Patient perspective on the new Clinical Trials Regulation

The past, the present and (our hopes for) the future

Jan Geissler, ESMO webinar, 12/10/2021
Clinical Trial Directives 2001/20/EC and 2005/28/EC introduced in early 2000s to protect us, the patients:

- **Ensure safety** of participants
- **Guarantee rights** of participants
- Harmonisation of trial procedures across the EU
- Increase reliability and robustness of trial data

Implementation did **not fully serve the interests of patients** (nor research nor industry): false promises of safety through bureaucracy, heterogeneity of implementation on Member State Level
Example Clinical Trials Directive (2001) Safety Reporting

Obligatory reporting of unexpected adverse events, based on German implementation of CTD in medicines law (§63b AMG) and Good Clinical Practice act (§13 GCP)

- Competent Authority (BfArM, PEI)
- European Med. Agency
- Reference Member State
- EEA
- Investigators
- Ethics Committees
- Serious Unexpected AR (SUSAR, EER)
- Serious Unexpected AR (SUSAR, national)
- Serious Unexpected AR (SUSAR, exEEA)
- Serious Expected AR (SESAR national)
- Marketing Authorization Holder / PU
- Applicant
- Sponsor

(Source: Paul-Ehrlich Institute 2009)
Suggestions for modification of CTD (2010-2014): What the patient community said

- **Reverse the trend** from academic to industry-led cancer research
- **Return to a research-friendly, less fragmented framework for trials** in Europe
  - Consider risk-adapted approaches (e.g. therapy optimization)
  - **Safety reporting** adjusted to real need
  - Increase transparency of **public information about trials**
  - Re-assessment of cost/benefit of **new insurance requirements**, especially to support long-term observational studies and academic trials in oncology
- **Inclusion of patient groups** when 'needs for protection' are discussed – in policy but also ethics reviews
What we patients had done about the revision of the directive: Nothing about us without us…

- Worked with clinicians to understand CTD’s impact on investigator-led research (ELN, Kompetenznetze)
- Shared positions with professional associations & working groups (EHA, EFGCP, ELN, etc)
- Supported the EU Commission and EU Parliament with patient perspective and evidence
- Increased public pressure for change by addressing the need for patient-centered revision at conferences (DIA, EFGCP)

"[…] The German Hodgkin Study group was required to provide 100,000 copied pages of documents to Ethics reviews and authorities for a single study with 280 participating clinics and 65 ethics committees. Furthermore, the GMALL study group had to provide 35 folders and 12,000 pages for a study conducted in 13 centres. […]"
Clinical Trials Regulation (536/2014): High expectations (not only) from the patient community

- One dossier, one portal, one database
- More efficient safety reporting
- Risk-adapted safety reporting
- Coordinated assessment procedure
- One decision per EU Member State
- Tighter timelines, accelerated research
- Better public information on clinical trials (& data) through CTIS
Policy implementation has been unable to catch up with needs of patients and science: Clinical Trial Regulation 536/2014

…but we’re finally getting there on 31/1/2022 (+ 3 years until it’s mandatory)
EudraCT’s public interface clinicaltrialsregister.eu has been a mess. Will CTIS be any better for us patients?
Patient involvement in trial applications, trial design and ethics committees – established by law in 536/2014

**Preamble (18)**
- In the **assessment of the application** to conduct a clinical trial and to organise the involvement of ethics committees […] Member States should ensure the **involvement of laypersons, in particular patients or patients’ organisations**.

**Article 2 (11)**
- ‘**Ethics committee**’ means an independent body established in a Member State in accordance with the law of that Member State and empowered to give opinions for the purposes of this Regulation, **taking into account the views of laypersons, in particular patients or patients’ organisations**.

**Annex I, D. PROTOCOL (17)**
- **The protocol shall at least include:** […]
  - (e) **where patients were involved in the design** of the clinical trial, a description of their involvement
Conclusions

- The clinical trials directive of 2001 was NOT in patients’ best interests and did NOT achieve its objectives

- We welcome the new regulation finally to come into effect. Let’s now catch up on the past 8 years (2014 → 2022)

- It suggests patient involvement in protocol design, assessment of trial applications, and ethics committees. Let’s make this a reality this time.