Clarity and Openness in Reporting: E3-based

CORE Reference

An Open Access Resource

EMWA Valencia May 2024

Repeated at EMWA Webinar 7th June 2024

CORE Reference Team

Today's Presenters

- Sam Hamilton – Chair
- Raquel Billiones
- Alison McIntosh
- Zuo Yen Lee

Additional Team Member

- Vivien Fagan

Agenda

- Value of CORE Reference for Disclosure-Ready CSRs & Continuing Professional Development (CPD) resources
- Real life Policy 0070 submissions, including planned versus actual timeline
- Policy 0070 Re-launch: Anonymisation Report (AnR) Template and insights on completion
- Medical devices CPD, including MD and drugs spaces intersection
- CORE Reference 2023 Utility Survey Results – An Overview
- Breaking news - public disclosure arena

Value of CORE Reference for Disclosure-Ready CSRs

Continuing Professional Development

Presenter: Dr Sam Hamilton

1. OPEN ACCESS RESOURCE

- Original open-access best practice resources published in May 2016
  - CORE Reference
  - Mapping Tool
  - Launch paper in BMC
  - Website launch

2. CPD RESOURCES

- Quarterly CPD through 2018
  - Utility Survey 2017
- Monthly CPD Dec 18 – Apr 22
  - Jul 19 comments on FDA pilot program
  - 2019 BMC paper critiquing T/Cel CSR template; estimand integrated to Terminology Table worked example
- EMWA Special Project Apr 22
  - +3 team members, expand CPD
- Monthly CPD May 22 ongoing
  - Comparison T/Cel CPT and ICH M11 template Level 2 headings, Dec 22
  - Webinar Jun 23
  - Utility Survey Dec 23

1a. Open Access Resources: What Is CORE Reference?

CORE Reference

- Preface (21 pages, references + assumptions)
- Main body text (103 pages)
  - ICH (E3 and 2012 Q&A) guidance text
  - EU and US regional guidances
  - CORE Reference text
    - Distinguished via shading and boxing
    - Includes explanations comment of CORE Reference clarifications

Mapping document

- ICH E3 mapping CORE Reference sectional structure

Explanation and elaboration paper published in a peer-reviewed journal

Hamilton S, et al Research Integrity and Peer Review 2016

1b. Website

http://www.core-reference.org

HOME: Video & Teams (original and current)
NEWS SUMMARIES: Archive of monthly CPD summaries; other non-manuscript CPD publications
UNMET NEED: Problem statement and how CORE Reference bridged the gap
CORE REFERENCE: Download open access resources – manual and mapping tool
PUBLICATIONS: All publications associated with the project since 2014
ADOPTION AND USE: Statements from end-users
PUBLIC DISCLOSURE RESOURCES: Links to EMA and HC clinical documents public disclosure portals
COMMENTS AND RESPONSES: May 2016 comments on CORE Reference and our responses

Full website overhaul coming…

- Incorporate CORE Reference website into EMWA website
- Searchable text to aid CPD archive navigation

CORE Reference is relevant today

- CORE Reference content guidance is globally applicable
  - Suited to all settings – Pharma, CRO, Biotech, Investigator-led, Charity, FL
  - Build your own template using CORE Reference; keep it updated with CPD
- Other open-access resources available, e.g. TransCelerate CSR template
  - Suited to Pharma - information flow from CPT and SAP and into CTD submission
  - Lean submissions because of extensive content reuse and hyperlinking
- Only a proportion of CSRs go into regulatory submission dossiers (M5)
- All integrated CSRs must stand-alone - ubiquitous content reuse and hyperlinking is problematic:
  - Stand-alone CSRs must be fit for Regulator, Sponsor, Investigators
  - Stand-alone CSRs must be fit for public disclosure portals (some jurisdictions, e.g. EMA Pol 70 & CTIS, HC)
  - Stand-alone CSRs must be fit for potential Investors as products change hands.

2. Continuing Professional Development

WHO: Regulatory MWs and managers who write or review CSRs; T&D function

- Support MWs in day-to-day work; not an information dump for all RA updates – much more selective

WHAT: Survey regulatory MW and public disclosure environments; gather best practices, guidance documents; publications

- If you write CSRs, you also need to understand design for CSPs, estimand framework, other key development strategies that impact design and reporting
- Hot topics that impact your documents – e.g. CTR/CTIS, T&D, RWE, EHDS

WHEN: Bimonthly to your inbox
https://www.core-reference.org/subscribe or access web archive

WHY: CORE Reference manual is a reflection of May 2016

- Keep updated on developments and incorporate best practice into your reporting

Medical Devices and Drugs Intersection; Transparency

Presenter: Dr Raquel Billiones

Combined Studies

A **combined study is**

- a clinical trial (CT) of a medicinal product in parallel with a performance study (PS) of an in vitro diagnostic (IVD)
- a clinical trial (CT) of a medicinal product in parallel with a clinical investigation (CI) of a medical device (MD)

Clinical trials utilise IVDs

- assays
- biomarkers
- genetic tests

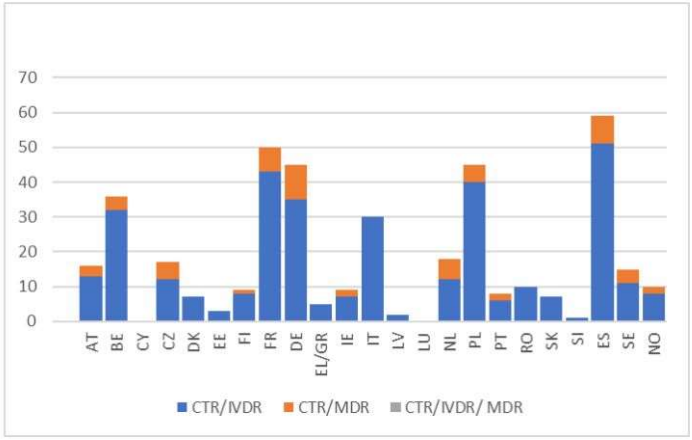
Combined studies will fall under 2 or 3 regulations depending on the components:

- CTR, MDR, and/or IVDR?

Total combined studies applications per year

(collected in late 2023)

Total: 402



≠ number of combined studies – many studies are multi-country

European Commission

Road Blocks

- High regulatory burden
- High documentation load
- Lack of clear guidance

  -no guidance for IVD performance study documentations
- Lack of alignment and harmonisation
  - CTR (EU level), IVDR & MDR (national level)
  - Across member states
  - National competent authorities vs Ethics Committees

EFPIA survey:

- 420 trials delayed over the next 3 years
- Up to 12 months delay
- ~42,000 patients impacted
- 89 therapies facing delayed launch

Anticipated submission to the member states over the next 3 years, assuming no coordinated process

