Meeting highlights – ACT EU Multi-stakeholder Platform Advisory Group

12 March 2025, 09:30-13:30 (CEST), Webex

Co-Chairs: Maria Jesús Lamas (Regulatory co-chair), Denis Lacombe (Stakeholder co-chair)

1. Opening of the meeting and outline of the day

The co-chairs welcomed participants to the Multi-stakeholder Advisory Group (MSP AG) meeting, presented the agenda and provided updates on MSP AG membership.

The co-chairs highlighted the increasing engagement with the MSP AG, including a recent ad hoc consultation on CTCG recommendations on the use of Auxiliary Medicinal Products (AxMP) in Clinical Trials. This consultation was convened to discuss concerns raised regarding the AxMP recommendation paper published last year and aimed to gather feedback from non-commercial sponsors regarding the AxMP/IMP (investigational medicinal product) recommendation paper. The consultation was triggered by a discussion of issues raised by EFPIA to CTCG, followed by a consultation on comments and perspectives from representatives of non-commercial sponsors within the MSP AG. This process enabled the CTCG to have a more comprehensive understanding of stakeholder viewpoints and of the impact on sponsors introduced by the recommendation paper that could be further considered during its revision. The possibility of engaging in further discussions with CTCG on this topic was warmly welcomed by all participants. This also highlighted the need to consult stakeholders prior to publishing guidance or recommendation papers, ensuring all potential challenges or ambiguities are addressed in advance.

All presentations and more detailed information from the meeting can be found here.

2. Revised ACT EU workplan

2.1 Monitoring the EU clinical trials environment

The presentation highlighted three key benefits of an improved clinical trials environment: increased attractiveness of the EU for clinical trials, faster patient access to treatments, and impactful clinical trials. The EMA provided an update on the development and measurement of key performance indicators (KPIs), and associated targets, to monitor the EU clinical trials environment based on these benefits. The MSP AG was asked to provide advice on how impactful trials could be measured by contributing to a dedicated survey. The potential use of the proportion of trials leading to Marketing Authorisations (MAs) was discussed, acknowledging that this would mostly be relevant for commercial trials. In this respect, MSP AG representatives flagged the importance of ensuring that the impact of non-commercial and academic trials, which often contribute significantly to clinical guidelines and public health decisions, is also reflected. Suggestions were made to expand KPIs to include patient engagement, the number of involved sites, CTA approval speed, recruitment speed,

impact on clinical guidelines, data quality, and specific trial types like those involving IMPs and IVDs or multinational trials. The need to clarify the "faster access to treatment" terminology and to consider the quality of evidence, rather than solely focusing on quantity, was also emphasised. The inclusion of KPIs reflecting trials in small populations such as paediatric and rare disease studies was recommended, given their high public health relevance and distinct methodological and operational challenges.

Action:

- MSP AG to provide feedback via the provided slido link on KPI 3 on how impactfulness should be measured by 26 March 2025.
- MSP AG secretariat to report back to the MSP AG once the ACT EU Steering Group has adopted the final approach.

2.2 Revised ACT EU workplan

The revised ACT EU workplan for 2025-2026 was presented, highlighting concrete deliverables in the short and medium term and stakeholder-driven updates.

ACT EU's collaboration with stakeholders through consultations, focus groups was highlighted, with upcoming workshops planned to address requests for information (RFIs), RMS roles, and risk-based approaches to strengthen the EU clinical trials environment. The MSP AG commended the ACT EU workplan as it includes all critical priorities raised by stakeholders in 2024. Discussions emphasised the need for clear timelines for the delivery of the workplan and the importance of early stakeholder engagement through various methods, particularly regarding risk-based approaches in clinical trials, with a commitment to address this topic more broadly. The MSP AG was informed about the successful launch of the Clinical Trial Map and noted its user-friendly interface and utility for patients and healthcare professionals. Additionally, MSP AG was invited to raise awareness of the map within their members.

The SAWP-CTCG consolidated advice pilot's slow uptake was noted, encouraging feedback from the MSP AG and their views on the initiative. Timelines for pre-CTA advice was clarified, with validation taking 7 days and assessment 30 days.

When discussing risk-based approaches, it was stressed that these should extend beyond low-intervention clinical trials (LICTs); a workshop on the topic is foreseen as part of the ACT EU workplan.

In addition, the importance of patient involvement in clinical trials was highlighted, with a commitment to further discuss the CTCG patient involvement project in a future MSP AG meeting. This includes considerations around engagement with relevant organisations (e.g. KIDS, Young Persons Advisory Groups (YPAGs).

