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

Question and Answers, version 2.2

This document was valid from 11 December 2024 to 25 March 2026. It is now superseded by the CTIS Sponsor Frequently Asked Questions.

The Q&A document has been produced to address a number of questions related to the transparency aspects of the Clinical Trial Information System (CTIS) which were communicated by sponsors in response to the ACT EU survey on the CTR (Clinical Trial Regulation (EU) No 536/2014) implementation under ACT EU Priority action 2 (Successful implementation of the CTR), as well as in the context of implementation of the revised CTIS transparency rules. It is foreseen that the Q&A may be updated on a regular basis as soon as new information becomes available.

The Q&A also intends to provide more clarity on main aspects that have been discussed with the Clinical Trials Coordination Group (CTCG) and it should be read in conjunction with the Guidance document on how to approach protection of personal data and commercial confidential information while using Clinical Trials Information System (CTIS) and its Annex I.

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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
Version 2.0	18 June 2024	- Alignment with revised CTIS transparency rules - Removal of section 4 and Annex (historical trials and transition trials principles moved to section 2 of the Guidance document)
Version 2.1	8 July 2024	- Addition of question 1.9
Version 2.2	11 December 2024	- Update of question 3.2

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Abbreviations

ASR	Annual Safety Report
CCI	Commercial Confidential Information
CTIS	Clinical Trials Information System
CTR	Clinical Trial Regulation (EU) No 536/2014
CV	Curriculum Vitae
GDPR	General Data Protection Regulation
GMP	Good Manufacturing Practices
MS	Member State(s)
MSC	Member State Concerned
RFI	Request for Information
RMS	Reporting Member State
SM	Substantial Modification
QP	Qualified Person

1. Categorisation of trials

In the form section of the initial trial application, sponsors are required to indicate to which category their trial belongs to, depending on the trial phase as defined in Table V of Annex I to the Guidance document on how to approach protection of personal data and CCI while using CTIS. Trial categorisation affects publication timelines, as defined in the Revised CTIS transparency rules.

1.1 Could RMS/MSC comment on the trial categorisation, when performing the validation or assessment of the CTA?

It is expected that RMS/MSC could comment on whether the assigned trial category is appropriate, based on the information on the trial phase that is provided by the sponsor throughout the CTA.

1.2 How should trials in public health emergency settings and trials in emergency situations be treated in terms of categorisation?

As provided in Article 17(1) of Regulation (EU) 2022/123, for clinical trials in public health emergency settings[1], the protocol should be made public at the time of the start of trial and the summary of results later on during the trial life cycle. The publication of these documents cannot be deferred.

In principle, clinical trials in emergency situations[2] fall either under category 2 or 3 (therapeutic intent), since for these trials Article 35 (1)(b) of Regulation (EU) No 536/2014 requires scientific grounds for individual clinically relevant benefit for subjects.[3]

1.3 Which type of justification should be provided for the category type?

RMS/MSC will consider the justification provided for the trial category, based on the characteristics of the trial, as the basis for evaluating the appropriateness of the category assigned. The justification should be in line with definitions provided in Table V of Annex I to the Guidance document. Sponsors should consider that when a protocol sets out a multiphase or adaptive design that falls in both category 1 and 2, the trial should be treated according to category 2.

1.4 Will RMS raise an RFI on the trial category at time of validation or assessment part I?

An RFI on the trial category can be raised at any time at validation and assessment of part I, however it is expected to be raised by the RMS primarily at the time of part I assessment.

Currently, trial categorisation can only be set by the sponsors in an initial application. Once the initial application has been authorised it will not be possible for the sponsor to modify the trial category with subsequent applications, such as substantial modifications.

1.5 When will sponsors know if the proposed trial categorisation is accepted?

Sponsors will know that a category is granted if no RFIs are raised in that respect during evaluation (validation/assessment part I) or if the issues raised with RFI are addressed in a satisfactory fashion by the sponsor (e.g. no further issues raised on the matter). There is no specific mechanism to flag in the system that the trial category is accepted, it is part of the application evaluation overall.

[1] Clinical trials with medicinal products with the potential to address public health emergencies.
[2] Emergency situation: first trial specific intervention before signing the informed consent.
[3] Article 35 of Regulation (EU) No 536/2014

1.6 Will MSC comment on the extent of the redaction done in the CTIS documents version 'for publication'?

Sponsors are responsible for the level of redaction applied in the documents uploaded in CTIS. However, in addition to the scientific and regulatory review of the documentation provided in a CTA or other documents, RMS/MSC might occasionally comment on the extent of the redaction applied by the sponsor to ensure that the principles of transparency are followed[4].