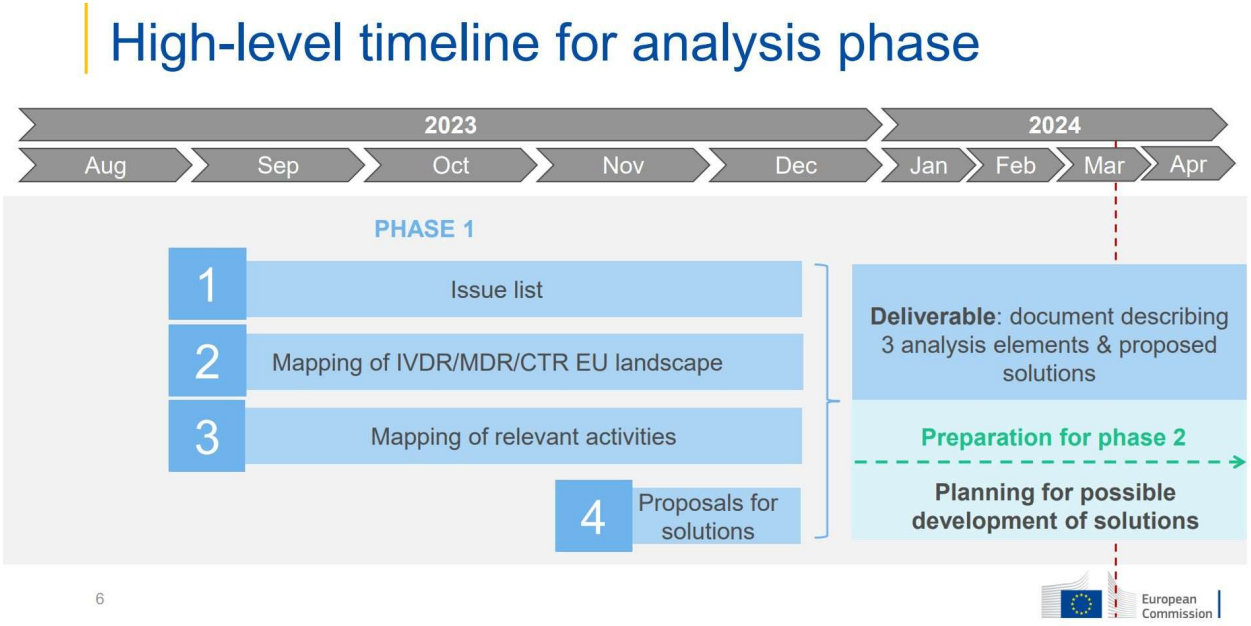
efpia_ivdr-survey-slides.pdf

Combined Studies

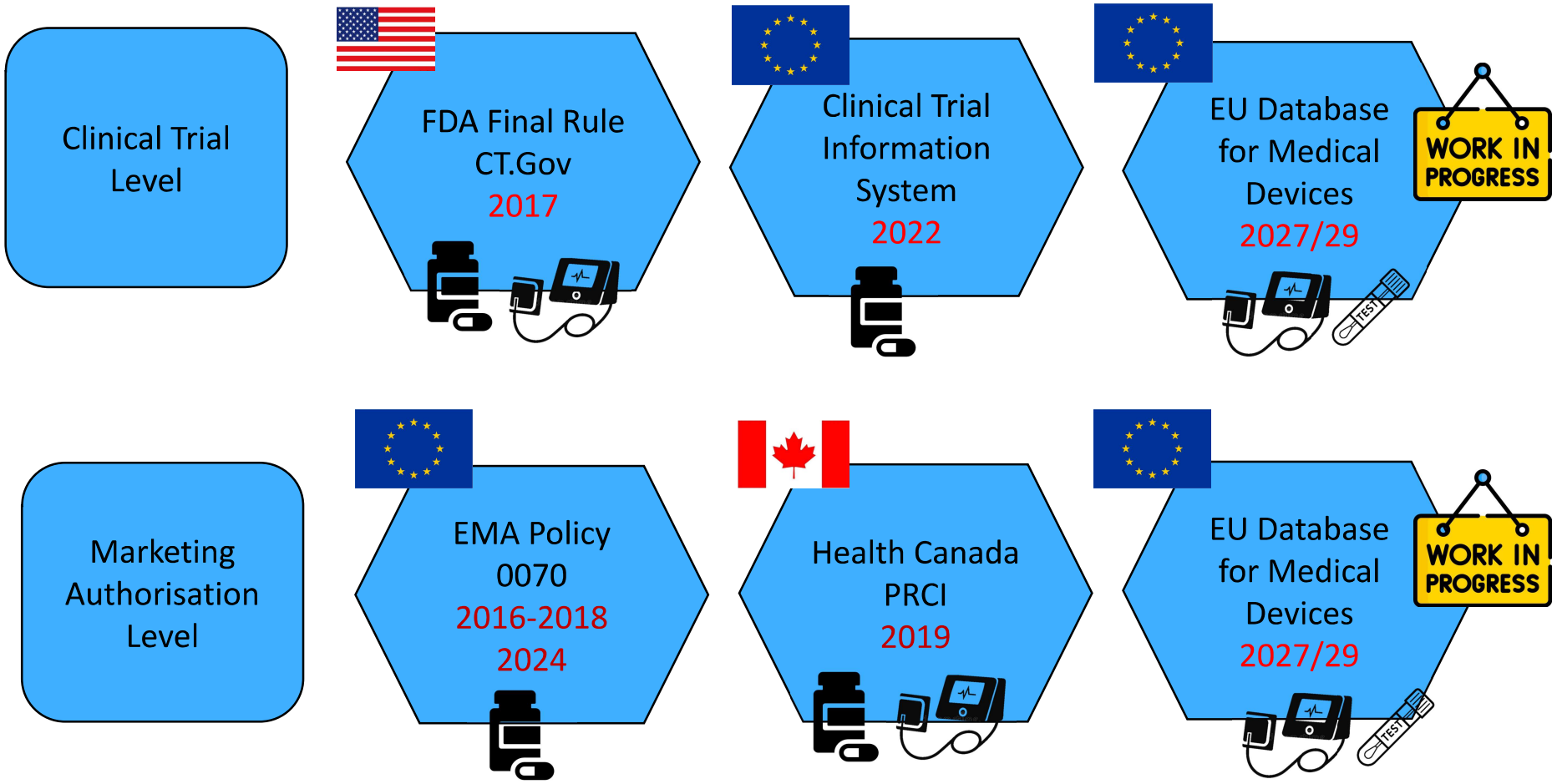
EU COMBINE Project

Analysis of the interface between the Regulations on clinical trials of medicinal products (eg, EU CTR), medical devices (eg, EU MDR) and in vitro diagnostics (eg, EU IVDR)

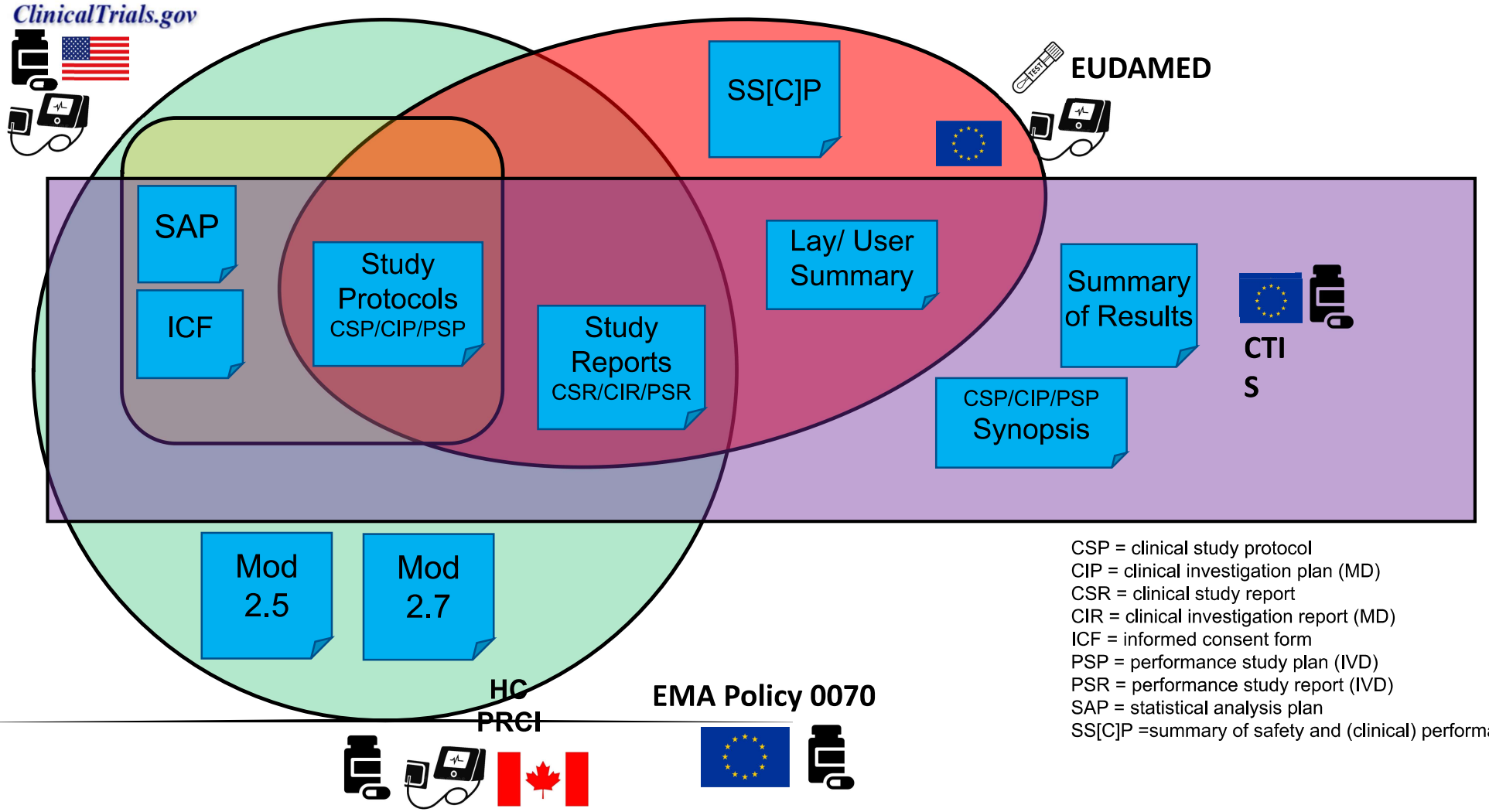
Combined studies - European Commission (europa.eu)



Disclosure Platforms: MPs, MDs, IVDs

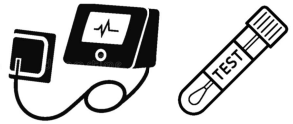


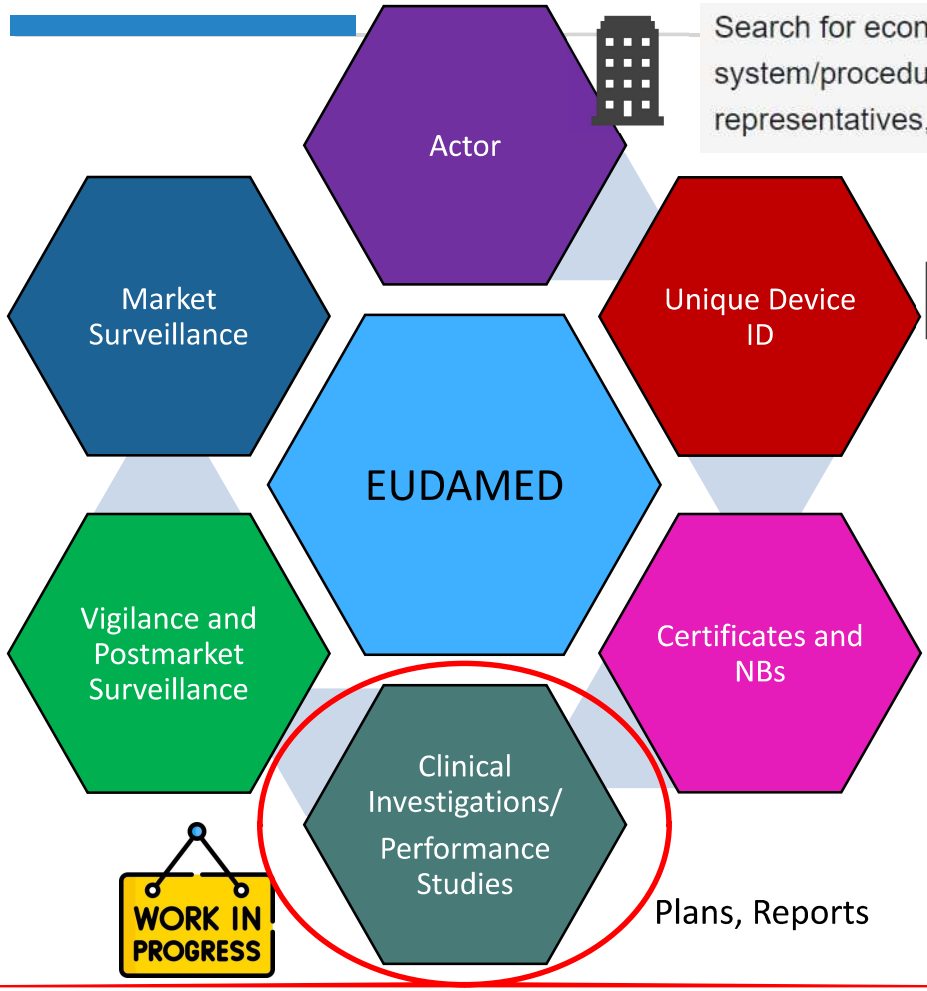
Disclosure of Documents: MPs, MDs, IVDs



CSP = clinical study protocol
CIP = clinical investigation plan (MD)
CSR = clinical study report
CIR = clinical investigation report (MD)
ICF = informed consent form
PSP = performance study plan (IVD)
PSR = performance study report (IVD)
SAP = statistical analysis plan
SS[C]P =summary of safety and (clinical) performance

EUDAMED European Database for Medical Devices





Search for economic operators (manufacturers, system/procedure pack producers, authorised representatives, importers).

Search for UDI-DI and device data including SS(C)P.

