

**OVERVIEW OF COMMENTS RECEIVED ON
DRAFT GUIDELINE “PROCEDURE FOR EU GUIDELINES AND
RELATED DOCUMENTS WITHIN THE PHARMACEUTICAL
LEGISLATIVE FRAMEWORK”**

Table 1: Organisations that commented on the draft Guideline as released for consultation

	Organisation
1.	AESGP - Association of the European Self-Medication Industry
2.	APIC - Active Pharmaceutical Ingredients Committee CEFIC - European Chemical Industry Council
3.	EBE - Emerging Biopharmaceutical Enterprises
4.	EDQM – European Department for Quality of Medicines
5.	EFPIA - European Federation of Pharmaceutical Industry Associations
6.	EGA - European Generic Medicines Association
7.	EPFA - European Plasma Fractionation Association
8.	EuropaBio
9.	Guerbet France
10.	IFAH – Europe - International Federation for Animal Health
11.	IMB - Irish Medicines Board, Caitriona Fisher
12.	MHRA – Medicines and Health Care Products Regulatory Agency, John Warren
13.	Millennium Pharmaceuticals
14.	EMEA/CHMP working group with Patients Organisations
15.	Committee on Herbal Medicinal Products

General Overview

Comments were received from 15 organisations/individuals. Apart from one set of comments, the majority of comments were supportive of the EMEA’s initiative, although a number of proposals for fine-tuning were made. Of the comments received one related specifically to the publication method for guidelines, a second one related to the impact of scientific advice procedures on subsequent guidelines / Question and Answer documents and another one specifically related to the section on the European Directorate for the Quality of Medicines (EDQM).

General issues commented on included the need for regular updating of the Work Programme, a request for the procedure to also apply to Heads of Medicines Agencies and Commission guidelines and the need to clearly define responsibilities for guideline development (including between EMEA and EDQM for biological substance related guidelines).

Many of the industry comments stressed the need for a more proactive approach to interaction with industry parties and for better guidance on when and to whom suggestions or comments on guidelines, revisions and work programme contributions should be made.

Another trend in the comments was a request to make timescales more precise for the whole elaboration process.

The need to be clearer about the legal status/binding nature was also highlighted by several respondents.

The majority of parties wished the overview of comments to be published simultaneously with the final guideline.

The question of the need to define criteria when choosing a rapporteur or co-rapporteur was also raised.

Other general remarks:

Support for the use of the single term “guideline”.

Support for sequence of steps in the preparation of guidelines

Request for better information, organisation and access to the web site.

Table 2: Discussion of comments

Section	Comment	Outcome
GENERAL COMMENTS		
	<p>1. Initiative supported and applauded. Procedure gives more transparency and clarity</p> <p>General endorsement in particular impact assessment and decision making process</p>	Noted
	2. Need to involve Industry at early stage of development of guidelines	Considered on case-by-case basis (See also comment on following ICH/VICH model) point 5, general comments.
	3. Concept paper principle should be implemented in a comprehensive and systematic manner	Already outlined in procedure, section 4.
	4. Veterinary voice not heard in CHMP/CVMP guidelines	Specific issue not covered by the scope of this procedure. Forwarded to the relevant unit
	5. A number of parties suggested that the ICH/VICH model should be followed, implying greater collaboration with industry.	<p>The procedure takes over many aspects of the ICH/VICH model. However it does not propose to systematically involve industry in all steps of the process, nor does it propose that industry would draft guidelines. In view of the need to have a harmonised position among all 25-member states, systematic early involvement of industry would not be appropriate. The proposed procedure foresees that concept papers are released for consultation, specific meetings may be organised with interested parties to provide input or feedback, draft guidelines are released for consultation and in addition a comment on the comments received will be published. Overall there are plenty of opportunities for industry to comment. Drafting suggestions from industry are always welcomed but careful consideration has also to be given to equal treatment of all relevant interested parties during the procedure.</p>
	6. Reduction in data requirements should be achieved while maintaining measures proportional to the risk	Not a procedural aspect and therefore not the subject of this procedure
	7. Specific mandate to be given to scientific committees by a responsible body to consider the risk / benefit of rationalising data requirements	Outside the scope of this procedure

