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Response to the European Commission Concept Paper on the Revision of the 'Clinical Trials Directive' 2001/20/EC (SANCO/C/8/PB/SF D(2011) 143488)

Gilead Sciences International Limited would like to thank the European Commission for the opportunity to provide comments on the above concept paper. Please find below our specific comments on each consultation item.

Consultation item no. 1:
Gilead Sciences agrees with this appraisal. Under the current Directive there is much duplication of work, both for the sponsor (filling out local forms, preparing different documentation etc) and for the regulatory agencies (each agency assessing the same core documentation).

Consultation item no. 2:
Gilead Sciences agrees with this appraisal. Different agencies sometimes take separate views on the same core documentation. The same issues/problems that are encountered with the present system would be encountered here.

Consultation item no. 3:
Gilead Sciences agrees with bullet points 2 and 3; however, we do not agree with bullet point 1. If it could be made workable a centralised scientific assessment of the core scientific information and an EU wide approval of the IMPD and protocol would be desirable. This would allow one competent authority submission an avoid conflicts in assessment between member states and avoid country specific protocol amendments.

Alongside this core scientific process the local EC applications could be retained to ensure local preferences around informed consent and ethical issues are evaluated.

Consultation item no. 4:
Yes, we think the catalogue is complete.

Consultation item no. 5:
The coordinated assessment procedure (CAP) would have to consider only the aspects defined in bullet point a). However, bullet points b) and c) could be assessed by the ethics committees and wouldn't have to be assessed by each individual Member State.

Consultation item no. 6:
All three options are workable. An individual Member State should be allowed to opt out, since forcing participation could cause problems. Equally, a majority vote is acceptable, provided all member states are prepared to follow the majority decision. As far as referral to the Commission or to the European Medicines Agency (EMA), this would be acceptable, but would a) the cost be too high in terms of resources? and b) would all Member States then abide by the decision?

Gilead Sciences' preferred option is the majority vote as it would ensure all countries complied with the European opinion on an investigational medicinal product (IMP).

Consultation item no. 7:
The preferred option of Gilead Sciences is that the CAP is mandatory for all multinational clinical trials. This is because the CAP would provide industry with a consistent process and agreed timelines. This option would ensure that an application can be submitted just once and that study start-up can begin in the entire EU without any additional delays.

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Consultation item no. 8:
Pre-assessment is a good idea as it would mainly concern Phase IV clinical trials where the IMP has a marketing authorisation (MA). Shortening the approval timelines for such trials would not impact patient safety. However we are concerned that the pre-assessment, when added to the assessment timeframe, will take as long if not longer than the current 60-day timeframe. We also express concern over the amount of resource which would be needed to justify acceptance. If the pre-assessment consists of a Letter of Intent to use the Type A assessment procedure similar to Letter of Intent for the Centralised Procedure, we would feel more comfortable.

Consultation item no. 9:
Gilead Sciences agrees with the assessment. The scope of the directive as it is, is perfectly acceptable. What would be helpful is the achievement of greater harmonisation by removing all the local national requirements (such as national application forms) by consulting with all Member States and expanding the EudraCT Annex 1 form to include all questions that the Member States want addressed.

Consultation item no. 10:
Gilead Sciences strongly agrees with the assessment. The objective of the Directive is primarily to protect the safety of subjects and as such it should apply in all cases whatever the nature of the sponsor.

Consultation item no. 11:
Gilead Sciences agrees with the assessment; there is a need for harmonisation. As mentioned in our response to consultation item no. 9, the Annexes could be re-structured to take into account all issues that each MS wants addressed. As far as safety reporting, the use of a centralised reporting system, such as EudraVigilance's Gateway, with no additional requirement for national reporting, would ensure timely and consistent reports across the community.

Consultation item no. 12:
Gilead Sciences believes that more stringent definitions and further examples of what constitutes a substantial amendment are needed. There has been confusion and disharmony on this aspect too.

Consultation item no. 13:
Gilead Sciences believes that the safest approach regarding non-investigational medicinal products (NIMPs) would be to apply the Directive to any agent given to subjects.

Consultation item no. 14:
Gilead Sciences foresees problems with both options. Removing the insurance/indemnisation for low-risk trials is a risk in itself. All clinical trials should be insured in some way. As far as the possibility of Member State offering indemnisation, this would create a lot more red tape and it is likely that each Member State would scrutinise the study in a different way and be much more risk-averse.

Consultation item no. 15:
It would be less confusing to keep the definition of a "single sponsor". Having multiple sponsors would create an extra level of bureaucracy because contracts between co-sponsors would have to be drawn up and then assessed by the Member State.

Consultation item no. 16:
Gilead Sciences believes that the current system, as long as it is audited regularly for these types of studies, is sufficiently covered.

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Consultation item no. 17:

Gilead Sciences agrees with the appraisal. During the MA authorisation process, the assessor should be able to discard data from trials clearly not conducted under Good Clinical Practice (GCP).

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