EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

European Medicines Agency Update

11 Nov 2011

Presented by: Fergus Sweeney, PhD
Head of Sector, Compliance and Inspection, European Medicines Agency.

Disclaimer

The views presented in this presentation/these slides are those of the author and should not be understood or quoted as being made on behalf of the European Medicines Agency and/or its scientific committees

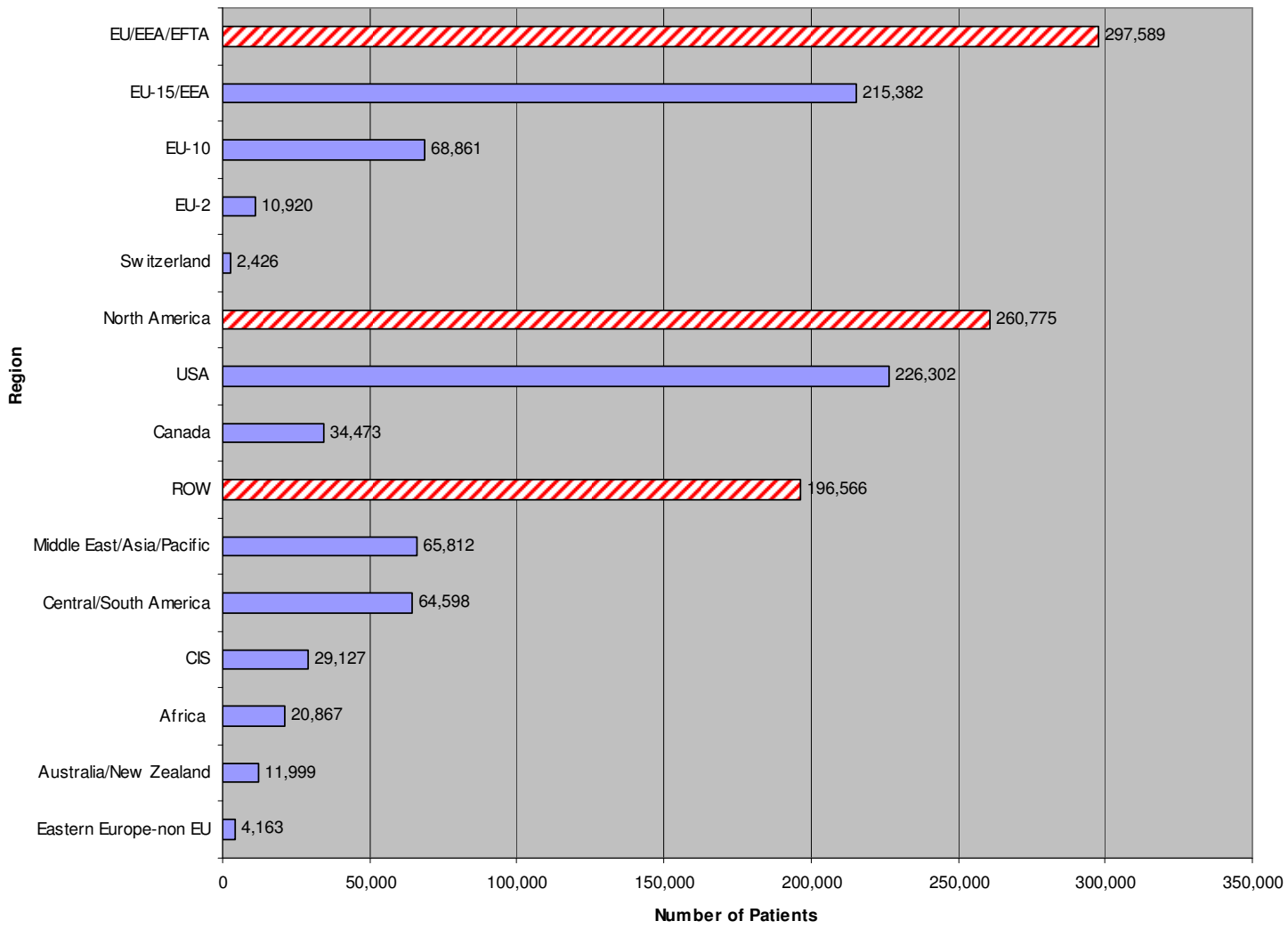
EU requirements for clinical trials conducted in support of marketing authorisation submitted to the EU

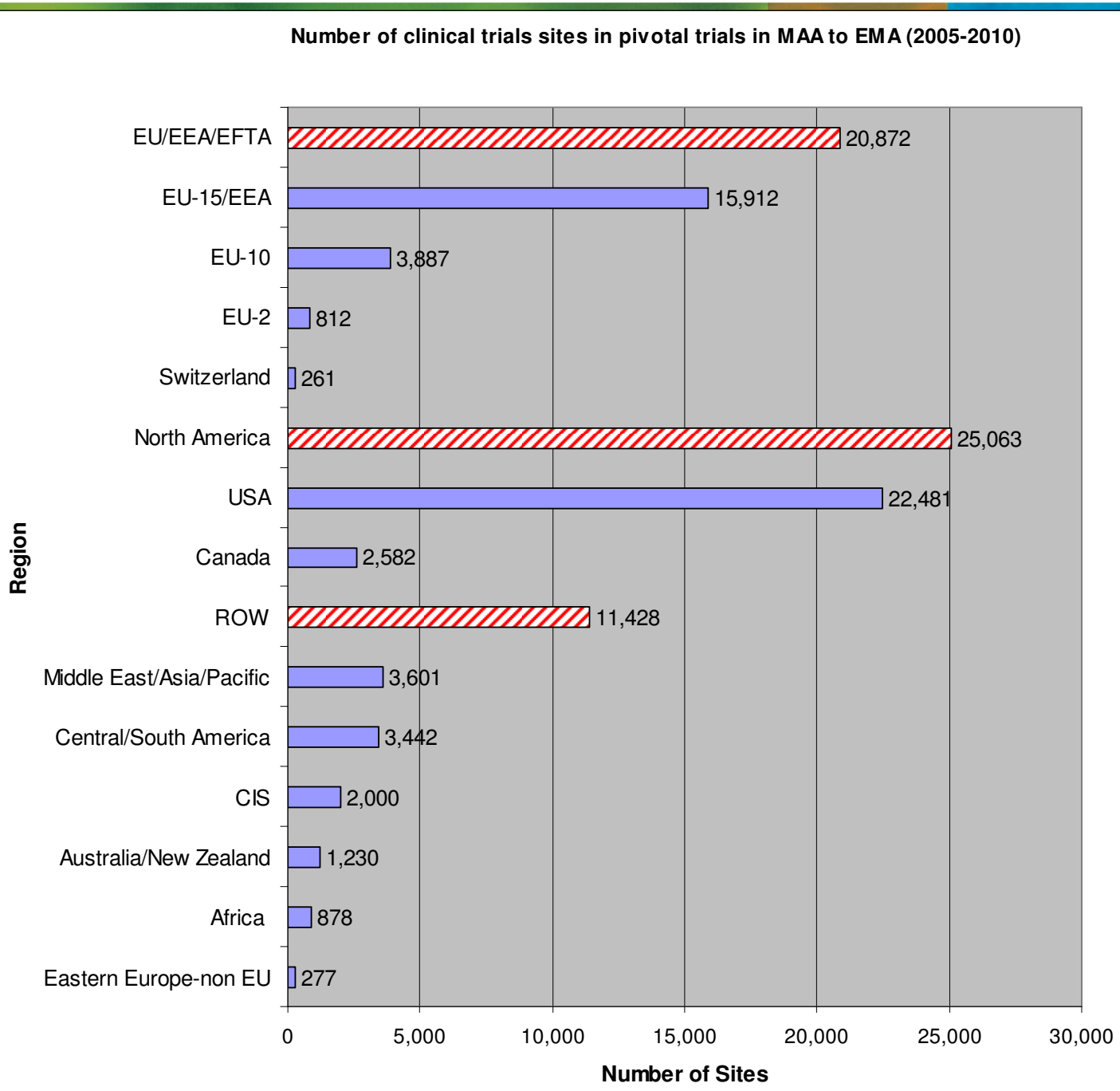
This presentation and the documents referred to relate to the conduct of trials required to support MAA in EU

