Clinical Trial Regulation

CTR: Commission Objectives

General objective = make EU a more attractive place to conduct clinical trials

A modern regulatory framework for submission, assessment and follow up

Regulatory requirements adapted to practical needs without compromising participant safety, rights and well being or data robustness.

Address the global dimension of clinical trials when ensuring **compliance with GCP.**

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CTR- Timeline

17/07/2012	**Legislative proposal published**
11/09/2012	Committee referral announced in Parliament, 1st reading/single reading
29/05/2013	Vote in committee, 1st reading/single reading
10/06/2013	Committee report tabled for plenary, 1st reading/single reading
02/04/2014	Debate in Parliament
02/04/2014	Decision by Parliament, 1st reading/single reading
14/04/2014	Act adopted by Council after Parliament's 1st reading
16/04/2014	**Final act signed-End of procedure in Parliament**

Publication by Commission May/June

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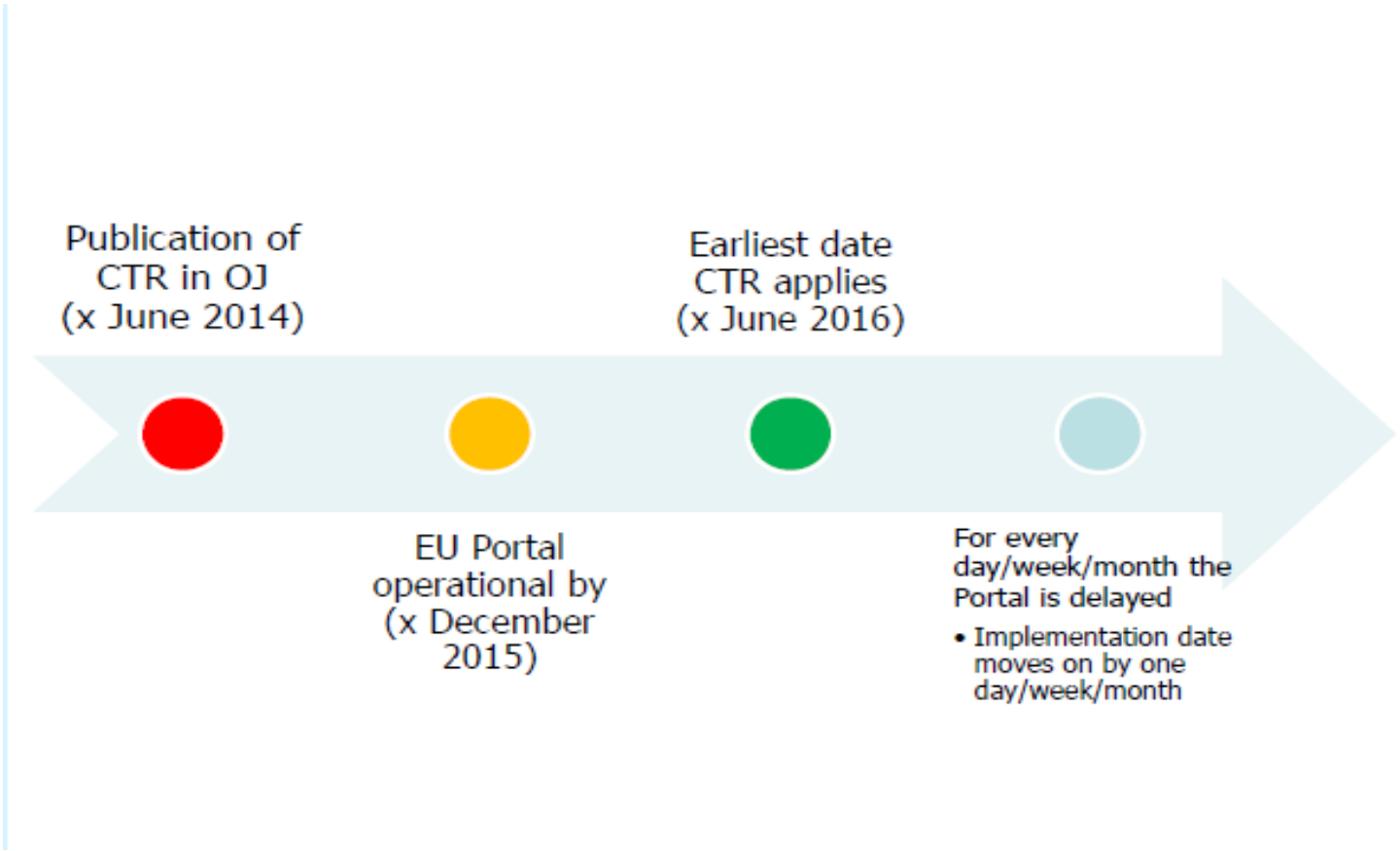
Date of Application



