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Stakeholders and Communication Division

European Medicines Agency's interaction with patients, consumers, healthcare professionals and their organisations

Annual report 2014

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Table of contents

Table of figures

Table of tables:

Message from Isabelle Moulon - Head of Patients' and Healthcare Professionals' Department

"Another year has passed. Patients, consumers and healthcare professionals are now routinely involved in EMA activities and their experience of disease and treatment is fully integrated in regulatory work. In particular, 2014 has seen the CHMP inviting patients to discuss the benefit/risk evaluation of new medicines for the first time during a plenary meeting.

After all these years of building sound collaboration with our stakeholders, 2014 was also the right time to revise the EMA framework of interaction with patients, consumers and their organisations to make sure that our model is based on solid foundations and gives us the confidence to face together the new challenges ahead of us."

Executive summary

The creation of the '*Stakeholders and Communication Division*' in 2013 demonstrates the importance that the European Medicines Agency places on the involvement of those concerned by the work of the Agency (patients, healthcare professionals, consumers and industry) as well as fostering information exchange with them.

Within this Division, the '*Patients and Healthcare Professionals Department*' headed by Dr Isabelle Moulon works to include patients, consumers and healthcare professionals in scientific evaluations, policy consultations, workshops and conferences, wherever appropriate. It is the aim of this department that the 'real-life' perspective of the prescribers, providers and users of medicines is systematically considered and included in regulatory decisions. This is a collaborative effort that relies on internal as well as external communication. The department also plays a role in ensuring that the work of the EMA is understood and communicated to patients, consumers and healthcare professionals' groups via training, workshops, the working parties and targeted communication.

If the word to describe the Agency's interactions with patients, consumers and healthcare professionals in 2013 was 'consolidation', in 2014 it could be considered to be 'integration'. What will emerge as you read this report is that the consideration of these stakeholder groups in many and varied aspects of the EMA has become systematic and an integral part of its work.

2014 was also the year when the Framework for Interaction between the European Medicines Agency and patients, consumers and their organisations was revised and adopted by the EMA Management Board. The Framework relies on five elements, elaborated further in Section 2, and focuses on Participation, Consultation and Information for engagement of stakeholders.

Benefit and Risk evaluation was high on the agenda with two more workshops following the Patient Voice workshop of 2013. These two workshops tackled different aspects; one focussed on regulatory and methodological standards and the other on communication to medicines prescribers, providers and users. With benefit and risk always at the centre of our work and with the increase in opportunities to involve patients, it was timely that the pilot to directly include patients in benefit-risk evaluations at some CHMP meetings was launched. In September, patients were invited to attend a plenary of the CHMP for the first time. The pilot is ongoing and other methodologies are also being explored for gathering the preferences of patients on benefits and risks of medicines for their condition.

Healthcare professionals were also extremely active this year and they were, along with patients, consulted in workshops dedicated to Alzheimer's disease and other dementias as well as Neuromyelitis disorders in order to ensure that the decisions made at the regulatory level were translatable into clinical practice. Similarly, patients and healthcare professionals were consulted with respect to the concerns on the risks associated with use of valproate by women of childbearing potential. Valuable

contributions by these groups resulted in tangible risk minimisation measures as well as increased awareness of the issues at stake and the regulatory processes behind these decisions.

Transparency of the processes used and decisions taken is key to ensuring engagement and trust with those most concerned and affected by regulatory outcomes. As in previous years, these regulatory outcomes have been transmitted to the representative organisations of patients, consumers and healthcare professionals' organisations that work with the EMA who in turn communicate to their members. These organisations have also been consulted on scientific and technical documents as well as strategy and policy documents as well as other types of communication produced by the Agency.

The satisfaction survey, conducted every two years, of patients and consumers was conducted this year and the healthcare professionals were surveyed for the first time. An average response rate of approximately 34% was achieved for both groups who globally described their interactions with the Agency from satisfied to very satisfied. More detail can be found in the Annex of this report. Suggestions made in the survey will be used as the basis for further improvement of these relations.

Overall, 2014 was another positive year for interactions with patients, consumers and healthcare professionals and the EMA. Consolidation of the Healthcare Professional Working Party was observed accompanied by a smooth integration of their interests alongside the Patients and Consumers Working Party. The joint meetings have proven to be fruitful as the experiences of these groups bring different perspectives to each other as well as to the work of the EMA.

Challenges ahead

It has been well established that healthcare professionals are the prescribers and providers of medicines and patients are the users of medicines, however despite numerous qualitative and quantitative examples, what continues to be questioned is the added-value of including their perspective and input into the development of medicines. This current report adds to the seven previous reports outlining the mutual benefits of working with patients and consumers in a regulatory capacity and is the second outlining the interactions with healthcare professionals who bring the clinical perspective.

The revised Framework for interaction with Patients and Consumers outlines the objectives that form the basis of the action plan for the Agency. Reflection will also begin on the Framework for Healthcare professionals to ensure that the evolution of the scope of their involvement has been appropriately captured.

As regulatory processes frequently have short time lines, rapid identification of individual experts is required and the Agency's network of individual experts needs to be further expanded. In addition, measuring the impact of the involvement of these experts in EMA activities is currently under discussion and will be explored further in 2015.

Capacity-building and awareness raising are also high on the agenda as the Agency recognises the need to inform and educate citizens of its role in Europe and on how they can access information produced by the EMA and potentially play a role in the process.

Incorporating general practitioners who bring the reality of clinical practice into the discussion is a high priority and healthcare professionals are being consulted on how to achieve this goal.

Finally, the ongoing discussion of Public Hearings remains on the agenda and will be further explored in 2015. Understandably, such an undertaking requires forethought and preparation.

This report was circulated to the joint PCWP/HCPWP and was presented to the Management Board during its meeting on 1-2 October 2015.

1. Patients, consumers and healthcare professionals: common areas of interest and collaboration

1.1. Introduction

The European Medicines Agency (EMA) engages in dialogue with a wide range of EU patient', consumer' and healthcare professional' organisations; covering general issues in relation to medicines within the scope of the Agency's responsibilities. The year 2013 saw the conversion of the Healthcare professional working group (HCPWG) to the Healthcare Professionals Working Party (HCPWP) accompanied by a reinforcement of their interactions with the Patients and Consumers Working Party (PCWP).

The Annual Report of 2013 was the first time that the activities of both of these working parties were described in a joint report; these interactions will continue to co-evolve the activities will therefore always be presented in a single report. A description of the specific work of Patients/Consumers and Healthcare Professionals with the EMA can be found in more detail in Sections 2. and 3.

This first section of the annual report focuses on these shared areas of interest and describes topics relevant to these stakeholder groups such as issues related to shortages, benefits and risks and adaptive pathways to medicines as well as participation in specific EMA workshops and involvement in communication and dissemination of information.

1.2. Eligibility requirements for organisations working with EMA

In June 2014, the EMA Management Board adopted a revised set of eligibility criteria following discussions with the PCWP/HCPWP. 'Eligibility criteria' enable the Agency to identify the most relevant organisations that act in the interests of European patients, consumers and healthcare professionals.

Organisations interested in working with the EMA are welcome to submit an application for eligibility at any time. The Agency requests specific information to be provided during the evaluation of eligibility, including financial information which is assessed against a set of parameters. A guidance document is available to provide additional detailed information to organisations.

The main changes to the criteria relate to the limitation of the amount of funding that organisations can receive from a single pharmaceutical company, the publication of their yearly financial accounts and adherence to a 'code of conduct/rules with regards to the relations of an organisation with industry'. Current eligible organisations are expected to fully comply with the revised criteria by end of 2015 and thereafter for future re-evaluations.

The EMA also works on a case by case basis with a diverse group of organisations outside the eligible organisations with respect to disease-specific questions (listed in Table 7 and Table 15).

1.3. PCWP and HCPWP joint meetings

The joint working party meetings cover subjects that are of interest and relevance to all stakeholder groups (patients, consumers, healthcare professionals). While each working party has an observer from the other working party as part of its membership, it is also important that the majority of topics are discussed with all members of both working parties at the same time.

In addition to the patient, consumer and healthcare professional members of the working parties, representatives of EMA scientific committees, including the CHMP, COMP, PDCO, CAT, PRAC and HMPC, are also invited to provide brief updates on their committees' activities. During 2014, three PCWP and

HCPWP joint meetings were organised (25 February, 03 June, 16 September). Summaries of a selection of topics discussed during these are provided below.

1.3.1. Pharmacovigilance legislation

The Pharmacovigilance legislation came into effect in July 2012 with the intention of reducing the number of adverse drug reactions (ADR) in the EU. Two years after it came into effect, the legislation has already delivered major change in the way the safety of medicines is being monitored. This is shown by strengthened clarity of roles and responsibilities of those involved in pharmacovigilance activities in the EU, greater transparency of information about safety of medicines, improved timeliness and robustness of procedures as well as enhanced data collection instruments throughout a medicine's life cycle.

During the September joint meeting, participants were updated on the new processes related to signal detection and management, referring to the four key topics in this area; i) collection of key information on medicines; ii) better analysis and understanding of data and information; iii) regulatory action to safeguard public health; and iv) communication with stakeholders.

In addition, they were provided with a guidance session on adverse drug reaction (ADR) reporting and an update on the medication error action plan. PCWP and HCPWP representatives highlighted the need to look at the transparency of data; more access and awareness, and the need to look how to stimulate an increase in overall reporting of ADRs.

1.3.2. Revised conflicts of interest policy

The European Medicines Agency published its revised conflicts of interest policy for scientific committee members and experts in November 2014. The Agency held a workshop in September 2013 to gather the views and concerns of stakeholders on the Agency's conflicts-of-interests policy for experts and has used the information gathered from this workshop for the proposed revision. The revisions reflect a more balanced approach to handling declarations of interests and aims to effectively restrict the involvement of experts with possible conflicts of interests in the Agency's work while maintaining EMA's ability to access the best available expertise.

1.3.3. Involvement of patients, consumers and healthcare professionals at a Member State level: exchange of best practices within the EU Regulatory Network

The importance of an early and continuous dialogue between stakeholders in medicines development and the national competent authorities has been widely recognised. In June, four representatives of EU national agencies shared their experiences (ANSM, France; CBG-MEB, the Netherlands; MHRA, United Kingdom; MPA, Sweden) and presented how they interact with stakeholders. A lively discussion followed whereby participants noted that whilst there are a variety of approaches to involving patients and healthcare professionals in the activities of the national medicines agencies across the EU, the increasing efforts to implement such involvement were clearly emerging. Stakeholders similarly were aware of their responsibility to engage in dialogue and approach authorities.

Exchange of information between the national competent authorities that comprise the EU Regulatory Network, as well as with representative patient and healthcare professional organisations, was highlighted as important and welcomed in order to further learn from each other's experience.

1.3.4. Adaptive licensing pilot project

The adaptive pathways approach (formerly known as 'adaptive licensing') is part of the EMA's efforts to improve timely access for patients to new medicines. This pilot project foresees the early authorisation of a medicine initially in a restricted patient population, followed by a gradual inclusion of more patients. Following concerns raised by PCWP and HCPWP members regarding the balance between promoting quicker access to a particular medicine and addressing uncertainties around benefit-risk, it was clarified that early access would be based on solid evidence, i.e., the initial authorisation of a medicine would continue to be granted on the basis of the demonstration of a positive benefit-risk balance at the time of authorisation. The pilot project seeks to examine whether iterative, 'adaptive' approaches to medicine development and authorisation achieve the best balance between the need for timely patient access whilst providing adequate, evolving information on a medicine's benefits and risks. The pilot will also explore how generation of evidence around efficacy and safety is compatible with demands from other stakeholders (e.g. HTA bodies, payers, patient organisations).

1.3.5. EU cooperation on health technology assessment (HTA)

Health technology assessment (HTA) bodies carry out their own assessments of medicines and other health interventions and provide recommendations on whether they should be paid for or reimbursed by the healthcare system in a particular Member State.

EU cooperation on HTA has resulted in the creation of the HTA Network (focused on the strategic level of cooperation) and the EUnetHTA Joint Action (centred on the technical-scientific level of assessments). These EU-HTA collaborations have generated common tools, including IT tools, methodologies and training material to be used by HTA bodies in their national/regional activities as well as increased trust between HTA bodies, regulators and other stakeholders.

During the discussion at the joint meeting, a specific suggestion was made to include a work-package dedicated to exploring concrete involvement of patients and healthcare professionals in HTA in a future EUnetHTA Joint Action 3 call. This should benefit from the experience gained at EU level to demonstrate the real added-value of involving patients in HTA assessments.

1.3.6. Pandemic preparedness activities

In the context of the lines for action to improve EMA communication with patients', consumers' and healthcare professionals' organisations in relation to pandemic influenza, the Agency wanted to obtain feedback on potential new names for different types of influenza (pandemic) vaccines authorised through the centralised procedure:

- Vaccines for use during a pandemic (formerly 'mock up vaccines')
- Vaccines for use against a zoonotic strain e.g. to immunise poultry or lab workers / for government stockpiling (formerly 'pre-pandemic vaccines'). Use can be independent of a pandemic or product could potentially be used if the contained strain shows sufficient homology to an emerging human pandemic strain.

In addition, the Agency asked for feedback on the specific terminology used, the overall message conveyed and for additional communication channels not yet covered by existing materials.

Respondents found the information helpful to patients' and healthcare professionals' organisations to respond to queries from their members. It was also considered necessary to explain the regulatory steps leading to the approval of pandemic vaccines (including processes involved to ensure quality,

efficacy and safety). In addition, it was mentioned that the EMA should consider using social media to disseminate the information available on the EMA website.

1.4. Workshops

1.4.1. Benefits and risks

Three workshops on different aspects of benefits and risks were organised by the Agency over the last two years. The first 'Workshop on the patient's voice in the evaluation of medicines' was held in 2013 and described in the annual report corresponding to that year. The second and third workshops are described below.

Workshop 2 was entitled 'Regulatory and methodological standards to improve benefit-risk evaluation of medicines' and was held in February. Workshop 3 was held in September on 'Benefit-risk communication to medicines users: how can regulators best meet the information needs of patients and healthcare professionals?' Workshops 2 and 3 brought together representatives of patients, consumers and healthcare professionals with members of the EMA scientific committees, EMA staff and academics.

Workshop 2 described the challenge in making transparent, reproducible and defensible decisions as there is no standard methodology to assist assessment of benefits and risks of medicines. There are several initiatives underway to address this issue and some of these were described (see workshop report for more details). In addition, the MACBETH method of capturing patients' values and preferences was presented.

The objectives of workshop 3 were to review the current practice in communication benefit-risk, examine recent initiatives in how research can inform best practice, discuss the role of communications in risk minimisation and explore how these can help patients and healthcare professionals when making treatment decisions. The full report is available here.

Isabelle Moulon outlined that the next steps should ensure that the voices of those most affected by regulatory decisions are heard and taken into account. The incorporation of research outcomes and the best way to do this are the focus of ongoing discussions that the EMA will have with its working parties of patients, consumers and healthcare professionals.

1.4.2. Guideline on medicines for treatment of Alzheimer's disease and other dementias

On 24-25 November 2014, the EMA organised a public workshop following the release of the draft concept paper on the need for revision of the guideline on medicinal products for the treatment of Alzheimer's disease and other dementias. The aim of the two-day workshop was to ensure that, while revising its guideline, the EMA can take the most up-to-date scientific developments in understanding and treating Alzheimer's disease (AD) into consideration, as well as the positions of experts in the field. The workshop was attended by patients, healthcare professionals, other leading regulatory agencies, consortia, pharmaceutical industry and was broadcast.

