EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

6 November 2015
EMA/739150/2015
Compliance and Inspection

Overview of comments on EMA/641479/2014 Draft proposal for an addendum, on transparency, to the "Functional specifications for the EU portal and EU database to be audited - EMA/42176/2014"

Specific comments received on text Section 1. to Section 4.3.

2. Specific comments on text

Line no.	Stakeholder no.	Comment and rationale; proposed changes
30-35	65	**Comment:** EMA states that "The key instrument to ensure transparency of clinical trials is the new clinical trial portal and database". Please refer to EFPIA's Major Comments under the heading of "Assess the Overall Value of the System" since it's important that the impact of the Database is assessed.
47-53	29	**Comment:** We appreciate that it has been tried to strive for the right balance between all the different needs with the proposals set out in the document. Unfortunately, we do not see that this has been achieved. A lot of the proposals which have been put forward do not meet the requirements and objectives of the Regulation.

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		Proposed change (if any): See comments later in the document.
54	35	The wording "will include" could be interpreted that the catalogue of information to be made public is a non-exclusive/exhaustive list. In the interest of legal certainty this list should, however, be exhaustive. Additionally (cf. Article 81(4) of Regulation 536/2014) the wording needs to make clear that public availability is always subject to confidentiality. **Proposed change:** The information that will be made public – *subject to confidentiality considerations* - for all clinical trials registered in the system ~~will include~~ *shall be limited to*:
54-65	29	**Comment:** Information on clinical sites is missing here (see line 55-58) **Proposed change (if any):** Line 54 should read "The minimum information that will be made public for all clinical trials registered in the system will include: … Other information will be made public subject to the applicability of exemptions, i.e. because the information is commercially confident or personal data have to be protected.
54-65	65	**Comment:** If a Clinical Trials Application (CTA) is withdrawn, before regulatory decision, it is unclear how information would be handled from a disclosure perspective. Having trials registered which, after all, do not take place in the EU could lead to misunderstandings. **Proposed Change:** Add the following after Line 65 "If a clinical trial application is withdrawn and the trial will not be conducted in any EU country, the information in the database will not be made public."
55-58	1	**Comment:** Mention explicitly "Primary and secondary outcomes measures. **Proposed change (if any):** the main characteristics of the trial comprising design, scientific and, where applicable, therapeutic intent, title, identification of the investigational medicinal products (IMPs), treatment arms, treatment population and number of subjects, inclusion and exclusion criteria and main objectives, **primary and secondary outcome measures,** and endpoints;
56	33	**Comment:** Title of the study **Proposed change (if any):** Short title and/or acronym of the study (if any) should be also added to the general title of

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		the study
61	33	**Comment:** Substantial Modification to the trial **Proposed change (if any):** Substantial modifications should be only mentioned for clinical trial design, inclusion and exclusion criteria and number of patients recruited
62	71	**Comment:** The current text is unclear as to the definition of the term 'end date of the trial'. The scope could be understood as 'sites in the EU' or as 'all involved sites worldwide'. A 12-month deferral period may not be sufficient: non-EU trial sites could still have ongoing trials while the EU sites not **Proposed change (if any):** Add a definition for 'end of date of the trial', defining the exact scope and applicability of the deferral period.
62-65	35	It is proposed that the summary of results and the clinical study reports for medicines for which a marketing authorisation has been granted …, shall be made public. The summary of results is according to Annex IV of Regulation 536/2014 already comprehensive and provides a "sufficient level of transparency in the clinical trials" (cf. Recital 67 of Regulation 536/2014). A clinical study report is (cf. definition in Article 2(35) of Regulation 536/2014) "a report on the clinical trial … prepared in accordance with Annex I, Part I, Module 5 of Directive 2001/83/EC and accompanying an application for marketing authorisation". In other words, the clinical study report with its appendices is the core document related to marketing authorisations. If these clinical study reports including their appendices became publically available immediately after the authorisation has been granted, competitors could simply download these reports and use them for applications of marketing authorisations for generics irrespectively of data exclusivity periods. To avoid that the 8+2 rule for generic applications under Article 10(1) of Directive 2001/83/EC can be circumvented, the **Proposal needs at least to be adjusted as follows:** • clinical study reports *without those parts redacted by the sponsor to protect CCI and without their appendices* for medicines for which a marketing authorisation has been granted, the procedure completed or the marketing authorisation application withdrawn.

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72-78	29	**Comment:** We do not agree that the documents mentioned are containing significant commercially confidential information. For a lot of clinical trials at least as early as Phase II sponsors publish data as soon as possible for the sake of increasing “shareholder value”. For clinical trials where NIH funds have been obtained, all data are public from the time of decision.
78	35	Footnote 1 defines Phase I studies in the following way: “Phase I is the first stage of a clinical trial. It is to test whether a treatment is safe for people to take, rather than to try to treat a condition, and to study pharmacokinetics and pharmacodynamics (where possible). These trials are very small, (typically around 30 people), and usually involve healthy volunteers or sometimes patients.” To avoid any misunderstanding the following clarification is proposed: Phase I studies are non-therapeutic/non-prophylactic studies conducted in healthy volunteers and/or patients.
79-84	29	**Comment:** Phase II and III trials are not mentioned. We would apply the same rules for those trials as for Phase IV and low-interventional trials, especially as individual deferrals are possible.
80-82	65	**Comment:** Please refer to EFPIA’s Major Comments under the heading of “Proposed Timeline for Disclosure of Phase I Information and Results”. This section includes EFPIA’s suggested approaches for deferral of the release of Phase 1 trial summary results.
80-84	71	**Comment:** Phase II or III trials for a new molecule have equal economic interest to the sponsor as a Phase I trial and should also contain a deferral period. **Proposed change (if any):** Add a deferral period for all trials in Phase I, II and III.
87	33	**Comment:** (Protection of personal data) **Proposed change (if any):** The protection of personal data should not only be valid for the clinical trial subjects participating in a clinical trial, but also for investigators except for the Coordinating Investigator. Publicly available should be only the country, city, hospital without mentioning the investigator´s name (unless consent of the investigator(s) exist(s)

Line no.	Stakeholder no.	Comment and rationale; proposed changes
90-92 215-216 372-375	44	'The European Clinical Trial Regulation states that no personal data of trial subjects shall be made public nor should such data be included in the database. 'Article 81(7) of the Regulation requires that no personal data of subjects (participating in a clinical 216 trial) shall be publicly available' 'The Clinical Trial Regulation makes clear that no personal data of trial subjects may be included in the 373 database and no personal data of trial subjects should be publicly available, from the database.' **Comment:** To ensure patients with rare conditions are able to benefit from the sharing of clinical trial data, it is important that the restrictions proposed on sharing 'personal data' do not restrict the publication of clinical trials on rare conditions. Further clarification on what is deemed as 'personal data' and how that relates to whether the data is personally identifiable would therefore be welcomed. On the assumption that these terms are being used synonymously, it is important to balance the risks associated with re-identification with the harms arising from excluding their data. In many cases the rare disease patient community would rather support further work on their condition. Perhaps more than those affected by more common conditions, rare disease patients rely on the collection and sharing of data across national boundaries in order to establish a useful evidence base. When rare disease patients agree to participate in a clinical trial, their consent includes recognition that the rarity of their condition puts them at increased risk of being identified from the clinical trial data. For those patients who participate, they have already understood this risk and have decided that the benefits of the trial for themselves as individuals, as well as for others affected by their condition, outweighs this risk. The regulations that govern which data are made publicly available on the EMA database should mirror the consent patients give when agreeing to participate in the clinical trial itself. This would avoid setting a damaging precedent for this and future databases that risks precluding the involvement of rare disease patients.
90-92	69	Some have been using misleading arguments about patients' privacy to undermine the transparency developments. To

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		avoid any confusion we think the document should better stress the distinction between anonimised patient data sets useful for reanalysis and personal information which should remain fully protected.
92 219, 372	39	**Access to individual patient data** The document states that "*the database will not contain any individual patient listings from clinical trials*". Apparently, EMA's views have dramatically changed since November 2012, when it announced that it would "*proactively publish clinical-trial data and enable access to full data sets by interested parties*" – the aim being to allow for reanalysis of trials' results.[1] In fact, it is important to distinguish patient personal data from de-identified participants' data. Participants accept to put themselves at risk, taking part in clinical trials, hoping that their participation will benefit society through the advancement of science. Furthermore, according to EU regulations, data submitted to regulatory authorities for marketing authorisation is submitted in non-identifiable form. Currently applied anonymisation methods safeguard patient confidentiality. Only in very specific cases (e.g., rare diseases) additional measures might be required to prevent re-identification. There is no public health rationale in preventing access to de-identified data by researchers and the European Medicines Agency should strive to do so in the future implementation of its access to clinical trials policies. Bearing in mind that there is an overlap between the EMA's policy on access and publication of clinical data and this draft addendum, it would be injudicious not to align both initiatives towards the highest transparency standards possible[2]. **Outcome (if applicable):** Emphasize that **the development of guidelines by the European Commission for the formatting and sharing of raw data in the EU database has to become a priority.**

[1] European Medicines Agency "Proactive publication of clinical-trial data – discussing the way forward" 9 August 2012. Available at: http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2012/08/news_detail_001588.jsp&mid=WC0b01ac058004d5c1
[2] EMA "European Medicines Agency policy on publication of clinical data for medicinal products for human use" POLICY/0070 (EMA/240810/2013); 2 October 2014: 22 pages.

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92	44	'Consequently the database will not contain any individual patient data listings from clinical trials.' **Comment:** Given that clinical trials for rare conditions are likely to involve small numbers of participants, the difference between publishing the results of the clinical trial results and the individual patient data listings is likely to be limited. As the number of stratified medicines that are developed and trialled increase, this is likely to be the case for more of the trials being registered by the EMA. We would not like this regulation to disrupt the opportunity presented by the EMA's clinical trial portal to publish meaningful data from clinical trials on patients with rare conditions, or any trial carried out on a small patient population.
99	29	**Comment:** The addendum in section 5 is not final (as is stated in section 5) and subject to this consultation; this should be clearly stated here.
107-112	31	It is correct that clinical trials are conducted to support applications for marketing authorisation and to expand medical knowledge. However, expansion of medical knowledge cannot be ensured through publication in medical journals as suggested in the present draft proposal. Numerous studies have shown that journal publications often are insufficient in reporting full and unbiased information on clinical trial methods and results. Therefore, new models of dissemination of clinical trial information are being discussed. The EU database (and other databases providing comprehensive study information) will have a major role in this new model of medical knowledge transfer and generation. Therefore, the specifications of the database need to meet the requirements of future knowledge generation. This increase in transparency is required for a better contribution of clinical trials and their results to the protection of public health as well as to innovation as laid down in the objectives of the EU Clinical Trial Regulation. **Proposed change (if any):** Delete the reference to medical journals and include a section on the role of the EU database in knowledge generation by clinical trials.
123	39	***Patient health is the priority*** The document mentions that the provision of information needs to be weighed against the "*legitimate interest of sponsors*" (Line 123).

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		But it should underline, as priority, the public interests in defending and upholding patients' health, since that is the ultimate goal of the Regulation. **The EMA must in fact fully comply with the Regulation on access to documents and the TFEU, which identifies the "*protection of health and life of humans*'' as an overriding public interest.**[3] Moreover, under Regulation No 1049/2001 on access to documents, **confidentiality is an exception**: *"In principle, all documents of the institutions should be accessible to the public. However, certain public and private interests should be protected by way of exceptions'"* (Regulation 1049/2001, recital 11). **Outcome (if applicable):** Maintain the ultimate goal of the Regulation rather than misinterpreting it and emphasize throughout the document that the disclosure of clinical trial data is an overriding public interest vis-a-vis commercial interests.
124-170	30	**Comment:** transparency around clinical trial design and conduct can also contribute to limit research misconduct and misreporting. This should be mentioned among the benefits of an increased access to clinical trials data. **Proposed change (if any):** a bullet point after line 138 may be added: **"reduce misconduct (i.e., inappropriate or unplanned analysis) and misreporting (i.e., incomplete reporting of outcomes) of clinical trials"**
131-133	19	**Comment:** Missing word in sentence. **Proposed change (if any):** The Regulation requires all clinical trials used in support of a clinical trial application are publicly registered in a database providing data to the WHO ICTRP (WHO International Clinical Trials Registry Platform).
131-133	47	**Comment:** the regulation is not clear about the need for each trial to be registered directly in the WHO ICTRP. Legislation says in its recital 25 "In order to increase transparency in the area of clinical trials, data from a clinical trial should only be submitted in support of a clinical trial application if that clinical trial has been recorded in a publicly accessible and free of charge database which is a primary or partner registry of, or a data provider to, the international

[3] Health Action International (HAI) Europe ''Protecting citizens' health: Transparency of clinical trial data on medicines in the EU'. (Policy paper, October 2013).

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		clinical trials registry platform of the World Health Organization (WHO ICTRP)." and art 25.6 "a primary or partner registry of, or a data provider to, the WHO ICTRP"; same wording is kept throughout the entire document with exception of Annex I where the number of WHO ICTRP is required to be mentioned in the cover letter (so Annex I is not consistent with the legislation). **Proposed change (if any):** Wording "a primary or partner registry of, or a data provider to, the WHO ICTRP" shall be used consistently in all documents.
131-133	70	**Comment:** • The partner registries to the WHO ICTRP are missing in the sentence. • The sentence reads incorrectly. **Proposed change:** The Regulation requires that all clinical trials used in support of a clinical trial application are publicly registered in a registry which is a primary or partner registry of, or a data provider to, the WHO ICTRP (WHO International Clinical Trials Registry Platform).
131-133	71	**Comment:** It is unclear whether sponsors will upload public clinical trial information to both the EU and WHO databases. **Proposed change (if any):** Please clarify the uploading requirements.
132	22	**Comment:** language to be corrected **Proposed change (if any):** consider changing to "…publicly registered at the WHO ICTRP…"
145-146	72	**Comment:** Part of the goals of the clinical trial regulation 536/2014 is to increase transparency and support public confidence in the clinical trial process; however, the vast majority of the public does not understand the clinical trial process and how often a clinical trial (especially in early stages) may fail.
147-158	69	We acknowledge the need to balance the consumers' rights to access the information with the "*legitimate interest of the sponsors*" but greater weight should be given to public health arguments (see also comment III above).