Section	Comment	Outcome
	8. Procedure should also apply to Heads of Medicines Agencies, Commission and Member State guidelines processes	EMA will ensure that these parties are informed about the procedure and will invite them to also adopt the same procedure
	9. The language relating to involvement of interested parties is non-committal	Delete “in exceptional cases” from relevant section
4.3	10. Input from other (e.g. academic, patient) interested parties at early stage in guideline development should be encouraged	Section 4.3 already indicates that the rapporteur should identify such interested parties. EMA will also investigate the possibility of better links with general scientific publications to improve general awareness.
4.3 and 4.5	11. Consistency between European and United States guidelines should be addressed	A new sentence will be added to section 4.5, encouraging rapporteurs to identify the content and status of related guidelines in other regions. Interested parties should also highlight inconsistencies during the consultation process. See section 4.7
4.5	12. Access to rapporteurs and transparency during the guidance drafting process should be improved	The rapporteur’s role is to reflect the opinion of the entire WP or Committee. Any specific comments on a guideline or concept paper will be communicated by EMA to the rapporteur concerned. This procedure seeks to make the drafting process more transparent.
2.2	13. The legal status of guidelines should be clarified	To be addressed under wording of section 2.2
4.3	14. Development of guidelines should be based on need and rationality	One of the main purposes of the concept paper is to ensure that this discussion forms part of the process, see section 4.3
4.3	15. Greater expertise in carrying out impact assessments is needed.	Agreed, feedback on how this process can be improved in a resource efficient way is encouraged.
	16. Guidelines should address the issue in a manner that minimises the impact on product development costs and medicines availability	Outside the scope of this procedure
	17. Increase of data requirements restrains development of products for minor uses and minor species	Outside the scope of this procedure Not precluded, see input to work programmes section 4.1.
4.3 and 4.10	18. New guidelines should not be applied retrospectively (to old products)	The procedure already covers this point, see sections 4.3 and 4.10.

Section	Comment	Outcome
	19. Guidelines, questions and answers arising from Scientific advice applications should be published.	A procedure is in place to ensure that issues that arise from scientific advice applications can be progressed to guidelines or question and answer documents in a suitably anonymised manner.
	20. Standardisation of the timescales for total duration of the process would be welcomed	While every effort to standardise timeframes will be made, the priority level and urgency of different guidelines will vary.
	21. Currently guidelines are listed according to the date of adoption by the committees. This makes it difficult for assessors to find guidelines. It would be more useful if they were listed according to the sections of the CTD dossier	This comment is welcomed. The EMEA is currently in the process of rationalising the content of Volumes 3 and 7 intended to facilitate the work of both assessors and industry. However due to the fact that many guidelines are applicable to different parts of the dossier, it is not always possible to follow the structure of the CTD, for example for Efficacy guidelines it is proposed that an approach based on ATC codes is taken.
	22. Recommendation that national health authorities also use European guidelines in national assessments	This is normally the case, but may not always be possible due to different legal requirements particularly for national variations. This message will be passed to HMA.
	23. The HMPC should be regarded as any other committee with respect to the consultation and adoption of this document	The same procedure has been applied.
	24. The acronym "CXMP" is not the ideal way to identify all Agency scientific committees.	Text has been changed to "committee" or "scientific committee" throughout.
1 INTRODUCTION		
2 DEFINITIONS, TERMINOLOGY AND LEGAL STATUS		
2.2	Legal Status of guidelines	
	Industry should not have to justify non compliance with not legally binding guidelines	Not agreed. The guidelines are applicable unless justified.