Alzheimer's disease is progressive and there is consensus that treatment options should also be evaluated at earlier stages of AD, in an attempt to change the course of the disease. Therefore, the discussion focused on the clinical development in earlier stages of the disease, including the timing for intervention, the selection of patients, the measurement of the clinical effects and the role of the biomarkers. Patients expressed their desire to be more involved in clinical research to help speed up access to effective treatments. While scientific uncertainties impacting on the development of new

medicines were recognised, the pharmaceutical industry stressed the need for helpful regulatory guidance. The discussion will be taken into account when updating the guideline, which is planned to be released for public consultation in 2015.

1.4.3. 15th EudraVigilance information Day – held at EMA

EudraVigilance Information Days provide a forum to update stakeholders about the achievements and latest developments with regard to EudraVigilance in the broader context of implementation of the pharmacovigilance legislation.

EudraVigilance is a web-based information system, launched in December 2001, designed to manage information on safety reports and evaluate suspected adverse drug reactions (ADRs) during their development, and following the marketing authorisation of medicines in the European Economic Area (EEA).

1.4.4. Clinical trials designs in neuromyelitis optica and spectrum disorders

This workshop brought together patient representatives, healthcare professionals, regulators, pharmaceutical industry representatives and ethicists to discuss trial designs in neuromyelitis optica (NMO), a rare neurological disorder. Neuromyelitis optica is a rare inflammatory disease of the optic nerve and the spinal cord that can lead to the reduction or loss of vision as well as weakness and paralysis of the arms and legs. It is a debilitating disease that can be life-threatening for patients because of damage to the nervous system function.

The aim of the workshop was to better understand the most appropriate choice of comparator to be used in the clinical development of new medicines for the prevention and treatment of neuromyelitis optica. Regulatory agencies across the world have taken different standpoints on the appropriate choice of comparator for the assessment of the safety and efficacy of new medicines intended for neuromyelitis optica (NMO) attack prevention. Given the significant unmet medical need of patients with this disease and the need for a global development due to the limited patient population, the EMA decided to organise this workshop to facilitate medicine development for the benefit of patients with this disease.

The agenda covered areas ranging from natural history and current standard of care to considerations for clinical trials including comparators and endpoints as well as ethical aspects. Participating patients had the opportunity to share their experiences of the difficulties in diagnosis and in dealing with the symptoms and consequences of the disease. For a full report of the workshop, follow the link.

1.4.5. ADVANCE WP1 workshop: revised framework for development of influenza vaccines

The objective of the ADVANCE IMI project is to ‘Develop a framework for vaccine benefit-risk monitoring in Europe’. Work package 1 was launched at the EMA in November of 2013 and the aim of this work package is to develop a best practice guidance for the initiation, conduct and reporting of studies on the benefits and risks of vaccines in Europe. The best practice guidance should include governance principles, code of conduct, minimum quality requirements and communication principles.

The third module of a new overarching guideline has been drafted and was available for public consultation. With this publication, the EMA is now close to finalising the establishment of a revised regulatory framework that aims to facilitate the prompt assessment of new influenza vaccines.

The overarching guideline is intended to cover and update in one single, consolidated document all aspects of the development of influenza vaccines in all epidemiological situations, i.e. seasonal, pandemic and pre-pandemic. It has been developed based on the experience gained from many years of seasonal vaccination campaigns, the 2009/2010 influenza A(H1N1) pandemic, requests for scientific advice received from vaccine developers and applications for marketing authorisation.

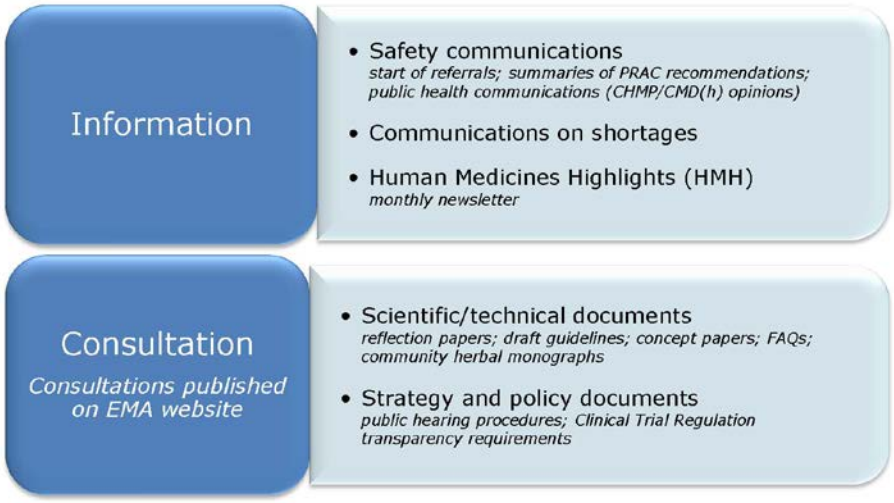
Patients were consulted in the drafting of this guideline and two patients participated in the workshop.

1.5. Increasing understanding and awareness of EMA activities

1.5.1. Dissemination of information: role of organisations

The EMA recognises patients', consumers' and healthcare professionals' organisations as key facilitators to communicating with the wider community. Information produced by the Agency is sent to stakeholders for consultation and feedback as well as to cascade to their organisations (Figure 1).

Figure 1: Communication activities with EMA stakeholders



Through the internal stakeholders' database, comprising European and international organisations, the Agency has disseminated and encouraged further cascading of over a hundred documents in 2014, including:

Safety communications

Safety communications concern information regarding safety reviews by the Agency's Pharmacovigilance Risk Assessment Committee (PRAC), which is responsible for the assessment and monitoring of human medicines. Safety communications also include information on shortages.

- summaries of PRAC recommendations
  - high-level summaries of the PRAC recommendations on a specific safety/efficacy concern
- public health communications
  - documents that describe EMA recommendations following safety/efficacy concerns over medicines already on the market;
  - published at time of CHMP/CMDh opinion
- Information on shortage of medicines (please refer to 1.5.3. for more details)

information on medicine shortages that affect or are likely to affect more than one EU Member State, where EMA has assessed the shortage and provided recommendations to patients and healthcare professionals (via DHPC);

Scientific guidelines, reflection papers, concept papers, questions and answer documents, EU herbal monographs released for public consultation

- The Agency develops **scientific guidelines** in consultation with regulatory authorities in the European Union (EU) Member States, to help applicants prepare marketing-authorisation applications for human medicines. Guidelines provide a basis for practical harmonisation of how the EU Member States and the Agency interpret and apply the detailed requirements for the demonstration of quality, safety and efficacy that are in the Community directives.
- **Concept papers** are documents prepared by a European Medicines Agency working party prior to the drafting of a guideline, setting out the problem, the scope of the work, the resources needed and the timeframe.
- **Reflection papers** are developed to communicate the current status of discussions or to invite comment on a selected area of medicine development or on a specific topic. A reflection paper does not provide scientific, technical or regulatory guidance, but may contribute to the future development of such guidelines or related documents.
- The EMA develops "**Questions and answers**" or "Frequently asked questions (FAQ)" documents to provide additional public information on topics of particular interest. They are intended to briefly communicate, in easily comprehensible language, requirements, practices or interpretations responding to the most frequent questions in a specific area.
- **Herbal monographs** comprise the scientific opinion of the Committee on Herbal Medicinal Products (HMPC) on safety and efficacy data concerning an herbal substance and its preparations intended for medicinal use.

Strategy and policy documents released for public consultation

- When applicable, the Agency releases draft strategy and policy documents for public consultation and interested parties are invited to review the proposed draft rules and send their comments. Following review of all comments, the Agency will present the final rules of procedure to its Management Board for adoption. After that, they will become operational.

For all the above documents, a targeted email is sent to a selection of organisations that has expressed an interest in the therapeutic area or topic related to the communication. In each email, the Agency kindly requests the original recipients to further disseminate the information to any other parties who might be interested. As such, the organisations act as a multiplier of information published by the Agency.

Human Medicines Highlights (HMH); a monthly newsletter addressed primarily to organisations representing patients, consumers and healthcare professionals. It provides a summary of key information relating to medicines for human use published during the previous month by the EMA. Information is selected based on recommendations from consulted patients, consumers and healthcare professionals. Throughout 2014, 12 issues were published and disseminated to more than 4,500 subscribers. In September, the newsletters switched from subscription-based to RSS-feeds to bring it in line with other EMA subscriptions.

1.5.2. External queries

Every year the Agency receives individual queries through the online information request form. In 2014, the Agency responded to 482 queries from patients and consumers and 234 from healthcare professionals. Queries were mainly related to the availability of a centrally authorised product, referrals and orphan medicines. About 25% of the queries were received from non-EU countries.

1.5.3. Communication on shortages

Following a proposal to create a public catalogue on shortages (described in the 2013 Annual Report), this has since been implemented and patients, consumers and healthcare professionals are asked to review the information it contains. In addition, once the Agency has been informed of a shortage of a medicine, it will prepare a draft 'Direct healthcare professional communication' (DHPC) that is also reviewed by healthcare professionals.

In 2014, patients, consumers and healthcare professionals were directly involved in the review of EMA communication material on shortages in two instances: regarding the review of catalogue entries and draft DHPCs on the Enbrel (etanercept) pen and pre-filled syringe shortage (anti-inflammatory) and for Xofigo (radium-223 dichloride), used to treat adult men with cancer of the prostate .

1.5.4. Review of risk management plan summaries

In 2014, the Agency started a pilot regarding the publication of risk management plan (RMP) summaries in response to an increasing number of external requests for such documents. RMPs include information on a medicine's safety profile; how its risks will be prevented or minimised in patients; plans for studies and other activities to gain more knowledge about the safety and efficacy of the medicine; risk factors for developing side effects; and measuring the effectiveness of risk-minimisation measures.

Information on a medicine's RMP is currently included in the respective assessment report (as tabulated information) and the summary of the medicine (known as the 'EPAR summary' which is written in public-friendly language) has been adapted to include key information on the RMP. In addition, a stand-alone RMP summary has now been developed targeting readers who wish to know more about how the risks of a medicine are being managed.

The pilot served to confirm the audience; the interest and usefulness, the format and content, and to improve the overall production process. Accordingly, all eligible PCOs and HCPOs were surveyed on the desirability, utility and clarity of these documents. In addition, they were asked about potential of future involvement of patients, consumer and healthcare professionals in the review of RMP summaries. The data suggest interest from stakeholders and a relatively steady uptake of this new document.

1.6. Contribution to EMA transparency initiatives

1.6.1. Implications of the clinical trial regulation

On 16 April 2014 the new Regulation on clinical trials on human medicines was adopted. The Regulation entered into force on 16 June 2014 but will apply no earlier than 28 May 2016.

The Clinical Trial Regulation aims to create an environment that is favourable to conducting clinical trials in the EU. To ensure the highest standards of safety for participants, the Regulation puts in place rules for conducting clinical trials that are consistent throughout the EU and that transparent

information is made publicly available on the authorisation, conduct, and results of each clinical trial carried out in the EU.

The key instrument to ensuring transparency of clinical trials is the new clinical trial portal and database. A public consultation on application of transparency rules of EU Clinical Trial Regulation was launched in 2014 and closed in February 2015

1.6.2. Clinical trial portal and database

According to the Clinical Trial Regulation, the EMA is responsible for the development and maintenance of a clinical trials portal and database, which will be used for submission and maintenance of clinical trial applications and authorisations within the EU.

Patients and healthcare professionals were consulted during all aspects of the creation of the EU Clinical Trials Register and have similarly been involved in discussions at the EMA on the portal and database.

While authorisation and oversight of clinical trials remain the competence of EU Member States, the clinical trial portal and database will serve as the source of public information on the clinical trial applications assessed, and all clinical trials conducted in the EU. The public will be able to access extensive details of each trial including major characteristics of the trial, the start and end of recruitment, end date of the trial and substantial modifications to the trial. A summary of the results and lay summary will be published 12 month after the end of the trial.

A public consultation on how the transparency rules of the European Clinical Trial Regulation will be applied in the new clinical trial database was launched in January 2015.

1.6.3. EMA policy on the proactive publication of clinical trial data

The EMA's clinical-trial data policy will serve as a useful complementary tool ahead of the implementation of the new clinical trials regulation when it comes into force in May 2016. The Agency's policy is an important step forward towards achieving increased transparency in the regulation of medicines in Europe. It provides an unprecedented level of access to clinical trial data that are used as part of decision-making for new medicines.

After an extensive consultation phase that took place between June and September 2013, the Agency carried out a second round of targeted consultation in May 2014 that showed broad support for the policy, but highlighted concerns over the proposed view-on-screen-only access. This has since been modified.

The differences between the Clinical Trials Regulation and the EMA policy is that under the policy, the Agency will proactively publish the clinical study reports submitted as part of marketing authorisation applications.

For further information, please refer to the following webpage: Publication of clinical data.

1.7. Input on EMA pharmacovigilance-related initiatives

1.7.1. WEB-RADR

WEB-RADR is a three-year IMI project whose objective is to develop a mobile application (app) for patients and healthcare professionals to report suspected adverse drug reactions (ADR) to national regulators.

Increasingly patients are using online sources and social media to research information, connect with others, describe their treatments and share their symptoms. WEB-RADR aims to investigate the potential to use publicly available social media data using text mining techniques for identifying safety issues in medicines, which will complement existing methods of signal detection.

The consortium is made up of representatives from patients, industry, regulatory agencies and academia and was launched in September 2014. A webinar was hosted by EMA on October 28, which introduced the project to all stakeholders. Three patients and consumer representatives and three healthcare professional representatives connected to the webinar. This was the lead up to a workshop, also hosted at the EMA premises on December 10. The EMA is co-lead of work package 1 on governance and policy of the WEB-RADR project. More than 60 participants attended and included members of the EMA's Healthcare Professionals Working Party, Patients' and Consumers' Working Party, members of the Pharmacovigilance Risk Assessment Committee (PRAC) and pharmacovigilance experts, members of the EudraVigilance Expert Working Group (EV-EWG) , representatives of the Paediatric Committee (PDCO), experts in the area of medical ethics and data protection, a US FDA representative of WEB-RADR Advisory Committee and IMI WEB-RADR Consortium members.

The next workshop is planned for the third quarter of 2016 and will provide an update on project progress, review interim deliverables, feedback on initial results of data quality and policy recommendations. More information can be obtained about the project from the WEB-RADR website.

1.7.2. EU collaborative framework for patient registries

Patient registries are requested to marketing authorisation holders as regulatory requirements for advanced therapies, medicines for paediatric use and orphan products. Patient registries use observational methods to collect uniform data on specified outcomes in a population defined by a particular disease, condition or exposure. Various challenges in the current approach to patient registries include a lack of common protocols, scientific methods and data structures; data sharing and transparency and sustainability. It is also difficult to assess the validity of results from individual registries.

The primary objective of the EU collaborative framework is to develop a framework for patient registries that will facilitate the collection and analysis of high-quality data on the efficacy and safety of medicinal products in the healthcare setting in order to confirm their benefit-risk profile. The secondary objective is to test the feasibility of integrating registries into the adaptive licensing pilot and the joint discussions between regulators and HTA bodies/payers.

A multi-stakeholder advisory group has been established; participants include representatives from EMA committees, patients and healthcare professionals, industry associations, HTA bodies, DG SANCO[1] and representatives from other projects in the field of registries as well as members of the PCWP and HCPWP.