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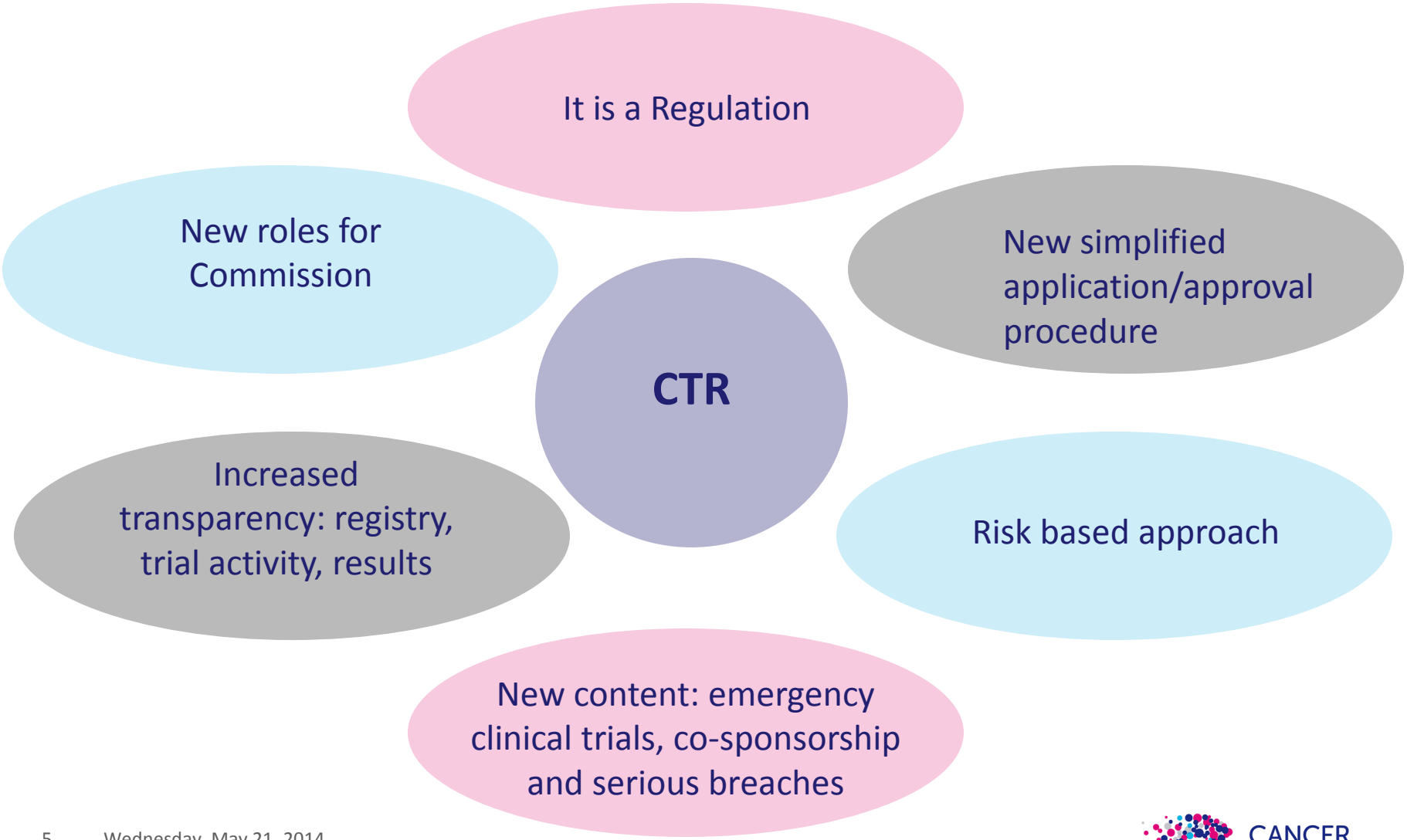
Key Points



