EORTC
European Organisation for Research and Treatment of Cancer
AISBL International Non-Profit Association under Belgian law IVZW

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EORTC POSITION STATEMENT ON

THE CTD REVISION PROCESS AND PUBLIC CONSULTATION PAPER

We welcome and thank the Commission Initiative to study the opportunity to revise the Clinical Trial Directive and recognize this consultation as an important step toward harmonization and simplification of the current processes.

EORTC experience in the management of multinational clinical trials for 40 years leads to establish our present position. We recognize the broad and complex processes for Clinical Trial Authorization in Europe due to the national regulations, the variety of European cultures and the heterogeneity of approaches. The Clinical Trial Directive did not solve all the problems of heterogeneous regulations throughout European Union due to a lack of harmonization of implementation or various interpretations of the same topic, such as:

- Ethics Committees and Competent Authority review and mechanisms,

- Protection of the patients/citizens (Patient Information Sheets, Informed Consent processes…)- Definition of Investigational Medicinal Products and access to,

- Definition of standard or reference treatment with the regulatory consequences in terms of submission,

- The Pharmacovigilance processes (format, submission and responsibilities)

These topics and their lack of harmonization across countries have several consequences for multinational studies such as:

- The Clinical Trial insurance
- Sponsorship and definition of responsibilities including the approach to Academic versus Commercial studies.

We believe that for international clinical trials:

- There is no added value of separate reviews of the same aspects of a Clinical Trial across Europe,
- The best available expertise should be used regardless of which country it comes from,
- A trial should not be acceptable in one country and unacceptable in another one.

Therefore, EORTC proposes to harmonize the interpretation of the rules in the different Member States. Along that line, an important step to reduce the administrative burden for applicant/sponsor will be to mimic the use of the principle of a "mutual recognition" or at least to implement a consistent and simultaneous process as proposed by the Clinical Trial Facilitation Group (CTFG) with the pilot phase of The Voluntary Harmonization Procedure (VHP).

Practically speaking and in the light of our numerous multinational trials, EORTC will plea for:

1. The Harmonization of the Clinical Trial Directive implementation.

2. The requirement of a single Clinical Trial Authorization (CTA) irrespective of the numbers of participating countries, either by the development of a single CTA application across Europe or a Mutual recognition process. The implementation of a centralized application process (with a disseminated review or not) should be an appropriate solution. That is the reason why we support the VHP initiative of the CTFG. We provide in annex 1 our analysis of our first experience with VHP in 2009 that has been fed back to CTFG.

3. A better definition and the harmonization of the roles of both the Ethics Committees. From a realistic point of view, we prefer to have also a guideline for Ethics Committee assessments. A "single opinion" as foreseen in the EU Directive might be recommended for international trials and at least one ethical opinion per Member State. In order to improve the patient's protection across Europe, we support the development of a European guideline on the content required in Patient Information Sheets and in getting the Informed Consent.

4. The simplification and harmonization of the procedures for:

    a. Clinical Trial approval i.e. the EudraCT form as a single set of forms to be completed and recognized in Europe in a unique language for international trials. Whatever the regulatory system in place locally or at a European and centralized level, the application dossier is to be identical and shared between all concerned competent authorities into a centralized database.

    b. Taking the advantage of the existing single database Eudravigilance for reporting SUSARs and removing the need for submission to all national competent authorities, Ethics Committees and Investigators to avoid redundant information and various formats and requirements of submission. Such approach gives a false sense of safety.

    c. Harmonization for Safety Reporting in requirements, format, way of transmission and all reporting rules in general.

    d. Harmonization of the definitions of:

        i. a non-interventional study,

        ii. an academic study without commercial aim

        iii. an Investigational Medicinal Product

        iv. a substantial versus a non-substantial amendment.

According to the requirements of an international clinical trial and the collaboration across several units and expertises (medical, statistical, operational, regulatory…) we do not recommend sharing the trial sponsorship among stakeholders.

Academia and industry should have a single standard in terms of quality and requirements. However, the recognition of the added value of independent academic research must be stressed. Academic independent research is needed because it is more likely oriented towards educational studies, niche and neglected areas, de-escalation, public health issues and multidisciplinary approaches. These studies are not primarily done to register compounds but to contribute to define the state-of-the-art treatment and new therapeutic practices and strategies.

In particular, cancer research requires large international trials with multidisciplinary approach. The Clinical Trials managed by our organization cumulate all the difficulties and complexity of this domain. Reducing administrative burdens and promoting the harmonization processes will promote competitiveness of Europe but will also provide major benefits for the Citizen's Healthcare.

Brussels, on the 06 January 2010.