Hospital Universitario Puerta de Hierro Majadahonda

SaludMadrid

Comunidad de Madrid

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¿Cómo afectará esta propuesta a los ensayos clínicos en España?

How will this proposal affect clinical trials in Spain?

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Conferencia Regional del EFGCP
Temas candentes en Investigación Clínica

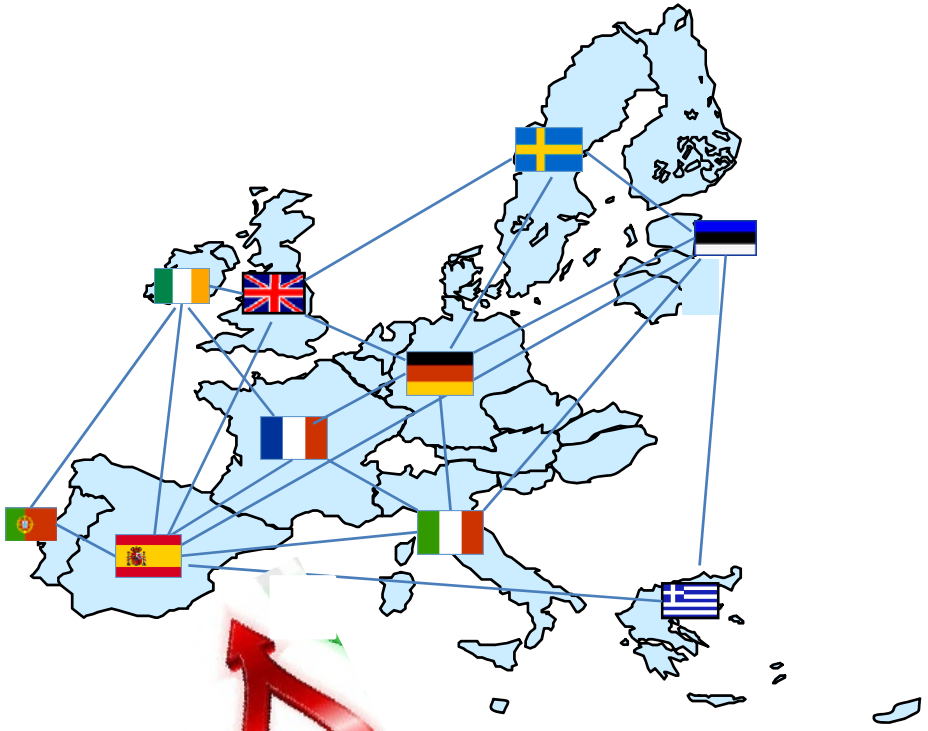
EFGCP 'where science & ethics meet'

Institut Borja de Bioètica
Universitat Ramon Llull

Fundació Víctor Grífols i Lucas

IT DEPENDS ON US ……

hospital



agencia española de medicamentos y productos sanitarios

Research Ethics Committees (CEIs)

Non-commercial investigation

IT DEPENDS ON US ……

¿Will we adapt our current procedures just to comply with new requirements?

¿Will we take the opportunity to re-think the system and build a new and better one?

EVEN OUTSIDE THE SCOPE OF THE REGULATION !

EXAMPLE 1:

New definition and procedure for low risk clinical trials means that they will be more simple and cheaper than post-authorisation studies..

Time to review the disproportionate intervention on post-authorisation studies in Spain?

ONE SINGLE APPROVAL BY MEMBER STATE

MS shall guarantee that :

- the rights, safety and well being of subjects are protected.
- the data generated are going to be reliable and robust.

This responsibility will be accomplished by means of putting together at a national level:

REC ethical review and opinion

+

AEMPS technical review and authorisation

This resulting global MS opinion will be part of an European "coordination" system.