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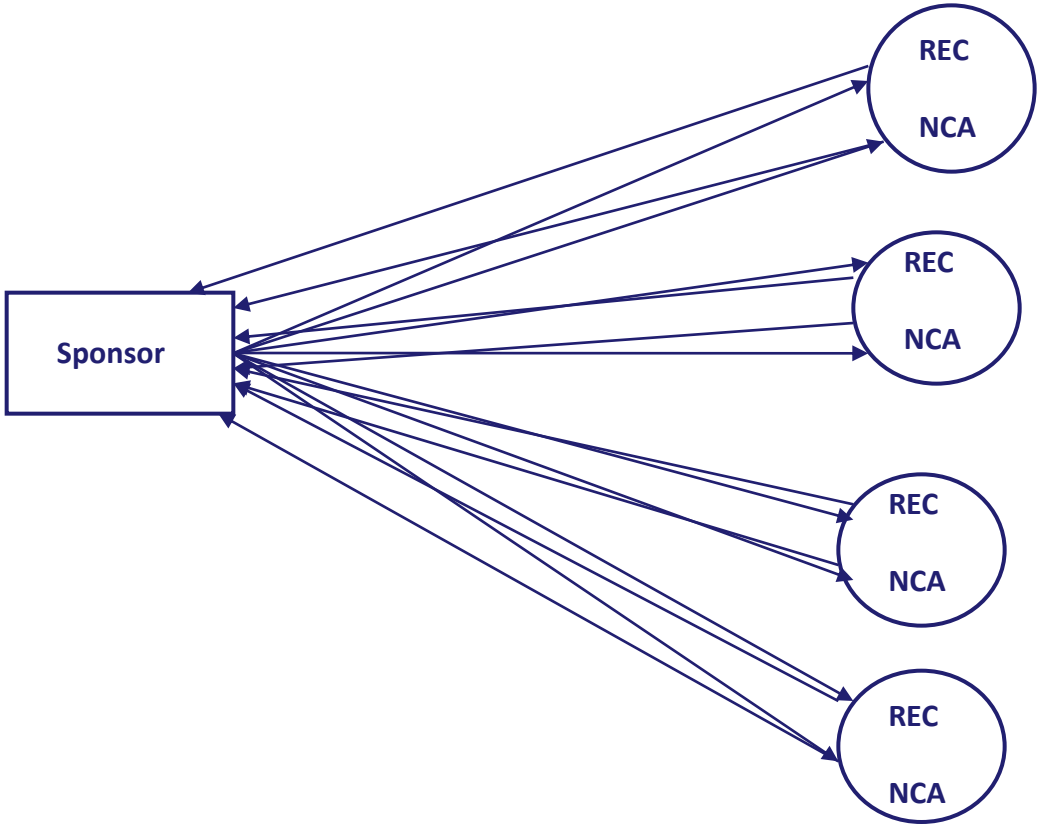
Authorisations under CTD



