Clinical Trial Information System (CTIS) - Sponsor Handbook
A compilation of key guidance, technical information, recommendations and references for getting ready for use of CTIS

Executive summary

The aim of the EMA CTIS Sponsor Handbook ("Handbook") is to provide clinical trial sponsors representing pharmaceutical industry, SME, academia, research organisations and other clinical trial sponsor organisations with the information they need for getting ready for use of the Clinical Trial Information System (CTIS) when the Clinical Trial Regulation (CTR: Regulation (EU) No 536/2014) comes into application. The Regulation harmonises the assessment and supervision processes for clinical trials throughout the EU, via CTIS. CTIS will contain the centralised EU portal and database for clinical trials foreseen by the Regulation.

The Handbook addresses key questions on CTIS and provides a compilation and references to key guidance, technical information, recommendations, training materials and supportive documentation to facilitate planning.

It has been developed by the European Medicines Agency (EMA) in collaboration with some representatives of industry stakeholders.

The Handbook will be revised as more information becomes available or system functionalities are updated. It is best used in conjunction with the many references to which it points, including e.g. Volume 10 of the publication "The rules governing medicinal products in the European Union" that contains guidance documents applying to clinical trials (EudraLex - Volume 10 - Clinical trials guidelines).

Proposals and comments for needs to be addressed and for evolution of the document can be provided to EMA:

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Document evolution

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<td>1.0</td>
<td>This first version of the CTIS Sponsor Handbook contains prioritised topics. Additional topics will be inserted/completed in the document and updates provided in next versions.</td>
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1. What CTIS is and what it does

1.1. A brief introduction to CTIS

When live, CTIS will be the **single EU entry point** for clinical trials information in the *European Union (EU)/ European Economic Area (EEA)*.

This will include a **single clinical trial application dossier, maintenance process and timeline**, covering clinical trial applications submitted to EU/EEA Member States (including submission to National Competent Authorities (NCAs) and Ethics committees) and registration of the clinical trial in a public register; all in one integrated submission.

CTIS provides a harmonised and simplified **end-to-end electronic application procedures** over the life-cycle of clinical trials across the EU/EEA.

CTIS is, however, not a clinical trial management system. It should therefore not be relied upon by sponsors to store information on a clinical trial. Although CTIS provides a digital secured archive of documents, decisions and information on a clinical trial, sponsors should ensure they utilise their own information management system to store information needed for compliance purposes.

**The exchange** of information between sponsors and Member States will be fully **electronic in CTIS**.

In CTIS, Member States will collaborate and **coordinate amongst themselves for the evaluation and supervision of clinical trials resulting in** one single decision per Member State Concerned.

Documents can be uploaded but not created in CTIS.
CTIS will offer searchable **clinical trial information** to the patient, the healthcare professional and the general public. Clinical trial **results will be available both as a technical summary and in lay language**.

Information can be retrieved by searching for a particular trial or across trials for treatment related details.

Patient safety in clinical trials is enhanced as CTIS provides an end-to-end electronic solution for safety reporting of trials.

CTIS facilitates a harmonised safety assessment in Europe, supported by agreed assessment report templates.

The clinical trial module of EudraVigilance will provide for the electronic reporting of Suspected Unexpected Serious Adverse Reactions (SUSARs) by sponsors and re-routing to Member States.

CTIS delivers an electronic Annual Safety Reports (ASRs) repository.

CTIS is a unique intuitive tool that facilitates submission of clinical trial applications including those for multi-national trials and therefore facilitating investigation of e.g. rare diseases. It thereby also supports academic innovative work.

CTIS offers search and export of structured clinical trial data to allow efficient reporting for scientists.

A clinical trial can be extended to more Member States e.g. to enhance recruitment rates.

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**1.2. Overview of Clinical Trial Application (CTA) process in CTIS – from submission to decision and reporting**

CTIS is structured in two restricted and secured workspaces (Sponsor and Authority), only accessible to registered users, and a website openly accessible to the general public.

The sponsor workspace provides clinical trial sponsors with the functionalities for submission of CTAs to Member States and management of information throughout the life cycle of clinical trials.

CTIS allows sponsors to manage system users and their roles within their organisations, compile clinical trial dossiers including document upload for new and updated trials, cross-refer in the application to other trials, where for example the same product was used, receive alerts and notices for...
ongoing trials, respond promptly to requests for information, view deadlines, search and access clinical trials and record a summary of clinical study results.

At the top of the sponsor workspace landing page, users view a menu bar at the top with tabs that correspond to the various functionalities that reflect the roles and related permissions assigned to the user in CTIS depending on their responsibilities regarding the clinical trials.

- The clinical trials tab provides search functionalities that facilitate users to find specific trials and view information (see module 9 of the CTIS training programme).
- The notices and alerts tab shows the messages triggered by activities that occur during the life cycle of a clinical trial.
- The tab for requests for information - RFI tab - provides access to such requests made by Member States Concerned for clinical trials, and enables users to view their status, due dates and other relevant information.
- The User administration tab allows management of roles and permissions for all users that are registered in the system.

The CTIS Training Material Catalogue Module 02 provides a High-level overview of CTIS workspaces.