ONE SINGLE APPROVAL BY MEMBER STATE: The CEI component

- CEI work under delegation of power of the MS

  CEI opinions are not considered as “services”

- Need for a CEI Authority :
  - Supervision and evaluation
  - Quality assurance
  - Training

ONE SINGLE APPROVAL BY MEMBER STATE: The CEI component

- Need for a CEI Authority :
  - …
  - Resources (i.e professional technical secretariat,.)
  - CEI responsibilities
  - Recommendations (i.e. minimal additional risk)
  - Procedures
  - CEI accountability

ONE SINGLE APPROVAL BY MEMBER STATE

- Need for a clear delimitation of responsibilities of AEMPS and CEI
- Avoidance of redundances and preservation of CEI competences

Avoid redundances and preserve CEI competence

The Member State shall assess:

- The anticipated therapeutic and public health **benefits** (IMP knowledge, relevance, reliability of design,..)
- The **risks and inconveniences** for the subject taking into account characteristics of the intervention compared to normal clinical practice, risk minimisation measures, ..

Manufacturing

Labelling

.....

Informed consent

Avoid duplicities and preserve CEI competence

The AEMPS is the Competent Authority with regards to quality and safety of medicinal products

¿Can the AEMPS assess and follow the safety of the IMP on behalf of the CEI?

MEDICINES FOR HUMAN USE (CLINICAL TRIALS) REGULATIONS 2004

Memorandum of Understanding between MHRA, NRES, GTAC and AAPEC

Version 2 April 2010

MHRA

NHS
National Patient Safety Agency
National Research Ethics Service

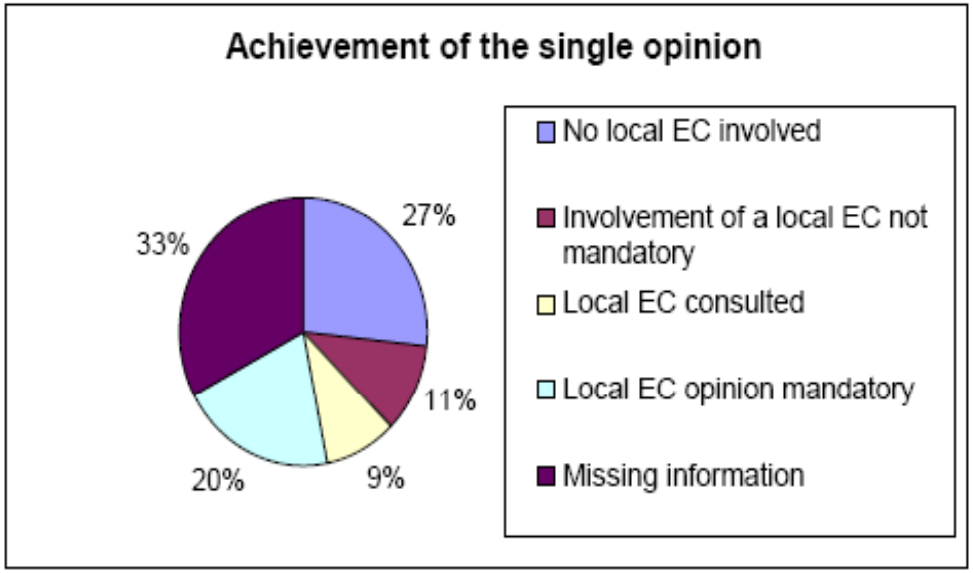
GTAC

AAPEC
Appointing Authority for Phase 1 Ethics Committees

Only one acting CEI per clinical trial

Directive 2001/20 EECC
Art 7. Member States shall establish a procedure providing, notwithstanding the number of Ethics Committees,for the adoption of a single opinion for that Member State.

Figure 28: Achievement of the single opinion



Source: Table EC 5 in Statistical Report EC, available on www.efgcp.be/ICREL

Dictamen por un solo CEI

LIB Art 16.

Toda investigación biomédica que comporte algún procedimiento invasivo en el ser humano deberá ser previamente evaluada por el Comité de Ética de la Investigación (…). En el caso de proyectos de investigación que se realicen en varios centros se garantizará la unidad de criterio y la existencia de **un informe único.**

Orden SAS 3470/2009 sobre estudios post autorización

"Dictamen favorable del estudio por **un** **CEIC** acreditado en España"

Very specific local issues ?

