EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

5 May 2010
EMA/241053/2010
Human Medicines Development and Evaluation

European network of paediatric research (EnprEMA)

Recognition criteria for self assessment

The European Medicines Agency is tasked with developing a European paediatric network of existing national and European networks, investigators and centers with specific expertise in the performance of studies in the paediatric population.

Following a test pilot phase, public consultation and the outcome of the second workshop with participants of 28 networks and/or clinical trial centres in March 2010, recognition criteria have been finalised which will have to be fulfilled by existing networks to become a member of the European paediatric network. All networks wishing to become a member of EnprEMA are invited to perform self-assessment and to send the filled-in document to the European Medicines Agency.

The document should be sent to Merja.Heikkurinen@ema.europa.eu

END OF SELF-ASSESSMENT PERIOD	31 July 2010

7 Westferry Circus ● Canary Wharf ● London E14 4HB ● United Kingdom
Telephone +44 (0)20 7418 8400 **Facsimile** +44 (0)20 7523 7040
E-mail info@ema.europa.eu **Website** www.ema.europa.eu
An agency of the European Union

EnprEMA

European network of paediatric research at the European Medicines Agency

Recognition criteria for self-assessment

The European Paediatric Regulation (EC) No 1901/2006, as amended, calls for the fostering of high-quality ethical research on medicinal products for use in children. This should be achieved through efficient inter-network and stakeholder collaboration. To meet this objective, a European paediatric research network is to be formed of national and European networks, investigators and centres with specific expertise in performing drug trials in the paediatric population. General information can be found at:

http://www.emea.europa.eu/htms/human/paediatrics/network.htm

Minimum criteria that have to be fulfilled to be recognised as a member of the EnprEMA

This document defines 6 criteria with several subcategories (items) for self-assessment. The criteria and their items have been set up in a public process. Minimum criteria were defined that networks should fulfil to be recognised as a member of the EnprEMA. The defined minimum criteria are flagged with a superscript "**M**".

Irrespective of whether or not only minimum criteria / items are fulfilled, the full list of the criteria and items as well as the network identification should be completed to the extent possible.

Use of the document and application of the recognition criteria

The criteria should be reported for the highest level that the network currently attains. Networks should report on the status of the network, not on individual investigators or sites. For the purpose of this document, the highest level is called the reporting party.

The document should be filled in by the reporting party (once only per network), taking into account the guidance text provided for the various items within the respective criterion. For transparency in general and to permit public scrutiny of the self-assessment, the completed document should be made public by the reporting party, for example, on their website.

For the same purpose, the reporting party should also make publicly accessible the actual data on which the statements are based. For example, if numbers of paediatric trials are provided, references to clinical trial registration numbers could be made publicly accessible.

The self-assessment should be updated annually.

This document should be sent to the European Medicines Agency; it will be published on the EMA webpage.

Criteria for the recognition of an investigator, site* or network as a member of the EnprEMA*

* only when the investigator or the site is not part of a network

Identification M

Name	**Newcastle CCLG Pharmacology Studies Group**	**Include legal address, define acronyms**
Type	National	Indicate type of reporting party, e.g. national or speciality network. May include short mission statement
Street	Northern Institute for Cancer Research	
Postal code	NE2 4HH	
Town	Newcastle upon Tyne	
Country	UK	
Telephone 1	+44 191 246 4332	
Telephone 2		
Mobile phone		
Fax	+44 191 246 4301	
Web site	www.cclg.powertrial.org	If available (see criterion 4)
Email for general enquiries	g.j.veal@ncl.ac.uk	If available (see criterion 4)
Representative (main) contact	---	Include first and second name, email, telephone, address, as far as available
First name	Gareth	
Second name	Veal	
Telephone	+44 191 246 4332	
Mobile phone		
Email	g.j.veal@ncl.ac.uk	
Further contact(s)	---	Include first and second name, email, telephone, address, as far as available
First name	Alan	
Second name	Boddy	
Telephone	+44 191 246 4412	
Mobile phone		
Email	alan.boddy@ncl.ac.uk	
The data in this document are 'current' as of	17/01/2012	Provide the date when the criteria were last updated
State how this document can be accessed by the public	Study website: www.cclg.powertrial.com	This should be a link to a webpage, but other means and formats to make public are possible