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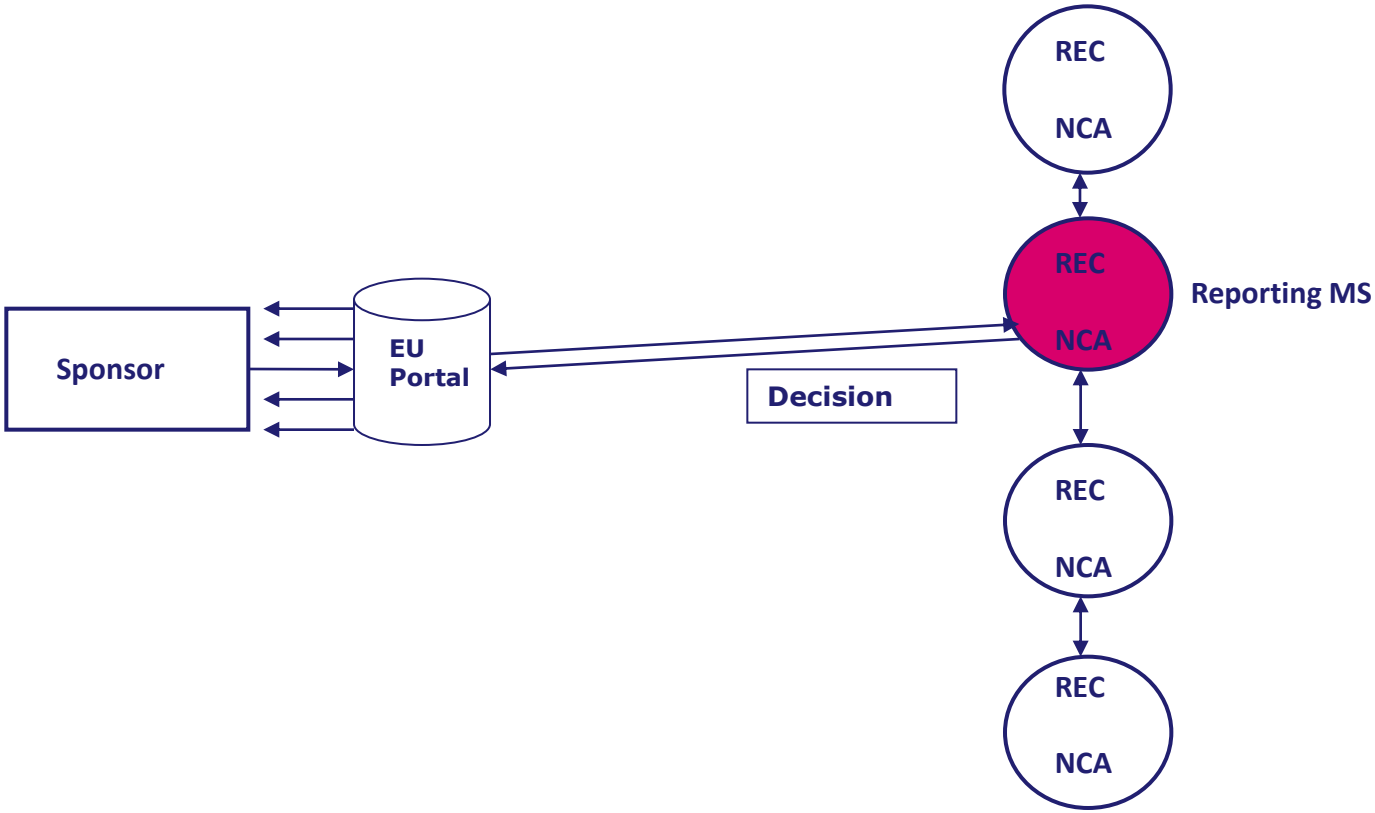
Authorisations under CTR



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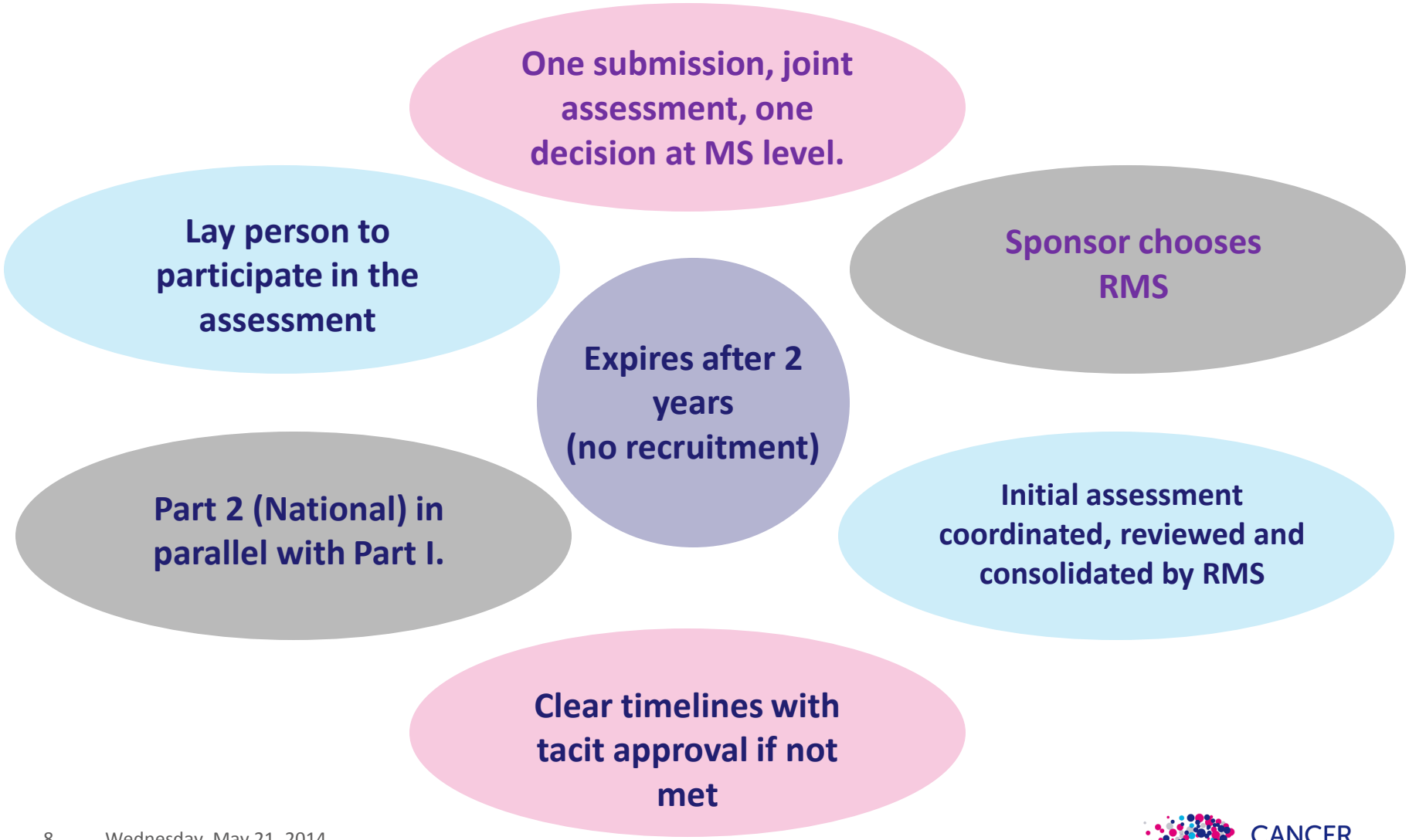
Authorisations under CTR