- Investigator
- Facilities

Sponsor responsibility:

Investigator responsibilities

Center Responsibilities.
Local financial and practical arrangements

Acceptance of other's review and opinion

It is not necessary to seek for same changes on the informed consent forms or to ensure others follow exactly same procedures,

It is enough to be able to rely on the assurance of the system to protect the rights, safety and well being of the participants.

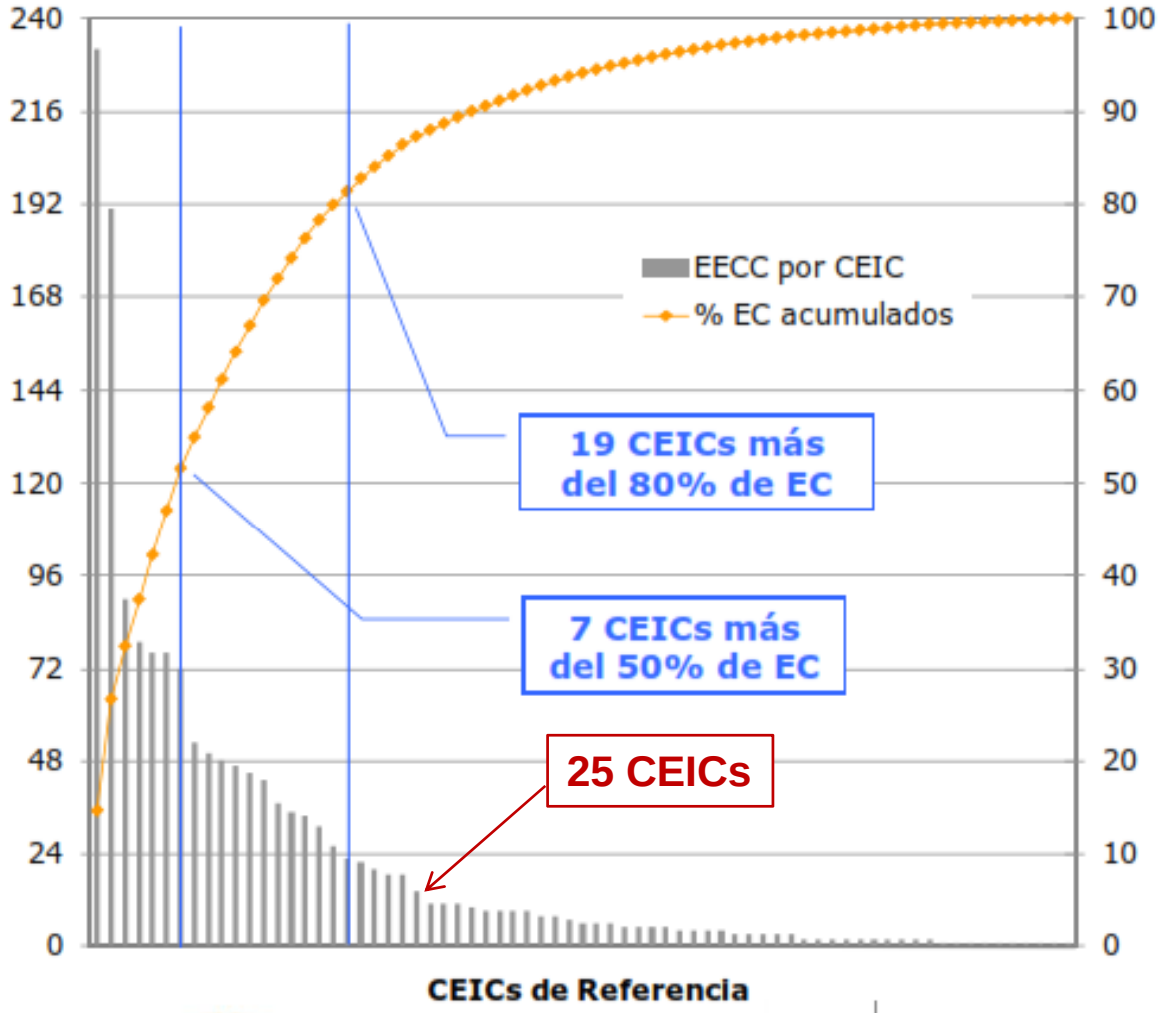
→ Importance of a Spanish CEI Authority

→ Possible recognition of other MS ethical review?