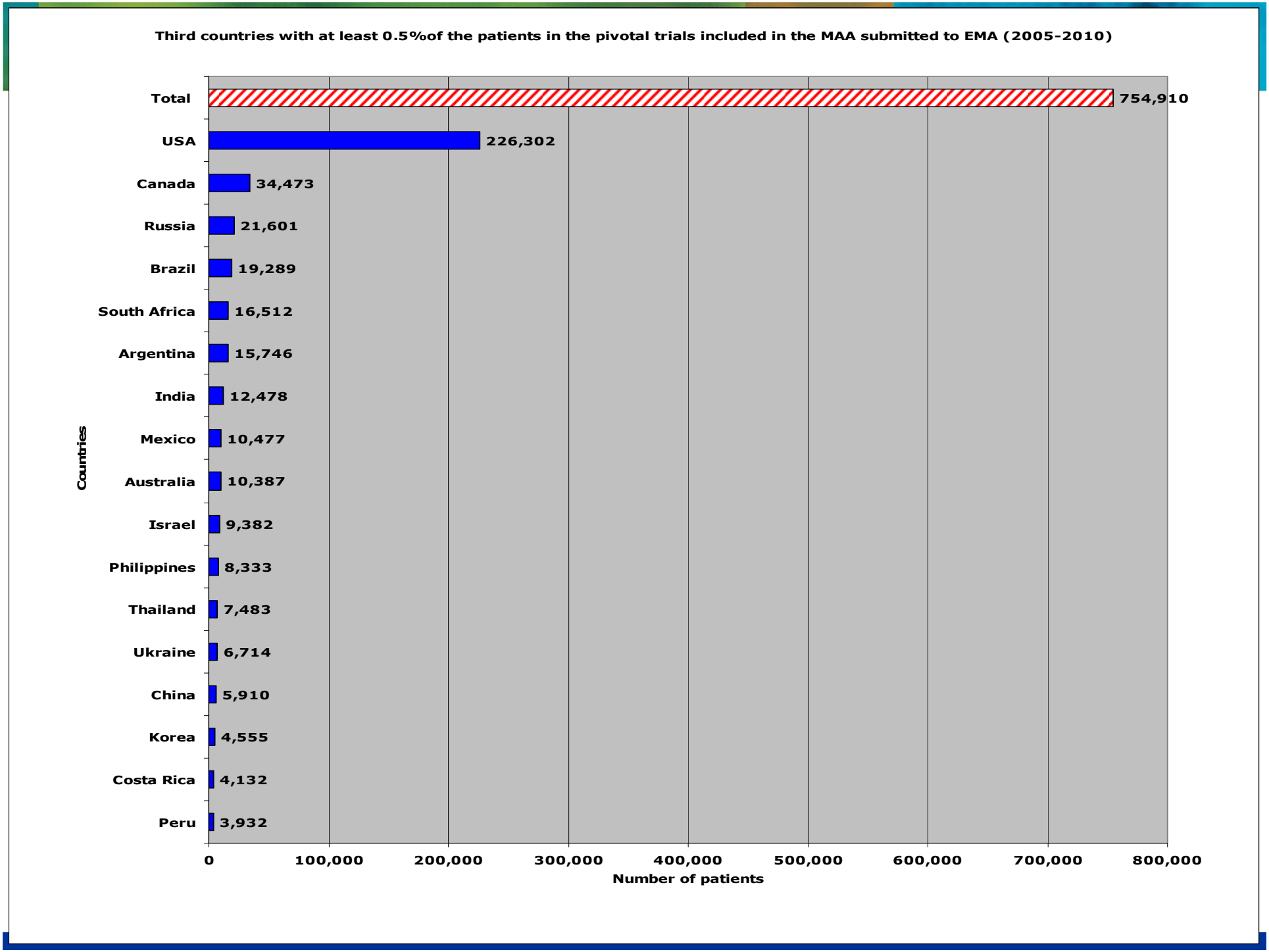
Requirements apply:

- To all clinical trials that are included in a MAA submitted in the EU/EEA
  - regardless of the route (Centralised, Mutual Recognition, Decentralised)
  - regardless of the EU or third country involved (legislation does not differentiate developed, developing etc)
- Apply to the clinical trials included in a MAA
- There is no specific legal framework for review of a clinical trial dossier by an EU regulator before the conduct of the trial in a third country

Number of patients in pivotal trials submitted in MAAs to EMA (2005-2010)




Number of clinical trials sites in pivotal trials in MAA to EMA (2005-2010)
EU/EEA/EFTA
20,872
EU-15/EEA
15,912
EU-10
3,887
EU-2
812
Switzerland
261
North America
25,063
USA
22,481
Canada
2,582
ROW
11,428
Middle East/Asia/Pacific
3,601
Central/South America
3,442
CIS
2,000
Australia/New Zealand
1,230
Africa
878
Eastern Europe-non EU
277
Region
0
5,000
10,000
15,000
20,000
25,000
30,000
Number of Sites


Third countries with at least 0.5%of the patients in the pivotal trials included in the MAA submitted to EMA (2005-2010)
Total
754,910
USA
226,302
Canada
34,473
Russia
21,601
Brazil
19,289
South Africa
16,512
Argentina
15,746
India
12,478
Mexico
10,477
Australia
10,387
Israel
9,382
Philippines
8,333
Thailand
7,483
Ukraine
6,714
China
5,910
Korea
4,555
Costa Rica
4,132
Peru
3,932
Countries
0
100,000
200,000
300,000
400,000
500,000
600,000
700,000
800,000
Number of patients

Data from Baltic states in pivotal trials submitted in MAAs to EMA 2005-2010

EUROPEAN MEDICINES AGENCY

Country	No. of Clinical Trials	No. of Sites	No. of Patients
Estonia	76	136	2806
Latvia	44	158	2349
Lithuania	58	239	4621
Subtotal	178	533	9776
EU Total	3521	20,872	297,589