The project will focus on the technical specification, including a suite of tools for patient registries, in 2015 and results of the pilot phase on 2-4 patient registries are expected late 2016. A patient representative involved in the task force emphasised how the draft proposal comprises important steps to improve the methodology and thus the value of registries for regulatory and clinical practice. However, complexities linked to personal data protection and issues of data sharing and transparency were also discussed.

[1] DG SANCO currently DG SANTE for Health and Food Safety

1.7.3. Pharmacovigilance legislation: eighth stakeholders forum

On 15 September the eighth stakeholders' forum took place to provide an update on key changes and aspects implemented since September 2013. The forum as always is an opportunity to share experiences on the implementation of the pharmacovigilance legislation across all stakeholders.

For further information, please refer to the following webpage: Eighth forum.

Several topics were addressed following two years since the creation of the PRAC, where chair June Raine delivered an overview of achievements, challenges and future objectives. In addition, several initiatives were presented:

- SCOPE - Strengthening Collaborations for Operating Pharmacovigilance in Europe (SCOPE)

The SCOPE Joint Action aims to help medicines regulators operate pharmacovigilance systems to the EU legislative requirements. Regulators are collaborating to improve skills and capability in the network which will help safeguard public health in both national territories and the EU as a whole.

- Looking to the Future: Use of Smartphones & Beyond

WEBRADR – described in section 1.7.1.

- Involving Patients and Healthcare Professionals in benefit risk decision-making

With the creation of the Pharmacovigilance and Risk Assessment Committee (PRAC), patients and healthcare professionals were involved in committee discussions on benefits and risks for the first time. The patients bring the real-life perspective and experience of the end user while the healthcare professionals ensure that the potential impacts of regulatory decisions in clinical practice are taken into account.
The PCWP and HCPWP have been involved in different phases of the implementation of the pharmacovigilance legislation via monitoring of reporting of adverse drug reactions, additional monitoring via the black symbol, the potential development of public hearings (see below) and the pilot for patient involvement at the CHMP (for more details see section 2.2.1.1.).

- Public hearings

The concept of public hearings was introduced. The main objectives being to seek public opinion, suggestions and recommendations on the acceptability of the risks associated with the medicine/class of medicines concerned, particularly in relation to its therapeutic effects and the alternatives available, as well as on the feasibility and acceptability of risk management and minimisation activities. This information will be gathered and used to add to the debate of the PRAC.

It was stated that a priority will be placed on requests from patients, healthcare professionals and academic groups for attendance at these meeting once they are initiated.

1.8. Involvement in research projects

The EMA is involved in several research projects in varying capacities. Where possible and increasingly so, patients and healthcare professionals are invited to participate as partners, in steering groups etc.

1.8.1. European Paediatric Research Network (Enpr-EMA)

The European Network of Paediatric Research at the European Medicines Agency (Enpr-EMA) is a network of research networks, investigators and centres with recognised expertise in performing clinical studies in children. Patients and healthcare professionals are involved in the Coordinating

Group. Also, a task of a new EnprEMA working group, established following the 6th annual Enpr-EMA workshop in June 2014, is to develop a virtual European network of young people to input into the design and delivery of clinical research in children.

For more information on activities of Enpr-EMA in 2014, please read the newsletter.

1.8.2. European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP)

The European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP) is a network of over 170 research centres, existing networks and providers of healthcare data, which is coordinated by the EMA. Patients' representatives form part of the Steering Group and the Interested Parties and Stakeholder group.

1.9. Monitoring and reporting

The Agency conducts a satisfaction survey with its stakeholders every two years. In 2014, healthcare professionals identified by their representative organisations involved in Agency activities were included in the survey for the first time. The evaluation explores stakeholder participation in different types of activities and their satisfaction with the general interaction; the review of documents; and the logistics, including financial support, and the results are shown in combination with those from the patient and consumer survey in Annex 1.

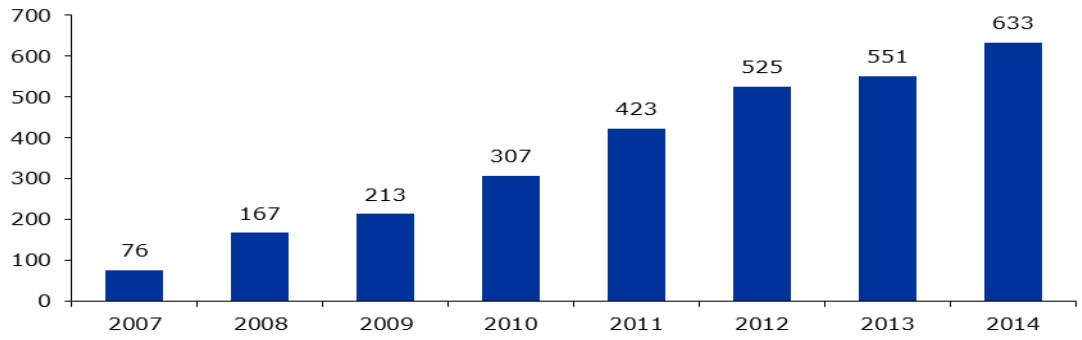
2. Interaction with patients and consumers

2.1. Introduction

Patient involvement in EMA activities is now well-established and, where appropriate, patients are involved systematically in many different areas of the Agency's work. This involvement contributes not only to increased transparency and trust in the regulatory processes but also ensures that in addition to the medical and scientific aspects of assessment, a real-life perspective of living with the disease is also considered throughout the medicines lifecycle.

In Figure 2, we see that the numbers of patient and consumer involvement in EMA activities are continuing to increase although a plateau is anticipated and to some extent has already been observed. Their involvement in every aspect of the medicines lifecycle is not only important in terms of numbers observed but also in the added-value of their contributions, the support they receive and the impact of their input on the regulatory processes. In 2014, patients and consumers were involved in a total of 633 EMA activities, which are described in further detail below.

Figure 2: Overall number of patient and consumer involvement in EMA activities (2007-2014)



2.1.1. Revised framework for interaction between the EMA and patients and consumers and their organisations

In December 2014, the revised Framework for Interaction with patients and consumers was adopted by the EMA Management Board. This document, originally drafted and adopted in 2006, forms the backbone for the collaboration between the EMA and these stakeholder groups and initiated the creation of a permanent platform for liaison; the Patients and Consumers Working Party (PCWP).

The framework emphasises the importance of regular interactions with patients and consumers in order to i) access real-life experiences of diseases, their management and the current use of medicines, ii) determine how best to communicate with these stakeholder groups and to support their role in the safe use of medicines and iii) to enhance their understanding of the role of the medicines regulatory network in the EU.

The revised framework builds on the success of the initial framework and demonstrates the continued commitment of the EMA to maintain dialogue with its stakeholders, to evolve but remain flexible to

accommodate legislative and strategic initiatives such as the EMA Medicines Agencies Network Strategy to 2020.

The new Framework places an emphasis on *Participation*, *Consultation* and *Information* to ensure the active engagement of patients and consumers and to further build transparency and trust.


EUROPEAN MEDICINES AGENCY

Revised framework for interaction between the European Medicines Agency and patients and consumers and their organisations

Participation: More focus will be placed on the preferences of patients and consumers on benefits and risks, which are key areas where their experience brings a unique element to the evaluation of a specific medicine. Various methods exist to capture these preferences and values and several options are currently being explored (see 2.2.1.1. for more details).

Consultation: The framework also emphasises the importance of listening to and consulting patients and consumers and their organisations in the development of plans and policies. To do this and to facilitate and encourage the flow of communication between the Agency and these groups as well as to assist the cascade of information within these groups, communication tools must be optimised.

Information: As patients and consumers are included in many activities at the EMA, it is important to enhance their understanding of EMA's role within the EU regulatory network regarding development, evaluation, monitoring and provision of information on medicines.

The framework relies on 5 critical elements:

- A **network of European patients and consumers' organisations** for consistent and targeted interactions with organisations with a diverse range of expertise and interests.
- A **platform for dialogue and exchange**: EMA Working Party with Patients and Consumers' organisations
- A pool of **individual patients acting as experts** in their disease and its management
- **Interaction** between the network of European patients and consumers and the EU Regulatory Network particularly in the area of dissemination of information.
- **Capacity-building** focusing on training and raising awareness about the work and the mandate of the EMA as well as the EU regulatory system

These objectives are elaborated further in the full revised Framework document and its annexes. An action plan has also been developed to achieve these objectives and is further described in section 2.6. Next Steps.

2.2. Patients/consumers in EMA activities and scope of representation

Patients and consumers are involved in a diverse array of Agency activities either as representatives of their organisations, representatives of their own organisations or as individual patient experts. Figure 3 shows the different activities associated and the scope of their representation.

Figure 3: Patients/consumers in EMA activities and scope of representation

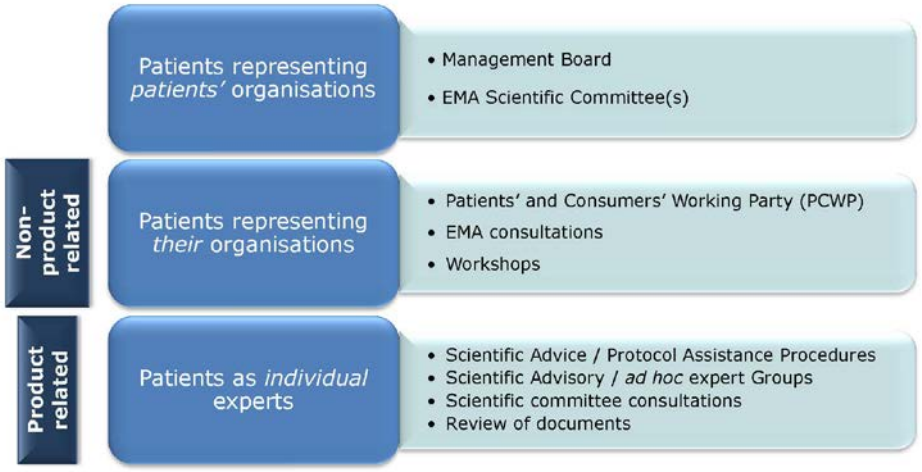


Figure 4 shows the distribution of the numbers of patients involved in the categories as mentioned above. More detail about each of these activities is provided in the corresponding sections below.

Figure 4: Overview of individuals involved in EMA activities (2007–2014)

2.2.1. Patients representing *patients'* organisations

2.2.1.1. Membership in EMA management board and scientific committees

As described in Figure 3, patients involved in the EMA Management Board and the Scientific Committees serve to represent patients' organisations. These members are appointed by the European Commission in consultation with the European Parliament on the basis of their expertise. All members are required to have signed a Declaration of Interest and Confidentiality form in relation to their activities in the Agency.

Management Board: The Management Board is the Agency's integral governance body and including two members representing patients' organisations. This group has a general responsibility for budgetary and planning matters, the appointment of the Executive Director and the monitoring of the Agency's performance.

Scientific Committees: There are six scientific committees for human medicines at the EMA and patients are full voting members of four of these. In this context they represent patients or patients'

organisations. Activities performed by patients' representatives in these committees include orphan designation of medicinal products, assessment of paediatric investigation plans, classification of advanced therapies and assessment and monitoring of safety issues of medicines.

Table 1: Membership of patients in EMA Management Board and Scientific Committees

EMA Management Board and Scientific Committees	Members / alternates
Governance:	
Management Board (MB)	2
Scientific Committees:	
Committee for Orphan Medicinal Products (COMP)	3
Paediatric Committee (PDCO)	3 / 3
Committee for Advanced Therapies (CAT)	2 / 2
Pharmacovigilance and Risk Assessment Committee (PRAC)	1 / 1
TOTAL	17

Patient involvement at the CHMP

Patients have been included as members of EMA scientific committees since the creation of the COMP in 2000, followed by PDCO in 2007, CAT in 2009 and PRAC in 2012 (Table 1). Many discussions have occurred over the years about the best way to ensure that the patient voice is also heard in the Committee for Medicinal Products for Human Use (CHMP). The CHMP is the committee that is responsible for preparing the Agency's opinions on questions concerning medicines for human use and plays a vital role in the marketing procedures for medicines in the European Union.

Patients are involved in Scientific Advisory Groups and ad hoc Expert Groups convened by the CHMP when needed (see Section 2.2.3.1.2. for more details).

In 2014, a pilot to include patients directly in the benefit-risk evaluation of medicines within the CHMP meetings was launched. The pilot aims to explore if patients can be involved effectively in oral explanations at the CHMP. This represents an important step for both patients and the CHMP; however inclusion of patients in benefit risk discussions is not new. Following another pilot phase held in 2011, patients have been systematically invited to participate in Scientific Advisory Group (SAG)/ad-hoc expert meetings, which are convened by the CHMP or the PRAC. The pilot at the CHMP represents a continued commitment of EMA to further enhance the patient voice in its work.

As part of this pilot, erythropoietic protoporphyria (EPP) patients were invited to participate in the evaluation of Scenesse (afamelanotide), a product that acts by stimulating the production of a pigment called eumelanin, which protects the skin against phototoxic reactions due to sunlight.

Six patients had previously participated in the Scientific Advisory Group (SAG) meeting for the same product (see Section 2.2.3.1.2.) and two were then invited to attend the CHMP plenary at the time of evaluation of Scenesse. The patients were invited to share their experience of living with the condition and to elaborate on some specific questions posed to them by the Committee.

Inviting patients to participate in the CHMP not only increases patient awareness of the committee's deliberations and makes the assessment process of medicines more transparent but also is important in ensuring that the users of the medicines authorised are appropriately consulted and considered during the evaluation process.

The one year pilot will be extended to enable more products and more patients to be included.

2.2.2. Patients/consumers representing *their* organisations

2.2.2.1. Membership of Patients' and Consumers' Working Party (PCWP)

In addition to these activities, patients are also involved in two Working Parties of the EMA, in particular the Patients and Consumers Working Party (PCWP) where there are currently 19 members and 16 alternates or observers (Table 2). The PCWP co-chair, David Haerry (EATG) is also a patient representative and the EMA co-chair is Isabelle Moulon (EMA).

The revised Framework for Interaction with patients and consumers emphasising on participation, consultation and information is setting the foundation for patients and consumers until 2020. The interaction with EMA has grown and matured since 2006. It will gain in depth in the years to come.

(David Haerry, PCWP co-chair)

Two patients are also members of the HealthCare Professionals working party to observe and introduce the patient perspective where necessary.

Table 2: Membership of patients and consumers in EMA working parties

Membership of working parties (WP)	Members / alternates or observers
Patients and Consumers Working Party (PCWP) + co-chair	19+1 / 16
HealthCare Professionals Working Party (HCPWP)	2
TOTAL	38

The PCWP and meetings

The PCWP is an important platform for exchange between the Agency and patients' and consumers' organisations. Discussions occur on a wide-range of topics that are of direct or indirect interest to patients in relation to medicinal products. This working party collaborates and holds common meetings with the Healthcare Professionals Working Party (HCPWP) (see Section 1.3. .

Figure 5: The Patients' and Consumers' Working Party (PCWP)

The list of meetings held in 2014 can be found in Section 1.3. In addition, the PCWP also met on the following occasions:

- 25 February – PCWP plenary meeting (half-day) where they received feedback on the training of 2013, the numbers of patients and consumers involved as well as discussions on the work programme for the year.