Description M

Year of foundation	**2000** **The group previously existed as the Pharmacology Working Group of the UKCCSG (United Kingdom Children's Cancer Study Group) and, from 2006, as the Pharmacology Working Group of the CCLG (Children's Cancer and Leukaemia Group).**	**Of the network, or of the investigator's or site's specific paediatric research activities**
Paediatric age ranges of study participants covered by the network		
Preterm and / or term newborn	☒ Yes ☐ No	Newborn: from birth to less than 28 days of age
Infants from 1 month to less 24 months of age	☒ Yes ☐ No	
Children from 2 years to less than 12 years of age	☒ Yes ☐ No	
Adolescents from 12 years to less than 18 years	☒ Yes ☐ No	
Specialities / Conditions covered	Paediatric oncology	ENPREMA will cover a range of different networks, from single speciality trials groups to those covering all paediatrics. If not all areas within one speciality are covered, specify conditions
Multispeciality? Specify	No	For example, oncology or infectious diseases
Speciality or disease specific? Specify	Oncology only	For example, cardiology only
Conditions covered? Specify	All cancers and leukaemias	E.g. hypertension (within cardiology) or asthma (within respiratory diseases)
Procedure / intervention specific? Specify	Clinical pharmacology studies	For example, surgery, organ or stem cell transplantation
Number of collaborating countries	2 List all collaborating countries: UK France	State the number of collaborating countries. Indicate "1" if national; Indicate if Europe, outside of Europe, other……. (describe)

Number of collaborating centres	15 List all collaborating centres: Aberdeen Children's Hospital Addenbrookes Hospital, Cambridge Alder Hey Children's Hospital, Liverpool Birmingham Children's Hospital Bristol Royal Hospital for Children Children's Hospital of Wales, Cardiff Great Ormond Street Hospital Hospital for Sick Children, Glasgow John Radcliffe Hospital, Oxford Manchester Children's Hospital Royal Marsden Hospital Royal Victoria Infirmary, Newcastle Sheffield Children's Hospital Southampton General Hospital St James's Hospital, Leeds	State the number of collaborating centres and provide a list of all collaborating centres (attachment or link possible)
Type of activity/studies		
Clinical studies	☒ Yes ☐ No	
Experimental research	☒ Yes ☐ No	
Other activity	Initiation and coordination of studies focusing on the safety and ethics of carrying out research studies in a children's cancer setting.	Describe type of activities other than clinical and/or non-clinical studies

Evidence for each criterion

Criterion 1: Research experience and ability 7

Criterion 2: Efficiency requirements 10

Criterion 3: Scientific competencies and capacity to provide expert advice 12

Criterion 4: Quality management 14

Criterion 5: Training and educational capacity to build competences 16

Criterion 6: Public involvement 18

How to provide evidence

1. The evidence for this self-assessment document should be based only on the activity of the network during in the last 5 years.
2. Evidence used in this document should have a reference (e.g., publication, annual or periodic report or internal network document).
3. The self-assessment document is to cover a range of different network types. It is recognised that some networks may not be able to accurately respond to every item. In such circumstances, state why it is not possible to respond.
4. The network is referred to as the "reporting party".

Criterion 1: Research experience and ability

Do not include planned trials, but only ongoing and completed trials.

1.1 **Number of completed trials** [M] **Number of ongoing trials** [M]	**5** **7**	**Any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Minimum requirement ([M]): one ongoing or one completed trial.**
1.2 Total number of participants actually recruited each year Proportion of eligible participants actually recruited each year Describe way of screening and participant recruitment	84 patients were recruited in 2009. Overall cumulative number of patients recruited is >400 Unknown Children who are receiving specific chemotherapeutics as part of their routine treatment are generally eligible to participate in the majority of our studies. These patients are identified by clinicians or research nurses and patient and/or parent consent must be obtained prior to study recruitment and participation.	Relevant to speciality specific networks. State total recruitment capacity for any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Which strategies or pathways are used to screen and recruit participants?
1.3 Total number of collaborating centres	15	For completed and ongoing (open) paediatric trials. Do not include sites in set-up.
Academic (investigator) initiated studies	---	Studies conducted independently from pharmaceutical companies (no sponsorship and no funding). There is a separate category (below) for industry-funded studies.
1.4 Number of ongoing and completed clinical trials	Absolute number: 7 ongoing 5 closed	Paediatric interventional trials of any phase of the pharmaceutical

	Proportion of all studies: 100%	development (phase I to IV, including therapy optimising trials if requiring authorisation by regulatory authority) (for other Paediatric trials unrelated to drug development see below)
1.5 Number of paediatric specialities covered by paediatric trials	1: Oncology	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.6 Number of paediatric conditions covered by paediatric trials	1: Cancer	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.7 Number of other ongoing research studies / programs	Translational research projects and other clinical pharmacology studies	For example, epidemiological studies, outcome studies, translational research in which the reporting party is participating Include cohort studies but not audits. Research is defined as a project with a specific research question in which the participant/family provides formal consent.
1.8 Indicate the proportion of public funding	Proportion of academic initiated studies: 100% Proportion of budget: 100%	Indicate the proportion of the budget handled for completed and ongoing paediatric trials that is derived from public funding sources such as governmental programs, competitive public grants, university contributions
1.9 Number of registered study participants (all studies)	422	
Industry-sponsored trials	---	
1.10 Number of ongoing and completed trials	N/A	Paediatric interventional trials of any phase of the pharmaceutical development (phase I to IV, including therapy optimising

		trials if requiring authorisation)
1.11 Number of paediatric specialities covered by paediatric trials	N/A	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.12 Number of paediatric conditions covered by paediatric trials	N/A	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.13 Number of registered study participants (all studies)	N/A	