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151-155	29	**Comment:** This key objective cannot be achieved with most of the proposals set forth in this document.
156-158	51	**Comment:** Being able to freely view, search and download information from EU-Portal ensures transparency in clinical trials. Regarding the aspect of download: the legal measures to ensure protection against misuse and loss of the data are missing. **Proposed change (if any):** Downloading of information and data must be subject to legally binding agreements (e.g. copyright)
156-158	65	**Comment:** EFPIA disagrees with the statement that information being made available to the public should be downloadable without requiring further agreement or intervening restrictions. This is inconsistent with EMA's recently implemented Policy 70 as previously mentioned in EFPIA's Major Comments under the heading of 'Alignment of EMA's Policies and Processes'. Thus, we recommend a statement be prominently displayed, for example with display of search results and when printing or downloading information, that notifies the user that the compound(s), methods of making such compounds, their formulations, methods of administration, dosing regimen, etc. disclosed on the site may be patented and access to information contained in the database does not grant or imply a license to any such patents. **Proposed change:** EFPIA believes that the text in lines 156-158 should be deleted. However, if the text is to remain at the end of the bullet point, at line 158, the following should be added: "Although viewable, searchable and downloadable, it is acknowledged that the information contained in the database may disclose patented compounds and/or methods. A notice informing users of this fact, and the fact that no licenses are granted with access to such information, will be prominently displayed on the site, for example, with search results and when downloading or printing data."
156-157-158	66	**Comment:** It is a very open rule, but it should be accompanied by some legal warranties
157	29	**Comment:** Does it have to read "downloadable from the portal" or would it be "downloadable form the database"
162	29	**Comment:** The legitimate interests of sponsors need to be recognised, but the approach to do this should be reasonable and not undermining the objectives of the Regulation.

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173	39	**Scope** The draft addendum mentions that clinical trials conducted under current legislation (Directive 2001/20/EC) will not be subject to the transparency rules of the new Regulation EU Regulation 536/2014, unless they are still ongoing three years after the Regulation comes into force. Since the ultimate goal of the EMA should be to increase transparency and public access to scientific data, the EMA and the CMDh (Co-ordination Group for Mutual Recognition and Decentralised Procedures – Human) must progressively publish all the clinical data they hold on medicines that are already on the market[4]. **Outcome (if applicable):** The EMA should consider broadening the scope of its disclosure policy to include all clinical data held by the Agency and the CMDh on medicines which are already on the market i.e. to provide **retrospective access to clinical-trial data part of the common technical documents provided to the EMA and the CMDh over the 10 last years (period 2004-2014).**
173-181 261-272	30	**Comment:** we understand that the present proposal can only apply to the data and information submitted via the EU Portal and defined in the EU Regulation 536/2014. As several additional information on a given medicinal product is usually available, the clinical trial application should include links to this information. For instance: • other clinical studies on the same active substance conducted or ongoing in the EU or outside, • safety data, including annual safety data when available. These links should be released at the time of the decision on the trial.
179-181	29	**Comment:** We suggest storing also data in the database which are not defined in the Regulation as they are outside the scope of the Regulation, if they form an integrative part of the set of documents for a given clinical trial. This is i.e. the case for additional approvals requested for the clinical trial in the different MS. Those documents should be part of the database as those would be needed to achieve full transparency about the clinical trial.

[4] "All trials Campaign: All Trials Registered | All Results Reported" http://www.alltrials.net/

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		There is nothing in the Regulation that would conflict with this. **Proposed change (if any):** Other data/documents required by the Member States (e. g. further approvals) will be included into the database even if not specified in the Regulation and will be part of the specifications to be audited.
183-190	63	**Comment:** Scientific data and information should be protected accordingly. **Proposed change (if any):** to add after 190: "scientific data resulting in commercially confidential information should be protected in the same way, for example by protection until publishing in an official journal, as commercially confidential information mentioned under b)"
186-187	22	**Comment:** "Overriding public interest" remains undefined **Proposed change (if any):** consider a cross-reference to the concept of "overriding public interest" provided in Lines 480-484
192-193	63	**Comment:** No data made public prior decision on a trial is highly supported and should not be changed due to overriding public interest. Similar to validated applications (Line 193-195) a CTA should be assessed by the MS concerned prior publication. The (positive /negative) benefit risk needs to be verified prior the CT is made public. Therefore, in case of overriding public interest a CT made public after conclusion of part I the earliest. (Since it is also a matter of which details of the CT go public, the regular set of information is assumed.) **Proposed change (if any):** Change to "… in case of overriding public interest a CT made public after conclusion of part I the earliest."
194	47	**Comment:** EORTC welcomes clarification on the fact that, though not explicitly stated in the regulation, only validated information would be made public. **Proposed change (if any):** No change, statement supported
198-199	47	**Comment:** though the requirements of the article 25(6) are very clear, it would be important to have more

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		clarifications on how it could apply to non-commercial sponsors. Indeed, background of non-commercial trials may refer to trials from other sponsors that are not necessarily taking place in EU. In general, the information about these trials is available on clinicaltrials.gov, which is an ICMJE recognised registry, but is not clear from the WHO site if it is considered as "primary or partner registry or a data provider to WHO ICTRP". Non-commercial sponsors would need to frequently refer to trials run by other sponsors and therefore will not be in the capacity to register them as per art 25(6). Moreover, the status of clinicaltrials.gov and its acceptability as a registry in the sense of CTR is not clear. It is indeed not listed as "as primary or partner registry or a data provider to WHO ICTRP". However, WHO site says: "To register a trial, submit the details directly to any one of the Primary Registries in the WHO Registry Network or an ICMJE approved registry. []To meet WHO requirements for transparency and publication, it is only necessary for your trial to be registered once, in either a Primary Registry in the WHO Registry Network or an ICMJE approved registry." Therefore, there is an ambiguity about the acceptability of trials registered within clinicaltrials.gov; **Proposed change (if any):** To add after the line 205: though not explicitly stated in the regulation, registration in ICMJE recognised registries other than a primary or partner registry of, or a data provider to, the WHO ICTRP, shall be acceptable for the purpose of compliance with the article 25(6)
209-211	44	'In accordance with Regulation (EC) No 45/2001 the processing of personal information and its publication on the website will be limited to the information that is justified as a necessary interference into the private sphere of the persons involved.' **Comment:** The nature of rare conditions means that patients who are affected and are involved in clinical trials are more likely to be identified from the publication of results than those with more common conditions. This means that less information needs to be made publicly available before it could be described as interfering with their 'private sphere'. Despite this, many patients still agree to participate in these trials to benefit themselves and others with their condition.

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		Therefore, we would like to ensure that clinical trials on rare conditions are not exempt from publication as a result of these regulations.
215	47	Art 81(7) states indeed that no personal data of subjects shall be included. It does not state “participating in a clinical trial”. Therefore, in EORTC view the general definition of data subject from data protection framework shall apply (meaning extending to the personal data or sponsor’s employees). Clarifications of the recital 67 and art 37(4) indeed focus on trials participants, but it does not in our view implies that personal data of individuals not having any legal responsibility within this regulation (so differently from the sponsor or investigator) shall be made public (e.g. names of contact for application, which may be just an employee). Speaking specifically about the sponsor, which may be an organisation, rather than an individual, we would recommend accepting general contact details rather than those of an individual. **Proposed change (if any):** EORTC would suggest deleting “participating in a clinical trial” from the text (which will make it more consistent with consideration 4.3) which indeed covers data protection issues for other data subjects.
224-236	74	**Comment:** Clinical study reports as well as the main characteristics of the clinical trial, conclusions of Part I of the assessment report, authorisation decision, the modification of the trial and the clinical trial results including reasons for temporary halt and early termination should always be public.
232	65	**Comment:** In case a MAA is withdrawn and the sponsor plans to resubmit, a delay mechanism for disclosure of trial documentation for a certain period on time must be possible.
237-240	65	**Comment:** As a matter of legal certainty, penalties can only be fairly imposed if the guidance is clear for sponsors on all aspects.
244-254	66	**Comment:** The foreseen new paediatric regulation should also be submitted to public consultation
252	65	**Comment:** Clarification is requested regarding the requirements for the non-EU paediatric Article 46 trials in relation to the Portal and Database.
252-254	29	**Comment:** Data from paediatric clinical trials conducted in third countries should also be stored in the database. The

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		requirements of the Paediatric Regulation for third country clinical trials are an integrative part of a PIP. Therefore, those trials should be an integrative part of the database as well; As a minimum they should be linked to the database. The data or link should be part of the specifications and of the audit to be conducted. **Proposed change (if any):** Data from third country paediatric clinical trials to be included into the database and the specifications to be audited.
255-258	68	**Comment:** We believe if something is confidential commercial information for the Clinical Trial Regulation it should be considered confidential commercial information for Regulation 1049/2001.
259-272	31	Given the fact that the authorisation of the vast majority of drugs in current use is based on clinical trials conducted before the new EU Clinical Trial Regulation (No 536/2014) comes into effect, there is a need to expand the publication of study information also to these older trials. A first step (meeting the objectives of the new EU Clinical Trial Regulation) could be to expand the information on the trial registered according to Directive 2001/20/EC, e.g. by publishing the clinical trial reports available at the regulatory authorities. **Proposed change (if any):** Describe the need to provide extended information on trials registered according to Directive 2001/20/EC and further steps to achieve this aim.
261-268	69	We understand that the Transparency rules of the Regulation (EU) No 536/2014 only apply to new trials and that clinical trials conducted under the current legislation are registered in the EudraCT database. However we would like to take this opportunity to encourage EMA to work with trials sponsors and national medicines agencies to explore options to disclose results of past trials on the treatments in use today.
270	63	**Comment:** It needs to be clarified which 'relevant information' - data /information/documents from sponsor/MSc - have to be transferred to portal/db, since different set or content of information might exist. **Proposed change (if any):** Clarification needed.
286 ff	33	**Proposed change (if any):** unexpected events which affect the risk-benefit of the trial should not be made publicly available unless the IMP has been granted marketing authorization; also urgent safety measures, inspection reports are

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		strictly confidential and should not be part of the clinical trial database
287	71	**Comment:** The decision process regarding whether a serious breach has occurred and how the publishing is prompted is not clear. **Proposed change (if any):** Please clarify
293-303	12	**Comment:** EUFEMED understands and supports the need for automatic rules to produce consistent and predictable outcomes. This should however not hinder the development of innovative medicines. The system should offer flexibility through a selection of pathways which then lead to specific rules (e.g. different pathways for non-therapeutic and therapeutic trials as already proposed in the draft addendum). **Proposed change (if any):** To consider addition of alternative pathways e.g. for advanced therapies where a distinction between therapeutic/non-therapeutic may not be clear-cut.
293-303	29	**Comment:** We see the need for rules to be established that operate in an automatic way. It will, anyhow, not be possible to work without human judgement and intervention, as deferrals have to be handled, too.
293-303	30	**Comment:** we fully support the choice of having rules for the exceptions that operate in an automatic way. This will ensure the feasibility of the process and a consistent evaluation, reducing the human judgment and intervention. These rules should be few and clearly applicable in order to be understood by the applicant and applied in a predictable way by the Member States. For instance, any rule for the exceptions linked to the trial phase seems to be highly difficult to implement as the standard paradigm “phase I, II, III, IV” is often not applicable.
294-295	65	**Comment:** The draft Addendum notes: “Rules to operate in an automatic way using the fields in data or metadata”. Please refer to EFPIA’s Major Comments under the heading of “Enable an Efficient System, Balancing Automation with Direct Sponsor Involvement”. We understand that extensive and systematic redaction would be resource intensive and the proposal is that information will be entered in the database using a Structured Data Set, in a way that it will be marked to be disclosed or to be protected. However, full automation may reduce the level of flexibility that may be required in specific situations (e.g., when there is an overriding public health interest). A focus should be on achieving the right balance between the operational burden on sponsors to duplicate the entry or

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		submission of data that has already been provided as part of the CTA documentation into structured data fields or notifications within the EU Portal/Database and the need to automate processes to achieve an appropriate level of transparency without compromising CCI and PPD. Therefore, a flexible system is recommended to balance these factors. For example, there could be a process to allow a manual override in exceptional circumstances to prevent disclosure of information that normally would be automatically disclosed.
294-297	37	**Comment:** agree on automate solutions
294-297	71	**Comment:** Rules need to be established for responsibility and accountability for the execution of this requirement. In the event of technical errors, the responsibility for ensuring that the information made public automatically is appropriate for publication is not clearly allocated. Where the responsibility lies with the sponsor, the notification mechanism to the sponsor so that the information may be evaluated prior to publication would need to be clearly outlined. **Proposed change (if any):** Please provide clarification to the above points
297-303	44	'Automatic rules are necessary because there will be 4-5000 clinical trial applications and multiple additional processes per trial taking place in the system every year. The rules need to be applied in a fair and systematic way, in accordance with established rules, and not based on repeated human judgment and intervention, which would be impossible to control and create a very large burden on authorities and on sponsors. The rules must be designed in order that the system produces a consistent and predictable outcome so that those submitting data and documents and those viewing them benefit from legal certainty as to what is made public and when.' **Comment:** As mentioned above, it is important that rare disease patients are not excluded from this database and future ones due to the risk of re-identification. These rules must not be so draconian in nature that they automatically exclude all rare disease patients' data from the EMA database.

