Lessons-learned workshop on Clinical Trials in Public Health Emergencies

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Clinical Trials in a public health emergency

Problem statement:

- In the face of a public health emergency, need for bigger, faster and well-coordinated clinical trials in the EU and globally (focus only on Europe)
- Challenges with prioritisation, funding, approval and implementation
- Objectives:

  discuss lessons learned and possible actions to secure faster clinical trial approval across multiple countries in a public health emergency setting

  explore coordination and funding mechanisms enabling a rapid set-up and implementation of clinical trials that meet the regulatory requirement for clinical trial conduct and support product authorisation.

Aspiration: Can we start a clinical trial in 15 days?

Session 1: Process and regulatory approval of large, multinational clinical trials in the EU during emergencies

- Presentations from stakeholders followed by discussion on proposed actions

Session 2: Framework for funding clinical research during emergencies in the EU

- Presentations from stakeholders followed by discussion on proposed actions

Conclusions on possible actions and follow-up on agreed next step

The new Emergency Task Force (ETF)

- ETF established with formal legal mandate as an **advisory and support body on medicines for public health emergencies and preparedness**
- Regulation sets out objectives and composition, but allowing flexibility & membership based on expertise
- **Strengthened** existing ETF responsibilities building on successful experience during past emergencies & COVID-19

Scientific advice and support to clinical trials

- assessed **directly** by ETF
- free of charge & fast-track for clinical trials and protocols
- **support study conduct**

