ASSESSMENT OF THE FUNCTIONING OF

"CLINICAL TRIALS DIRECTIVE" 2001/20/EC

Position Statement

CEIC – Portuguese Ethical Committee for Clinical Research

General statement

We would like to have the opportunity to congratulate the European Commission for this initiative.
Our review will be centred in the aspects related with ethical review and with ethical committees and related issues.

As a general evaluation of the document, this Committee is concerned with the high consideration that is given to administrative and bureaucratic issues in detriment of substantive ethical problems. This creates an undesirable unbalance, widening the gulf between the interests of industry and the interests of patients, in what concerns the performance of clinical trials. This alignment of the text with mostly regulamentary considerations may hamper the development of other types of trials that are needed to research on the performance and management of health services, namely those on comparative effectiveness.

General comments

Concerning evaluation of the bureaucratic burden we have some difficulties how it is possible to demonstrate an "increase in bureaucracy and costs" as an impact of the directive application. We think that there is a need for further demonstrations of this statement taking in account that:

1) In most countries, the directive implementations allowed for a striking diminution of the number of entities where to submit new clinical trials
2) The application of NCA and to ethics committees was, as far as possible, normalized as consequence of the directive implementation.

Specific questions on ethics:

<u>One-stop-shop for submission of assessment dossier</u>

We can agree on this proposal, provided that all the needs for an adequate assessment of all aspects related with the ethics of clinical trials research are preserved.

<u>Strengthening networks of national Ethics committees involved</u>

We fully support this proposal although in our country the assessment of new clinical trials application is done at a National level. We think that a more comprehensive monitorization of the clinical trial conduction by local ethics committee must be reinforced namely in what concerns of monitoring of consent and monitoring of protocol compliance.

In what concerns ethics committees, we need an **European forum** for discussion of the clinical trials protocols, namely the so called involved countries, and the issues related with negative opinion by some ethics committees, in particular negative opinions that are based on the safety of the clinical trials subjects. It is not sustainable at European level not to have the opportunity to discuss these issues. How can a European citizen understand that the safety of some clinical trials is considered negative in some countries and positive in other countries? So there is a need to have a European forum of ethics committees.

Clarifying the respective scope of assessment of NCA and ethics committees

In Portugal we have an agreement between our NCA (INFARMED) and CEIC concerning the scope of assessment of each one. The only overlapping is that, sometimes (rarely) we need to review the information related with IMP.

Disincentive to "academic"/"non-commercial" trials

Among the "weaknesses" (5.3), the disincentive to "academic"/"non-commercial" trials is mentioned.
This Committee considers that a distinction between commercial and non-commercial (including "academic") clinical trials is not admissible.
The Directive regards scientific and ethical standards. It is not understandable that different ethical standards apply to persons included in trials sponsored by the industry and to people in "non-commercial" trials or that different scientific requests are made to trials aiming either at marketing authorizations and to "academic" studies.

This alignment of the text with mostly regulamentary considerations may hamper the development of other types of trials that are needed to research on the performance and management of health services, namely those on comparative effectiveness.

Clinical Trials Public Divulgation
We would also like to highlight the need to reflect in the Directive the obligation of public divulgation of trials realization and of release of trials results.

Scope of the Directive concerning no interventional clinical trials

Although there is merit in including the issue of non interventional clinical trials in the legislation on pharmacovigilance, they should not be excluded from the scope of clinical trials directive.
These studies are perceived as normal clinical practice, but there is a thin border between the concepts of intervention versus non-intervention. T he differences between the options of member states in this regard may thus relate with different models of healthcare throughout the EU, which have an impact on the health of citizens. For

instance, what is considered as “standard diagnostic or monitoring procedures” may have different meanings in each Member State. This is compounded with different levels of health insurance in MS, thereby raising ethical issues regarding the access of citizens to these studies.
So we consider the interest of European citizens may be better served with a local decision system, whereby local authorities decide when a study has an interventional nature, because additional diagnostic or monitoring procedures may indeed have different meanings in different healthcare systems, and citizens may have different levels of access to health care.