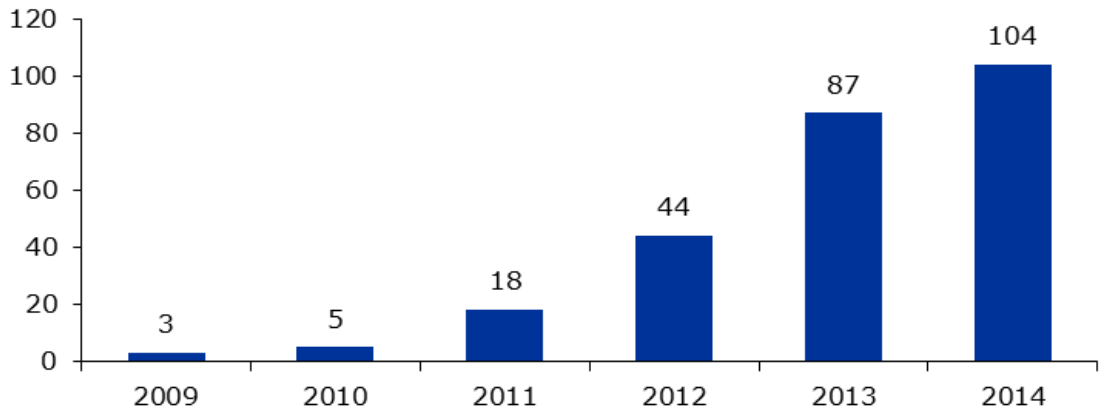
- 25 November - Training session – described further in Section 2.3.
- 26 November – Annual meeting with all eligible organisations that ensures that all organisations are up to date with information and can also feedback to the Agency during this face to face meeting. In 2014, they discussed issues in relation to the involvement of patients' organisations in the Agency's activities, revision of the framework, funding of the organisations, EMA policy on conflict of interest, preparation of public hearings, pharmacovigilance and the PRAC experience. Other topics included health technology assessment (HTA), European Patients Academy (EUPATI) and ADVANCE project (described later).

In addition to these annual meetings, the EMA maintains communication with its stakeholders via email, dedicated pages on the website, newsletters, tweets and targeted communication.

2.2.2.2. Workshops, meetings and consultations

Involvement of patients and consumers in EMA organised conferences and workshops has continued to increase as the Agency endeavours to ensure that patient representatives are given opportunities to participate as often as possible; these have been described in Section 1.3.

Figure 6: Number of patients and consumers included in workshops at EMA (2009-2014)



2.2.2.3. Overview of activities involving patients' and consumers' organisations in 2014 as representatives of their organisations

Table 3 provides an overview of the different occasions and activities concerned where patients and/or consumers were involved and representing their own organisation. Some of the activities described in Table 3 have been described in more detail above. For more information on other activities, please consult the EMA website.

Table 3: EMA Activities involving patients and consumer organisations

	Activities involving organisation representation	Numbers
1	Ad-hoc observers/experts attending PCWP meetings	13
2	Consultation on proposal on patient registries reflection paper	6
3	EU Collaborative Framework for Patient Registries (teleconference)	2
4	Consultation with older people – packaging/labelling	10
5	Pandemic preparedness - review of communication materials - teleconference	2
6	Pandemic preparedness activities – written consultation	3

	Activities involving organisation representation	Numbers
7	Delegate phone interviews of patients for EMA extranet	2
8	EMA extranet: navigation testing exercises	2
9	Clinical trial portal and union database stakeholders meetings (3 meetings)	17
10	Finalisation of EMA policy on proactive publication of and access to clinical-trial data - teleconference	8
11	ENCePP steering group meetings	3
12	Enpr-EMA coordination group meetings	1
13	Enpr-EMA working group	1
14	Preparatory teleconference for the WEB-RADR workshop	7
15	WEB-RADR stakeholders survey	47
16	WEB-RADR workshop (teleconference)	7
17	Patient meeting – Attention Deficit Hyperactivity Disorder/Autism	3
18	Patient meeting – Duchenne Muscular Dystrophy	1
19	Workshops	104
	TOTAL	**239**

2.2.3. Patients/consumers as individual experts

When patients and consumers are involved in EMA activities on product-specific issues, they do so as individual experts. Table 4 provides an overview of the activities and number of patients and consumers as individual experts involved in the respective activities. These are further described in the text following.

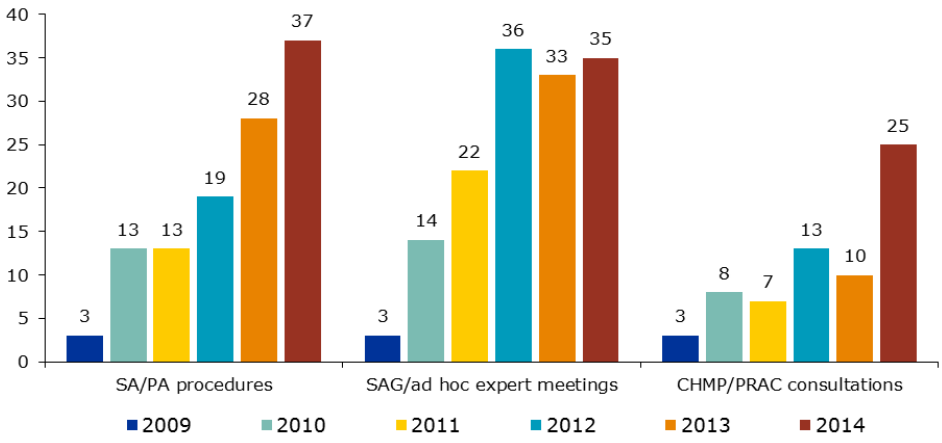
Table 4: EMA activities involving patients and consumers as individual experts

	Activities involving individual experts	Experts
1	CHMP oral explanation - Scenesse	3
2	EMA annual training session	43
3	EPAR summaries - review	61
4	Package leaflets - review	80
5	Participation in SmPC Advisory Group webinar	1
6	PRAC patient meeting - Valproate	11
7	PRAC written consultation - Valproate	9
8	Quality Review Documents (QRD) consultation on insulins (2 consultations)	13
9	Scientific Advice/Protocol Assistance procedures	37
10	Safety communications - review	44
11	Scientific Advisory Group (SAG)/ad-hoc meetings	35
12	Shortage catalogue - review	2
	TOTAL	**339**

2.2.3.1. Patient and consumer involvement in scientific meetings

Figure 7 provides an overview of individual expert patient involvement in scientific procedures such as scientific advice (protocol assistance), scientific advisory groups and consultations by scientific committees (CHMP/PRAC). More details on each of these activities are provided below.

Figure 7: Patient and Consumer involvement in EMA activities (2009-2014)



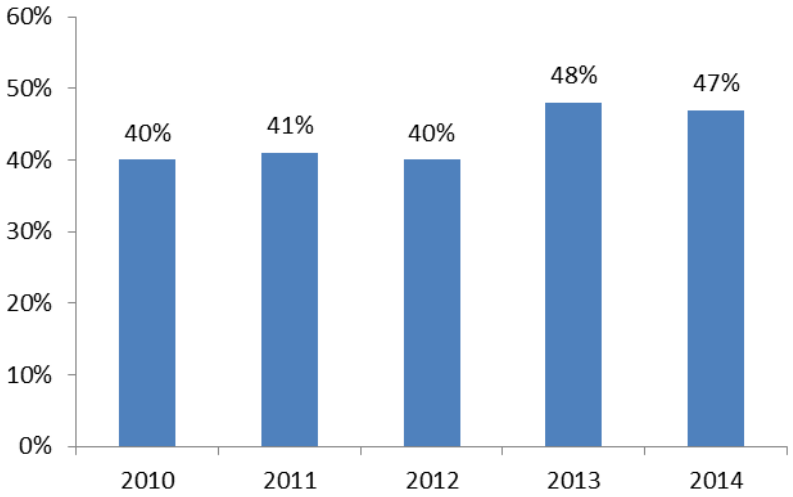
2.2.3.1.1. Input into scientific advice (SA) / protocol assistance (PA) procedures

The inclusion of patients in scientific advice (SA) procedures began in 2005 when rare disease patients requested to be included in protocol assistance (PA) for medicines being developed in their indication. Based on the success of including the patient voice in these procedures, this was extended to non-rare diseases in 2013. This input adds another valuable dimension to the medical and scientific data presented.

In 2014, 37 patients were involved in SA/PA procedures, either in writing and/or in a discussion meeting with the company. During one protocol assistance procedure for a product to treat a rare epilepsy, a patient representative gathered information about the use of a medicine for the condition in Europe. While the company claimed that a particular authorised product was not widely used in Europe and therefore would not make a good comparator for their product, the patient representative was able to gather information from the patient community and confirmed the use of this product in 40% of cases. This resulted in the Scientific Advice Working Party (SAWP) recommending the use of this product as a comparator in their studies. This is one example of the inclusion of the patient impacting the outcome of the advice provided to companies in scientific advice procedures.

In Figure 8, we see the importance of including patients in scientific advice procedures and the importance of their experience to the advice provided by the SAWP. While these figures of 40%-50% of patient input being included in the final advice letter are already impressive, they do not capture the benefit of each occasion where patient input has led to relevant interesting discussions or been in agreement with the advice provided by the working party. These aspects are understandably harder to capture and methods are being researched.

Figure 8: Impact of patients' contribution to Scientific Advice provided to sponsor



2.2.3.1.2. Input into SAG/ad hoc expert meetings

The Agency's Committee for Human Medicinal Products (CHMP) and the Pharmacovigilance and Risk Assessment Committee (PRAC) are supported by Scientific Advisory Groups (SAGs) and ad hoc expert groups to provide advice in connection with the evaluation of specific types of medicines or treatments. They consist of European experts selected according to the particular expertise required on the basis of nominations from the committees or the Agency. Some examples of consultations are provided below.

Scenesse (afamelanotide)

An ad hoc expert group meeting was convened in the context of the ongoing assessment of the Scenesse (afamelanotide) application for marketing authorisation for erythropoietic protoporphyria (EPP) in the EU as requested by the CHMP during the March 2014 plenary meeting.

In addition to EPP clinical experts, rapporteurs and assessors, EMA staff and the CHMP chair, six patients' representatives from different EU countries participated in the meeting, which is more than usual for these meetings. The patients and carers provided experience and knowledge of the disease along with letters from EPP patients, many of which reporting their experience.

Patients and clinicians emphasised the challenges of designing and conducting clinical trials in a population such as EPP where the learnt behaviour of a patient is a difficult factor to overcome. As EPP patients avoid sunlight due to the intense pain it induces, EPP patients in clinical trials are reluctant to modify their behaviour and dare to expose themselves to sunlight.

Patients described that even minimal increases in exposure to sun or light and reductions in symptoms such as pain were considered beneficial to people living with EPP. The patients were able to bring additional aspects to the discussion such as the impact of the disease on their ability to work, engage in sport and to be more integrated into society as important factors to consider in this very rare disease.

Osteonecrosis of the jaw – bisphosphonates and denosumab-containing medicines

A reminder card was drafted in the context of discussions regarding the effectiveness of the risk minimisation activities in place for bisphosphonates and denosumab-containing medicines to reduce the risk for osteonecrosis of the jaw (ONJ). This was requested by the PRAC during the May 2014 plenary meeting and confirmed by CHMP during the July 2014 plenary meeting. It was also the result of advice of an *ad hoc* expert group meeting held in October 2014 at the EMA.

Patient representatives were invited to the *ad hoc* expert group and were also involved in assessment of the proposed educational material. Patients were requested to provide input on the reminder card in particular on aspects including whether the risk of ONJ has been adequately explained, if the profile of the high risk population was clear and whether the educational material was clear and appropriate to the target audience.

2.2.3.1.3. Scientific committee consultations

Valproate

Article 31 referrals of Directive 2001/83/EC are triggered following concerns relating to the quality, safety or efficacy of a medicine or a class of medicines. Following an Article 31 referral, the PRAC was requested to give its recommendation on whether the new data impacts on the benefit /risk balance of valproate. Valproate and related medicines have been used in the EU since the 1960s to treat epilepsy and since 2009 for the treatment of the manic phase of bipolar disorder. For some patients with serious conditions, valproate is the only treatment option in these indications. Valproate is also used in some EU Member States to prevent migraine headaches.

As part of this review of the medicine, the PRAC sought to consult representatives from patients' organisations. On 27 June 2014, a specific meeting was convened involving patients' representatives from epilepsy, bipolar disorder and migraine organisations and patients, family members/carers as well as those who have been affected by valproate. The aim being to achieve an exchange of information with a focus on understanding the patients' perspective on the communication, awareness and understanding of the risks of valproate during pregnancy and in women of childbearing potential and to explore their views on options for improving communication of risk.

This valuable input from patients, carers and their families was taken forward by the PRAC in reaching its recommendation on valproate and related substances. Overall, patients were concerned about the level of information in the package leaflet as well as that provided by healthcare professionals about the potential effects of valproate and related substances when used during pregnancy. They considered the information provided limited and inconsistent across the countries represented at the meeting and across different products (e.g. reference and generics).

The participants agreed that targeted and appropriate information to healthcare professionals and patients was key and that measures should be put in place in this respect. In addition, the general view of the participants was that the information given to patients and parents should be harmonised at European level and should be the same in terms of risks regardless of the age of the patient, should be provided from the first prescription, and should be written in an age appropriate language.

The participants of the meeting considered that different communication tools can be used to deliver this information to the patient, such as package leaflet, a patient booklet with additional information on the risks. Additionally all participants proposed that a written statement highlighting the risks should be signed off by the female patients at different milestones of their life.

The PRAC took into account the views of the participants in its final recommendation, in particular with regard to improving the risk communication to patients and healthcare professionals.

"I feel so happy to have been part of this review and for the PRAC to have taken into consideration issues raised by patients"
comment by patient consulted during the procedure

The PRAC confirmed the importance of continuing to involve patients' organisation as well as healthcare professionals in its review. More information about this consultation can be found by clicking on the link.

2.2.3.2. Review of EMA information

The evaluation of a medicine understandably generates many documents regarding the various aspects of its review. In the context of transparency, the EMA makes this information public via its website and also creates documents that are tailored to patients that are reviewed by patients and consumers to ensure the readability of the document. These documents include:

- The **Package leaflet (PL)** is supplied to the patient in the package in which the medicine is contained, and provides information related to the use of the medicine.
- The **European Public Assessment Report (EPAR) summary** is a lay-language document, which provides a summary of the grounds on which the EMA/CHMP based its recommendation for the medicine to receive a marketing authorisation.
- **Safety communications** refer to documents that are specifically addressed to the public on authorised medicinal products and that convey an important (emerging) message relating to the product (e.g. a product is withdrawn or suspended for safety reasons, has a new contraindication or warning, or there is a product defect).

In Figure 9, the number of documents reviewed by patients and consumers is shown.

Approximately 50% of suggestions and comments made are included in the final published document.

