Clinical Trial Transparency

14 March 2015

Pooja Phogat
Global Head and Vice-President, Clinical Trial Disclosure, Kinapse
Learning Objective

By end of today’s session you will know about:

- What is Clinical Trial Disclosure
- Global clinical trial disclosure landscape
- Insights about upcoming regulatory framework in terms of trial transparency and responsible data sharing
Agenda

- Why Clinical Trial Disclosure
- Brief history of Clinical Trial Disclosure
- Overview of current global Clinical Trial Disclosure requirements
  - Clinicaltrials.gov
  - EudraCT
- Latest and Upcoming Key Regulatory Reforms Worldwide
  - EFPIA/PhRMA “Principles for Responsible Clinical Trial Data Sharing”
  - TransCelerate Approach to Protection of Personal Data
  - EMA Policy on Publication of Clinical Data
  - NLM notice of proposed rule making
  - IOM "Committee on Strategies for Responsible Sharing of Clinical Trial Data"
- Key messages
- Questions
Why Clinical Trial Disclosure

The intention of clinical trial disclosure is to:

- Inform patients/investigators of research programs
- Inform healthcare professionals about ongoing trials
- Reduce unnecessary duplication of research & accelerate knowledge creation
- Improve trial participation
- Publish in peer-reviewed journals
- Transparency and build mutual trust
- Fulfill legal, statutory and ethical obligations
Events: Lack of Transparency in Clinical Research (1/3)

BBC NEWS

Negative drug research 'withheld'

Drug companies have been accused of failing to publish drug trials which do not give the "right" result.

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy

Erick H. Turner, M.D., Annette M. Matthews, M.D., Eftihia Linardatos, B.S., Robert A. Tell, L.C.S.W., and Robert Rosenthal, Ph.D.

- People have suffered and resources have been wasted because disappointing results of research have not been reported
**Annals of Internal Medicine**

**The ADVANTAGE Seeding Trial: A Review of Internal Documents**

Kevin P. Hill, MD, MHS; Joseph S. Ross, MD, MHS; David S. Egilman, MD, MPH; and Harlan M. Krumholz, MD, SM

**Conclusion:** Documentary evidence shows that ADVANTAGE is an example of marketing framed as science. The documents indicate that ADVANTAGE was a seeding trial developed by Merck’s marketing division to promote prescription of Vioxx (rofecoxib) when it became available on the market in 1999.

**Data Extraction:** An iterative case-study process of review, discussion, and re-review of documents to identify themes relevant to the design and conduct of ADVANTAGE. To supplement the case-study review, the authors did a systematic review of the literature to identify published manuscripts focused on seeding trials and their conduct.

Merck and Co., Inc., and McDarby v Merck and Co., Inc. The documents were created between 1998 and 2006.

**Conclusion:** Documentary evidence shows that ADVANTAGE is an example of marketing framed as science. The documents indicate that ADVANTAGE was a seeding trial developed by Merck’s marketing division to promote prescription of Vioxx (rofecoxib) when it became available on the market in 1999.

For author affiliations, see end of text.
AstraZeneca Seroquel Studies ‘Buried,’ Papers Show (Update 3)

By Jef Feeley and Margaret Cronin Fisk

Feb. 27 (Bloomberg) -- AstraZeneca Plc “buried” unfavorable studies on its antipsychotic drug Seroquel, according to an internal e-mail unsealed as part of litigation over the medicine.

The drugmaker failed to publicize results of at least three clinical trials of Seroquel and engaged in “cherry picking” of data from one of those studies for use in a presentation, an AstraZeneca official said in a December 1999 e-mail unsealed yesterday under an agreement between the company and lawyers for patients. The London-based company faces about 9,000 lawsuits claiming it failed to properly warn users that Seroquel can cause diabetes and other health problems.

“The larger issue is how we face the outside world when they begin to criticize us for suppressing data,” John Tumas, an AstraZeneca publications manager, told colleagues in the e-mail.
Brief history of Clinical Trial Disclosure

US Requirements

1988 Hope Act
AIDS Study Enrollment

FDAMA 113 1997
(No Registry Available)

Clinicaltrials.gov
implemented

1997

Art. 57 of (EC)
Regulation 726/2004

Maine Law
Enacted

Maine Regulation

FDAMA AA 2007
Title VIII

1997

Maine Regulation

FDAMA AA 2007
Title VIII

FDA - AA 2007
Title VIII

1997

FDA - AA 2007
Title VIII

Maine Regulation

FDAMA AA 2007
Title VIII

Clinicaltrials.gov
implemented

1997

Art. 57 of (EC)
Regulation 726/2004

Maine Law
Enacted

US Requirements


Number of Trials Registered per Year (ClinicalTrials.gov)