1.7 Will RMS/MSC compare document version 'for publication' vs 'not for publication'?

RMS/MSC are not responsible for verifying the level of redaction applied by sponsors in the documents uploaded in CTIS. However, they might occasionally comment on the extent of the redaction applied by the sponsor and compare the two versions to ensure that the principles of transparency are followed. Protection of personal data is described in the CTIS JCA.

In principle, CCI-related redactions should be performed taking into account the timelines for disclosure of each document, that vary depending on trial development phase and population age, as defined in the revised CTIS transparency rules. Further information on the management of personal data and CCI in CTIS is provided in the Guidance document on how to approach protection of personal data and CCI while using CTIS, its Annex I and training module 12.

1.8 How should documents with track changes be submitted in CTIS?

Documents with track changes should be provided to the Member States to clearly illustrate the scope of the revision applied in the documents content. These documents can be submitted in an application in reply to a request for information (RFI) or as part of a substantial modification (SM). These documents should not be subject to publication. The clean version of the final text of the documents should also be uploaded, in the same placeholder, addition to the track changes version.

1.9 When submitting applications on a 'historical' trial, do sponsors need to ensure that clean versions of all documents not subject to publication are present in the system?

Trials submitted before 18 June 2024 could be showing only documents in track changes for those type of documents that are no longer subject to publication, as described in the quick user guide: the clean versions of those documents might have been in the corresponding 'for publication' placeholders, which are no longer available.

When submitting a Substantial Modification, Non-Substantial Modification or Additional Member State application, sponsors are not requested to re-upload the clean versions of those documents 'not for publication' that are no longer available. Sponsors should upload only the new clean version and corresponding track-changes version of those documents that have been modified as part of the application. Sponsors should also not submit any other previous versions of deleted documents.

Note that, however, in case those clean versions of deleted documents would be necessary to assess the new documents in scope of the application, MSCs may request to provide them within the application.

[4] Article 94 (2)(a) of the Regulation (EU) No 536/2014 refers to application of penalties including non-compliance with the provisions laid down in the Regulation on submission of information intended to be made publicly available to the EU database.

2. Personal Data

2.1. Which CTIS documents require a signature?

Signatures should never be included in documents submitted to CTIS that are subject to publication.

With regards to documents that are not subject to publication, a signature should be provided for the Qualified Person (QP) declaration for GMP (Part I) and the Suitability of sites document (Part II). In addition, Member States specific requirements for signatures include:

- **Hungary:** Suitability of the principal investigator documents (CV)

- Portugal: Suitability of the principal investigator documents (CV and declaration of interests), Proof of insurance certificate

- Romania: Proof of payment

- **Slovakia:** Suitability of the principal investigator documents (CV and declaration of interests)

Please also consider further clarification on this matter provided in Eudralex Volume 10, COM Q&A: '*Importantly, electronic submission of the CTA to CTIS by the sponsor is regarded as equivalent to signing the document in accordance to Annex I.3. CTR is a regulation, which is directly applicable and ensures complete harmonisation of the sector, national laws should be set out to support its full implementation'.*

Sponsors should be mindful of the requirements for signed documents that are part of the trial master file (TMS), as applicable.

Further information on the management of personal data in CTIS is provided in the Guidance document on how to approach protection of personal data and CCI while using CTIS, its Annex I and training module 12.

2.2. Name and surname of individuals – where are they expected to be included?

Personal data (e.g., names and surnames, and also contact details) should be generally included exclusively in those CTIS documents that are not subject to publication as per the Revised CTIS transparency rules. Personal data should be normally redacted if included in documents that are subject to publication. Exceptions apply to those data that are disclosed as a structured data field in the CTIS public portal (i.e. Principal Investigator's name and surname): refer to section 3.3.1 of the Guidance document on how to approach protection of personal data and CCI while using CTIS.

In the documents that are not subject to publication, principles of data minimisation apply to personal data, see section 3.4 of the mentioned Guidance document. However, these data could be needed during the scientific and regulatory review carried out by the MSC and therefore the following names and surnames of certain roles are expected to be included:

- Principal investigator on the CV
- QP on the GMP declaration
- The person issuing the site suitability document
- Data Safety Monitoring Board (DSMB) composition on the charter or applicable document
- Minimum amount of sponsor staff in the protocol

- GDPR compliance statement to be provided under the CTIS 'form' section, in line with available template

Please note that the document versions uploaded in the slot 'not for publication' should be clean documents. Documents redacted of personal data and CCI should be submitted only in the slot 'for publication'.

