EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

PCWP/HCPWP contribution to ICH E6(R3) guidance on good clinical practice (GCP)

Progress report since initial discussion in June 2022

PCWP/HCPWP joint meeting on 22 September 2022

Presented by François Houÿez (PCWP/EURORDIS), Piotr Szymański (HCPWP/ESC), Kim Pietsch (EMA), Ivana Silva (EMA)

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Progress since June 2022

- As agreed at the 2nd June 2022 meeting, points emerging from the discussion have been organised against a selection of the ICH draft principles and will be presented today for further discussion
- More principles may require consideration following todays discussion and additional follow up will take place in the context of the drafting group
- A call for volunteers to support Francois and Piotr in the drafting group was organised between 8 and 15 September:
  - Patients: Barbro Westerholm (AGE), Marko Korenjak (ELPA), Russe Wheeler (EURORDIS), Yalchin Mammadov (GlobalSkin-Europe)
  - HCPs: Martin Landray (ESC), Ole Weis Bjerrum (EHA), Piera Polidori (EAHP), Sarah Collen (EAU), Johannes Taminiau (PDCO)
  - Additional volunteers can still join – please contact PCWP/HCPWP secretariats by 26 September

Next steps

- Discussion will continue in the context of the drafting group
- Draft statement to be prepared by end October/ early November
- PCWP/HCPWP consultation in writing during November
- Statement finalised in December
- Input to be provided to ICH
  - Start of 6-month public consultation on draft pinciples and Annex 1 expected after the ICH meeting in Incheon/Korea (Mid Nov 2022)
  - Multistakeholder workshop planed for Q1 2023 as part of the ACT EU (priority action 4)
  - Concept paper for Annex 2 expected in Q1 2023 triggering beginning of draft for Annex 2

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Trial population, representativeness, inclusion/exclusion criteria

ICH draft principle

2.4 When appropriate, the participant selection process should be representative of the anticipated population who are likely to use the medicinal product in future clinical practice. When designing a clinical trial, the scientific goal and purpose should be carefully considered so as not to unnecessarily exclude particular participant populations.

PCWP/HCPWP identified points

- External validity / extrapolation versus internal validity and need to have a homogeneous population
- Can the most severe cases (advanced stages of the disease – high risk of death) be mixed with newer cases (lower risk of death) without affecting trial validity?
- Addresses the inclusion of elderly population, children, pregnant women etc.

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Consent

ICH draft principle

3- Informed consent is an integral feature of the ethical conduct of a trial. Clinical trial participation should be voluntary and based on a consent process that ensures participants are well-informed.

3.1 Freely given informed consent should be obtained and documented from every participant prior to clinical trial participation. For participants unable to provide informed consent, their legally authorized representative should provide consent prior to clinical trial participation.

PCWP/HCPWP identified points

- Consent should explicitly remind potential participants a clinical trial is not a gate to access treatment but a method to validate that treatment
- Consent should explicitly explain the provisions to access the experimental product at the end of the trial
- Dynamic consent? Substantial amendments, long-lasting trails etc.
- Digital consent: how do we see this? 100% digital or digital and face-to-face?
- What about video-consent? Recorded? Stored?
- Consent for taking part in trial often comes together with a consent for the use of the data, including secondary use, or another one for healthcare professionals to visit trial participants in their home. Too many consent forms?

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Trial processes

ICH draft principle

9.3 Trial processes should be operationally feasible and avoid unnecessary complexity, procedures, and data collection. Trial processes should support the study key objectives.

10.4 Digital systems used for clinical trial purposes should consider the factors critical to their quality in their design and be fit for purpose. To this end, validation of systems, data protection, information technology (IT) security and user management are important elements that should be addressed.

PCWP/HCPWP identified points

- Investigators overwhelmed by myriads of safety reports they need to review and validate daily, most of which trigger no action
  - Is it needed, or are CROs and trial administrators covering themselves ?
- Remote devices / connected an digital tools to collect data can generate a high flow of data coming in
  - How often should investigators look at the data (continuous flow of incoming data from e.g. connected devices)?

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Purpose of trial: lack of trials, waste of trials, targeting priorities

ICH draft principle

5- Clinical trials should be scientifically sound for their intended purpose, and based on robust and current scientific knowledge and approaches.

5.1 The available nonclinical and clinical information (…) should be adequate to support the proposed clinical trial.

5.2 CTs should be scientifically sound and reflect the state of knowledge and experience with the investigational product(s) (…)

5.3 There should be periodic review of current scientific knowledge and approaches (…)

PCWP/HCPWP identified points

- Lack of trials is an issue. To reflect on where the real unmet needs and the right priorities are
- Waste of trials: an enormous waste of resources, and many trials being conducted inappropriately
  - how to avoid duplication?

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Involvement of stakeholders in the planning and conduct of trials

ICH draft principle	PCWP/HCPWP identified points
Missing principle	• Co-development and involvement of participants and others with expertise in the relevant area (clinicians, patients and their representatives) • Engaging patients in the planning, design, conduct of clinical trials: the role of Community Advisory Boards (patient advocates) as opposed to Sponsor's own board • Engaging clinicians: Investigators Meetings, Independent Committees…

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Additional remarks

ICH draft principle	New points to be discussed
2.3 Foreseeable risks and inconveniences should be weighed against the anticipated benefits for the individual participants and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.	• Anticipated benefits and possible risks in taking part in a trial: is this an operational concept ? Equipoise = we don't know if the product is safe and effective – so which benefits? Better care than others, pampered? How ethical?

ANALYSIS OF DRAFT PRINCIPLES OF ICH E6 GOOD CLINICAL PRACTICE

Additional remarks

ICH draft principle	New points to be discussed
2.5 A qualified physician or, when appropriate, a qualified dentist, should have the overall responsibility for the medical care given to, and medical decisions made on behalf of, participants; however, the practical interactions and the delivery of medical care and decisions can be carried out by appropriately qualified health care professionals in accordance with local regulations.	• Decentralised trials (annex 2): research nurses or other healthcare professionals / third parties visiting trial subjects at home: if responsibility lies in the investigator(s), investigator(s) are responsible to verify their qualification ? • Should they be responsible when contracting with them? Even if tenths or hundreds of them?

Any questions?

Further information

[Insert relevant information sources or contact details as applicable.]

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