Contenido BDMetrics: CEICs de Referencia

Un total de 71 Comités distintos actúan como CEIC de referencia

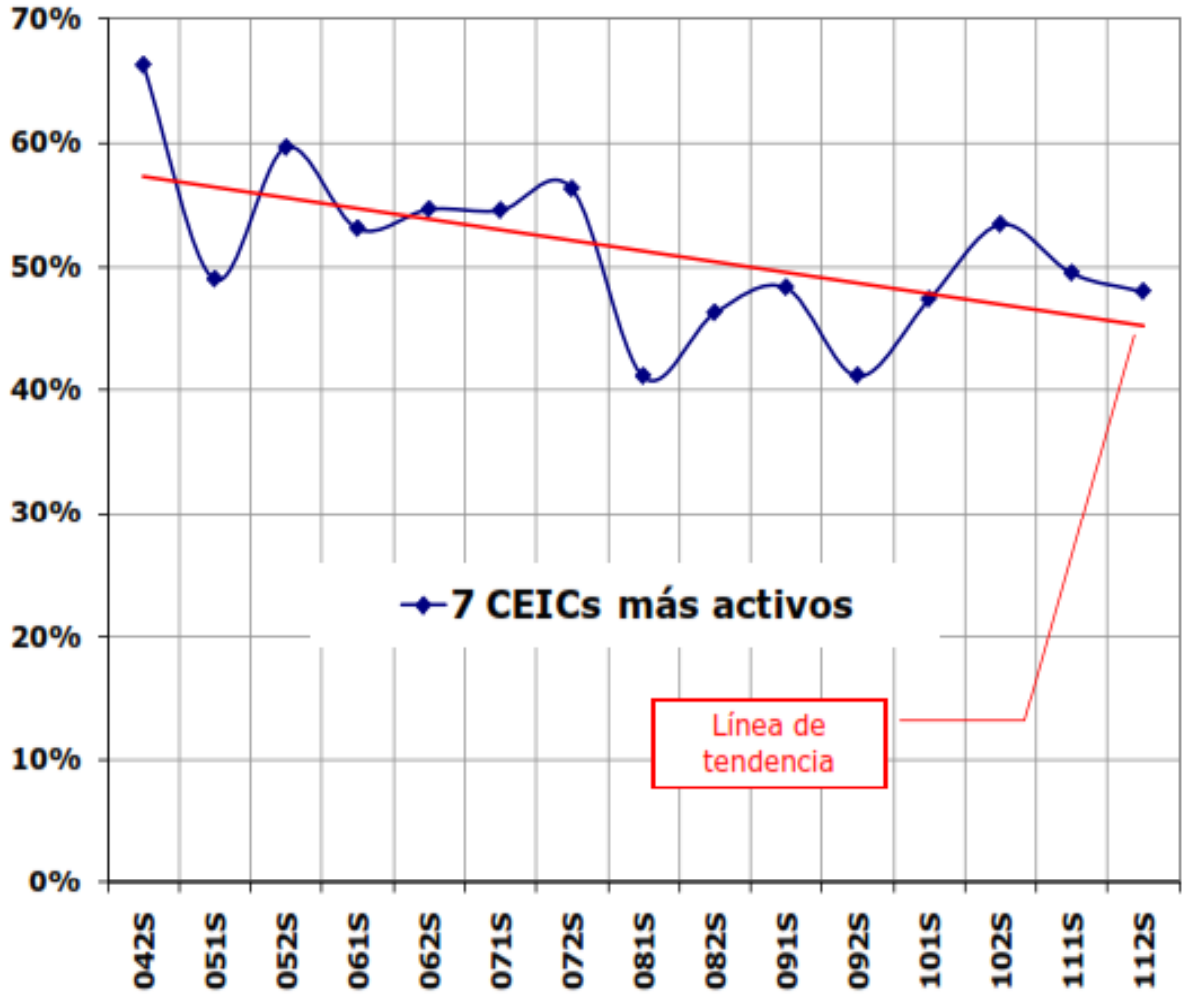
7 CEICs acumulan más del 50% y 19 más del 80% de los 1.583 Ensayos Clínicos incluidos.



