EU Recommendations on Decentralised Elements in Clinical Trials

PCWP/HCPWP joint meeting, 28 June 2023, EMA Amsterdam

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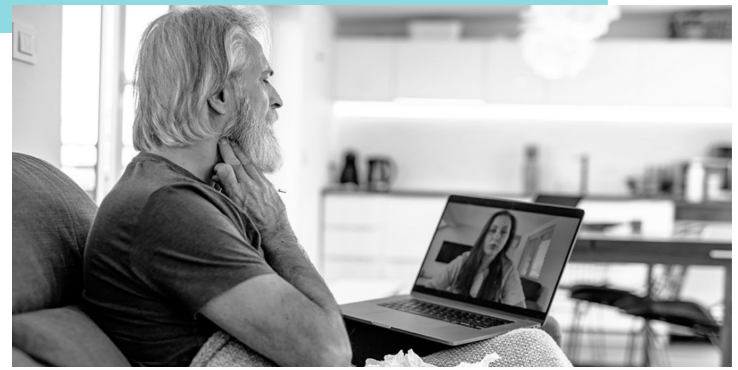
CTCG vice-chair

An agency of the European Union

Decentralised elements (DCT)

The DCT approach seeks to take advantage of the technological progress and introduce new methodologies to make clinical trials more easily accessible and participation more convenient for trial participants.



- **Home health visits** to the trial participant's home and teleconsultation,
- **Electronic informed consent** procedures with remote consent.
- **Direct shipment** of investigational medicinal products (IMPs) to trial participants home

- ➢ Flexibility for trial participants
- ➢ Less direct interaction between investigator and trial participants

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Broad cross-functional collaboration for DCT recommendations

Link: DCT recommendations published in Eudralex Vol. 10 – EMRN document

European Commission
Regulations, Directives and guidances
- CT: EudraLex Volume 10

CTEG and CTAG (clinical trials experts)
Medical Device and IVD area
…

Healthcare Professionals' Working Party (HCPWP)	
Gualberto Gussoni	FADOI (Italian Scientific Society of Internal Medicine) & EFIM (European Federation of Internal Medicine)
Vasileios Sakalis	Hippokrateion General Hospital of Thessaloniki, Greece
Patients' and Consumers' Working Party (PCWP)	
Aisling Walsh-Papageorgiou	European Foundation for the Care of Newborn Infants (EFCNI)
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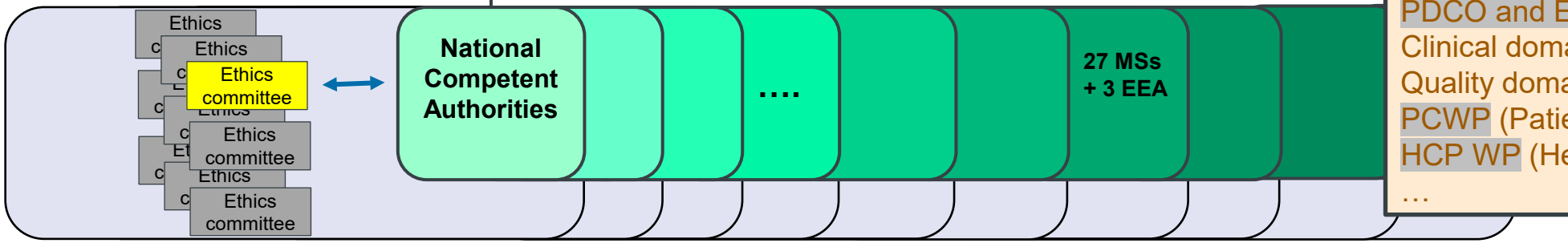
Johanna Kostenzer	European Foundation for the Care of Newborn Infants (EFCNI)
Sally Hofmeister	World Duchenne Organization

HMA
Heads of Medicines Agency
Collaboration between National Competent Authorities (NCAs)
- Guidance documents

EMA
European Medicines Agency
Coordinate authorisation of medicinal products
- Guidance documents, Scientific advice, CTIS

CTCG (clinical trials coordination group)

CHMP (Marketing authorisation)
SAWP (scientific advice)
GCP IWG (GCP inspectors)
MWP (methodology, data experts)
Non-clinical WP (safety)
PDCO and Enpr-EMA (paediatrics)
Clinical domain
Quality domain
PCWP (Patients and consumers)
HCP WP (Health care professionals)
…



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Recommendations on decentralised elements in CTs
from European Medicines Regulatory Network (EMRN)

RECOMMENDATION PAPER ON DECENTRALISED ELEMENTS IN CLINICAL TRIALS: Published Dec 14th 2022 on Eudralex Vol. 10

