European Commission Consultation on the concept paper on the revision of the Clinical Trials Directive 2001/20/EC

Contribution from the European Heart Network

May 2011

About the European Heart Network and cardiovascular diseases

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe with members in 26 countries. The EHN plays a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, education and patient support, so that they are no longer a major cause of premature death and disability throughout Europe.

Revision of the European Commission Clinical Trials Directive

EHN welcomes the initiative of the European Commission to propose a revision of the Directive on Clinical Trials (2001/20/EC) to foster clinical research and innovation in the pharmaceutical sector.

Cardiovascular diseases represent the major cause of mortality in Europe and millions of people live with these diseases. The results of large randomised clinical trials have allowed the introduction of preventive measures and effective treatments with a significant improvement of survival and reduction of disability for patients suffering from cardiovascular diseases.

Innovation in clinical research can play an important role in achieving the objectives of Europe2020, and the revision of the current Clinical Trials Directive is in line with the Innovation Union flagship initiative by enhancing research and developments in the pharmaceutical sector.

EHN would like to underline that any revision of the Clinical Trials Directive must continue to prioritise the development of drugs that are efficacious and safe and respond to the needs of the patients.

Single Submission Process

The option for sponsors to send necessary documentation to all Member States via a single submission process administered by the European Medicines Agency, as proposed by the questionnaire of the consultation, represents an important step in overcoming the duplication of effort, administrative burden, time delays and costs often associated with the current process. This will speed up the application procedure and eventually be of benefit of the patients, as the medicines will arrive sooner on the market.

The EHN supports the idea of a single submission via an EU portal as it will simplify the current process and contributes to red-tape cutting for a simpler and more efficient cooperation within the EU.

Participation of Patients and Patients' Organisations

The participation of patients in the different clinical trials phases (from design to post-marketing surveillance) is to be encouraged as it enables the development of more efficient trials that address

issues expressed by those living with the condition. As demonstrated by the European Commission's funded *PatientPartner* project, patients and patients' organisations are willing to take an active part in the process of clinical trials, bringing their unique perspective and ensuring better outcomes and improved processes.

Informed consent and protection of the vulnerable patient

In the specific case of emergency clinical trials, the EHN recommends that a very explicit procedure is put in place for the informed consent of patient without capacity (after acute cardiac event, a patient might not be in full capacity to give his/her consent) and that an 'opt-out' option should be proposed to the patient whenever he/she recovers sufficient capacity to give his/her consent.

EHN agrees with the Commission's appraisal of putting in place harmonised and proportionate requirements for all trials (commercial or academic). Same strict regulation on safety and on the robustness of data should be applied to all types of trials, ensuring the same level of protection for participants of commercial and academic trials.

Gender Equity and Diversity of EU Population

EHN regrets that the importance and necessity of respecting gender balance in clinical research are not discussed in the concept paper. Participants in clinical trials should always reflect the diversity of the population for whom the medicine or the treatment is designed, and where possible medicines should be tested on their specific target population.

It is particularly crucial to insist on gender equity in clinical trials for drugs destined for CVD patients or people at high risk of developing CVD. Indeed, sex and gender differences in the clinical presentation of cardiovascular diseases have been demonstrated and some therapeutic options may not be equally effective and safe in men and women. Under-representation of women in cardiovascular research has been clearly established in the past and as a consequence, safety and efficacy of several drugs have been evaluated predominantly in male populations. In a survey conducted in the framework of the EuroHeart Project, the EHN has shown that in 62 randomized clinical trials published from 2006 and 2009 enrolling overall 380,891 participants only 127,716 were women (33.5%). The percentage of women enrolled in each trial ranges from 15% to 60%, but only 31/62 trials (50%) reported the analysis of the results by gender.

The representation of women in the clinical trials is not homogeneous. Trials performed on blood pressure lowering therapies, diabetes, atrial fibrillation and stroke enrolled approximately 40% of women, while trials performed on cholesterol-lowering therapy and on management and treatment of ischemic heart disease and heart failure enrolled about 30% of females.

EHN therefore calls for a special attention to the importance of gender balance in the revision of the Clinical Trials Directive.

Final remarks

Whilst EHN welcomes the opportunity given by the European Commission to stakeholders to reply to this consultation, we have chosen to submit our response in letter-form rather than following the online procedure which is not geared towards patients' needs. We hope, nevertheless, that the European Commission will value and take into consideration our response.