### References

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<td>Clinical Trial Regulation, European Medicines Agency</td>
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<td>CTIS Training Material Catalogue Module 02 High-level overview of CTIS workspaces and common system functionalities: CTIS common functionalities, Part A</td>
<td><a href="https://youtu.be/EgIRpL17WaU">https://youtu.be/EgIRpL17WaU</a></td>
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### 2. CTIS Go-Live date

The Clinical Trial Regulation was adopted and entered into force in 2014, however the timing of its application depends on confirmation of full functionality of CTIS through an independent audit.

On 21 April 2021, following an independent, successful audit of CTIS, the EMA’s Management Board confirmed that CTIS is fully functional and meets the agreed functional specifications.
The European Commission will consider if the conditions set by the Regulation are met and, once confirmed, will publish a notice in the Official Journal of the European Union.\(^1\)

Six months after this notice, the Regulation will start to apply and CTIS will go live.

The aim is that CTIS goes live on 31 January 2022.

### 3. Getting access to CTIS – registrations

#### 3.1. User self-registration

In order to access the CTIS Sponsor workspace, a user will need to have an active EMA Account.

If the user already uses other EMA applications (e.g. Eudralink, SPOR, IRIS, EudraVigilance, OMS), the user already has an EMA Account and could access the CTIS Sponsor workspace using his/her existing EMA Account credentials.

If the user does not have an active EMA Account, (s)he needs to create one, by self-registration.

The self-registration process is described on the EMA Account Management (IAM) homepage and in Module 03 of the CTIS Training Material Catalogue.
3.2. **Organisation and High-level administrator registration**

3.2.1. **Organisation registration**

CTIS retrieves organisation data from Organisation Management Service (OMS). OMS provides a single source of validated organisation data that can be used as a reference to support EU regulatory activities and business processes. It stores master data comprising organisation name and location address for organisations such as marketing authorisation holders, sponsors, regulatory authorities, trial sites and manufacturers.

If an organisation has been already registered in OMS, a user can retrieve its details from within CTIS to populate the clinical trial application or to use it for other Sponsor related activities in CTIS (i.e. populate employer's details in personal profile).

If an organisation is not yet registered in OMS when starting to use CTIS, it is recommended first to register the organisation via a request in OMS.

It may also be possible to submit a request to register an organisation while working within CTIS. This functionality in CTIS may be offered to facilitate sponsors that need to submit clinical trials for organisations not yet available in OMS, such as trial sites, within very tight deadlines. More details can be found in the Module 03 of the CTIS Training Material Catalogue. This, however, is not the recommended route to register an organisation as the entry in OMS is temporary and will be deleted if the OMS entry is not validated by the organisation itself.

### References

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<td><a href="https://www.youtube.com/watch?v=fxMpsqDnWZY&amp;ab">https://www.youtube.com/watch?v=fxMpsqDnWZY&amp;ab</a></td>
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3.2.2. **High-level Administrator registration**

The CTIS High-level Administrators are roles that are requested and managed through the EMA Account Management portal.
Two high-level administrators are required to initiate the management of users in the sponsor workspace:

A) Sponsors group of users:

The Sponsor Administrator role is considered to be the high-level Administrator for sponsors. The request for the Sponsor Administrator is submitted by the user that will become the Sponsor Administrator for an organisation and will be handled via EMA Account Management portal.

The registration process for the Sponsor Administrator role, via the EMA Account Management portal, will open starting from 1 September 2021 and will need to be supported by an appropriate "Affiliation letter" submitted to EMA at the time of registration.

Once the Sponsor Administrator role is assigned to one person, by EMA on basis of the validation of the request, the Sponsor Administrator will manage any following requests from other users who wish to become Sponsor Administrator for the same organisation.

EMA will not handle these requests once the first Sponsor Administrator has been assigned by EMA. The necessity of an "Affiliation letter" or any other supporting documentation for these subsequent requests will be decided by each organisation internally.

Explanatory training material is available in the CTIS Training Material Catalogue, in Module 07 – ”Management of registered users and Role matrix” and on the EMA Account Management homepage.

B) Marketing Authorisation Holder (MAH) group of users:

A MAH Administrator role is also available to support the submission of clinical study reports into CTIS when a trial has been included in a marketing authorisation application. The registration process for the MAH Administrator will take place via Service helpdesk and the process is currently under development. Further information will be provided in the next updates of this document.

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<tr>
<td>Affiliation letter template</td>
<td>To be available by/around 1 September 2021</td>
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<td>CTIS Training Material Catalogue Module 07 Management of registered users and Role matrix: Videoclips</td>
<td><a href="https://www.youtube.com/watch?v=SWvMeCnBhz0&amp;ab">https://www.youtube.com/watch?v=SWvMeCnBhz0&amp;ab</a> <a href="https://www.youtube.com/watch?v=a02SfPT3fWY&amp;ab">https://www.youtube.com/watch?v=a02SfPT3fWY&amp;ab</a></td>
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4. Management of users and organisations in CTIS

4.1. Key user management concepts in CTIS

There are two approaches to user management in CTIS: The organisation-centric approach and the trial-centric approach.

These approaches have been designed according to the needs of the different types of sponsor organisations that will use CTIS.

Before using CTIS, sponsors should carefully consider which user management approach best fits their organisation.

A full description of each of these approaches, and the advantages and disadvantages of choosing each one, are also explained in the reference documents below.

