactive. The status will change, so check for updates.

**SUMMARY OF STUDY:** Here you’ll find details about the purpose of the clinical trial and the treatment being studied. This section is usually written for health care providers, so it may be difficult to understand. In that case, print out the information to discuss with your doctor.

**ELIGIBILITY CRITERIA:** This outlines the criteria you must meet to be eligible for the trial, such as the stage of disease, sites of metastasis, overall health requirements and previous treatments.

**CONTACTS AND LOCATIONS:** This may contain contact information for the clinical trial investigators, staff or sponsors who may be able to provide more details about the study. Trial locations may also be listed here.

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**Clinical Trial for Lung Cancer**

**Recruitment Status:** Recruiting

**National Clinical Trial Identifier:** NCT01234567

**Summary of Study:**

**Eligibility Criteria:**

**Contacts and Locations:**

**Sponsor:** This is the organization responsible for the clinical trial. It may be a pharmaceutical or biotechnology company, a university or the National Cancer Institute.

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**You found a clinical trial. Now what?**

Once you and your doctor find a trial for you, knowing what to expect can demystify the process and increase your comfort level with moving forward. Although every clinical trial is unique and each person’s experience may be different, your trial will likely include a few common components.

All clinical trials will have certain eligibility requirements that you must meet in order to join. These may include age, previous treatments, medical history, current health and specific stage or tumor type. If you don’t meet the eligibility requirements, keep searching or talk with your doctor, who may be familiar with other trials that you may qualify for.

Before entering a clinical trial, you will be given an Informed Consent form, which contains detailed information about the trial and what will be expected of you (see Overview, page 2). Review the document carefully. Consider sharing it with loved ones and discuss anything you don’t understand with your doctor, especially any medical terms (see Glossary, page 8).

It is also a good idea to contact your insurance provider to find out the procedures that are covered and those you may be required to pay out of pocket. Although most clinical trials cover research-related costs, other expenses may be your responsibility. This information is best to know before the trial begins.

Your clinical trial medical research team will include doctors, nurses, social workers and other health care professionals. You will have regular visits with this team, as well as visits with your regular doctor, to carefully monitor your progress.

In general, you can expect to have a variety of appointments for screenings and tests before and after the trial as well as during treatment. The number of visits and how often they’ll happen will be outlined in the Informed Consent form. Even after treatment ends, you will continue to be in close contact with the medical team managing your trial.

You are encouraged to ask questions about anything you don’t fully understand at any step in the process. And although you sign the Informed Consent form, you are not locked in. You may change your mind at any time during the trial and choose to receive standard of care.
I quickly became unrecognizable. I lost my thick head of hair and my beard from the chemotherapy, and my face was a road map of red and blue veins. Even with a feeding tube in my stomach, my weight plummeted from 330 to 240 pounds. Our daughter left culinary school to come home and care for me. She mixed up all sorts of liquid concoctions trying to get some nutrition into me without much luck. Water tasted like chlorine.

About two months into the trial, a minister friend called while we were driving to an oncology checkup. He said a prayer over the phone, describing a miracle that would cure me and amaze my doctors. At the clinic, the oncologist scoped my throat to check the tumor, but he looked for a lot longer than usual. He was just bewildered because the tumor was completely gone! Believe it or not, much of what my oncologist said that day was identical to the words in that prayer.

With no tumor left, I balked at following through with the radiation therapy. But a former neighbor whose son grew up with ours was a nurse at the cancer center, and I let her talk me into it. Long story short, a few years later we founded a head and neck cancer support group to assist others. Those folks became my family.

I've been cancer-free ever since, although not without serious health problems. I couldn't work for two years, and over time we racked up huge medical bills for treatment-related ailments. Just the highlights: chemo-induced cataracts, acoustic neuroma that destroyed hearing in one ear, knee replacements, a shoulder replacement, permanent neck cramps and three strokes. I also deal with balance issues and some short-term memory loss.

Of course, it’s been worth it. My faith has soared through the roof, we have 15 grandkids and great-grandkids we adore, and I help direct a sales force for a concrete equipment sales company. I’ve written a book, “Back Against the Wall: My Walk With Cancer,” and I also answer questions posted to online cancer support groups.

