Consultation item no. 1: Do you agree with this appraisal?

Preliminary appraisal: A single submission would greatly reduce the administrative work of sponsors for submission of documentation to the Member States concerned.

The FAMHP agrees that a single submission, as presented in the document, would reduce the workload from an administrative point of view, especially when submissions to both the Competent Authorities and Ethics Committees would be managed by this portal. From a conceptual point of view, it needs to be clarified how substantial amendments would interact with this portal.

Furthermore, the requirements for such a portal need to be stressed : it would need to act upon large volumes of confidential information and would need to be highly reliable. The development of the portal would need to be carefully monitored and followed up. The choice of the organisation which would develop and support the portal needs to be carefully pondered, taking into account parameters such as cost, price, experience,…

Consultation item no. 2: Do you agree with this appraisal? Please comment.

Preliminary appraisal: A separate assessment would insufficiently address the issue set out above: The difficulties created by independent assessments would remain.

The FAMHP agrees.

Preliminary appraisal: A central assessment is not appropriate for clinical trials approval and would, as regards clinical trials, not be workable in practice for the following reasons:

- This option would insufficiently take account of ethical, national, and local perspectives. For these aspects, a parallel, national, procedure would have to be established in any case.
- The sheer number of multinational clinical trials per year (approx. 1200) would make centralised assessment very difficult. To this would add all substantial amendments of the clinical trials.
- The involvement of all Member State is not needed, as very few clinical trials are rolled out in more than five or six Member States.

Moreover, a Committee structure requires frequent meetings with a robust supporting infrastructure. The costs (and, consequently, fees) involved would make this mechanism unattractive for academic researchers.

Consultation item no. 3: Do you agree with this appraisal? Please Comment

The FAMHP agrees, especially in light of the high absolute number of possible applications to the centralised structure.

Preliminary appraisal: The CAP could offer a sufficiently flexible approach. It allows for a joint assessment without a cumbersome committee structure. It would allow national practice to be taken into account. It would respect that, as a basic rule, ethical issues clearly fall within the ambit of Member States.

Consultation item no. 4: Is the above catalogue complete?

The FAMHP feels that the catalogue is complete. It should be clarified whether the aspect "design" of the trial includes the statistical relevance.

Consultation item no. 5: Do you agree to include the aspects under a), and only these aspects, in the scope of the CAP?

The aspects as mentioned in the concept paper on page 5 cover all aspects that are needed to assess the feasibility of a clinical trial, especially in light of the protection of the trial subject. At this stage, the discussion is in many cases reduced to a discussion on the roles of Competent Authority and Ethics Committees. The concept paper launches the idea of a memberstate advice, leaving the distribution of the roles to the memberstates.

The FAMHP agrees that only the points mentionned under a) can be discussed on a pan-european level. However, the FAMHP feels that a future revision of the Clinical Trials Directive should harmonise the role of competent authority and ethics committee. This avoids that discussions on a CAP level would be hindered by a different remit.

It should be further clarified what to do with the other submissions linked to CAP-assessed CTA's, for instance substantial amendments or safety documentation like annual safety reports. The FAMHP feels that an approach similar to CAP would benefit these types of submissions, and avoides disharmonisation in follow-up of an ongoing trial.

Consultation item no. 6: Which of these approaches is preferable? Please give your reasons.

In case of disagreement, the possibility of an opt-out should exist. However, clear and straightforward procedures need to be developed to guarantee a robust decision-making process in the CAP. Voting could be part of this process. The need for an appeal procedure might also exist in case of negative advice after CAP.

Consultation item no. 7: Which of these three approaches is preferable? Please give your reasons

For multinational trials, a mandatory approach is preferred. This can only be obtained through a staggered approach where the new process is tested and evaluated.

For single-country trials, the use for a CAP is limited, but a procedure to add other memberstates needs to be foreseen.

Consultation item no. 8: Do you think such a pre-assessment is workable in practice? Please comment

A pre-assessment by the sponsor that is challenged by CTFG would be a way of taking a more harmonised and risk-based approach to the authorisation of clinical trials. A formal mandate for CTFG in the CAP and clear procedures need to be foreseen and tested.

Preliminary appraisal: Rather than limiting the scope of the Clinical Trials Directive through a wider definition of 'non-interventional trial', it would be better to come up with harmonised and proportionate requirements which would apply to *all* clinical trials falling within the scope of the present Clinical Trials Directive. See in particular points 2.2 to 2.5.

Consultation item no. 9: Do you agree with this appraisal? Please comment.

The FAMHP supports this appraisal, and would like to see a harmonisation of the PASS-concept in the new pharmacovigilance legislation and a future clinical trials directive.

Preliminary appraisal: Rather than limiting the scope of the Clinical Trials Directive, it would be better to come up with harmonised and proportionate requirements for clinical trials. These proportionate requirements would apply independently of the nature of the sponsor ('commercial' or 'academic/non-commercial'). See in particular points 2.2 to 2.5. **Consultation item no. 10: Do you agree with this appraisal? Please comment.**

The FAMHP feels that the requirements of a future clinical trial directive should be proposed in such way that they can be fulfilled by all types of sponsors.

Preliminary appraisal: This approach would help to simplify, clarify, and streamline the rules for conducting clinical trials in the EU by providing one single, EU-wide, risk-adapted set of rules. **Consultation item no. 11: Do you agree with this appraisal? Please comment.**

More risk-based and precise rules would benefit both the harmonisation and the feasibility of clinical trials in Europe. However, a clear need exists for an organism like CTFG that collaborates in the creation and monitoring of those rules throughout Europe.

Consultation item no. 12: Are there other key aspects on which more detailed rules are needed?

The FAMHP feels that two aspects need more clarification :

- Safety reporting, both SUSAR and ASR
- Substantial amendments, where a rationalisation throughout Europe is needed

Preliminary appraisal: This combined approach would help to simplify, clarify, and streamline the rules for medicinal products used in the context of a clinical trial. **Consultation item no. 13: Do you agree with this appraisal? Please Comment**

There is a strong need for further guidance on medicinal products used in the context of clinical trials. It would be helpful to have a European instance that could help in the classification of those auxillary medicinal products. Futhermore, it could be foreseen that a publicly accessible list of "validated" auxillary medicinal products (e.g. challenge agents) is created.

Preliminary appraisal: Both policy options could be a viable solution **Consultation item no. 14: Which policy option is favourable in view of legal and practical obstacles? What other options could be considered?**

The FAMHP has no preference, as both options have their merits and could coexist.

Preliminary appraisal: In view of the above, option 1 may be preferable, provided that: - it is clarified that the 'responsibility' of the sponsor is without prejudice to the (national) rules for liability; and - it is ensured that the regulatory framework for clinical trials in the EU is truly harmonised (see point 2.2). **Consultation item no. 15: Do you agree with this appraisal? Please Comment**

The FAMHP is in favour of option 1.

Preliminary appraisal: This could be a viable option in order to address this type of research and bring the regulatory framework in line with internationally-agreed texts. **Consultation item no. 16: Do you agree with this appraisal? Please comment.**

In Belgium, emergency clinical trials are already possible. An EU-wide harmonisation is therefore supported.

Consultation item no. 17: Do you agree with this appraisal? Please comment.

The FAMHP agrees.

Consultation item no. 18: Do you have any comments or additional quantifiable information apart from that set out in the annex to this document? If so, you are invited to submit them as part of this consultation exercise.