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297-303	68	**Comment:** Will there be/there needs to be the ability to request Delayed Results, as in the case of outsourced data management to a contract research organization (CRO) and if that CRO goes out of business or the data are otherwise compromised and the sponsor is delayed in obtaining the data/reports. [*this function/option is available in clinicaltrials.gov]*
299-301	73	**Comment:** EAHP supports this general approach to application of the regulation.
301-303	37	**Comment:** agree – it is most important that stakeholders can rely on consistency and predictable outcome. Clear information on which data is CCI is key in order for applicants to comply with the rules.
307-355	7	Section 4.2. defines the different data that will be made public for every clinical trial. CPME suggests that the financial sources of clinical trials are included in the disclosure. Section 4.2. should hence contain the following bullet point: *"the entity(ies) or individual(s) that finance the clinical trial."*
307-355	35	**Question 1** EUCOPE supports EMA's proposal that information is to be equivalent in nature to that already made public for Phase II-IV in the EU Clinical Trial Register. This is also supported by legislation. Equally, we appreciate EMA's perception that there is particular sensitivity about CCI on Phase I clinical trials. CSR referring to Phase I clinical trials often contain information that has to be kept confidential to avoid perception of such information as "prior art". The disclosure of such information precludes the grant of patents often applied for after reception of the results of Phase I clinical trials by sponsors. Furthermore, CSR referring to Phase I clinical trials often contain information that reveals the development strategy of the sponsor. As a result, apart from adverse events to be disclosed according to general principles, the public interest of protecting public health does not override the interest of the sponsor to protect the content of CSR referring to Phase I clinical trials as CCI. A deferral for the publication of those data is an adequate option, which we support.
308-312	2	**Comment:** Planned interim analysis should be published prior to inclusion of patients
309	33	**Proposed change (if any):** Among title of the clinical trial also the short title and/or acronym of the study title should

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		be part of the trial database
311	1	**Comment:** Mention explicitly “Primary and secondary outcomes measures. **Proposed change (if any):** the main characteristics of the trial comprising design, scientific and, where applicable, therapeutic intent, title, identification of the investigational medicinal products (IMPs), treatment arms, treatment population and number of subjects, inclusion and exclusion criteria and main objectives, **primary and secondary outcome measures,** and endpoints;
313	80	**Comment:** The use of CTR for “Clinical Trials Register” is formally correct but not helpful, since CTR is usually used to abbreviate “Clinical Trials Regulation”. **Proposed change (if any):** The use of “CT Register” is recommended.
313-317	65	**Comments:** The status of the EU Clinical Trials Register following implementation of the Portal/Database is unclear. This should be clarified and there should be a streamlined mechanism to fulfil the objectives of the CT Regulation.
321 329, 343	29	**Comment:** This is subject to this consultation. **Proposed change (if any):** Headlines should be deleted
321-328	30	**Comments:** 1) The publication of the full study protocol at the time of decision on the trial should become mandatory (see comments on commercially confidential information). 2) Details on the statistical plan of the trial should be added among the information that should be made public at the time of decision on the trial. Discrepancies in the description of the analyses in protocols or other source documentations and reported in the final publications are common and may lead to reporting bias. **Proposed change (if any):** a bullet point after line 324 may be added: “description of the statistical plan”
321-328	78	**At the time of the decision on the trial**

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		Comment: It is proposed to have a CT dataset in a structured format including all necessary information describing the CT Characteristics where no information from the protocol summary and in the CT application form and cover letter is duplicated. This dataset for all CT should include all the CT characteristics relevant for the CT to be published sequentially until not later than 12 months after the publication of the summary of trial results. This information should be kept updated by the sponsor. **Proposed change (if any):** "the main characteristics of the trial (i.e rational/justification for the CT, WHO trial registration dataset and nature and extent of the burden and risks and expected benefit, if any, associated with participation)" should replace for lines 322-324. In line 326 "per MS concerned" should be added after "the decision on the trial"
322-324	65	**Comment:** There is an extensive list of data that is proposed to be released as part of the 'main characteristics of the trial', EFPIA considers that the totality of these 'main characteristics' will already essentially provide a summary of the protocol. It is therefore questionable as to why there also needs to be a separate protocol summary to be provided and released at the time of the decision on the trial.
323-324	10	**Comment:** What is the difference between the 'structured synopsis of the clinical trial protocol' and the 'protocol summary'? **Proposed change:** Clarify.
323-324	22	**Comment:** difference between "synopsis of the clinical trial protocol" and "protocol summary" not clear **Proposed change (if any):** please clarify
324 513	39	***At the time of the decision of the trial*** Contrary to what is stated in the consultation document "*the protocol can (…) contain extensive detail of commercially confidential nature*", the European Ombudsman (decision 2560/2007/BEH) has concluded that neither study protocols nor clinical study reports can be classified as trade secrets and/or commercial confidences. Therefore, we would like to stress that at the time of decision on the trial the full protocol must be published, not simply

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		a summary as proposed in the consultation paper. Moreover, when the pharmaceutical industry advocated a similar approach during the adoption of the clinical trials Regulation, the European Parliament and the Council reiterated that: *"(…) the EU database should contain all relevant information as regards the clinical trial submitted through the EU portal. The EU database should be publicly accessible and data should be presented in an easily searchable format, with related data and documents linked together by the EU trial number and with hyperlinks, for example linking together the summary, the layperson's summary, the protocol and the clinical study report of one clinical trial, as well as linking to data from other clinical trials which used the same investigational medicinal product (…)" (recital 67).* The publication of summaries does not address nor solve the problem of reporting bias. In addition, information on the statistical plan should be disclosed at the same time that a decision on the trial has been made. If the aim of the EU Portal is to inform, among others, healthcare professionals and participants, there is no rationale whatsoever not to include the full protocol at the time of the decision of the trial, or to defer its publication until "*the time that the summary of trial results is loaded into the database and made public (i.e. 12 months after the trial*", as proposed in the consultation paper (section 4.4.3 – line 648). **Outcome (if applicable):** Add to the list of documents to be made available at the time of decision of the trial: • the full protocol; • information on the statistical plan. **The publication of the clinical trial protocol and related subject information sheet must take place at the time of the decision of the trial and must not be deferred**. Any changes to the clinical trial protocol should also be made public. **The publication of the Investigational Medicinal Products Dossier (IMPD) safety and efficacy sections must not be deferred** and should ideally be published at the time of trial decision.
324	60	***Protocol summary at time of decision***

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		Comment: Details of the trial in the form of a structured synopsis of the protocol will be available at the time of the decision. We therefore question the value of provision of an additional protocol summary, unless the intent is that this summary is for the public. **Proposed change (if any):** We propose adding to line 324 to clarify that this protocol summary is intended for lay persons.
324	69	The full protocol and not just "the protocol summary" should be made publicly available at the time of the decision of the trial.
324	71	**Comment:** of the guideline would gain in quality with a clarification on the level of language to be used in the protocol summary (eg, lay person terms). Additionally, the term synopsis and summary could be considered interchangeable **Proposed change (if any):** Please comment on the expected level of detail of the protocol summary and clarify whether the term summary is interchangeable with synopsis or whether a summary of synopsis is expected.
325	10	**Comment:** Does "the conclusion on the assessment of Part I of the trial" refer to the short sentences in Article 6 (3) (a)-(c) (in brief "acceptable", "acceptable but subject to specific conditions" and "not acceptable")? In that case we support that this is made public for every trial, but not if the conclusion includes more detailed information about the reasons for the conclusion. **Proposed change (if any):** Clarify.
325	71	**Comment:** The conclusion assessment requirements should be harmonized across medicines agencies.
325	80	**Comment:** "Part I" has to be defined or referenced.
326-327	33	**Comment:** At the time of decision on the trial: **Proposed change (if any):** Only positively validated/evaluated clinical trials should be entered in the clinical trial database.

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		To our opinion giving reasons for refusal is very critical and confidential
328	65	**Comment:** The *[date of]* the start of the trial will not necessarily be known at the time of the decision on the trial; sponsors have up to 2 years to start a trial in a MS after a decision on the trial has been made and 15 days to make a notification in the database after the trial has started in each concerned MS. The proposal should note that the *[date of the]* start of the trial in a MS will be notified within 15 days of the start of the trial in each concerned MS.
329-342	78	**During the trial** Start of trial date per MS concerned, should be added "substantial modification of the trial (the fact that a substantial modification has been submitted and assessed, the conclusion on Part I (if applicable) and the decision on the substantial modification, as it relates to the major characteristics of the trial, or the sponsor or investigators involved at the time of the decision on the substantial modification, or other modifications to previously published information)", should be reworded to "List of all substantial modifications of the trial including for every one (SM nº, very brief summary of changes, conclusion on part I and decision per MS and update of the public information when applicable)." Line 339 should be modified to " date of end of the trial (per MS, in all MS and global) and reasons in case it is a premature end or if ended due to lack of recruitment
330	22	**Comment:** "MS" not explained
342	30	**Comment:** Information on the product efficacy and safety that may become available during the trial conduct (i.e., interim analysis or annual safety reports) should be made public at completion and reporting of the trial. If this information is already submitted in other EU databases links to this information should be provided. **Proposed change (if any):** a bullet point after line 342 may be added: **"any information on the product efficacy and safety that may become available during the conduct of the trial should be released when the trial is completed and reported"**

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343-355	78	**After the end of trial** After the end of the clinical trial the complete information on the proposed structured clinical trial data set, and the safety reference information should be public not later than the date when the summary trial results is published. Provided that this and the above suggestions are accepted for all CT, we consider that the publication of the rest of the documents in the CT dossier could be delayed certain time.
344-348	81	**Comment:** The period of 12 months after the end of the first Phase I clinical trial is much too short for the deferral of publication of information including the summary of clinical trial results. In most cases, several Phase I clinical trials are needed for a new active substance which are conducted over an average period of 3-5 years. Moreover, obtaining patents could be a very time-consuming process for the originator. **Proposed change (if any):** Please replace the sentence in Lines 740-743 by "Publication of study result summaries, as well as study and product related information of Phase I trials should be deferrable until the decision on the first Phase II trial – or until 5 years after completion of the respective Phase I trial (whichever is earlier)." Please see also our answer to **Question 11**.
345 727, 731 and 739	5	**Comment:** Remove words "in healthy volunteers" because phase I clinical trials can also be carried out in patients. Some products (e.g. very toxic cancer therapies) cannot be administered to healthy volunteers at all, and therefore, all studies on those drugs need to be carried out in patients. The sensitivity rule proposed on lines 345-348 should cover all Phase I studies regardless of study population. **Proposed change:** E.g. line 345: "In the case of Phase I clinical trials ~~in healthy volunteers~~ there is particular sensitivity about the commercial confidentiality of information on the trial."
345	81	**Comment**: There are Phase I trials including patients which come with the same exceptional commercial sensitivity than those exclusively conducted in healthy volunteers. **Proposed change** (if any): Please delete "in healthy volunteers" in Line 345. Please see also our answer to **Question 11**.

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345-348	71	**Comment:** Phase II or III trials have equal economic interest to the sponsor and should also contain a deferral period. **Proposed change (if any):** Add a deferral period for all trials in Phase I, II and III.
345-350	39	***After the end of the trial*** There is no public health rationale in allowing a deferral in the publication of the safety and efficacy sections of the Investigational Medicinal Products Dossier (IMPD), or the study protocol, as proposed in the consultation paper (section 4.4.3).
349-350	30	**Comment:** The deferral of the publication of clinical trial protocol and related subject information sheet should be avoided. The postponement of this publication may be allowed for phase I trials on healthy volunteers only if trials do not show harms. and should be fully justified. (See comments on commercially confidential information). **Proposed change (if any):** The clinical trial protocol and related subject information sheet will be made public for all clinical trials. ~~(see proposals in section 4.4.3)~~ **This publication may be deferred only for phase I trials on healthy volunteers in duly justified situations and if they do not show harms.**
349-350	33	**Comment:** After the end of the clinical trial **Proposed change (if any):** The Clinical Trial Protocol should not be made available. Only the synopsis of the clinical trial
349-352	29	**Comment:** The clinical trial protocol and subject information sheet, the IB and the IMPD safety and efficacy sections should be made <u>public at the time of decision on the clinical trial,</u> not after the end of the clinical trial. We therefore do not understand why EMA does put this under the heading “after the end of the trial” and phrase as if this would not be part of the consultation.
349-355	47	EORTC strongly supports the possibility to defer making public trial protocol, IB & IMPD
351-352	30	**Comment:** The deferral of the publication of the investigational medicinal product dossier (IMPD) safety and efficacy