I advise anyone newly diagnosed to do the research, reach out to others and always advocate for yourself. My motto is, “Never give in, never give out, never give up — and never go it alone.”
Setting the record straight about clinical research studies

Even if you don’t know much about clinical trials, you may be familiar with some of the myths surrounding them. Misinformation can influence whether you’ll consider this valuable treatment option. Be sure you know the facts, and you’ll feel more informed and confident as you discuss clinical trials with your doctor and your loved ones.

MYTH: Clinical trials are a last resort.
FACT: Actually, many patients today choose clinical trials as their first treatment option. In some situations, a trial may offer the best survival rate among treatments. At any stage, and for any type of cancer, they deserve the same consideration as other options for many reasons. You may have a rare type of cancer that doesn’t have as many standard treatment options. Your cancer may have become resistant to your current treatment. Or a clinical trial may involve a therapy with milder side effects, significantly improving your quality of life.

MYTH: Clinical trials are not safe.
FACT: All trials follow a very regimented process. They are subject to the safety measures put in place by the U.S. Food and Drug Administration (FDA), and every participating clinic, hospital, university and cancer center must follow them (see Safety Measures, page 7). Additionally, you will receive a higher level of care during a trial because you will be closely monitored by your regular oncologist as well as by the clinical trial medical team — more so than if you were not participating in a clinical trial. This extra attention may help identify and then treat side effects or other problems earlier.

MYTH: Clinical trials are much more expensive than standard-of-care treatment.
FACT: Every type of treatment has associated costs that depend on the therapy and other factors. It’s important to understand the financial considerations of a clinical trial before you begin. Trial sponsors may cover some trial-related expenses, and your insurance provider may cover other expenses. Check with your insurance company to see what your policy covers and what you will be required to pay. Explore government and advocacy sources for additional help with the financial aspect of a trial (see Financial Considerations, page 8).

MYTH: I’ll have to move to a major city to be in a clinical trial.
FACT: Clinical trials take place in big cities, rural areas and many places in between. Some people travel for clinical trials, while others take advantage of them in local hospitals, treatment centers and even doctors’ offices. If you find a clinical trial in a different city, check out the resources available for lodging during treatment. Assistance may be available to help cover the cost of temporary relocation. Don’t rule out a clinical trial because of its location until you’ve checked your resources.

MYTH: Once I start the trial, I’m locked in permanently.
FACT: Participation is always voluntary, even after the trial has started. Although you sign an agreement saying that you understand the potential risks involved and agree to join, you can withdraw at any time and for any reason. If your expectations aren’t met or if you are struggling with the side effects, you can leave and opt for standard-of-care treatment.

MYTH: If my doctor doesn’t recommend a clinical trial, I can’t participate in one.
FACT: Thousands of trials are taking place all over the country, and it may be difficult for your doctor to know about every one of them. Online resources make it possible to search for them on your own by cancer type and other key factors (see Online Searches, page 4).

Many patients take the “divide and conquer” approach, enlisting the help of friends and family to research trials. At the same time, let your doctor or nurse navigator know that you’re open to clinical trials so they can actively search.

MYTH: There is one clinical trial for each diagnosis. If it’s closed, I’m out of luck.
FACT: A variety of new trials are being developed on an ongoing basis. If the trial you’re interested in is closed (not accepting any more participants), keep looking. Sometimes expanding your search by using different key words can offer more results (see Online Searches, page 4). Talk with your doctor about appealing to the FDA for expanded access (also referred to as compassionate use).

### Questions for Your Medical Team

Whether to participate in a clinical trial is up to you. Before making that decision, do your research. Consult with your doctor as well as the sponsors who are conducting the trial. Ask lots of questions, and continue to do so throughout the process.

**For your oncologist:**
1. Why do you feel this clinical trial is a good option for me?
2. Should I get a second opinion about participating in a trial?
3. If I enter the clinical trial, will you still be my doctor?

**For the trial sponsor:**
1. How long has this clinical trial been going on?
2. Have you seen success with this trial?
3. May I talk with a participant who is currently in the trial?
4. Will my daily routine have to change, or can I continue to work, go to school, care for my family, etc.?
5. If the trial isn’t close to my home, will my travel and lodging expenses be covered?
6. How long will we give the trial before deciding if it is working?
Clinical trials are necessary for cancer research, and monitoring and ensuring safety is crucial. As a result, standards exist to protect the rights, safety and well-being of all people participating in clinical trials.