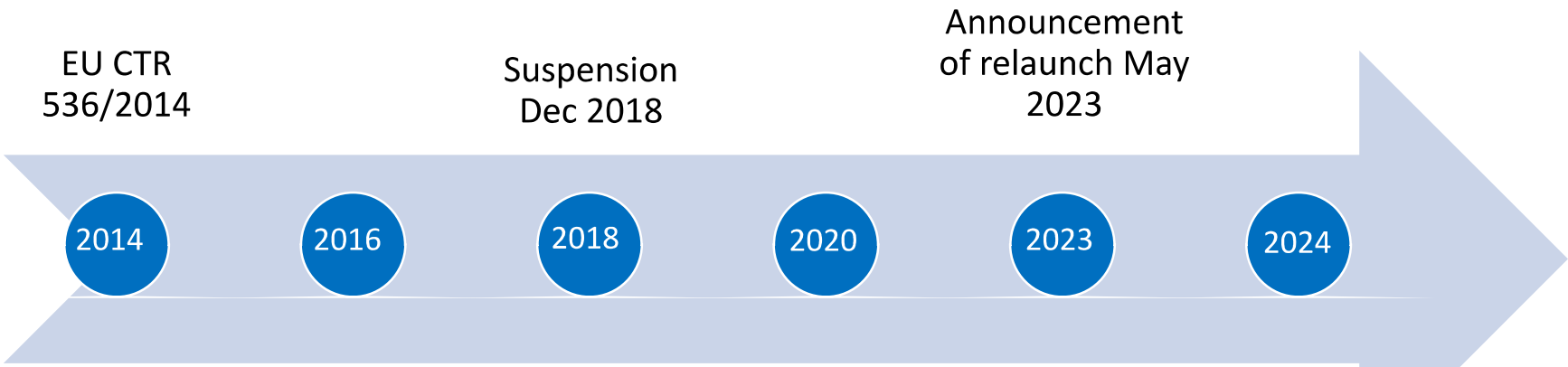
Search for certificates and refused certificates.

Plans, Reports

2027 to 2029

Policy 0070 Relaunch including Real Life Example

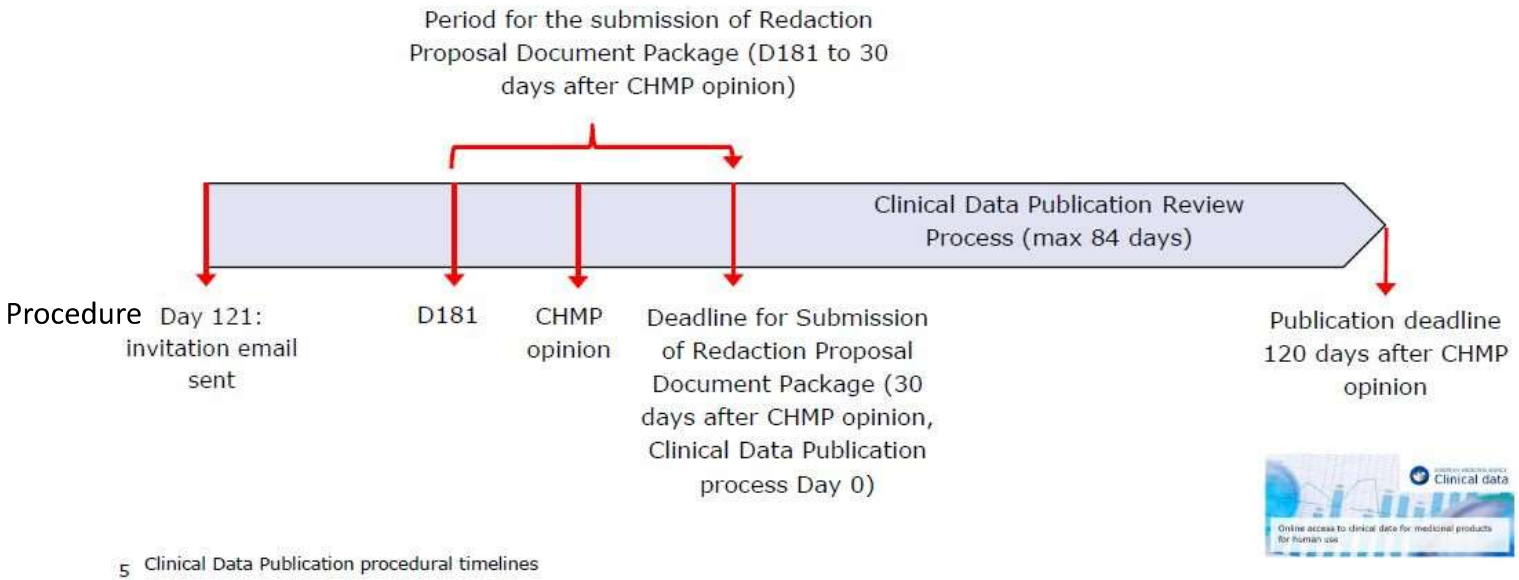
EMA Policy 0070 Timeline



EMA Policy 0070 Relaunch

EUROPEAN MEDICINES AGENCY

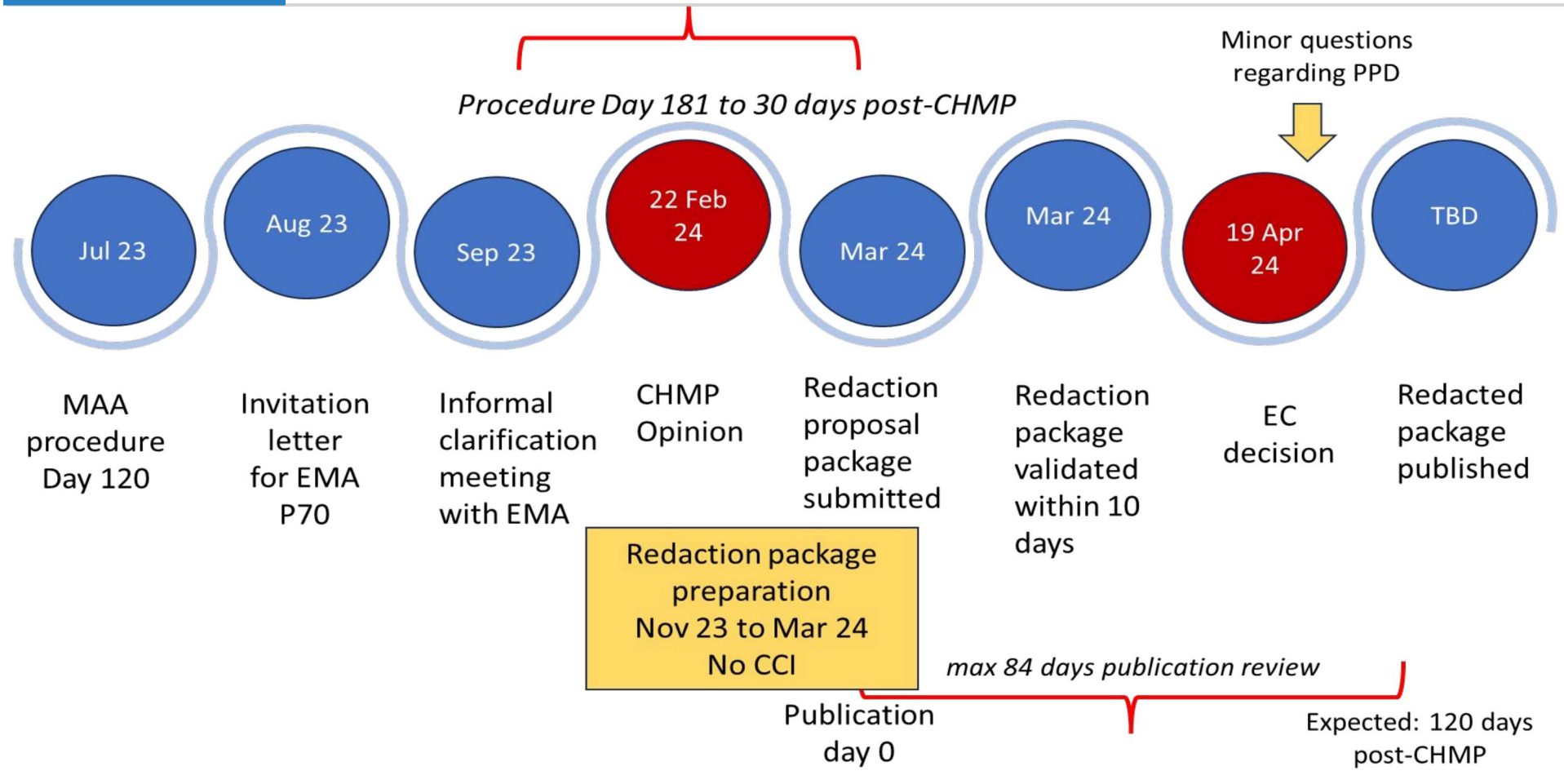
Clinical data publication timeline (iMAA and line extension applications)



5 Clinical Data Publication procedural timelines

https://www.ema.europa.eu/en/documents/presentation/presentation-cdp-procedural-timelines_en.pdf

Real-life Example EMA Policy 0070 (initial MAA, new drug entity)



Policy 0070 Re-launch: Anonymisation Report (AnR) Template

Presenter: Dr Alison McIntosh

Anonymisation Report (AnR) Template

Resumption of clinical data publication for all medicines

EMA has resumed clinical data publication for medicines with new active substances that received a CHMP opinion from September 2023 onwards, or were withdrawn before the opinion stage.

EMA had temporarily suspended these activities for all except COVID-19 medicines in line with EMA's Final programming document 2023-2025 and its Management Board meeting of 14-15 December 2022.

The clinical data packages for non-COVID-19 medicines published following the resumption are available in January 2024 via EMA's clinical data website .

New for Policy 0070 Relaunch

AnR Form Template (released 24 May 2024)
AnR Form Instructions (released 24 May 2024)

Both can be downloaded from
https://www.ema.europa.eu/en/human-regulatory-overview/marketing-authorisation/clinical-data-publication/support-industry-clinical-data-publication

Question to Group

Has anyone had direct experience of populating the Anonymisation Report (AnR) Template either via Policy 0070 restart, or prior to this with COVID studies?

