



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Clinical data Publication Webinar

Presented by Documents Access & Publication Service
23 March 2017

An agency of the European Union



Introduction, scope, definitions

External guidance on the **procedural aspects** related to the submission of clinical reports for the purpose of publication in accordance with EMA policy 0070

Guidance on the identification and redaction of **commercially confidential information** (CCI) in clinical reports submitted to the EMA

Guidance to pharmaceutical industry on the **anonymisation** of clinical reports for the purpose of publication in accordance with EMA policy 0070

Published on EMA website:

http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2016/12/WC500218567.pdf

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➤ **Currents status and upcoming submissions**

➤ Cross-referred studies

➤ Out of scope sections

➤ New tool kit

- External validation checklist
- Abbreviated Anonymisation report template
- Q&A

Clinical Data Publication (CDP) in numbers

	Product	Date of publication	No of documents published	No of pages	No of pages with CCI redacted
1	Zurampic	20 October 2016	246	185,000	2
2	Kyprolis	20 October 2016	115	75,000	0
3	Armisarte	23 November 2016	19	95	6
4	Caspofungin Accord	23 November 2016	2	48	0
5	Tarceva	21 December 2016	7	2,929	0
6	Praxbind	21 December 2016	25	23,789	0
7	Palonosetron Hospira	30 January 2017	2	36	0
8	Aripiprazole Mylan	31 January 2017	12	808	0
9	Cubicin	27 February 2017	28	4,206	0
10	Coagadex	28 February 2017	7	2,573	2
11	Empliciti	28 February 2017	19	26,247	0
12	Palonosetron Accord	16 March 2017	2	24	0
13	Amlodipine-Valsartan Mylan	16 March 2017	11	808	0
	Total		495	321,563	10

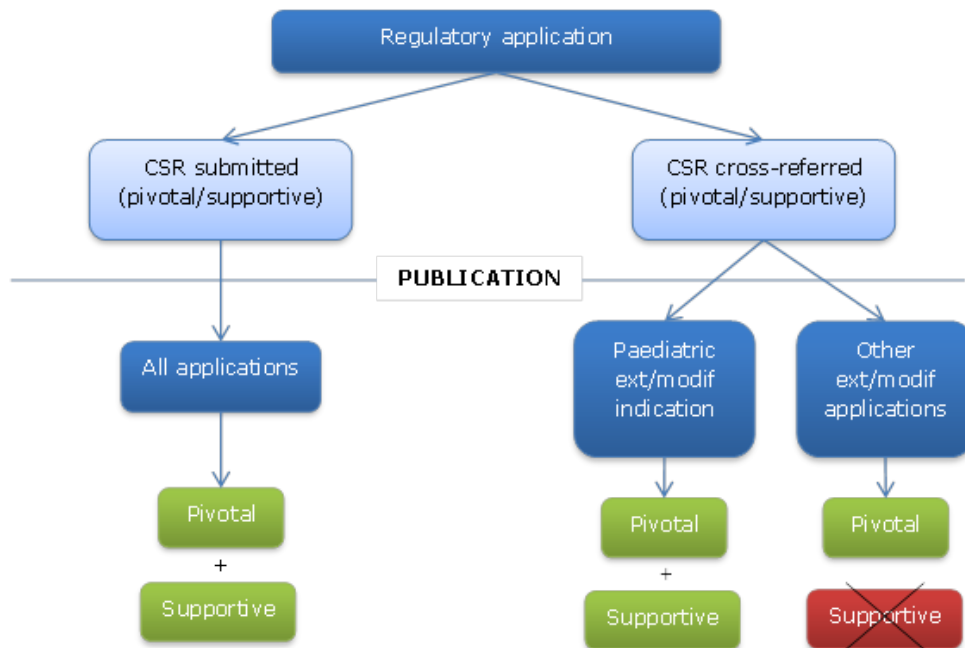
Where are we with procedures on 21st of March 2017

Number of procedures ongoing <i>with</i> pilot phase	20
Number of procedure ongoing without pilot phase	15
Number of procedures shortly starting <i>with</i> pilot phase	5
Number of procedures shortly starting without pilot phase	7
Total of procedures for which MAHs/Appl. Have been contacted	47



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- For **Clinical reports submitted as part of previous/other regulator procedures:** *Will be published (except paediatric):* **Pivotal CSRs** assessed to support a modification of indications or a line extension even if submitted in the past

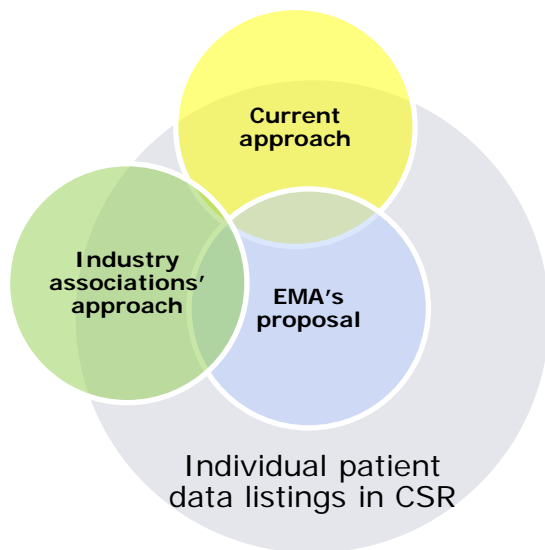




Current wording	Proposed wording
<p>"Clinical reports [...] cross-referred to within a regulatory application will be subject to publication [...]. This includes CSRs previously submitted in the context of earlier regulatory procedures which form the basis of the regulatory decision for those applications falling in the scope of the policy"</p>	<p>Extension of indication to include paediatric population or modification of a paediatric indication</p> <p>"<u>All clinical study reports</u> cross-referred to within a paediatric extension or modification of indication application submitted in the context of regulatory procedures not falling within the scope of Policy 0070 will be subject to publication."</p> <p>Other extension or modification of indication and line extension applications</p> <p>"Where clinical study reports are cross-referred to within extension or modification of indication and line extension applications, only the <u>pivotal clinical study reports</u> submitted in the context of regulatory procedures not falling within the scope of Policy 0070 will be subject to publication."</p>



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Current approach **'All patients all visits'**

Data utility better kept

'All patients all visits' concept
difficult to manage

Identification difficult,
complex, more workload

Ind. associations' approach **'More than one patient more than one visit'**

It overcomes the limitation of
'All patients all visits' concept.

