## ccmo

## Best practices for transitional trials and their management in CTIS

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## DO!

START TO TRANSITION YOUR CLINICAL TRIAL NOW!

## DON’T!

POSTPONE TRANSITION TO THE END OF TRANSITIONAL PERIOD

END (PREMATURE) THE TRIAL TO PREVENT TRANSITION

## GUIDANCE and BEST PRACTICE GUIDE ON TRANSITION TRIALS

- Commission guidance on transition trials (Eudralex volume 10): https://health.ec.europa.eu/document/download/10c83e6b-2587-420d-9204d49c2f75f476 en?filename=transition_ct dir-reg_guidance_en.pdf
- CTCG best practice transition multinational clinical trials and template cover letter at CTCG website, key document list, section transitional trials: https://www.hma.eu/about-hma/working-groups/clinical-trials-coordination-group.html



Vs. 1 adopted at the CTCG plenary June 272023
Vs. 2 adopted at the CTCG plenary September 122023
Vs. 3 a dopted at the cTCG plenary November 132023
Vs 4 adopted at the CTCG plenary March 72024

## Descrition of changes in vs. 4 compared to eariier version

Sponsor should propose trial category but not apply for Iow -nterenention clinical at time of transition
from cTo to cTR. Details on cTIS sumbmission for specfic sitututions: il sponsor is not product owner of
 interventional Clinical trial in some Member States and asa non-interventional clinical study in othe
Member States. Acchiving rules and end of trial for cTo trials when some but not all Member States included in transition.

Concept to consolidated protocols clarified hieglighting sponsor's responsibility to decide on transition
as a single e cinical trial. Example illustrating consolidated protocol version shown in figure. Clarification on backround treatment- status of non-IIvestigational Medicinal Products under CTD
regarded as IMP or AxMP under CTR. regarded as $I M P$ or $A x M P$ under CTR.

 where the sponsor subitits an IMP-related document ina single request for a substantial modification
to several trials (CTR Annex || A.i, functionality restricted to Io, IMPD and GMP documents), the
 Introduction
As provided for in Aricle 98 of Reg. $536 / 2014$, clinical trials will be allowed to transition from the
 For multinational transition trial applications, cTCG has agreed on an expedited, harmonised Member



FIRST SM (part I and/or part II) after TRANSITION
CTCG Best practice on first SM after transition (including templates cover letter and substantial modification description: See key documents list at CTCG website!!!
https://www.hma.eu/about-hma/working-groups/clinical-trials-coordination-group.html

Guide to sponsors on requirements for updating Part I documents in line with the Clinical Trials Regulation at the time of the first SM Part I after a minimum trial dossier was transitioned from the Clinical Trials Directive to the Clinical Trials Regulation




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| :---: | :---: | :---: | :---: |
| Cover Ietter | See Cover Letter Template for First SM ater transition (as well as template for Substantial Modification Description) | See Cover Letter Template for First SM ater transtion (as well as template for Substantial Modification Descripition) | See Cover Letter Template for First SM after transition (as well as |

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subiect Aoplication cuIstrial number sM-number (Part/ /Part1/PPart1+II)
Sponsor. Sponsor Name
EU Trial number. Trial Numbe
Application number: SM-x
Protocol
Number: Protocol Number/Acronym
Protocol Number. Protocol
Protocol Title: Protocol Title

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 A track-chnanges (TC) version should be submitted. If this is not feasible/vailible, it is




Dear Madam, Dear sit,
Please find enclosed the documents for the aplication concerning the trial referencedabove for
your review. All documents needed for your review have been uplooded to the cris portal
Please refer to the Modification Description document for a detailed overiew of all the changes made to the application dossier, including a 1 list of documents. Submit thi
upload slot describing the substantial modifiction (see separate template).
BRIEFIV describe the reason and scope of the SM, including any countr--specific details. If the SM also

mummmennmant if this is the first SM for a transition trial, add the following information to clarit
 - This application contains: (ddelete those that reve not applicable) Documents that were arezady authorised under the cro and not included in the
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The addition of new memmer s states to to this ritial is lismnned / expected / currently not expected. (choose one option Mepplyinger for the the trial

Protection and biilogical Samples (deletet those that ren not taplicable or add other part II forms

 Protocol Number: Protoocol Number/Acronym
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This document provides a full overviev of changes to documents and data fields for this SM .

 : Dopuments that were already usthonized under the cro and dot included in the transition initial application



## Changes to structured data fields



| Changes to Form document |  |  |
| :---: | :---: | :---: |
| Section | Document name | Details |
| Substantial modification details | B1-cover letter 2024-5123455-99-00 SM-6 v1. 223 an2024 | New |
| Substantial modification <br> details | E1_Modfication Description 2024-512345-99-00 SM-6 V1.022Jan2024 | New |

## CRITERIA TRANSITION from CTD to CTR and CONCEPT of ACTIVE SITES

- Trials that can be transitioned: Only trials authorised under the CTD and likely to be ongoing beyond 30 January 2025 need to be transitioned if they meet these criteria: >are interventional clinical trials in humans;
>involve at least one active site in the EU/EEA where the trial is still ongoing;
$>$ there are no substantial amendments ongoing in any Member State Concerned (MSC) under CTD.
- Active site: the concept active site implies that if the last visit last subject (LVLS) or any other trial specific intervention with the subject as specified in the protocol took place before this date, the trial does not have to be transitioned.
- At the time of transition: all active sites have to be transitioned!


## Decision tree administrative transition clinical trial



## EudraCT for clinical trials with no active sites and not transitioned

- If there are no active sites in EU/EEA but the EoT has not yet been notified, the trial should not be transitioned
- EudraCT remains open beyond the end of the transition period for sponsors:
$>$ to notify (global) end of the trial and submission of summary results of trials completed under the Directive.
$>$ to keep registering in EudraCT trials conducted exclusively outside of the EU/EEA that are part of a Paediatric Investigation Plan (PIP) and/or in scope of Article 46 of the Paediatric Regulation (EC) 1901/2006, until a relevant functionality is delivered in CTIS.
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## Documentation: minimum set of documents

Sponsor needs to submit an initial application relying on the existing CTD dossier, already assessed and authorised. The following minimum set of data/documentation is required:

## Structured fields and forms

$\checkmark$ All mandatory application structured data fields in CTIS need to be completed.
$\checkmark$ Statement on GDPR compliance (new, required for users CTIS)
$\checkmark$ Cover Letter. The cover letter should follow the format of the CTCG template cover letter for transition trials

## Part I

$\checkmark$ Protocol (consolidated/harmonised)
$\checkmark$ Investigator's Brochure (consolidated/harmonised) or SmPC for marketed product
$\checkmark$ IMPD (consolidatd/harmonised)
$\checkmark$ GMP relevant documents
$\checkmark$ Documents related to auxilliary medicinal products* (non-IMPs under CTD)

## Part II

$\checkmark$ Subject information sheet and informed consent form

## Documentation: minimum set of documents

$\checkmark$ Only the latest approved versions should be included in the transition application
$\checkmark$ The sponsor may choose to include additional part I documents (not listed in previous slide) as outlined in CTR annex I, provided that these have been authorised under CTD
$\checkmark$ A list of the minimum set of documents part II per MS have been published in annex to the Commission guidance on transition trials (Eudralex volume 10): https://health.ec.europa.eu/document/download/10c83e6b-2587-420d-9204-d49c2f75f476 en?filename=transition_ct dir-reg_guidance_en.pdf
$\checkmark$ All other part I or II documents (not listed), the sponsor replace them with a document clarifying "Assessed by National Competent Authority (NCA) and/or ethics committee who has given a positive opinion on the clinical trial under the CTD" and therefore covered by the conclusion of the assessment under the CTD.
$\checkmark$ Additional documents Part I documents approved in some, but not all MSCs (e.g. the DSMB Charter for Part I or layperson synopsis in national language) can be included as well, provided that these have been authorised under the CTD and they are clearly indicated in the cover letter as applicable for those MSs only.

## Harmonised or consolidated protocol, IB, IMPD

- Transition of multiple versions of these part I documents within one clinical trial application under a single EU CT number is NOT possible
- Only one single document should be uploaded.
- A harmonised protocol, IB and/or IMPD means that the respective document(s) is identical and includes the same trial procedures/ information in all countries approved across all EU Member States under the CTD.
- A consolidated protocol, IB and/or IMPD means that there are differences in the respective document(s) in different Member States, but the document itself is identical, i.e. Member State-specific differences are outlined within the document text or in an appendix to the respective document.
- Non-substantial modifications (in line with annex IV of the Commission Q\&A on Eudralex volume 10), can also be included in a consolidated document for transition.


## INITIAL TRANSITION CT APPLICATION

## DO!

CONSOLIDATED PROTOCOL, IB or IMPD in case of DIFFERENT authorised versions in MULTINATIONAL clinical trials


## Documentation/structured data: some specifications

$\checkmark$ Category low-intervention clinical trials is not applicable for transition clinical trial at the time of transition.
$\checkmark$ Categorisation AxMP (non-IMP under CTD) vs IMP, if not harmonised among MSC under CTD: harmonisation at the time of transition - administrative procedure, see page 5 in CTCG best practice for sponsors on transition (https://www.hma.eu/about-hma/working-groups/clinical-trials-coordination-group.html)
$\checkmark$ The approved IMPD can be uploaded in the Clinical Trials Information System (CTIS) slot for IMPD-Q, providing a reference to this document or to the IB/SmPC in the CTIS slot for IMPD S\&E.
$\checkmark$ If sponsor is not the product owner of the IMP and no reference trial in CTIS: no IMPD-Q submission in the initial transition step but with next SM part I (link to IMPD-Q only submission or reference trial, if applicable)
$\checkmark$ Documentation labelled with EudraCT trial number (=approved under CTD) is acceptable and does not have to be updated with EU CT number before transition (e.g. protocol, QP declaration or IMP labels)
$\checkmark$ No update of templates needed
$\checkmark$ No need to retro-spectively create a site suitability form
$\checkmark$ Mandatory use of CTCG template cover letter (annex to CTCG best practice guidance for sponsors).

## EXPEDITED ADMINISTRATIVE TRANSITION OPEN UNTIL16 OCTOBER 2024!

After this date an expedited administrative transition might not be feasible anymore!!

| Validation | Assessment | Decision |
| :---: | :---: | :---: |
| max 25 days | Max $\pm 7$ days | max 5 days |
| (with RFI) | (no RFI) |  |

- Validation phase in line with article 5 CTR (no RFI max 10 days; with RFI max 25 days)
- Assessment phase max $\pm 7$ days - no re-assessment of clinical trial
- If there are errors in trial category/deferrals as proposed by sponsor $\rightarrow$ RFI $\rightarrow$ timelines for assessment phase fall back on max timelines article 6 CTR (max 76 days)
- No tacit conclusion part II - assessment phase also max $\pm 7$ days
- Decision phase in line with article 8 CTR (max 5 days)
- During transition, the clinical trial can continue under the CTD


## DO!

CONDUCT CT according to rules CTR
COMPLETE CT DOSSIER PART I with next SUBSTANTIAL MODIFICATION PART I

COMPLETE CT APPLICATION PART II with next SUBSTANTIAL MODIFICATION PART II

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REQUIREMENTS FIRST SM PART I: THREE DIFFERENT STAGES OF CLINICAL TRIALS

|  | A. Planned inclusion of additional Member <br> State concerned (CTR Article 14) | B. Recruitment and/or <br> treatment/IMP <br> administration ongoing in at <br> least one MSC | C. Declared closed treatment/IMP <br> administration in all MSCs, i.e. <br> remaining procedures restricted to <br> trial-specific follow-up procedures |
| :--- | :--- | :--- | :--- |
| Cover letter and description of <br> changes | Mandatory templates | Mandatory templates | Mandatory templates |
| Protocol | Update protocol with EU CT number, sponsor <br> statement CTR compliance, result reporting and, if <br> applicable, DSMB and emergency situations (art 35). <br> Other changes only if in conflict with CTR, e.g. text <br> on notifications (art 52-54), archiving (art 58) | See column A | Update (see column A) only if SM <br> concerns this document |
| Protocol synopsis | Update protocol synopsis in English or national <br> language (if applicable) - needed to provide later <br> translations for the addMSC | See column A | Update (see column A) only if SM <br> concerns this document |
| Patient facing documents | Update patient facing document in English or <br> national language (if applicable) | See column A | Update (see column A) only if SM <br> concerns this document |
| IB, Scientific advice, PIP | Update IB, Scientific advice or PIP only if SM <br> concerns this document | See column A | Update (see column A) only if SM <br> concerns this document |
| IMPD/AxMPD | Update IMPD/AxMPD only if SM concerns this <br> document or in case of alignment IMP/AxMP (non- <br> IMP) | See column A | - |
| GMP compliance/ QP declar. | Update in case of new IMP batches | See column A | See column A |
| Labeling | Update in case of new IMP batches | See column A | - |
| Structured data | Update if sponsor considers trial to be a low- <br> intervention clinical trial | - |  |

## REQUIREMENTS FIRST SM PART II after TRANSITION

$\checkmark$ Submit the authorised versions of the documents not uploaded at initial transition step;
$\checkmark$ Use the template cover letter and template description of changes for the SM application package: [CTCG website]
$\checkmark$ All sections of part II dossier as indicated in annex I CTR EU no 536/2014 should be completed taken into account the following:

- templates of forms authorised under CTD do not need to be updated eg. CV principal investigator;
- if recruitment has closed in a MSC, no need to upload recruitment material for this MSC;
- no need to retrospectively create a site suitability form. The site suitability form authorised under CTD can be uploaded
- new templates of forms under CTR, with content (new or updated) not authorised under CTD, should be submitted
- new templates of forms with content authorised under CTD: no need to update to the new templates.
- check the websites of the MSC for the full list of required documents part II for this MS (see annex III of the Commission Q\&A on CTR: https://health.ec.europa.eu/document/download/bd165522-8acf-433a-9ab1-d7dceae58112 en?filename=regulation5362014 qa en 0.pdf


## TRANSPARANCY RULES TRANSITION TRIALS <br> ACT EU Q\&A on protection of Commercially Confidential Information and Personal Data while using CTIS (europa.eu)

STEP 1: Initial transition dossier (Q11 of COMMISSION GUIDANCE, Eudralex volume 10)
PROTOCOL, SUBJECT INFORMATION SHEET(s) AND INFORMED CONSENT FORM(s): REDACTED (for publication) and UNREDACTED (not for publication)


ALL OTHER DOCUMENTS: In slot 'for publication' upload document with text referring to NCA and/or ethics committee who assessed and authorised the document under the CTD.

STEP 2: after transition sponsors may already follow the principles of the revised rules (see Q\&A on protection of CCI and PD) - CTIS update planned for mid 2024

A version 'for publication' (redacted) and 'not for publication' (unredacted) only for the documents in scope of the revised transparency rules: CATEGORY 1/PIP:
PROTOCOL including PATIENT FACING DOCUMENTS (if applicable), PROTOCOL SYNOPSIS CATEGORY 2,3
PROTOCOL including PATIENT FACING DOCUMENTS (if applicable), PROTOCOL SYNOPSIS, SmPC (if applicable), RECRUIT MATERIAL, SUBJECT INFORMATION SHEET(s) AND INFORMED CONSENT FORM(s)

- Documents outside scope of the revised transparency rules: in slot 'for publication' upload document with text that those documents no longer will be subject to publication, see wording suggested in Annex I of the Q\&A: ACT EU Q\&A on protection of Commercially Confidential Information and Personal Data while using CTIS (europa.eu)
- See for full overview: ACT EU Q\&A on protection of Commercially Confidential Information and Personal Data while using CTIS (europa.eu)


## CTIS training modules:

START TO TRANSITION YOUR CLINICAL TRIAL NOW!

Select the transition trial button in CTIS!


## POSTADRES

POSTBUS 16302
2500 BH DEN HAAG

## BEZOEKADRES

BEZUIDENHOUTSEWEG 30 2594 AV DEN HAAG
ccmo@ccmo.nl
+31 (0)70 3406700
www.ccmo.nl

## THANK YOU! ctr@ccmo.nl