AnR Template: Policy 0070 Relaunch

Clinical Data Publication (CDP) Questions and Answers (Q&As) updated and released 26 Jul 2023 (Rev 3): Section 3 covers info regarding anonymisation reports:

Expected to use the AnR template for all clinical data publication submissions

- Whether jointly submitting document packages to both Agencies (EMA and Health Canada) or
- Submitting document packages intended for publication on only one of the clinical data publication portals

Template requires the applicants to address a number of questions clearly and succinctly describing

- The anonymisation strategy adopted for each individual document package
- The data protection consideration taken into account when deciding on the anonymisation strategy

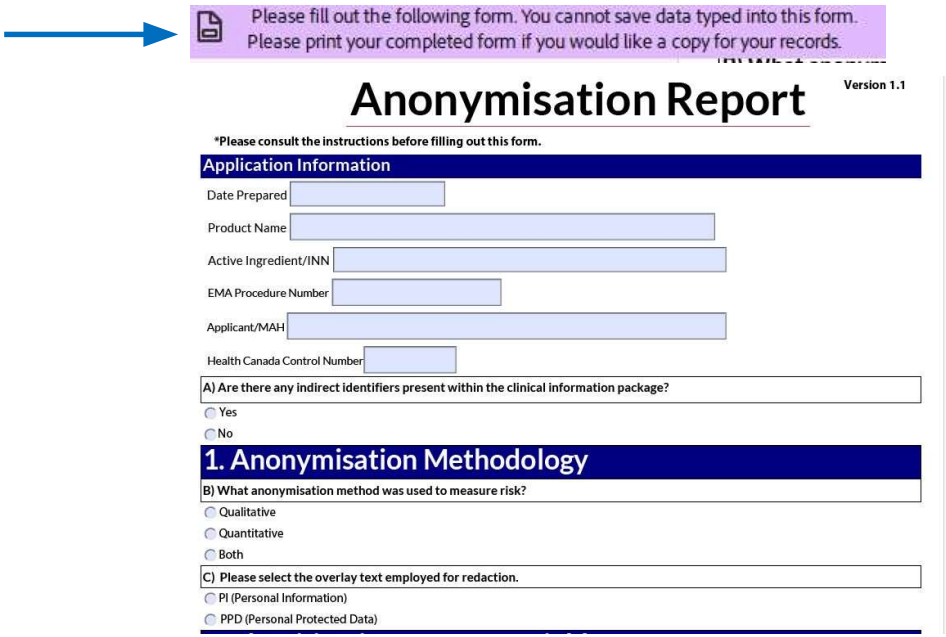
https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/questions-answers-qas-external-guidance-policy-0070-clinical-data-publication-cdp_en.pdf

AnR Template with Structured Data Fields

- Regulators expect to gain efficiency in their review process from consistent formatting and content across all applicants
- Creation of AnRs should be easier to write with the pre-populated fields and limited free text
- Users should benefit from more concise AnRs that better facilitate the identification of key information

Policy 0070 AnR Structure

- The clinical data packages for non-COVID-19 medicines published following the resumption are available from January 2024 via EMA's clinical data website
- AR template structure



Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Anonymisation Report Version 1.1

*Please consult the instructions before filling out this form.

Application Information

Date Prepared
Product Name
Active Ingredient/INN
EMA Procedure Number
Applicant/MAH
Health Canada Control Number

A) Are there any indirect identifiers present within the clinical information package?
- Yes
- No

1. Anonymisation Methodology

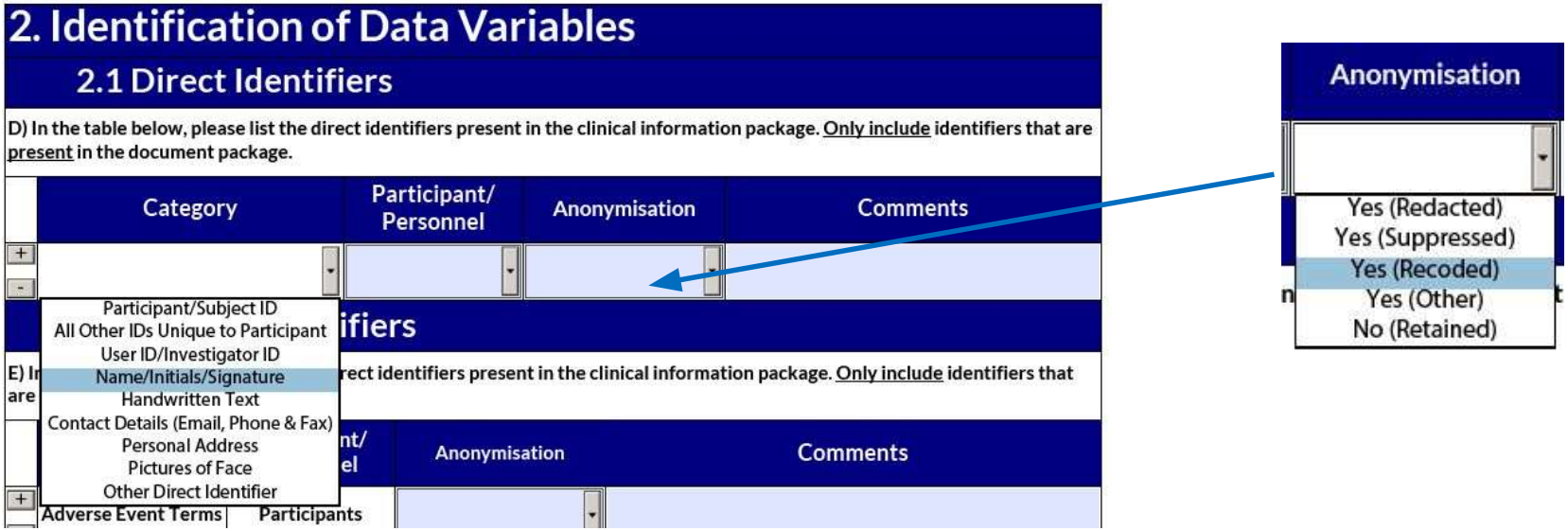
B) What anonymisation method was used to measure risk?
- Qualitative
- Quantitative
- Both

C) Please select the overlay text employed for redaction.
- PI (Personal Information)
- PPD (Personal Protected Data)

Section	Heading
(A)	Application information
1 (B,C)	Anonymisation Methodology
2	Identification of Data variables
2.1 (D)	Direct Identifiers
2.2 (E)	Indirect Identifiers
3 (F-M)	Risk Assessment
4 (N-Q)	Data Utility
5 (R)	Deviations
6	Attestations

Structured Fields Format

- HC/EMA AnR template – Structured Fields
  - Free text is only for explaining the anonymisation strategy
  - All other info is from already populated lists
    - e.g. anonymisation strategy: choose whether quantitative / qualitative/both



AnR Form Instructions Sheet

Release date 21 May 2024 (EMA/482639/2023)

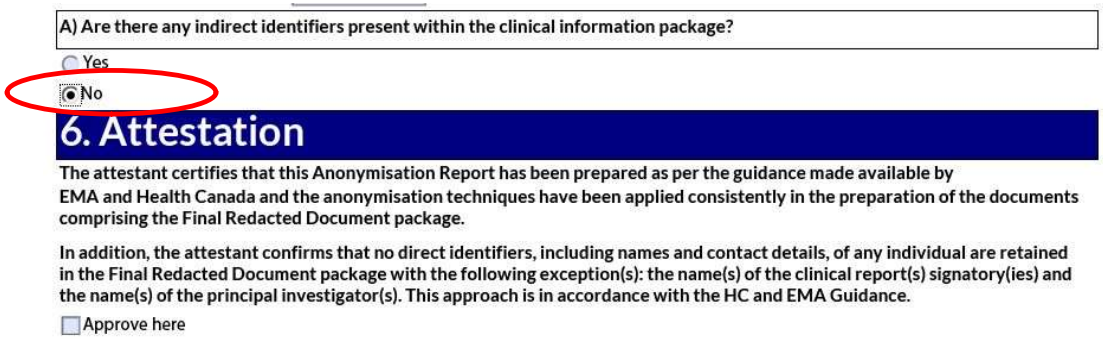
- For EMA submissions and EMA/HC joint packages
- Provides further guidance on individual sections e.g.

A) Are there any indirect identifiers present within the clinical information package?

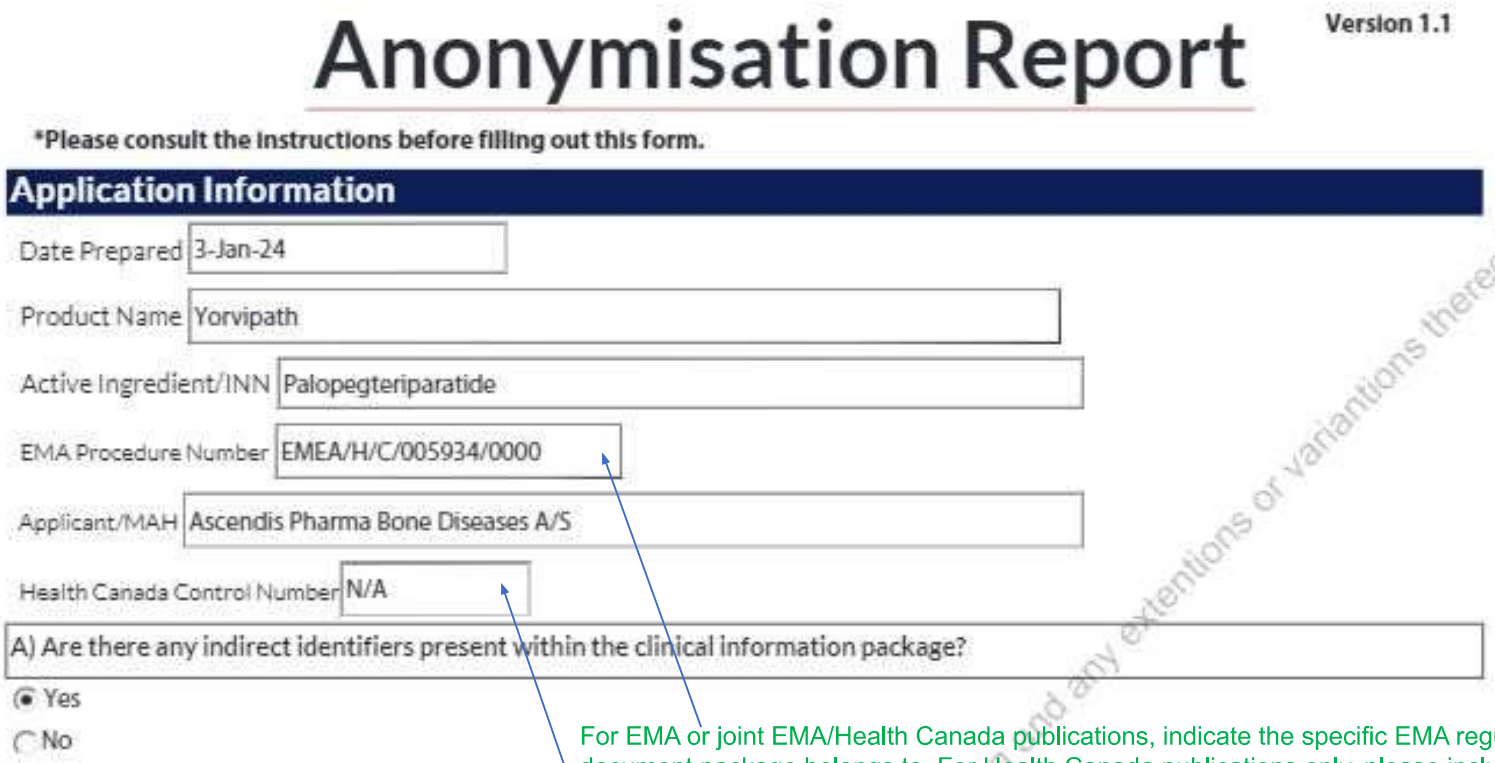
Select "Yes" if the clinical information package contains indirect identifiers and proceed with completing the remaining sections of the anonymisation form.