DCT Recommendation paper

Direction of EMRN harmonisation

National provisions overview

Member state specific provisions, where national legislation does not currently allow for alignment

First step towards EMRN harmonised DCT approached

Best practice for EU CT authorisation and inspection

Updated as knowledge and experience evolve

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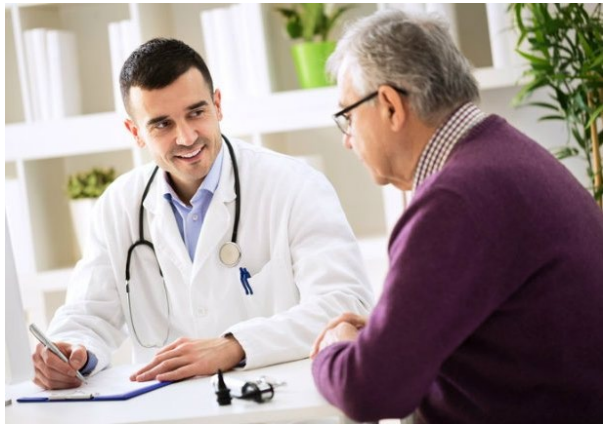
Focus of EMRN DCT recommendations



Opportunities ⟷ **Challenges**
manage and mitigate

- Trial participant-centred and risk-based approach
- Investigator and sponsor oversight
- Reliable and robust data fit for purpose

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EMRN DCT recommendations - Content

1. Introduction, scope and **general considerations**
2. **Clinical trial oversight**: roles and responsibilities
3. **Informed consent process**
4. **Delivery of medicinal products** and administration at home
5. Trial related **procedures at home**
6. **Data collection and management** including defining and handling **source data**
7. **Trial monitoring**

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Clinical trial oversight - challenges

↓ On site visits

↑ Involvement of service providers

↑ Use of electronic systems

↑ Amount of incoming data: wearables, home nursing, patient reported outcomes, etc.

<u>More tasks delegated - responsibilities same (ICH E6 GCP)</u>

Mitigate: **Ensure that sponsor and investigator are able to keep oversight on trial paticipant safety and well-being.**

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Clinical trial oversight: Clear roles and responsibilities

→ **Document** which tasks are conducted at what place, when, and by whom and how oversight is maintained.

→ Clear **communication plan** between the different parties involved: sponsor, investigator, participants, service providers.

→ Trial **participants informed** on information flow and how to make contact for acute safety concern, device malfunction or other questions.

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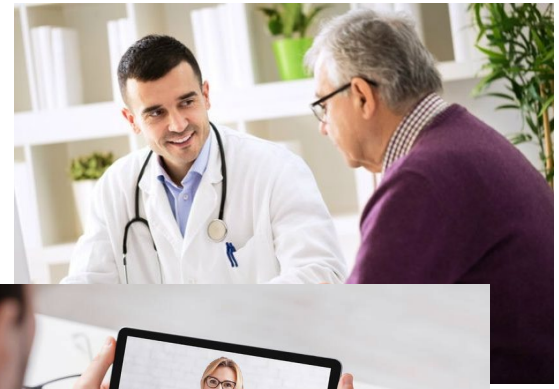
Informed consent process



Hybrid forms – many shapes:

- Informed consent interview: remote video or physical on-site
- Patient information (leaflet): paper, digital or video
- Signature: electronic or ‘wet ink’ by post

National provisions overview with country specific requirements

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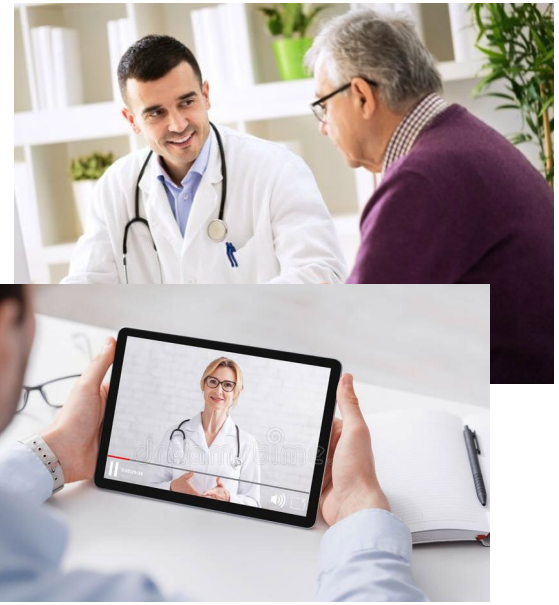
Informed consent process



Participant-centered approach: Tailor to trial and population

→ICH E6: **trial participants fully informed** and able to ask questions.

→**Step-by-step description** of procedure including selection and evaluation of eligibility. This in general, includes a **physical meeting**.