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		sections should be avoided for trials other than phase I on healthy volunteers. This postponement should be fully justified and may be allowed only if trials do not show harms. (See comments on commercially confidential information). **Proposed change (if any):** The investigational medicinal product dossier (IMPD) safety and efficacy sections will be made public for all clinical trials. This publication may be deferred only for phase I trials on healthy volunteers. This publication may be deferred (~~see proposals in section 4.4.3~~) **only for phase I trials on healthy volunteers in duly justified situations and if they do not show harms.**
351-355	69	While we accept that the investigational medicinal product dossier (IMPD) quality section will not be made public as it contains confidential information on the manufacturing process we see no good reason to foresee the possibility to defer the disclosure of IMPD safety and efficacy sections. These sections should be published as soon as possible after the end of the trial.
353	29	**Comment:** Even if we agree with the proposal that the IMPD quality section should not be made public at any time, this is still subject to the consultation
359-361	65	**Comment:** These lines incorrectly suggest that Article 81(6) addresses the **making public** of personal information included in the database. Article 81(6) states that "The EU database shall **contain** personal data only insofar as this is necessary for the purposes of paragraph 2" [emphasis added]. The latter paragraph states that the database should: enable cooperation between competent authorities of the Member States, facilitate communication between sponsors and Member States; enable sponsors to refer to previous clinical trial applications; and enable citizens to have access to information on medicinal products. It is not clear that any of these purposes justifies public disclosure of personal information that is necessarily contained in the Database. The EMA should provide guidance on what exactly will be considered 'personal data', as this differs in the Privacy Laws of the Member States. The definition of personal data in Reg. 45/2001, i.e. "any information relating to an identified or identifiable natural person" may not provide enough specificity in this context. EMA Policy 70 also states: "both identification and re-identification of patients need to be avoided". **Proposed change:** "Personal data (other than trial subject data which are not included in the database) <u>are</u> included in

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		the database ~~are made public~~ only to the extent required for application of Article 81(2) of the Regulation (Article 81(6)).”
363-366	11	Where a particular piece of information is superseded because it was factually incorrect and submitted in error then either it should not remain in the public domain or there should be a mechanism available whereby the reason for the change is also in the public domain. **Proposed change:** The text should be revised to reflect either option, as appropriate.
371-410	55	**Question 1** **Comment:** We agree that the proposals described in Sections 4.3.1 and 4.3.2 meet the requirements and objectives of the regulation, protecting personal data of participating subjects and providing transparency to the public on investigators involved in the study and their qualifications.
372-375	30	**Comment:** we agree that the protection of personal data of trial participants is a priority. Personal data should not be even submitted to the Agency. For this reason, the Agency should ensure that sponsors include only depersonalised (or de-identifiable or pseudo-anonymised) individual patient data listings within the clinical study reports. Systems and techniques to de-identify clinical data are becoming common and the Agency may play a key role in starting the development of standards and shared approaches. Access to de-identified individual patient data listings should be possible at the end of the trial, for research purposes only. This access could be granted by an independent body following a guarded procedure, if there are reasons to foreseen a possibility or an interests from third parties to personalise or identify the participants. **Proposed change (if any):** “The Clinical Trial Regulation makes clear that no personal data of trial subjects may be included in the database and no personal data of trial subjects should be publicly available, from the database. It follows that individual patient data listings (sometimes referred to as analysed data sets r~~aw data~~) which form some of the appendices included in clinical study reports **should be included in the database appropriately depersonalised (or de-identified or pseudo-anonymised). These data can be made available for research purposes following a**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		guarded procedure, if necessary~~may neither be included in the database nor made public~~."
372-375	80	**Comment:** ESMO regrets this decision. **Proposed change (if any):** Raw data should be accessible to allow independent re-analysis provided personal data are absolutely de-identified, and re-analysis of adequate scientific level is guaranteed.
373, 794, 840, 855 and 781	37	**Comment:** Clarification is welcomed in terms of the following: Line 373: individual data listings (sometimes referred to as raw data) which form some of the appendices included in clinical study reports may neither be included in the database nor made public', and in line 794, 840 and 855 it is stated that 'No personal data of trial subjects should appear'. We would like to point out that especially for inspection reports (but it is also relevant to serious breaches etc.) it is very common that deviations are given directly with reference to a specific subject ID. An example could be: 'For trial subject with the CRF # 10078 the adverse event thrombocytopenia which is mentioned in the medical record is missing in the data listings of the sponsor'. We would need clarification as to whether subject IDs are generally expected to be redacted. In addition, with reference to line 781 it is stated that 'Inspection reports should be made public once the inspection process is completed and the final inspection report signed off…'. We suggest to write '…and the inspection report signed off/the inspection has been closed'. The reasoning is that not all Member States have a procedure where a final inspection report is issued. In some Member States there will only be one inspection report issued and subsequent communication regarding CAPAs will not result in a corrected (final) inspection report, but the corrections will be evident from the correspondence between the inspectors and the inspected.
376-378	63	**Comment:** Consequently the assessment of ASR and SUSAR will be stored outside the portal/db, including RFI (requested/submitted via/through portal by MSC/sponsor). While if applicable consecutive the corrective measures will be processed through portal and therefore public.

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		Proposed change (if any): Please clarify.
379-381	10	**Comment:** There is a risk that summaries include information about adverse reactions that indirectly can identify individual subjects. This risk has to be eliminated, especially since the information is particularly sensitive. **Proposed change (if any):** We suggest that a template and a guidance for the summaries are developed in order reduce this risk, and that "trial subject identifiers" is clarified. Compare section 4.8.2, where a separate guidance is proposed. If EMA finds that the risk cannot be eliminated, this document should not be made public. We recommend that the Agency's legal responsibilities as data controller regarding the content of the database should be further clarified.
381	47	There might be cases where in rare diseases, even without providing subject identifiers, subjects may be under the risk of identification in the context presented by the line 381. More guidance on such cases would be very helpful.
382-408	66	**Comment:** this text is too wide and may generate misunderstandings. All relevant data should be included in the database but only made public what is necessary and depending on responsibilities to the trial. The template or the information list should have been consulted. **Proposed change (if any):** To agree in every trial what kind of personal information should be public.
382-410	11	**Question 1** ACRO agrees that the Regulation requires submission of the details listed and that it is acceptable to publish information that meets the requirements of the Regulation. However, we understand that some investigators will not want to see their detailed information in the public domain and we are concerned that the publication requirements should not be such as to discourage any EU investigator from participating in clinical research. We therefore recommend that the EMA should produce a specific template, which should be subject to further consultation with stakeholders, for the collection and submission of the minimum information required to comply with Annex I.M of the Regulation.
382-410	12	**Question 1** **Comment:** We agree with the proposal that principal investigators' CV's, relevant economic interests and institutional

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		affiliations, and the statement of facility suitability are made public, as long as the information is limited to the minimum required and the privacy of the persons concerned is respected. **Proposed change (if any):** Templates should only include essential information. Templates should be discussed and agreed with relevant stakeholders (in particular investigators) prior to implementation.
382-410	19	**Question 1** **Comment:** The proposals meet the requirement and objectives of the Regulation (EU) No 536/2014.
382-410	26	**Comment:** EMA's proposal to release the names and CVs of principal investigators and their staff is not consistent with widely accepted principles of the protection of personally identifiable information. In some cases of controversial drugs or trials, (such as abortifacients) this breach of privacy may have significant implications for the personnel involved. **Proposed change:** We propose that investigator and study staff names and CVs are redacted and only the institution wherein the study was conducted be included.
382-410 and 368	35	**Question 1** We agree with the EMA proposal with regard to elements that increase awareness of clinical trials. However, details on investigators and their CVs should not be made public as this may discourage investigators from participating in clinical research and also interfere with personal data protection rights. This information is also not necessary to enable patients or caregivers seek out relevant clinical trials.
382-410	57	**Question 1** **Comment:** In general the proposals to increase awareness of clinical trials and their location are supported; this will be helpful to patients and healthcare professionals and improve recruitment timelines. It should be noted that the investigator's agreement is required to allow any personal information to be made public. We do not believe that publication of the investigators CVs will increase public confidence in the trial as documentation about the investigators' qualification will have been reviewed by Ethics Committees, who are appropriately placed to assess their suitability to conduct the trial. Furthermore, this level of information is not necessary to enable patient

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		participation in relevant clinical trials. **Proposed change:** The template and level of detail in the CV which will be submitted to the database should be limited to the trial in question. The full CV should not be made publicly available.
382-410	60	***Trial Investigators & staff*** **Comment:** While we are in agreement with the proposal to disclose a list of investigators and sites participating in a trial along with their CVs and a statement on their economic interest, we do not agree that the making public of a signed statement on the suitability of the facilities and human resources for a trial is necessary. While transparency to the investigator's qualifications and economic interest can address the independence of the investigator, it is unclear how such a requirement related to facilities is helpful to patients or the general public. The added value to the public or patients of requiring a statement regarding the facilities is minimal if any. This component of the proponent proposal does not meet the requirements and objectives of the Regulation. Furthermore, the role of the Part 2 assessment, including the ethics review, is a component in the determination of site and facility suitability. Therefore approval by such bodies should serve as evidence to the public that the protocol and participating investigator and sites are acceptable. **Proposed change (if any):** We propose eliminating the requirement listed as #4 in lines 404-408 of the draft proposed addendum
382-410	65	**Question 1** **Comment:** The proposal enhances the level of sites information available for patients and care givers looking for clinical trials. As mentioned above, EFPIA supports the increase of awareness about clinical trials and their location and believes it is important to enhance recruitment timelines, and contribute to acceleration of the clinical development cycle. However, EFPIA is concerned that the draft Addendum requires that the name and position of the investigator or principal investigator in charge of the trial at a site and their CV be included in the database and publicly disclosed. The investigator's agreement is required to allow any personal information to be made public. Furthermore, the need for

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		publication of investigator CVs is questionable. EMA comment that CVs should be made public as they document the qualification of the investigator to conduct the trial. This information will have been reviewed by Member States, who are more appropriately placed to assess investigators' suitability. Thus, there is no need for this information to be released.
382-410	70	**Question 1** **Comment:** In accordance with the Data Protection Rules, it is not permitted that names are made public without consent of the person concerned. It would be possible to overcome this by having the investigator sign in the respective investigator – sponsor contract that they are in agreement that their names and sites will be made public by the time of the decision on the authorisation of a clinical trial. Through this information, patients would be able to identify sites which are in proximity to them. This is justified. However, to publish the CV and also the financial interests of the investigator is beyond what should be made public. There is a system in place to decide upon the suitability of investigators and sites and this system should be trusted. CVs and financial interest should not be made publicly available. **Proposed change (if any):** CVs and economic interests should not be made public.
382-410	73	**Question 1** **Comment:** EAHP support making the list of principal investigators and their sites public as part of marketing authorisation, including the CVs of the principal investigators, and their economic interests and institutional affiliations. All of this supports open scrutiny of a trial and secondary research and the general achievement of strong levels of transparency.
382-414	49	**Comment:** This would be acceptable to us and meets the requirements and objectives of the Regulation (EU) No 536/2014.
382-466	10	**Question 1-5** **Comment:** The current proposals (less personal data to be made public) meet the requirements and objectives better than the former proposals.

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383-408 413-414	14	**Question 1-4** Referring to Question 1, Question 2, Question 3 and Question 4: 4.3.2. Clinical trial investigators and their staff 4.3.3. Member State experts (mainly scientific assessors, regulatory officials, ethics committee members, inspectors) **Comment:** In general, the names of Member State experts will not be included in the database. To the extent that personal information identifying them is collected in the database at all, it will not be made public.
395	68	**Comment:** Will it be possible to provide a central contact instead of the list of principal investigator names? [in U.S. it was discovered that vendors and other representatives used clinicaltrials.gov listings to make indiscriminate solicitations putting undue burden on office personnel and being disruptive to the medical practice.] By use of a central contact, the sponsor is able to weed out unwanted solicitations and to provide legitimate inquiries with the relevant contact information.
395-396	29	We agree that a list of the principal investigators and sites should be publicly available, as this constitutes important information for the clinical trial; everyone should be able to know where and by whom a clinical trial is conducted.
395-403	56	**Comment:** From our reading of the EMA's draft proposal relating to the clinical trials EU portal project, we have one remark, which concerns the transparency issue. Indeed, from line 395 to 403 of the draft proposal, it is provided: "*1. Therefore it is considered an integral part of the clinical trial authorization of every trial that the list of principal investigators and their sites is made public as part of that authorization.* *2. The (principal) investigators' CVs, containing only professional information relevant to the conduct of clinical trials, are part of the application dossier and therefore the database. It is considered that these should be public, as they document the qualification of the investigator to conduct the trial. A template or list of information that should be included in the CV will be made available.* *3.* ***Any conditions such as economic interests and institutional affiliations that might influence the impartiality of the investigators which are submitted, as part of the application dossier should be made***

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		public. A template or list of information that should be included will be made available. " While the Medical Technology industry supports a system which facilitates the empowerment of patients to make informed and better treatment decisions and enhance public trust and confidence in the safety of clinical trials and in the reliability of the investigators involved, we think that the requirement to ensure the impartiality of the investigators, as outlined in paragraph 3 above, might give rise to extensive interpretation. Therefore, we suggest to further define the scope of such a provision taking into account the opinion of health companies and the national medical boards.
397	33	**Proposed change (if any):** Currently the CV´s of the principal investigator are submitted to the EC only (for approval) and are not made publicly available. The site name can be made available however investigator´s name is for some sites confidential
397-399	29	**Comment:** We do not agree that it would be necessary to publish the CVs of the investigators as this also does contain personal information. It is not relevant for the clinical trial in questions, that everybody knows e. g. where the investigator has worked 10 years ago. The qualifications of the (principal) investigators to conduct the clinical trial have been assessed by the Member States and / or Ethics committees and the suitability of the (principal) investigators has been confirmed. We do not see that the regulation requires this information to be made publicly available. For what reason would it be necessary for the public to see all contents of the CV? Furthermore, especially for academic clinical trials this would mean a high bureaucratic burden. **Proposed change (if any):** The CVs of the investigator contain information that is exceeding the information needed for the conduct of the clinical trial. The CVs will not be made public
397-400	81	**Question 1** **Comment**: The qualification of the investigator has already been reviewed as part of the ethics committee assessment based on the complete investigator's CV. The publication of a reduced investigator's CV containing only professional information relevant to the conduct of the study would pose an additional bureaucratic burden on investigators and sponsors without much added value to the public.