Select "No" if the clinical information package contains no indirect identifiers (i.e., it only contains direct identifiers) Please note, if "No" is selected, only the additional "Section 6: Attestation" at the end of the form will need to be completed.

Depending on the option selected ("Yes" or "No"), the attestation text in Section 6 will be automatically tailored to reflect the appropriate context.



Example (Yorvipath: Sections 1-6)



Anonymisation Report

Version 1.1

*Please consult the instructions before filling out this form.

Application Information

Date Prepared: 3-Jan-24

Product Name: Yorvipath

Active Ingredient/INN: Palopegteriparatide

EMA Procedure Number: EMEA/H/C/005934/0000

Applicant/MAH: Ascendis Pharma Bone Diseases A/S

Health Canada Control Number: N/A

A) Are there any indirect identifiers present within the clinical information package?

(•) Yes

( ) No

and any extentions or variantions thereof

Product name
Yorvipath

MAH
Ascendis Pharma Bone Diseases A/S

Active substance
Palopegteriparatide

ATC code
H05AA

Number of Documents
55

Procedure type
Initial Marketing Authorisation

Publication year
2024

Product Status
Authorised

Type
O

Article 58
No

EMA procedure number
EMEA/H/C/005934/0000

For EMA or joint EMA/Health Canada publications, indicate the specific EMA regulatory procedure number the document package belongs to. For Health Canada publications only, please include N/A.

For Health Canada or joint EMA/Health Canada publications, indicate the specific Health Canada control number for the submission. For EMA publications only, include N/A.

A methodology which is subjective in nature and utilizes a qualitative scale (ex: high, medium, or low risk) to present measurement of risk

[If Both] List the studies within the submission distinguishing between the qualitative and quantitatively anonymised studies (or documents).

1. Anonymisation Methodology

B) What anonymisation method was used to measure risk?

- (•) Qualitative
- ( ) Quantitative
- ( ) Both

C) Please select the overlay text employed for redaction.

- ( ) PI (Personal Information)
- (•) PPD (Personal Protected Data)

The justification as to why different methodologies are used for the studies included in this submission should be provided in the appropriate free text section

Select 'PI' (personal information) if the submission follows HC's overlay format. The redaction box would be a blue box with "PI" written in white or black overlay text.
Select 'PPD' (personal protected data) if the submission follows the EMA overlay format. The redaction box would be a blue box with "PPD" written in black overlay text.

2. Identification of Data Variables

2.1 Direct Identifiers

D) In the table below, please list the direct identifiers present in the clinical information package. Only include identifiers that are present in the document package.

Category	Participant/ Personnel	Anonymisation	Comments
Participant/Subject ID	Participant	Yes (Redacted)	
All Other IDs Unique to Participant	Participant	Yes (Redacted)	
Name/Initials/Signature	Personnel	Yes (Redacted)	
Name/Initials/Signature	Personnel	No (Retained)	Names of the sponsor signatory and PI are retained in CSR
Contact Details (Email, Phone & Fax)	Personnel	Yes (Redacted)	
Handwritten Text	Personnel	Yes (Redacted)	

2.2 Indirect Identifiers

E) In the table below, please list the indirect identifiers present in the clinical information package. Only include identifiers that are present in the document package.

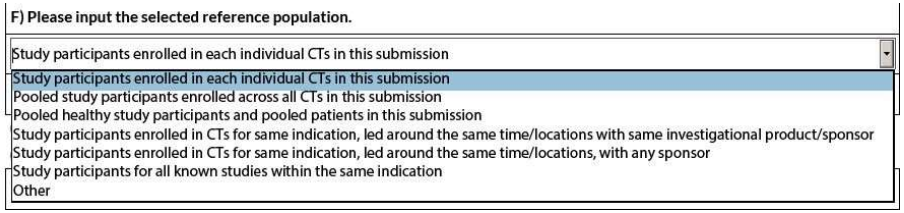
Category	Participant/ Personnel	Anonymisation	Comments
Adverse Event Terms	Participants	No (Retained)	Any re-identifying sensitive information was redacted

Category	Participant/ Personnel	Anonymisation	Comments
Work - Organizational Department	Personnel	Yes (Redacted)	
Study - Study Role	Personnel	No (Retained)	
Work - Job Titles/Positions	Personnel	Yes (Redacted)	
Work - Academic Credentials	Personnel	No (Retained)	
Geographical Location - Site Details	Personnel	No (Retained)	
Work - Company Name and Address	Personnel	No (Retained)	
Demographics - Age	Participant	Yes (Redacted)	
Records - Medical History	Participant	No (Retained)	Inclusion criteria related medical history and common conditions in medical history
Records - Medical History	Participant	Yes (Redacted)	Any re-identifying sensitive information was also redacted.
Date/Day - Time of Day	Participant	No (Retained)	
Date/Day - Calendar Date	Participant	Yes (Redacted)	
Date/Day - Relative Day	Participant	No (Retained)	
Demographics - Height	Participant	Yes (Redacted)	
Demographics - BMI	Participant	Yes (Redacted)	
Demographics - Body Weight	Participant	Yes (Redacted)	
Records - Concomitant Medications	Participant	No (Retained)	Generic names retained for ongoing conditions, brand names redacted
Records - Concomitant Medications	Participant	Yes (Redacted)	Concomitant medications have been redacted for history, Any re-identifying sensitive information was also redacted.
Records - Laboratory Values	Participant	No (Retained)	Vital Signs measurements were retained
Records - Verbatim Text	Participant	Yes (Redacted)	
Demographics - Sex/Gender	Participant	No (Retained)	
Demographics - Race	Participant	Yes (Redacted)	
Demographics - Ethnicity	Participant	Yes (Redacted)	
Unrelated - Non-participants	Participant	Yes (Redacted)	References to family members

Use the dropdown box to select the method of anonymisation with respect to AE Terms.

Include any additional information with respect to the specific identifier listed that would provide enhanced context to the anonymisation approach taken

Utilise the dropdown box to select the anonymisation technique(s) employed for the respective identifier



3. Risk Assessment

F) Please input the selected reference population.

Study participants enrolled in each individual CTs in this submission

G) Is this product indicated in the treatment of a rare disease/condition?

- (•) Yes
- ( ) No

H) Were special populations involved in the trials?

- ( ) Yes
- (•) No

I) Please input initial risk of reidentification.	High
J) Please input target risk threshold.	Low
K) Please input residual risk.	Sufficiently Low

L) Did some of the above indirect identifiers require consideration due to the sensitivity of the information?

- (•) Yes
- ( ) No

Please list the categories of identifiers which were deemed sensitive by the applicant.

Adverse event Terms, Records- Medical History, Records- Concomitant Medications

M) In the space below, provide a clear and concise explanation for why the selected methodology (qualitative or quantitative) was used. Please also provide an explanation regarding the limitations of the approach.

The selection of the appropriate reference population determines the total patient group size and the level of anonymisation that is necessary to reduce the risk of patient re-identification. (Pull down menu selection)

Select 'Yes' or 'No' if the product is intended to treat rare disease populations/conditions.

If yes then must describe the characteristics of the population(s)

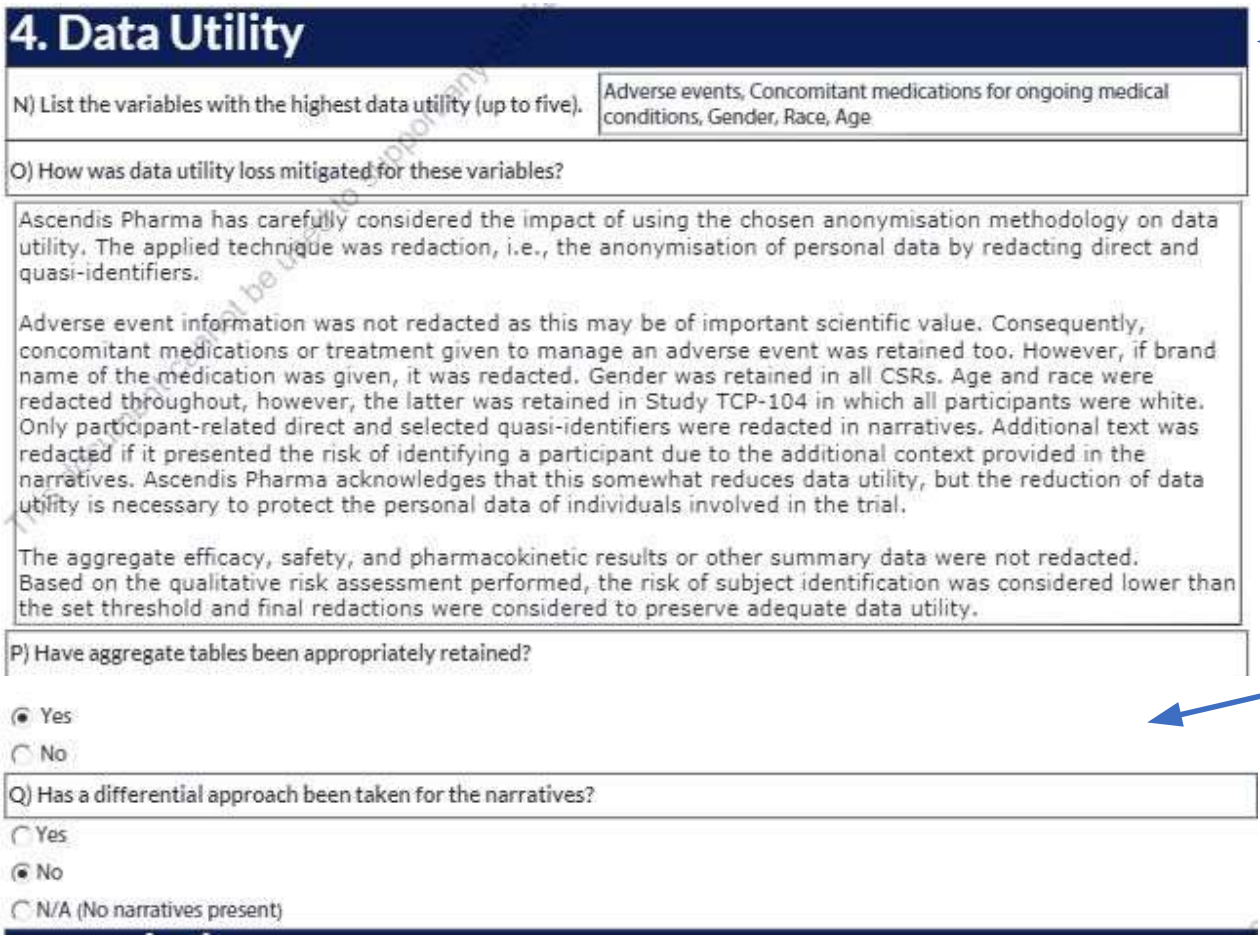
Input the initial risk of reidentification approximated. In general, a qualitative value such as high, moderate, low can be included, as applicable. For quantitative approaches, maximum risk observed prior to anonymisation should be provided, as applicable.

