EUROPEAN COMMISSION
HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL

Health systems and products
Medicinal products – authorisations, European Medicines Agency

PHARM 699

PHARMACEUTICAL COMMITTEE
21 October 2015

Subject: **Summary of comments to the study report on the Patient Information Leaflet (PIL) and Summary of Product Characteristics (SmPC)**

Agenda item 6a

In April 2015 the Commission services circulated to the Committee for comments two external study reports:

-a report on the Package Leaflets and the Summaries of Product Characteristics of Medicinal Products for Human use and

-a report on the Feasibility and value of a possible "key information section" in patient information leaflets and summaries of product characteristics of medicinal products for human use[1].

These study reports were drafted by an external contractor based on literature search and stakeholders' surveys. They are working documents that represent the external contractor's views and analysis. The Commission services will use these study reports as an input for the drafting of an assessment report to the European Parliament and the Council on current shortcomings in the summary of product characteristics and the package leaflet and how these could be improved in order to better meet the needs of patients and healthcare professionals (Article 59(4) of Directive 2001/83/EC).

The deadline for the submission of comments was June 2015. The Commission services have received 11 replies and wish to thank the members and observers of the Committee for their very useful comments to the external studies and valuable input to the topics discussed in these studies. They will be taken into account in the drafting of the Commission report.

This document provides a summary of the views expressed in those comments.[2]

[1] The recommendations of the study reports are annexed to this document for ease of reading and the complete study reports are being published in parallel on the web page of the Pharmaceutical committee: http://ec.europa.eu/health/documents/pharmaceutical-committee/human-meeting/index_en.htm

[2] The individual replies will also be published on the web page of the Pharmaceutical committee.

1. Overall summary of the replies received by the Commission services

In general, conclusions and recommendations of the studies are supported. Regarding the methodology of the studies, some replies criticise the low level of response rates in some cases and recommend, therefore, a cautious approach with respect to the outcome of the studies. The relevance of the products used as examples in the studies is also questioned in some replies. Nevertheless, the topics identified seem to be considered as relevant.

The recommendation to focus on improvement of the PIL, rather than on the SmPC, is notably supported. Regarding the SmPC, a reply suggests that strict adherence to the relevant guideline will also have a positive impact on the PIL, bearing in mind the legal obligation that the PIL shall be drawn up in accordance with the SmPC. Possible areas suggested in the replies for improvement of the SmPC guideline (e.g. more clarity / harmonisation of the required information) are clinical pharmacology information, interactions, undesirable effects, facilitation of extraction of significant information.

There is, in general, support for the conclusion that there is no need for a change in the legislation. This also includes the question of a potential introduction of a 'key information section' which is considered, in line with the conclusions of the studies, difficult and in any case premature, notably due to the absence of relevant evidence. It is generally considered that the current legislation allows for enhancement of the statutory medicines information to support the safe and effective use of medicines.

Some comments reflect on the dual function of the PIL: a legal function for 'full disclosure' of the undesirable effects included in the SmPC, and a communication function for the patient / the user of the product. While comments consider that any known risk should be disclosed regardless of its frequency / probability, there is a general agreement with the conclusion of the studies that the communication function may be improved within the current legal framework. It is considered that this may happen through further work on the relevant guidelines (e.g. better communication on frequency categories and expression of quantification of risk, with a view to enhancing better understanding by the patient/user) but also, to some extent, within the currently available guidelines. It is suggested that work on good communication design should be performed within the Quality Review of Documents (QRD) template, paying attention to the needs of some groups, such as elderly, young people and people with mental illnesses. Further work on risk communication and quantification is suggested, in order to explore evidence-based possibilities for improvement of the leaflet layout. It is considered that further research should be stimulated in this area, recognising the importance of product information to the outcomes of the regulatory system.

Some replies refer to the discussion in the study on the possible inclusion of benefit information in the package leaflet. One reply notes that providing such information in the leaflet (which is useful to the patient and is compatible with the SmPC) should remain a possibility and should not become a requirement of the legislation. This is echoed in another reply which considers that the benefit of taking a medicine is that it treats whatever condition it has been prescribed or recommended for. One reply considers on the contrary that legislation could be amended to require consideration of topics such as the inclusion of benefit information or information design. In general, a cautious approach is taken in the replies on that subject, by pointing out for instance that benefit information may improve the balance of the information provided in the PIL but that this should be confirmed by further research. While such information is not mandatory, it is pointed out in one of the replies that the QRD template already includes this aspect. It is also suggested to explore whether the provision of information on the likelihood of

benefit, put in the context of the possibility of harm and excluding any element of a promotional nature, could benefit from further harmonisation through the QRD template.