Every clinical trial is designed with several levels of safeguards and a set of rules called a protocol, which must be followed. The protocol defines the eligibility criteria, specifies the tests to be done and the procedures to be used, describes the medications and dosages and establishes the duration of the study. All participating clinics, hospitals, universities, cancer centers and medical offices, regardless of their size or location, are subject to the same protocol. Before the study begins, a scientific review panel evaluates the protocol carefully to make sure the trial is based on sound science.

These protections are overseen by three main groups: the U.S. Food and Drug Administration (FDA), the Data and Safety Monitoring Board (DSMB) and Institutional Review Boards (IRBs). Each oversees different aspects of the trials.

The FDA has regulated the conduct of clinical trials since the 1970s and is responsible for the safety, efficacy and security of drugs. It also works closely with pharmaceutical companies to ensure the integrity of new treatments and medications. Several steps in the drug development process are monitored by the FDA, which requires extensive research and applications before and after clinical testing.

The DSMB oversees clinical trials to confirm they are safe for participants. IRBs monitor clinical trials to ensure they are safe, fair and correctly designed.

The National Research Act, established in 1974 by the U.S. government, identifies three basic ethical guidelines to follow when biomedical and behavioral research involving people is conducted:

1. Respect for people – All people, including those who require assistance to make their own decisions, should be respected and have the right to choose which treatments they receive.

2. Beneficence – People are treated in an ethical manner by respecting their decisions and protecting them from harm and by making efforts to secure their well-being. Additionally, people should be protected from harm by maximizing benefits and minimizing risks in the research study.

3. Justice – All people should share the benefits and burdens of research.

ADDITIONAL SAFETY GUIDELINES

To ensure compliance with all scientific and ethical guidelines, all studies are conducted under the direct supervision of physicians and expert research professionals. These regulatory requirements for drug studies address safety and efficacy issues unique to the use of drugs in clinical research, and the requirements are designed to guarantee the safety of all participants in a clinical trial.

Failure to meet the FDA’s regulations can lead to legal and financial consequences for those conducting the research as well as for the institutions associated with the research activities.

Another safeguard is the Informed Consent process, which protects participants throughout the duration of a clinical trial.

This process requires the research team to explain all the details about the trial, including the purpose, tests and treatment involved and the possible risks and benefits so you can make an informed decision about volunteering for the trial.

BENEFITS AND RISKS

All drugs must pass a series of tests and undergo a rigorous evaluation process by the FDA’s Center for Drug Evaluation and Research (CDER) to ensure they are safe and effective for human use before they’re made available to the public.

A team of CDER doctors, chemists, pharmacologists and other scientists carefully analyzes the medications at various stages during the approval process. When the health benefits of a drug outweigh the known risks, approval to move forward is granted. However, when issues arise, the process is delayed or even stopped.

If any issues are identified, the CDER will send a letter of explanation to the drug sponsor (the pharmaceutical company). Upon receiving the letter, the drug sponsor can choose to meet with a CDER official for further discussion, ask for a hearing, correct the problem(s) and submit new information, or withdraw the application altogether.
Clinical trial costs: Who pays for what?

It is important to realize there are certain costs associated with participating in a clinical trial, just as there are with any type of treatment. Some costs will be paid for by the trial organizer, others may be covered by your health insurance provider and the rest will likely be your out-of-pocket responsibility. Knowing what to expect before you join the trial may help avoid the added stress of unknown charges.

A detailed list of the costs covered by the clinical trial and those you or your insurer are responsible for will be included in the Informed Consent form. Before you sign the form, it is extremely important to address all your concerns about cost and payment. The clinical trial administrators understand this and will expect you to have questions.

Clinical trial costs are typically designated as routine patient care or research. Routine patient care commonly includes expenses related to doctor visits, hospital stays and some testing procedures. They are part of standard care, which would be included in any type of treatment. In a clinical trial, these are usually covered by your health insurance. Research costs, which are directly related to the clinical trial and include drugs and procedures, are typically covered by the trial sponsor.

Carefully review your insurance policy so you know the rules and procedures to follow and what is covered. Then contact your insurance company to confirm what you've read and ask additional questions, such as if the costs not covered by the clinical trial will be covered by your health insurance plan.

You are encouraged not to dismiss a clinical trial until you've looked into the financial resources that are available, even if you are uninsured or underinsured. Ask the clinical trial administrators about patient assistance programs, and explore the resources in this guide. Many organizations are available to help offset the costs and help you navigate the often confusing financial part of cancer treatment.