Risk Assessment: Free Text Box

Section M: In the space below, provide a clear and concise explanation for why the selected methodology (qualitative or quantitative) was used. Please also provide an explanation regarding the limitations of the approach:

Provide greater context on chosen anonymisation techniques (i.e redaction, transformation, recoding etc.) with reference to the different sections of the clinical documents (i.e. demographic tables, summaries, narratives etc.) and why that specific approach was deemed the most suitable with respect to the risk assessment conducted as well as the technical means available

Below are a few sentences from the example AnR
"…In all clinical reports submitted with this application, the approach chosen to protect personal information was anonymisation with a qualitative assessment of the risk of re-identification. The data was anonymised by redaction. The variables were redacted to prevent a risk of re-identification to the participant. Anonymisation of PPD was completed through redaction followed by a quality control review to ensure consistency and accuracy. Data has not been transformed. The anonymization approach was designed to allow only limited redactions of the re-identification risk factors, ensuring the privacy of clinical trial participants and other study personnel while still allowing for adequate transparency and data utility…."



4. Data Utility

N) List the variables with the highest data utility (up to five).	Adverse events, Concomitant medications for ongoing medical conditions, Gender, Race, Age

O) How was data utility loss mitigated for these variables?

Ascendis Pharma has carefully considered the impact of using the chosen anonymisation methodology on data utility. The applied technique was redaction, i.e., the anonymisation of personal data by redacting direct and quasi-identifiers.

Adverse event information was not redacted as this may be of important scientific value. Consequently, concomitant medications or treatment given to manage an adverse event was retained too. However, if brand name of the medication was given, it was redacted. Gender was retained in all CSRs. Age and race were redacted throughout, however, the latter was retained in Study TCP-104 in which all participants were white. Only participant-related direct and selected quasi-identifiers were redacted in narratives. Additional text was redacted if it presented the risk of identifying a participant due to the additional context provided in the narratives. Ascendis Pharma acknowledges that this somewhat reduces data utility, but the reduction of data utility is necessary to protect the personal data of individuals involved in the trial.

The aggregate efficacy, safety, and pharmacokinetic results or other summary data were not redacted. Based on the qualitative risk assessment performed, the risk of subject identification was considered lower than the set threshold and final redactions were considered to preserve adequate data utility.

P) Have aggregate tables been appropriately retained?

- (•) Yes
- ( ) No

Q) Has a differential approach been taken for the narratives?

- ( ) Yes
- (•) No
- ( ) N/A (No narratives present)

Explain how the choice of anonymisation methods used have preserved clinical data utility/integrity throughout the submission

Data Utility refers to specific variables/identifiers listed (e.g., direct & quasi-identifiers denoted in Section 2), that provide the highest extent of scientifically useful information with respect to the study population, indication and clinical findings

If any redactions were applied in aggregated tables, the question should be answered with 'No'. If 'No' was selected, it should be made clear within the free text box what were the specific circumstances requiring information to be anonymised within aggregated tables.

If choose yes a warning note appears to reiterate this

Of note, narratives must not be redacted in full & if choose yes then have a warning note request to anonymise rather than redact narratives.

5. Deviations

R) In the space below, provide a clear and concise explanation for why the manufacturer has deviated from the anonymisation methodology as set out in the HC/EMA Guidance documents. This may include for example, the use of a qualitative approach (and its impacts on the ability to calculate risk).

A non-analytical (qualitative) approach was chosen to reduce the risk of re-identification and safeguard privacy of individuals in the clinical reports. Ascendis has used the qualitative approach for the preparation of this package as this approach satisfies the intent of the policy. Due to the limitations of redacting variables as defined in Section 2, the re-identification risk cannot be assessed quantitatively.

6. Attestation

The attestant certifies that this Anonymisation Report has been prepared as per the guidance made available by EMA and Health Canada and the anonymisation techniques have been applied consistently in the preparation of the documents comprising the Final Redacted Document package.

☒ Approve here

Some examples of deviations to be documented and justified include:

- Use of a qualitative approach which deviates from the preferred quantitative approach
- Use of a redactions only approach which deviates from the preferred transformation approaches
- Redaction of Narratives in full
- Redaction of Adverse Event terms
- Redactions to preserve the blinding

Example: Quantitative anonymization

Product name
RONAPREVE
MAH
Roche Registration GmbH
Active substance
Casirivimab/Imdevimab
ATC code
J06BD07
Number of Documents
20
Procedure type
Type II variation
Publication year
2024
Product Status
Authorised
Type
Article 58
No
EMA procedure number
EMEA/H/C/005814/II/0014

3. Risk Assessment

F) Please input the selected reference population.

Study participants enrolled in each individual CTs in this submission

G) Is this product indicated in the treatment of a rare disease/condition?

- ○ Yes
- ◉ No

H) Were special populations involved in the trials?

- ○ Yes
- ◉ No

I) Please input initial risk of reidentification.	1
J) Please input target risk threshold.	0.091
K) Please input residual risk.	0.032

L) Did some of the above indirect identifiers require consideration due to the sensitivity of the information?

- ○ Yes
- ◉ No

M) In the space below, provide a clear and concise explanation for why the selected methodology (qualitative or quantitative) was used. Please also provide an explanation regarding the limitations of the approach.

Due to a robust population in this study (N=293), a quantitative methodology was utilized. While a number of indirect identifiers are redacted as noted in Section 2.2, the residual risk of 0.032 was the best fit while not going above the target risk level of 0.091.

For quantitative anonymisation, a numerical value should be inputted. Health Canada PRCI and EMA Policy 0070 External Guidance encourages adopting a 9% re-identification risk threshold (risk=0.09).

4. Data Utility

N) List the variables with the highest data utility (up to five).	Age, sex, adverse events

O) How was data utility loss mitigated for these variables?

Age was banded into age groups. Sex was retained. Adverse event terms were retained. However, verbatim or non-coded terms reported for participant events, which can include participant- and physician-reported details that are unique to a single individual and hence carry a high risk of re-identification, were redacted.

P) Have aggregate tables been appropriately retained?

- ◉ Yes
- ○ No

Q) Has a differential approach been taken for the narratives?

- ○ Yes
- ◉ No
- ○ N/A (No narratives present)

1 death occurred during the study (Table 14).

A [redacted]-year-old PPD female participant in the REGN10933+REGN10987+vaccine IV 1200 mg day 7 group experienced a grade 5 fatal TEAE of Road traffic accident. The event was assessed as not related to either REGN10933+REGN10987 or Moderna mRNA-1273 vaccine (Post-text Listing 16.2.7.1). This fatal event is described in further detail in a participant narrative (see Section 8).

- Used age banding 18-25, 26-50, 51-75 (see example)

Submissions Checklist

- For the “Redaction Proposal Document” and the “Final Redacted Document” packages submitted for Clinical Data Publication (CDP)
- Anonymisation Report Section in checklist needs to be completed:

ANONYMISATION REPORT	YES	N/A
ONLY ONE ANONYMISATION REPORT IS INCLUDED IN THE SUBMITTED PACKAGE UNDER ECTD MODULE 1.9	☐	■
ANONYMISATION REPORT DOES NOT CONTAIN COMMENTS AND IS THE FINAL PROPOSED/AGREED VERSION (APPLICABLE FOR FRDP SUBMISSION ONLY)	☐	☐
ANONYMISATION APPROACH FOR FRDP HAS NOT BEEN DRAMATICALLY REVISED WITHOUT INFORMING EMA BEFOREHAND (APPLICABLE FOR FRDP SUBMISSION ONLY)	☐	☐

CORE Reference 2023 Utility Survey Results - An Overview

Presenter: Dr Zuo Yen Lee

2023 CORE Reference Utility Survey

November 2023: CORE Reference Project Team conducted **2023 Utility Survey** – to rate the 2016 open-access resources and perception of the usefulness of CORE Reference CPD initiative.

13 Questions on Survey Monkey.

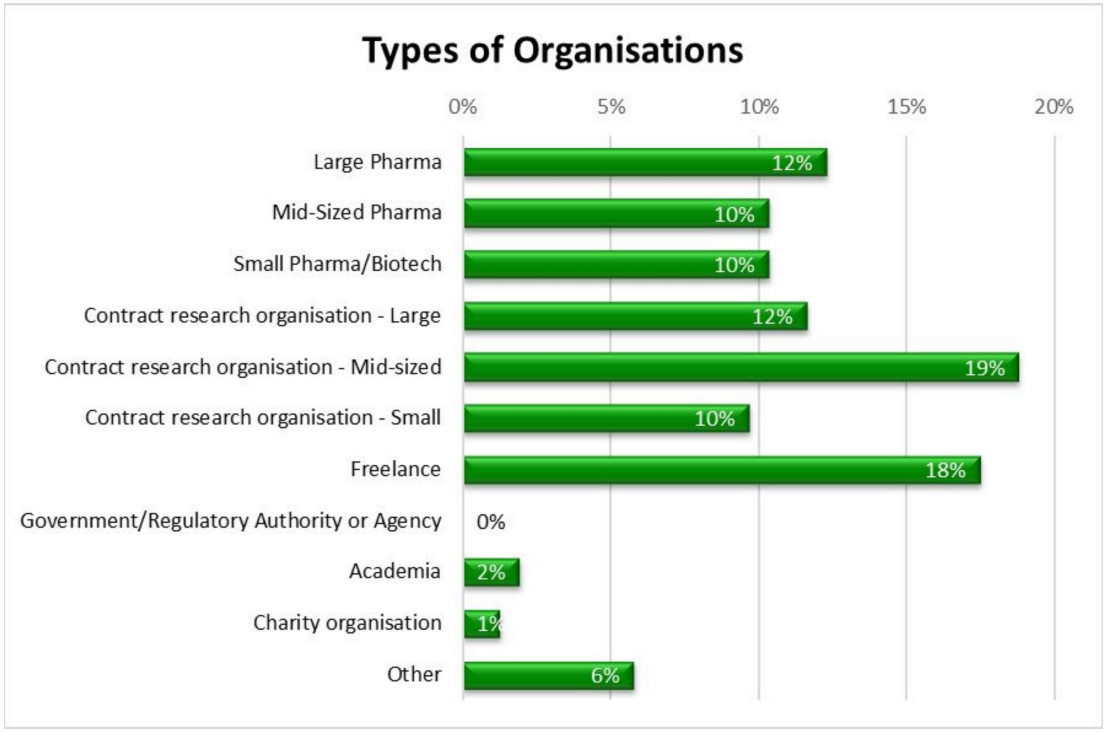
Distributed by EMWA and CORE Reference Project Team to members, subscribers and public members of the medical writing community.