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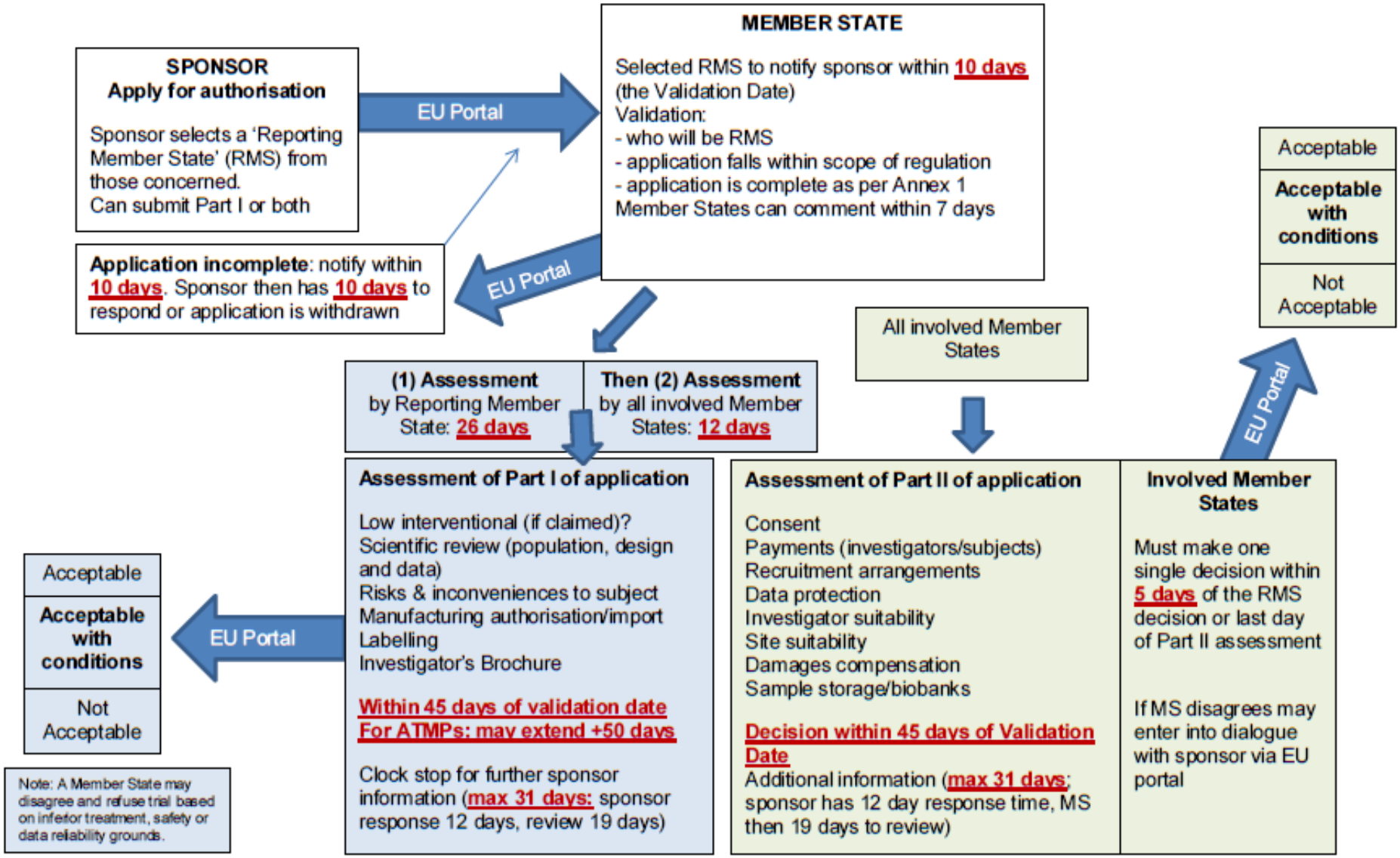
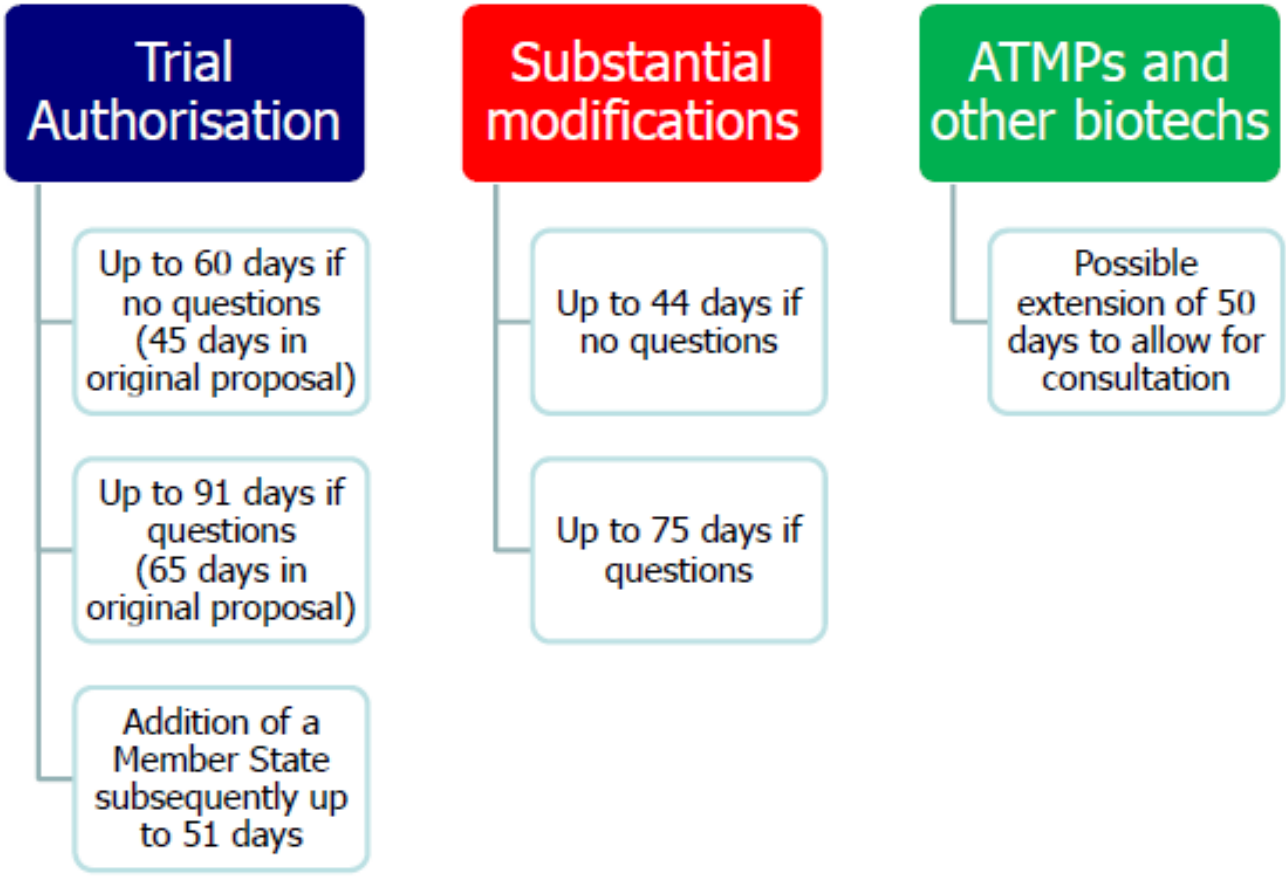
Outline of proposed clinical trial authorisation process introduced by the new EU Regulation (agreed position December 2013)

