4 October 2017
EMA/651859/2017
Inspections, Human Medicines, Pharmacovigilance and Committees Division

Multiple Sclerosis Workshop - Appendix 3. Table of recommendations

Group 1. Common data elements that are needed by all stakeholders: Data validation
Recommendations & Actions table

Topic	Recommendation	Action	Owner
Core Data Set – items agreed by all group participants (Detailed in Section 4.8.2 of the MS Workshop Report)	Core data items to be collected in all MS registries • Patient Data [Date of Birth; Date of Death; Gender; Country of Residence; Employment status] • Disease Information [Diagnosis date; Onset date; MS type; EDSS score; Relapses – Severity, Frequency] • Para-Clinical Investigations [MRI; Lymphopenia; Liver enzymes; CSF oligoclonal bands] • Co-Morbidities [categorised by system] • Treatment [MS Therapy, MS Symptomatic therapy, Other therapy] [Name, indication, start/stop date, reason for stopping, dosing information] • Serious suspected adverse events [None; Suspected – treatment needed, nature of event, outcome] • Pregnancy [MS course, therapy changes, outcome, complications, adverse events]	Include these data fields in all registries Agree definitions for each item and on the data dictionaries to be used by all registries	Registry Holders
Data Wish List - items	Data wish list items • Clinical trial participation	Recommend inclusion in registries where possible	

30 Churchill Place ● Canary Wharf ● London E14 5EU ● United Kingdom
Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5520
Send a question via our website www.ema.europa.eu/contact

Topic	Recommendation	Action	Owner
considered desirable but not agreed by all group participants (Detailed in Section 4.8.2 of the MS Workshop Report)	• Education level • Family history of MS • JCV antibody title • MS diagnostic criteria used • Other Functional scores • Patient reported outcomes • Race / Ethnicity • Varicella zoster antibody titres	If included, agree on definitions for each item and on the data dictionaries to be used by all registries	Registry Holders
Data validation	No recommendations made; Group 3 recommendations are relevant in relation to validation		

Group 2. Informed consents, governance, data protection, individual data vs aggregated data

Recommendations & Actions table

Topic	Recommendation	Action	Owner
Informed consents	Existing registry data should be managed within the current framework of consents as it is not desirable / possible to standardise consents	Consider whether standardisation of consents could be done in future	Registry holders
Informed consents	Registry holders to clarify to Industry the usage and limitations of Informed consents	Registry holders to develop written documentation targeted to Industry	Registry holders
Informed consents	Develop a policy on situations where sharing of summary or pseudo-anonymised raw data is acceptable	Policy to provide a transparent guidance to potential requesters such as regulators and MAH.	Registry holders Regulators MAH
Data Protection	Assess the impact of the forthcoming GDPR regulation on circumstances where data sharing can be allowed	Review current consents and issue guidance on any amendments needed in consents for new patients joining registries	Registry holders, MAH
Governance	Registry holders are interested in exploring a coordination function to bring research questions to	Registry holders to agree and propose a coordination function to bring research questions to many registries via one	Registry holders

Topic	Recommendation	Action	Owner
	many registries via one convenient route. This coordinator could be an independent trusted party, or could be a registry (e.g. on a rotating basis)	convenient route.	
Governance	Regulators to be aware of the data that can be collected by registries	Regulator – Registry holder communication	Registry holders Registry Task Force
	Registry holders to understand regulators' requests to MAH	Regulator – Registry holder communication	Registry holders Registry Task Force
Governance	Communicate to the public the benefits and potential uses of the data arising from patient registries	Communicate registry benefits and information on new studies	Registry holders MAH Registry Task Force
Governance	Data ownership must be retained by each registry and protected. Potential exists for data pooling when closely managed by a trusted third party (e.g. academic).	Proposed governance and process for sharing information between national registry holders	Registry holders
Collaboration	Regulators could support Registry holders and Industry by providing key principles in using data from Registries needed for Regulatory purposes.	Regulators to develop guidance document including key principles and lessons learned using data from Registries for Regulatory purposes	Regulators
Collaboration	Stronger collaboration among Registry holders would maximise use of resources and avoid duplication of efforts.	To enhance connectivity between MS National Registries To agree on first draft governance model for a "SINGLE CONTACT POINT for multi registry data collection and provision", which respects existing protocols for data sharing and analysis as developed separately in the two registry groups EUReMS and BMSD group.	Registry holders

Topic	Recommendation	Action	Owner
Collaboration	Long term rather than short-term project-specific funding support from industry would help registry sustainability.	Industry to commit with Registry holders on project-specific funding Funding for providing data and services is an opportunity for long-term support of the registry.	MAHs, MAAs
Data sharing	Registry holders could provide aggregated report for a specific question requested by regulators	Agreement among Registry holders	Registry holders
Data sharing	Direct communications should take place between the registry holder, the MAH and the regulator to clarify the details and feasibility of regulatory data requests	MAH and Registry holders agree on and apply standard contractual agreements	MAH and Registry holders
Data sharing	A standardised protocol template for a multi-registry research request should be agreed by Registry holders	Propose a standardised protocol template	Registry holders
Data sharing	Industry and Registry holders should agree on and apply standard contractual agreements explaining rules of data sharing (i.e. sharing of aggregated data), data ownership and transparency (e.g. publication of PASS in EU PAS Register).	Studies based on registry data should be registered into the EU PAS register.	Industry Registry holders
Timelines	Regulators and MAH must understand time schedule for data provision.	Registry holders to provide a schedule for data provision	Registry holders
Timelines	For urgent request, registry holders are agreeable to discuss options with regulators and or industry	Regulators to approach national registries when data is required urgently	Regulators

Group 3. Common procedures and registry interoperability, quality assurance to support regulatory evaluation and data analysis

Recommendations & Actions table

Topic	Recommendations	Actions	Owner
Processes for Data upload into registries and Audits	Explore options to minimise the number of (manual) steps and duplications of data entry	Map and review the current processes at national level to see if steps could be removed or simplified. In long term, this could facilitate the generation of encounter data and increase the use of registries in post authorisation studies.	National registry holders
Processes for Data upload into registries and Audits	Establish minimum audit requirements. This will: -Show the level of support needed by the registry to reach the level. -Feasibility of the studies conducted	Organise audits of the national and EU registries on regular basis in order to guarantee data quality in line with EU standards	National registry holders
Interoperability	Possibility of registries to work together providing answers for post-approval commitments	Provide direct feedback to clinicians or create dashboards for healthcare professionals to view the evolution of their patients and understand the benefit of their contribution	National registry holders
Data quality	Develop an agreed set of data quality indicators to be applied to all regional and national registries and to include source data verification procedures	Data quality to be audited annually in national registries and reported in their annual reports	National registry holders
Data quality	Agreement on meeting stakeholders' expectations, including HTAs and payers	Clarify stakeholder roles, type and nature of data available, and develop clear communication and timelines	All stakeholders
		Mend the broken triangle through early and more direct dialogue between the EMA and Registry Holders rather than via MAHs / MAAs	All stakeholders