Figure 9: Documents sent for review (2007-2014): Package leaflets and EPAR summaries and Safety communications

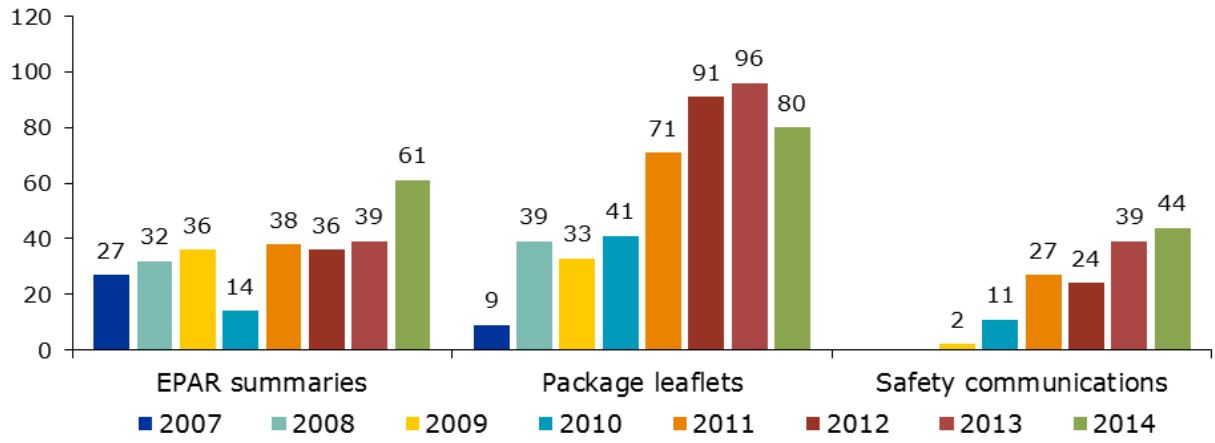
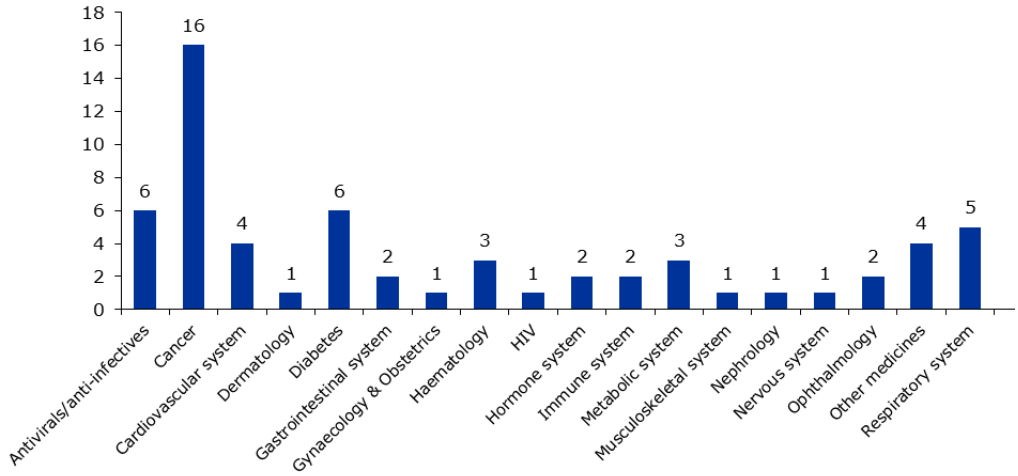


Figure 10 shows the distribution of therapeutic areas covered by the EPAR summaries that were sent for review by patients and consumers in 2014. A total of 13 different therapeutic areas were covered.

Figure 10: Therapeutic areas covered by EPAR summaries in 2014



2.3. Capacity-building activities

The EMA recognises that patients, carers and consumers who are invited to participate in EMA activities need to receive appropriate and tailored training to ensure that they are fully prepared to participate in EMA activities and know what is expected of them as patient representatives. To this end, there is a training strategy in place that incorporates the different methods and materials available depending on the activity, including a dedicated webpage. In addition to personalised support, the Agency holds an annual training day where all eligible patient organisations and their members are invited to participate. This training session held in 2014 comprised 41 participants, who subsequently confirmed that they found the training very useful, comprehensive and well organised with sufficient time allocated.

One key objective of 2015 is to ensure that the Patients and Consumers pages provide tailored information to these groups regarding the various aspects of the EMA and its stakeholders. While this is a long term objective, some tasks have already been achieved. A practical guide for patients invited to the Agency has been prepared; this document describes logistical and practical aspects of which forms are required to be completed prior to attending any meetings as well as how to find and use the Agency.

Information to patients on Scientific Advice and Scientific Advisory Groups were harmonised by updating the existing video for patients invited to Scientific Advisory Groups to include the new EMA premises (30 Churchill Place) as well as information on the participation of patients in Scientific Advice. In addition to the video, a patient information sheet on the involvement of patients in Scientific Advisory Groups was created in line with the existing document on Scientific Advice.

2.4. EMA awareness-raising activities

A key objective of the EMA is to raise awareness about the work of the Agency, the inclusion of patients and consumers in its activities as well as increasing general understanding of the European regulatory network activities and processes.

This involves many aspects, one of which is the participation in meetings organised by external stakeholders and these are listed in Table 5.

Table 5: EMA participation in external patients' and consumers' meetings

	Organiser/Event
1	EFA training for patient experts on allergy, asthma and COPD on getting involved with the European Medicines Agency (EMA)
2	European Cancer Patient Coalition (ECPC): shaping a healthier nation
3	EUPATI-UK key stakeholders international conference
4	Centre for Innovation for Regulatory Science Workshop on The Assessment of Benefits and Harms and their Relative Importance for Patients, Industry and Agencies: How should they be captured?
5	European Multiple Sclerosis Platform (EMSP) Conference: Care where it counts – as you journey with MS
6	London School of Economics (LSE) - Pharmaceutical Policy, Pricing, and Reimbursement: A course for Patient Advocates
7	EURORDIS Summer School – training for patients
8	European Cancer Patient Coalition (ECPC): General Assembly,
10	Drug Information Association (DIA) annual meeting
11	Medicines and Medical Device Agency Serbia – Infoday: "Reinforcing Communication with Patients and Healthcare Professionals"
12	EMPATHIE workshop, Patient empowerment in healthcare – what role for European collaboration
13	European Respiratory Society congress (European Lung Foundation) – patient organisation programme
14	12th International Conference on Communication in Healthcare (EACH)
15	Annual TOPRA/EMA conference, Annual EMA Review of the Year and Outlook for 2015
16	Academy of Medical Sciences, Patient Adherence to Medicines
17	Fellowship to Food and Drug Administration (FDA)

2.5. Organisations involved in EMA activities during 2014

In 2014, the list of EMA eligible organisations remained stable at 36 patients' and consumers' organisations (Table 6). This list is also published on the Agency website, including links to their websites and a summary of their mission and objectives.

Any organisation may apply to participate in the Agency's activities; however they must first become *eligible* by fulfilling the 'Criteria to be fulfilled by patients' and consumers' organisations involved in the European Medicines Agency activities'. These criteria are in place to ensure that the Agency works with organisations that are genuinely acting in the interests of European patients and consumers. Some are general umbrella organisations whilst others have a particular emphasis within a specific area (such as rare diseases, HIV/AIDS, cancer etc.).

Table 6: Eligible patients' and consumers' organisations working with the EMA

	EMA eligible organisations
1	AGE Platform Europe (AGE)
2	Alzheimer Europe (AE)
3	Debra International
4	EMA eligible organisations
5	European AIDS Treatment Group (EATG)
6	European Cancer Patient Coalition (ECPC)
7	European Federation of Allergy and Airways Diseases Patients' Associations (EFA)
8	European Federation of Neurological Associations (EFNA)
9	European Foundation for the Care of Newborn Infants (EFCNI)

	EMA eligible organisations
10	European Gaucher Alliance (EGA)
11	European Genetic Alliances' Network (EGAN)
12	European Haemophilia Consortium (EHC)
13	European Headache Alliance (EHA)
14	European Heart Network (EHN)
15	European Institute of Women's Health (EIWH)
16	European Liver Patient Association (ELPA)
17	European Multiple Sclerosis Platform (EMSP)
18	European Network of Fibromyalgia Associations (ENFA)
19	European Organisation for Rare Diseases (EURORDIS)
20	European Parkinson's Disease Association (EPDA)
21	European Patients' Forum (EPF)
22	European Prostate Cancer Coalition (EUomo)
23	European Public Health Alliance (EPHA)
24	Fabry International Network (FIN)
25	Global Alliance for Mental Illness Advocacy Networks (GAMIAN-Europe)
26	Health Action International (HAI)
27	Insulin Dependent Diabetes Trust (IDDT)
28	International Alliance of Patients' Organizations (IAPO)
29	International Bureau of Epilepsy (IBE)
30	International Diabetes Federation European Region (IDF Europe)
31	International Patient Organisation for Primary Immunodeficiencies (IPOPI)
32	Myeloma Patients Europe (MPE)
33	Pain Alliance Europe (PAE)
34	Spinal Muscular Atrophy Europe (SMAE)
35	Thalassaemia International Federation (TIF)
36	The European Consumers' Organisation (BEUC)

When a need arises to consult a patients' organisation on a specific area not covered by the EMA eligible organisations, the Agency contacts other organisations for their expertise. This is in line with the "rules of involvement of members of patients' and consumers' organisations in Committees' related activities" (EMA/483439/2008 rev.1). During 2014, in addition to the 36 eligible organisations (Table 6), another 27 patients' and consumers' organisations also interacted with the Agency and are listed in Table 7.

Table 7: List of organisations consulted by EMA on specific areas

	Organisations consulted by the EMA on specific areas
1	ADHD-Europe
2	Association to Help Parents of Children Suffering from Anti-Convulsant Syndrome (APESAC)
3	ASUD (Auto support des usagers de drogues)
4	BAGSO (German organisation representing seniors associations, and Global Action in Aging)
5	Belgian Association of Valproate Syndrome Victims (ABVSV)
6	Brain Tumour Charity

	Organisations consulted by the EMA on specific areas
7	British Heart Foundation
8	Children's Heart Federation
9	Cystic Fibrosis Trust
10	Czech Alzheimer's Society
11	Danish Endometriosis society
12	Das Lebenshaus - German GIST support organisation
13	Diabetesforbundet (Norwegian Diabetes organisation)
14	European League Against Rheumatism's Standing Committee of People with Arthritis/Rheumatism in Europe (EULAR-PARE)
15	Fetal Anti Convulsant Syndrome Association (FACSA)
16	Fetal Anti-Convulsant Trust (FACT / FACSAWARE)
17	Fondazione Italiana "Leonardo Giambrone" per la Guarigione dalla Thalassemia (Italian thalassemia patient organisation)
18	Giambrone Foundation
19	Independent Fetal Anti Convulsant Trust (In-FACT)
20	Klub nemocnych cystickou fibrózou, o.s.
21	Macular Society
22	Malta Dementia Society
23	Migraine trust
24	National Kidney Federation (NFK)
25	NMO-UK
26	Organisation for Anti-Convulsant Syndrome (OACS)
27	Tampere Diabetes Association (Finland)
28	The Migraine Trust
29	Transverse Myelitis Society
30	UK Thalassaemia Society

2.6. Next steps

This eighth report on the interaction of the EMA with patients and consumers demonstrates the experience and success of the Agency in interacting with these stakeholder groups all along the medicines lifecycle. While methodologies for contacting, involving and collaborating with patients and consumers are well-established, the way forward is to reflect on how to further enhance their involvement and ensure that it is taking place in an optimal manner from both sides.

With the revision of the Framework of Interaction in 2014, several actions have been defined in line with these objectives:

Establishing a pool of experts: A network of patients' and consumers' organisations that interact with the EMA currently exists however there is an increasing need to involve individual patient experts in product-related procedures. A database of individual experts would enable targeted communication, updates and information as well as direct and rapid identification of the concerned individuals in products in their area of interest.

Developing capacities: In line with Section 2.3. (Training activities) regulatory processes are complicated and support in terms of training is essential. While the EMA provides training on aspects

where stakeholders are involved in the regulatory processes, there is recognition of the need to not only expand and tailor this training to suit the needs of the individual but also to develop synergies with existing training initiatives that are coherent with the remit of the EMA.

Promote participation at key milestones during the lifecycle of medicines: building on the experience of involving patients at early stage such as in scientific advice, the EMA would like to ensure involvement from an even earlier stage in medicines development/research with a focus on patients' values and preferences.

Experience exists with patient input into benefit-risk evaluations at later stages of medicines evaluation via scientific advisory groups and more recently in the pilot project described in Section 2.2.1.1. with patients attending CHMP meetings. Other methodologies will also be explored to capture patients' preferences on benefits and risks during evaluation of a medicine.

Raising awareness: there is a need to ensure visibility of the input of patients as well as to properly quantify the impact of these inputs; while some methodologies exist to measure where patient input has been taken into account in regulatory decisions, further quantitative as well as qualitative data needs to be collected.

In addition, it is important that the EMA raises awareness on its role within the regulatory network and on its interactions with stakeholders.

Some of these actions are currently being implemented and require further reflection while some actions are still under development. The timelines for achieving these objectives will extend beyond 2015 however initiation of many of these actions will begin during this year.

3. Interaction with healthcare professionals

3.1. Introduction

The publication of the first annual report on the progress of the interaction with healthcare professionals' organisations in 2014 constituted the final building block for the full implementation of the Framework for interaction between the EMA and healthcare professionals. This was an important mark in the Agency's continued effort to increase transparency on how it interacts with its stakeholders.

With all essential elements of the framework now in place, focus has been directed towards sustainability of healthcare professionals' involvement in the Agency's core activities and to identifying areas where more streamlined procedures could be achieved.

Throughout the year, the Agency maintained regular interaction with European healthcare professional organisations with the aim of continuing to support and reinforce existing knowledge within the European Regulatory Network with additional valuable input from day-to-day clinical practice; including at the level of prescribing, dispensing and/or administering medicines. As such, healthcare professional organisations were called upon to identify individual experts who could provide input in scientific advisory group and ad-hoc expert group meetings, as well as review specific aspects of product information, proposed additional risk minimisation measures and safety communications. As representatives of their organisations, healthcare professionals also participated in specific scientific workshops and cross-Agency discussions bringing on board the views of the wider community of practicing specialists, general practitioners, pharmacists and nurses.

Efforts also continued to be directed towards promoting a better understanding of the role of the EU medicines Regulatory Network, expanding the outreach of EMA communications and facilitating dialogue with healthcare professional organisations' in areas requiring additional clarity on regulatory actions and their impact on real-life clinical practice. These three focal points of interaction between the Agency and the Network of European healthcare professional organisations are reflected in Figure 11.

Figure 11: Regular interaction between the Agency and the Network of European healthcare professional organisations

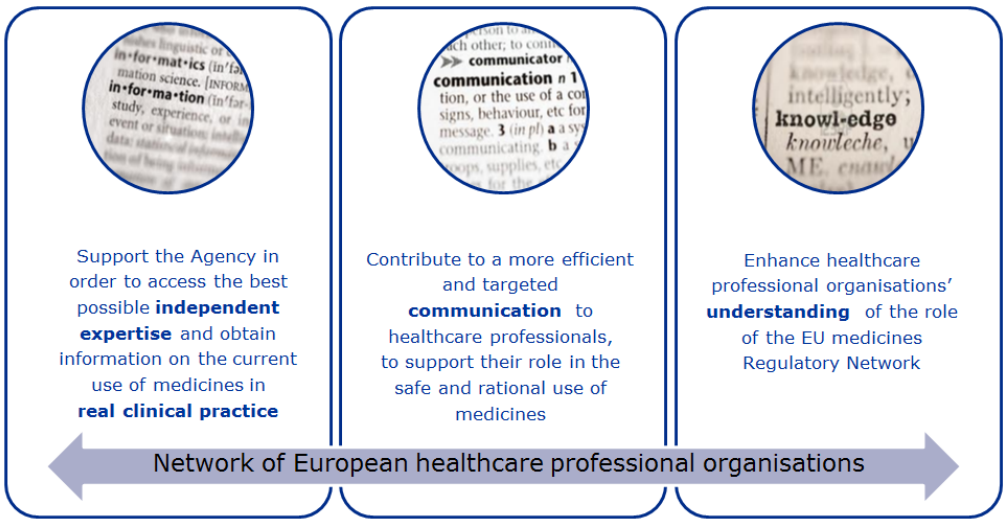


Figure 12 reflects the sustained involvement of healthcare professionals in EMA core activities, which will be further detailed in the following sections.