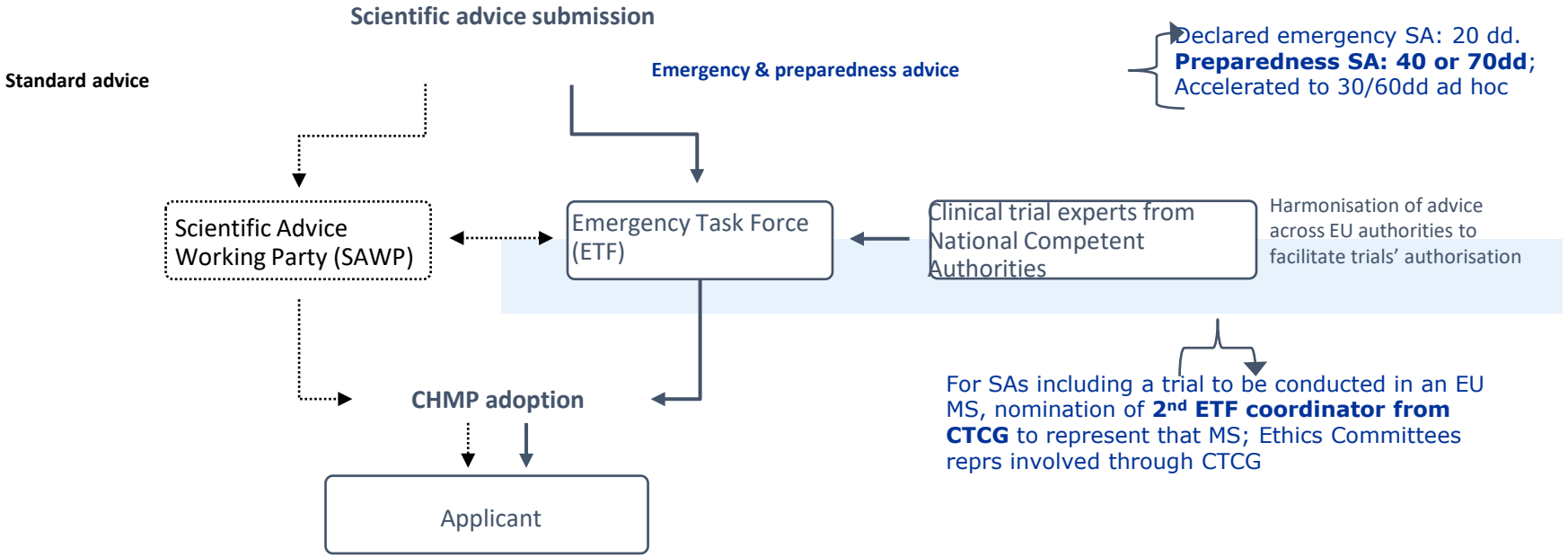
Scientific reviews

- **systematic** assessment of evidence on medicines

ETF recommendations

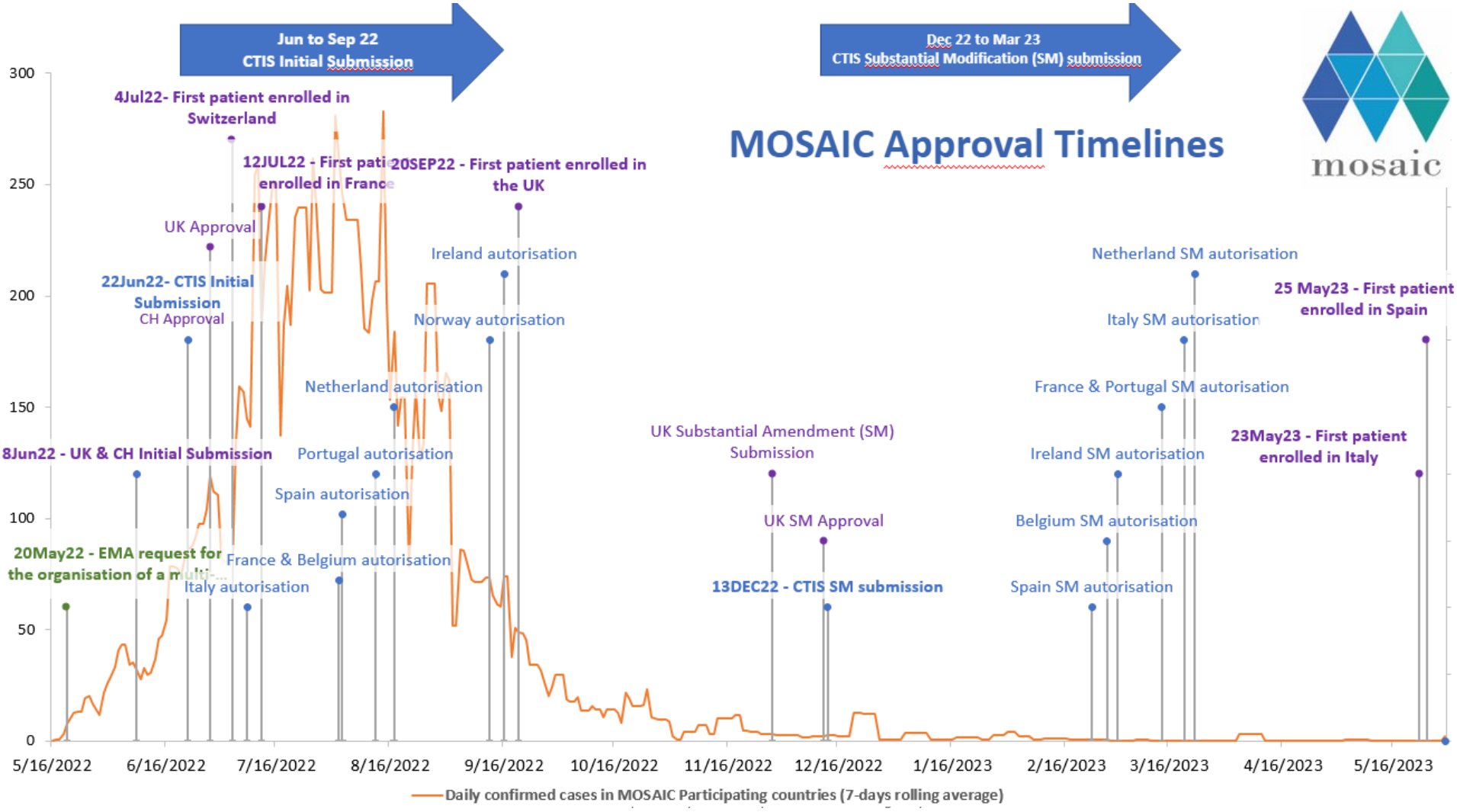
- **on medicines not yet authorised**
- on scientific or **public health matters**

