efpia
European Federation of Pharmaceutical Industries and Associations

EMA-Industry Clinical Data Publication Webinar

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PROPOSALS TO EMA FROM EFPIA

Spokespersons: Julie Holtzople (AZ) – Topic 1 and Anne Cutting (GSK) – Topics 2&3

Final Version

Topic Proposals

1. Proposal for a formal change management cycle to improve implementation for both EMA and sponsors
2. Seeking consistency between overlays and the new cover letter table (appendix 1.15)
3. Proposal to apply CCI redactions to final redacted package ONLY for simplicity

1. Proposal for a formal change management cycle to improve implementation for both EMA and sponsors

Principles:

- The same version of the guidelines should be used to create a full P0070 submission package from start to end
- Whether using technology tools or process tools, every new version of the guidelines means MAH holders must update their tools, i.e.. training, SOPs, and new requirements for formatting, etc. (and technology tool if applicable)

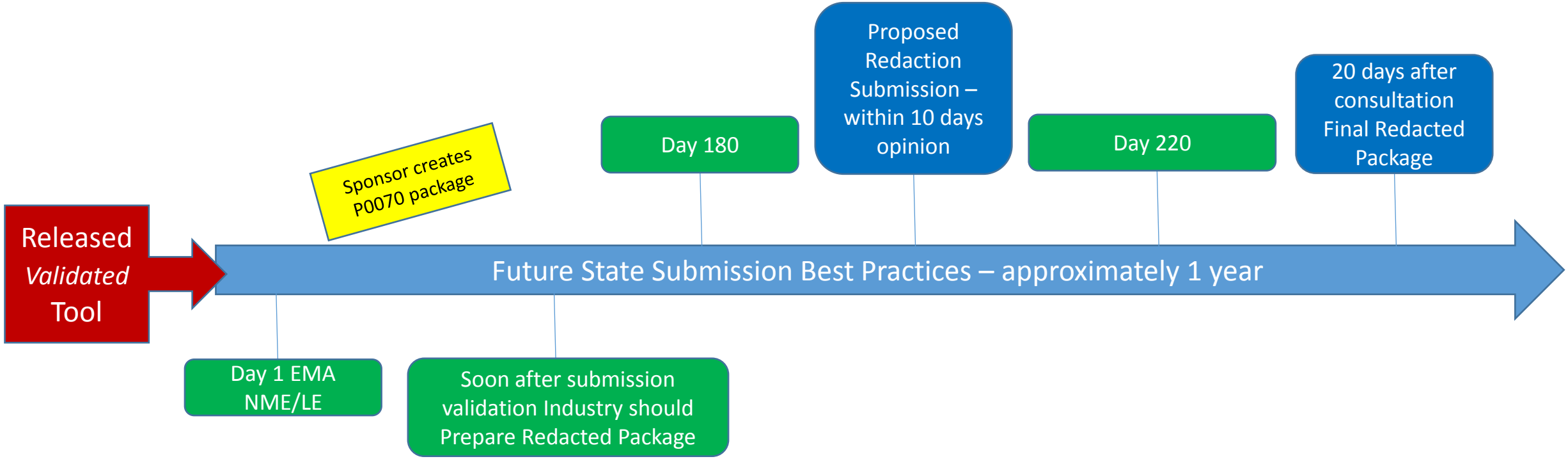
Current issues:

- Today's submissions rely on masking/redaction and qualitative risk assessment, which is ad-hoc, varied, often manual and time consuming for all parties
- The policy and experience tells us that moving beyond redaction will create greater clinical utility for researchers
    - Quantitative risk assessment and non-masking based techniques (aka generalization, randomization, etc.) require use of technology tools to achieve any level of consistency and quality
    - Validation requires thorough risk based well documented processes which take time to do correctly (typically taking 12+ months)

Proposal:

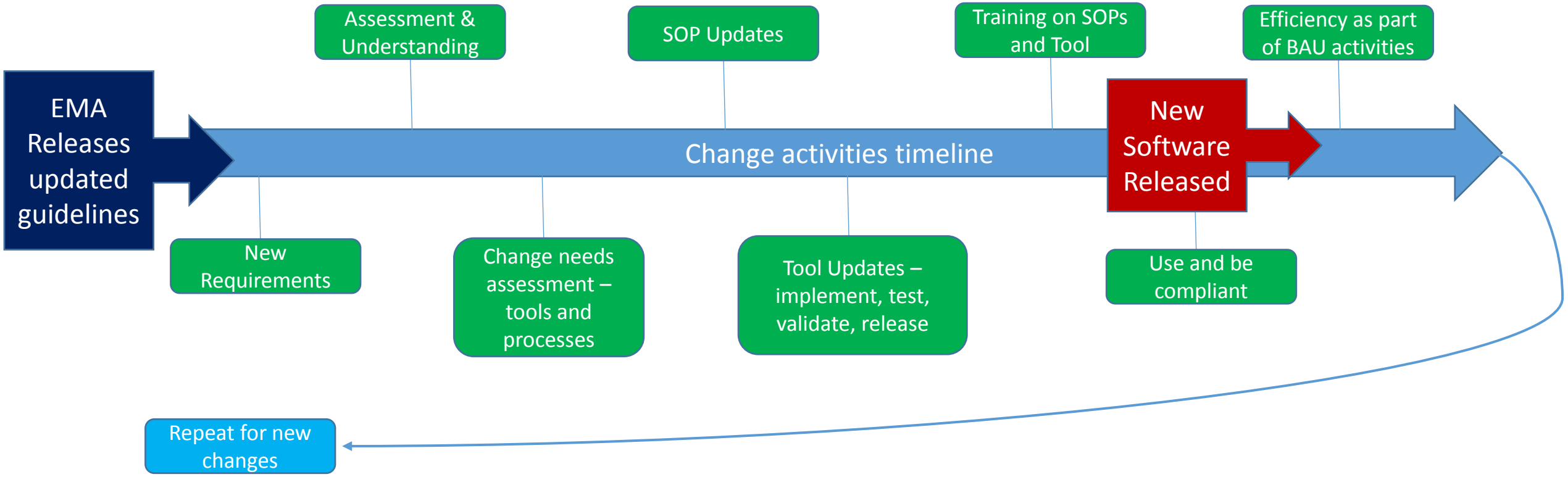
- Industry proposes the implementation of a solid change management lifecycle will resolve many current challenges:
    - Good tools will provide increased clinical utility in packages through expanded use of quantitative risk based assessment and non-masking techniques
    - A stable and reliable change management approach to guidelines will ensure reliable submission timelines and the ability to meet future steady state submission timelines upon close of the learning phase

Best Practice Lead time for sponsors to prepare their Policy 0070 Package is at least 6-12 months *(consider steady state)*



If guidelines change during preparation, then the sponsor has to change, update, or potentially rework the entire package.

Implement of the new guidelines by the sponsor must be done correctly – *Business Processes, SOPS, System and Training are impacted*



To effectively implement a system change for a validated system 6-12 months lead-time is required minimally, depending on the amount of process and technology change required driven from the updated guidelines.

Updating Guidelines once a year simplifies the implementation life cycle for sponsors and creates an opportunity for using validated tools to deliver Policy 0070. This will increase the quality and clinical utility of future Policy 0070 Packages.

Process business changes, training and Tool Validation

- Takes 6-12 months (or more) depending on complexity and organization processes
- Required for compliance

Submission Preparation

- Preparation should start upon submission validation with 1 version of the validated tool used.
- Typical submission timelines once in steady state will see almost a year of elapsed time from initial submission to P0070 submission

Public access to data with Clinical Utility

- Tools provide increased clinical utility in packages through expanded use of quantitative risk based assessment and techniques
- A stable and reliable change management approach to guidelines will ensure reliable submission timelines and the ability to meet BAU submission timelines upon close of the learning phase

Considering tool validation and package preparation time, everyone will benefit from **limiting guideline updates to once a year and ensuring at least 12 months lead time before coming into effect**.

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2. Seeking consistency between overlays and the new cover letter table (appendix 1.15)

Background/Issue:

- Guideline 1.2 requested us to add page numbers to the overlays
- EMA acknowledge challenges in adding the page numbers accurately and subsequently …
- Guideline 1.3 removed the requirement to add page numbers to the overlays, instead added a new table into the cover letter asking again for page numbers of out of scope sections
- Now, the same challenges exist in building the cover letter table as did with adding page numbers to the overlay

Proposal:

- Industry proposes that the “Section Title” in conjunction with the “Basis of out of scope consideration” information is sufficient to review and make necessary consultation decisions
- This allows for consistency in the previous decision not to require page number calculations
- Reduce EMA review burden to verify page numbers and focus on justifications

Study Number / ID (not name)	File Name	Section title	~~Page Number~~	Basis of out of scope consideration – Reference to Annex 1.12 of the External Guidance

Red text and strike through indicates proposed change to Appendix 1.15

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3. Proposal to allow sponsors to apply CCI Redactions to the Final Redacted Package ONLY (for simplification)

	Current Process	Proposed Process	Benefits to Sponsors	Benefits to EMA
1	Build CCI Justification Table	Same		
2	Mark CCI in the documents with clear citing references (usually after PPD is marked)	Step Omitted/ Not Required	• Reduced number of internal document versions • Decreasing delivery time	• No need to verify if marking is accurate in propose version, thus saving review effort and focusing on contents and justifications
3	Submit Redaction Proposal Package for consultation	Same		
4	Provide additional CCI Justification for rejected items *(as needed)*	Same		
5	Finalize CCI in documents	Add and apply agreed CCI in final documents ONLY	• Reduced number of document versions • One time effort to mark CCI in documents (correct)	• Less chance that original rejected CCI Redactions are accidently left in the documents causing a resubmission • Industry better able to achieved 20 day submission timelines due to less complex document versions
6	Submit Final Redacted Package	Same		

The following guideline updates are recommended to apply CCI redactions to final redacted package ONLY for simplicity

Current text

Chapter 1, Section 3 Definitions:

Redaction Proposal Version:

- *This is the clinical report version containing the applicant's/MAH's proposed redactions on commercial confidential information (CCI) and personal data. These proposed redactions should be highlighted in a 'read-through' manner.*

Chapter 2, Section 3.3.1.8 Technical Proposal for the preparation of the Redaction Proposal version of the clinical reports

- *The text proposed for redaction should be clearly identified as such (i.e. marked) and the text itself should be legible (read-through). Each proposed redaction of CCI and PPD should be labelled in the read-through documents using "CCI" or "PPD". For clarity please see below an example of CCI labelling:*

- *EMA will assess the proposed CCI redactions. It is important that in the Redaction Proposal version of the submitted clinical reports the applicant/MAH clearly indicates each proposed CCI redaction. Therefore, all pieces of information proposed for CCI redaction should have a label, clearly indicating that the proposed redaction is requested on CCI grounds. Justification for each proposed CCI redaction should be included in the justification table. Please refer to Chapter 4 "External guidance on the identification and redaction of commercially confidential information in clinical reports submitted to EMA for the purpose of publication in accordance with EMA policy 0070" for further details.*

Proposed text

Chapter 1, Section 3 Definitions:

Redaction Proposal Version:

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(Continued) The following guideline updates are recommended to apply CCI redactions to final redacted package ONLY for simplicity

Current text

Appendix 1.14 Pre-validation checklist:

Justification table bullet 5

- *Information that is labelled as CCI in the clinical reports(s) matches the CCI proposals described/listed in the corresponding justification table(s)*

Clinical report bullet 3

- *Redaction labels (colour coding and overlay text) are correctly applied in documents (CCI/Protected personal data) if applicable*

Appendix 1.6

- *<no text>*

Proposed text

Appendix 1.14 Pre-validation checklist:

Justification bullet 5

- ~~*Information that is labelled as CCI in the clinical reports(s) matches the CCI proposals described/listed in the corresponding justification table(s)*~~ *Bullet deleted*

Clinical report bullet 3

- *Redaction labels (colour coding and overlay text) are correctly applied in documents (~~CCI/~~Protected personal data) if applicable*

Appendix 1.6

[Company name] also declares that only commercially confidential information that was explicitly agreed in writing with EMA has been labelled as CCI in the final redacted clinical reports(s)