It is generally considered in the replies received that, as recommended in the study, future work on guidelines relating to the PIL (and possibly the SmPC) has the potential to solve a number of issues, by working specifically on good information design, lay-out and language, etc., ensuring compliance with legal provisions stipulating that the PIL shall be 'easily legible' (e.g. good information design) and 'clearly comprehensible' (e.g. the language used). The relevance of the QRD template is acknowledged in this respect as the main tool to provide guidelines to industry in a harmonised way. It is, however, recognised in some replies that a guideline cannot cover 100% of the real-life cases and the applicants need to adapt, where necessary, instead of applying literally the guideline in all cases. It is thus considered that applicants (but also regulatory authorities) should be encouraged to work not only on content but also on readability of product information, the two being considered equally important.

Finally the use of electronic PIL and SmPC (structured information) is supported in the replies but only as a complement to the paper versions, in order to avoid creating inequalities.

2. Additional summary information on some topics discussed in the replies

Key information section
The prevailing view is in line with the study conclusion that such a summary section should not be introduced at this stage owing to the lack of evidence on its possible effects and on the methodology for selecting the information to be included in such a section. Some replies point out that such a section would effectively make the PIL longer and, therefore, potentially less readable. Some replies also mention that the content of such a section would be difficult to harmonise, due to factors such as different typologies of products, the heterogeneity of individual patients' needs or cultural differences across the EU.

Involvement of patients and user testing
The usefulness of patient involvement is also recognised and strengthened user testing of the leaflets, with a better defined methodology, is supported. This is considered relevant for new leaflets, but also for significant variations (iterative approach). The importance of translations and / or user testing in national language is underlined, whilst the need to take into account the cost / availability aspect is also mentioned in that respect. Regarding multilingual PILs availability is mentioned, implying that such PILs may be lengthy (i.e. less readable) but may contribute to alleviate availability problems.

Use of electronic media
The majority of the respondents support in principle the idea that the PIL (and the SmPC) should be available in electronic version, especially as *structured* information content, as opposed to as a mere pdf file. In parallel, it is recognised that not all patients (or healthcare professionals) may have access to electronic outlets and, therefore, that electronic versions should be *complementary* to paper versions and should not replace them, so as to ensure equal treatment of all patients. Further, reference is made to ongoing work on Quick Response (QR) codes which may provide access to electronic statutory information and other information compatible with the SmPC.

Best practice examples

The majority of the respondents are not opposed to the idea of providing such examples, e.g. through the readability guideline. Some point out that stakeholders (industry, patients, healthcare professionals) should be consulted on such a practice, while others reckon that the value added may be limited in some national contexts. It is observed that the selection of such examples should be evidence-based.

Action to be taken:
For information

Annex - Recommendations of the external studies

A. Study on the Package Leaflets and the Summaries of Product Characteristics of Medicinal Products for Human use

1. Focus on improvement of the PIL rather than on the SmPC.
2. Consider reformulating the guidelines so that they include more principles of good information design and consider allowing for more flexibility in the information recommended in the QRD template between medicines as long as legislation allows it. Include guidelines on translation that go beyond the principle of faithful translation, in order that the lay language introduced through user testing in the original language is not lost during translation.
3. Further strengthen the input from patients during the development process for example by requiring to:
    - make the user testing process more iterative;
    - user test changes in information required by regulators after the initial user testing
4. Make best practice examples of aspects of leaflet design (anonymised) available for pharmaceutical companies and include not only the end product but also information on the process of development where possible.
5. Examine the potential to use electronic media in the (near) future as an increasing number of EU-citizens gets access to these media.
    a) Explore opportunities these media offer for optimizing the PIL in terms of flexibility of information provided and design.
    b) In doing so, explore and research the opportunities for the PIL to be part of the care process rather than a stand-alone source of information.
    c) Consider how mechanisms to alert patients taking long-term medicines to changes in the PIL could be developed through electronic media.
6. Consider those countries with more than one official language in the electronic media strategy.

B. Study on the feasibility and value of a possible "key information section" in patient information leaflets and summaries of product characteristics of medicinal products for human use

1. Do not introduce a key information section as a mandatory requirement, bearing in mind the current level of evidence.
2. Allow the use of key information sections in PILs which have been user tested with a particular focus on the key information section. This will help gather more evidence on what such section should look like and what information it should include.
3. Retrieve and stimulate evidence from the implementation of headline sections in the UK.
4. Facilitate EU-wide evaluation of a variety of key information sections, preferably on high risk medicines, on selected PILs and SmPCs, through user testing and wider research.
5. Develop criteria for the inclusion of points of information in these sections based upon further surveying of the stakeholders (primarily patients and health professionals) and the outcome of the above testing.
6. Explore the development and impact of key information sections first in electronic versions of the PIL and SmPC.