The Dilemna……

Between 2005 and 2010

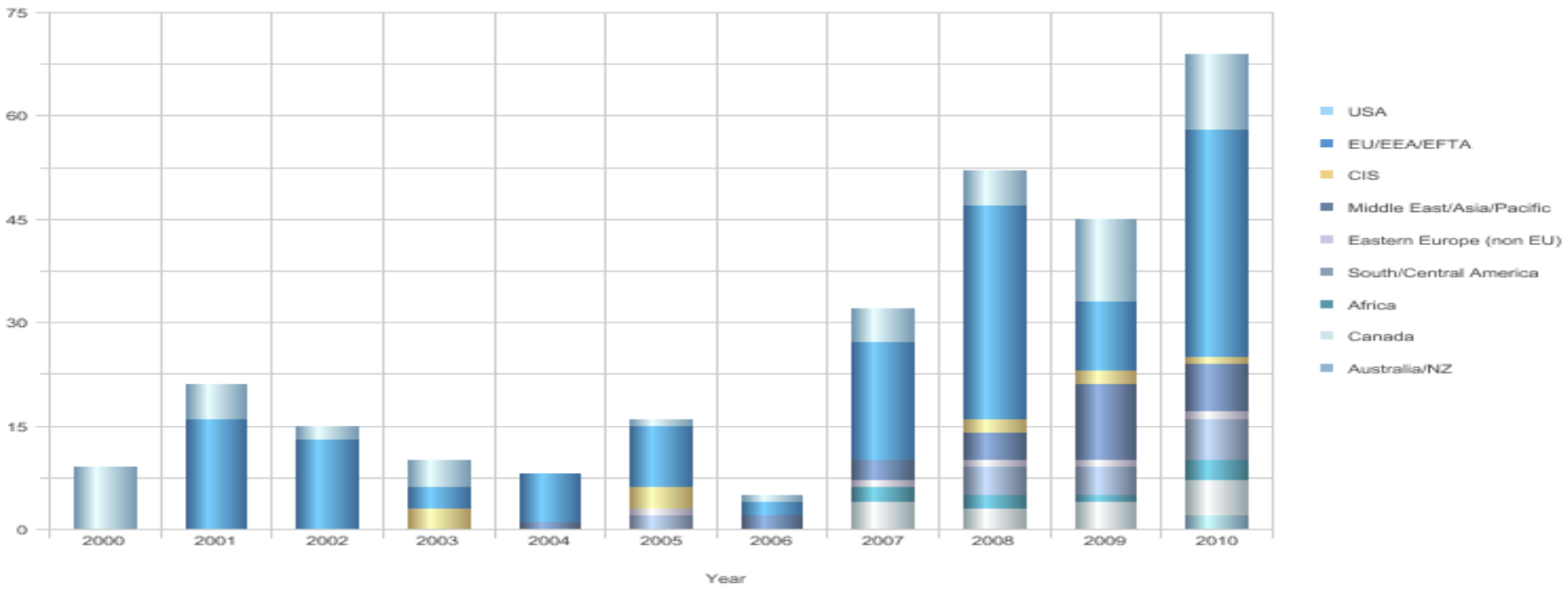
754,930 Patients in pivotal trials

(39.4% in Europe, 34.5% in North America, 2.8% Africa, 8.7% Middle East/Asia Pacific, 3.9% CIS, 8.6 % Latin America, 2.1% other)

57,363 clinical trial sites in c. **90** countries

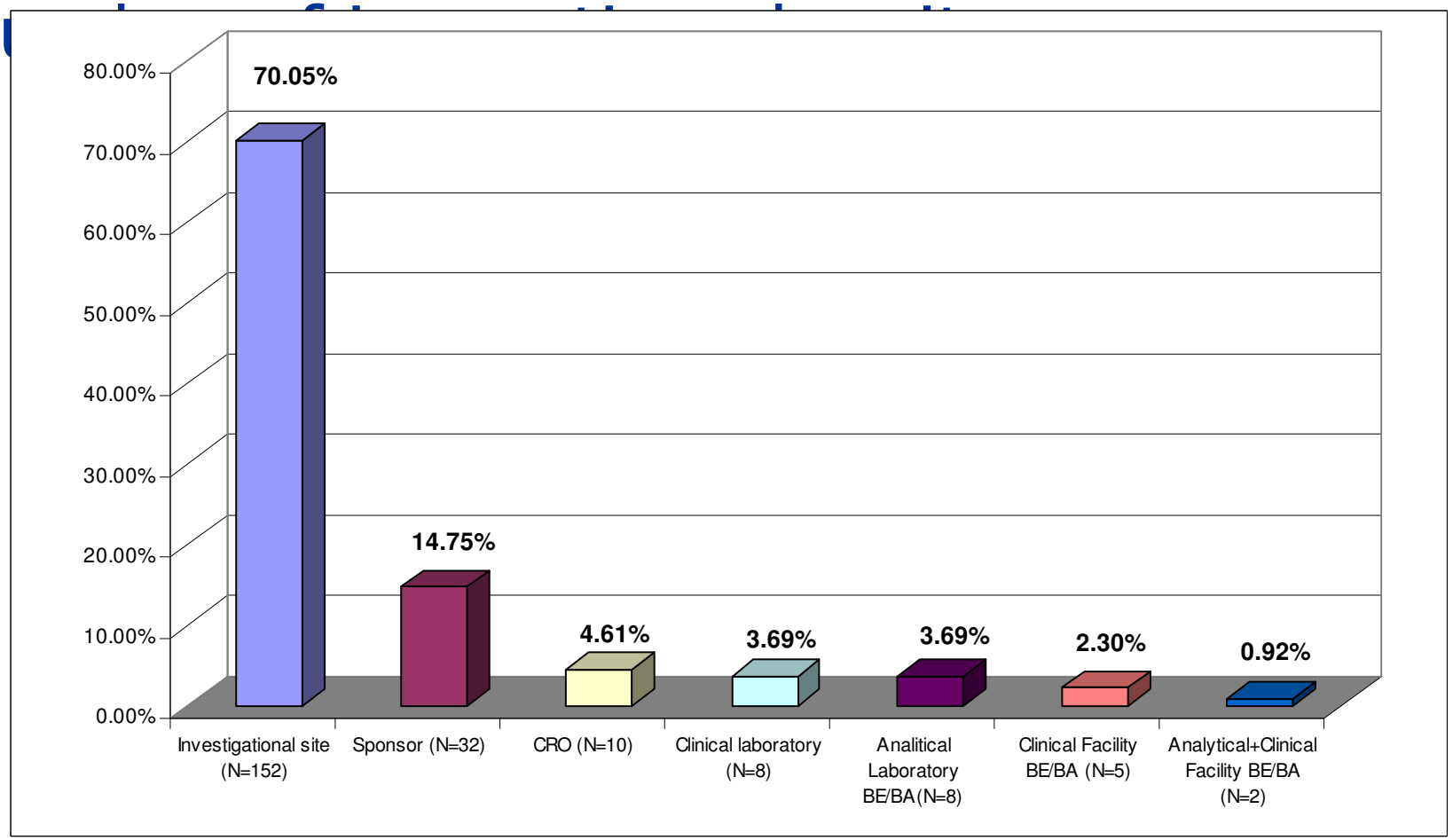
c. 400 new MAA applications, **282** GCP inspections