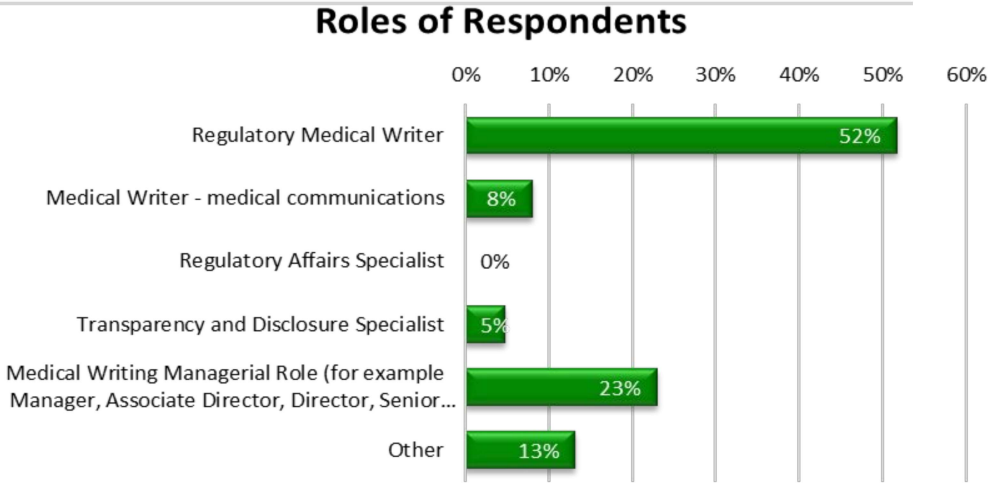
Ran for 6 weeks (25 Oct 2023 to 05 Dec 2023).

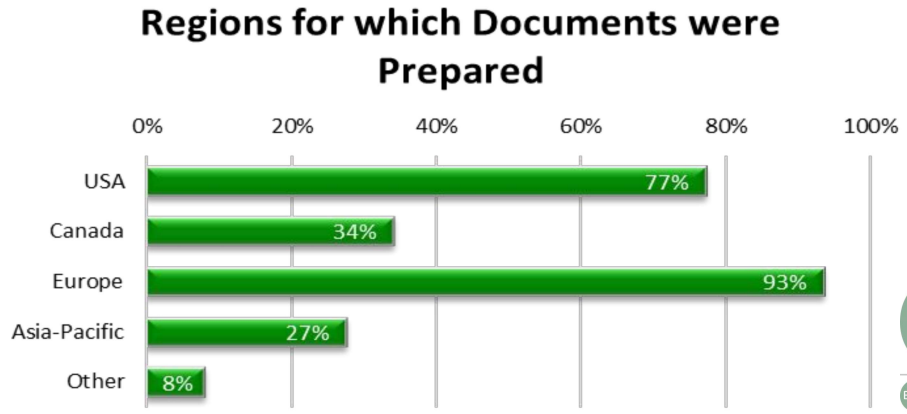
Responses were collected anonymously and analysed on Survey Monkey. Only descriptive analysis was performed. Not all respondents answered all questions.

Results - Respondents

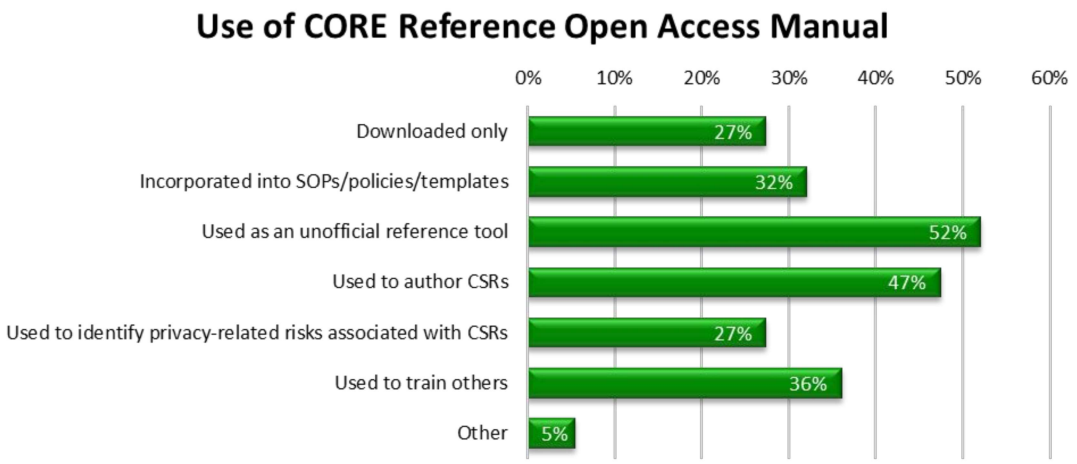
Total 154 respondents

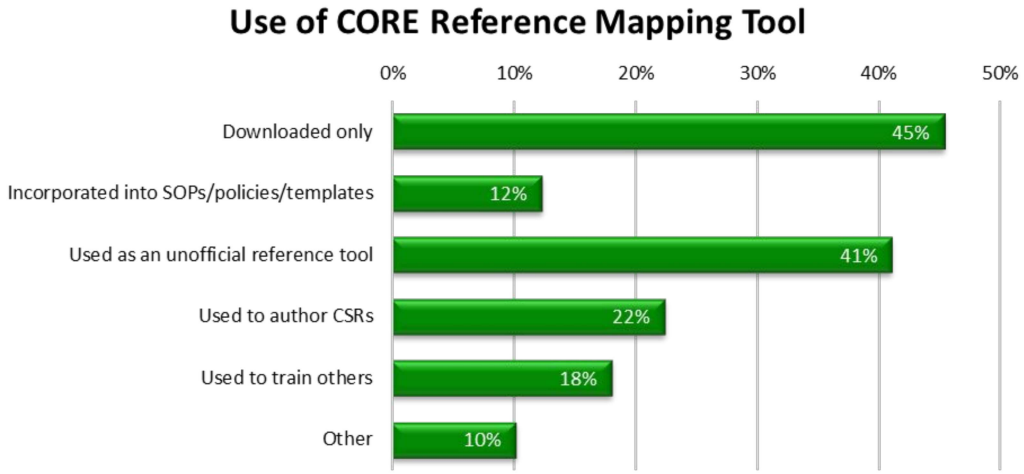


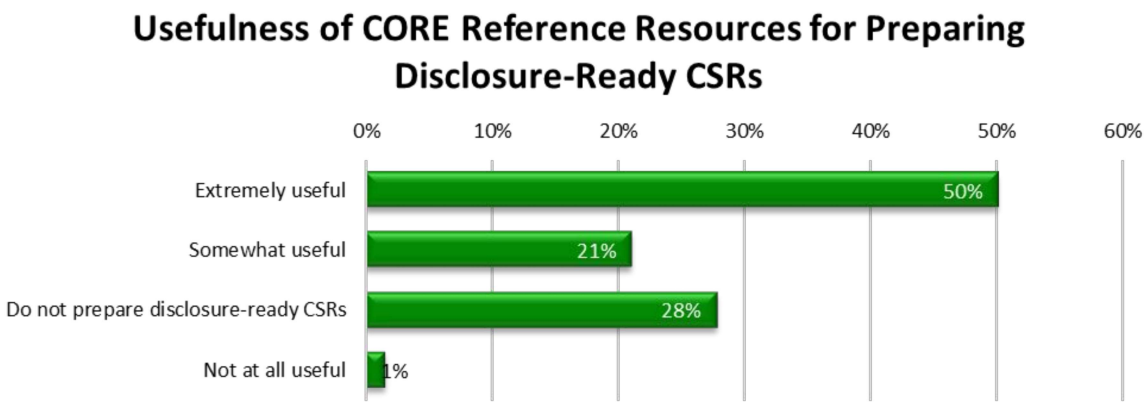




Results – Utility of CORE Reference Open Access Resources

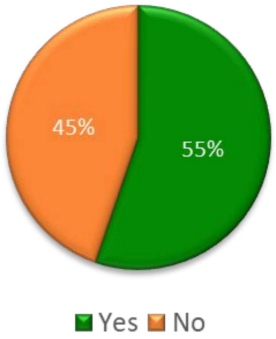




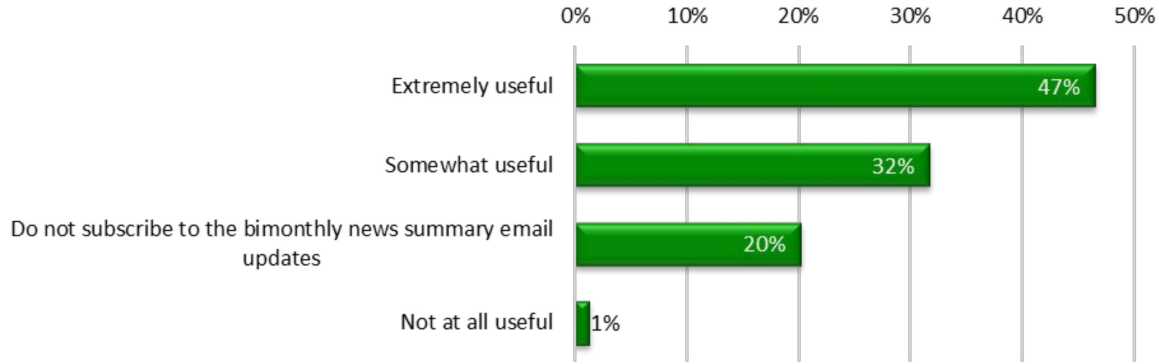


Results – Utility of CPD Resources

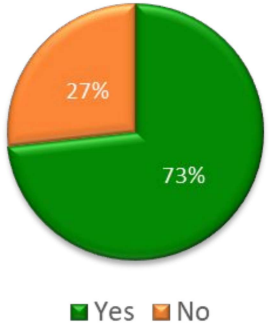
Awareness of CPD Resources from CORE Reference Project