Section	Comment	Outcome
	<p>It is stated that, as a general rule, alternative approaches to those recommended in Guidelines may be justified and taken, but that the single exception to this rule is the “<i>Note for Guidance on minimising the risk of transmitting spongiform encephalopathy agents via human and veterinary medicinal product</i>” (the “TSE Guidelines”), with which strict compliance is required. To avoid confusion, it is recommended that the TSE Guidance be renamed to indicate that it is not, actually, guidance (as the term is understood in this context), but Direction. It is suggested to refer instead to <i>Community Directions on minimising the risk...</i> etc.</p> <p>The legal effect of Guidelines is not clear. For this reason, it could be appropriate to reword the text in order to clarify if there is a difference in the legal status of the different Guidelines that are issued in the European Union. Additionally, the term “in case of doubt” is particularly confusing.</p> <p>Also, clarification is requested on what can be considered as “<i>appropriately justified</i>” to take the decision to deviate from a Guideline. A harmonised approach should be developed.</p>	<p>This is specifically covered by legislative provisions and would not be possible to change without a change in the actual legislation.</p> <p>While the comments on the difficulties with “in case of doubt” and “appropriately justified” are appreciated, it is not possible to provide specific guidance on the interpretation of these terms in a general procedural document such as this. The reference to appropriate justification is intended to provide flexibility on a case by case basis.</p>
3 TYPES OF GUIDELINES WITHIN THE PHARMACEUTICAL LEGISLATIVE FRAMEWORK		
	Summarise this section as an appendix, divide into negative and positive list	The suggestion is noted, however we have decided to maintain the existing structure that provides a helpful overview of the different types of guidelines.
3.2 + 3.11	Clarify which regulatory bodies are responsible for which regulatory or scientific guidelines, in particular EDQM and CHMP	Discussions are ongoing with EDQM to clarify respective responsibilities.
3.2	It should be added that Scientific guidelines are referred to in the annex to the CTD.	Proposed new text in section 3.2 “and listed in the annexes to the Notice to Applicants implementing the CTD.”
3.8	New text provided for Herbal Medicinal Product Guidelines section	Agreed and new text introduced clarifying distinction between the procedure for scientific monographs and scientific guidelines.

Section	Comment	Outcome
3.11	New text provided for EDQM section	Agreed, footnote added to clarify: “The EDQM is the standardisation body of the nomenclatures and the quality norms within the meaning of the convention relating to the elaboration of the European Pharmacopoeia. This involves also resolution for certification of suitability, coordination of Official Medicines Control Laboratories (OMCL) network and development of standard terms.”
4 PROCEDURE FOR DRAFTING A GUIDELINE		
4. 1 st para	It is essential that additional steps should be added to include the review of comments on the concept paper and for discussion of significant comments with experts from industry and other interested parties. This step should be included after step 4 and after step 7.	Proposed new text: “Comments received at steps 4 and 7 should be reviewed and, if necessary, critical comments should be discussed with experts and/or interested parties.”
1 st para	The proposal to continually review the work programmes of the various CXMP working parties is welcomed. However, this should be done on a quarterly basis, rather than on annual basis. Target dates for key milestones for individual work packages should also be included, where appropriate The revised work programmes should be published on the relevant websites, as soon as they are become available.	The current work programme cycle in the EMEA is an annual one. A change would have to be agreed by EMEA management. However, see also new text in section 4.1. Work programmes are already published on the website.
2 nd para	It is important that when new or updated guidelines are required urgently due to a problem, that the justification of the omission of steps should be published. In urgent cases, it is important that the issues and problems are understood by all concerned.	Proposed new text: “The justification for omission of steps will be made clear either in the published concept paper or as a cover note to the proposed text.”
3 rd para	If a procedure is terminated, this should be announced and the reasons given.	New text added “ and an announcement published that it has been withdrawn or the work terminated.” Also new text added to end of section 4.4: “Where appropriate, an explanation as to why specific concept papers do not progress to final guidelines will be made public.”