Remote interview may be justified depending on vulnerability of trial population, knowledge on efficacy/safety profile and complexity of trial.

Informed consent not only of ethical and legal importance: good communication between investigator and trial participant creates mutual trust and promote trial compliance

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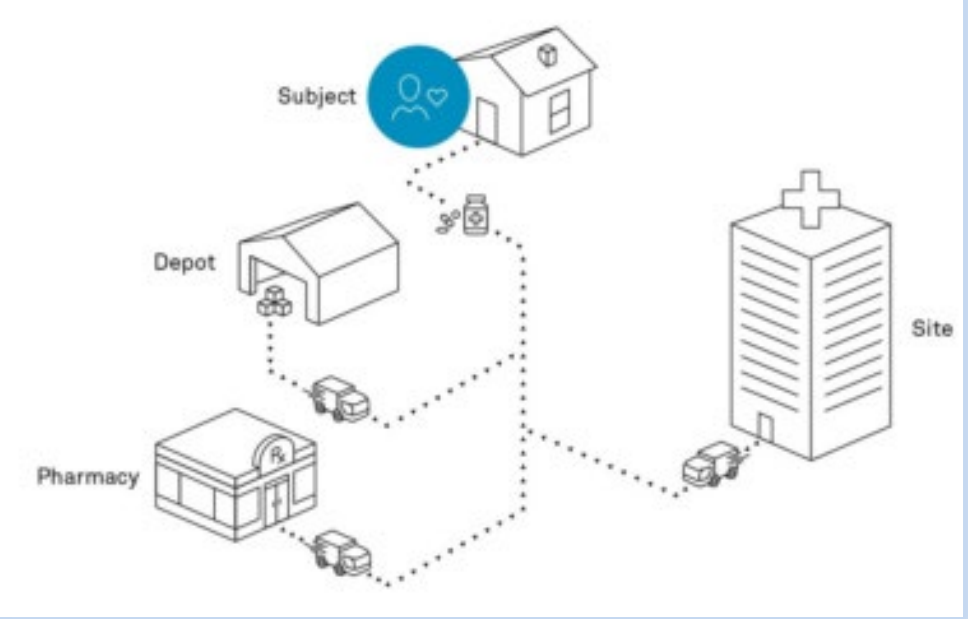
Delivery of medicinal products and administration at home



Basic principles:

→ The **investigator request and initiate shipment** of investigational medicinal product (IMP)

→ **Feasibility** with regard to storage conditions and administration? Clear instructions to participants.

→ Highly restricted access to trial participants contact details.

- From the sponsor/manufacturer by distributor
- From pharmacy of investigator's site
- From a local pharmacy (close to participant's home)

National provisions overview with country specific requirements

Many national provisions due to national pharma legislations.

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General considerations for use of DCT elements

General medical rules to protect trial participant's safety should be upheld, in particular when patients are separated from their traditional care centers.

Trial specific rationale: depending on trial population, its disease, type of assessment and characteristics of investigational medicinal product (IMP) including its stage of development and efficacy/safety profile.

Involve patient organisations and investigators:

→ **implementation according to trial participant and investigator needs**

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Academic awareness – visibility

THE LANCET

CORRESPONDENCE | VOLUME 401, ISSUE 10385, P1339, APRIL 22, 2023

Decentralised elements in clinical trials: recommendations from the European Medicines Regulatory Network

Monique Al • Solange Levison • Wolfgang E Berdel ✉ • Ditte Zerlang Andersen •
for the Decentralised Clinical Trials Task Force

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Next steps

→ **Update national provision overview** on regular basis.

→ Translation into **best practice** for assessors (NCAs and ethics) of clinical trial applications.

→ Collect experience: **tracker** of decentralised elements in clinical trials.

Want to know more:

➢ **Internal DCT MS learning and exchange meeting** May 24th 2023 (3h)

➢ **ACT EU multi-stakeholder meeting** on DCT Oct 4th 2022 (video and slides).

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EMRN DCT cross-functional drafting team

Name of representative per working group	Affiliation
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Ruth Storme	Ethics Committee Research UZ Leuven
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Minne Casteels	KU Leuven, Dept. of Pharmaceutical and Pharmacological Sciences
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Laura Fregonese	EMA, Paediatric Medicines Office
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Healthcare Professionals' Working Party (HCPWP)	
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Vasileios Sakalis	Hippokrateion General Hospital of Thessaloniki, Greece
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Sally Hofmeister	World Duchenne Organization
Project management	
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Stina Lofling	Swedish medical products agency

Taskforce:
45 experts across 12 MSs

Endorsed by:
GCP IWG, CTCG and CTEG

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Thank you for your attention

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