Number of inspections by year and region

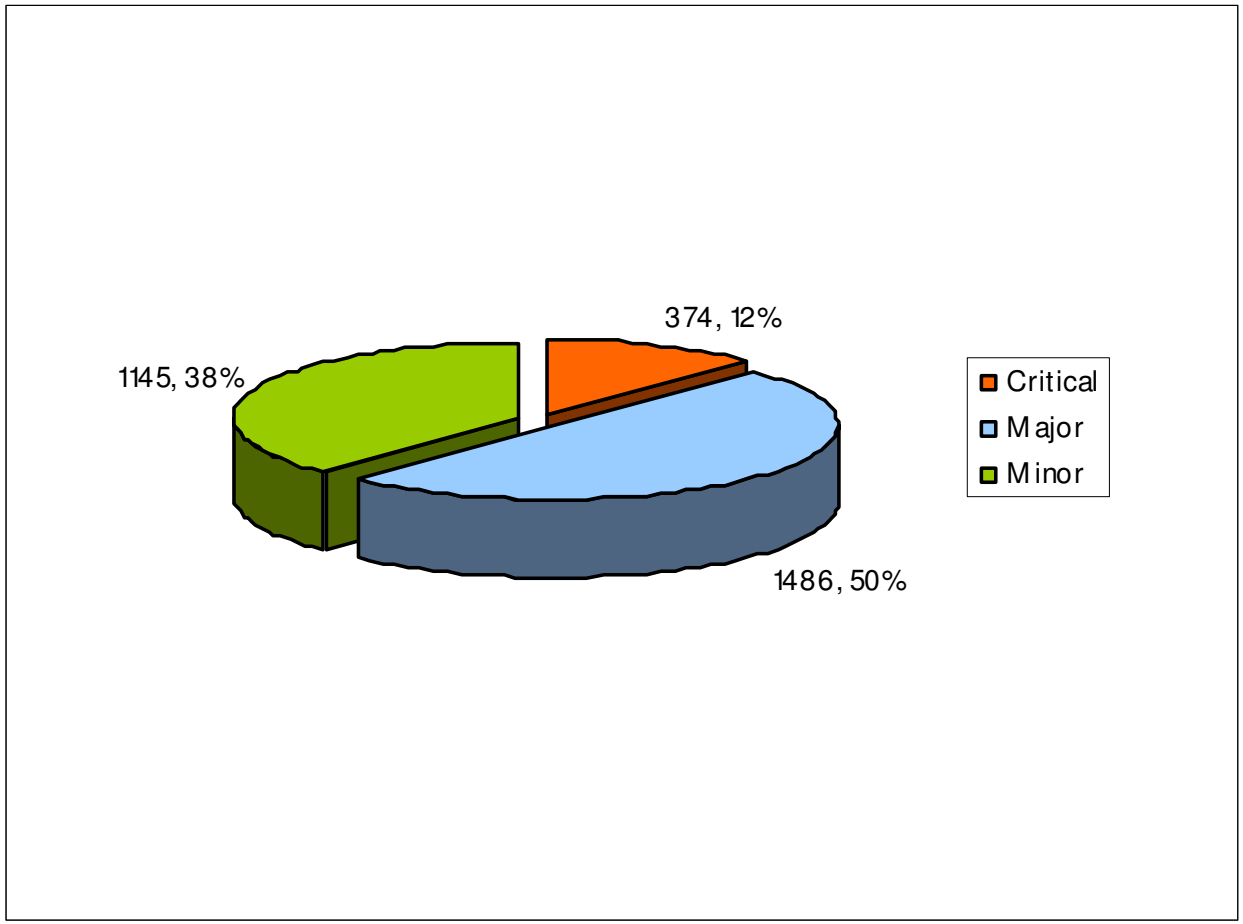


Region	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total per region
USA	9	5	2	4		1	1	5	5	12	11	55
EU/EEA/EFTA		16	13	3	7	9	2	17	31	10	33	141
CIS				3		3			2	2	1	11
Middle East/Asia/Pacific					1		2	3	4	11	7	28
Eastern Europe (non EU)						1		1	1	1	1	5
South/Central America						2			4	4	6	16
Africa								2	2	1	3	8
Canada								4	3	4	5	16
Australia/NZ											2	2
Total per year	**9**	**21**	**15**	**10**	**8**	**16**	**5**	**32**	**52**	**45**	**69**	**282**

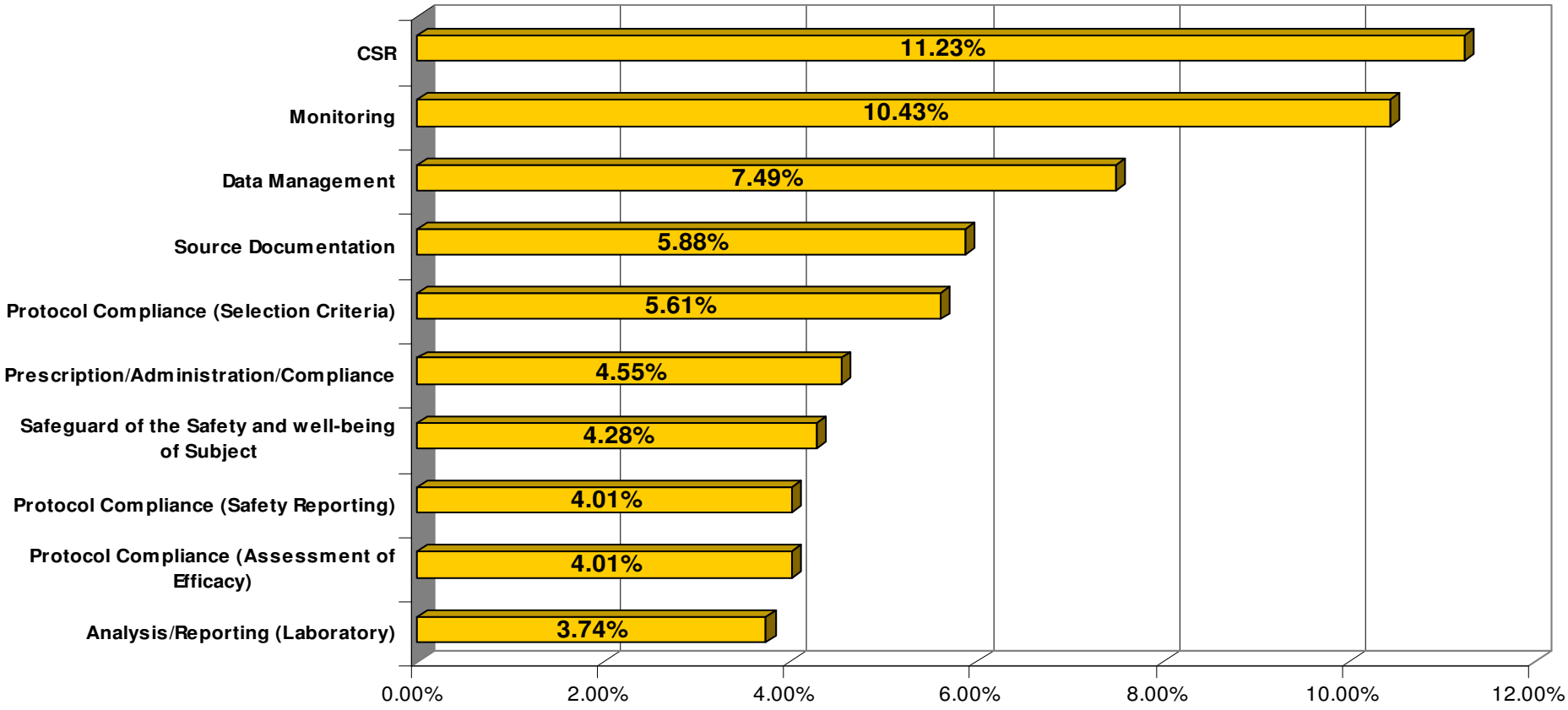
Nu


80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
70.05%
14.75%
4.61%
3.69%
3.69%
2.30%
0.92%
Investigational site (N=152)
Sponsor (N=32)
CRO (N=10)
Clinical laboratory (N=8)
Analitical Laboratory BE/BA (N=8)
Clinical Facility BE/BA (N=5)
Analytical+Clinical Facility BE/BA (N=2)