Overview of Scientific Advice procedure



CTCG: CLINICAL TRIALS COORDINATION GROUP

MOSAIC Approval Timelines



Lengthy time to approval

CTIS Initial submission

Part 1 →
Time from submission to approval = 13 days

Part 2 →
Median time from submission to approval = 46.5 days (IQR 41 to 62)

Contracts with country coordinating centre

5 out 7 contracts signed

→ Median time from CTIS authorisation to signature = 89.5 days (IQR 69 to 137)

CTIS Substantial Modification submission

Part 1 →
Time from submission to approval = 42 days

Part 2 →
Median time from submission to approval = 74 days (IQR 62 to 76)

Document amount – CTR Experiences

- **High number documents required at initial submission** (particularly if the trial is multi-country):
  - AXL-Solidact = 535 documents (for 10 countries)
  - MOSAIC = 329 documents (for 8 countries)

- Document burden is increased by **the need to upload different versions of a same document**

- The document burden is also complicated by **requirements of each country:**
  - Inconsistency between country documents requirements,
  - Different legal requirements between countries.

- **Are all documents in all their different formats critical to the approval of the trial?**

Regulatory approval of CTs in the EU during PHEs

Problems identified:

- Insufficient coordination within the Member States (MSs), between national competent authorities (NCAs) and ethics committees
- Slow clinical trial application assessment and authorization
- Insufficient coordination across Member States in the case of multinational trials, also due to national requirements that lead to dis-harmony
- Lack of flexibility in CTR for the approval process
- Functioning and knowledge of CTIS

Regulatory approval of CTs in the EU during PHEs

A number of possible actions were discussed, for example:

Setting up an EU level cooperation mechanism between ethics committees, open to all MS.

Pre-submission assessment and consultations of specific (individual) clinical trials with Ethics committees with expertise in the subject matter together with proposed Reference Member State (RMS)

Continue with the ETF role as one stop shop forum to coordinate clinical trial protocol review with RMS, CTCG and Ethics Committees

Continue to resolve issues and improve the features of CTIS to enable the necessary agility for public health emergency clinical trials.

Framework for funding CTs during PHEs in the EU

Problems identified:

- Insufficient coordination and fragmentation of clinical trials during emergencies
- Lack of consolidated mechanism for investigational products prioritisation
- Lack of flexible funding mechanisms for larger, multinational trials: mobilisation of the necessary funds is slow and uncertain

Framework for funding CTs during PHEs in the EU

Possible solutions discussed

- **establishing a Coordinating Committee** to support rapid decisions on which study is needed and which clinical trial network/platform should be used in an emergency, among those established and kept warm in inter-epidemic periods. These recommendations will be linked to funding, taking into account scientific, envisaged CT authorisation process and ETF regulatory feedback.
- Increased harmonisation of trial site contract templates
- Creation of a network of pre-qualified clinical trial sites with a standard set of qualification documents and a standard contract to be updated as appropriate.
- EU coordination entities financed to dedicate resources also to address contractual and other issues (in a 'CRO-like' role).

Summary: Bigger, better and faster clinical trials

We must seize the opportunity to get better medicines to patients faster

- Need to generate evidence to inform use of medical countermeasures as soon as emergency arises
- Window of opportunity can be short-lived
- Bigger, better and faster clinical trials:
  - Pre-cooked protocols and arrangements
  - Empowered coordinating body for rapid release of funds on the right study, right product and right network
  - ETF guided feedback on regulatory acceptance
  - Together with stakeholders, guided by public health needs