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<td>Video: Creating a clinical trial: Clinical trial centric approach vs organisation centric approach</td>
<td><a href="https://www.youtube.com/watch?v=hfzZxwX2W-Y">https://www.youtube.com/watch?v=hfzZxwX2W-Y</a></td>
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4.2. User roles concept in CTIS

In order to perform an action in CTIS, such as preparing, submitting or viewing a clinical trial application, notifications, summary of results and clinical study reports, a user must be assigned with a CTIS user role to obtain appropriate permissions.

User roles are defined by a list of actions that users can perform in CTIS. Up to 18 sponsor user roles are foreseen for CTIS. The profile of a user can be built with a combination of different roles, to allow the user to complete various actions in CTIS. Users with administrator roles (high-level administrator, clinical trial administrator) can assign roles to other users, enabling them to perform actions.

Each role in CTIS comes with a specific set of permissions. Permissions are predefined levels of actions that users can perform on data and documents stored in CTIS. Permissions include user management permissions (reserved for administrator user roles) and access level permissions, ranging from viewing to preparing and submitting permissions.

EMA has prepared documents to describe the concept of user roles and permissions in detail, a Role Matrix, which outlines the permissions linked to each user role, and a summary of roles document. These documents can be found at the links below.

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4.3. Organisation centric approach - Sponsor administrator

The organisation-centric approach is one of two user management approaches in CTIS that can be used by sponsors of a clinical trial (CT). It is intended to serve the needs of organisations and/or sponsors that run multiple clinical trials.

The organisation-centric approach means that user management is done at organisation level.

Under the organisation-centric approach, the sponsor needs to appoint a high-level administrator (sponsor administrator). The sponsor administrator must be registered in EMA Account Management platform (see section on High-level administrator registration).

Before a user can register as a high-level administrator for a sponsor organisation, this organisation needs to be registered with the Organisation Management System (OMS). See section on Sponsor organisation registration.

Management of other users is done at the organisation level with a top-down model. Once appointed, sponsor administrators can assign medium-level administrator (i.e. CT Administrator) and business roles to users in CTIS to perform user management or business activities, respectively. In the organisation-centric approach, users become affiliated to the organisation of the sponsor administrator in CTIS when they are assigned with a role by this administrator.

The organisation-centric approach is particularly useful for organisations that will conduct trials on a regular basis, even if the frequency is low. The advantages of this approach are that it allows the management of access and roles across trials within one organisation thus, supporting data quality and integrity through a top-down validation process, as well as ensuring security by preventing the initiation of trials for that sponsor organization by any user, unless the user has been previously assigned with the CT Administrator role by the sponsor administrator.

Additional information is published on the EMA Corporate website under the Training Programme - User access management (Module 3).

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4.4. **Trial centric approach – Clinical Trial Administrator**

The trial-centric approach is one of two user management approaches in CTIS. A user will automatically be guided to use this approach in CTIS only in the case a sponsor administrator has not been registered and appointed in the EMA account management system.

In this approach, when the user initiates the creation of an initial application, the system will check if a sponsor administrator is appointed for the sponsor organization selected for that initial Clinical Trial Application (CTA). If that is not the case, the user will be able to proceed becoming the clinical trial administrator for that particular trial.

Further allocation of other CT Administrator or business roles to users is then done at trial level. The clinical trial administrator can manage users only for the trial(s) of his/her concern and can perform all sponsor business activities in CTIS related only to that particular trial(s).

In the trial-centric approach, users follow a bottom-up model that supports an easy way of submitting a limited number of clinical trial applications and straightforward management of a small number of users at trial level, not organisation level.

This approach is intended to serve the needs of small organisations and specifically academic sponsors, which may initiate trials on an ad hoc basis. It allows for the management of a smaller number of users and one or very limited numbers of clinical trials. This allows a faster process (no need for registration of a high-level sponsor administrator) when submitting a first initial, and subsequent applications, as applicable. However, it is less secure as any user can create a trial on behalf of a sponsor organization that has not previously registered a sponsor administrator. Moreover, no individual user will have a centralised oversight of the trials being conducted for that sponsor organization nor the users involved.

Additional information is published on the EMA Corporate website under the Training Programme - User access management (Module 3).

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4.5. **CTIS user personas and organisation models**

It is acknowledged that sponsors have multiple and complex structures and partnerships for managing clinical trials. There is a need for sponsors to fully understand the CTIS User Management functionalities to facilitate completion of processes and organisational designs so that management of user permissions in the CTIS serves the creation, review and submission of CTAs, modifications and notifications through the CTIS. Sponsors also need to understand user/roles so that they can ensure that they have the correct confidentiality agreements in place.

For this purpose, EMA will publish example sponsor organisation models and CTIS user personas linked to CTIS user roles and permissions.
4.6. **CTIS training environment for user training and organisation preparedness**

Information on availability, access, conditions for use and availability of support will be provided in a later version of the Sponsor Handbook.

5. **Product management in CTIS**

5.1. **Product registration**

Before completing the clinical trial application in CTIS, the sponsors of clinical trials should ensure that the details of the medicinal products used in the clinical trial are already registered in the eXtended EudraVigilance Medicinal Product Dictionary (XEVMPD). It should be noted that a placebo can be added manually without resorting to a registration in XEVMPD necessarily.

The dictionary includes all medicinal products that are authorised in the EU/EEA and also development products that are associated with clinical trials.