Criterion 2: Network organisation and processes

2.1 **Existence of an identified contact person for external enquiries** [M]	☒ **Yes** ☐ **No** **Comments:**	**Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.**
2.2 Existence of an internal steering committee [M]	☐ Yes ☒ No Comments:	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.3 Existence of an external advisory / steering committee directing the reporting party [M]	☒ Yes ☐ No Comments: Data integrity and conduct of studies are monitored by an independent Data Safety and Ethics Monitoring Committee.	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.4 Existence of a website	☒ Yes ☐ No Comments: www.cclg.powertrial.org	If available, mention in "identification" above
2.5 Existence of newsletter	☒ Yes ☐ No Comments: An annual newsletter is published and made available through the group's website.	Newsletter of any format (electronic, surface mail), distributed actively to selected recipients.
2.6 Existence of an internal database(s) for disease, condition, treatment and / or outcome [M] If yes, please describe	☒ Yes ☐ No Comments / description: Database containing pharmacokinetic, pharmacodynamic and pharmacogenetic data.	For example, data base or disease registry to facilitate planning or conducting future trials (may or may not contain individual patient data)
2.7 Provisions to ascertain data protection and data security [M]	☒ Yes ☐ No Comments: Governed by UK National Health Service data protection regulations, the data protection act 1998 and the declaration of Helsinki.	Are provisions in place to ascertain patients' /study participants' data protection and data safety within network

2.1 **Existence of an identified contact person for external enquiries** [M]	☒ **Yes** ☐ **No** **Comments:**	**Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.**
2.8 Procedure(s) to access the database by third parties	☐ Yes ☒ No Comments:	Are provisions in place that data can be shared for planning, conducting or analysing a trial(s)?
2.9 Access to external databases /registries	☒ Yes ☐ No Comments: Access to patient databases through the CCLG data centre and more recently (from April, 2010) through the Birmingham trial unit (CR-CTU).	For example, national databases that are not publicly accessible but to which the reporting party has open or privileged access; database(s) immediately relevant to area and / or scope
2.10 Standardised process to access an external database(s)	☐ Yes ☒ No Comments:	Is a standardised process in place to access external/ national databases?

Criterion 3: Scientific competencies and capacity to provide expert advice

3.1 **Number of peer-reviewed publications in the last 5 years** **Provide exact reference(s)** **Describe the network's contribution to publication(s)**	**8** **Attached** **Pharmacology studies were conducted, data compiled and publication written by members the network. Only those publications directly related to the activities of the network as a whole have been included.**	**The publications should indicate that they are related to and reference the reporting party.**
3.2 Number of competitive grants obtained in the last 5 years	4	Grants obtained by reporting party (exclusively or not).
3.3 Access to expert groups M	☒ Yes ☐ No Comments:	Indicate if the reporting party has specific access to established expert groups, such as learned societies
3.4 Capacity to answer external scientific questions M	☒ Yes ☐ No Comments: Members of the network have extensive experience in conducting clinical pharmacology studies in children with cancer and have previously provided expert opinion to pharmaceutical companies and other agencies regarding the conduct of such studies. Members sit on a number of committees, e.g. CCLG Working Parties, SIOPEN sub-committees and DMCs for pharma trials.	Indicate if coordinated capacity (staff, process) is available to answer external scientific questions in relation to clinical trials during daily business.
Standardized procedures for assessment of:	---	
3.5 Site feasibility	☒ Yes ☐ No Comments: Initiation visits and site audits.	This concerns the suitability of a site for conducting a given trial
3.6 Participant recruitment	☒ Yes ☐ No Comments:	This concerns provisions to regularly monitor recruitment progress for a trial.

3.7 Budget calculation for studies	☒ Yes ☐ No Comments:	This concerns, for example, quotes and prospective financial planning for a trial.