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		Proposed change: Please delete Point 2.
400 403	29	**Comment:** We appreciate the proposal to develop templates for CVs and information on economic interests and institutional affiliations (even if this information would not be published). This would ensure more harmonisation and comparability between the Member States and increase standardisation. The same standards / rules should be applied for the judgement of the suitability all over the Member States.
400	47	EORTC welcomes proposals of harmonisation of public CVs.
401-403	4	**Comment:** *Any conditions such as economic interests and institutional affiliations that might influence the impartiality of the investigators which are submitted, as part of the application dossier should be made public. A template or list of information that should be included will be made available.* Does this include the investigators' remuneration or the clinical trial site remuneration, for the trial in question?
401-403	29	**Comment:** Economic interests and institutional affiliations will be assessed by the MS/Ethics committees. The Approval is based on the judgement. We do not find it necessary to have the detailed information in the public domain, especially as this can change over time; in our view this is not required by the regulation. We therefore propose that this is also not published or only published for the principal investigator at a site. **Proposed change (if any):** It is not necessary to publish the economic interests and institutional affiliations.
401-403	54	**Comment:** The Principal Investigator may also be the head of the clinic/institution. This is allowed but needs to be included to ensure that this is transparent. **Proposed change (if any):** Any conditions such as economic interests and institutional affiliations that might influence the impartiality of the investigators which are submitted, as part of the application dossier should be made public. A template or list of information that should be included will be made available. This may include where principal investigators are also the head of the clinic/institution.
401-403	71	**Comment:** The EGA would like to be involved in the elaboration of the template / list of information on conditions (such as economic interests and institutional affiliations) that might influence the impartiality of the investigators

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Proposed change (if any): Please indicate the anticipated timing for the template to be released for comments.
401-403	71	**Question 1** **Comment:** The EGA agrees that the proposal meets the requirements and objectives of the regulation (EU) No 536/2014.
404-408	29	We agree to the proposal to publish the name of the signatory testifying the suitability of the facility and human resources.
404-408	81	**Question 1** **Comment:** Obtaining a written statement of the head of the clinic/institution or some responsible person is an additional time-consuming bureaucratic step for the applicant/sponsor that does not lead to any benefits for the safety of study participants. **Proposed change:** Please delete Point 4.
409-410	4	**Question 1** EURORDIs welcomes in particular the publication of information on clinical trial sites and investigators: “Therefore it is considered an integral part of the clinical trial authorisation of every trial that the list of principal investigators and their sites is made public as part of that authorisation”
409-410	5	**Question 1** **Comment:** The proposal meets the requirements and objectives of the Regulation 536/2014.
409-410	13	**Question 1** (investigators and their staff) This proposal meets the requirements and objectives of the Regulation. It ensures accountability and transparency, and should give the public confidence in the medical management of clinical trials.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
409-410	28	**Question 1** These proposals meet the requirements of Regulation 536/2014. Clearly set out in Article 81(4), the EU database shall be publicly accessible and thus also data and documents (e.g. CV, declaration COI and written statement head of clinic) that are submitted via the EU portal.
409-410	29	**Question 1** We agree that a list of the principal investigators and sites should be publicly available, as this constitutes important information for the clinical trial; everyone should be able to know where and by whom a clinical trial is conducted. We do not agree that it would be necessary to publish the CVs of the investigators as this also does contain personal information. It is not relevant for the clinical trial in questions, that everybody knows e. g. where the investigator has worked 10 years ago. The qualifications of the investigators to conduct the clinical trial have been assessed by Ethics committees / Member States and the suitability of the investigators has been confirmed. We do not see that the regulation does require this information to be made publicly available. For what reason would it be necessary for the public to see all contents of the CV? Furthermore especially for academic clinical trials this would mean a high bureaucratic burden. With regard to the publication of economic interests, this is also part of the assessment by Ethics Committees / Member States. We do not find it necessary to have this in the public domain, especially as this can change over time; in our view this is not required by the regulation. We therefore propose that this is also not published or only published for the principal investigator at a site. We agree to the proposal to publish the name of the signatory testifying the suitability of the facility and human resources. We appreciate the proposal to develop templates for CVs and information on economic interests and institutional affiliations (even if this information would not be published). This would ensure more harmonisation and comparability between the Member States. The same standards / rules should be applied for the judgement of the suitability all over the Member States.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
409-410	30	**Question 1** <u>Clinical trial subjects being evaluated for or participating in a trial</u> • Access to individual patients data appropriately de-identified should be possible. This will maximize the knowledge gained from data collected in trials, stimulating new ideas for research, and avoiding unnecessarily trials. Reuse of individual level data allows re-analyses, secondary analyses, class analyses, and meta-analyses based on patient-level data. <u>Clinical trial investigators and their staff</u> • The approach to clinical trial investigators and staff disclosure (section 4.3.2) is acceptable.
409-410	32	**Question 1** Yes to all four proposals
409-410	36	**Question 1** **Comment:** *The FPM believes that the proposals meet the requirements and objectives of the Regulation (EU) No 536/2014 ('the Regulation'). We believe that the rationale for the proposals is sensible and appropriate and broadly in line with USA's clinicaltrials.gov portal.*
409-410	38	**Question 1** **Comment:** We agree with the proposal
409-410	39	**Question 1** ***The EMA draft proposal does not reflect Regulation (EU) No 536/2014: non-disclosure becomes the norm, rather than the exception, public trust in regulatory-decision making decreases*** It is stated that the consultation document sets out proposals and options on the exceptions established as to the transparency provisions on the European Clinical Trials Regulation.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		In our view, the consultation paper does not reflect the spirit of the Regulation, which aims to increase transparency and allow public access to important and much needed information on clinical trials. On the contrary, it is of great concern to realise that **EMA's proposal considers non-disclosure the norm, rather than the exception**. In fact, when it comes to the practical application of the exceptions, this draft introduces plenty of leeway for abuse by clinical trial sponsors, by legitimising the non- publication of clinical data on the grounds of commercial confidentiality, and allowing deferrals in publication of key data for long periods (i.e. up to ten years after trial registration!). The EMA's proposal is unacceptable and at odds with the principles enshrined in the Clinical Trials Regulation and the transparency advances it promised to bring. Contrary to the approach taken by the EMA, if comprehensive transparency was applied, that would truly facilitate the implementation of the disclosure policy (and its automation). The EMA's has the responsibility to protect and strengthen public health. However, by upholding non-disclosure as the rule, and granting commercial interests higher ground, the EMA is compromising public health and diminishing public trust in regulatory-decision making.
409-410	41	**Question 1** We concur with these proposals and believe they meet the requirements and objectives of the Regulation.
409-410	46	**Question 1** **Comment:** We agree that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014
409-410	48	**Question 1** **Comment: Yes**, proposals in paragraphs 1 and 2 meet the requirements and objectives of the Regulation (EU) No 536/2014. **No**, we consider that the proposals in paragraphs 3 and 4 do not meet the requirements and objectives of the

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Regulation (EU) No 536/2014. In the Regulation, section M.66, it is stated that “Any conditions, such as economic interests and institutional affiliations, that might influence the impartiality of the investigators shall be presented.” However, the proposal in paragraphs 3 and 4 might hinder investigator/patient participation in the trials if this detailed information is made public in very much detail.
409-410	51	**Question 1** **Comment:** Proposal 1 is inadequately defined. The term „integral part“ as used in line 395 is not explained. Therefore, the proposal does not meet the requirements and objective of the Regulation. It will only be possible to evaluate this proposal regarding conformity with the Regulation when the definition has been provided. Proposal 2: There is no clearly defined list of the required contents for the investigators’ CVs. Therefore, this proposal does not meet the requirements and objective of the Regulation. Only after a list of the contents of investigator CVs has been proposed, can this proposal be evaluated as to whether or not it meets the requirements and objectives of the Regulation. Proposal 3. The template or list oft he information to be included has not been provided, so this proposal cannot be evaluated as to whether or not it meets the requirements and objectives of the Regulation. This can be done only after the template/ list has been provided. Proposal 4: Names are personal data, which are explicitly protected as confidential information by the Regulation. The signatory is not named in the group of exceptions to this rule in the Regulation. Therefore, the proposal does not meet the requirements and objective of the Regulation. **Proposed change (if any):** Removal of proposals 1 through 4
409-410	53	**Question 1** The proposal meets the objectives of the Regulation (EU) No 536/2014
409-410	54	**Question 1** In general we think that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Extra clarification is required regarding the transparency of economic interests for example, when the principal investigator is also the head of the clinic/institution (as outlined in the table below)
409-410	59	**Question 1** **Comment:** We have no concerns about the proposal this question relates to **Proposed change (if any):** Not applicable
409-410	61	**Question 1** **Comment:** LEO Pharma is of the opinion that the proposals mentioned under 4.3.2 “Clinical trials investigators and their staff” meet the requirements and objectives of regulation (EU) 536/2014. Disclosure of the information mentioned in the proposals will support the objective of increasing trust by the public. It is, however, considered important to restrict disclosure to what is mentioned in the proposal: only information on (principal) investigators and no disclosure of direct contact information (like telephone numbers, e-mail addresses, etc.)
409-410	62	**Question 1** **Comment:** Clarify whether this means all investigators or only the principal investigators. Q. What about investigators participating in the clinical trial outside of the EU? Will you publish non-EU investigator details? Q. If it is a PIP study conducted outside of the EU will you publish non-EU investigator details?
409-410	72	**Question 1** **Comment:** Regarding what will be made public for every trial. Phase 1 studies have previously not been required to register, and though there is a deferral for Phase 1 studies for healthy volunteers, therefore it would seem that all Phase 1 (and even phase 2) trials would be able to be deferred. For information made public during the trial, these items do increase transparency; however are these items really useful or meaningful for the public to know (particularly first visit of first subject in each MS and other recruitment information). Subjects participating in a particular trial would be

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		aware of such information, and having this information available publically could be misinterpreted. Additionally, requiring sponsors to submit this information creates additional administrative burden on sponsors.
409-410	75	**Question 1** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014 however the naming of the individual signing to testify the suitability of the facilities and human resources available for the trial is excessive and adds no value to the approval process. Updates to administrative documents such as CVs must be limited to those which significantly alter the suitability (including impartibility) of the Principal Investigator; the administration of maintaining documents such as CVs throughout the lifetime of the trial is a significant administrative burden which goes against the spirit of simplifying the conduct of trials and this, the application process; once the suitability of a Principal Investigator has been made and documented only significant changes should be updated.
409-410	76	**Question 1** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014 however the naming of the individual signing to testify the suitability of the facilities and human resources available for the trial seems excessive.
409-410 397-400	80	**Question 1** **Comment:** To: The details indicated such as investigators' CVs go far beyond what is important for the public and will neither contribute to the intention of the CTR nor to the initiative of transparency. This part 4.3.2.2. is inappropriate and does not meet the requirements and objectives of the Regulation **Proposed change (if any):** Removal of 4.3.2.2.
411	51	**Question 2** **Comment:** The names of the Member State experts should be made public. By disclosing the names it should be made transparent that none of the Member State experts are associated with the trial sponsor and therefore have a conflict of interest **Proposed change (if any):** All names of Member State experts participating in the decision-making should be