2.3 Update on Emergency Taskforce (ETF)

The update highlighted the revised Scientific Advice (SA) process, focusing on integrating the CTCG and enhancing collaboration with ethics committees through the recently created ACT EU Public Health Emergencies Ethics Advisory Group (PHE EAG). This reform aimed to harmonise scientific and clinical trial authorisation advice during public health emergencies and preparedness. The IRIS application form for SA has been revised to clarify the distinction between Scientific Advice Working Party (SWAP) and ETF submissions, and to capture specific clinical trial application related questions. Clarifications were provided on the PHE EAG and MedEthicsEU, and it was flagged that future collaboration between these groups is planned. It was confirmed that discussion meetings for ETF SA are possible, similar to those for SAWP (even though EMA recognised that the number of SAWP meetings is decreasing). Additionally, informal product development discussions are facilitated through teleconferences and written feedback.

The MSP AG asked to receive more information on the activities on "Clinical trials in public health emergencies" that are part of the ACTEU workplan and to be more involved in the discussions, as they are very relevant for the optimisations of the EU Clinical Trial Ecosystem.

Actions:

- MSP AG Secretariat to schedule a detailed discussion on risk-based approaches on 26 June 2025.
- CTCG to provide an update on CTCG project on patient involvement in clinical trials on 26 June 2025.
- Industry to reflect on the SAWP/CTCG pilot's slow uptake and provide feedback or identified reasons on voluntary basis.
- ETF to provide an update on ACT EU workplan actions related to clinical trials in PHEs on 26 June 2026.

3. Network initiatives and activities to address critical and major issues reported by stakeholders regarding CTR implementation

3.1 Preparation of RFI and strengthening the role of RMS

An update was provided on efforts to improve RFIs and strengthening the RMS role. Stakeholder concerns, including high RFI volume, duplication, and short response times, are being addressed through stakeholder meetings, weekly assessor roundtables, and targeted training. An update was provided about the upcoming CTR Collaborate workshop on how to foster EU attractiveness for CTs and the role of the MS (NCA and Ethics), which will have a dedicated session on how to improve RFIs, and strengthen the role of the RMS. The CTCG will also be providing updates to best practice documents. Efforts to strengthen the RMS role include discussions on slot-based allocation, clearer assessment guidance, and a 2025 CTR Collaborate project on effective procedures and to strengthen the role of the RMS for the assessment and supervision of clinical trials.

The MSP AG acknowledged ongoing efforts highlighting the importance of clear and timely RFIs, as well as direct communication with RMS. The need to reduce country-specific administrative requirements and post-approval protocol amendments, which create challenges and result in document requests beyond CTR requirements was also emphasised. Challenges related to RMS resource limitations and the selection process based on expertise rather than workshare were discussed. Participants advocated for a proactive RMS role beyond existing coordination efforts and called for truly harmonised requirements and greater reliance mechanisms to ensure consistent regulatory decisions. Restoring trust between investigators and assessors through improved communication was also identified as a key objective.

3.2 COMBINE programme progress report - Interaction between regulations (IVDR/MDR/CTR)

The European Commission provided a progress update on the COMBINE programme which has transitioned from identifying challenges to implementing strategic solutions. Key initiatives include the "all-in-one" assessment pilot for investigational medicinal product (IMP) and device trials (project 1), alignment of safety reporting (project 2), and a project on modalities of using devices in clinical trials of medicinal products (project 4). The programme will provide ongoing updates via its website.

Regarding delivery of training materials, the MSP AG raised concerns on the protracted timeline. Although capacity and prioritisation challenges were acknowledged, the group requested earlier training on programme deliverables.

It was also clarified that the "all-in-one" assessment pilot would primarily focus on clinical trials with companion diagnostic IVDs, typically classified as Class C and that CTIS would be used for the

submissions. The pilot aims to test coordination between different legal frameworks; the selection criteria set to be announced in June and launch planned for September. Meetings with stakeholders will be planned for the pilot single procedure to guide them through the process and ask questions. Stakeholders also raised the possibility of sponsors engaging in a pre-submission dialogue with the MSs who plan to be involved in the coordinated assessment.
The COMBINE projects, especially Project 4, were recognised for their contribution to enhancing regulatory efficiency. It was requested that Project 4, which focuses on modalities of using devices and IVDRs in clinical trials, be delivered earlier. This project, which describes the scope of application of IVDR, MDR and CTR and will provide guidance and training, and help reduce confusion and time lost by sponsors and regulators seeking clarification on a case-by-case basis. This is especially the case for IVDRs.

