Best Practice Guide for Expedited Assessment of Multinational COVID-19 therapeutic trials

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The submitted proposal is under ongoing evaluation to be funded under the EU4Health programme



Clinical Trials Regulation - applies since 31 Jan 2022

Strengthening EU as region for clinical trials

Harmonising approval procedures and coordinated assessment of multinational clinical trials

Single decision per Member State (including both national competent authorities and ethics committees)

Strictly defined timelines - tacit approval if not followed

Increased transparency

Transitional period and transition of trials already authorised under national laws (Clinical Trials Directive 2001/20/EC)



Clinical Trials Regulation - applies since 31 Jan 2022

Article 3

General principle

A clinical trial may be conducted only if:

- (a) the rights, safety, dignity and well-being of subjects are protected and prevail over all other interests; and
- (b) it is designed to generate reliable and robust data.



Best practice - identification and assessment of clinical trials on COVID-19 therapeutics

Assessment timelines for multinational trial applications shortened 36-55% compared to Clinical Trial Regulation maximum timelines

Fixed timelines for assessment subphases

Sponsors submitting complete trial application dossiers (not requiring an RFI, Request For Information) **benefit most from accelerated assessment**

- Rolling reviews of trial applications not applicable
- Expedited assessment should not compromise the quality of the scientific and ethical review as outlined in Article 4 of the Clinical Trials Regulation



Best practice - identification and assessment of clinical trials on COVID-19 therapeutics

Full submissions Part I and Part II preferred

Sponsors encouraged to seek advice before submission and also inform the CT-CURE team (EU4HEALTH_CT-CURE@fagg-afmps.be)

- central advice
- national (or simultaneous organized by EU-Innovation Network)

Sponsors recommended to inform intended MSCs about planned submissions two weeks in advance

Exchange between Member States via secure links on advice activities relevant for CT-CURE also shared with CTCG/CTEG Members



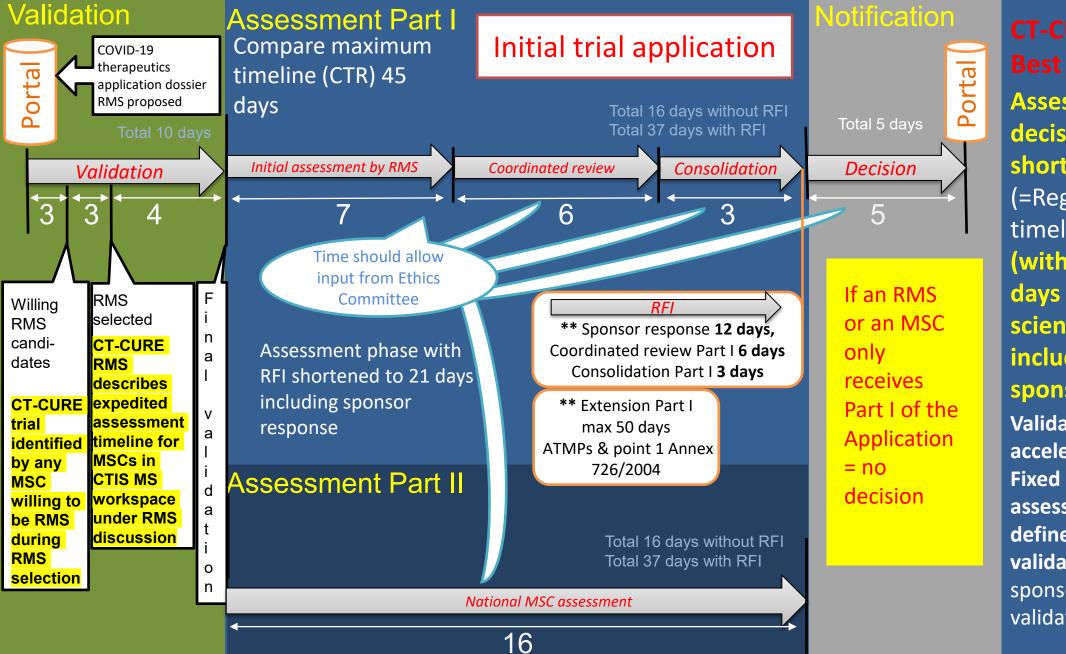
Focus on new multinational clinical trial applications evaluating safety and efficacy of COVID-19 therapeutics

All Member States Concerned (also outside Joint Action Consortium of EU/EEA Member States) expected to support the expedition of assessments for Part I with novel COVID-19 therapeutic products

Likely that Part II assessment (national matters as defined in CTR, e.g. ethics committee review of informed consent and subject information) and as a consequence the decision on the application will be followed only by Member States participating in CT-CURE

Important to seek advice from intended Member States Concerned and preferably provide a presubmission notice two weeks prior submission





