
A Single CTA in Multinational Clinical Trials- Dream or Option?

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Disclaimer

The opinions expressed in this presentation are intended to reflect the consolidated views of the participants of the workshop held on 7 July 2009.

Background Considerations

Industry

- Shifting economic paradigms drive new choices

Academia

- Affordability is key consideration

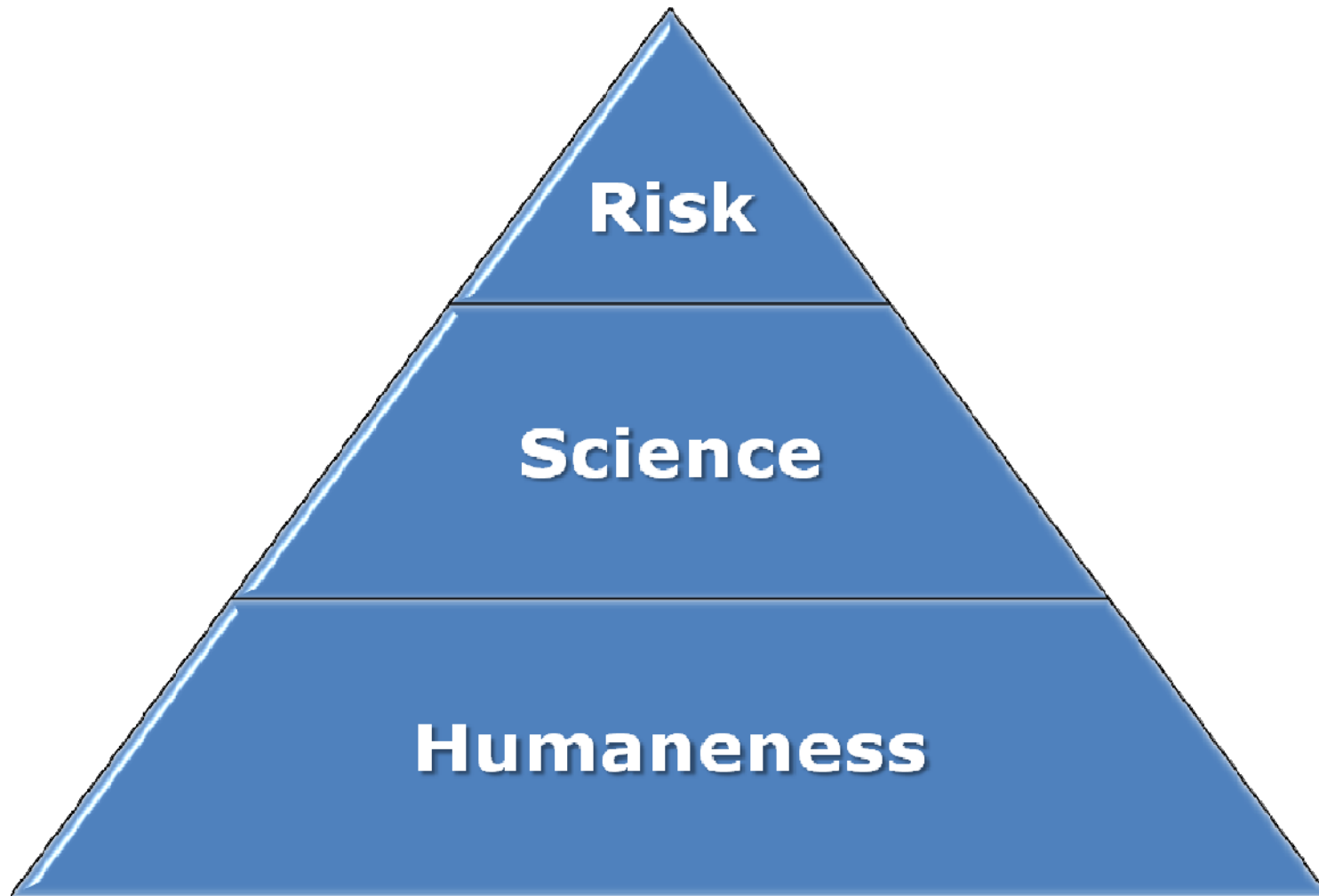
Regulators

- Recognise the problem, are seeking alternatives

Patients

- Need new treatments faster

Background Considerations



Does each step add value?

If not, why are we doing it?