Source: Farmaindustria, BEST Project, cumulative data 2004-2011

CEICs de Referencia: Evolución

Evolución en el tiempo de la participación como CEIC de referencia de los **7 CEICs** más activos.



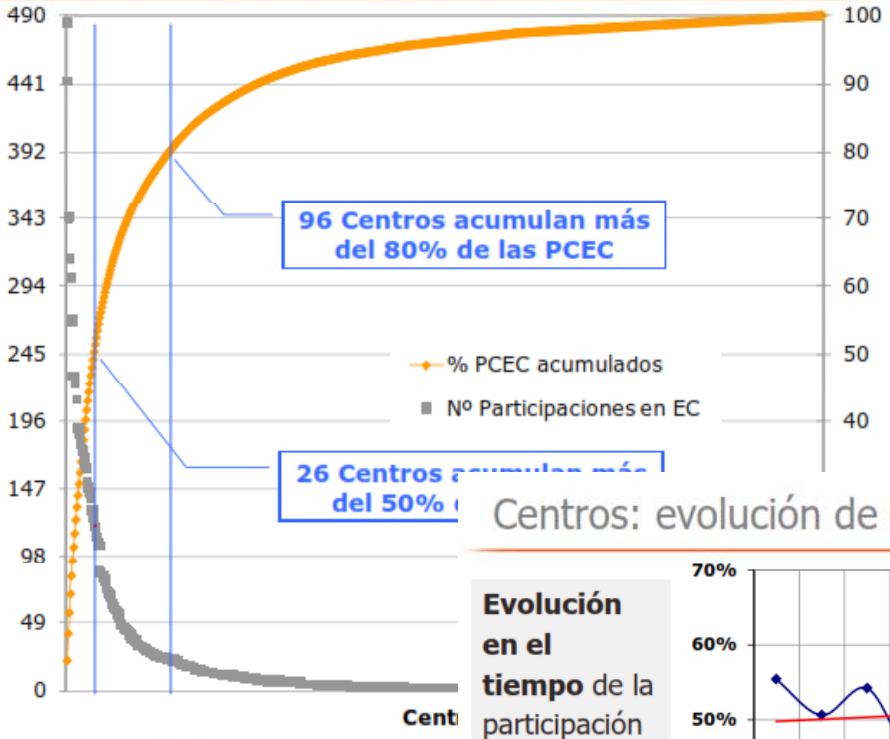
EC con fecha mínima de envío al CEIC de ref dentro de cada semestre y **porcentaje** sobre el total de EC en cada semestre.

Source: Farmaindustria, BEST Project, cumulative data 2004-2011

Contenido BDMetrics: Centros

El 3,7% de los Centros acaparan más del 50% de las participaciones de Centros en ensayos clínicos (PCEC)

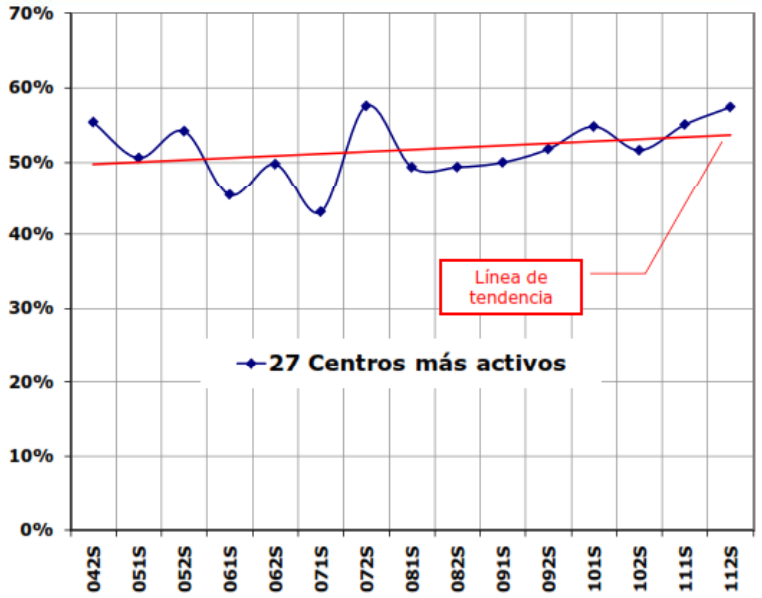
26 de los 703 Centros distintos participan en más del 50% de los 11.179 PCEC