Personal data of trial participants may only appear, as applicable, in CTIS document versions 'not for publication' and encompass personal data in a pseudonymised format (e.g., clinical trial subject ID) as well as indirect identifiers such as weight, height, age, gender, etc. These personal data are to be anonymised in the document version 'for publication'.

2.3. How should personal data of trial participants be anonymised in the document version 'for publication'?

Refer to section 3.3.2 of the Guidance document on how to approach protection of personal data and CCI while using CTIS.

2.4. May sponsors mark/highlight personal data in documents 'not for publication'?

No. Currently, in the document version 'not for publication' it is not necessary to mark those personal data that were anonymised/redacted in the version 'for publication'.

In the document version 'for publication' any personal data needs to be anonymised/redacted, as applicable, in line with section 3 of the Guidance document.

In all documents that are not subject to publication, sponsors should limit the presence of personal data to only those ones that are necessary for Member State(s) assessment (see question 2.2 above).

2.5. Under Directive (2001/20/EC) the clinical trial participants subject identifier (ID) was provided in Annual Safety Reports (ASRs). Is it correct that as per Regulation (EU) No 536/2014 the subject ID should no longer be provided?

ASRs should only contain anonymous information, namely information which does not relate to an identified or identifiable natural person or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable.

A subject identifier is pseudonymised information, in accordance with Article 4(5) of Regulation (EU) 2016/679, and should therefore be excluded in the ASRs. Additional clarification on provision of the Worldwide Unique Case Identification Number (case ID) and the trial ID, rather than the subject ID, is provided in Volume 10 - Clinical Trials Regulation (EU) NO 536/2014 questions & answers, point 7.33 (366 and 367): regulation5362014_qa_en.pdf (europa.eu)

For more information on data protection in CTIS sponsors can consult also:

- CTIS Joint controllership arrangement (JCA): https://www.ema.europa.eu/en/documents/other/joint-controllership-arrangement-regard-clinical-trials-information-system-ctis_en.pdf
- Questions and answers on the JCA: https://www.ema.europa.eu/en/documents/other/questions-answers-joint-controllership-arrangement-data-protection-matters-related-use-clinical_en.pdf

3. Commercially Confidential Information

3.1. May sponsors mark/highlight the text that they consider CCI in documents 'not for publication'?

No, this is not necessary. However, in case the sponsors wish to flag what they consider CCI in the documents 'not for publication', they could place red border boxes around the text as indicated below. The corresponding text in the document version 'for publication' should be redacted with black background boxes. Redacted text and the black background redaction box (that covers the redacted text) should neither be searchable nor allow further editing. This is not mandatory and can be done only for information to the Member State.

Example:

a) Documents 'not for publication' mark in a text content that is considered CCI with red border boxes

b) Documents 'for publication' [redacted]

It is important that the version of the documents 'not for publication' is readable and ready to be used for Member State (MS) assessment.

Application of redaction in the version 'for publication' should be done with scrupulous judgment. It should be considered that extensive redaction in the document versions 'for publication' would go against the spirit of transparency of the CTR. The redacted documents have to remain meaningful to the public, including potential trial participants and health care professionals.

3.2. How can dose details be prevented from CTIS disclosure in case they are considered Commercially Confidential Information?

Medicinal products' and active substances' details of trials falling into category 1, as well as those of integrated phase 1 and 2 trials falling under category 2 are subject to publication 30 months after the end of the trial in the EU/EEA, in line with the Revised CTIS transparency rules.

In some instances, for any trial category dose details may be considered to be CCI. In such instances, sponsors can include 'dummy data' (e.g. 00 digits) in the related structured data field(s) of CTIS.

The full information on the posology should, however, be provided to the Member States for assessment in the document version 'not for publication' and can be redacted in the corresponding documents to be published.

This approach would be acceptable only on **justified grounds,** i.e. when the sponsor proves that the specific information on the posology is not in the public domain and constitutes patentable matter, the disclosure of which before a patent application is filed (typically, after the completion of the trial and during the trial readout) would jeopardise its protection.

The grounds for considering dose details as CCI should be clearly documented in the cover letter of the application.

3.3. Is it possible not to disclose patient facing documents publicly?

In some cases, written agreements between the sponsor and the third-party service provider expressly establish that patient facing documents (e.g. patient questionnaires) cannot be disclosed publicly. In those cases, it is possible for the sponsor to upload in the 'for publication' placeholder a document

where a justification for not disclosing the patient facing document is provided. In the placeholder 'not for publication' the document with its full content should be uploaded to allow the Member State(s) assessment.