Section	Comment	Outcome
4.1 first para Last para	<p>Drafting guidelines should be based on a need, not on the ability to draft it</p> <p>It should also be possible for experts from industry and/or interested parties to propose to the EMEA the development of a concept paper and to propose which guidelines which may be need to be reviewed and updated.</p> <p>Clarify procedure to be followed for giving suggestions for CXMP work programmes.</p> <p>Interested parties should be able to recommend topics as well as provide input into prioritisation work.</p> <p>Request for annual hearings with Industry to discuss work programmes</p>	<p>Amended text: “prepare a list of subjects upon which guidelines should be drafted.”</p> <p>The scientific committees have agreed specific policies for discussion of work programmes of the working parties with interested parties and hearings are already foreseen. Such input is welcomed. See below.</p> <p>The following additional clarification is proposed:</p> <p>“This input may be received at any time and/or may be prompted by any of the developments described under 4.1.1 to 4.1.3. Apart from the possibility to provide spontaneous suggestions in writing to the CXMP chairs and EMEA secretariat, interested parties will be requested to provide their contributions in advance of the preparation of the annual work programmes , taking into account the timing of the relevant working party meetings.”</p>
4.1.1 last sentence	<p>It is strongly recommended that the steps related to the concept paper are NOT omitted in the case of mandatory guidelines because it is particularly important that the problem, the recommendations and impact of the guideline are fully understood by all parties concerned. The concept paper seems to be the best channel to publish this information. Furthermore it is already stated in section 4 paragraph 2 that EMEA or Commission reserve the right to omit steps with appropriate justification.</p> <p>It is not always useful for a concept paper to be developed. Majority of guidelines should not be proceeded by concept papers</p>	<p>Experience with development of guidelines to meet legislative requirements have demonstrated the difficulty with meeting timelines and that appropriate adaptation is often necessary.</p> <p>This is not supported by other respondents. See comments above</p>
4.1.1.	Clarify delegation by the European Commission of certain guidelines	Proposed additional text: “e.g. when required by a specific piece of legislation”
	Addressees to which comments should be sent should be published	Agreed – to be implemented in EMEA templates
4.1.3 Last para	<p>We strongly recommend that the views of industry and other interested parties should also be invited.</p> <p>Similar to European guidance, there should be a facility whereby industry may propose topics for consideration.</p>	Already foreseen by text – see also additional clarification last para 4.1

Section	Comment	Outcome
	Clarify relative status of ICH v. EMEA	Already clarified in text “ 4.1.3. “ICH guidelines have the same status as other European scientific guidelines”.
4.1.4	New text proposed by EDQM for Official Control Authority Batch release	Agreed, text modified as follows: “The EDQM has its own mechanism for consultation (Pharmeuropa and Pharmeuropa BIO) and the procedure described in this document does not apply. See section 3.11.”
4.2	A statement should be introduced making reference to the appointment of rapporteur in the rules of procedure of each scientific committee, adding that that in the absence of such provisions, the proposed procedure described in section 4.2 should apply.	Since most guidelines are prepared initially in working parties, the rules of the working party rather than the rules of the committess will apply. However when the guidelines is drafted directly by the Committee, the rules for appointment of rapporteur will apply. Proposed new text: “. In the case of a guideline prepared by a scientific committee, the relevant rules of procedure will apply to the appointment of rapporteur.”
4.3 1 st para.... 2 nd sentence	Whilst it is acknowledged that it may not always be appropriate or possible to elaborate on possible solutions in the concept paper, it is recommended that a more flexible approach be adopted than is being proposed here. Rather than prohibiting the development of solutions, we believe that this should be left to the discretion of the individual CXMP/rapporteur to elaborate on these in the concept paper. Indeed there may be circumstances, where potential solutions are obvious or are already available. In such circumstances, it may be counter-productive not to include them in the concept paper.	Proposed new text: “However it may discuss possible options for a solution, where these can already be identified or when reasonable.”
4.3 1 st para.... 2 nd sentence	Industry should have a formal mechanism for providing possible solutions for developing the guideline. One option would be to include this as part of the industry response to the concept paper. An appropriate statement should be included in section 4.4 to take this point into account.	This is not precluded by the text. Proposed new text for clarification added to section 4.4: “Possible solutions for developing the guideline may be provided by interested parties as part of the overall response to the concept paper”.
4.3 2 nd bullet, indent 5	Does “Timetable” refer to target dates for key milestones i.e. release of draft and final guidelines?	Proposed new text: “Timetable for release of draft and final guidelines.”