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		disclosed. **Comment:** There is not relevant rationale given for this proposal. The transparency measures of the Regulation do not explicitly exclude the ability to identify the decision-makers of the Member States. Therefore, making their names available would increase the transparency of regulator decisions, and would therefore meet the objective of the Regulation. Therefore, the proposal should be rejected. **Proposed change (if any):** Removal of the proposal, publication of the names.
411-414	60	***Member State Experts*** **Comment:** Transparency about the regulatory process is as important to society as transparency about the other clinical trials processes that are addressed in the guidance. In this regard, we believe that transparency to member state experts would be in keeping with the spirit of the Regulation. Information on the experts can be helpful in understanding if specific issues are raised by specific experts, thereby facilitating a better understanding by the public of certain experts' positions and concerns. Ultimately, as these officials act in the public's interest, we believe it is important that the public have an opportunity to assess whether or not their interests are being served. We therefore suggest the principles of transparency warrant being applied to all parties involved in in the process – both Sponsors and Agencies. **Proposed change (if any):** Names of Member state experts who are involved in the review should be a component of the final decision on the study and therefore be collected in the database and made public. Contact information can be omitted.
411-414	78	**Question 2** **Comment:** The proposal is supported, given that Regulation does not require to include such information in the database.
411-416	4	**Question 2**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		4.3.3. Member State experts (mainly scientific assessors, regulatory officials, ethics committee members, inspectors) In general, the names of Member State experts will not be included in the database. To the extent that personal information identifying them is collected in the database at all, it will not be made public. EURORDIS agrees with this proposal.
411-416	11	**Question 2** ACRO does not agree that the proposal not to publish details of Member State experts meets the requirements of the Regulation. Article 9(1) of the Regulation requires Member States to ensure that "the persons validating and assessing the application do not have conflicts of interest, are independent of the sponsor, of the clinical trial site and the investigators involved and of persons financing the clinical trial, as well as free of any undue influence". Member State experts play a key role in ensuring that the potential benefits to subjects participating in a clinical trial exceed the potential risks, and, through inspection, by providing assurance that the data and conclusions generated in a clinical trial can be relied upon for future regulatory decision making, including exposure of a larger patient population to the product following marketing authorisation approval. We consider that, in order for the public to have confidence that Member States comply with Article 9(1), information on the relevant Member State experts should be published. Further, since the information on Member State experts required by Article 9(1) is essentially the same as that required under Annex I.M for investigators, we recommend the use of a similar template to collect and publish the same level of minimum information.
411-416	12	**Question 2** **Comment:** There should be a mechanism by which the public can confirm the absence of potential conflicts of interest, independence and impartiality of Member States experts. **Proposed change (if any):** If personal identifying information of experts will not be published, we suggest that Member States use other means to confirm to the public that they have ensured the absence of potential conflicts of interest, independence and impartiality of Member States experts.
411-416	19	**Question 2**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Comment: The proposals meet the requirement and objectives of the Regulation (EU) No 536/2014.
411-416	35	**Question 2** For the same reason the names of Member States experts should be included in the database but not be made public.
411-416	55	**Question 2** **Comment:** We agree that public information on clinical trials reinforces public trust in clinical trial outcomes and the decisions taken by regulators based on those outcomes. We believe that in order to support public confidence in the clinical trial process and in the EU medicines regulatory process, the Member State experts (e.g., scientific assessors, regulatory officials, ethics committee members, inspectors) who oversee clinical trials and their incorporation into Marketing Authorisations (MA) should be identified. Like Investigators, these individuals play a pivotal legal role in the clinical trial approval and MA processes. **Proposed change (if any):** It is suggested that summary CVs, containing only professional information relevant to the conduct of duties for the above individuals should be included in the database.
411-416	57	**Question 2** **Comment:** EuropaBio supports the proposal that the names of Member State experts are collected in the database but will not be made public. Such information might be needed if an investigation was carried out in the event of a clinical trial incident, e.g. as occurred with TGN1412.
411-416	65	**Question 2** **Comment:** per article 9(1) - Persons assessing the application: “Member States shall ensure that the persons validating and assessing the application do not have conflicts of interest, are independent of the sponsor, of the clinical trial site and the investigators involved and of persons financing the clinical trial, as well as free of any other undue influence”. EMA propose that personal information on MS experts will not be made public. Rules applying for the Member States personnel in charge of assessing or inspecting the Clinical Trials in terms of qualification and economic interests that might influence their impartiality should equally apply for the CT Investigators and their staff.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
411-416	70	**Question 2** **Comment:** There should be a mechanism by which the public can confirm the competence and absence of potential conflicts of interest, independence and impartiality of Member States experts. It is e.g. common practice that the names of Ethics Committee members are made public. **Proposed change (if any):** The names of the MS experts should be made public.
411-416	81	**Question 2** **Comment:** In our opinion this proposal meets the requirements and objectives of the Regulation.
413-414	27	**Comment:** in order to allow a full transparency, we suggest to report the minimal information of Members State Experts (name and position) **Proposed change (if any):** In general, the names and the positions of Member State experts will ~~not~~ be included in the database. ~~To the extent that personal information identifying them is collected in the database at all, it will not be made public.~~
413-414	71	**Question 2** **Comment:** The EGA agrees that the proposal meets the requirements and objectives of the regulation (EU) No 536/2014. The proposal is acceptable, provided that the same level of protection of personal information is applied to Sponsor or CRO staff as to Member State experts (see section 4.3.5). It should be noted that in Appendix 16.1.3 of the CSR, a list of IECs/IRBs including the name of the Committee Chair if required by the regulatory authority) is included, which would then be part of the database via this documentation. This exception should therefore be mentioned in section 4.3.3 **Proposed change (if any):** Please amend as follows: "In general, the names of Member State experts **(except Committee Chairs if required by regulatory authority)** will not be included in the database."

Line no.	Stakeholder no.	Comment and rationale; proposed changes
413-416	73	**Question 2** **Comment:** EAHP suggests there is value in transparent reporting of Member State experts in the database. The calls for greater transparency in the reporting of clinical trial results are based on a desire to improve confidence in the totality of the clinical trial process, including the assessment arrangements. **Proposed change (if any):** To include Member State experts in the database.
415-416	5	**Question 2** **Comment:** The proposal meets the requirements and objectives of the Regulation 536/2014.
415-416	13	**Question 2** (Member State experts) Although the proposal states that names of experts will not generally be included in the database, the names of experts are given in key trial documents: names of CA assessors are given in letters from the MHRA giving grounds for non-acceptance of applications for clinical trial authorisation; names of members of ethics committees who reviewed an application are appended to letters of approval; and inspectors' names are in inspection reports. There should continue to be transparency among Member State experts and applicants, sponsors and investigators, as described above. For example, CAs must continue to give applicants the name of the assessor in the event of grounds for non-acceptance of the application for clinical trial authorisation – so that the applicant can contact the assessor if clarification is needed. Although we consider it acceptable not to publish the names of experts, consideration must be given to how that will be achieved (eg redaction?).
415-416	28	**Question 2** The proposal meets the requirements of Regulation 536/2014. As set out in Article 9, the Member States shall assure that the persons involved in validating and assessing the application have no conflict of interests. It also contributes to ensuring effective supervision of the conduct of a clinical trial by Member States (Article 81(4)(d)).

Line no.	Stakeholder no.	Comment and rationale; proposed changes
415-416	29	**Question 2** We agree with the proposal that names of Member State experts will not be published. To publish those names is not required by the Regulation.
415-416	30	**Question 2** • The approach to Member State experts disclosure (section 4.3.3) is acceptable. Each National Agency should be encouraged to apply a transparency policy for its members and experts' qualification and conflict of interests.
415-416	32	**Question 2** Yes
415-416	36	**Question 2** **Comment:** *The FPM believes that this proposal meets the requirements and objectives of the regulation. We do not see a need for regulatory agency reviewers of trial applications to be routinely publically named. We would expect that the those regulatory agency staff taking overall accountability for reviewing MAA submissions would be named when MAA material is made public, in the same way that company staff are named.*
415-416	38	**Question 2** **Comment:** We agree with the proposal
415-416	39	**Question 2** **Identity of Member State experts (mainly scientific assessors, regulatory officials, ethics committee members, inspectors)** The consultation paper proposes to exclude the names of member state experts from the database. If the aim is to increase Transparency in clinical trials information, there is no rationale for not sharing their names, since they hold a

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		public position. **Change text to:** The names of the Member State experts are to be included in the database.
415-416	41	**Question 2** We concur with this proposal and believe it meets the requirements and objectives of the Regulation.
415-416	46	**Question 2** **Comment:** We agree that this proposal meets the requirements and objectives of the Regulation (EU) No 536/2014
415-416	48	**Question 2** **Comment: No**, this proposal does not meet the requirements and objectives of the Regulation (EU) No 536/2014. Names of Member State experts should be made public. This information would help improving the understanding of the mapping of International experts.
415-416	53	**Question 2** It is agreed that the names of Member State Experts do not need to be included in the data base and therefore the proposal meet the objectives of the Regulation (EU) No 536/2014
415-416	54	**Question 2** We feel that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014.
415-416	59	**Question 2** **Comment:** We have no concerns about the proposal this question relates to **Proposed change (if any):** Not applicable
415-416	62	**Question 2**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Comment: Agree the proposal meets the requirements and objectives of the regulation.
415-416	63	**Question 2** **Comment:** Agreed.
415-416	72	**Question 2** This proposal appears to meet the requirements and objectives of the regulation
415-416	75	**Question 2** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014. If names of others filling crucial roles in the conduct of the trial are considered to be important it is unclear why naming Member State Experts is not.
415-416	76	**Question 2** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014.
415-416	80	**Question 2** **Comment:** Yes, it does.
417-423	49	**Comment:** We agree that personal information should not be included in the database, apart from the information described in lines 382-408.
417-423	73	**Comment:** As above, EAHP suggest that identification of consultants and contractors involved in a clinical trial should also be available in the portal. We do not see the case for keeping this information hidden. **Proposed change (if any):** To include information on consultants and contractors to a trial.
417-425	11	**Question 3** ACRO agrees that the proposal meets the requirements and objectives of the Regulation.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
417-425	12	**Question 3** **Comment:** The proposal exposes the Investigator to a much higher degree than any other party responsible for a clinical trial (sponsor representatives, Member State experts). The rationale for this is unclear as all parties have equally important responsibilities, especially where doctors' duties are concerned (whether that doctor is an investigator, sponsor representative or Member State expert). **Proposed change (if any):** We propose that all relevant parties are treated equally in accordance with their responsibilities, where public disclosure of personal/professional details are concerned.
417-425	19	**Question 3** **Comment:** The proposals meet the requirement and objectives of the Regulation (EU) No 536/2014.
417-425	35	**Question 3** We agree that personal information identifying personnel of the sponsor or other parties should, in general, not be included in the database and where Regulation 536/2014 foresees an inclusion it should not be made public. A publication of such data would not serve the purposes of the transparency rules as outlined in the Regulation, namely protecting public health and fostering the innovation capacity of European medical research, while recognising the legitimate economic interests of sponsors (cf. Recital 67).
417-425	55	**Question 3** **Comment:** We agree that the proposal described in Section 4.3.4 meets the requirements and objectives of the regulation.
417-425	57	**Question 3** **Comment:** EuropaBio supports the proposal that personal information identifying individuals (e.g. name, direct email address or phone number) should not be made public unless the sponsor is a natural person. Central contact information such as a site telephone number or site email address could be made available to the public

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		at the time a positive decision on the clinical trial application is made.
417-425	60	***Sponsor staff & 3rd parties*** **Comment:** We agree that general information about the legally designated representative entity should be publicly disclosed to the extent that this information is available. However, sponsor staff, or individuals employed by the legal representative, should not be listed or made public in the interest of safety and security of such persons. It must also be recognized that the legally designated representative can be an entity and not an individual person. **Proposed change (if any):** We suggest line 422 be amended to refer to the 'entity' designated as legal representative of the sponsor, as follows: "To the extent such information is included it will not be made public except for those ~~persons~~ **entities** with certain legal roles such as the legally designated representative of the sponsor, or where the sponsor is a natural person (e.g., an investigator who is also the sponsor)."
417-425	65	**Question 3** **Comment:** In line with current practice, EFPIA agrees that general or central contact information (such as site phone or site email) should be made available to the public at the time a decision on a trial is made. This would permit the public to contact the sponsor about a trial. As a matter of security there should not be disclosure of individuals' names or other personal information (e.g. name, direct email address or phone number). If the name of the project leader of a clinical trial is provided in the protocol, it should be redacted. This condition should likewise be consistently reflected in Appendix 1 – C.1.3.
417-425	70	**Question 3** **Comment:** It has to be clarified whether the sponsor contact person for an Ex- EEA sponsor (in case there is not legal representative) has to be made public. **Proposed change (if any):** The sponsor contact person for an Ex EEA sponsor (in case there is no legal representative) should be made public.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
417-444	17	**Question 3-5,** Section 4.3 Protection personal data: **Comments:** The Niedersächsisches Ministerium für Soziales, Gesundheit und Gleichstellung, Germany, acknowledge the necessity of protecting personal data in accordance with Regulation 45/2001/EC. However, considering that national databases will become obsolete once the EU-Portal/Database is operational it is essential to include contact data of contract research organisations and related facilities, such as laboratories and manufacturers of investigational medicinal products, in the EU Database. This should include the provision to add short descriptions of the responsibilities of related facilities. Access to these data should be restricted to competent authorities. **Proposed change (if any):** Contact data of contract research organisations and related facilities, such as laboratories and manufacturers of investigational medicinal products, should be included in the EU Database. This should include the provision to add short descriptions of the responsibilities of related facilities. Access to these data should be restricted to competent authorities.
417-444	18 34 82	**Question 3-5**, Section 4.3 Protecting Personal Data **Comment:** The Freie und Hansestadt Hamburg, Germany, The Regierungspräsidium Darmstadt, Germany, and The Ministry of Health and Social Affairs of the Federal State of Berlin, Germany, acknowledges the necessity of protecting personal data in accordance with Regulation 45/2001/EC. However, considering that national databases will become obsolete once the EU-Portal/Database is operational it is essential to include contact data of contract research organisations and related facilities, such as laboratories and manufacturers of investigational medicinal products, in the EU Database. This should include the provision to add short descriptions of the responsibilities of related facilities. Access to these data should be restricted to competent authorities.
419-423	14	**4.3.4. Personnel of the clinical trial sponsor or other parties acting on their behalf** In general, personal information identifying sponsor staff (or consultants, contractors, agents or staff of those acting on behalf of the sponsor) will not be included in the database. To the extent that information is included it will not be made public except for those persons with certain legal roles such as the legally designated representative of the sponsor, or where the sponsor is a natural person (e.g. an investigator who is also the sponsor).