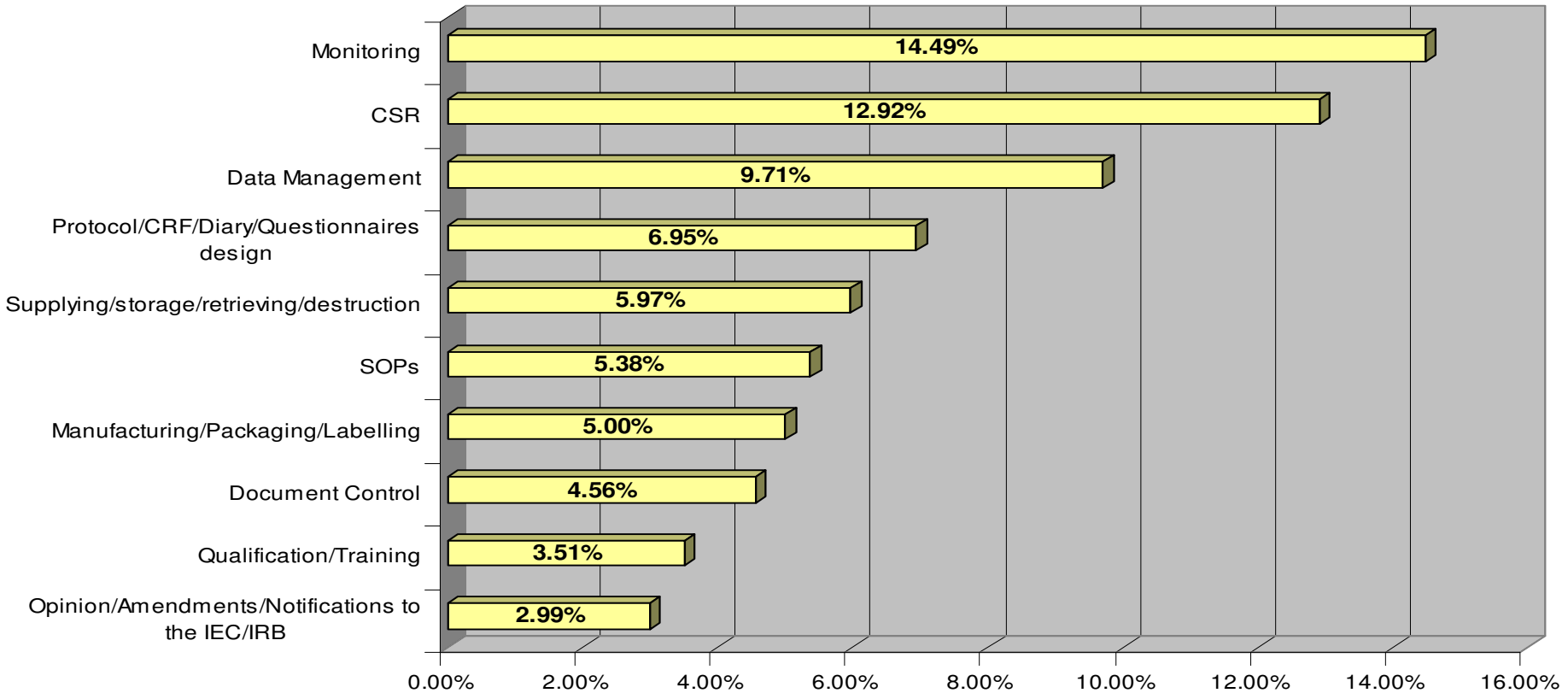
Number of findings by grading



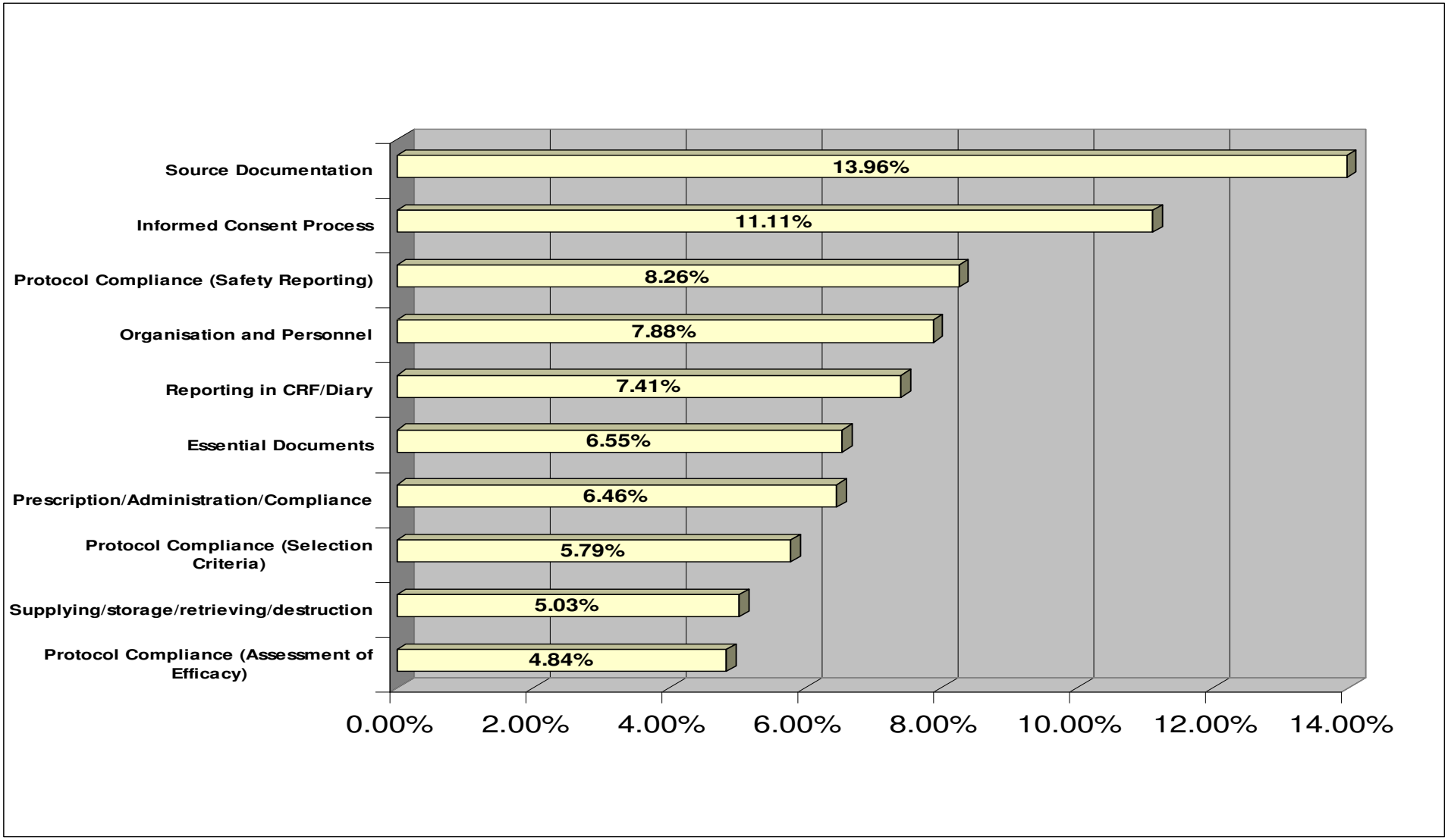
Top critical categories – all sites



Responsibility - sponsor



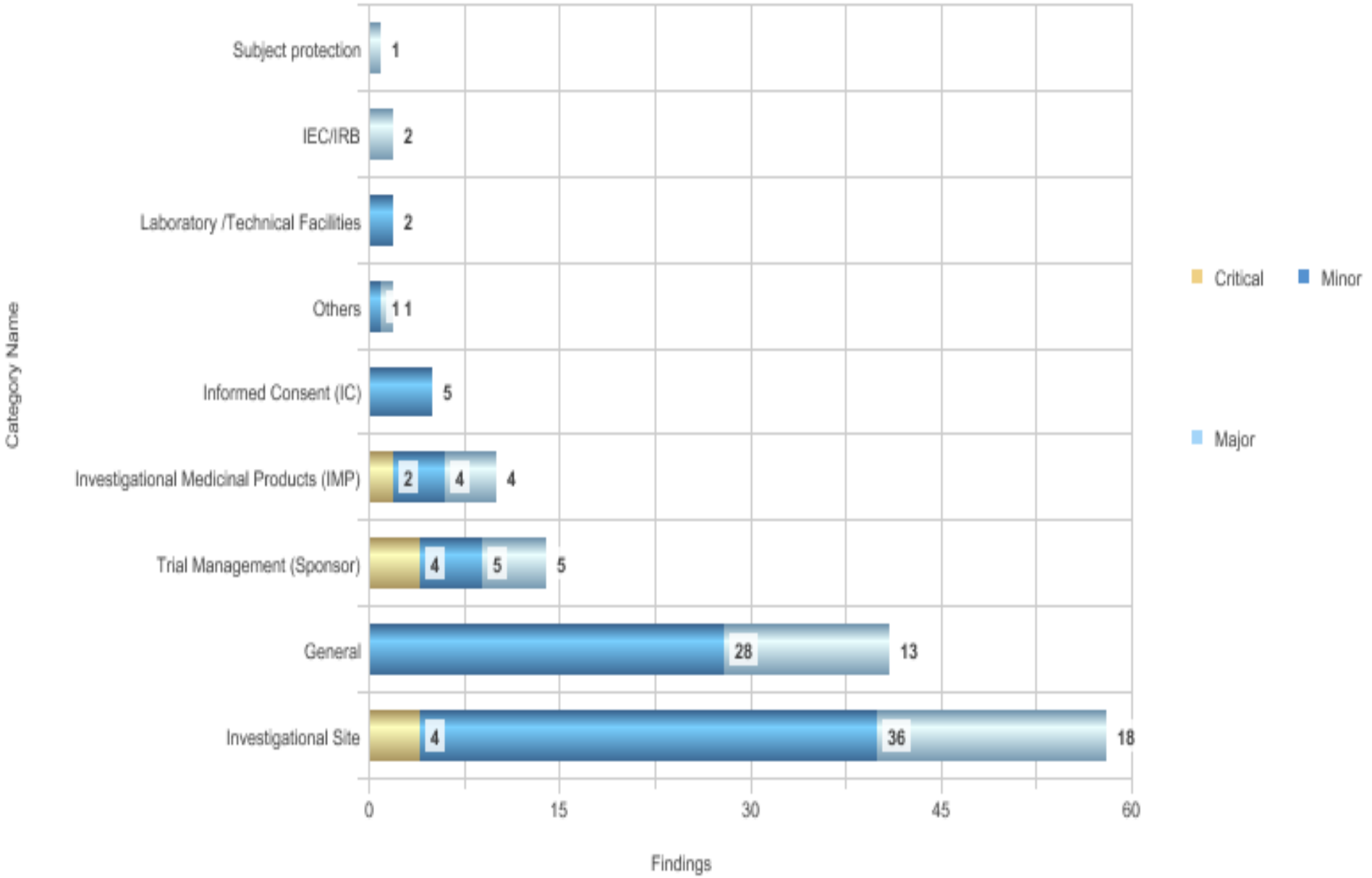
Responsibility - investigator



EMA Requested GCP Inspections in Baltic states