To submit medicinal product information in the XEVMPD, sponsor organisations must be registered with EudraVigilance for medicinal product reporting either via Gateway or the EudraVigilance web application (EVWEB), which allows registered users to create and send Extended EudraVigilance Product Report Messages (XEVPRMs), receive XEVPRM acknowledgements, view medicinal product information and perform queries.

Consolidated guidance is being drafted on the electronic submission of information on investigational medicinal products for human use in the eXtended EudraVigilance Medicinal Product Dictionary (XEVMPD). In the meantime, please refer to the following list of documents already available (see references in table below):

- EudraVigilance: how to register webpage contains an overview of how an organisation should register with EudraVigilance for medicinal product reporting, including the EMA EudraVigilance Registration Manual and EudraVigilance Registration FAQ document.

- Extended EudraVigilance medicinal product dictionary (XEVMPD) training webpage contains information on how to participate in the XEVMPD training on the submission of medicinal product information in the XEVMPD, including the eXtended EudraVigilance Medicinal Product Dictionary (XEVMPD) Data-Entry Tool (EVWEB) user manual and a set of step-by-step documents.

- Guidance Documents webpage contains documentation related to the submission of authorised medicinal product information and controlled vocabularies used during the submission of authorised as well as development medicinal product information.
- eXtended EudraVigilance Medicinal Product Report Message (XEVPRM) schema and XEVPRM Acknowledgement related information.

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5.2. **Search and selection of a product in CTIS**

For each trial in CTIS, the sponsor has to associate at least one test product.

Other product types that can be associated in CTIS are: comparator, placebo and auxiliary medicinal product.

In CTIS, the product information is retrieved from XEVMPD and this is enabled by a search and selection process for an authorised product (product with a marketing authorisation from the EU/EEA), development product, an active substance or an ATC code.

For more information, see training module 10.

### References

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<tr>
<td>CTIS training module 10 Create, submit and withdraw a clinical trial: e.g. Videoclip How to submit an initial clinical trial application in the CTIS Sponsor workspace – Fill in the Product details of Part I section</td>
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6. **Transition from Directive to Clinical Trial Regulation**

6.1. **Transition period**

There is a 3-year transition period that starts on the CTIS go-live date.

Year 1 (31 January 2022 to 31 January 2023):

- During the first year after CTIS go-live, sponsors will be able to choose whether to apply for a new clinical trial application (CTA) under the regime of the Clinical Trial Directive (CTD: Directive 2001/20/EC) including using EudraCT or to apply under the new legislation, the Clinical Trial Regulation (CTR: Regulation (EU) No 536/2014) using CTIS.

- Both options will be possible, and sponsors will be able to choose for themselves which system to use.
• Member States will be ready to use CTIS and accept applications under the new legislation (CTR) from day 1 of CTIS go-live.

Years 2 and 3 (31 January 2023 to 31 January 2025)

• EudraCT will not be available for new CTAs. From 31 January 2023 all new CTAs must be submitted under the new legislation (CTR) using CTIS.

• CTAs that were submitted utilising EudraCT and authorised under the old legislation (CTD) prior to 31 January 2023, will be able to continue to run and complete under that Directive for a further two years maximum. Processes will be unchanged, and EudraCT will remain operational throughout the transition period to enable these studies to continue. By 31 January 2025 these trials must either have ended in the EU/EEA or have been transitioned to the CTR via CTIS.

• Clinical trials cannot continue running under the old legislation utilising EudraCT beyond the end of the 3-year transition period (31 January 2025). Thus, if sponsors are running trials that they expect to continue beyond 31 January 2025, sponsors will need to transition them to the CTR before the transition period expires. EudraCT will remain active after the end of the transition period for submission of summary results of trials completed under the Directive.

• Transition applications will usually take up to 60 days to be assessed and approved, or less, as these trials have already been approved under the Directive. However, Member States Concerned (MSC) are permitted to raise RFIs on the transition application and therefore sponsors are required to submit their transition applications early enough before the end of the transition period to ensure that trial conduct is not interrupted.

• Transition applications can be submitted at any time during the 3-year transition period and sponsors are urged to ensure that they complete the process early enough in the transition period to ensure continuity of the clinical trial beyond 31 January 2025.

• Once a clinical trial has switched to the CTR, all the requirements of the CTR will apply from the date of approval of the transition application under the CTR.

• Details of the requirements for transitioning of single country and multi-national trials are provided in the Eudralex Volume 10 Q&A mentioned in the table below. Multi-national clinical trials (trials conducted under the same EudraCT number in different Member States) should be transitioned as a single multi-country clinical trial application under the CTR, utilising a consolidated protocol (refer to Eudralex Volume 10 Q&A 11.7). Sponsors may need to consider consolidating the protocol by substantial amendment under the CTD before they transition them as one trial under CTR with one EU Clinical Trial number (refer to Eudralex Volume 10 Q&A 11.8).

Voluntary Harmonisation Procedure (VHP) trials:

• The VHP will discontinue as of entry into application of the CTR. The clinical trials included in the VHP will, in principle, qualify to transition as multi-national clinical trials. More details are provided in Eudralex Volume 10 Q&A 11.9.
6.2. Points to consider

Some aspects have been included here of what the sponsor should consider when defining a submission strategy for CTIS.

General considerations:

- Sponsors will need to ensure that all documentation is available in electronic format for submission via CTIS.