Note: other processes exist for adding Member States and in the event of disagreement.



Review Timescales



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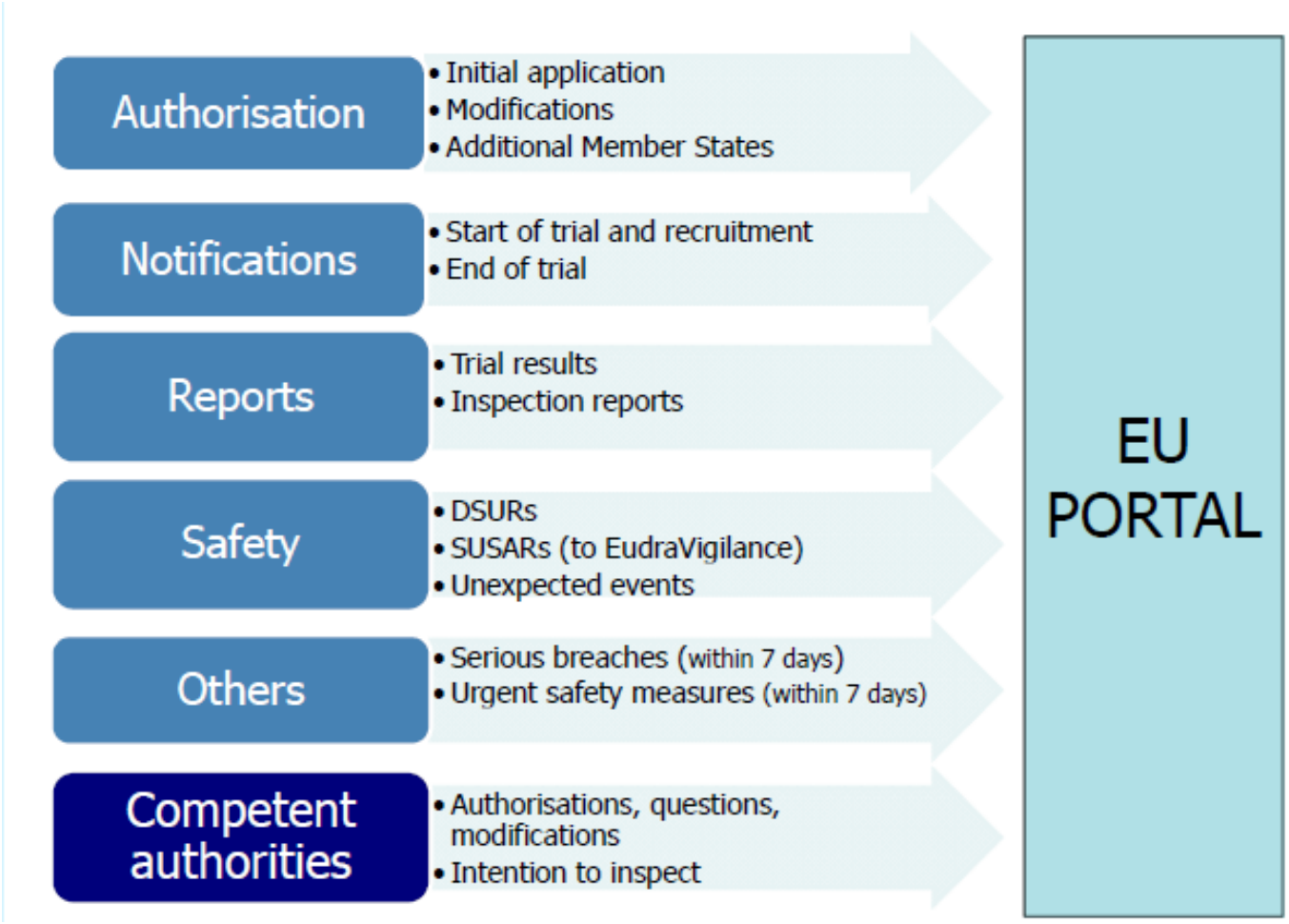
EU Portal

- EMA to develop and maintain the EU portal and database
- Aim: Ensure effective supervision of the conduct of the trials by MS
- EMA /MS to draw up functional specifications
- EMA Management Board will verify full functionality (independent audit)
- Linked to the date of application of the Regulation (6 months)
- Database will enable communication between sponsors and MS
- Database will be publicly accessible unless confidentiality is justified (personal data, commercially confidential information)