Over-redaction= data utility
more compromised

Identification difficult,
complex, more workload

EMA's proposal **'Abnormal Laboratory Value Listing'**

Clearer definition of "out of
scope"

Covers a large majority of
individual patient data listings

Identification less difficult, less
complex – reduced workload

Individual patient data listings in
other sections anonymised.

Current wording	Proposed wording
<p>'The Agency considers per patient per visit data as those listings including values of the measured parameters (e.g. lab values) listed for all patients recruited and covering all study visits.</p> <p>Therefore, for example, tables listing values of the measured parameters (e.g. HbA1C) or outcomes (protocol deviation, death, SAE, overall survival) at a certain single time point will not be considered per patient per visit line listing.'</p>	<p>'All sections of the CSR body (sections 1 to 15 as per ICH E3) are subject to publication.</p> <p>EMA notes that the CSRs may contain individual patient data listings within the body of the report. In particular, as per ICH E3, these individual patient data listings are most likely to be found in section 14.3.4 Abnormal Laboratory Value Listing.</p> <p>Therefore, individual patient data listings contained in CSR section 14.3.4 "Abnormal Laboratory Value Listing" can be considered out of scope of phase 1 of Policy 0070. Consequently, it is acceptable to have them removed from the clinical study reports prepared for publication.</p> <p>If ICH E3 format is not followed for a particular CSR, the individual patient data listings included in the corresponding section presenting "Abnormal Laboratory Values" may be considered out of scope and removed from the clinical study report.</p> <p>Nevertheless, individual patient data listings presented in other sections of the clinical study report (e.g. concerning PK and immunogenicity results, laboratory values, case narratives or protocol deviations) cannot be considered out of scope and should not be removed. They should instead be anonymised.</p> <p>It is important to note that data presented as aggregated patient data listings within section 14.3.4 "Abnormal Laboratory Value Listing" should NOT be removed.</p>



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To help out with the preparation of clinical data packages submission

External validation checklist

Abbreviated anonymisation report template

Q&A

- ❑ Validation issues (identified in **bold in the checklist**) can lead to an unsuccessful validation. MAHs will be asked to resubmit the revised package (procedure re-starts from **Day 0**)
- ❑ Aimed to help Industry ahead of submission of **'Redaction Proposal Document' package**
- ❑ To improve quality of submitted packages validated at the Agency
- ❑ **Do not include** in submitted packages




Operational start-up phase: Examples of most common validation issues

Cover letter	Declaration confirming that the redacted/anonymised clinical reports are true and complete copies of those submitted for scientific review is missing
Justification Tables	One (1) justification table submitted per package instead of per study report; OR number of submitted JTs differ from number in the cover letter
Clinical reports	Information that is labelled as CCI in the clinical reports does not match the CCI proposals described /listed in the corresponding JTs; Out of scope sections (if applicable) are not correctly identified in documents (e.g., if ICH E3 format is not followed)
Anonymisation Report	AnR is not included in the submitted package
Naming Convention	Correct naming convention is not followed for all documents submitted



New template for submissions of clinical reports not containing patient identifiers

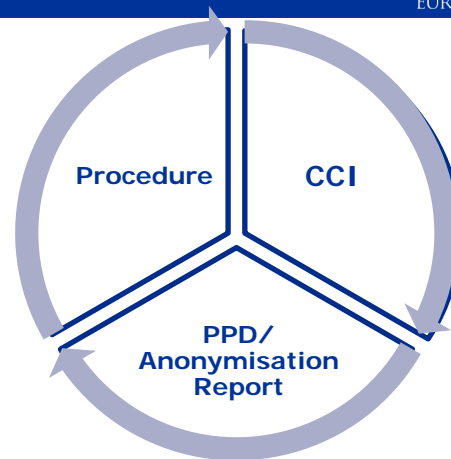
- ❑ To be used for all applications where the applicant/MAH has not identified any patient (direct OR quasi) identifiers.
- ❑ No assessment of the risk of re-identification and no anonymisation process have been performed.



The types of applications for which we may come across such scenario are:

- Article 10(1) – **Generic application**
- Article 10(3) - **Hybrid application**
- Article 10a - **Well-established use application**

- ❑ Overview of the Agency's position on issues that are typically addressed in discussions or meetings with applicants/MAHs
- ❑ Intended to complement existing external guidance document
- ❑ It will be updated regularly to reflect any new guidance updates during the implementation of Policy 0070



When shall I
submit my
package?

Will my package
submission be
eligible for a pilot
phase?

What does the
Agency not
consider to be CCI?

Can patient
narratives be
removed from the
CSRs?

- Prior to being contacted by EMA,
 - ⇒ use the EMA webform* with “**CDP-**” to start the line with subject of your enquiry
 - *http://www.ema.europa.eu/ema/index.jsp?curl=pages/about_us/landing/ask_ema_landing_page.jsp
- Once you have received an invitation letter,
 - ⇒ contact the CDP coordinator mentioned in the letter



Thank you for your attention

Further information

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