Line no.	Stakeholder no.	Comment and rationale; proposed changes
419-423	71	**Question 3** **Comment:** The EGA agrees that the proposal meets the requirements and objectives of the regulation (EU) No 536/2014. The section is in parts contradictory to section 4.3.5 (lines 426 ff). If personal information of sponsor staff is not to be included in the database, then this should also extend to persons (of the sponsor) signing the CSR. In general, it is proposed to include functional roles and company names as sponsor information, but no personal information or contact details. This implies that protocols and CSRs are redacted prior to uploading them to the database in order to remove names and contact details. **Proposed change (if any):** Please clarify this section accordingly.
420-423	81	**Question 3** **Comment:** It remains unclear to us which legal roles of the sponsor staff are meant here. In our opinion it is not comprehensible or justifiable for what reason the data of people at the regulatory authorities and the ethics committees should be protected to a higher degree than the data of employees at the sponsor. This is especially true if the (authorised) applicant at the sponsor or the contract research organisation is meant here as well. **Proposed change (if any):** Please adopt the text in rows 413-414 also for the sponsor personnel: “To the extent that personal information identifying sponsor personnel is collected in the database at all, it will not be made public.” Please add the following sentence: “Only in the case of the legally designated representative of a sponsor or in the case of an investigator sponsor personal information which is included in the database will be made public.”
422–423	2	**Comment:** It is written: *or where the sponsor is a natural person (e.g. an investigator who is also the sponsor)*. It should be absolutely clear in the EU-portal who the sponsor is in an investigator initiated trial. In Denmark it is not a single person but an organisation. The phrasing could be misleading. **Proposed change (if any):** Delete the text *(e.g. an investigator who is also the sponsor).*

Line no.	Stakeholder no.	Comment and rationale; proposed changes
424-425	4	**Question 3** EURORDIS agrees with the proposal. The text does not mention the members of independent committees also called DSMBs (Data Safety Monitoring Board) that evaluates the trial futility or unexpected events at regular time intervals or on request. Members of these committees may be considered as other parties acting on behalf of the sponsors. Whether or not their names should be made public at the end of the trial is an open question, EURORDIS would be in favour of making their names/affiliation public.
424-425	5	**Question 3** **Comment:** The proposal meets the requirements and objectives of the Regulation 536/2014.
424-425	6	**Questions 3 – 5**, Section 4.3 Protecting Personal Data The Land Schleswig-Holstein, Germany, acknowledges the necessity of protecting personal data in accordance with Regulation 45/2001/EC. However, considering that national databases will become obsolete once the EU-Portal/Database is operational it is essential to include contact data of contract research organisations and related facilities, such as laboratories and manufacturers of investigational medicinal products, in the EU Database. This should include the provision to add short descriptions of the responsibilities of related facilities. Access to these data should be restricted to competent authorities.
424-425	13	**Question 3** (sponsor personnel) This proposal meets the requirements and objectives of the Regulation. There is no need to publish the names of staff who are not fulfilling a specific legal function.
424-425	28	**Question 3** The proposal meets the requirements of Regulation 536/2014. Only trial related information that is relevant should be made public (e.g. Persons with certain legal roles, legally designated representative of the sponsor etc.). Contact information of sponsor staff is not relevant, and if necessary, the personal information of the sponsor staff ed. can be

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		made available for authorities if they request this information for inspection purposes.
424-425	29	**Question 3** We agree with the proposal, that personal information identifying sponsor staff will not be included in the database and that only information for persons with certain legal roles will be made public. The proposal is in line with the requirements of the Regulation.
424-425	30	**Question 3** The approach to sponsor and other parties personnel disclosure (section 4.3.4) is acceptable.
424-425	32	**Question 3** Yes
424-425	36	**Question 3** **Comment:** *The FPM believes that this proposal meets the requirements and objectives of the Regulation.*
424-425	38	**Question 3** **Comment:** We agree with the proposal
424-425	41	**Question 3** We concur with this proposal and believe it meets the requirements and objectives of the Regulation.
424-425	46	**Question 3** **Comment:** We agree that this proposal meets the requirements and objectives of the Regulation (EU) No 536/2014
424-425	48	**Question 3** **Comment: Yes**, this proposal does meet the requirements and objectives of the Regulation (EU) No 536/2014.

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424-425	51	**Question 3** **Comment:** The term “certain legal roles” is not adequately defined. Only after this definition has be provided can the proposal be evaluated as to whether or not it whether or not it meets the requirements and objectives of the Regulation. Therefore, this proposal should be rejected. **Proposed change (if any):** Removal of the proposal
424-425	53	**Question 3** It is agreed that personal information identifying sponsor staff do not need to be included in the data base and therefore the proposal meet the objectives of the Regulation (EU) No 536/2014
424-425	54	**Question 3** We feel that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014.
424-425	59	**Question 3** **Comment:** We have no concerns about the proposal this question relates to **Proposed change (if any):** Not applicable
424-425	61	**Question 3** **Comment:** LEO Pharma agrees to the proposal under 4.3.4 “Personnel of the clinical trial sponsor or other parties acting on their behalf”. As for disclosing information of the investigator (Question 1), public information on the sponsor’s legally designated representatives, especially their academic qualification, will increase the confidence of the public community. Personal data of administrative personnel needs to be protected as their roles imply no legal responsibilities.
424-425	62	**Question 3** **Comment:** Agree the proposal meets the requirements and objectives of the regulation.

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424-425	72	**Question 3** This proposal appears to meet the requirements and objectives of the regulation
424-425	76	**Question 3** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014.
424-425	80	**Question 3** **Comment:** This is in line with ESMO's expectation.
426-434	49	**Comment:** 'Applicant personnel' could be quite broad and include a number of individuals. We don't see the public gain here in including these individuals. **Proposed change (if any):** The information provided here should be limited to the MAH and investigator of the trial. So we agree with 'as a minimum the signatories of the clinical study report and the investigator(s) who conducted the trial should be identified'.
426-434	68	**Comment:** We disagree to include names of any signatories due to changing roles / responsibilities. Also can the name or signature disclose information on the pipeline of a company, which is considered to be confidential information. **Proposed change (if any):** Similar approach as for current CTA application providing a general sponsors e-mail address should be followed.
426-434	73	**Comment:** EAHP identifies no good reason why this information should not be included in the database. Inclusion supports the principle of achieving strong levels of transparency in the reporting of clinical trials. The proposals are supported.
426-436	11	**Question 4** ACRO agrees that the proposal meets the requirements and objectives of the Regulation. However, we recommend that

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		the final text of the addendum states clearly that, with the exception of the signatories of the clinical study report and the investigators who conducted the trial, the marketing authorisation holder may redact personal information within the clinical study report that identifies other personnel involved.
426-436	12	**Question 4** **Comment:** We agree with this proposal **Proposed change (if any):** None
426-436	19	**Question 4** **Comment:** The proposals meet the requirement and objectives of the Regulation (EU) No 536/2014.
426-436	35	**Question 4** Personal information identifying individuals should not be made public due to data protection rights.
426-436	55	**Question 4** **Comment:** Provided that only the signatories of the clinical trial report and the investigators are identified, we agree that the proposal described in Section 4.3.5 meets the requirements and objectives of the regulation. Other personnel may be indicated by job titles / functions only. **Proposed change:** Personnel other than trial report signatories may be identified by job title / function only.
426-436	57	**Question 4** **Comment:** EuropaBio agrees with the proposal that the MAH/applicant and investigators are listed in the clinical study report. However we have concerns with the disclosure of personal information identifying personnel of the MAH/applicant. They can become targets of activist groups since clinical research is linked to nonclinical and animal studies and therefore such personal information should not be made public.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
426-436	60	***Personnel, experts & agents named on the CSR*** **Comment:** We generally agree with this proposal; however we recommend that the level of disclosure for Sponsor individuals should match the level of disclosure for Member States' experts. Regardless of the EMA's decision, we believe it is imperative that direct contact information should be redacted from public disclosure. Similar to the comments above for lines 417-425, the safety and security for named individuals of Sponsor (and Member States') personnel must be an important consideration in proposals on transparency initiatives. Additionally, if a named person is no longer an employee of a Sponsor (or a Health Authority), we propose that no update be required as listing a functional role would still allow patients and researchers the ability to reach an appropriate contact at a Sponsor or the Member State. This would also minimize the need for frequent updates in the database. **Proposed change (if any):** If a named person is no longer an employee of a Sponsor (or a Health Authority), we propose that no update be required as listing a functional role would still allow patients and researchers the ability to reach an appropriate contact at a Sponsor or the Member State.
426-436	65	**Question 4** **Comment:** Disclosing names of investigators listed in the CSR at the time of CSR posting (i.e., 30 days after MA) would seem to be consistent with the objectives, provided that the investigators have given their agreement (see also response to Q1 and comment on lines 359-361). However, the redaction or retention of any other personal information in CSRs before submitting the CSR to the Agency as part of Policy 70 (and subsequently that same redacted CSR would be the one submitted to the EU Database) should be elaborated and subject to further discussions. In addition, EFPIA proposes that no personal information be made public on MAH/applicant personnel identified in the CSR. This includes the names and position of CSR authors (CSR Section 6). While EMA's proposal seeks to provide privacy to trial subjects, it does not afford the same privacy to company employees. Since clinical and nonclinical research can be a sensitive area, EFPIA has significant concerns regarding public release of this information.
426-436	70	**Question 4**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Comment: We agree that it is acceptable to make names of signatories and investigators public at the time when the CSR is made public, i.e. 30 days after MA. However, names of consultants, CRO personnel, etc. should be allowed to be redacted; these persons do not have any legal responsibility and therefore do not need to appear in the public domain. **Proposed change (if any):** N/A
426-436	81	**Question 4** **Comment:** Disclosing names of investigators listed in the CSR at the time of CSR posting (i.e., 30 days after MA) would seem to be consistent with the objectives, provided that the investigators have given their agreement (see also response to Q1 and comment on lines 359-361). However, the redaction or retention of any other personal information in CSRs before submitting the CSR to the Agency as part of Policy 70 (and subsequently that same redacted CSR would be the one submitted to the EU Database) should be elaborated and subject to further discussions. In addition, no personal information should be made public on MAH/applicant personnel identified in the CSR. This includes the names and position of CSR authors (CSR Section 6). While EMA's proposal seeks to provide privacy to trial subjects, it does not afford the same privacy to company employees. Since clinical and nonclinical research can be a sensitive area, AESGP has significant concerns regarding public release of this information.
430	2	**Comment:** It says *Personal information identifying MAH/applicant personnel….* A contractor is often a company (e.g. a CRO doing the monitoring) where no single person is responsible for the task/assignment. Only a designated do the signing of the contract. **Proposed change (if any):** The word *"Personal"* should be erased
430-434	14	**4.3.5. Personnel or experts of the marketing-authorisation holder / applicant for MA, or of the sponsor or the investigators, laboratory personnel or other actors in the conduct of a trial named in or signing clinical study reports** Personal information identifying MAH/applicant personnel (or consultants, contractors, agents or staff of those acting on behalf of the sponsor or MAH, investigators or other parties) identified in the clinical study report that is loaded into the database by the MAH/applicant will be made public. As a minimum the signatories of the clinical study report and the

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		investigator(s) who conducted the trial should be identified. In our opinion, information identifying authorities, sponsor, laboratory and other entities involved in the clinical study (name of regulatory agencies, ethics committees, sponsor and so on) must be included in the database and be made public, but without include information for any natural person (such as name, direct telephone number or email address).
430-434	71	**Question 4** **Comment:** Given that investigator information is available for the study, details for additional signatories or other parties should not be required. It is recommended that the personal information of one or two additional individuals (beyond the investigator) who are accountable for the trial would be appropriate to be made public. Additional clarity and requirements for the personal information that will be made public is requested. The section 4.3.5 is in parts contradictory to section 4.3.4 (lines 417 ff.). In line with section 4.3.4, no personal information of the sponsor staff signing the CSR should be made public, but only functions with legal roles (investigators, legal representatives). It is recommended to publish central contact points of the MAH and/or sponsor (in accordance with section 4.3.6), but no personal information of staff signing the report. This is in line with the protection of personal information that is applied to Member State experts in section 4.3.3 – the same level of data privacy should be applicable for sponsor and Contract Research Organisation staff. **Proposed change (if any):** Please amend as follows: "Personal information identifying MAH/applicant personnel (….) identified in the clinical study report that is loaded into the database by the MAH/applicant will not be made public, except for the principal investigator(s) who conducted the trial. ~~As a minimum the signatories of the clinical study report and the investigator(s) who conducted the trial should be identified."~~
435-436	4	**Question 4** EURORDIS agrees with the proposal.
435-436	5	**Question 4** **Comment:** The proposal meets the requirements and objectives of the Regulation 536/2014.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
435-436	9	**Question 4** **Comment:** Trials need to have contact details for patients, doctors and researchers seeking further information. Patients and doctors may be seeking information about enrolment or to find out results of a past trial, researchers may want more information about scientific aspects of a trial or to request data.
435-436	13	**Question 4** (Personnel/experts who are named in or sign the clinical study report) This proposal meets the requirements and objectives of the Regulation. It ensures accountability and transparency. However, qualifications should also be published.
435-436	28	**Question 4** The proposal meets the requirements of Regulation 536/2014. Personnel (or consultants, contractors, agents or staff of those acting on behalf of the sponsor or MAH, investigators or other parties) who contribute substantially can be considered 'relevant trial information'. Therefore this information should be made public (transparency).
435-436	29	**Question 4** We agree with the proposal that personal information identifying MAH/applicant personnel identified in the clinical study report will be made public. This meets the requirement of the Regulation.
435-436	30	**Question 4** • The approach to personnel or experts of the marketing authorisation/applicant disclosure (section 4.3.5) is acceptable.
435-436	32	**Question 4** Yes
435-436	36	**Question 4** **Comment:** *The FPM agrees that the signatories of the CSR and the investigator(s) and their sites who conducted the*