- The workflow in CTIS for transitioning a trial follows the workflow of submitting an initial application. Therefore, transitioning a trial from the Directive to the Regulation can take up to a period of 60 days (if no Member States intervene during the workflow and tacit approval applies) and up to a maximum of 106 days (in situations where a Member State raises an Request for Information (RFI)). However, it should be noted that it is possible for a Member State to intervene in the workflow and approve a transition application before 60-day automatic workflow is completed. The timelines may be extended if the product falls within the definition of an Advanced Therapy Medicinal Product (ATMP).

- Transitioning trials from the regime of the CTD into the regime of the CTR, must be carried out when there are no amendments ongoing in any Member State Concerned (MSC) under the Directive.

- The trial will be required to comply with the requirements of the Regulation as of the CTIS decision date. Prior to that date the trial continues under the CTD.
• Where a document is expected to be uploaded into the CTIS that does not exist for the transitioning trial, then a blank document is expected to be uploaded with a comment that the uploaded document is a dummy document for a trial transitioned from the CTD to the CTR Regulation.

• In addition, if a sponsor intends to transition a multi-national clinical trial as a single multi-country clinical trial application under the CTR information for all MSCs needs to be entered in CTIS even if the trial has ended in that MSC, and the end of trial notifications has already been submitted via EudraCT.

• Since all the requirements of the Regulation will apply from the positive the CTIS decision date for the transition application, consideration should be given to the transparency requirements of the CTR, including the need to remove personal data from submitted documentation and to apply for a deferral of publication, if applicable.

• Some retrospective notification information (e.g. start and end of the of trial, start of recruitment, temporary halt) will need to be completed in CTIS since they trigger other events. For example, start of recruitment is relevant since transition trials can expire for any MSC if recruitment has not started within 2 years of the decision date registered in CTIS.

• Submission planning during the active phase of the trial to plan the transition will be critical.

Mono-national trials:

• The trial is transitioned from the CTD to the CTR by submitting a new application in CTIS that reflects the content of the dossier that is currently approved and has been assessed by the MSC. Documentation required is specified in Eudralex Volume 10 Q&A #11.6 in addition to the cover letter and CTIS field information.

Multi-national Trials:

• It is preferable to transition multi-national trials to the CTR under a single CT number in CTIS provided they have a consolidated protocol that corresponds to what is already authorised in each of the MSCs.

• The trial is transitioned from the Directive to the Regulation by submitting a new application in CTIS that reflects the dossier that is currently approved and has been assessed by ALL the MSCs. If the protocol is not consolidated, the sponsor should first submit a substantial amendment under the Directive to align the protocol in all Member States before submitting a transition application under the CTR.

• Documentation required is specified in Eudralex Volume 10 Q&A #11.7 in addition to the cover letter and CTIS field information.

• Once the application to transition the trial has been submitted to CTIS, a Reference Member State (RMS) will have to be selected. The RMS will be required to coordinate the oversight of the trial under CTR.

• VHP trials can be submitted for transition to CTIS as from 31 January 2022, and during the review/approval time no substantial amendments or substantial modifications can be submitted via the Clinical Trial Directive or Clinical Trial Regulation respectively.

• In the period from the end of the VHP procedure (beginning of December 2021) until submission of the transition application, any substantial amendments submitted to VHP trials will be assessed in accordance with the clinical trial Directive by individual MSCs.
7. Data, documentation and processes

7.1. Clinical Trial Application (CTA) and Notification Forms

This section intends to provide information on the data fields and documents that sponsors need to complete, as applicable, in the context of clinical trials applications and notifications to be submitted to CTIS. These forms provide an overview of the data fields to be completed and documents to be provided with the aim to help sponsors to prepare in advance the information required for the submission of an initial CTA, adding Member State Concerned application (AMSC), Substantial Modification (SM), non-Substantial Modification (non-SM) and notifications.

The forms refer to in this document have been prepared based on the audit version of the system and further updates are planned for the Go-live and post-Go-live versions. Next review also envisages to include the CTIS structured data form for Request for Information (RFI) and the Annual Safety Report (ASR).

7.1.1. Clinical Trial Application Form overview of the data fields to be completed and documents to be provided

In the table below there are two excel documents, one providing the forms for initial Clinical Trial application, adding Member State Concerned application, Substantial Modification (for a single trial) and non-Substantial Modification, and a separated one for a Multi trial Substantial Modification application.

Each document contains an overview with some relevant instructions followed by the overview of the data fields to be completed and documents to be uploaded for each of the CTIS sections to be prepared for an application: the form (4 tabs included, one per application type), MSC, Part I and Part II sections. Moreover, the documents include the different searches that the sponsor will need to perform through interfaces with other systems.

For each of the sections mentioned previously, the following columns with the information indicated, have been included per data field:

- ID: reference of the field referring to.
- Field Type: type of field referring to (Header, Lookup list, Radio button, Text, Numeric, Document upload).
- Field Name: field name in CTIS.
- Field Description: brief description of the field.
- Cardinality: information whether the data input in the field is 0, 1, or many.
- Conformance: information whether the field/document is Conditionally required, Optional, Mandatory, Read Only.
- Document format: specific format (.PDF, .Doc, etc) in which the document may be uploaded, when applicable.
- Publication: information whether the field/document will be made public (yes/no).
- Deferral: information whether deferral to the publication can be applied (yes/no).
- Editable: information whether the field is editable under a given type of application (yes/no). This is not applicable for the Multi trial Substantial Modification application.