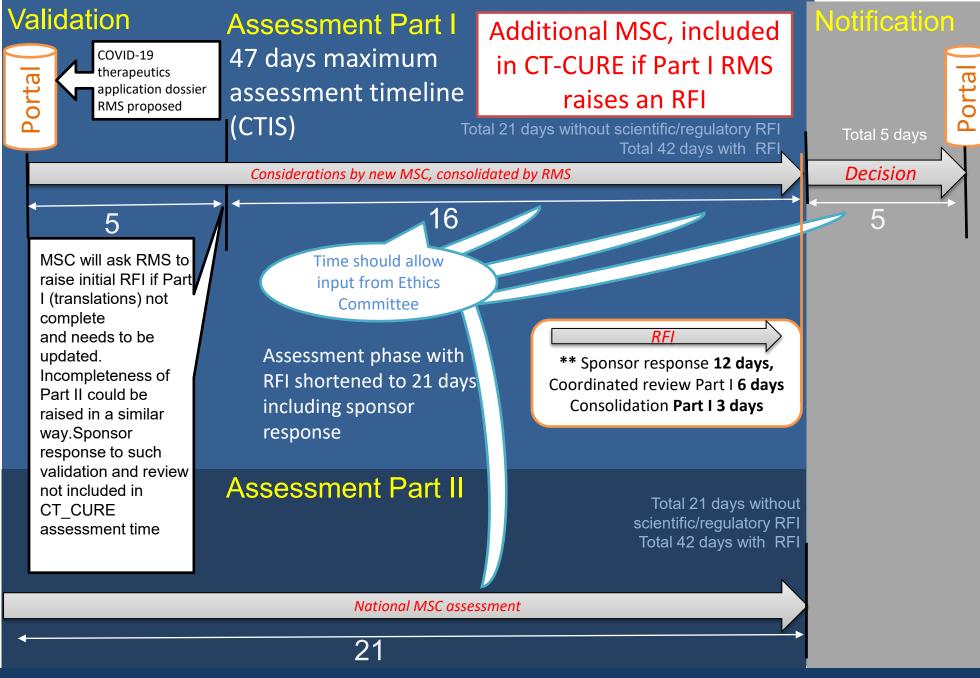
Assessment and decision phases shortened from 50 days (=Regulation maximum) timelines) to 21 days (without RFI), from 81 days to 42 days (with scientific/regulatory RFI including time for sponsor to respond) Validation timelines not accelerated. Fixed dates for Part I assessment subphases defined by RMS at end of validation communicated to sponsors and all MSCs (as validation consideration)

Validation	Assessment		Notification	CT CU
COVID-19 therapeutics - delayed Part II application dossier	Part II	Later Part II submission		CT-CU Best P
	45 days maximum		orta	Desti
La contra	timeline (CTIS)		Total 5 days	Assess
No validation		National MSC assessment	Decision	phases days (=
5	16	Total 21 days without scientific/regulatory RFI Total 42 days with scientific/regulatory RFI	5	maximu days (w 81 days
		Total 42 days with scientific/regulatory RFT	Decision	

MSC will raise initial RFI if Dossier for Part II is not complete and needs to be updated. Sponsor response to such validation and review not included in CT CURE assessment time

Assessment phase shortened to 16 days without RFI, adding 5 days initially for validation (sponsor response time not included in timeline) = 21 days Decision includes earlier Part I conclusion (Partial initial application submission) and Part II conclusion Assessment and decision phases shortened from 50 days (=Regulation maximum timelines) to 26 days (without RFI), from 81 days to 47 days (with scientific/regulatory RFI including time for sponsor to respond)

Note no separate validation phase legally defined



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defined Fixed dates for Part I RFI response assessment subphases defined by RMS if RFI sent to sponsor communicated to sponsors and all MSCs (as a consideration)