Fran Castellow, MSEd, Patient Advocate Foundation, believes no patient should have to struggle with financial obstacles alone. “Our expert case managers work alongside the patient or caregiver to identify solutions to problems surrounding insurance, medical debt and many other challenges, as well as helping them better afford their out-of-pocket costs.”

Also, check into federal and state requirements associated with clinical trials. Some government programs may offer assistance:

- Medicare covers portions of clinical research studies, such as trials designed to evaluate a cancer drug’s effectiveness. Medicare Part A and/or Part B may cover some things, such as office visits and tests, in certain qualifying clinical research studies. Talk with your clinical trial administrators before proceeding to ensure you understand their recommendations, the costs and the covered expenses.
- TRICARE is the Department of Defense’s health care program. In partnership with the National Cancer Institute (NCI), the Department of Defense now covers participation in Phase I, II and III NCI-sponsored cancer clinical trials as a TRICARE benefit.
- The U.S. Department of Veterans Affairs (VA) allows eligible veterans to participate in NCI-sponsored clinical trials at VA medical centers.

GLOSSARY

The terms used when talking about clinical trials and insurance coverage can be difficult to understand. These definitions may help.

Case manager: A social worker, trained financial counselor, nurse or some combination of various fields of expertise who offers a range of services. Services available include navigating insurance approvals, finding support services and advocating for your care, from screening and care coordination to transportation needs, insurance claims and discharge planning.

Claim: A request for payment based on the terms of the insurance policy.

Coinsurance: The percentage of medical care that you are financially responsible for paying after meeting the deductible.

Control group: The participants who receive the standard-of-care treatment being compared with one or more treatments being tested.

Copy: The fixed amount that must be paid for specific types of medical care, usually at time of service.

Deductible: The amount that must be paid before insurance begins paying.

Eligibility criteria: The guidelines defining who can participate in the clinical trial based on age, gender, health status, type and stage of cancer, previous treatments and other factors.

Enrollment: The number of participants in a clinical study. The estimated enrollment is the number of participants that the researchers need for the study.

Explanation of benefits (EOB): A statement your health insurance company provides to explain which medical treatments and/or services were paid on your behalf.

HIPAA: The Health Insurance Portability and Accountability Act is a law that protects the privacy of your personal medical information.

In-network: Health care providers or facilities associated with a health insurance plan. In-network provider fees are typically less than out-of-network provider fees.

Informed Consent form: A document that contains information about the clinical trial, including the potential benefits, risks and the alternatives to the research being conducted. Participants are required to sign the form before enrolling in a trial.

Intervention: A process or action that is the focus of a clinical trial. Interventions include drugs, medical devices, procedures, vaccines and other products that are either investigational or already available.

Out-of-network: Health care providers or facilities not associated with a health insurance plan. These fees are typically more than in-network provider fees.

Out-of-pocket costs: Medical care expenses you are responsible for paying. These costs may include deductibles, coinsurances and copayments for covered services, plus all costs for services that aren’t covered.

Precertification: The process of getting approved from an insurance company for specific services, procedures or treatments before having them.

Premium: The amount you pay each month for health insurance.

Protocol: The set of rules that every participating clinic, hospital, university and cancer center must follow in a clinical trial, including the eligibility criteria, tests and procedures, medications and dosages and length of study.

Recruitment status: Indicates whether a clinical study is currently open (accepting participants).

Reimbursement: Compensation or repayment from your insurance company for health care services you pay out of pocket.

Sponsor: The organization or person, also referred to as sponsor-investigator, who oversees the clinical trial and is responsible for analyzing the study data.

Standard of care: The drug or treatment that experts agree is the most widely used and appropriate therapy for a particular type and stage of cancer.
Should a clinical trial be part of your cancer journey?

Abbvie is dedicated to researching potential cancer treatment options, with new clinical trials going on right now:

- Small Lymphocytic Lymphoma
- Chronic Lymphocytic Leukemia
- T-Cell Prolymphocytic Leukemia
- Hematologic Malignancies
- Small Cell Lung Cancer
- Non Small Cell Lung Cancer
- Acute Myeloid Leukemia
- Non-Hodgkin’s Lymphoma
- Acute Lymphoblastic Leukemia
- Advanced Solid Tumors
- Breast Cancer
- Glioblastoma
- Neuroblastoma
- Prostate Cancer

If you’re ready to participate in a clinical trial, explore Clinical Trials and Me, and discover where the future of cancer treatment might lead.

Explore our trials at ClinicalTrialsAndMe.com/Oncology