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<thead>
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<th>Year</th>
<th>Number of Trials Registered</th>
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<td>24,625</td>
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<td>2006</td>
<td>1850</td>
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<td>2007</td>
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<tr>
<td>2008</td>
<td>EudraCT Results Posting Started (July 2014)</td>
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<td>2009</td>
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<td>2010</td>
<td>EU DRAFT Guideline 2010</td>
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<tr>
<td>2011</td>
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<td>2012</td>
<td>EudraCT v.10 (May 2014)</td>
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<td>2013</td>
<td>TransCelerate Redaction guidelines</td>
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<td>2014</td>
<td>EMA policy on publication of CSR</td>
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<tr>
<td>2015</td>
<td>NLM notice of proposed rulemaking (Expected 2015)</td>
</tr>
</tbody>
</table>

EU Requirements

EC Directive 2001/20/EC

EC Regulation 726/2004

59th Declaration of Helsinki

Registration Required
Argentina, Brazil, Czech Republic
(gov't posts, like EudraCT)

India, France, etc.

PhRMA/EFPIA principles of responsible data sharing

Adapted from T. Wicks

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**Global Clinical Trial Disclosure Landscape**

**EU regulations EUCTR, EudraCT**
- Submission of CTA + substantial amendment + end of trial notifications + clinical study report to national competent authorities (NCA)

**Create and post results in EudraCT Database**

**Sponsor**

**Clinical trial information available on public domain**
- [https://clinicaltrials.gov/](https://clinicaltrials.gov/)
- [https://www.clinicaltrialsregister.eu](https://www.clinicaltrialsregister.eu)

**US regulations ClinicalTrials.gov**
- Registration of protocol on ClinicalTrials.gov
- Regular updates of protocol posted on public website (every 6 or 12 months)
- Submission of summary results on ClinicalTrials.gov
ClinicalTrials.gov: Regulatory Bodies and Laws

- **FDAMA** 113 (1997): mandates registration of Investigational New Drug (IND) application trials for serious and life-threatening diseases or conditions
- **Maine State Law, ICMJE Statement (2004):** Emphasized on increased transparency of clinical trials
- **FDAAA** Section 801 (2007): Expands registry and adds results reporting requirements

*Food and Drug Administration Modernization Act of 1997
**Food and Drug Administration Amendments Act of 2007
***International Committee of Medical Journal Editors*
# What Needs to be Disclosed on ClinicalTrials.gov?

## Prior to Trial Initiation
- Register the trial at ClinicalTrials.gov
- *Before 1st participant is enrolled (ICMJE)*
- Within 21 days of 1st participant enrolled (FDAAA 801)

## While the Trial is Ongoing
- Updates to ClinicalTrials.gov Required at least once every 12 months (FDAAA 801)
- Update/verify “active” trials once every 6 months (ClinicalTrials.gov)
- Consider any protocol amendments that impact registration
- Recruitment status and (Primary) completion date must be updated within 30 days of a change (FDAAA 801)

## After the Trial Completes
- Submit summary results (FDAAA 801)
- When to submit? <1 year after (Primary) completion date (or <30 days of approval or clearance)
- What to submit? Scientific information: Participant flow, baseline characteristics, outcome measures, adverse events
  - Administrative information

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*http://www.icmje.org/about-icmje/faqs/clinical-trials-registration/*
Regulatory Bodies and Laws

**Regulatory Bodies**
- European Medicine Agency
- Member States (NCA) of the EU

**Laws/Acts/Regulations**
- Commission Guideline 2012/C 302/03
- Directive 2001/20/EC
- Pediatric Regulation (EC) No 1901/2006 (Art 41,45,46)
- Regulation (EC) No 726/2004
## EudraCT V10: In Scope and Out of scope Activities

<table>
<thead>
<tr>
<th>In Scope Activities</th>
<th>Out of Scope Activities</th>
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<tbody>
<tr>
<td>• Interventional trials (Approved and unapproved products)</td>
<td>• Non-interventional studies (NIS)</td>
</tr>
<tr>
<td>• Phase 1 to 4</td>
<td>• Investigator sponsored trials (ISTs)</td>
</tr>
<tr>
<td>• Trials completed on or after 01 May 2004</td>
<td>• Trials completed before 01 May 2004</td>
</tr>
<tr>
<td>• ICH E3 synopsis posting</td>
<td>• Non-pediatric trials outside EU/EEA</td>
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</table>
  • Pediatric trials Art. 45 if not already submitted to EMA |
### International registries