EU Portal



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Authorisations process

Part I:	Part II
Overall authorisation	**National specifics**
Scientific Review	Ethics
Risk/ inconvenience to subject	Consent
IMP Manufacture	Liability
IB	Suitability (site/ Investigator)
Low interventional status	Payments

Trial Types

Defined in accordance with revised OECD definitions:

B (2) C : Clinical Trial

A, B(1): Low interventional Clinical Trial:

- IMP authorised
- Used in accordance with MA
- Use supported by published scientific evidence of safety/ efficacy
- Additional procedures/ tests do not pose additional risks

Ethics Review

Performed by an IEC in accordance with MS legislation

MS responsible for local Ethics review

May encompass aspects covered by parts I and II

MS to ensure timelines aligned with the regulation

Trial Conduct / GCP

Sponsor must ensure CT is conducted in compliance with:

- The trial protocol and GCP principles

AND

Take into account quality standards / guidelines of ICH

Implication: ICH GCP not legislated **BUT** suggests more than ICH GCP (E6) to be followed

Personal Data

Appropriate measures to be taken to ensure personal data and information are protected against unauthorised/ unlawful:

- Access
- Disclosure
- Dissemination
- Alteration
- Destruction
- Loss

Particularly when processing across a network

Informed consent

Most discussed chapter!

Possibility of broad consent: use of data outside of protocol if subject

This consent can be withdrawn at any time by the subject

Interview can be conducted by a member of the investigating team who is appropriately qualified according to national legislation

Informed consent

Provisions for trials with:

- Incapacitated subjects and minors –special considerations.
- Pregnant and breast feeding women.
- Military personnel, prisoners and people in residential care institutions.
- Emergency situations can only take place where potential for direct benefit for the subject

Monitoring - RBA

Extent / Nature shall be determined by Sponsor on basis of Risk Assessment taking into account:

- Low intervention/Normal CT
- Objective/ Methodology of the trial
- Degree of deviation from normal clinical practice

Start, end, suspension, temporary halt

The Sponsor must notify each Member State concerned:

- Start and end of the recruitment in each MS (Art. 33).
- The end of the trial in each MS
- The end of the trial in **all** MS
- The temporary halt and restart

Within 15 days via the EU portal

Serious Breaches

Sponsor shall notify each MS (via EU portal) of any serious breach of CT Regulation, trial protocol or GCP

within **7 days** of becoming aware of that breach."

A "serious breach" is a breach which is likely to effect to a significant degree-

The safety or rights of the subjects of the trial or

The reliability and robustness of trial data

Transparency/Results

Summary of trial results < 1 year of trial end including a lay summary

- Content detailed in Annex III

Exceptions must be explained/ justified in protocol (and reported ASAP)

The Commission will produce guidelines for sharing raw data on a voluntary basis

Records Retention

All CT records to be retained for **25 years** following completion of the CT

Medical records retention to comply with local legislation

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Supervision/ inspections by Member States

EC has a new role to verify :

- MS compliance with CTR
- Regulatory systems for CT outside the EU are fit for purpose.
- All reports will be publicly available

Inspection report will be made available to the inspected entity and the Sponsor

Submitted through the EU portal to the EU database

Supervision/ inspections by Member States

Inspection fees may be waived for non-commercial sponsors

No intention in the UK to apply this

MHRA as a Government trading body must fund its activities

EC will draft an implementing act (secondary legislation) on the inspection procedures

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Summary

- Regulation is due for release in EC OJ
- A period of transition will follow (EU portal dependent)
- Major change=Application process
- Requirements to be implemented as is (no gold plating)
- UK relatively little change to current reqs
- EU portal robustness is pivotal

http://bit.ly/1efTMRV

COUNCIL OF
THE EUROPEAN UNION

Brussels, 20 December 2013

Interinstitutional File:
2012/0192 (COD)

17866/13

PHARM 80
SAN 530
MI 1170
COMPET 930
CODEC 2979

NOTE

from:	General Secretariat
to:	Delegations
No. Cion prop.:	12751/12 PHARM 60 SAN 176 MI 508 COMPET 513 CODEC 1946
No. prev. doc.:	17865/13 PHARM 79 SAN 529 MI 1169 COMPET 929 CODEC 2978
Subject:	Proposal for a Regulation of the European Parliament and of the Council on Clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC

Delegations will find in the Annex to this Note the consolidated text of the draft regulation as approved today by the Permanent Representatives Committee (Part 1).

Any questions?

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