3.3 Re-design of CTIS training materials and overview of 2025 events

The presentation highlighted the ACT EU workplan priority to simplify and consolidate the existing CTR and CTIS training materials to address challenges with fragmentation, leading to information overload and navigation issues. Work is ongoing to finalise a Sponsor Master Handbook by May 2025, followed by a FAQ document. An MSP AG focus group has been created, with a kick-off meeting held in early March. The focus group will guide the revision of training material dedicated to sponsors, with a similar approach planned for member state training materials.
The group was also informed of the planned 2025 event schedule, which also includes CTIS initiatives such as training sessions and stakeholder CTIS events, alongside broader ACT EU events and workshops.
As with the previous MSP Annual meeting, the MSP AG will be asked to support the organisation of the annual meeting on 29 October 2025.
During the discussion the importance of providing event dates well in advance to facilitate planning was highlighted.

4. Survey on SME and academia training needs

4.1 Presentation of survey results

The survey results on clinical trial training needs for academia and SMEs, with nearly 400 responses, highlighted CTR, GCP, and safety as key priorities for academia, while SMEs prioritised GCP, CTR, and scientific guidelines. Both stakeholders reported gaps in training for clinical study reports, GDPR, and guideline applications. Additional training interests included medical devices, biomarkers, innovative methodologies for small populations trials and patient engagement. Accessibility challenges involved difficulty finding relevant training and resource constraints, with a preference for online formats.
The discussion focused on refining the analysis and planning future actions. Participants emphasised the value of sharing survey results in advance to facilitate solution-oriented discussions and underscored the importance of prioritising training that could increase EU clinical trial numbers. Concerns were raised about regional variations in training needs, particularly regarding the high demand for GCP training among academia, with suggestions that this demand might reflect differences between university-affiliated centres and hospital-based research groups. A regional analysis was proposed to better understand these disparities. Participants expressed strong interest in follow-up actions, including the potential establishment of focus groups to refine training priorities and delivery formats, and sought clarification on specific training needs. The discussion highlighted the necessity of a structured, sustainable training approach tailored to academia and SMEs, with ongoing consultation and refinement of training needs and delivery mechanisms.

The next steps include further analysis, stakeholder input for a sustainable training framework, and exchanges to refine ACT EU's targeted training initiatives.

Action:

- ACT EU training priority action to explore the feasibility of establishing a focus group to address the training needs of academia and SMEs, with an open invitation to all members of the MSP AG to participate.

5. Good clinical practice ICH E6 R3 - risk proportionate approaches to clinical trials

5.1 Update following 19-20 February ACT EU multi-stakeholder workshop

An update was provided on the ICH E6 R3 GCP guideline, highlighting its major revision to incorporate risk-proportionate approaches, new technologies, and stakeholder feedback. The updated guideline, effective in the EU from 23 July 2025, introduces 11 core principles and Annex I. This annex provides guidance on how the principles may be applied, including a dedicated section on data governance. The public consultation on Annex II on alternative trial types has been completed; the feedback is being reviewed by the ICH E6 R3 Expert Working Group (EWG) who will revise and finalise the text. A comprehensive change management program is in place to support implementation. The recent multi-stakeholder workshop, involving regulators, industry, patient organisations, and healthcare professionals, received positive feedback, underscoring the value of broad stakeholder engagement in the revision process.

The discussion focused on the practical implementation of the guidance and stakeholder concerns. Participants inquired whether there would be a published Q&A to address all the workshop questions. It was clarified that there would be no individual responses, but that common themes would be summarised to ensure consistency. A key point was the need for a mindset shift in protocol development to embrace a risk-proportionate approach, requiring flexibility from both sponsors and assessors. Concerns about documentation retention duplication in CTIS were acknowledged, with EU inspectors working on a practical solution while considering international inspection challenges. The upcoming GCP Inspector's Working Group (IWG) meeting in November will address the above concern in addition to general aspects, electronic systems, and data governance, alongside ICH training material releases. The discussion underscored the need for change management, focusing on essential decision-making information and adapting to the new regulatory landscape through training and collaboration.

Changes in MSP AG representative composition

Susan Bhatti was introduced as the new permanent representative for EuropaBio, succeeding Maren Koban, and Anton Ussi was announced as the new permanent representative for EATRIS**,** with Rosan Vegter as the alternate. The European University Hospital Alliance EUHA was confirmed as a new ad hoc representative of the MSP AG, with Johan Van Eldere (EUHA Secretary-General) participating in the meeting. Efforts are ongoing to appoint a permanent representative for EUHA.

Closing remarks

The co-chairs closed the meeting by thanking participants for their contributions and engagement, highlighting the importance of monitoring the EU clinical trials environment through proposed metrics. They emphasised the workplan's responsiveness to stakeholder concerns, the ETF's role in emergency preparedness, and the significance of the COMBINE programme harmonisation efforts.

The co-chairs encouraged continued collaboration, acknowledging the transparency and trust fostered by the EMA, CTCG, and the European Commission.