Country	2002	2007	2008	2009	2010	Total
Estonia	1					1
Latvia				1	1	2
Lithuania		1	1	1	2	5
Grand Total	**1**	**1**	**1**	**2**	**3**	**8**

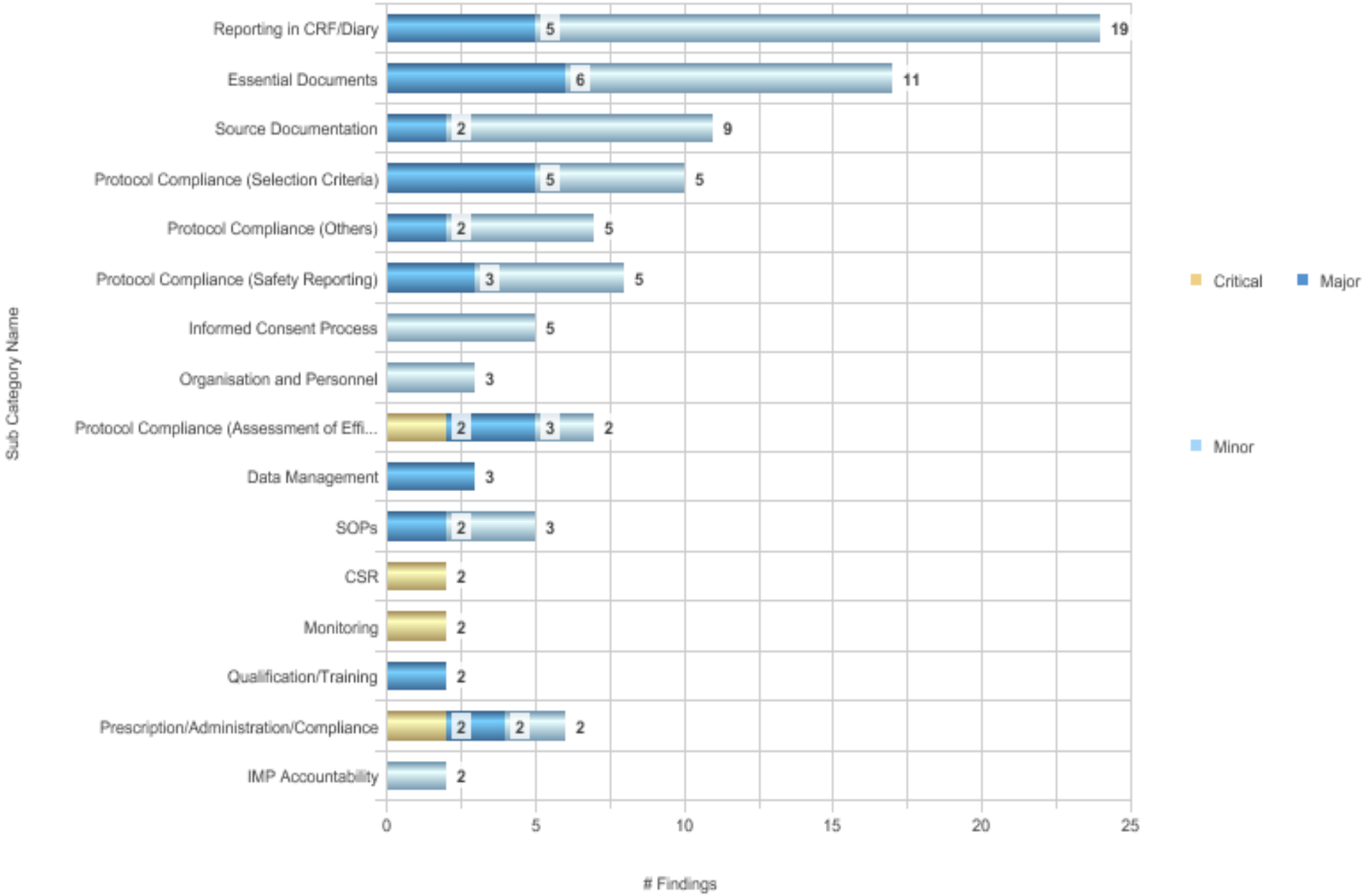
Main inspection findings high level categories – Baltic states EMA requested GCP inspection