The Threats

- The implementation of the Clinical Trials Directive has been associated with **an increase in** administrative burden and **costs**.
- The requirements for **insurance** are stifling some clinical trials.
- The shifting economic and political paradigms are not favouring Europe.
 - Europe as a whole will suffer if it is unable to ensure the attractiveness of clinical research within its borders while ensuring the **safety of trial subjects**.

Guiding Principles

Harmonisation of Professionalism and Expertise

1. The **best available expertise** should be used, regardless of which country it comes from.
2. The **roles and responsibilities** of competent authorities and research ethics committees should be **clear and uniform** across Europe.

Guiding Principles

Harmonisation in Efficiency

1. There should be a **single CTA application dossier**, in English, accepted by all national regulators (though of course patient information and informed consent documents must be in appropriate local languages).
 - **No duplication** of reviews of the same aspects of clinical trial proposals.
 - Any new system must **reduce the administrative burdens** on trial sponsors.
2. The **fees** of an application for a clinical trial should be the same in all countries, and preferably zero.

Guiding Principles

Harmonisation in Efficiency

3. It must become **faster**, not slower, to get a clinical trial started.
4. Co - sponsorship: it must be possible for the sponsorship of a trial to be shared among stakeholders, based on a contractual agreement.
5. Academic sponsors should be appropriately funded for the administrative costs of running clinical trials.

Guiding Principles

Harmonisation of Oversight

1. The regulatory oversight of a clinical trial should be **proportionate to the risks** to the patient.
2. **Consistency:** as far as possible, a trial should not be acceptable in one country and unacceptable in another.
3. **End the confusion:** the basic definitions of what constitutes an Investigational Medicinal Product, a Substantial Amendment or a non - interventional study must be clarified and harmonised across Europe.

Short term options

Review of the application of the Directive

- One identical dossier
 - a) Continue to submit multiple applications to national regulators, multiple reviews, or
 - b) Single submission, multiple reviews, or
 - c) Single submission, single review
- Harmonise the definition of what constitutes an Investigational Medicinal Product.
- Harmonise the definition of what constitutes a Substantial Amendment to a clinical trial authorisation.
- Harmonise the definition of what constitutes a non - interventional study.

Short term options

Review of the Directive

- Establish a **single database for reporting SUSARs** (suspected unexpected severe adverse reactions)
 - removing the need for submissions to all national Competent Authorities, ethics committees and investigators.
- Establish in all countries the principle that sponsors of multinational trials may **submit applications in English only**,
 - in collaboration with the national coordinator.
- Allow **co - sponsorship**:
 - allowing the responsibilities of sponsorship to be shared between stakeholders.

Short term options

Review of the Ethical Approval processes

- Clarify and harmonise across Europe the roles and responsibilities of research ethics committees, clearly differentiating between these and the roles and responsibilities of the regulators, the Competent Authorities.
- Establish in all countries the principle that ethical review should proceed in parallel with regulatory review (rather than in sequence).

Short term options

Funding and training

- Academics should receive the resources to support the infrastructure requirements of clinical trials.
- Governments must act to relieve the burden of insurance on academic trials – which is preventing some trials from even taking place.
- Remove some of the financial burden by not requiring the fee of an application to be met by the sponsors.
- Training remains an urgent issue – both for researchers and for members of research ethics committees. It needs funding.

Short term options

Political will

- Responsibility for the Clinical Trials Environment in general should be shared with Directorate General Sanco, rather than residing entirely with DG Enterprise as at present (trials not involving investigative medicinal products also entail risk and the need for risk information/assessment to patients).

Long term view

Possible new procedures

1 Centralised application with centralised review.

- A trial sponsor would submit one application centrally to a centralised body (e.g. the European Medicines Agency), which would review it and reach a decision.

Long term view

Possible new procedures

2a Centralised application with disseminated review.

- The trial sponsor would submit one application centrally to a centralised body (e.g. the EMA), which would select a rapporteur country to carry out the review, thereby capitalising on the expertise and strengths of the national regulators (especially in paediatrics and orphan conditions). With one body to validate applications, there would be no divergent definitions to deal with, and it would be easier to change or extend a protocol.

- 2b As above, but as an optional system in parallel with the existing system.

Long term view

Possible new procedures

3. Single national application with disseminated review.
 - The sponsor would apply to his/her own national regulator or any other selected Competent Authority, which would take the application to the EMEA as rapporteur for a “mutual recognition procedure”.

4. A single ethical opinion for Europe
 - incorporating the opinions of the individual national ethics committees.

Conclusion

Can we afford to keep

the single CTA

as a dream,

or should we act together now?

Questions?

- Thank you