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Inspections, Human Medicines, Pharmacovigilance and Committees Division

## Cystic Fibrosis Workshop - Appendix 1. Table of recommendations

**Group 1. Recommendations & Actions table.** Common data elements that are needed by all stakeholders: Data validation

Topic	Recommendation	Action	Owner
<b>Medication-related information.</b>	Record CF related medication, Start/stop date (month), reason for discontinuing treatment.  Record medication for co-morbidities; medication name and indication	Future: Aim registry linkage with hospital and community dispensing records.	Registry Holders
<b>Medication-related complications</b>	Registries suitable for ADR signal investigation / follow up not typically for detection	On request from regulator or MAH; Agreed protocol; time limited investigation period	Regulators Registry Holders MAH
<b>Clinical trials, compassionate &amp; off-label medications</b>	Ask & record clinical trial participation; Record compassionate, off-label medications & indications		Registry Holders
<b>CF exacerbations</b>	Record number of exacerbations per year		Registry Holders, MAH Regulators
<b>Severity of CF at commencement of a new treatment</b>	Record CF severity based on most recent measurements of severity parameters: FEV1; BMI; infection status (no repeat measures)	Agreement on severity parameters included	Registry Holders
<b>Hospitalisation</b>	Record number of CF-related days of		Registry



Topic	Recommendation	Action	Owner
	hospitalisation		Holders
<b>Microbiology</b>	Record first time isolation of pseudomonas, chronic colonisation with pseudomonas, MRSA colonisation	For other pathogens, investigate on request from regulator or MAH; Agreed protocol; time limited investigation period	Regulators Registry Holders MAH
<b>Genotype</b>	Genotype information recorded.		Registry Holders
<b>Transplantation</b>	Continue monitoring if feasible, otherwise transfer to transplant registry		Registry Holders
<b>Patient Reported Outcomes (PROs)</b>	Recommend inclusion in registries	Agree on PRO elements; Standardise across registries	Regulators Registry Holders MAH Payers
<b>Pregnancy</b>	Record if pregnancy occurred & if so, minimum outcomes information	Include pregnancy and outcomes on the registry database.	Registry Holders
<b>Patient mobility between CF centres</b>	Transfer historical information to new registry	Aim linkage between CF centres.	Registry Holders

**Group 2. Recommendations & Actions table.** Informed consents, governance, data protection, individual data vs aggregated data

Topic	Recommendation	Action	Owner
<b>Informed consents</b>	For new registry patients, review whether the consent is broad enough for possible future situations:  1) potential uses of registry data in line with the applicable legislation;  2) situations where data might be shared in summary or at patient level  3) providing an option for	Review of current national and ECFSPR consent considering necessary evolution	Registry holders (ECFS)  Registry Task Force

Topic	Recommendation	Action	Owner
	patients to request that re-use of their data is limited to certain purposes.		
<b>Informed consents</b>	Develop a policy on situations where sharing of summary or pseudo-anonymised raw data is acceptable	Policy to provide a transparent guidance to potential requesters such as regulators and MAH.	Registry holders Regulators MAH
<b>Data Protection</b>	Assess the impact of the forthcoming GDPR regulation on circumstances where data sharing can be allowed		Registry holders, MAH Registry Task Force
<b>Governance</b>	Registry holders should establish a centralised process with SOPs for requesting data and outlining the types of data that can be provided and their format	To set up a centralised process with supporting SOPs for requesting data to support consistency of responses.	Registry holders Registry Task Force
<b>Governance</b>	Agree on a common approach to the collection, reporting and sharing of post-authorisation/ pharmacovigilance data.	Establish a Pharmacovigilance working group	Registry holders MAH Registry Task Force
<b>Governance</b>	Regulators to be aware of the data that can be collected by registries	Regulator – Registry holder communication	Registry holders Registry Task Force
	Registry holders to understand regulators' requests to MAH	Regulator – Registry holder communication	Registry holders Registry Task Force
<b>Governance</b>	Communicate to the public the benefits and potential uses of the data arising from patient registries	Communicate registry benefits and information on new studies	Registry holders MAH Registry Task Force
<b>Data sharing</b>	Direct communications should take place between the registry holder, the MAH and the regulator to clarify the details and feasibility of regulatory data requests	MAH and Registry holders agree on and apply standard contractual agreements	MAH and Registry holders

Topic	Recommendation	Action	Owner
<b>Utility of registries for regulators and MAH</b>	When potential ADRs are identified, registry holders should encourage physicians to use their national ADR reporting channels	Remind physicians to report ADRs through the channels and tools in place in each country.	Regulators
<b>Utility of registries for regulators and MAH</b>	For a pharmacovigilance study or specific signal follow up, registries could participate in targeted monitoring	Case-by-case approach	
<b>Utility of registries for regulators and MAH</b>	Studies based on registry data should be registered into the EU PAS register.	Registry holders to list registry-based studies in the EU PAS register	Registry holders
<b>Timelines</b>	Regulators and MAH must understand time schedule for data provision.	Registry holders to provide a schedule for data provision	Registry holders
<b>Timelines</b>	When data are required urgently, national registries may be approached directly given the lead-time to upload data to the ECFSPR	Regulators to approach national registries when data is required urgently	Regulators Registry holders
<b>Funding</b>	Funding for providing data and services is an opportunity for long-term support of the registry.	Case-by-case approach	MAH Registry holders

**Group 3. Recommendations & Actions table.** Common procedures and registry interoperability, quality assurance to support regulatory evaluation and data analysis

Topic	Recommendations	Actions	Owner
<b>Processes for Data upload into registries and Audits</b>	Explore options to minimise the number of (manual) steps and duplications of data entry	Map and review the current processes at national level to see if steps could be removed or simplified. In long term, this could facilitate the generation of encounter data and increase the use of registries in post authorisation studies.	National registry holders ECFSPR
<b>Processes for Data upload into</b>	Annual report on data quality based on appropriate indicators	Include a section in the ECFSPR Annual report covering the data quality of the national registries	ECFSPR Data Quality Group

Topic	Recommendations	Actions	Owner
<b>registries and Audits</b>		based on agreed indicators	
<b>Processes for Data upload into registries and Audits</b>	Audit in all countries, clear governance	Organise audits of the national and EU registries on regular basis in order to guarantee data quality in line with EU standards  Develop EU accreditation system?	National registry holders  ECFSPR
<b>Data quality</b>	Agree on EU standards for Data quality indicators and terminologies/coding	Propose EU standards for Data quality indicators and consult with decision makers and advisory bodies	ECFSPR Data Quality Group
		Harmonise registries reporting requirements / guidelines	Regulators
<b>Data quality</b>	Strengthen communication on the benefits of registries and importance of healthcare professionals involvement in data quality insurance	Provide direct feedback to clinicians or create dashboards for healthcare professionals to view the evolution of their patients and understand the benefit of their contribution	National registry holders
<b>Data quality</b>	Agreement on all stakeholders expectations including HTAs and payers	Clarify who does what, when, what data, and develop clear communication and timelines	All stakeholders
		Mend the broken triangle through early and more direct dialogue between the EMA and Registry Holders rather than via MAH, e.g. creation of specific fora	All stakeholders