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### 7.1.2. Notification forms: overview of the data fields to be completed and documents to be provided

The document provided in the table below contains an overview with some relevant instructions followed by the overview of the data fields to be completed and to be uploaded for each form present in the Notifications section implemented in the system: start of trial, start of recruitment, end of recruitment, end of trial, global end of trial, temporary halt, restart of trial, restart of recruitment, update anticipated date of summary results, unexpected event, serious breach, urgent safety measure and 3rd country inspectorate inspection.

For each of the notifications mentioned previously, the following columns with the information indicated, have been included per data field:

- ID: reference of the field referring to.
- Field Type: type of field referring to (Header, Lookup list, Radio button, Text, Numeric, Document upload).
- Field Name: field name in CTIS.
- Field Description: brief description of the field.
- Cardinality: information whether the data input in the field is 0, 1, or many.
- Conformance: information whether the field/document is Conditionally required, Optional, Mandatory, Read Only.
- Document format: specific format (.PDF, .Doc, etc) in which the document may be uploaded, when applicable.
- Publication: information whether the field/document will be made public (yes/no).

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<th>References</th>
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### 7.2. Download options

Download options will be described in a later version of the Handbook.

### 7.3. Document modifications

Document modifications will be described in a later version of the Handbook.
7.4. Handling of Requests for Information (RFIs) in CTIS

During the evaluation of CTAs, Member States Concerned (MSC) have the possibility to require clarifications to the sponsors by raising RFIs that should be addressed within the defined timelines. It should be noted that failing to provide responses within the timelines will lead to the application being lapsed.

RFI can be identified by the sponsors via monitoring the notices and alerts tab and the RFI tab in CTIS Sponsor workspace. For example, in an initial application with Part I and part II, an RFI can be raised by the Reference Member State (RMS) as part of the validation and assessment of part I and by each MSC following part II assessment. RFI can be raised by the RMS and MSC at any point in time during the evaluation phase. There are not predicted timelines and period of time when RFI can be raised, therefore the sponsors should be vigilant on monitoring the notices and alerts and the RFI tab.

RFI are raised by the RMS/MSC via the considerations documented in the system as part of the evaluation. Documented considerations are then consolidated by the RMS/MSC (accepted/merged/adapted or rejected) directly in CTIS and used as the basis for the RFI. RMS/MSC can also upload documents into CTIS as supporting documentation to the RFI being raised.

Sponsors will have the possibility to download from CTIS the considerations part of the RFI, as well as any supporting documentation, so RFI can be allocated to relevant team to be addressed. Users can also have access to the considerations in the RFI and any documents, directly from CTIS and work on their reply directly from the system.

In order to address an RFI, the sponsor will have to provide a response in the free text displayed after each consideration raised by the RMS/MSC as part of the RFI, that can be complemented by supporting documents. RFI responses can be saved as draft before submission.

The sponsor will also have the possibility to apply changes to the dossier, both structure data and documents, depending on the nature of the request raised. If changes to the dossier are applied, the sponsor should also provide a document containing a description of the changes made.
Previously uploaded documents can be deleted when responding to an RFI or a new version of a document can be provided (in this case documents will have the same document type, language and title). When uploading a new document, the sponsor can specify the date and the version of the file, and a system version will also be generated sequentially by the system.

Completely new documents can also be submitted when replying to an RFI, for the section of the application dossier in question and subject to the RFI.

Access to the RFI, as well as download functionality, will depend on the user profile, for example part I only users will only have access to RFI pertaining to part I of the dossier. Each user can download the RFI and RFI responses that the user has access to. It should be noted that CT Administrators can assign to themselves access to Part I and Part II and therefore can have access to all RFIs.

CTIS enables sponsors users to address RFI simultaneously in the different sections of the CTA, namely a user can work on part I RFI at the same time as users working on part II RFI. Also, part II raised by different MSC can be addressed simultaneously by different users, if needed.

RFI raised and the responses provided are subject to publication rules, except for RFI raised for sections of the application that are exempted from publication, such as the quality section of the dossier or questions related to quality in general.
Training material on how to address incoming RFIs related to the evaluation of a Clinical trial application has been published on the CTIS Training Material Catalogue, Module 11.

Finally, RFI mechanisms have also been implemented in the system to enable exchange of information between MSC and sponsors as part of an ad hoc assessment, following for example a notification of a serious breach, or in case of evaluation of an annual safety reports (ASRs) or when a sponsor opinion needs to be provided in the context of a corrective measure.

Training material on how to address other types of incoming RFIs (Ad hoc assessment, Corrective measures) has been published on the CTIS Training Material Catalogue, Module 04 and 05. Training material on how to address incoming RFIs related to ASR will be published on the CTIS Training Material Catalogue, Module 18.

<table>
<thead>
<tr>
<th>References</th>
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<tbody>
<tr>
<td>CTIS Training Material Catalogue Module 04 Support with workload management in the sponsor workspace: Videoclip</td>
<td><a href="https://www.youtube.com/watch?v=6z-Q6-LK8Ws&amp;ab">https://www.youtube.com/watch?v=6z-Q6-LK8Ws&amp;ab</a></td>
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<tr>
<td>CTIS Training Material Catalogue Module 11 Respond to requests for information received during the evaluation of a clinical trial application: Videoclips</td>
<td><a href="https://www.youtube.com/watch?v=vbQVkYi3pGI&amp;ab">https://www.youtube.com/watch?v=vbQVkYi3pGI&amp;ab</a>, <a href="https://www.youtube.com/watch?v=DXrQMStp2a0&amp;ab">https://www.youtube.com/watch?v=DXrQMStp2a0&amp;ab</a>, <a href="https://www.youtube.com/watch?v=sO8YRSatsDA&amp;ab">https://www.youtube.com/watch?v=sO8YRSatsDA&amp;ab</a></td>
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8. Safety reporting obligations

8.1. Suspected Unexpected Serious Adverse Reactions (SUSARs)

The reporting of SUSARs by the sponsor to the Agency in the context of the CTR is outlined in Article 42. The most relevant change for sponsors is the legal obligation for the electronic reporting of SUSARS to the clinical trial module of Eudravigilance for a clinical trial performed in at least one Member State (Art 42.1).

Where a sponsor, due to a lack of resources, does not have the possibility to report to Eudravigilance, the sponsor has the agreement of the Member State concerned (MSC), it may report to the Member State where the SUSARs occurred. That Member State shall report the SUSARs to Eudravigilance (Art 42.3).

The section 7c (REPORTING OF ADVERSE EVENTS/REACTIONS) of the Eudralex Volume 10 Q&A published by the Commission may address some questions in the context of SUSAR reporting.

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<tr>
<td>of 16 April 2014 on clinical trials on medicinal products for human use,</td>
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<td>and repealing Directive 2001/20/EC</td>
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<td>ANSWERS draft</td>
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<td>development/pharmacovigilance/eudravigilance/eudravigilance-</td>
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<td>electronic-reporting</td>
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8.2. Annual Safety Report (ASR)

The reporting of ASRs by the sponsor to the Agency in the context of the CTR is outlined in Article 43. The sponsor shall submit annually through CTIS a report on the safety of each investigational medicinal product (IMP) used in a clinical trial, other than placebo, for which it is the sponsor. This obligation referred to in paragraph 1 starts with the first authorisation of a clinical trial in accordance with the CTR. It ends with the end of the last clinical trial conducted by the sponsor with the IMP.

The section 7 d (ANNUAL SAFETY REPORTS) of the draft Q&A published by the Commission in Eudralex Volume 10 may address some of the questions in the context of ASR reporting.

The documents refer to in section 7.1 apply also to this section. In addition, you can find the link to the ASR submission training module using the url below:

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9. Data transparency

The clinical trial information processes and flows in CTIS starts with a clinical trial application (CTA) submitted by the sponsor, or delegated entities, via CTIS secure domain (see section on Overview of Clinical Trial Application process in CTIS), to carry out a clinical trial in the EU/EEA and the corresponding evaluation performed by the Member States Concerned (MSCs).

Following this evaluation, a decision is issued by each MSC for the CTA, on whether the trial is authorised, authorised with conditions or not authorised. After a decision, of any kind, has been issued by the MSCs, the data and documents submitted to the CTIS for the trial will be made available to the public, unless the sponsor has applied for a deferral (see link to disclosure rules in the reference table below).

When populating the data fields of CTIS, the sponsor user will be able to request a deferral. When requested by the sponsors at the time of submission of an initial application and if granted by the RMS/MSC during the evaluation of the application, a deferral will delay the publication of a set of data and documents (e.g., protocol, investigator brochure, informed consent information sheet). The documents that can be deferred from publication and the deferral timelines are listed in the Appendix, on disclosure rules, to the “Functional specifications for the EU portal and EU database (see link to disclosure rules in the reference table below).

Article 81(4) of the Regulation is clear in defining the publication aspect of the clinical trial information contained in the EU Database that is part of CTIS:

"4. The EU database shall be publicly accessible unless, for all or part of the data and information contained therein, confidentiality is justified on any of the following grounds:
(a) protecting personal data in accordance with Regulation (EC) No 45/2001
(b) protecting commercially confidential information, in particular through taking into account the status of the marketing authorisation for the medicinal product, unless there is an overriding public interest in disclosure
(c) protecting confidential communication between Member States in relation to the preparation of the assessment report
(d) ensuring effective supervision of the conduct of a clinical trial by Member States.”

The sequence of events occurring during the trial life cycle might require the collection and processing of personal and non-personal data. Also, data and documents provided by the users in CTIS might contain information that is considered commercially confidential.

As defined in Article 81(4), both personal data and commercial confidential information are exempted from publication. In order to address this requirement CTIS provides the functionality to upload, via the CTIS secure domain for sponsors and authorities, a version of the document “for publication” and one "not for publication".
Access to data and document in CTIS secure domain is regulated depending on the user’s profile. Part of the clinical trial information contained in CTIS secure domain will also be made available to the general public, via the public website.

A version ‘for publication’ of the mandatory documents as outlined in the data fields for clinical trial information submitted to CTIS in an initial application or during the trial lifecycle, must be provided, regardless whether a deferral for publication will be requested or not, as applicable for the document in question. If a sponsor has requested deferral of publication for a document, it will be the ‘for publication’ version of that document that will be deferred.

It is expected that sponsors will provide at the same time redacted (for publication) and unredacted (not for publication) versions of documents, and only the redacted version will be published, with timing depending on the deferral rules - as applicable. CTIS will not allow the uploading of a ‘not for publication’ version of a document without having already uploaded a ‘for publication’ version of a document.

It should be noted that the deferral functionality has been implemented as a tool available for sponsors to protect CCI aspect in the documents uploaded in CTIS and avoid extended redaction to be carried out by sponsors.

However, it should be noted that the deferral mechanism is optional for the sponsor to choose, if they wish to delay the publication of data and documents via CTIS. Sponsors are allowed to submit a ‘for publication’ and ‘not for publication’ version of documents that are not subject to deferral rules. If no deferral is selected, the data and documents (version for publication) will be published at the first opportunity: the time of the decision of the first MSC.

In the version of the documents ‘for publication’ the user shall remove/omit information on personal data and may remove/omit any relevant information still considered to be CCI even after the deferral period has passed, as applicable. It should be noted that all the required information shall be available in the version ‘not for publication’ for access and evaluation by the RMS/MSC.

This functionality gives the freedom to exchange information in CTIS secure domain between users with regulated access depending on their profile, and at the same time protect personal data and the legitimate interest of sponsors for what concerns CCI.

The public domain will enable members of the public to have access to clinical trial information, that can be retrieved via a search mechanism that can be customised according to the needs.
### References

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### 10. Support

#### 10.1. CTIS Highlights Newsletters

To stay up to date with developments and plans, please see EMA CTIS Highlights Newsletters on EMA corporate website: to subscribe write to CT.communication@ema.europa.eu
10.2. **CTIS information events**

The events page on the EMA corporate website will collect information on information events organised by EMA on CTIS (search words e.g. CTIS; SME).

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10.3. **CTIS training**

Training is available from EMA on how to use the Clinical Trials Information System (CTIS) ahead of its planned launch. EMA’s training resources are tailored for clinical trial sponsors and staff of the European Union (EU) Member States, European Commission and other organisations who will use the system.

The EMA CTIS training programme is mainly composed of **online training modules** available for use from the CTIS training programme page on the EMA corporate website. A wide selection of materials in different formats are available on introductory modules, common functionalities for all registered users, modules on the authority (Member States, EMA and European Commission) workspace and on the sponsor workspace. It also includes recordings from virtual training sessions organised by EMA and a section with information about the Master trainer programme.

When starting to use the training materials, it is advised that organisations and users first make use of the Guide to CTIS Training Material Catalogue.

Reproduction and/or distribution of the content of the published training materials is authorised for non-commercial or commercial purposes, provided that the EMA is acknowledged as the source of the materials (©2021 European Medicines Agency).

The European Medicines Agency has developed the training materials to enhance public access to information on CTIS. The training materials describe initially a preliminary version of CTIS and while the material will undergo revision it may therefore not entirely describe the system as it is at the time of use of the material. The Agency does not warrant or accept any liability in relation to the use (in part or in whole) or the interpretation of the information contained in this training material by third parties.

Limited end user training events will be organised by EMA and announcements will be made on the events page of the EMA corporate website (search e.g. with word “CTIS” or “SME”).

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10.4. Questions and answers on CTR/CTIS

Frequently Asked Questions on CTIS functionalities are available as part of the published training material modules. These will be merged into one document and published for easier use.

Until the dedicated CTIS service desk is operational, questions on **CTIS functionalities can be directed through AskEMA** by use of the general form (see table below for a link). The use of this will enable EMA to improve the Frequently Asked Questions on CTIS.

For technical support with **other EMA’s IT systems than CTIS** (e.g. Eudravigilance, IRIS, EudraCT), please use the EMA Service Desk portal (see table below for a link). The EMA Service Desk will not respond on CTIS questions.

**Questions and answers on the CTR** are available in Eudralex Volume 10 Q&A.

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<tr>
<td>Technical support with EMA’s IT systems other than CTIS (e.g. Eudravigilance, IRIS, EudraCT)</td>
<td>Assistance with information technology (IT) systems EMA Service Desk portal</td>
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10.5. **CTIS Helpdesk at EMA**

Information on the CTIS Service desk will be made available in a later version of the Sponsor Handbook.

10.6. **Support for SME and academia sponsors**

Specific events and dedicated training materials will be organised for SME and academia sponsors.

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11. Other references

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<th>Location (area or document)</th>
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<tbody>
<tr>
<td>Link to Commission website containing information on clinical trials in the context of Regulation EU No 536/2014</td>
<td><a href="https://ec.europa.eu/health/human-use/clinical-trials/regulation_en">https://ec.europa.eu/health/human-use/clinical-trials/regulation_en</a></td>
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<tr>
<td>Link to EudraLex - Volume 10 - Clinical trials guidelines</td>
<td><a href="https://ec.europa.eu/health/documents/eudralex/vol-10_en#fragment1">https://ec.europa.eu/health/documents/eudralex/vol-10_en#fragment1</a></td>
</tr>
<tr>
<td>EudraCT (European Union Drug Regulating Authorities Clinical Trials Database) - the European database for interventional clinical trials on medicinal products authorized in the European Union (EEA) and outside the EU/EEA if they are part of a Paediatric Investigation Plan (PIP) from 1 May 2004 onwards; established in accordance with Directive 2001/20/EC</td>
<td><a href="https://eudract.ema.europa.eu/">https://eudract.ema.europa.eu/</a></td>
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12. Acronyms and Glossaries

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