

SUBMISSION OF COMMENTS ON the Draft 'Guidance on the information concerning paediatric clinical trials to be entered into the EU Database on Clinical Trials (EudraCT) and on the information to be made public by the European Medicines Agency (EMA), in accordance with Article 41 of Regulation No. (EC) 1901/2006 [document not numbered or dated]

COMMENTS FROM <ORGANISATION: Good Clinical Practice Alliance - Europe (GCPA) / **CONTACT PERSON:** Francis P. Crawley, Executive Director; fpc@gcpalliance.org>

GENERAL COMMENTS

Brussels, 18 April 2008

These comments have been prepared in consultation with the following organisations:

- *Ethics Working Group, European Network for Research on Alternating Hemiplegia in Childhood (ENRAH) [FP6 funded project] / Contact Person: Tsveta Schyns, ENRAH Secretary General, ts@enrah.net*

- *Working Group on Ethics, Union of European Medical Specialists – European Academy of Paediatrics (UEMS-EAP) [formerly CESP] / Contact Person: David Neubauer, Chairman, david.neubauer@mf.uni-lj.si*

- *Research Committee, International Primary Care Respiratory Group (IPCRG) / Contact Person: David Price, Chairman, david@respiratoryresearch.org*

The Good Clinical Practice Alliance – Europe (GCPA) wishes to express its appreciation to the European Commission, DG Enterprise & Industry, Unit F2 "Pharmaceuticals" for bringing forth for discussion this 'Draft 'Guidance on the information concerning paediatric clinical trials to be entered into the EU Database on Clinical Trials (EudraCT) and on the information to be made public by the European Medicines Agency (EMA), in accordance with Article 41 of Regulation No. (EC) 1901/2006' for Public Consultation until 18 April 2008. As an independent and not-for-profit European organisation involved with promoting dialogue between European and international clinical trial partners - including patient groups, researchers, ethics committees, sponsors/funders, and regulatory authorities - the GCPA is well positioned to provide high-level comments on the provision of information to patients. The GCPA appreciates the legal context of Regulation No. (EC) 1901/2006 and Directive 2001/83/EC in which this Consultation has been drafted as well as the importance and contribution of the 'Detailed guidance on the European clinical trials database (EUDRACT Database) April 2003' and 'CT 5.1 Amendment describing the Development and EurdaCT- Lot 1 for 1 May 2004' and 'CT 5.2 EudraCT core dataset'. The GCPA is represented on the World Health Organisation's Scientific Advisory Group to the International Clinical Trials Registries Platform (ICTRP), the only European-level organisation represented in the ICTRP. The GCPA is also represented on the Ethics Working Group of the European Academy of Paediatrics and has been closely involved with the founding and promotion of a number of European and international paediatric patient and research networks.

The proposed guidance on paediatric clinical trial information to be made public falls within the requirement of Regulation No. (EC) 1901/2006. The GCPA considers the principles of transparency and disclosure in clinical trials to be of benefit for all parties involved in medicines development: patients, researchers, sponsors, regulators, and the public in general. Public health, health science, and market place competition are benefited by ensuring that all of health science and its results are made available to the public free of charge. There is an increasingly urgent need to separate intellectual property from scientific protocols, data, and results. This will require the further development of the European Union's legal framework for clinical trials and medicinal products.

The GCPA appreciates this draft guidance and the accompanying public consultation as an important step in developing a meeting the requirements of Regulation No. (EC) 1901/2006.

The GCPA has 6 general comments followed by a listing on the following page of specific comments.

GCPA General Comments

General Comment 1: The GCPA considers that all information entered into the EudraCT database in the context of paediatric trials should be considered to contribute to the availability on the use of medicinal products in the paediatric population and assist in the avoidance of the unnecessary repetition of studies in the paediatric population which do not add to collective knowledge. The European Commission should list in this draft guidance not only the information that will be made available to the public, but also the information that will be kept from the public within EudraCT and the specific reasons for withholding that information.

