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ICH M11 guideline

Step 2b

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Comments should be provided using this template. The completed comments form should be sent to ich@ema.europa.eu

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INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE

ICH HARMONISED GUIDELINE

CLINICAL ELECTRONIC STRUCTURED HARMONISED PROTOCOL

(CESHARP)

M11

Draft version

Endorsed on 27 September 2022

Currently under public consultation

At Step 2 of the ICH Process, a consensus draft text or guideline, agreed by the appropriate ICH Expert Working Group, is transmitted by the ICH Assembly to the regulatory authorities of the ICH regions for internal and external consultation, according to national or regional procedures.

M11
Document History

Code	History	Date
M11	Endorsement by the Members of the ICH Assembly under *Step 2* and release for public consultation (document dated 4 September 2022).	27 September 2022

ICH HARMONISED GUIDELINE

STRUCTURE AND CONTENT OF A CLINICAL PROTOCOL

M11

ICH Consensus Guideline

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1. INTRODUCTION

1.1 Background

The clinical protocol describes the processes and procedures directing the conduct and analysis of a clinical trial of medicinal product(s) in humans. To date, no internationally adopted harmonised standard has been established for the format and content of the clinical protocol to support consistency across sponsors and for the electronic exchange of protocol information.

Variability in format and core content among sponsors contributes to inefficiencies and difficulties in searching, reviewing, and assessing clinical trial protocols. Use of the clinical trial protocol template aids the sponsor or sponsor-investigator in the development of a protocol that is complete, free from ambiguity, well organised, and aligned with quality by design principles as set forth in other ICH guidelines. By conveying information consistently and in the same location across clinical trial protocols, a protocol template is intended to provide value to parties that include sponsors, investigators, clinical site personnel, trial participants, ethics committees, and regulators.

A technical specification presenting the business requirements and common structured protocol content components and an open, non-proprietary standard for electronic exchange enables development of interoperable electronic tools to facilitate exchange, review, and execution of protocols.

1.2 Purpose

The purpose of this guideline is to describe the general protocol design principles and approach used to develop the separate associated documents, the ICH M11 Clinical Electronic Structured Harmonised Protocol Template [Template] and the Technical Specification that are acceptable to all regulatory authorities of the ICH regions. The Template presents the format and structure of the protocol, including the table of contents, common headers, and contents. The Technical Specification presents the conformance, cardinality, and other technical attributes that enable the interoperable electronic exchange of protocol content.

Conformance with this Template and Technical Specification should ensure that protocols are provided in a harmonised data exchange format acceptable to the regulatory authorities. The Template and Technical Specification have been developed with built-in flexibility and are

versioned documents. As clinical protocol requirements evolve and technology advances, they may be revised subject to a change control process.

1.3 Scope

The Template and Technical Specification documents supported by this guideline are intended to assist stakeholders (those who use and exchange protocol information, including sponsors, investigators, institutional review boards / ethics committees and regulators in the development, amendment, review, conduct, and closeout of a clinical trial). The Template and Technical Specification are applicable to interventional clinical trials of medicinal products across all phases and therapeutic areas of clinical research. Interventional trials may include but are not limited to human pharmacology, exploratory, confirmatory, and post-approval studies (see ICH E8(R1) General Considerations for Clinical Studies). The term "medicinal product" in this guideline, and the term "trial intervention" in the protocol Template refer to any therapeutic, prophylactic, or diagnostic agent including pharmaceuticals, biologics, vaccines, cell or gene therapy products (when applicable), as well as drug-device combination products when registered as a drug.

Neither this Guideline nor the Template or Technical Specification are intended to specify processes related to development and maintenance of a protocol. They do not supersede or negate other guidelines that establish requirements for protocol content. They neither provide instruction on either the development of a well-designed trial nor do they characterise a well-crafted final protocol. Rather, the ICH M11 Guideline, Template, and Technical Specification establish common instructions for placement of content, as reflected in other prevailing guidelines, as well as the technical attributes for interoperable electronic exchange of that content.

2. GENERAL DESIGN PRINCIPLES

2.1 Clinical Electronic Structured Harmonised Protocol - Template

The Template was designed based on general principles that would support a harmonised standard protocol to facilitate consistency and efficiency in the development, amendment, review, conduct and closeout of a clinical trial and the exchange of protocol information. Specifically, the principles include:

- **Build common core content** - The Template design represents a core set of information for a clinical trial of any medicinal product(s).

- **Serve the needs of stakeholders** - The Template's structure and content provide a framework for relevant stakeholders to develop, review and use protocols that consistently and unambiguously include a uniform table of contents, common section headers and content, as well as common terminologies.
- **Define content for electronic exchange** - The protocol content can be electronically exchanged among parties, including sponsors and regulators, using current (for example, electronic common technical document) and other future technologies.
- **Design for content re-use** - The clinical protocol is a rich source of information that can be re-used as part of the clinical trial management and review process, and, for example, published on clinical trial registries to promote clinical trial transparency and used in standardised clinical trial data capture.
- **Maintain flexibility** - The Template incorporates both recommended and optional text and data fields to maintain flexibility. Higher-level heading structure is conserved, while lower level sections can be added, removed, or modified as needed.

The Template should be used in conjunction with other ICH Guidelines relevant to the conduct of clinical trials.

2.2 Clinical Electronic Structured Harmonised Protocol - Technical Specification

The Technical Specification includes detailed descriptions of the structured content components (for example, specific data fields and blocks of text-based content), along with other defining attributes and business rules as established in the Template.

The Technical Specification is based on the following design principles:

- Promote structured common core content
- Define content specifications for electronic exchange
- Develop a data model based on specifications
- Focus on relevant content use and re-use
- Use an open, non-proprietary exchange message standard
- Maintain flexibility for technical innovation and region-specific use

3. TEMPLATE CONVENTIONS AND DESIGN

The Template must obviously enable a final protocol that meets the needs of its diverse audience, which include investigators, and site staff, regulatory reviewers, and sponsor personnel. To facilitate efficient and accurate execution, chief consideration was given to the needs of investigators and site staff. Accordingly:

- The Template is designed with the most vital information for execution (for example, Synopsis, Schema, Schedule of Activities) near the front.
- The Template is organised in a Main Body/Appendix framework, in which trial-specific information is in the Main Body, while reference details and more general (non-trial-specific) information is in the Appendix. This organisational construct was adopted merely for its utility during execution.
- Content in the Appendix carries equal weight and rigor as the content in the Main Body.
- Unnecessary repetition is eliminated wherever possible.