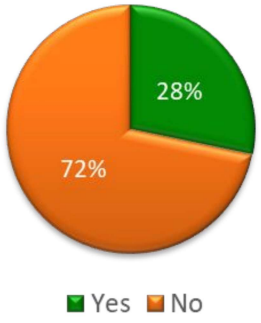
Usefulness of Real-Time Bi-monthly News Summary Email Updates



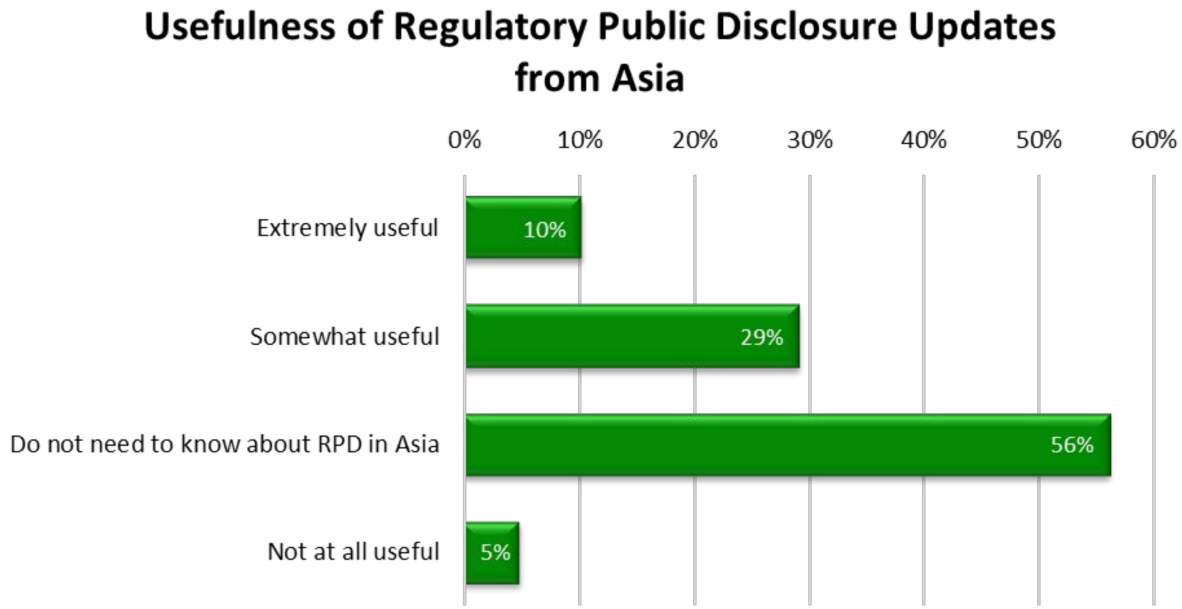
Subscribed to the CORE Reference CPD News Summary Email Updates



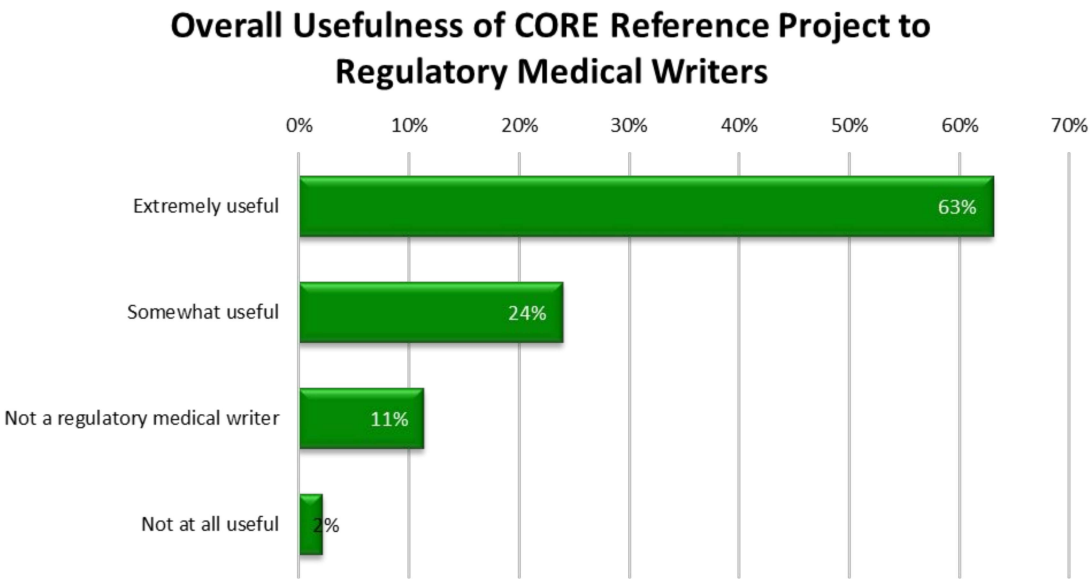
Accessed the Archive of CORE Reference News Summaries



Results – Utility of CPD Resources of Asia



Results – Overall Perception



Look out for the MEW September 2024 issue!

Results will be published as a featured article.

Contains full descriptions and discussions of the data.

Breaking News - Public Disclosure Arena

Presenter: Dr Sam Hamilton

Implementation of the CTR

ACT-EU Workplan 2023-2026

Revised CTIS Transparency Rules of 05 Oct 2023 will take effect on 18 June 2024

New version of the CTIS website will be launched

- Balance between transparency of information and protection of CCI
- Sponsors BE READY to align with the revised rules

The 05 Oct 2023 rules and key summary information on EMA ACT EU 'Implementation of the EU CTR' webpage:
https://accelerating-clinical-trials.europa.eu/our-work/implementation-clinical-trials-regulation_en

Reminder: Aim of Revised CTIS Transparency Rules 05 Oct 2023

Simplified to make the system

- Less complex, more efficient, user-friendly
- Reduce burden for the users
- Maintain public access

Q&A on the protection of CCI and PD while using CTIS, Version 1.4

https://accelerating-clinical-trials.europa.eu/system/files/2023-11/ACT%20EU_Q%26A%20on%20protection%20of%20Commercially%20Confidential%20Information%20and%20Personal%20Data%20while%20using%20CTIS_v1.3.pdf

Revised CTIS Transparency Rules

https://accelerating-clinical-trials.europa.eu/document/download/a101771b-0be7-492f-b8bd-7f551ffbb7a7_en?filename=Revised%20CTIS%20transparency%20rules%2C%20Interim%20period%20%26%20Historical%20trials_quick%20guide%20for%20users_1.pdf

Revised CTIS public website; revised rules:

- Deferral option removed
- Publishing streamlined structured data fields and documents, relevant for the public, needs of patients, and clinical researchers in the EU/EEA
  - Structured data fields in the CTA largely unchanged, except for dose and strength details for some trials, which will no longer be published
  - Details provided in Annex 1
- Changes will help the public easily identify published information through reduced complexity and easy searching in the structured data fields
- Rationalising the amount of published documents to reduce complexity and workload for users engaged in the necessary redactions

Revised Rules Quick Guide on ACT-EU website

https://accelerating-clinical-trials.europa.eu/system/files/2023-12/Revised%20CTIS%20transparency%20rules%2C%20Interim%20period%20%26%20Historical%20trials_quick%20guide%20for%20users_1.pdf

Documents – what will be published & when

Documents type	Category 1		Category 2 and 3 *including integrated ph1&2*
	Paediatrics and/or PIP	**Adults**	
Protocol, synopsis, patients facing documents	Upon results' submission	30 months after EU/EEA End of Trial	First MSC decision
SmPC, if available	Never		
Subject information and informed consent form			That MSC decision
Recruitment arrangements, *including procedures for inclusion and copy of advertising material*			
Final summary of results, Lay person summary of results	As soon as submitted	30 months after EU/EEA End of Trial	As soon as submitted
Clinical study report, *if available*	As soon as submitted		
All other documents, including any MS document	Never		

Investigator's Brochure – no longer in scope

Q&A on the protection of Commercially Confidential Information and Personal Data while using CTIS

Question and Answers, version 1.4

Document version	Publication date	Changes introduced in the text
Version 1.0	31 January 2023	N/A
Version 1.1	27 March 2023	New Q&A 1.9
Version 1.2	17 May 2023	- Clarification on deferrals section 1 (*Italics*) - Revised text in Q&A 1.8 - Revised text in Q&A 2.2 - New Q&A 3.3. - Minimum editorial review across the text
Version 1.3	29 November 2023	- New section 4 on revised transparency rules - Update text across the document to align with principles of section 4
Version 1.4	31 January 2024	- Additional Q&A 3.4 on patient facing documents disclosure

HMA
Heads of Medicines Agencies

European Commission

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Table of contents

Example of document no longer in scope – Investigator's Brochure

Annex I - Recommended wording for all documents that are no longer subject to publication as per revised CTIS publication rules

A page can be uploaded in the slot 'for publication' of all documents that are no longer subject to publication as per revised CTIS publication rules, with the following recommended wording:

The present document is no longer subject to publication in line with revised CTIS transparency rules. Further information is provided in section 4 of the 'Q&A on the protection of Commercially Confidential Information and Personal Data while using CTIS' published on the ACT EU website – Implementation of the Clinical Trials Regulation.

New Draft EMA Guidance

https://www.ema.europa.eu/en/documents/other/draft-revised-heads-medicines-agency-european-medicines-agency-guidance-document-identification-personal-data-commercially-confidential-information-within-structure-marketing-authorisation-application_en.pdf?trk=article-ssr-frontend-pulse_little-text-block

HMA
Heads of Medicines Agencies

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

1 25 March 2024
2 Draft

3 HMA/EMA guidance document on the identification of
4 personal data and commercially confidential information
5 within the structure of the marketing authorisation application
6 (MAA) dossier

Draft agreed by HMA and EMA for public consultation	25 March 2024
Start of public consultation	12 April 2024
End of public consultation (deadline for comments)	28 June 2024

Identification of PD and CCI in MAA Dossier

Any further questions?

Thank you for attending

core REFERENCE

EMWA EUROPEAN MEDICAL WRITERS ASSOCIATION

AMWA AMERICAN MEDICAL WRITERS ASSOCIATION

The Resource for Medical Communicators

30th EMWA Anniversary 1992-2022

core REFERENCE

Chair: Sam Hamilton

Committee members: Vivien Fagan, Zuo Yen Lee, Alison McIntosh

Advisor: Art Gertel

Supporting member: Raquel Billiones (MD-SIG)

THE CORE REFERENCE PROJECT

The **C**larity and **O**penness in **R**eporting: **E**3-based (CORE) Reference Project aims to provide continuous professional development for the regulatory medical writing community through open-access resources and intelligence disemmination on clinical study reporting and public disclosure of clinical-regulatory documents.

contact@core-reference.org