General Comment 2: Clinical Trial registration and results publication information, at least in the field of paediatrics, should be consider 'patient information', as well as scientific and regulatory.

General Comment 3: The EudraCT database, at least in the case of paediatric clinical trials, should allow for cross referencing to all other existing clinical trial registries, not only the ISCTRN number.

General Comment 4: EudraCT should cooperate with the WHO ICTRP and with other European and international clinical trial registries in the development of a unique clinical trial identification system.

General Comment 5: Clear timelines should be provided for all NCA and EMEA required actions throughout the guidance (e.g., in sections 3.3, 4.3, 4.4, and 5.2).

General Comment 6: It would be helpful to patients and researchers, as well as others, to anticipate the tool (history) to register users and visits and to report on these periodically.

SPECIFIC COMMENTS ON THE TEXT

GUIDELINE SECTION TITLE

Line no¹. + paragraph no.	Comment and Rationale	Proposed change (if applicable)
p. 5, 3.2.	The agreement of a Paediatric Investigation Plan (PIP) places a responsibility on the sponsor to make public the course and location of the clinical trials as agreed in the PIP. The phrase ‘whichever is later’ does not appear to act in the patient’s or the public’s interest.	Rewrite as follows: ‘All trials conducted with at least one site in a third country and included in an agreed PIP, should be entered, into EudraCT. This should be done no later than one month after, either, the EMEA decision on the agreed PIP.’
p. 5, 3.3	It is unclear, according to the EU definition of a sponsor in Directive 2001/20/EC, how a ‘PIP holder’ or a ‘HAH’ could be anything other than a ‘sponsor’. This aside it would clearly appear to be a sponsor’s responsibility to submit the clinical trial information to the EudraCT database. Sponsor responsibilities cannot be delegated.	Rewrite as follows: ‘The sponsor, PIP holder or MAH of the concerned clinical trial submits the information (protocol related or results related) electronically to the EudraCT staging area.’
p. 7, 4.4	Further information on the types and methods of validating EudraCT information would be appreciated, especially by patients and researchers.	Explain further: ‘The submitted information should be subject to specified validation checks, both automated and by human intervention.’
p. 7, 4.4	Sponsors and the EMEA need to ensure that the links to journals where the results of paediatric clinical trials are published are fully accessible to the public without cost. No commercial activity should be marketed or supported by EudraCT, including articles in journals. Recent European and international studies have shown commercial scientific journals to contain strong biases that are not in the patient’s or public’s interest.	Rewrite as follows: ‘In a similar way, when the results of the trial are published in a peer reviewed journal, a link to that scientific publication may be made or a reference given, provided the results are publicly available without fee or commercial interest. In cases where the publication of results has been made in a commercial journal, the results should be made available in full in the EudraCT database.’
p. 7-8, 5.1	The EMEA should also ensure that all information provided to patients on medicinal products is in agreement with the information contained in EudraCT that is not public. Information provided by MAHs and others should always be in agreement with the clinical trial data found in EudraCT in order to meet the European express	Add to the listing of EMEA responsibilities: - Ensure that marketed products based on clinical trial information in EudraCT that is not publicly available meet the EU requirements of being patient information of ‘good-quality, objective, reliable

¹ Where available

	requirements of information to patients that is of 'good-quality, objective, reliable and non promotional information on medicinal products'.	and non promotional information on medicinal products'.
p. 8, 5.2	Revise section 5.2 in light of our comments on p. 5, section 3.2. Only the clinical trial sponsor should be responsible for the data entered into EudraCT.	Rewrite as follows: The responsibility for the initiation of the process, electronic submission of protocol and result related data, and maintenance of data (including, for certain data elements, directly in the database) lies with the sponsor of trials referred to by Article 41, whether or not they are the Marketing Authorisation Holder.'

Please feel free to add more rows if needed.