Main inspection findings by sub-category – Baltic states

EMA requested GCP inspection

EUROPEAN MEDICINES AGENCY



EMA Strategy on acceptance of data

EUROPEAN MEDICINES AGENCY

Strategy paper published in 2009

- Two principles
  - Acceptability – ethics and data quality
  - Applicability – intrinsic and extrinsic factors
- Two sets of process:
  - Prospective – guidance, scientific advice, PIP….
  - Confirmatory – assessment, inspection….
- Global approach:
  - Network of regulators
  - International ethical and data quality standards in place and reinforced globally
  - International clinical development plan addressing ethical, data quality and scientific/medical needs of all regions

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

London, 04 July 2011
EMA/389137/2011
The European Medicines Agency Working Group on Third Country Clinical Trials

Reflection paper on ethical and GCP aspects of clinical trials of medicinal products for human use conducted outside of the EU/EEA and submitted in marketing authorisation applications to the EU Regulatory Authorities

Draft

Draft Agreed by EMA Working Group on Third Country Clinical Trials	
End of consultation (deadline for comments)	30 September 2010
Agreed by EMA Working Group on Third Country Clinical Trials	
Adoption by EMA	

434521

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

Keywords	***Clinical trials, GCP, Third Countries, Marketing Authorisation Applications, EMA, EU, Ethics***

7 Westferry Circus ◆ Canary Wharf ◆ London E14 4HB ◆ United Kingdom
Telephone +44 (0)20 7418 8400 Facsimile +44 (0)20 7418 8416
E-mail info@ema.europa.eu Website www.ema.europa.eu

Draft 'Reflection paper on ethical and GCP aspects of clinical trials conducted in third countries for evaluation in marketing authorisation applications for medicines for human use, submitted to the EMA' Public consultation completed 30th September 2010.

Topic 1. Clarify the **practical** application of ethical standards for clinical trials, in the context of EMEA activities

Topic 2. Determine the **practical** steps to be undertaken during the provision of guidance and advice in the drug development phase

Topic 3. Determine the **practical** steps to be undertaken during the Marketing Authorisation phase

Topic 4. International cooperation in the regulation of clinical trials, their review and inspection and capacity building in this area

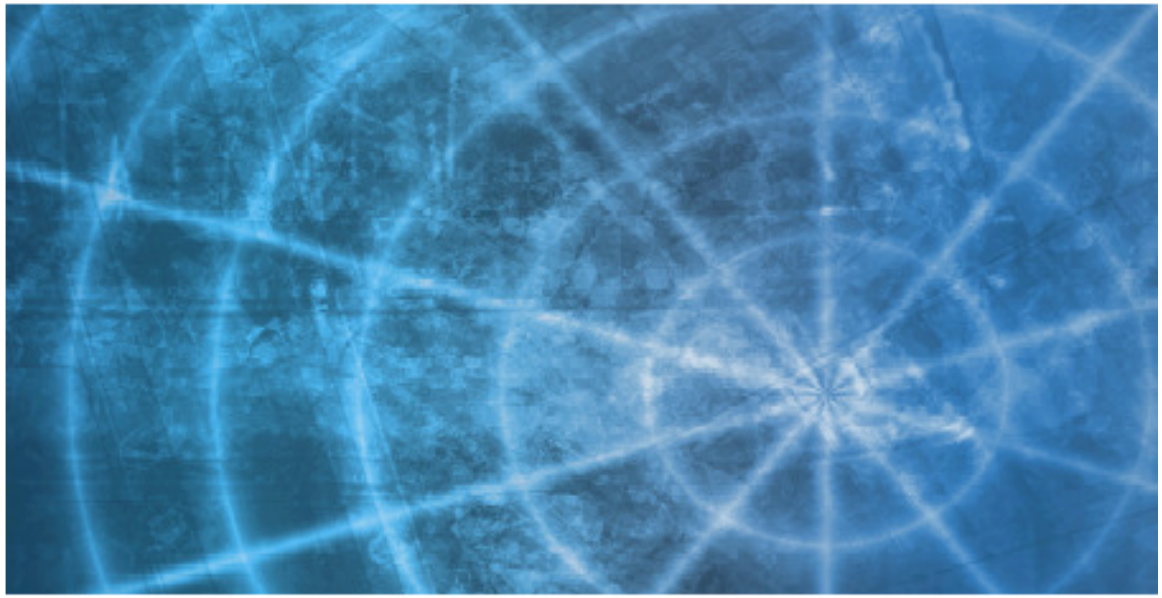
http://www.ema.europa.eu/Inspections/docs/71239709en.pdf

