Response to:
Directorate-General for Health and Consumers

IMPLEMENTING MEASURES IN ORDER TO HARMONISE THE PERFORMANCE OF THE PHARMACOVIGILANCE ACTIVITIES PROVIDED FOR IN DIRECTIVE 2001/83/EC AND REGULATION (EC) NO 726/2004

- **Annex IV: Protocols, abstracts and final study reports for the post-authorisation safety studies**

Submitted by Centre for Health Evaluation & Research (CEFAR), National Association of Pharmacies Group - Portugal

The Centre for Health Evaluation & Research (CEFAR) is very pleased to have the opportunity to offer our perspectives and suggestions, and submits for your consideration the following comments on the "Implementing Measures in Order to Harmonise the Performance of the Pharmacovigilance Activities Provided for in Directive 2001/83/EC and Regulation (EC) No 726/2004 - Annex IV: Protocols, abstracts and final study reports for the post-authorisation safety studies.

CEFAR is a Contract Research Organization (CRO) of the Portuguese National Association of Pharmacies (ANF) Group founded in 1994. CEFAR's mission is to develop high quality research & evaluation studies / analysis that support the development of Portuguese pharmacies, support evidence based decisions in the field of Medicines and Health and advance knowledge in medicines, pharmacy practice and health. CEFAR is member of ENCePP (European Network of Centres of Pharmacoepidemiology and Pharmacovigilance).

We are encouraged that the Health and Consumers Directorate-General (European Comission) has identified the need for high quality safety post-authorization studies and for well-designed tools in order to harmonise the performance of the new pharmacovigilance activities introduced by the amended pharmacovigilance legislation. Since accomplished, it has the potential to become a very useful tool for researchers within the field. Additionally, we hope that transparency would be a key issue in all post-authorization studies conducted in Europe. Society demands a transparent and an integrated assessment of benefits and risks, under real life conditions, as the next logical step after clinical trials.

We have no general comments, but a few specific comments are listed below.

1. **Scope and definition**
   - In terms of scope, it is not clearly defined if the European Agency of Medicines (EMA) will just have access to the protocol and final report results or will have also the responsibility to published it, at least the main findings. Moreover, a clarification is needed to know if there will be a registration for post-authorization safety studies. The role of EMA is nowhere explicitly defined in this annex.
   - All the protocol and final report (not only the abstract) should be written and submitted in English.
   - In paragraph 6, the term "substantial amendment" should be undoubtedly defined.
   - To our opinion, EMA should (not only "may" – the term "may" is too vague) publish appropriate templates for the protocol, abstract and final

study report. ENCEPP Guide on Methodological Standards in Pharmacoepidemiology should guide these templates.

2. Format of the study protocol

- In point 3, the respective practical roles of parties should be clarified.
- The sentence "Plans for disseminating and communicating study results" should encompass the target population. In other others, who will be able to have access to results? Will be restricted to EMA? Will scientific community, health care professional's societies or society as whole have access to the study results?
- Point 13 should mention funding sources and the conflict of interests of all investigators involved in the study.

3. In our opinion, a section on communication is missing. Throughout the document this aspect is often lacking. For reasons of transparency, aspects of post-authorization studies' communication (especially in what concerns to final results/ final report) should be *crystal clear* defined.

Again, we thank Health and Consumers Directorate-General for allowing us the opportunity to comment on this document.

Yours faithfully,

CEFAR – Centre for Health Centre for Health Evaluation & Research.