Section	Comment	Outcome
4.3 2 nd bullet, indent 7	Whilst the opportunity to provide input on the impact assessment is welcomed, the mechanism for doing this is unclear.	To be reviewed based on experience
4.3	<p>The text should be strengthened to indicate that there is no need for a concept paper for editorial revision of existing guidelines.</p> <p>The feasibility of preparation and resource considerations involved in an impact assessment is a cause of concern. Clear methodology should be provided</p>	<p>Text amended in 4.4.- “in the case of editorial changes” added.</p> <p>Concern noted. See also response to general comment number 15. Guidance will be developed.</p>
4.4 2 nd para	<p>Whilst it is acknowledged that meetings of this kind would not be needed for every guideline, the use of the term “in exceptional cases”, indicates a very slight possibility of them taking place. It would be preferable that a definition of and/or criteria for, “justified concerns” is given.</p> <p>Examples of “justified concerns” could be where industry considers the concept paper being:</p> <ul style="list-style-type: none"> - Not in line with other guidelines (e.g. reference to ICH guidelines) - Not in line with the present science/state of the art - Unnecessary, since a change in a current guideline could be sufficient - Adding unreasonable demands on industry without increasing the quality, safety or efficacy of the product. <p>Furthermore, we believe that industry should be given the opportunity to propose such a meeting to the EMEA.</p>	<p>Proposed new text:</p> <p>“In response to specific justified concerns, where the underlying principles of the concept paper are questioned or challenged in a well documented way, the EMEA may convene a meeting with relevant interested parties to discuss aspects of a draft paper.”</p> <p>Not precluded by the text of the procedure.</p>
4.4, 4 th	Preparation of guidelines should not be initiated until full consideration of comments received on the Concept Paper	<p>Urgent matters may require the initiation of the work as early as possible. Text will be modified to provide for such possibility in exceptional situations only.</p> <p>Proposed new text:</p> <p>“in particular where an issue of particular urgency is being addressed.”</p>

Section	Comment	Outcome
4.4 last para	<p>It is very important that all parties involved understand the critical and strategic issues. Therefore it is strongly recommended that when these issues are not addressed in the draft guideline or when the EMEA/rapporteur does not agree that they are critical or strategic, they should not be ignored and the reasons for not accepting them explained.</p> <p>The opportunity for a second meeting to discuss the differences should also be available.</p>	<p>Agreed, see proposed text:</p> <p>“Where there are concerns that critical comments received during the consultation process on the concept paper have not been taken into account in the drafting of a guideline, relevant comments may be resubmitted and, the reasons for not accepting them will be addressed in the public overview of the main comments.”</p> <p>Not precluded by text.</p>
4.4 last para	<p>Consideration should be given to using the same series number for a draft guideline throughout its lifetime. Typically concept papers have a different series number from their associated draft guidelines/final guidelines and this can make it difficult to follow the relationship between the various documents, particularly where the title changes.</p> <p>To aid clarity, when one document supersedes another, this should be clearly stated within the Document (ideally on the first page).</p> <p>The EMEA should pro-actively consult appropriate disease specific patients’ organisations when developing guidance documents, intended to give guidance on the development of new medicinal products. It is therefore proposed that the EMEA will send draft guidance documents to the relevant patients associations asking for input which will be taken into consideration during the development phase.</p> <p>Concept Papers not to be removed from website after the consultation period</p>	<p>Addressed under section 4.9</p> <p>Agreed. EMEA templates will be adapted to include this information.</p> <p>Proposed text: “Specific procedures to ensure proactive and appropriate consultation of patients as well as disease specific patient organisations will be developed in conjunction with the EMEA/CHMP working group on patient organisations.</p> <p>Similarly, provisions for appropriate consultation with health care professionals will be developed in the context of the EMEA’s strategy for communication with health care professionals.”</p> <p>Proposed text:</p> <p>“It will continue to be accessible in the archived section of the website.”</p>

Section	Comment	Outcome
4.5	Clarification as to who decides to move from the stage of concept paper to the preparation of a guideline. In the absence of such information, it could be assumed that all concept papers are transformed into guidelines.	New text proposed in section 4.5 “A decision not to progress a concept paper to a guideline shall be taken by the responsible committee or group.”
4.5	<p>The Concept Paper should be circulated with the draft guideline as a link with the purpose and objectives of the guideline</p> <p>There should be more involvement of experts from Industry in the work of the rapporteur in the initial drafting of the guideline. Consideration should be given to setting up joint industry/academia/agency working groups to prepare initial drafts of guidelines.</p> <p>Joint trade association/agency working groups have been very successful in the context of ICH. This will allow direct access to the latest technological and scientific thinking at an early stage. This may be particularly relevant for topics, such as emerging technologies.</p> <p>In such circumstances, we see no reason why an industry or academic expert, with the recognized technical or scientific expertise in a particular discipline, could not be appointed as co-rapporteur for the development of a new guideline.</p>	<p>The concept paper will be referenced in the draft guidelines and reference number to facilitate tracking will be introduced.</p> <p>Involvement of experts of industry in early stages of development has to be considered on a case-by-case basis; careful consideration has to be given to equal treatment of all relevant interested parties. Direct co-operation with rapporteur is generally considered not appropriate.</p>
4.5 last para	We believe that the procedure should allow for a meeting of interested parties, where critical or strategic issues are raised, or when the draft guideline differs significantly from the concept paper.	<p>Not precluded by the procedure:</p> <p>“Following consultation between the relevant working party chairs, the EMEA secretariat and the chairs of the concerned scientific committees, specific meetings may be organised with interested parties to provide input into or feedback on issues under discussion”</p>