<table>
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<tr>
<th>Country/Region</th>
<th>Regulatory Body</th>
<th>Clinical Trial Disclosure Database</th>
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<tr>
<td>US</td>
<td>National Institute of Health (NIH)</td>
<td>Clinicaltrials.gov,</td>
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<td>Food and Drug Administration (FDA)</td>
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<tr>
<td>European Economic Area (EEA)</td>
<td>European Medical Agency (EMA)</td>
<td>EudraCT,</td>
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<tr>
<td></td>
<td>European Clinical Trial Database (EudraCT)</td>
<td><a href="https://www.clinicaltrialsregister.eu">https://www.clinicaltrialsregister.eu</a></td>
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### National registries

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<th>Clinical Trial Disclosure Database</th>
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<td>Drugs Controller General of India (DCGI)</td>
<td>Clinical Trial Register of India</td>
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<td><a href="http://www.ctri.in/">http://www.ctri.in/</a></td>
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<tr>
<td>Germany</td>
<td>Federal Ministry of Education and Research (BMBF)</td>
<td>University Medical Centre Freiburg: German Clinical Trials</td>
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<td>University Medical Centre Freiburg: German Clinical Trials Register (DRKS)</td>
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<td><a href="http://www.germananctr.de">http://www.germananctr.de</a></td>
</tr>
<tr>
<td>China</td>
<td>Center for Drug Evaluation (CDE)</td>
<td>Chinese Clinical Trial Register (ChiCTR)</td>
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<td><a href="http://www.cde.org.cn/news.do?method=changePage&amp;pageName=serviceLcsy&amp;frameStr=126">http://www.cde.org.cn/news.do?method=changePage&amp;pageName=serviceLcsy&amp;frameStr=126</a></td>
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<td>Japan</td>
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<td>Clinical Trials Information /JapicCTI</td>
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</table>
Latest and Upcoming Key Regulatory Reforms Worldwide

- **EFPIA/PhRMA**
  - Adopted on 16 Apr 2014
  - Effective from no earlier than 28 May 2016
  - “Principles for Responsible Clinical Trial Data Sharing”

- **EU**
  - “Clinical Trials Regulation”
  - Adopted on 02 Oct 2014
  - Effective from 01 Jan 2015
  - 21 July 2014 (“Day 0”)

- **NLM**
  - Notice of proposed rule making

- **IOM**
  - “Committee on Strategies for Responsible Sharing of Clinical Trial Data”

- **EudraCT V10**
  - Finalized July 2013
  - Implementation 01 Jan 2014
  - Developed Final report out in December 2014

- **TransCelerate CSR Redaction position paper**
  - Published on 02 Sep 2014
  - Expected 2Q2015
EFPIA/PhRMA “Principles for Responsible Clinical Trial Data Sharing”
**EFPIA/PhRMA Principles - Effective January 2014**

1. **Enhancing Data Sharing with Researchers**
   “Commit to sharing upon request from qualified scientific and medical researchers patient-level clinical trial data, study-level clinical trial data, and protocols from clinical trials in patients for medicines and indications approved in the US and the EU as necessary for conducting legitimate research.”

2. **Enhancing Public Access to Clinical Study Information**
   “Make publicly available, at a minimum, the synopses of clinical study reports (CSRs) for clinical trials in patients submitted to the Food and Drug Administration (FDA), European Medicines Agency (EMA), or national competent authorities of EU Member States.”

3. **Sharing Results with Patients Who Participate in Trials**
   “Work with regulators to adopt mechanisms for providing a factual summary of clinical trial results and make the summaries available to research participants.”

4. **Certifying Procedures for Sharing Trial Information**
   “Certify on a publicly available web site that they have established policies and procedures to implement these data sharing commitments.”

5. **Reaffirming Commitments to Publish Trial Results**
   “At a minimum, results from all Phase 3 clinical trials and any clinical trial results of significant medical importance should be submitted for publication.”

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**Pharmaceutical Research and Manufacturers of America (PhRMA)**, founded in 1958, is a trade group representing the pharmaceutical research and biopharmaceutical companies in the United States.

Its mission is to conduct effective advocacy for public policies that encourage discovery of important new medicines for patients by pharmaceutical and biotechnology research companies.

The **European Federation of Pharmaceutical Industries and Associations (EFPIA)** is a Brussel based trade association founded in 1978 representing the research-based pharmaceutical industry operating in Europe.