Centros: evolución de su participación

Evolución en el tiempo de la participación de los **27 centros** más activos.

PCEC con fecha de envío al CEIC de ref dentro de cada semestre y **porcentaje** sobre el total de PCEC en cada semestre.



Harmonisation vs Simplification

Example: amendment

Cover letter
Request for amendment ES-27.
We enclose:
- Annex 1C
- Annex 1 A
-
-
…

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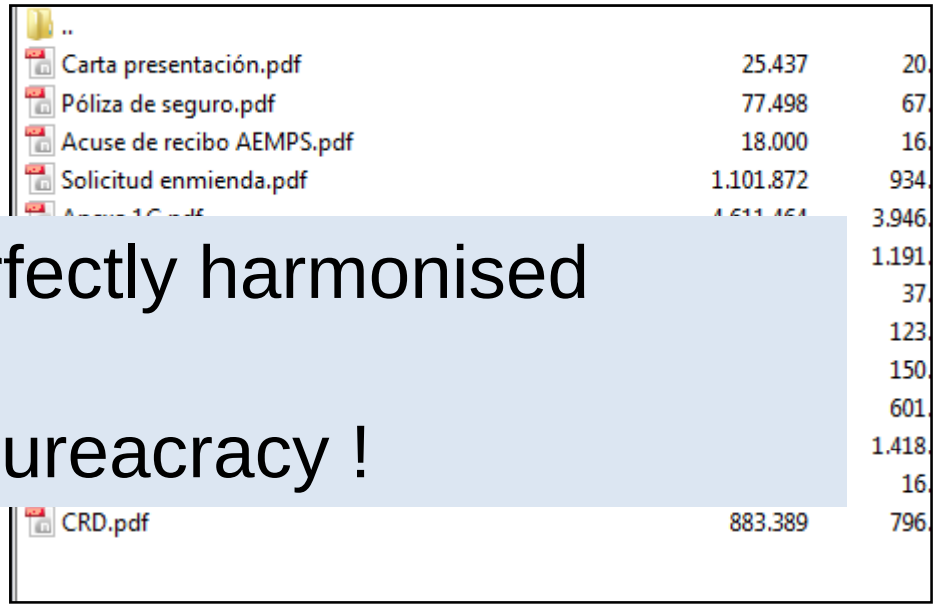
Print out of the new XML ¿?

New ICF version perfectly dated and numbered but without highlighted changes

New protocol and exhaustive index of changes : wording, administrative information, change of doses, change of selection criteria, …