Figure 12: Involvement of healthcare professionals as Committee / Working Party members, experts and representatives of organisations

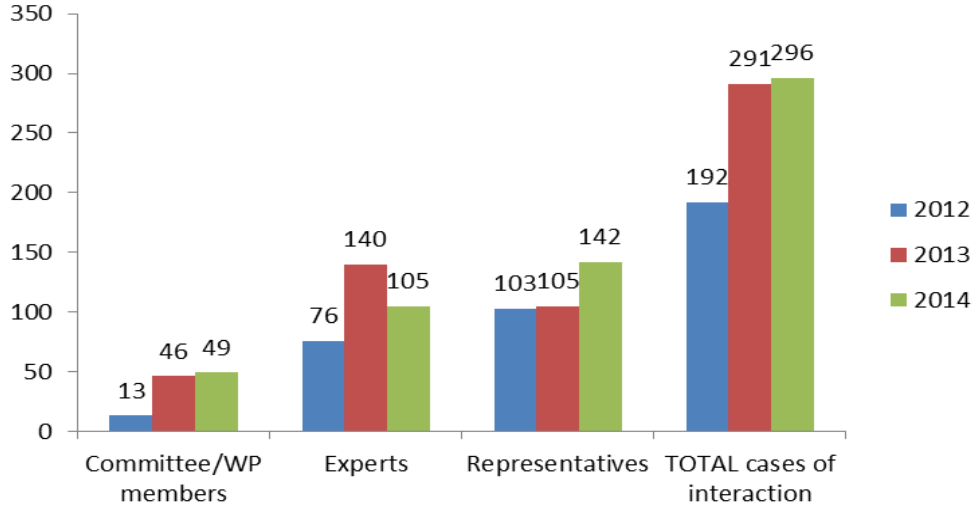
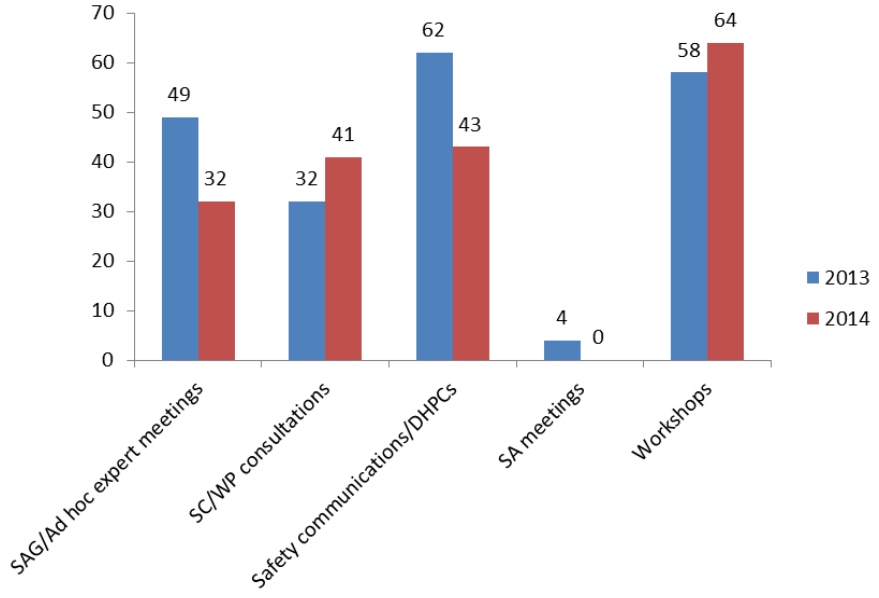


Figure 13 illustrates the involvement of healthcare professionals in Agency scientific activities and workshops. A similar number of interactions were recorded in 2014 as compared to 2013, with input and participation spread across the various core activities. The opportunity to involve an external expert in scientific activities at the Agency is based on requests for input and the nature of the Agency's activities, which may vary from year to year.

Figure 13: Involvement of healthcare professionals in EMA Activities (2013-2014)



3.2. Healthcare professionals in EMA activities and scope of representation

Healthcare professionals are involved in a wide array of Agency activities, either as representatives of healthcare professionals' organisations, representatives of their own organisations or as individual experts.

Figure 14 shows the different activities associated with these different types of representation.

Figure 14: Healthcare professionals in EMA activities and scope of representation

3.2.1. Healthcare professionals representing *healthcare professionals'* organisations

3.2.1.1. Membership in EMA Management Board and Scientific Committees

As described in Figure 14, healthcare professionals involved in the EMA Management Board and the Scientific Committees serve to represent healthcare professionals' organisations. These members are appointed by the European Commission in consultation with the European Parliament on the basis of their expertise. All members are required to have signed a Declaration of Interest and Confidentiality form in relation to their activities in the Agency.

Healthcare professionals are involved in governance activities in the Agency's Management Board where they have one representative.

In addition, healthcare professionals are represented in three of the six human scientific committees at the EMA (See Table 8). Activities performed by healthcare professionals in these committees include the assessment of paediatric investigation plans; the assessment of the quality, safety and efficacy of advanced-therapy medicinal products (ATMPs); and the assessment and monitoring of safety issues for medicines.

Table 8: Membership of healthcare professionals in EMA Management Board and Scientific Committees

EMA Management Board and Scientific Committees	Members / alternates
Governance:	
Management Board (MB)	2
Scientific Committees:	
Paediatric Committee (PDCO)	3 / 3
Committee for Advanced Therapies (CAT)	2 / 2
Pharmacovigilance and Risk Assessment Committee (PRAC)	1 / 1
TOTAL	**14**

3.2.2. Healthcare professionals representing *their* organisations

3.2.2.1. Membership of the Healthcare Professionals Working Party (HCPWP)

The Agency Human Scientific Committees' Working Party with Healthcare Professionals Organisations (HCPWP) was formally established in June 2013 to provide recommendations to the EMA and its Human Scientific Committees on all matters of direct or indirect interest to healthcare professionals in relation to medicines and to monitor the progress of interaction between the Agency and healthcare professionals. It is composed of representatives from 18 selected healthcare professionals' organisations that fulfil the eligibility criteria and representatives from the six Agency's human scientific committees as well as the Agency secretariat (Table 9). Other observers include the European Commission and the Agency's Patients' and Consumers' Working Party (PCWP). The HCPWP is co-chaired by Gonzalo Calvo (EACPT) as a healthcare professional representative and Isabelle Moulon, on behalf of EMA.

The HCPWP is now in full operation and met three times in 2014. The meetings were jointly organised with the PCWP with several topics presented and discussed ranging from updates on EU legislation to different EMA core activities, policies and projects (see section 1.3. for a comprehensive overview).

Health promotion benefits from improved understanding between regulatory bodies and healthcare professionals. It is key that healthcare professionals understand the regulatory decision-making process and also that regulatory bodies get first-hand information on how their decisions impact real clinical practice. The HCPWP provides a unique platform for interaction between the EMA and healthcare professionals. The existing framework enhances communication and participation of physicians, pharmacists and nurses in discussing key regulatory policies aspects, working closely with Patients and Consumers organisations through the PCWP.
(Gonzalo Calvo, HCPWP co-chair)

The HCPWP and PCWP have reciprocal observers who follow up the work of each working party and present their particular perspective where necessary.

Table 9: Membership of Working Parties

Membership of working parties (WP)	Members / alternates or observers
HealthCare Professionals Working Party (HCPWP) + co-chair	18 + 1 / 15
Patients and Consumers Working Party (PCWP)	1
TOTAL	**35**

3.2.2.2. Workshops, meetings and consultations

This section includes additional interactions with HCPs, which were not covered in section 1.4. A full overview of EMA workshops, conferences, ad hoc meetings and consultations involving healthcare professionals' organisations can be found in Table 10.

Table 10: EMA activities involving healthcare professionals' organisations

Activities involving healthcare professionals' organisation s	Number
Ad-hoc observers/experts attending HCPWP meetings	8
Scientific Committees/Working Parties consultations with HCPOs	15
Comments to EMA draft guidelines, concept papers and reflection papers	2

Activities involving healthcare professionals' organisation s	Number
Meetings with the Executive Director	3
Activities involving clarification of issues raised by HCPOs (teleconferences and written clarification)	11
Pandemic preparedness activities (teleconference and written consultation)	5
European Union clinical trials portal and Union database: Meeting with stakeholders	6
8th Pharmacovigilance stakeholders forum	4
WEB-RADR IMI project activities (webinar, survey, teleconference and workshop)	26
Workshop on benefit-risk methodologies	15
Workshop on benefit-risk communication	17
Finalisation of EMA policy on proactive publication of and access to clinical-trial data (teleconferences)	11
6th Enpr-EMA Workshop	1
Workshop on Rare Cancers	5
EU Collaborative Framework for Patient Registries (teleconference and written consultation)	5
EMA extranet development (phone interviews and navigation testing exercise)	4
Workshop on Alzheimer's Disease	1
Workshop on the Guideline on pharmaceutical development of medicines for paediatric use	2
SmPC Advisory Group webinar: How to reflect SmPC information in the Package Leaflet	1
TOTAL	**142**

Workshop on the guideline on pharmaceutical development of medicines for paediatric use

The Quality Working Party secretariat hosted a workshop in December 2014 on the 'Guideline on pharmaceutical development of medicines for paediatric use.' The guideline has been in force since February 2014, and is intended to provide additional guidance to pharmaceutical developers on quality aspects related to medicinal products for children between birth and 18 years of age. As more experience becomes available, further work is required to complement the guideline with additional recommendations on pharmaceutical development of paediatric medicines.

The general scope of this workshop was to share with stakeholders (regulators, healthcare professionals, academia and industry) the experience gained so far with the use of the guideline, and to identify gaps in the current knowledge that require further elaboration.

The introductory session featured a valuable presentation by Professor A. Sinclair titled 'Paediatric medicines in daily practice.' He shared his practical experience (positive and negative) from the "real life", as a hospital pharmacist whose daily work involves the preparation of medicines to be administered to children.

Bilateral interactions

Iodinated and gadolinium contrast agents

During 2014, concrete progress was achieved in order to respond to the European Society of Radiology (ESR) request to harmonise the Summary of Product Characteristics (SmPC) of iodinated and gadolinium contrast agents. A fruitful exchange between ESR and the EMA CHMP Radiopharmaceuticals drafting group allowed the identification of a way forward, which included a staggered harmonisation of the wording based on the core safety profile of these agents. The Agency welcomed ESR's request as an example of healthcare professionals' interest in SmPC and willingness to work with regulatory

authorities, as well as, a good opportunity for promoting consistency of information across medicinal products.

Combined hormonal contraceptives

Clarification was provided to the European Board and College of Obstetrics and Gynaecology (EBCOG) on aspects related to the review of combined hormonal contraceptives (CHC), initiated following concerns over the increased risk of venous thromboembolism (VTE) associated with their use. In the context of the CHC review, the Agency discussed and agreed core messages to be included in a direct healthcare professional communication (DHPC), a questions-and-answers document for women, a checklist for prescribers and an information card for women. The review was concluded with the European Commission's decision of 16 January 2014 to update the product information of all CHC throughout the EU. In addition, marketing authorisation holders have been asked to work together and conduct joint survey-based studies to measure the success of providing and understanding all core communication and educational materials.

Valproate medicines

A teleconference was organised with a task force from the International League against Epilepsy (ILAE) in order to discuss the implications to clinical practice emerging from the review of valproate medicines and clarify aspects of the SmPC wording. The review of valproate medicines was carried out following the publication of new data on the risks of malformations and developmental problems in babies exposed to valproate in the womb. As an outcome of the review, doctors in the EU are now advised not to prescribe valproate for epilepsy or bipolar disorder in pregnant women, in women who can become pregnant or in girls unless other treatments are ineffective or not tolerated. Those for whom valproate is the only option for epilepsy or bipolar disorder should be advised on the use of effective contraception and treatment should be started and supervised by a doctor experienced in treating these conditions.

Participation in written consultations addressing specific issues related with real clinical practice

In line with the EMA framework for interaction with healthcare professionals, it is possible for a scientific committee, working party or drafting group to request additional input from relevant organisations on general matters (not product-specific consultations). The purpose of such consultations is to gather valuable input on certain aspects of clinical practice and standards of care that can support the scientific bodies on its further discussions related with on-going evaluations or guideline development.

In 2014, a number of such consultations were called upon as listed in Table 11.

Table 11: Committee / Working party consultations with healthcare professional organisations

Committee / WP	Subject	Contribution of healthcare professionals
CAT	Design and conduct of clinical trials concerning autologous chondrocyte implantation	Provide information on current European standard of care and different treatment uses
CHMP	Adrenaline auto-injectors	Provide input on the route of administration
PRAC	Valproate and related substances	Input on how information on risks associated with use of valproate is provided to women of child bearing potential and pregnant women
CHMP/CVMP QWP	Survey regarding in-use shelf-life of reconstituted/ compounded parenteral products	Evaluate whether guidelines need to be adapted and/or other appropriate actions to be taken to serve the purpose of the end user

3.2.3. Healthcare professionals as individual experts

When healthcare professionals are involved in EMA activities on product-specific issues, they do so as individual experts. The Agency asks relevant healthcare professional organisations to identify experts who on the basis of their individual clinical experience, and subject to the assessment of declared interests and signed confidentiality agreement, can provide their valued input.

3.2.3.1. Healthcare professional involvement in scientific meetings

As described in Section 2.2.3.1.2. Scientific Advisory Groups (SAGs) are convened by the PRAC or the CHMP to provide advice in connection with the evaluation of specific types of medicines or treatments.

Through the network of European healthcare professional organisations, the Agency called upon 32 individual experts to participate in SAG/ad –hoc expert group meetings and bring additional expertise on clinical practice in specific domains during 2014.

Expertise was provided on a variety of therapeutic areas and medical fields, including gastrointestinal stromal tumour (GIST), chronic myelogenous leukaemia, multiple sclerosis, attention deficit hyperactivity disorder (ADHD), type 2 diabetes mellitus, erythropoietic protoporphyria (EPP), myocardial infarction, intraocular lens replacement and coronary angiography, in order to support scientific discussions related with the evaluation of new marketing authorisation applications and changes in indications of already approved medicines.

Experts also participated in SAGs and ad-hoc expert group meetings specifically convened in the context of safety referrals covering the review of renin-angiotensin system (RAS)-acting agents, valproate medicines and oral methadone solutions containing povidone.

EMA Geriatric Expert Group (GEG)

The Agency's Geriatric Expert Group (GEG) provides scientific advice to the CHMP and the European Medicines Agency secretariat on issues related to older adults. Its work includes:

- giving input related to geriatrics on guidelines under consultation;
- giving advice on geriatric aspects of the development, assessment or safety monitoring of medicines;
- taking part in meetings where expertise on geriatrics is needed;
- contributing to the geriatric implementation plan.

The majority of the members of the Geriatric Expert Group (GEG) are practising healthcare professionals. In 2014 they have been consulted for input regarding the drafting of guidelines, the provision of Scientific Advice and support to the PRAC in referrals pertaining to the older population.

3.2.3.2. Participation in written consultations

The purpose of this type of consultation is to gain a better understanding of how specific elements of the product information and package design (e.g. labelling; expression of strength; posology recommendations; instructions for use; colour differentiation strategy) are sufficiently clear and additional risk minimisations measures (e.g. key messages to include in educational materials) can reduce potential risk of medication errors in the context of clinical practice reality and facilitate the appropriate and safe use of the medicinal product under assessment (see Table 12 for consultations carried out throughout 2014).