Its mission is to promote pharmaceutical research & development and the best conditions in Europe for companies to bring to patients new medicines that improve human health and the quality of life around the world.
EMA Policy on Publication of Clinical Data
EMA Policy 70 - Publication and Access to Clinical Trial Data (1/3)

- Allows external parties (researchers or lay public) access to CT data held by the Agency

- EMA policy finalized and applicable as per Jan 2015

- Mandates the publication of CSRs
  - Prospectively – includes clinical trial data submitted after policy comes into effect
  - Retrospectively – CSRs will be made available upon request

*Publication and Access to Clinical Trial Data*
Categories content of Clinical Trial Dossier into 3 groups:

- **Open Access** – will be proactively disclosed
  - Most of the clinical dossier – Clinical Overview, Clinical Summaries and Clinical Study Reports (CSRs)

- **Closed Access** – will be publicly available through a controlled access process
  - Patient level data in CSR line listings, Case Report Forms (CRFs)

- **Commercial Confidential Information (CCI)** – will not be disclosed through this process (may still be sought under traditional ‘reactive’ process)
  - Summary of Biopharm studies
  - Biopharm and PK CSRs
Redaction of publicly disclosed documents allowed only for removal of Patient Privacy Information

For Investigators and Study Personnel
- Section contains personal data, such as list of investigators; individual investigators’ names, addresses, appointments, qualifications and clinical duties
- In light of the overriding public interest, these personnel are considered exempt from Protection of Personal Data (PPD) considerations

No redaction of publicly disclosed documents for CCI in EMA Draft Policy
TransCelerate Approach to Protection of Personal Data
Background

- TransCelerate BioPharma Inc., a non-profit organization of biopharmaceutical companies
- Focused on advancing innovation in R&D, identifying and solving common R&D challenges, thus increasing the quality of clinical studies
- Committed to enhancing public health, medical and scientific knowledge through sharing and transparency of clinical trial information
What to redact in the CSRs?

- Patient Information, Country of Origin, Demographics, subject ID
- Study Compound Information, Individual Laboratory Information, Sites ID
- Efficacy and Safety Data, in case subject ID/CRF ID is given
- Batch information, formulation identification
- Individual Patient Data (Listings, CRFs, narratives)
- Name and Contact Info of PI, Advisors and other Responsible Personnel
- Names and Addresses of IRBs
- Signatures and CVs of Investigators
- Patented/Commercially Sensitive Information; Bio-analysis Techniques Change History
NLM notice of proposed rule making
Notice of Proposed Rulemaking (NPRM)

What to expect from the ruling:

- Results for **unapproved products** includes drug, biologics and devices
- “Lay” and non-technical summaries
- Copy of “full” protocol when results are submitted
- “Such other categories as the Secretary determines appropriate”
- **Increasing the timeline** for submitting results from 12 to 18 months after the earlier of the estimated completion date of the trial or the actual date of completion

* being challenged "45 days after published in the Federal Register"
IOM "Committee on Strategies for Responsible Sharing of Clinical Trial Data"
**Intent:** to balance the interests of different stakeholders with the public interest of having the best information possible regarding the effectiveness and safety of therapies

The report lays out specific plans for sharing data
- Granting access through third-party web sites
- Adopting recommended timetables for releasing both summary and complete data packages
- Summary level results (including AEs), should be publicly available within 1 year after trial completion
- A complete data package (i.e. full protocol and statistical analysis plan) should be shared within 18 months after trial completion
Based on upcoming regulation, Redaction is key to disclosure, between 2013 – 2016

- **PhRMA/EFPIA principles of responsible data sharing**
  - Finalized July 2013, Implementation 01 Jan 2014

- **TransCelerate Redaction guidelines**
  - Published on 02 Sep 2014

- **IOM "Committee on strategies for responsible sharing of clinical trial data"**
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<table>
<thead>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tr>
<td>Average volume of trials registered per year ~40,000</td>
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Redaction will be reactive on request basis

Redaction will become mandatory by law
Key messages

- Disclosure a significant step towards more transparent pharmaceutical world
- Disclosure is essential for human subjects protection, research integrity, evidence based medicine and legal obligation
- As more organizations and governments shape the bars for which transparency looks like, it is imperative to keep up with current thinking
- In order to match up with the current and upcoming regulatory requirements in EU and US, companies need to make sure that they have sufficient and appropriate resources in order to be par with their competitors as well as country regulations
- ‘Good Disclosure Practices’ are as important as ‘Good Clinical Practice’
Thank you...
Questions
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Web site: www.kinapse.com
General enquiries: info@kinapse.com
Back-up slides
Clinical Trial Data and Transparency

- Introduction of new legislation & regulations and the evolution of clinical trial disclosure and data transparency in the pharmaceutical industry
- Guidelines regarding clinical trial disclosure exists in >40 countries globally
- Augmented regulatory requirements in regions like US, EU and EEA in last 5 years

Regions/Countries Mandating Clinical Trial Disclosure