Section	Comment	Outcome
4.6 last para	<p>We welcome the creation of a template for submission of comments, as we agree that this would facilitate the collation and review of comments.</p> <p>We would recommend that line numbers should be included on the draft guideline, as this would also facilitate collection and review of comments.</p> <p>Both approaches have been used successfully in the review of a number of draft ICH quality guidelines.</p> <p>The EMEA should pro-actively consult appropriate disease specific patients' organisations when developing guidance documents, intended to give guidance on the development of new medicinal products. It is therefore proposed that the EMEA will send Concept papers to the relevant patients associations asking for input which will be taken into consideration during the development phase.</p>	<p>To be addressed in EMEA templates.</p> <p>Proposed text: "Specific procedures to ensure proactive and appropriate consultation of patients as well as disease specific patient organisations will be developed in conjunction with the EMEA/CHMP working group on patient organisations.</p> <p>Similarly, provisions for appropriate consultation with health care professionals will be developed in the context of the EMEA's strategy for communication with health care professionals."</p>
4.7 1 st para 2 nd para 3 rd para	<p>We know that the Australian TGA often adopts EU guidelines - perhaps they could be explicitly included in the examples along with FDA, Health Canada etc</p> <p>In the interests of transparency, we welcome the publication of comments on the relevant website(s). However, in exceptional cases, there may be a need to provide commercially confidential data in support of comments. In such cases, we would welcome the opportunity to be able to submit confidential data which would not then be published on the website.</p> <p>Clarification on whether the non-confidential comments would be anonymised or attributed would be helpful.</p> <p>Meetings with industry or academic experts and other interested parties should be encouraged when specific strategic or critical concerns or divergent views are raised which require further discussion or explanation. The possibility to request or convene a meeting should be available to both EMEA and to industry or other interested parties if there are specific justified concerns. However, if discussions are possible with the rapporteur prior to or during the drafting of the guideline the necessity for additional meetings with the EMEA will be reduced.</p>	<p>Agreed</p> <p>Proposed new text: "... unless they contain confidential information and / or the author has objected to their publication."</p> <p>It is proposed to publish contributions, as received. In the overview of comments, comments will be anonymised</p> <p>Proposed text: "If considered appropriate and in response to specific justified concerns or divergent views or upon request from interested parties, the EMEA may convene a meeting with relevant interested parties to discuss aspects of a draft paper."</p>

Section	Comment	Outcome
4 th para	<p>Overview of comments should be published at same time as adoption of final guidelines</p> <p>The overview should be adopted by the Committee.</p>	<p>Due to last minute changes to texts during the committee meetings, this is not always possible. Efforts to publish within approximately one month will be made.</p> <p>The overview should be agreed by the relevant committee or group. Proposed new text:</p> <p>“This overview shall be made publicly available by the Agency , following agreement of the committee or group, as as soon as possible, normally within 1 month of publication of the final text, taking into account meeting schedules.”</p>
4.9 2 nd para	<p>We recommend that where one guideline supersedes another, this is clearly stated upfront, e.g. on the first page.</p>	<p>Addressed in revised EMEA template</p>
4.10	<p>If departure from principle of coming into operation after six months, provide early announcement</p> <p>Guidelines applicable only to studies initiated after the date of implementation</p> <p>This section is welcomed. All too often, regulators use a draft guideline or even ones at an earlier stage that have yet to be seen by industry, during the evaluation of an application.</p> <p>The language of this section would seem to be at odds with the sense of the statement in Section 2.2, that “...Guidelines are to be considered as a harmonised Community position, which if they are followed by relevant parties such as the applicants, marketing authorisation holders, sponsors, manufacturers and regulators will facilitate assessment, approval and control of medicinal products in the European Union.</p>	<p>Agreed – should be addressed in concept paper. See section 4 “similarly if any deviation from the normal procedure is envisaged, e.g. omission of steps, modifications of time for entry into force, this should be addressed in the concept paper.”</p> <p>This is already addressed in the procedure.</p> <p>Agreed in principle, however there may be logistical reasons to justify a delay to be imposed.</p> <p>See also other comments received.</p> <p>The wording allows industry to apply guidelines immediately.</p>