Table 12: Committee / Working party consultations with healthcare professional (individual experts)

Committee / WP	Medicinal product	Contribution of healthcare professionals
PRAC	Valproate and related substances	Input on proposed educational materials
EMA/QRD	Insulins	Medication errors-related consultations – high strength insulin
EMA/QRD	Anticancer medicine	Medication errors-related consultations - Instructions for dilution

Medication errors-related consultations

In 2014, healthcare professionals continued to provide input from clinical practice into proposed strategies to minimise the risk of medication errors.

Expertise from healthcare professionals (including general practitioners, hospital pharmacists, specialised nurses and specialists in medication errors) was requested to minimise the risks of medication errors following the submission of new presentations containing a high concentration of insulin. Experts involved advised on changes to the package design, the adequacy of the warnings and of the information included in the product information to address the potential risks related to mix-ups and the transition from/to other insulins, handling errors and misuse of the pen.

Similarly, healthcare professionals were consulted on the wording of the Summary of Product Characteristics (SmPC) for a concentrate for solution for infusion, indicated for the treatment of some cancers. The original SmPC wording allowed flexibility for the physicians to dilute the medicine in different volumes (e.g. a higher volume in heavier patients), after which the EMA consulted physicians to review the information and identify the need for additional information to minimise the risk of medication errors.

3.2.3.3. Review of EMA information

The EMA is responsible for providing information about medicines authorised via the centralised procedure, which includes information directed to stakeholders. During the preparation of this information, the Agency interacts with healthcare professionals' organisations to ensure that the communication is adequately formulated and comprehensible to the target audience.

Throughout 2014, healthcare professionals were asked to provide their views on several types of documents:

- The **Summary of Product Characteristics** (SmPC) is a key part of the marketing authorisation of all medicines authorised in the European Union and the basis of information for healthcare professionals on how to use a medicine safely and effectively.
- **Safety communications** refer to documents that are specifically addressed to the public on authorised medicinal products and that convey an important (emerging) message relating to the product (e.g. a product is withdrawn or suspended for safety reasons, has a new contraindication or warning, or there is a product defect).
- **Direct healthcare professional communications** (DHPCs) are usually disseminated by one or a group of marketing authorisation holders for the respective medicinal product(s) or active substance(s), either at the request of a national competent authority or the Agency, or on the marketing authorisation holder's own initiative.

- The **shortages catalogue** (see section 1.5.3.) contains information on medicine shortages that affect or are likely to affect more than one European Union (EU) Member State, where the European Medicines Agency has assessed the shortage and provided recommendations to patients and healthcare professionals across the EU;

Risk communication

A main focus of the Agency's communication policy is to inform stakeholders of key safety information the Agency produces. EMA public information on 'start of safety referrals' as well as 'summary of recommendations' are written specifically with the intention to target patients and healthcare professionals, and the Agency's policy is to disseminate these communications at the time of their publication to the key EU organisations in the field. In order to promote clarity of the messages prepared, the Agency also seeks specific input from relevant reviewers in the target groups during the drafting process. The same applies to direct healthcare professionals' communications (DHPCs).

In 2014, a total of 35 experts nominated by healthcare professional organisations (HCPOs) with different specialities and clinical backgrounds were involved in the review of 28 safety communications and 4 DHPCs. Most of the feedback received was positive with pertinent suggestions used to reinforce the clarity of the messages to be conveyed.

A concrete example where healthcare professionals contributed to shaping the messages to be included in various communication documents streaming from a referral procedure is that of the EMA review of valproate and related substances. As outlined in Section 2.2.3.1.3. above, this review was initiated in October 2013 at the request of the UK following the publication of new data on the risks to children of valproate exposure in the womb. In the context of this review, the PRAC considered it useful to obtain additional information from the healthcare professionals' perspective on the communication, awareness and understanding of the risks of valproate during pregnancy and in women of child bearing potential.

In addition, eight healthcare professionals were involved in the review of 4 DHPCs to ensure that the message to be conveyed was clear and comprehensible for healthcare professionals. These concerned an anti-inflammatory medicine; a medicine indicated for the treatment of multiple-sclerosis; methysergide-containing medicines for the prophylactic treatment of severe intractable migraine and cluster headache; and a medicinal product used for the treatment of osteoporosis.

3.2.4. Submissions by healthcare professionals in the context of safety referrals

It is relevant to highlight that throughout 2014, the Agency received 12 submissions by healthcare professionals (from single individuals and from organisations) in the context of safety referrals. Seven were related to the Article 31 Referral for Valproate. This contributed to identifying and gaining a better understanding of real-life clinical practice issues related with the medicines under assessment.

3.3. EMA awareness-raising activities

In order to promote further awareness on how the Agency is involving healthcare professionals in its activities, the Agency participated in several specific meetings and conferences organised by healthcare professionals' organisations in 2014, as shown in Table 13 below.

Table 13: EMA participation in external healthcare professionals' meetings

	Organiser / Event
1	European Association of Hospital Pharmacists (EAHP) - 19th Annual Congress: *"The innovative hospital pharmacist – imagination, skills and organisation"*
2	Portuguese College of Regulatory Affairs Specialists, Ordem dos Farmaceuticos (CCEAR-OF) - Annual meeting: *"The right to inform, the right to know – medicines and health products in social media"*
3	Italian Federation of General Practitioners (FIMMG) – Conference European Primary Care: "*Difference and similarity in the different national health services"*
4	Medicines and Medical Device Agency Serbia – Infoday: *"Reinforcing Communication with Patients and Healthcare Professionals"*
5	European Society of Oncology Pharmacy (ESOP) – Second European Conference of Oncology Pharmacy
6	European Forum for Primary Care (EFPC) - 5th Biannual Conference International conference: *"Twinning Population Health and Primary Care"*
7	European Union Geriatric Medicine Society (EUGMES) – 10th Annual Congress
9	Portuguese National Authority of Medicines and Health Products (INFARMED) - *European FAKESHARE project*
10	European AIDS Clinical Society (EACS) - Standard of care for HIV and co-infections in Europe - EACS Meeting in collaboration with EATG

3.4. Organisations involved in EMA activities in 2014

In 2014, three new organisations representing healthcare professionals fulfilled the Agency's eligibility criteria:

- European Union of General Practitioners (UEMO)
- European Academy of Allergology and Clinical Immunology (EAACI)
- Health Care Without Harm Europe (HCWH Europe)

By the end of 2014 there were 29 healthcare professionals' organisations included on the EMA list of 'eligible organisations' (see Table 14). A list of these eligible organisations is published on the Agency's website, including links to their websites and a summary of their mission and objectives.

Table 14: Eligible healthcare professionals' organisations working with the EMA

	Name of Organisation
1	European Academy of Allergy and Clinical Immunology (EAACI)
2	European Academy of Paediatrics (EAP)☐
3	European Academy of Neurology (EAN)
4	European AIDS Clinical Society (EACS)☐
5	European Association for Clinical Pharmacology and Therapeutics (EACPT)
6	European Association of Hospital Pharmacists (EAHP)☐
7	European Association for the Study of Diabetes (EASD)
8	European Association of Urology (EAU)☐
9	European College of Neuropsychopharmacology (ECNP)
10	European Federation of Internal Medicine (EFIM)☐
11	European Forum for Primary Care (EFPC)
12	European Hematology Association (EHA)☐
13	European League Against Rheumatism (EULAR)
14	European Renal Best Practice (ERBP)☐
15	European Society for Medical Oncology (ESMO)

	Name of Organisation
16	European Specialist Nurses Organisations (ESNO)☐
17	European Society of Cardiology (ESC)
18	European Society of Endocrinology (ESE)☐
19	European Society of Oncology Pharmacy (ESOP)
20	European Stroke Organisation (ESO)☐
21	European Society of Radiology (ESR)
22	European Union of General Practitioners / Family physicians (UEMO)☐
23	European Union Geriatric Medicine Society (EUGMS)
24	European Working Group on Gaucher Disease (EWGGD)☐
25	Health Care Without Harm Europe (HCWH Europe)
26	International League Against Epilepsy (ILAE)☐
27	Pharmaceutical Group of the European Union (PGEU)
28	Standing Committee of European Doctors (CPME)☐
29	United European Gastroenterology (UEG)

Occasionally, the Agency needs to approach organisations that have not yet undergone the voluntary process of applying for eligibility due to the need to consult on a specific area. These organisations, which provided experts for Scientific Advisory Group meetings; contributed to HCPOs consultations; and whose representatives participated in workshops/conferences, are listed in Table 15 below.

Table 15: List of organisations consulted by EMA on specific areas

	Name of Organisation
1	European Association of Poisons Centres and Clinical Toxicologists (EAPCCT)
2	European Board and College of Obstetrics and Gynaecology (EBCOG)
3	European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
4	European Psychiatric Association (EPA)
5	European Respiratory Society (ERS)
6	European Society of Cataract & Refractive Surgeons (ESCRS)
7	European Society of Gynaecology (ESG)
8	European Society of Ophthalmology (SOE)
9	European Union of Medical Specialists (UEMS)
10	International Cartilage Repair Society (ICRS)

3.5. Next steps

In 2015, the Agency will continue to engage in consultations with healthcare professionals where their input can bring added value to benefit-risk assessment and decision-making; EMA activities related to information on medicines and communication with healthcare professionals; and support the continuous improvement of the operation of the pharmacovigilance system.

Taking the survey results (see Annex I) as a starting point, the Agency will assess current practices and identify areas for improvement. In addition, the EMA will continue to increase transparency on the involvement of HCP organisations in the Agency's activities and explore ways to further recognise individual experts involved in EMA activities.

The Healthcare Professionals Working Party will initiate a reflection on the need to review the framework for interaction between the Agency and healthcare professionals. Furthermore, the planned

PCWP/HCPWP workshop on risk minimisation tools in September will feed the HCPWP discussion on the impact of risk minimisation measures in the work of healthcare professionals.

The Agency will continue its efforts to expand outreach to general practitioners and reflect on how interaction with this particular group of healthcare professionals may be improved in the future.

Annex I: Satisfaction survey

Introduction

In 2007 as requested by the EMA Management Board, the Agency began measuring the degree of satisfaction of patients and consumers involved in EMA activities. These satisfaction surveys are conducted every two years and serve as an important tool to identify areas that may need additional attention and that also facilitate reflection on how to optimise collaboration with these stakeholders.

As 2014 represented the second year since the creation of the HCPWP, we took the opportunity to survey healthcare professionals and their organisations in order to gather their feedback.

The two separate surveys explored patients', consumers' and healthcare professionals' participation in different activities, their satisfaction with the general interaction; the review of documents; logistics, including financial support (Figure 15). The option to include additional comments was provided and the surveys were anonymous.

Figure 15: Background information satisfaction surveys PCO and HCP 2014

	Patients and consumers	Healthcare professionals
Timeline	15 – 30 Jan 2015	
No of questions	18	16
No of responses	51/140	34/108
Response rate	36.4 %	31.5 %

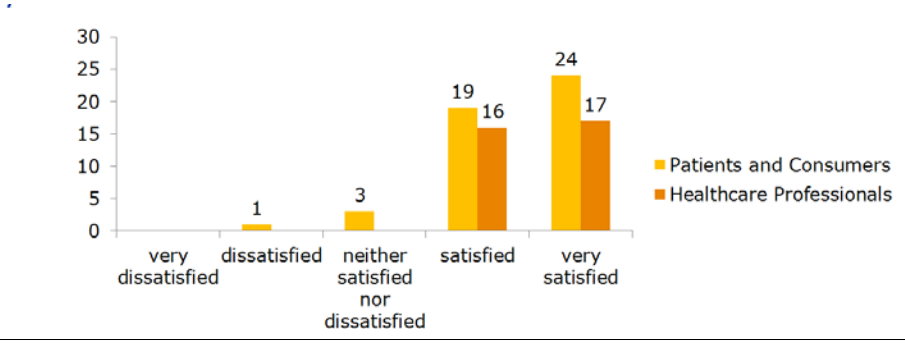
The results were aggregated and analysed and are shown in the following sections.

General interaction

The majority of patients and consumers indicated that they were content with the overall interaction, with a significant number being very satisfied. Three patients and consumers were neutral and one participant reported being dissatisfied.

Some comments mention that the EMA is "*a model for other bodies of the European Commission;" "seems very open and willing to listen to patient organisations"* and that they appreciated the "*prompt and informative response to emails, efficient support to patients who wish to become patient experts*."

Some suggestions for improvement included having a single contact point for participants, reduction of the burden of registering and submitting the Declarations of Interest and providing longer deadlines for members to respond.



Involvement in EMA activities

The primary activity of patients and consumers was involvement in the Working Party, followed by attending workshops and review of information. Healthcare professionals had mostly been involved in Working Party activities, followed by contributing to product related experts meetings, attending workshops and involvement in review of information.

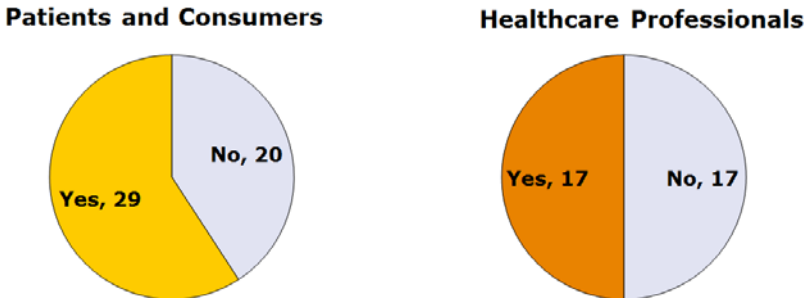
Patients and Consumers (51)		Healthcare Professionals (34)	
1. PCWP	**32 (66.7 %)**	**1.** HCPWP	**13 (38.2 %)**
2. Workshop or conference organised by EMA	**25 (52.1 %)**	**2.** Product related expert meetings	**9 (26.4%)**
3. Review of information	**20 (41.6%)**	**3.** Workshop / Review of information	**7 (20.6%)**

Review of documents

Involvement in the review of documents

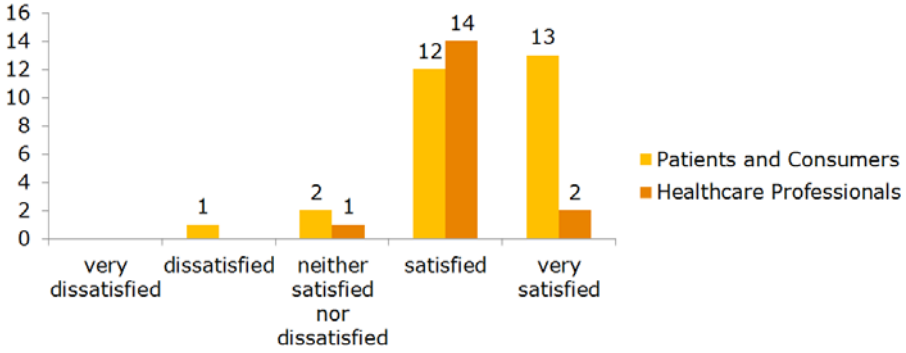
Of the patients and consumers who responded to the survey, two thirds had participated in the review of documents, e.g. package leaflets, EPAR summaries or safety communications.

For healthcare professionals, half of the respondents had reviewed one or more SmPCs, DHPCs or safety communications.