Working group – members from CHMP/COMP/PDCO, PCWP, HCPWP, GCP IWG

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EUROPEAN MEDICINES AGENCY

12 May 2011
EMA/601825/2010
Patient Health Protection



International workshop

Meeting Report

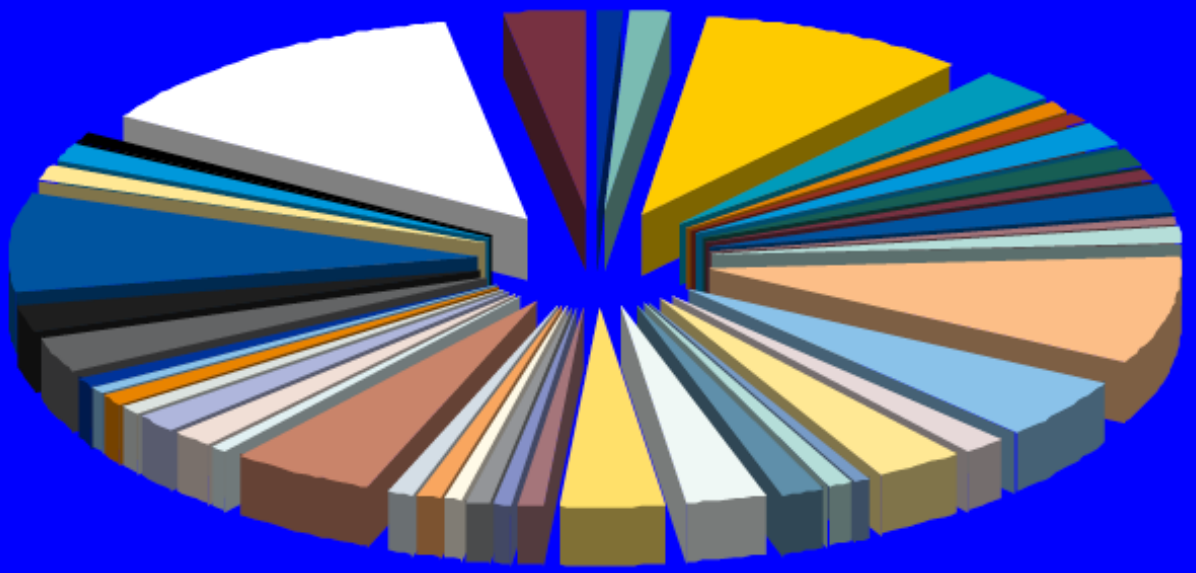
Draft reflection paper on ethical and GCP aspects of clinical trials of medicinal products for human use conducted in third countries and submitted in marketing-authorisation applications to the EMA

6-7 September 2010

European Medicines Agency, London, UK

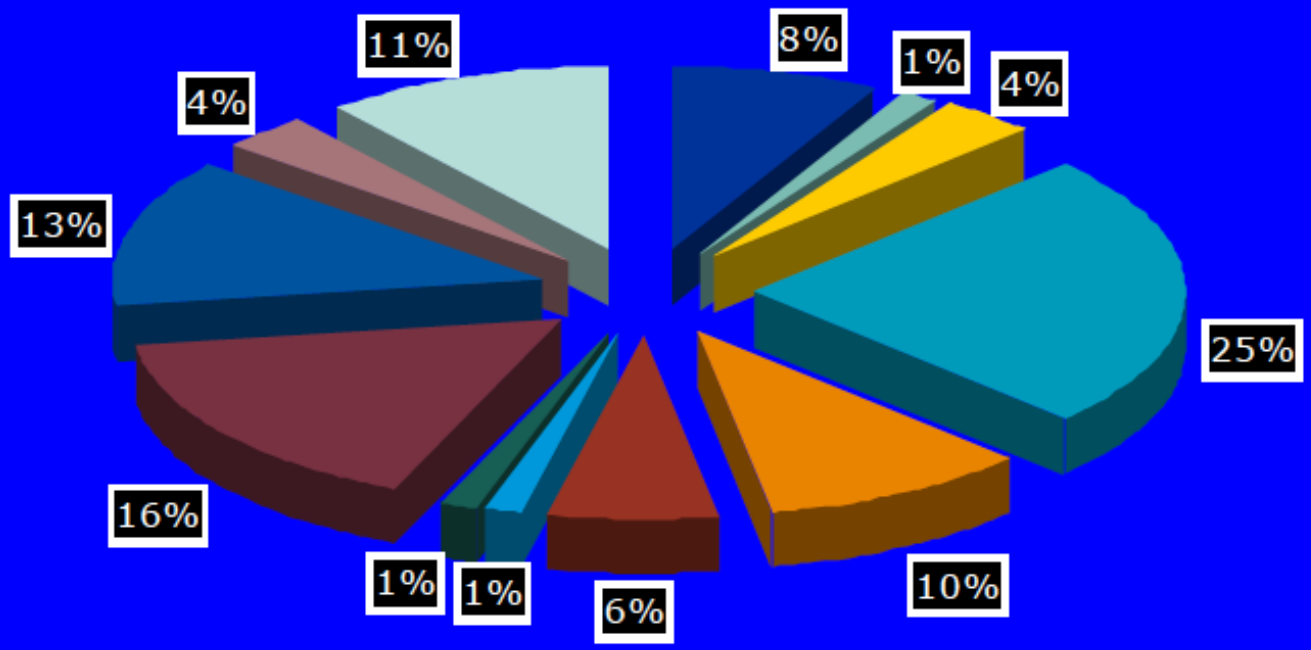
ch

Participation by country



Argentina, Austria, Belgium, Brazil, Burkina Faso, Canada, China, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Ghana, Greece, Hungary, India, Indonesia, Ireland, Italy, Japan, Kazakhstan, Korea, Malawi, Mexico, Montenegro, Netherlands, Norway, Poland, Portugal, Russia, Serbia, Singapore, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, Turkey, UK, USA

Participation by Stakeholders



A number of practical proposals and recommendations are set out in the draft reflection paper. It was considered that EU regulators should only expect or require studies in support of an EU marketing authorisation application that would also be ethically acceptable in the EU. There should not be a different standard applied to trials conducted in the EU compared to those conducted elsewhere.

The discussions over the course of the two-day conference highlighted a number of points including:

- Ethical principles are universal and not negotiable. Equivalent ethical and scientific standards should be applied everywhere in the world regardless of the current strengths or weaknesses of regulatory or other systems.
- There was a consensus on the important role to be played by greater practical cooperation and networking between regulatory authorities and ethics committees involved in the supervision of clinical trials, including capacity building activities.
- Increased transparency of information on clinical trials is essential to establishing public confidence in the clinical trial process and the assessment of trial information at the time of marketing authorisation. This includes prospective clinical trial registers used at the time studied are initiated and the provision of information about ethical and GCP aspects of the Marketing Authorisation application and assessment in the European Public Assessment Report (EPAR).
- The greatest impact is achieved by building the ethical and scientific standards into the conduct and supervision of clinical trials from their outset, assessment at the time of marketing authorisation can only reinforce that process but not replace it. Patients' views should be included from early on in this process to ensure the adequate protection of clinical trial subjects.

International Collaboration

EU/EMA establishing exchanges

Confidentiality arrangements

- EU/USA, EU/Canada, EU/Japan
- Bilateral discussions between European Commission and China, India, Russia

EU/WHO

EMA – FDA GCP Initiative

Global network

Shared training

Training together

EU Members States, Accession Countries

Africa/Middle East, Ghana, Kenya, Malawi, Nigeria, South Africa Tanzania, Zambia, Jordan, Saudia Arabia

Asia Pacific, Australia, China, Chinese Taipei, India, Indonesia, Philippines, Thailand

CIS, Russia

Latin America, Argentina, Brazil, Mexico

North America, USA, Canada

WHO

GOAL

Subjects/patients participating in trials are fully protected – wherever the trial takes places

Availability of safe and effective new medicines, as early as possible, with data relevant to all regions

Thank you

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

- Dr. Ana Rodriguez Sanchez Beato

- Dr. Maria Antonietta Antonelli