Achieving a perfectly harmonised

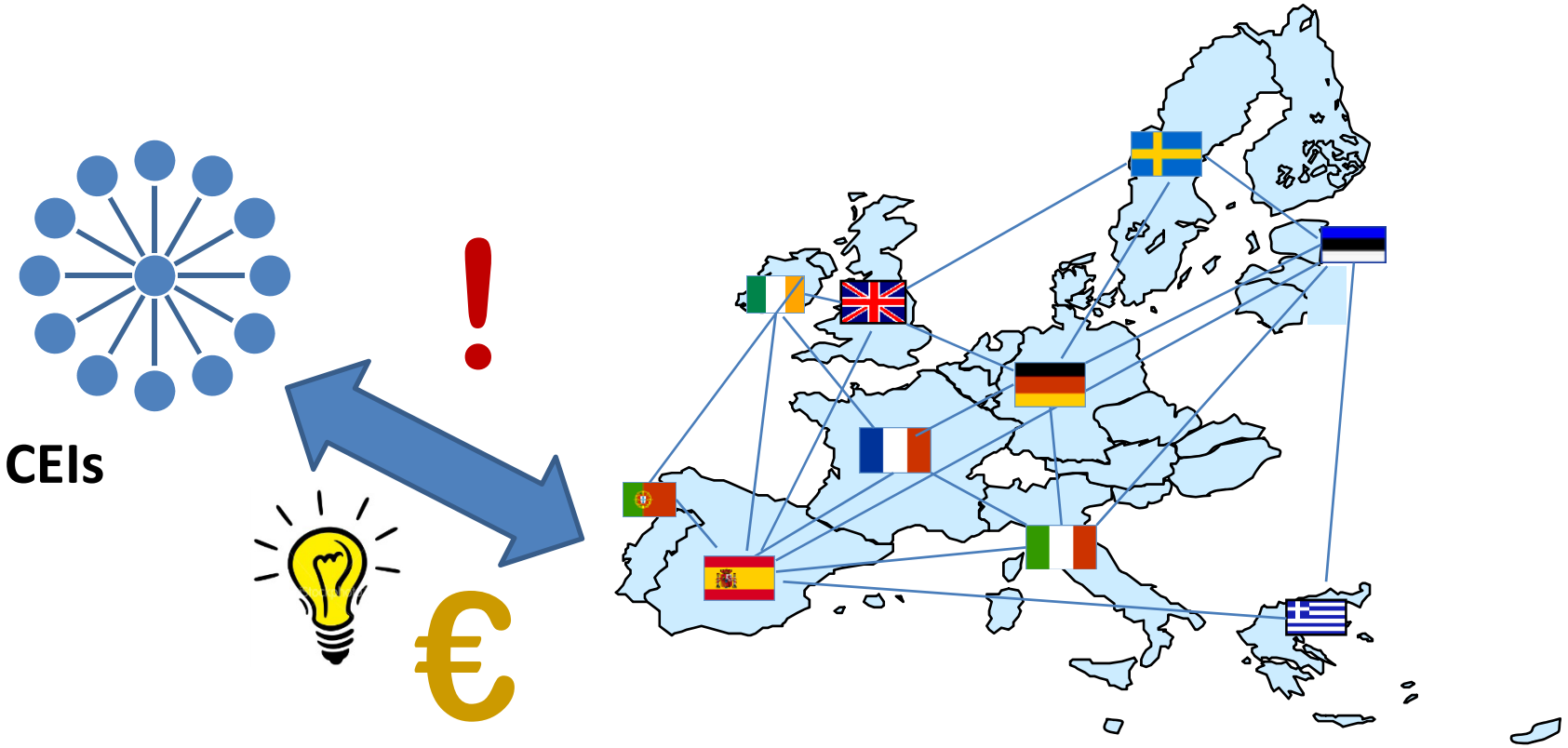
useless bureacracy !

The relevant change ?
Why?
Consequences?

Harmonisation vs Simplification:

Single submission through an EU portal

Need for a useful and efficient Information System



Harmonisation vs Simplification:

More than 50% of the projects reviewed by a CEI are not CT with medicines

Flexibility on accepted formats for the scientific and methodological description (≠ harmonisation)

Should administrative intervention on medicines research be extrapolated to all clinical investigation?

One single fee at the MS !

- AEMPS 109 €
- Autonomous Authorities (Postaut. studies) 500 €
- CEI 1000 € (+ 600 - 1000 € x N local CEIs !!!)
- Hospital/Institution
  - + Contract administrative fee 250 - 400 € x N
  - + Pharmacy fee 300 € x N
  - + Archiving fee 500 € x N
  - + …

+ fee for N amendments!!

Final considerations

- Regulation is still open to amendments

- Simplification and avoidance of procedures with no added value for public health or patient protection is more important than simple harmonisation.

- CEI are the weakest part of the chain:
  - Re design the CEI system in Spain (single opinion, delimitation of responsibilities,..)
  - A CEI Authority in Spain should take care of financing, training, recommendations, supervision,..
  - Provide the CEI with an adequate information system (↔ AEMPS)

- Importance of timely internal discussions and new proposals.

¡Thank you very much!

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