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		trial should be identified. However, we do not believe that there should be a requirement for the personal information of all MAH/applicant personnel to be made public.
435-436	38	**Question 4** **Comment:** We agree with the proposal
435-436	41	**Question 4** We concur with this proposal and believe it meets the requirements and objectives of the Regulation.
435-436	46	**Question 4** **Comment:** We agree that this proposal meets the requirements and objectives of the Regulation (EU) No 536/2014
435-436	48	**Question 4** **Comment: Yes**, this proposal does meet the requirements and objectives of the Regulation (EU) No 536/2014. However, EMA needs to be cautious in following the international personal data confidentiality rules. In addition, disclosing information on applicant personal and other consultants/contractors/agents will not only increase the administrative burden but may also decrease competitiveness in conducting clinical studies in the EU.
435-436	51	**Question 4** **Comment:** Except for the names of the sponsor and the investigators, the proposal to publish further names of MAH/applicant personnel (or consultants, contractors, agents or staff of those acting on behalf of the sponsor or MAH or other parties) does NOT meet the requirements and objectives of the Regulation. Personal data are explicitly protected as confidential by the Regulation, with the exceptions of the Sponsor and the Investigators. **Proposed change (if any):** Removal of the proposal
435-436	53	**Question 4** It is agreed that information relating to individuals named in the CSR, ie investigators can be made public and therefore

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		the proposal meet the objectives of the Regulation (EU) No 536/2014
435-436	54	**Question 4** We feel that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014.
435-436	59	**Question 4** **Comment:** We agree that the signatories of the report and the investigator should be made public. Further clarity should be provided about exactly what other personnel details made be made available **Proposed change (if any):** Further clarity about exactly what details will be made available.
435-436	61	**Question 4** **Comment:** LEO Pharma would like to emphasise the importance of protecting personal information of personnel and experts having no legal responsibility in the conduct of the trial. Personal information of these persons has to be redacted in the clinical study reports before the reports are made public. LEO Pharma does agree to have the signatories of the report and the investigator(s) identified, with the level of information specified in relation to Questions 1, 3, and 5.
435-436	62	**Question 4** **Comment:** Disagree with the proposal. Personal information identifying MAH/applicant personnel (internal or external) should not be made public even if they are signatories of the CSR. This does not add any value to the transparency of clinical data made available to the public. Details of participating investigators in the study could be made publically available so that patients have knowledge of who has undertaken the clinical work. **Proposed change (if any):** Personal information identifying MAH/applicant personnel identified in the Clinical Study Report should not be made publically available.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
435-436	76	**Question 4** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014.
435-436	80	**Question 4** **Comment:** Yes, it does meet the spirit of the Regulation.
437-442	49	**Comment:** The two exceptions listed, sponsor contact points, we think should only be provided as functional roles. It would need to be made very clear who to contact for what. Patients/public could become confused if there are too many different contacts. For example patients wanted medical advice could call the sponsor instead of calling one of the investigators/members of the medical team. **Proposed change (if any):** Sponsor contact points should only be given as functional roles. Clarity on who to call for what is essential.
437-444	16	**Comment:** We understand that the information of investigator's contact details of a clinical trial will not have to be public. Only they will have to be available for those patients who are included in a clinical trial. The investigator will decide which information of contact details is available for the recruited patients of the clinical trial. **Proposed change (if any):** None
437-444	21	**Question 5** – email address **Comment:** not clear whether sponsor contact info is mandatory **Proposed change (if any):** for sponsor (functional or personal address) should be mandatory
437-444	24	**Comment:** EHA supports the provision of contact details of investigator sites. Not only for reasons specified in the proposal, but also because it will enable other stakeholders to disseminate this information through their communication tools and thus facilitate and increase opportunities for patients and their healthcare providers or carers to seek further

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		information about trial participation.
437-444	73	**Comment:** The database should allow for public access to a sponsor contact point to enable enquiries regarding the scientific aspects of the trial. It is also important that the database makes publically available the contact details of the investigator site. Trial participants, carers and healthcare professionals should be able to contact the investigator site to seek further information about the trial. Furthermore, this information can be used by portals of other organisations to promote trial opportunities to potential participants.
437-444	77	**Question 5** It should be clear for the sponsor/applicant filling in this information on the EU clinical trial form that this information is part of the mandatory WHO fields.
437-446	11	**Question 5** ACRO agrees that the proposal meets the requirements and objectives of the Regulation.
437-446	12	**Question 5** **Comment:** We do agree with the proposal that the sponsor should provide contact details (e.g. functional roles) for information on a trial and its scientific aspects. We also agree that the investigator should have an option to provide a contact point for enquiries. However, whether or not contact details are published for natural persons (such as the investigator) will make little practical difference, as this information is easily accessible, once the name of the natural person is published. **Proposed change (if any):** We refer back to our comment on Question 3. It appears that the investigator carries a high burden of personal details being disclosed, compared to other responsible parties. We propose that disclosure of personal identifying details is applied equally for all parties who carry medical and/or scientific responsibility for a trial.
437-446	19	**Question 5** **Comment:** The proposals meet the requirement and objectives of the Regulation (EU) No 536/2014.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
437-446	35	**Question 5** We agree with the EMA proposal that no direct contact details for any natural person shall be made available. Site phone numbers and site email addresses shall only be made publicly available where the sponsor/investigator chooses this option.
437-446	55	**Question 5** **Comment:** We agree that the proposal described in 4.3.6 would protect the rights, safety, dignity and well-being of the study subjects.
437-446	57	**Question 5** **Comment:** EuropaBio supports the proposal that site phone numbers and site email addresses are made public without the need to disclose personal information unless the sponsor is a natural person.
437-446	60	Contact Details for Investigators, Sponsor or MAH **Comment**: We agree that direct contact details for investigators, Sponsors, and MAH personnel should not be provided. **Proposed change (if any):** None
437-446	65	**Comment:** See response to Question 3. **"Question 3** **Comment:** In line with current practice, EFPIA agrees that general or central contact information (such as site phone or site email) should be made available to the public at the time a decision on a trial is made. This would permit the public to contact the sponsor about a trial. As a matter of security there should not be disclosure of individuals' names or other personal information (e.g. name, direct email address or phone number). If the name of the project leader of a clinical trial is provided in the protocol, it should be redacted. This condition should likewise be consistently reflected in Appendix 1 – C.1.3."

Line no.	Stakeholder no.	Comment and rationale; proposed changes
437-446	70	**Question 5** **Comment:** EUCROF agrees to the proposed rules. **Proposed change (if any):** N/A
438-444	14	**Question 5** Referring to Question 5: 4.3.6. Contact details of clinical investigators, sponsor or MAH personnel **Comment:** It is proposed that no direct contact details such as direct telephone number or email address is provided for any natural person. Two exceptions to this are the possibility to include a sponsor contact point for information on the trial and a sponsor contact point for information on the scientific aspects of the trial required for public registration of the trial. These may be provided as functional roles, but if they are provided as contact details of natural persons these will in any event always be made public. An option will also be provided for investigator sites to provide a contact point for trial subjects or their healthcare provides or carers, to enable them to seek further information about trial participation. In our opinion, the own investigators, authorities, sponsor, laboratory and other entities involved in the clinical study could be decided, as functional roles, the indirect public contact details and person responsible of answers to the questions of European citizens (trial subjects or their healthcare provides or carers).
438-444	71	**Question 5** **Comment:** The EGA agrees that the proposal meets the requirements and objectives of the regulation (EU) No 536/2014.
439-441	81	**Question 5** **Comment:** In our opinion it is not comprehensible or justifiable for what reason the data of people at the regulatory authorities and the ethics committees should be protected to a higher degree than the data of employees at the sponsor or the MAH. **Proposed change (if any):** Please change the sentence as follows: “These should be provided as functional roles with a general e-mail address. It will not be possible to provide contact details of a natural person.”

Line no.	Stakeholder no.	Comment and rationale; proposed changes
443-444	49	**Comment:** Local contact points for trial subjects are of course already provided on the Patient Information Sheet given to all trial subjects when they consent for the trial. So the added benefit of adding these to the database is not clear. Contact points for health care providers/carers of trial subjects on the database could be beneficial. We agree with this being optional.
443-444	81	**Question 5** **Comment:** Contact information at study site level should strictly remain "optional" (as opposed to a central contact at the sponsor) because it would otherwise mean an additional bureaucratic burden for the sponsor to enter/maintain such entries.
444 147	63	**Comment:** "carers" wording of Regulation should be used as in line 139 **Proposed change (if any):** "legal designated representative"
445-446	4	**Question 5** *An option will also be provided for investigator sites to provide a contact point for trial subjects or their healthcare provides or carers, to enable them to seek further information about trial participation.* EURORDIS agrees with the proposal, and highlights the utility of such a contact point in investigator sites for potential trial subjects, trial subjects, carers etc. In case this option is not used by the investigator sites, EURORDIS proposes asking the sites to justify why they are not using the option, as a measure to encourage them to use it.
445-446	5	**Question 5** **Comment:** The proposal meets the requirements and objectives of the Regulation 536/2014.
445-446	13	**Question 5** (contact details of investigator, sponsor or MAH personnel) This proposal meets the requirements and objectives of the Regulation. Contact details should not, in general, be published, but the publishing of specific contacts for information on the trial is helpful, particularly if, as described, the contacts may be functional roles (eg a trial helpdesk). It's useful for investigator sites to have the option of providing a contact point – it should be noted that the investigator's contact may also be a functional role (eg an investigator site's

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		recruitment line).
445-446	28	**Question 5** The proposal meets the requirements of Regulation 536/2014. Only trial related information that is relevant will be made public (e.g. persons with certain legal roles, legally designated representative of the sponsor, contact points for trial subjects etc.). The sponsor is free to decide if a contact point for trial subjects or their healthcare providers or carers is needed, and if they will be made publicly available.
445-446	29	**Question 5** We agree with the proposal made in this section, that – except a sponsor contact point for information on the clinical trial and a sponsor contact point for information on the scientific aspects of the trial no other direct contact details will be made public. This proposal meets the requirements of the regulation. In general we feel that it would be sufficient to provide a contact address and a phone number. The Regulation does not require the publication of names of natural persons (i. e. as this could change during the course of the clinical trial). The proposal to publish only functional roles would therefore in our view meet the requirements and objectives of the Regulation. We also agree that a contact point for trial subjects/ health care providers should be published.
445-446	30	**Question 5** • The approach to contact details of investigators, sponsors, MAH disclosure (section 4.3.6) is acceptable.
445-446	32	**Question 5** Yes, this could help patients to find best suitable trial for them and contact the investigator
445-446	36	**Question 5** **Comment:** *The FPM believes that the proposals meet the requirements and objectives of the Regulation and is in line with USA's clinicaltrials.gov portal.*
445-446	38	**Question 5**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Comment: We agree with the proposal. **Proposed change (if any):** It would be advantageous to include a sponsor contact point for information on both the trial and the scientific aspects of the trial.
445-446	39	**Question 5** **Contact details of clinical investigator** We consider pertinent to include a contact email for the clinical investigator. **Outcome (if applicable):** Add contact email for the clinical investigator
445-446	40	**Question 5** We support the proposal set out in 4.3.6 that the database should allow for public access to a sponsor contact point to enable enquiries regarding the scientific aspects of the trial. It is also important that the database makes publically available the contact details of the investigator site. Trial participants, carers and healthcare professionals should to be able to contact the investigator site to seek further information about the trial. Furthermore, this information can be used by portals such as CancerHelp UK trials database1 and the UK Clinical Trials Gateway2, to promote trial opportunities to potential participants. We would welcome clarification from the EMA as to how the investigator site will provide this contact point, we think it appropriate that this information is captured as part of the site information in the initial clinical trial application
445-446	41	**Question 5** We concur with this proposal and believe it meets the requirements and objectives of the Regulation.
445-446	46	**Question 5** **Comment:** We agree that this proposal meets the requirements and objectives of the Regulation (EU) No 536/2014
445-446	48	**Question 5**

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		Comment: Yes, this proposal does meet the requirements and objectives of the Regulation (EU) No 536/2014.
445-446	51	**Question 5** **Comment:** A sponsor contact point for information on the trial and a sponsor contact point for information on the scientific aspects of the trial required for public registration of the trial, such as a telephone number and/or email address would be acceptable. Contact details of clinical investigators, the sponsor and MAH should be provided as functional roles, not as natural persons, to avoid changes in contact details due to personnel changes. **Proposed change (if any):** contact information based on functional roles is published
445-446	53	**Question 5** Contact for a Functional role of the sponsor and /or MAH is a sensible approach rather than a natural person who may move on from that role in the future. Contact details for an investigator may become obsolete as clinicians move posts or retire and therefore contact details of a more fixed role; ie the sponsor is more reliable
445-446	54	**Question 5** We feel that these proposals meet the requirements and objectives of the Regulation (EU) No 536/2014.
445-446	59	**Question 5** **Comment:** We have no concerns about the proposal this question relates to **Proposed change (if any):** Not applicable
445-446	61	**Question 5** **Comment:** LEO Pharma agrees to the proposal under 4.3.6 “Contac t details of clinical investigators, sponsor or MAH personnel”. No direct information (telephone numbers and emails) should be disclosed for any natural person. Public disclosure of such details does not serve the purpose of the Regulation.

Line no.	Stakeholder no.	Comment and rationale; proposed changes
		LEO Pharma is in agreement with the possibilities to include sponsor contact points.
445-446	62	**Question 5** **Comment:** Agree with the proposal not to provide direct contact details of named individuals. Agree to provide a Sponsor contact for information on the trial and scientific aspects. Agree with the option for Investigators to provide their details only if they choose to do so.
445-446	75	**Question 5** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014. We consider provision of single contact points for the Sponsor and for trial subjects to be essential. The practicalities of maintaining individual contact points for a multicentre trial via the Portal are problematic; this is better served via the individual patient information sheets provided to patients during the informed consent process.
445-446	76	**Question 5** **Comment:** the proposals meet the requirements of the Regulation (EU) No 536/2014. We consider provision of single contact points for the Sponsor and for trial subjects to be essential.
445-446	80	**Question 5** **Comment:** This is only acceptable if no personal contact details are requested for further processing of an application.