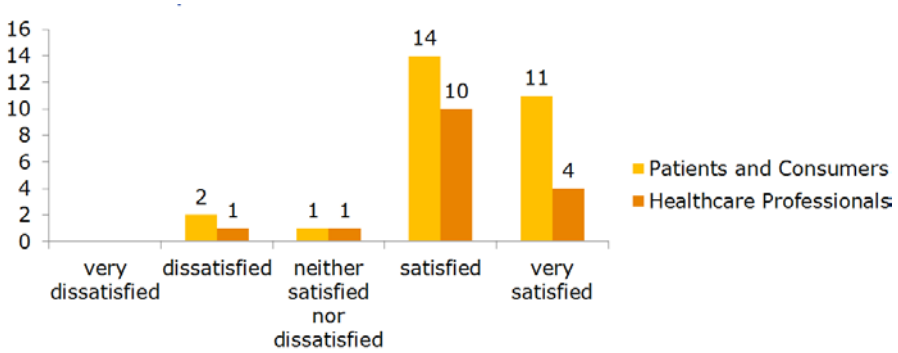
Overall review procedure

Most respondents were satisfied to very satisfied with the overall review procedure. Three respondents remained neutral, and one patient or consumer reported being dissatisfied, but with no elaboration in the free text box.



Feedback on the documents reviewed

Regarding the feedback they received on the documents they reviewed, the majority of respondents were satisfied to very satisfied. These figures are higher than in the 2012 survey.

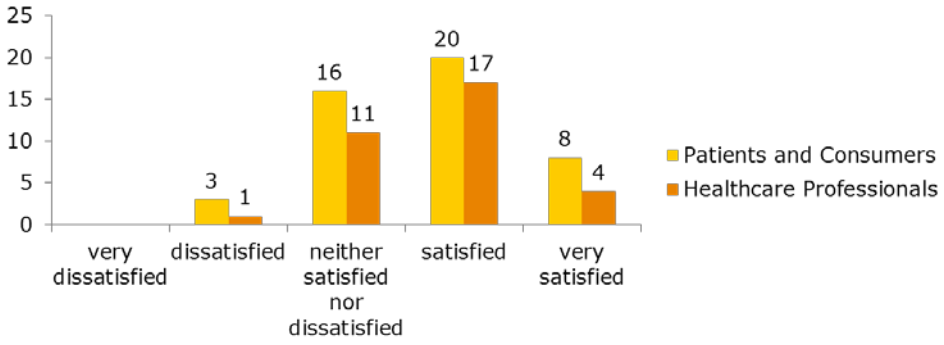


Areas for improvement include assessing the current processes for the review of documents and discussing opportunities to improve efficiency, for facilitating participants and for reporting on the impact of involvement.

Potential impact of involvement

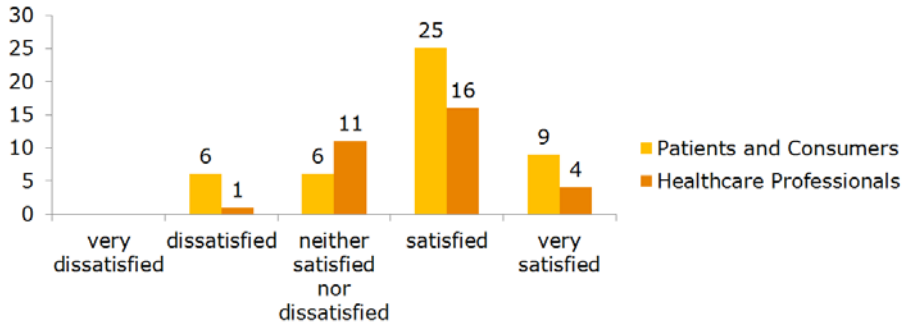
Most patients and consumers reported being satisfied with the difference their involvement may have had on the end result. The results showed a slightly lower satisfaction rate compared to 2012 however the numbers who were dissatisfied were also lower. This could be attributed to the fact that it is not always evident to patients whether or not they have had an impact, and if so, how much. As mentioned by one of the comments: "*if the difference is not measurable or tangible it is difficult to assess, but the general opinion is positive - impression is positive*."

Most healthcare professionals felt their involvement made a difference.



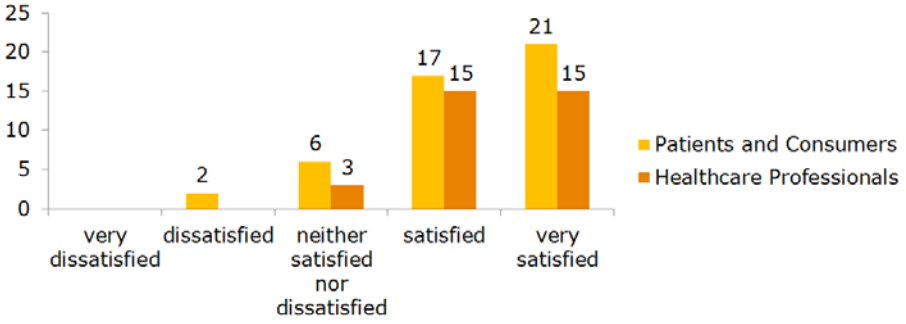
Adequate representation in the Agency's work of patients, consumers and healthcare professionals

The majority of responses from patients and consumers reflected a high rate of satisfaction with the level of support and training received. The figures showed a significantly higher rate of very satisfied compared to 2012. Most healthcare professionals felt that the Agency adequately represents healthcare professionals in its work however more communication on the part of the Agency would be appreciated in this respect.



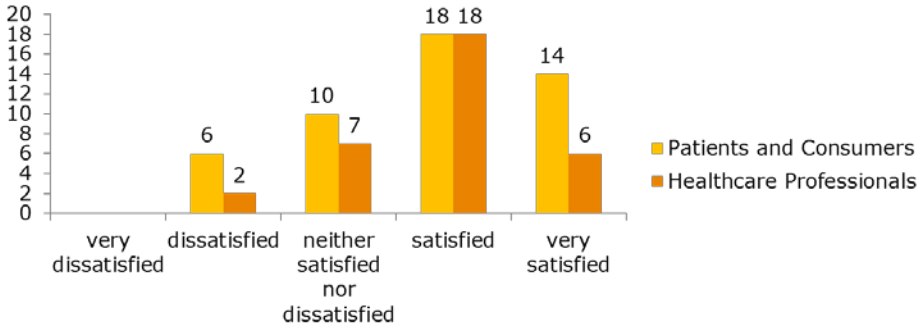
Level of support received to participate in activities

Most respondents were happy with the level of support and training received. Some suggestions for improvement included consideration of mentors for new participants and more training.



Sufficient initiative taken to involve patients, consumers and healthcare professionals

Most patients and consumers remained satisfied with the initiative taken by the Agency to involve PCOs in its work (results are similar to the 2012 survey). Several comments were related to time: "*EMA make efforts to involve patients but longer timescales would make this input easier, i.e. longer review periods for patient input, and longer to find patients to input and register with the EMA systems*".



Areas for improvement suggested by EMA are as follows:

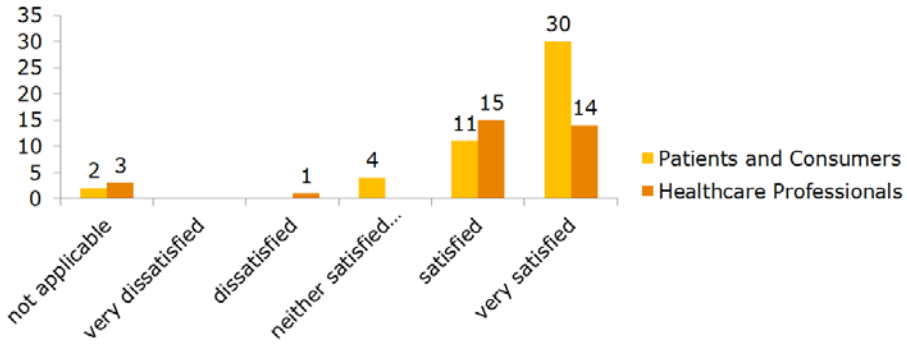
- Assess the current processes for the identification of patients, consumers and health care professionals and discuss opportunities for improvement in efficiency
- Contribute, in close collaboration with the scientific committee members of the Working Parties and the EMA secretariat, to the activities of Committees/Working Parties aimed at increasing patients and healthcare professionals' involvement during the benefit-risk evaluation of medicines

- Explore better ways to measure and report on the effects/results of involving patients, consumers and healthcare professionals
- Explore the feasibility of promoting awareness on the interaction with patients, consumers and healthcare professionals through the stakeholder organisations' periodic publications
- Look into the further implementation of the framework for interaction between the Agency and healthcare professionals, particular attention will be given to general practitioners.

Logistics

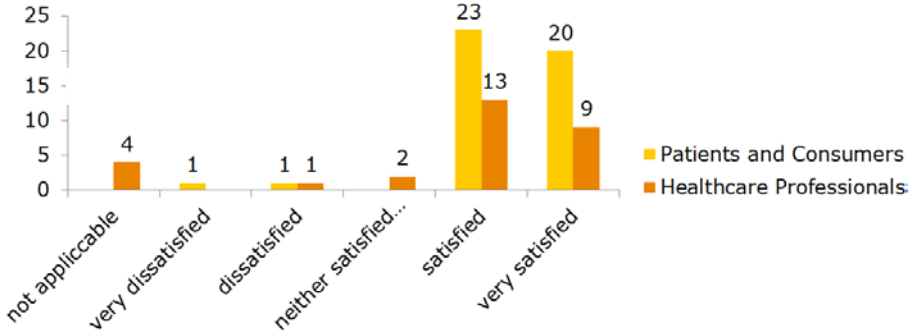
Practical arrangements and facilities

Overall, most patients were content with the practical arrangements at the EMA (similar to 2012).Similarly for the healthcare professionals, the practical arrangements and/or facilities provided by the EMA were satisfactory.



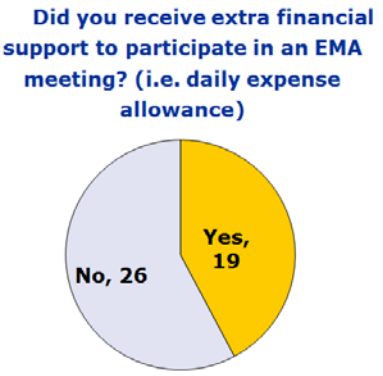
Organisation of EMA meetings

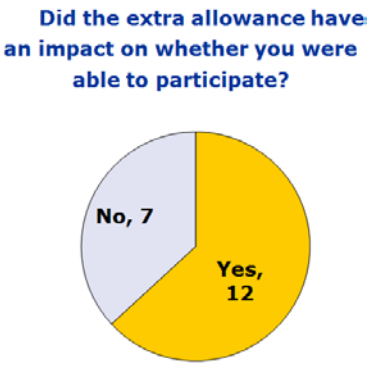
Patients and consumers applauded the "*faultless admin*" and "*high level of topics, speakers and documents*" in their responses regarding the organisation of EMA meetings. However, some commenters including healthcare professionals also noted that the agendas are sometimes too packed, and that documents preferably should be sent earlier.



Patients and consumers only: extra financial support

A lower percentage of the responding patients and consumers received the extra allowance compared to 2012. Of those who received the extra allowance, about two thirds confirmed this had an impact on their participation in EMA activities. The extra financial allowance was appreciated *"As non profit organization, we cannot cover expenses for a journey to London without the support of EMA.";"This makes such a difference - to be able to attend and give of your time.";"This is critical for being able to participate for people with low income / pension allowance is important for small patient entity."*

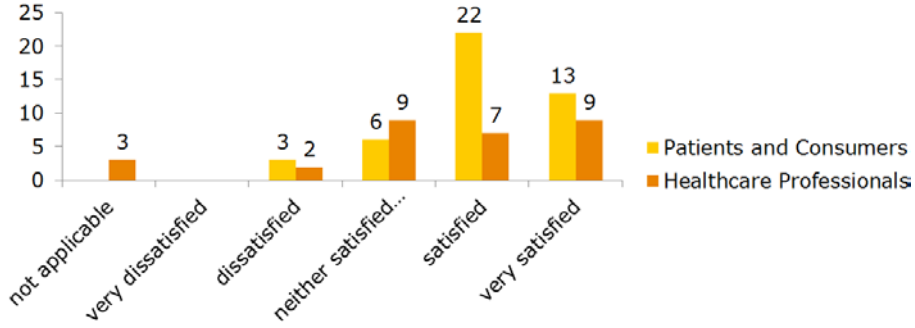




Overall level of financial support

The overall level of financial support provided was satisfactory for the majority of patients and consumers. Some participants would appreciate financial support for review of documents and work done outside of the meeting time.

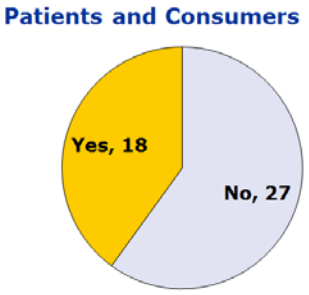
The majority of healthcare professionals were appreciative of the level of financial support provided

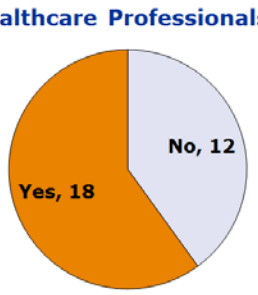


Acknowledgement of participation

Forty percent (40%) of the patients and consumers indicated they would like to see their participation acknowledged. Comments included suggestions for such an acknowledgement, for example: "*in the EMA expert database, to mention the activities experts/patients' representatives participate in*" and "*similar to a CME/CPD certificate that could be used for professional development*."

Sixty percent (60%) of the healthcare professionals would appreciate official acknowledgement of participation. Some comments regarding the potential use of certificates included the requirement of this group to demonstrate attendance to meetings, status as EMA expert and nomination to participate in EMA activities.





Areas for improvement include exploring the recognition of representatives' and individual expert's contributions to EMA activities (via electronic certificate) and facilitating earlier dissemination of agenda's and supporting documents

Overall conclusions

The results and analyses of this satisfaction survey indicate that overall satisfaction is high amongst patients, consumers and healthcare professionals who have been involved in EMA activities during 2014. This is also emphasised within the general comments included, in particular at the end of the survey (see below).

The involvement of patients and consumers continues to be a mutual success, from both PCOs and EMA perspectives and the increased levels of satisfaction demonstrate that measures put in place have been effective. Although the systematic involvement of healthcare professionals is relatively new, it is mutually considered to be a success.

Free text comments

At the end of the survey there was room for general comments or suggestions regarding the overall interaction with patients, consumers and healthcare professionals. Some of these comments are included below:

Free text comments (PCO)

"We have really appreciated the EMA relationship with the PCWP. In order to improve this relationship, we believe useful to co-define the agenda of next meetings according the needs of the organizations."

"The EMA is an excellent organisation that is genuinely patient friendly and shows by its words and actions that it wants to be involved in and listen to the views of patients and consumers. Thank You."

"The EMA is very supportive to patients' organizations and offers valuable resources and training to enable them to effectively engage on a number of potentially technical issues."

"The PCWG can be a real discussion forum, members should be asked more often to contribute to its works with presentations, reports, surveys on topics of interest to all patients."

"An even closer cooperation between all stakeholders for a truly innovative, safe, but affordable and therefore sustainable healthcare is a must - and EMA has to play a leading role in this development".

Free text comments (HCPO)

"The members of the EMA team are always very competent and helpful!"

"Being able to participate in EMA activities as an expert is a very valuable experience, one may feel that one takes part in the process of real decision-taking, and is also very inspiring intellectually. Moreover, being able to offer one's experience to the needs of the EMA and subsequently patients across Europe is an honour one can only dream of. I would be happy to work for the EMA as often as possible within my field of expertise and am truly looking forward to further assignments."