Voluntary Harmonisation Procedure: Experience of the European Organisation for Research and Treatment of Cancer, a Non Commercial Organisation

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Introduction to EORTC
VHP Experiences
Expectations for the future
Conclusion

PRESENTATION OF EORTC

- Non-profit Organisation founded in 1962 under Belgian law, based in Brussels.
- 174 persons working at the Headquarters.
- Multidisciplinary and Multinational (network of +/- 2900 collaborators, over 300 institutions in over 30 countries).
- +/- 50 clinical trials opened for recruitment.
**ACCRUAL OF PATIENTS IN 2009: 6561 PATIENTS**

European Union:
- Austria: 32
- Belgium: 688
- Czech Republic: 10
- Denmark: 41
- Finland: 7
- France: 1583
- Germany: 680
- Hungary: 12
- Italy: 527
- Poland: 159
- Portugal: 9
- Slovak Republic: 16
- Slovenia: 33
- Spain: 326
- Sweden: 18
- The Netherlands: 1731
- United Kingdom: 366

Non-EU Countries:
- Croatia: 14
- Norway: 8
- Switzerland: 116
- Turkey: 23
- Rest of the World = 389 patients

**MISSIONS OF EORTC:**

- To conduct, develop and coordinate research on treatment of cancer and related problems in Europe.
- To decrease the time needed to evaluate new therapeutic or prevention modalities.
- To improve the standard of care in cancer.
- To interact with health policy makers to promote clinical research.

**EORTC HEADQUARTERS CORE ACTIVITIES – one stop shop**

- Protocol development
- Pharmacovigilance
- CRFS development
- Management of EORTC clinical trials
- Regulatory Affairs
- QOL evaluation
- PK-PD studies
- Technical expertise platform: imaging, biobank
- Statistics
- Trial and data management
- Final report
- DMC
- Interim report
- On-site monitoring
- Translational research
EORTC: KEY PLAYER IN EUROPEAN LEGAL ENVIRONMENT

EORTC is willing to participate to the set up of European Guidance related to Clinical Trial processes:

- Save European Research Campaign, 2003
- "Impact on Clinical Research of European Legislation - ICREL: Results and Discussion" 2nd December 2008, Brussels.
- Workshops on Roadmap initiative for Clinical Research in Europe 2009-2010

CURRENT CHALLENGES OF INVESTIGATOR DRIVEN TRIALS

Large international investigator driven clinical trials are crucial for patients:

- Unmet clinical needs
- Public Health issues
- Rare tumours
- Fragmentation / molecular sub entities

→ Urgent need for a fast / efficient EU process

WHY PARTICIPATE TO VHP?

→ Need for an efficient EU process
EORTC believes VHP = first step towards harmonisation at EU Competent Authorities (CA) level.

→ Willing to actively participate into CTFG initiatives
EORTC encourages the VHP pilot phase by its participation:

- 2 trials in 2009.
- 3 trials in 2010.
EXPERIENCE WITH VHP:
ACCEPTANCE OF TRIALS

Acceptance criteria (v 1.1):

- Investigational Medicinal Product (IMP) without Marketing Authorization (MA) $\rightarrow X$
  $\rightarrow$ no MA for this indication $\checkmark$

- Critical Clinical Trial (CT) (limited population, etc) $\rightarrow X$

- CT with very large population & need for harmonisation $\rightarrow X$
  & Multinational Clinical Trial

EXPERIENCE WITH VHP:
CTFG ASSESSMENT

Request for VHP

Submission of Dossier

Assessment Step I $\rightarrow$ GNAs $\rightarrow$ Assessment Step II

GNAs addressed

National Submission $\rightarrow$ Amendment to the Protocol & PIS-IC

VHP EXPERIENCE:
NATIONAL SUBMISSIONS

- 6 participating CAs for trial 1 and 7 participating CAs for trial 2.
- ES agreed that we do not follow the national procedure (Ethics Committee (EC) Opinion before CA).
- We have received the CAs' approval within the timeframe set up by the VHP (*)

(*) Countries with EC opinion prior to CA approval $\rightarrow$ 10 days after EC opinion.

REM: ES, FR, DE asked for additional information and modifications to be made in the core Clinical Trial Application during the national phase – It should have been requested during the VHP.
VHP EXPERIENCE: ADDED VALUE

- Very useful to get all comments at the same time:
  - Gain of time
  - Avoid resubmission if amendment requested by a CA
  - Harmonisation in scientific opinion

- Very useful to get opinion on the eligibility of the trial in the participating countries.
  - VHP = overall gain of time
  - CTFG open to discussion

VHP EXPERIENCE: ROOM FOR IMPROVEMENT

- Some European countries reject the VHP.
- Period between VHP approval and National Submission too short in case of Amendment to the Protocol needed.
- National Submission phase remains heavy

LIMITS ALREADY SOLVED BY V 2.0

- Limit for submission on 5th each month.
- VHP acceptance criteria for Clinical Trials.
- No room for Substantial Amendment
EORTC welcomes the v 2.0 for the following:
- Avoid country specific amendments → scientific interest
- Very useful to get all comments at the same time → overall gain of time

Room for improvement:
Clarification on Amendments to be submitted to CTFG:
- Protocol or Trial?
- Clarification of definition of Substantial Amendment (may be different according to CAs).

EXPECTATIONS FOR THE FUTURE:
COMPETENT AUTHORITIES
- Harmonisation of National submission:
  - Standard Dossier (same documents, same structure, no National specific forms),
  - Way of Submission (Eudralink),
  - English language.
- Harmonisation of the responsibilities of CA in different EU Member States
- Unique assessment / authorisation in Europe (No additional National Submission)

EXPECTATIONS FOR THE FUTURE:
CT FACILITATION GROUP
CTFG could give general advice on:
- Applicability of the CT Directive to the trial.
- Global questions on CT legislation,
- Classification of Amendment.
EXPECTATIONS FOR THE FUTURE: ETHICS COMMITTEES

Timelines to obtain the EC Opinion remains one of the blocking steps.

VHP = overall gain of time for CA approval
→ similar harmonisation process for EC is lacking.

CONCLUSIONS

- EORTC thanks CTFG for its openness / flexibility
- EORTC supports VHP as a first step towards European Harmonisation process.
- CTFG could further harmonise & simplify procedures.
- EORTC is willing to share its further experience and suggestions with CTFG.

→ VHP definitely worthwhile

THANK YOU