September 30th 2010

European Commission
Health and Consumers Directorate-General
Via e-mail to sanco-pharmaceuticals@ec.europa.eu

Implementing Technical Guidance- List of fields for result-related information to be submitted to the 'EudraCT' Clinical Trials Database, and to be made public, in accordance with Article 57(2) of regulation (EC) No 726/2004 and Article 41 of regulation (EC) No 1901/2006 and their implementing guidelines 2008/C168/02 and 2009/C28/01 – Public consultation

CELGENE Corporation Contribution

Celgene Corporation, headquartered in New Jersey, USA and operating as well in 19 EU Member States, is an integrated global biopharmaceutical company engaged primarily in the discovery, development and commercialization of novel therapies for the treatment of rare cancers and inflammatory diseases. Celgene currently has around 30 clinical trial programmes running in the EU. It is from this perspective that Celgene Corporation, hereby represented by Celgene International, its Swiss based affiliate operating the international activities of the Celgene group, including in the European Union, would like to thank the European Commission for this opportunity to comment on the next development step of the EudraCT database.

General comments

We believe that the announced objective of coherence with other public databases and in particular ClinicalTrials.gov is of a paramount importance and welcome the fact it is the taken approach for this technical guidance. However there is an important difference in terms of the indicated timing for disclosure that we would like to highlight.
In the EU, the requirement is for disclosing 6 to 12 months post completion of the study report while in the USA it is within 30 days after the initial approval. As a consequence, we see an effective risk to disclose study results in the EU before approval is granted.

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It is an important concern that such a situation may drive Clinical Research outside of Europe in order to protect Industry's competitive intelligence and trigger unequal access to innovative treatments for the patients in the EU.
It may be argued that this issue is, at a first glance, out of the scope of this consultation but we believe that, to the contrary, the present document is an opportunity to correct that discrepancy. We therefore propose to consider allowing an option for delaying results reporting for unapproved products similar to the law in the United States. A paragraph to that effect should be added in section 2 (Modalities of submission and processing of result-related data fields) under the "submission" heading.

We think that it would be important for patients connecting to the public section of EudraCT to know if the study is enrolling in their country. We then propose to specify how recruitment status by country will be updated during the course of the study.

We strongly encourage that provision of the trial results onto EudraCT will satisfy the requirement of providing results to all national competent authorities as well as Ethics committees so separate submissions will no longer be needed and would request some specific language to be added to that effect (See also a related comment in the third point under the Non-compliance, factual inaccuracy section).

We suggest considering the provision of a test system in which users can enter and/or upload data as practice or that the entered data can be visualized and easily exported for review or sharing prior to submission in a similar fashion than what EudraCT is currently allowing.

According to Section E.7 of the European Commission document, "List of fields contained in the 'EudraCT' Clinical Trials Database to be made public, in accordance with Article 57(2) of regulation (EC) No 726/2004 and its implementing guideline 2008/C168/02", Phase I clinical studies are not subject to public disclosure. We suggest allowing sponsors to decide if a Phase I study will be made public. However, should a sponsor take such a decision, we encourage incorporating the flexibility of registering these studies without also requiring results to be provided.

Section 2. Modalities of submission and processing of result-related data fields

Submission
Prior to initial study disclosure, we suggest including a quality control check of the information to be performed by the applicant.

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Processing
Please provide clarification about the nature of the automated and/or manual technical validation and explain how a sponsor is notified if the submitted information does not pass.

Language
Regarding the language in which the information is provided, is there a limit or a requirement as to the number of additional languages that can be provided for the same study? We propose the decision in terms of number of language is left up to the discretion of the applicant. Also, we would welcome some information about the complexity of the language. Should the information provided be directed to the he lay person or of a more scientific nature?

Follow-up submission
Regarding the issue of locking a Phase 3 or 4 trial 2 years after first submission, please clarify the circumstances for unlocking.

Provisions for results of clinical trials which have ended in the past
Please clarify the timing for and scope of retrospective studies disclosure. It is unclear what is meant by "….prior to the coming into operation of the systems set out in the present guidance." Is disclosure of such trials subject to a sponsor's discretion? We suggest it should be and that this fact is mentioned in the guidance.

Non-compliance, factual inaccuracy
Please clarify what is meant by the words, "in general" in the statement, "In general, all corrections to published information will be made by the party submitting that information." Who else might be allowed to make corrections?

This section indicates that the Agency may request removal of information based on the public view due to factual inaccuracy or compliance with regulatory requirements. We suggest adding that the Agency will discuss this issue with the sponsor prior to its removal.

Regarding the sentence, " Member States should verify that for clinical trials authorised by them the result-related data are submitted to the Agency" we suggest that the publication of the results via EudraCT would void the obligation to submit to all Health Authorities having being involved in the trial. If the meaning of Agency is EMA as stated under the paragraph 2 of the draft guidance, we suggest it is rephrased to state: "*Member States should verify that for clinical trials authorised by them the result-related data are submitted to the EudraCT database*".

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Annex 1: Structure of data to be collected for inclusion of results in EudraCT and their making public in the EU Clinical Trials Register

General comment – Are all of the data fields described in this Annex required, or will some of them be optional?

Item R-15 – What is meant by "background therapy"? Is it referring to all concomitant medications or only the ones that are required as part of a trial?

Item R-104 – Will there be a percentage requirement for adverse events that are reported such as the ≤5% threshold required by clinicaltrials.gov?

Item R115 - Please clarify the comments that could be provided by the competent authority and confirm that a sponsor will have an opportunity to review and discuss these comments prior to them being posted. Please consider allowing a section for Sponsor comments similar to this one.

We look forward to working further with the Commission on shaping the regulatory framework for Human Clinical Trials in the European Union.

Yours sincerely,
Celgene International.

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