Criterion 4: Quality management

4.1 **Documented adherence to Good Clinical Practice (GCP) guideline** M	☒ **Yes** ☐ **No** **Comments:** **All members of the network have experience in conducting GCP compliant studies and appropriate GCP training is regularly undertaken.**	**Declare whether studies conducted comply with the EU Directive 2001/20/EC on Clinical Trials.**
4.2 Documented adherence to the ethical considerations for clinical trials in children M	☒ Yes ☐ No Comments: Provisions highlighted in the 'ethical considerations' document referred to have been implemented in the design of a number of proposed and recently opened studies. Of particular relevance to the clinical pharmacology studies that we carry out is the issue of acceptable blood volumes and frequency of blood sampling. Indeed we have published studies designed to address this issue (Cole et al., 2006; Cole et al., 2007).	Indicate if documented data / information are publicly available on implementation of / provisions for special ethical requirements for the paediatric trial(s) according to the document "Ethical considerations for clinical trials on medicinal products conducted with the paediatric population".
4.3 Documented adherence to ethical considerations	☒ Yes ☐ No Comments: Ethical approval has been obtained for all ongoing studies. The REC that we submit all of our studies to has many years of experience in reviewing studies involving children with cancer due to its close geographical proximity to the UKCCSG/CCLG data centre.	Declare whether reporting party requests approval by an independent ethics committee with paediatric expertise for all studies conducted.
4.4 Availability of Standard Operation Procedures (SOP)	☒ Yes ☐ No If yes, provide reference to available SOPs SOPs for study-related activities are posted on the study website. All other SOPS are stored within the document management system at the Northern Institute for Cancer Research, Newcastle University.	Indicate existence of SOP e.g. for study management, adverse events reporting etc.

4.5 Capacity to monitor studies (academic trials, industry sponsored trials) M	☒ Yes ☐ No Comments: All centres are monitored using an approach implemented based on ICH 6 Good Clinical Practice Guidelines.	Indicate if the reporting party implements the monitoring of paediatric trials according to ICH 6 Good Clinical Practice Guideline.
4.6 Capacity to monitor performance of collaborating centres	☒ Yes ☐ No Comments: Clinical centres have been initiated and have been or will be monitored.	Indicate if the reporting party implements the monitoring of performance of collaborating centres.
4.7 Quality control and quality assurance, traceability and data safety M	☒ Yes ☐ No Comments: Quality control and assurance procedures are in place.	Indicate if this is implemented in the reporting party's remit.

Criterion 5: Training and educational capacity to build competences

5.1 **Evidence of collaboration with regulatory authorities** [M]	☒ **Yes** ☐ **No** **Comments:** **Members of the network have been involved in successful bids for FP7 projects relating to adapting off-patent medicines to the specific needs of paediatric populations, involving interaction with regulatory authorities (EMEA) in terms of study design. In addition, based on EC directive documents relating to the design of clinical trials in paediatric populations, studies have been carried out to investigate the issue of acceptable blood volumes and frequency of blood sampling in children participating in research studies (see 4.2).**	**Indicate awareness of regulatory requirements for developing medicines; for example, implementation of guidelines from regulatory authorities.**
5.2 Capacity to provide competent consultation to regulatory authorities	☒ Yes ☐ No Comments: Members of the network have participated in EMEA meetings relating to the proposed European Network of Paediatric Research in addition to being members of CCLG and SIOPEN committees as well as local ethics committees.	Indicate the capacity of the reporting party to provide expert advice to regulatory authorities. For example, nominations into standing scientific committees to regulatory authorities, registration(s) as authorities' external expert(s).
5.3 Formal meetings for clinical trials If yes, provide number	☒ Yes ☐ No Comments: Investigator meetings and initiation meetings with clinical centres.	For example, investigator meetings, trainings specific to a given ongoing or planned trial.
5.4 Training courses given over the last 2 years [M] If yes, provide number	☒ Yes ☐ No Comments: Training provided to research nurses at paediatric oncology clinical centres relating to study management, sample handling, data analysis and GCP issues. Training Day held in March, 2009, attended by 22 nurses from 13 different clinical centres.	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).

5.5 Training courses received over the last 2 years [M] If yes, provide number	☒ Yes ☐ No Comments: Appropriate GCP training received by all staff and current competence maintained in compliance with sponsor requirements.	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).
5.6 Promotion of participation in clinical trials in countries with limited resources Provide list of countries	☒ Yes ☐ No Comments: A study has recently been carried out and is now in press involving patients recruited to clinical trials in Malawi and the UK (Israels et al., 2010). A collaborative paediatric oncology study has recently been initiated with the Tata Memorial Hospital in Mumbai, India.	Indicate if support for such trials is provided by the reporting party.

Criterion 6: Public involvement [M]

Minimum requirement (M): involvement in at least one of the below items.

6.1 **Involvement of patients, parents or their organisations in the protocol design**	☒ **Yes** ☐ **No** **Comments:** **A member of ICCCPO (International Confederation of Childhood Cancer Parent Organisations) sits on the Data Safety and Ethics Monitoring Committee which independently reviews our studies.**	**Indicate if public stakeholders are /have been involved**
6.2 Involvement of patients, parents or their organisations in creating the protocol information package	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved
6.3 Involvement of patients, parents or their organisations in the prioritisation of needs for clinical trials in children	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved