TMQA Regulatory News Update December 2016

ICH Assembly Adopts Amendment to ICH E6

The International Council for Harmonisation (ICH) met in Osaka in Nov 2016 and adopted the Good Clinical Practice (GCP) guideline amendment. This is the first amendment in more than 10 years. ICH E6(R2) will now be implemented by ICH members through national and regional guidance. The date for coming into effect in the EU is 14 Jun 2017. The amendment aims to encourage sponsors to implement improved oversight and management of clinical trials, while continuing to ensure protection of human subjects participating in clinical trials and clinical trial data integrity. The ICH E6(2) Integrated Addendum to GCP is now available on the Efficacy Guideline page of the ICH website. The Assembly also agreed to look at renewing the wider package of guidelines that relate to GCP and clinical trial design. This will include updating current guidance on interventional trials and expand on novel trial methodologies for drug registration such as non-interventional trials, including use of new data sources such as real world evidence, patient registries, etc. A reflection paper is expected to be published on the ICH website in early 2017, which will include an outline of the long-term work planning, beginning with revision of the ICH E8 guideline (General Considerations for Clinical Trials) in 2017.

http://www.ich.org/products/guidelines/efficacy/article/efficacy-guidelines.html

EMA Issues Draft Revision to the Guideline on First-in-Human Trials

On 11 Nov 2016, the European Medicines Agency (EMA), in cooperation with the European Commission and the Member States of the European Union, issued a draft revision to the existing guideline on first-in-human clinical trials, i.e. draft guideline on strategies to identify and mitigate risks for first-in-human and early clinical trials with investigational medicinal products. The revised guideline is open for public consultation until 28 Feb 2017. The existing guideline was released in 2007 but between Jul and Sep 2016, the EMA released a concept paper for public consultation outlining the major areas that needed to be revised in the guideline, to reflect the evolution of practices over the last 10 years. The review also took into account lessons learnt from the tragic incident which took place during a phase I, first-in-human clinical trial in Rennes, France in Jan 2016. The revised guideline aims to address the increasing complexity of protocols in first-in-human clinical trials in recent years. The original guideline focused on the single-ascending dose design used at that time. Since then, the increasing practice is to perform first-in-human trials and early phase clinical trials with integrated protocols that combine a number of different study parts (e.g. single-ascending dose, multiple-ascending dose and food effects). The revision is intended to further assist sponsors in the transition from non-clinical to early clinical development and identifies factors influencing risk for new investigational medicinal products (IMPs).

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2016/11/news_detail_002641.jsp&mid=WC0b01ac058004d5c1

EMA Provides Public Access to Clinical Reports

On 20 Oct 2016, the EMA gave open access to clinical reports for new medicines for human use authorised in the EU. The publication of the clinical reports follows the adoption by the EMA of a policy on the publication of clinical data for human medicines. The website, which can be found at https://clinicaldata.ema.europa.eu, includes the clinical reports contained in all initial marketing authorisation applications submitted to the EMA on or after the policy came into force on 01 Jan 2015. The documents are published once the European Commission decides whether or not to grant a marketing authorisation; the documents will also be published when applications are withdrawn before an EMA opinion has been given. As a first step, the EMA published data for two medicines on 20 Oct 2016 and data for a further two medicines on 24 Nov 2016. Data will be progressively added online for all applications concerned since the policy entered into force. Once the process is fully implemented and the backlog has been dealt with, the EMA aims to publish the reports 60 days after a decision on an application has been taken, or within 150 days after the receipt of the withdrawal letter. According to current forecasts, the EMA expects to offer access to approximately 4,500 clinical reports per year. Since the launch of the website, 1017 general users and 234 academic users have registered and documents have been viewed 4,486 times.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2016/10/news_detail_002624.jsp&mid=WC0b01ac058004d5c1

EC Issues Corrigendum to Regulation (EU) No. 536/2014

A correction to the new Clinical Trials Regulation (EU No. 536/2014) has been issued by the European Commission. The correction is as follows:

"On page 28, Article 23(5):

for:

'Where the conclusion…is that the substantial modification is not acceptable, that conclusion shall be deemed to be the conclusion of the Member State concerned.',

read:

'Where the conclusion…is that the substantial amendment is not acceptable, that conclusion shall be deemed to be the conclusion of all Member States concerned.'"

MHRA Updates List of Phase I Accreditation Units

The MHRA updated their list of phase I accredited units in the UK on 29 Nov 2016. The MHRA phase I accreditation scheme is a voluntary scheme for organisations conducting phase I clinical trials, in particular, for those conducting first in human (FIH) trials. Organisations in the scheme have to exceed the basic regulatory good clinical practice (GCP) standards by having additional procedures that include the highest standards for avoiding harm to trial subjects and for handling any medical emergencies.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/573562/List_of_accredited_units__29_Nov_2016_.pdf

MHRA and HTA Sign Partnership Agreement

The MHRA and Human Tissue Authority (HTA) signed a partnership agreement this month, strengthening their collaboration which began in 2005. The HTA is the regulator for human tissues, cells and organs. They license and inspect organisations that remove, store and use human tissue for research, medical treatment, post-mortem examination, education and training, and display in public. They also give approval for organ and bone marrow donations from living people. The agreement promotes further collaboration and strengthens the commitment to working together for the benefit of patients, staff and stakeholders to enhance regulation. The main areas of cooperation are joint advice through the 'One Stop Shop' regulatory advice service for regenerative medicine (RASRM), joint inspections of Tissue Establishments and advanced therapy medicinal product (ATMP) manufacturing sites, and a joint position on the use of blood for ATMP manufacture. The strengthened collaboration between the two parties will contribute to a supportive approach to innovators in the development of new products and services. Additionally, it will enable a reciprocal arrangement between the two agencies to use investigational knowledge and experience.

https://www.gov.uk/government/news/partnership-to-protect-public-health-mhra-and-hta-sign-agreement

New HRA Approval Leaflet Published

The Health Research Authority (HRA) published a brief leaflet last month providing high-level information on the HRA approval process. It was developed in response to requests and provides an overview, highlighting the HRA's aim to simplify and streamline the approval process. HRA approval is now the system for all study types in the NHS in England to commence. The HRA approval process aims to simplify the process for approval of health research for researchers, thus reducing the time and cost of setting up studies. The HRA approval process brings together two processes into one simplified system, reducing duplication and inconsistency: the assessment of governance and legal compliance previously undertaken by NHS organisations and ethics review.

http://www.hra.nhs.uk/news/2016/11/10/new-hra-approval-leaflet/

MHRA Launches Social Media Campaign for Reporting Suspected Side Effects

Between 7-11 Nov 2016, the MHRA ran a social media campaign to promote the reporting of suspected side effects, as part of an EU-wide awareness week. Regulators, such as the MHRA, rely on the reporting of suspected side effects to make sure medicines on the market are acceptably safe. However, all reporting systems suffer from underreporting, hence the importance of the campaign to raise awareness and help strengthen the system. The campaign centred around an animation showing the story of a patient who had a suspected adverse reaction. Alongside other safety information, reporting has contributed to the withdrawal of an obesity medicine, the warning that patients taking warfarin should limit or avoid taking cranberry juice, and, in many EU countries, the advice not to prescribe aspirin to children virtually eliminated cases of Reye's syndrome, a serious and often fatal condition that causes swelling in the liver and brain. The campaign was part of the Strengthening Collaboration for Operating Pharmacovigilance in Europe (SCOPE) Joint Action project. One of its main aims is to raise awareness of national reporting systems for suspected side effects in medicines. 22 Member States took part in the combined cross-European social media campaign.

https://www.gov.uk/government/news/report-suspected-side-effects-to-help-make-medicines-safer-mhra-launches-social-media-campaign

Addendum to ICH E11 Reaches Step 3

The ICH E11 Guideline on Clinical Investigation of Medicinal Products in the Pediatric Population was adopted in 2000. Since its adoption, pediatric drug development has been enhanced by advancements in several areas of general adult drug development. Targeted scientific and technical issues relevant to pediatric populations, regulatory requirements for pediatric study plans, and infrastructures for undertaking complex trials in pediatric patient populations has been considerably advanced in the last decade, without a parallel development of harmonized guidance in these areas. This Addendum is proposed to address new scientific and technical knowledge advances in pediatric drug development. This revision to ICH E11 is under consultation by the European Commission with comments due by 13 Apr 2017. In line with this, the FDA released the draft guidance document on the E11(R1) Addendum on 21 Oct 2016.

http://www.ich.org/products/guidelines/efficacy/article/efficacy-guidelines.html

FDA Issues Final Guidance on Use of Electronic Informed Consent

This month, the FDA published final guidance on the Use of Electronic Informed Consent. It has been produced jointly by the Department of Health and Human Services (HSS) Office for Human Research Protections (OHRP) and the FDA. The guidance is in the form of a questions and answers document which is aimed at providing answers to commonly asked questions about using electronic systems and processes that may employ multiple electronic media to obtain electronic informed consent for both HHS-regulated human subject research and FDA-regulated clinical investigations of medicinal products, including human drug and biological products, medical devices and combinations of these. Electronic informed consent refers to the use of electronic systems and processes that may employ multiple electronic media, including text, graphics, audio, video, podcasts, passive and interactive websites, biological recognition devices, and card readers, to convey information related to the study and to obtain and document informed consent. This guidance finalises the draft guidance entitled “Use of Electronic Informed Consent in Clinical Investigations – Questions and Answers”, which was issued in March 2015.

http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM436811.pdf?source=govdelivery&utm_medium=email&utm_source=govdelivery

FDA Issues Guidance on Collection of Race and Ethnicity Data in Clinical Trials

On 26 Oct 2016, the FDA issued a new guidance document entitled “Collection of Race and Ethnicity Data in Clinical Trials”. The purpose of this guidance is to provide FDA expectations for and recommendations on use of standardised approach for collecting and reporting race and ethnicity data in submissions for clinical trials for FDA regulated medicinal products conducted in the United States and abroad. Using standard terminology for age, sex, gender, race and ethnicity helps ensure that subpopulation data is collected consistently. The recommended standardised approach is based on the Office of Management and Budget (OMB) Directive 15 and developed in accordance with section 4302 of the Affordable Care Act, the HHS Implementation Guidance on Data Collection Standards for race, ethnicity, sex, primary language, and disability status, and the FDA Safety and Innovation Act (FDASIA) section 907 Action Plan. This guidance lists the OMB categories for race and

ethnicity and describes FDA's reasons for recommending the use of these categories in medicinal product applications. The guidance also recommends a format for collection of race and ethnicity clinical trial data that are submitted in standardised data sets per the Study Data Tabulation Model, in the electronic Common Technical Document (eCTD).

http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126396.pdf