Assessment and decision

phases shortened from

maximum timelines) to

scientific/regulatory RFI),

from 83 days to 47 days

(with RFI including time

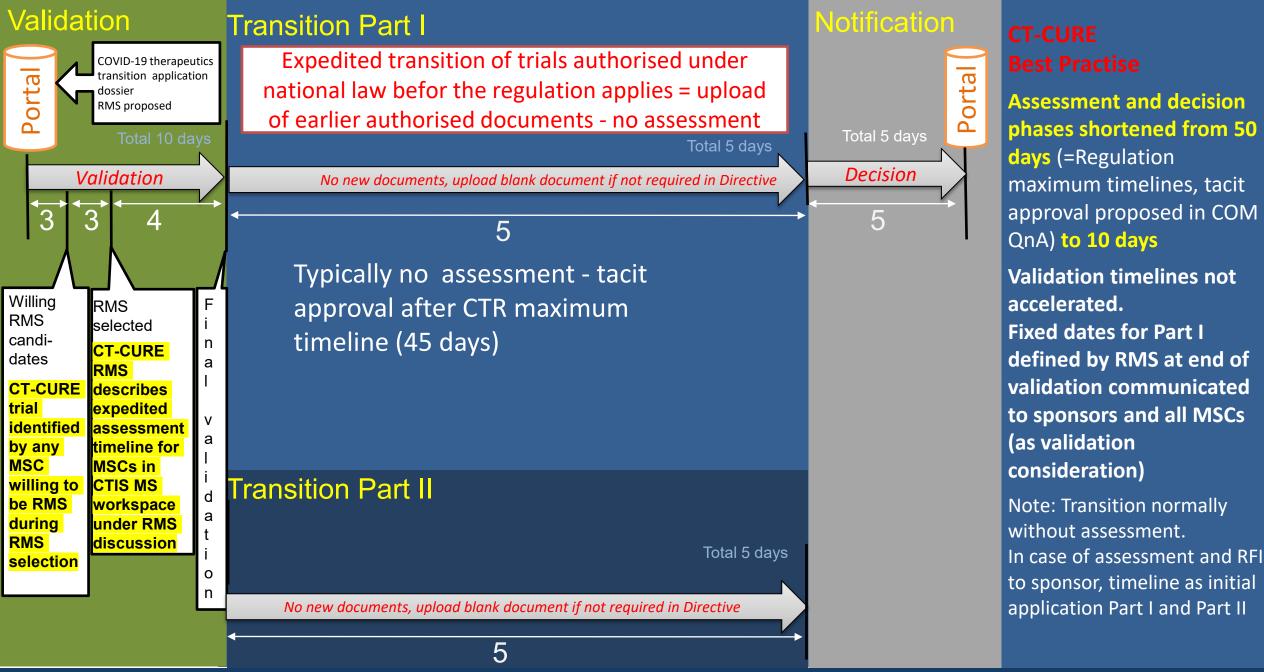
for sponsor to respond)

validation phase legally

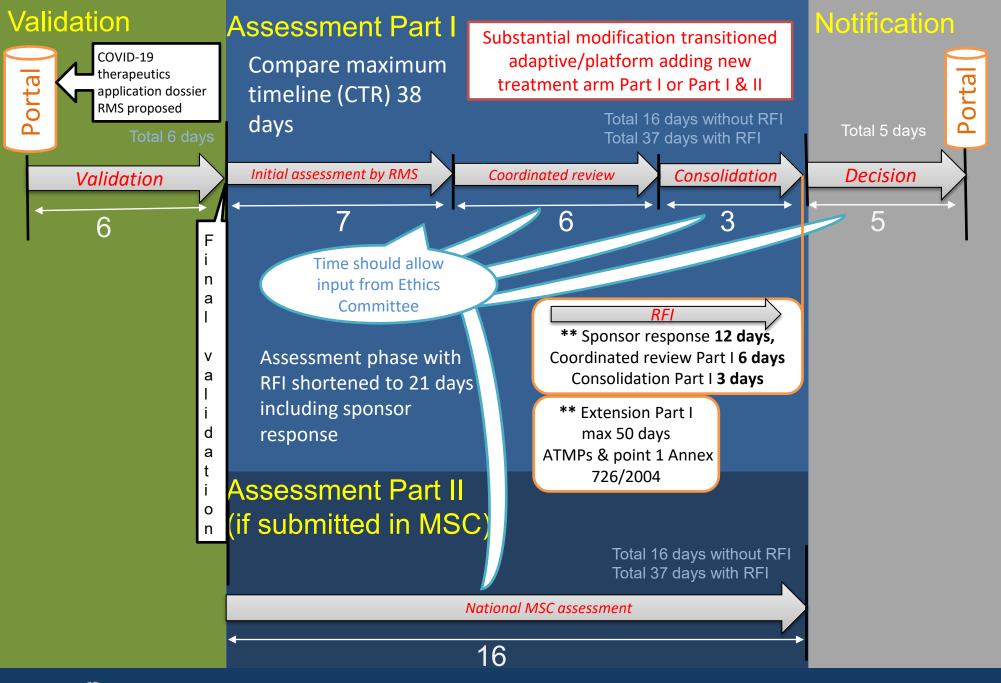
52 days (=Regulation

26 days (without

Note no separate



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Best Practise Assessment and decision phases shortened from 43 days (=Regulation maximum timelines) to 21 days (without scientific/regulatory RFI), from 74 days to 42 days (with RFI including time for sponsor to respond)

Validation timelines not accelerated Fixed dates for Part I defined by RMS at end of validation communicated to sponsors and all MSCs (as validation consideration)



MSC will raise initial **RFI** if Dossier for Part II is not complete and needs to be updated. Sponsor response to such validation and review not included in CT CURE assessment time

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Assessment phase shortened to 16 days without RFI, adding 5 days initially for validation (sponsor response time not included in timeline) = 21 days

including time for sponsor to respond) Note no separate validation phase legally defined

scientific/regulatory RFI

Thanks for your attention!

Questions welcome

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