Section	Comment	Outcome
4.10 contd	<p>Nevertheless, alternative approaches may be taken, provided that these are appropriately justified...”. Because a finalised Guideline represents a concerted Community position that has been designated to implement an optimal standard or process for drug development, for the ultimate benefit of patients, imposing an arbitrary delay of six months before the Guideline comes into effect will simply delay unnecessarily the transmission of the beneficial effects of the Guideline. Conversely, because alternative approaches are said to be possible, there is no reason, on the grounds of required compliance, for a delay to be imposed. Therefore, it is recommended that finalised guidelines should become effective as soon as they are published, but that all parties should apply them contingently to specific situations, always seeking more effective and efficient means to reach the objective technical standards represented in the guideline.</p> <p>Retroactive application should be avoided unless there is a public health and safety reason for making the Guideline effective retroactively. But in case the Guideline will apply retroactively, it will be very important to know if and how the EMEA will notify the existing Marketing Authorisation holders affected that this is the case.</p> <p>The possibility to postpone the implementation period is welcomed, but it is important to identify the timelines for submitting the request, as well as the contact person within the EMEA.</p> <p>With regard to the implementation of a revised Guideline, it would also be important to clarify the status of the former Guideline for already approved products. In all the cases, it would be very helpful if the implementation date were clearly stated on the first page of the Guideline.</p> <p>This section is welcomed. It appears that, otherwise, regulators could use a draft Guideline, or even ones at an earlier stage that have yet to be seen by industry, during the evaluation of an application.</p>	<p>This is already covered in the text, see sections 4.3 and 4.10</p> <p>The relevant product manager should be contacted.</p> <p>This will be addressed in the introduction of revised guidelines. See also comment under section 4.12.</p> <p>This is normal practice and included in the relevant templates.</p> <p>Noted.</p>

Section	Comment	Outcome
4.12	<p>The possibility to send feedback and / or input should always be retained. A specific procedure is suggested.</p> <p>For revised guidelines, it would be very helpful to include a short summary upfront indicating the key differences between the new and previous version of the document</p>	<p>Feedback is welcomed at any time. See also input to the work programme and section 4.9.</p> <p>This should be covered in the introduction to the revised guideline.</p>
5 COMMUNICATION AND PUBLICATION		
5	Subscriptions to e-mail services should be available to individual organisations	EMEA procedures are being adapted to allow this.
	Reference should be the same for concept paper, guideline and final document. Direct access to list of guidelines, concept papers, points to consider or position papers and withdrawn.	<p>To be addresses in EMEA internal procedures</p> <p>This work is underway. An “Archive” section will be created.</p>
	<p>Important new or updated draft guidelines published on the EMEA website which will impact on Product information (e.g. relevant CHMP guidelines, EU guidelines, QRD guidance, etc.) should be flagged to patients and health care professionals associations so that they can provide comments and provide input during the consultation period on the draft documents.</p> <p>An electronic mailing list should be set-up, as well as a system to identify which draft guidelines need to be sent.</p>	<p>See text under section 4.6 :</p> <p>“Specific procedures to ensure proactive and appropriate consultation of patients as well as disease specific patient organisations will be developed in conjunction with the EMEA/CHMP working group on patient organisations.</p> <p>Similarly, provisions for appropriate consultation with health care professionals will be developed in the context of the EMEA’s strategy for communication with health care professionals.”</p>
6		
6	Suggestion to move “other related documents...”Section to an appendix.	EMEA believes this section is helpful in the main body of the text.