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EU clinical trials during the 3-year CTR transition period

31 Jan 2022 - 30 Jan 2025

An agency of the European Union

Executive Summary

On 31 January 2022 the EU Clinical Trials Regulation No (EU) 536/2014 (CTR) became applicable in the European Union (EU) and European Economic Area (EEA). It aims to simplify and harmonise the process by which national and multinational clinical trials are authorised and to facilitate the authorisation and conduct of clinical trials in the EU/EEA.

Under the CTR, member states remain responsible for the assessment, authorisation and supervision of clinical trials, and sponsors can now submit a single application for clinical trial authorisation in up to 30 European countries using the Clinical Trials Information System (CTIS).

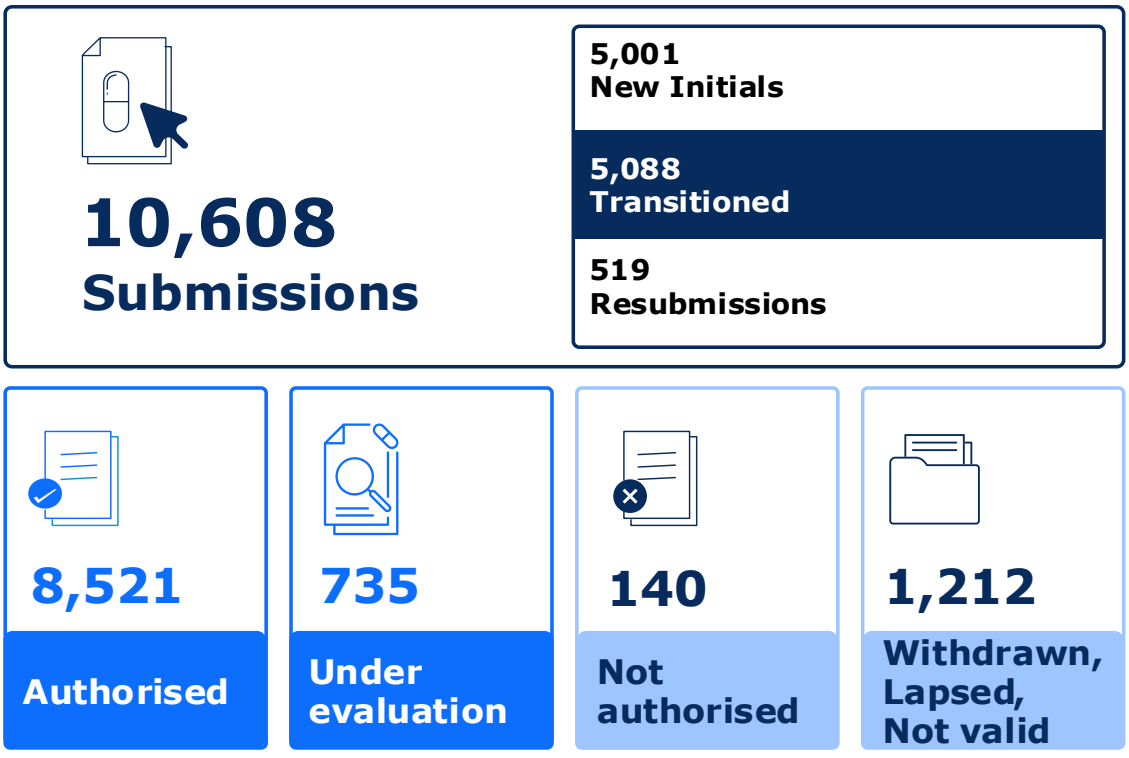
The use of CTIS became mandatory in January 2023 for all new clinical trials applications whereas ongoing trials (authorised under Directive 2001/20/EC - the Clinical Trials Directive, CTD) could be transitioned to CTIS until 30 January 2025 (Article 98 of CTR).

This report is based on data retrieved from CTIS and provides details on clinical trial applications in the EU/EEA during the 3-year transitional period (from 31 January 2022 to 30 January 2025), with annual breakdowns where applicable.

It also contains data on submitted and authorised trials applications from EudraCT (the EU database for interventional clinical trials established in accordance with Clinical Trials Directive - CTD). However, due to differences between EudraCT and CTIS, particularly in terms of processes for submission of clinical trials data into the two systems, comparisons of the data from the two databases should be assessed with caution.

By January 2025, the transitional phase was successfully completed, with 5,088 clinical trials migrated from EudraCT (under CTD) to CTIS (under CTR). CTIS is now the sole EU platform for clinical trial authorisation and oversight.

The below figure highlights relevant data for CTIS during the transition period.



During the transition period, a total of 10,608 clinical trial applications were submitted via CTIS, with a surge in 'transition' applications between mid-2024 and early 2025, as sponsors worked to meet the legal deadline for transitioning ongoing clinical trials to CTIS.

In addition to 5,001 new initial clinical trial applications and 5,088 transitioned trials, 519 applications were resubmissions of previously submitted initial applications.

Of the total number of applications, 8,661 applications received a decision: 8,521 trials were authorised, reflecting a 98.4% authorisation rate, with only 140 trials not obtaining authorisation. As of 30 January 2025, over 5,130 initial clinical trials were actively ongoing in the EU/EEA under the CTR framework.

Around 1,200 trial applications were lapsed, withdrawn or considered invalid due to incomplete submissions or falling outside the scope of the CTR. These outcomes often stemmed from missing sponsor responses during assessment or voluntary withdrawal during the evaluation. The number of lapsed and withdrawn applications highlights an opportunity for the EU regulatory network to support sponsors in their work.

Between 31 January 2023 and 30 January 2025, an average of 200 new initial clinical trial applications were submitted each month. Of these, around 80 applications per month were for multinational clinical trials. While the number of multinational trials is expected to increase over time, the current figures reflect a transitional period during which sponsors and stakeholders are adapting to the new legal and procedural requirements introduced under the updated clinical trial framework.

The CTR and CTIS are now fully implemented, laying the foundations for a more integrated and responsive clinical trial ecosystem in the EU, with greater transparency, efficiency, and collaboration to boost clinical research.

Contents

Introduction

When reading this report, it is important to consider the following aspects:

The CTR entered into application on 31 January 2022, starting the 3-year transition period. During the first year of the transitional period (31 January 2022 – 30 January 2023), sponsors had the option to submit clinical trial applications either under the previous legislative framework of the Clinical Trials Directive 2001/20/EC (CTD) or under the CTR.

From 31 January 2023 all new clinical trial applications had to be submitted under CTR via CTIS.

30 January 2025 marked the deadline for ongoing trials (authorised under the Directive) to be transitioned to CTR.

1. **Where data is reported per year, the reporting periods are as follows**:
    a. 31 January 2022 – 31 December 2022 (2022)[1]
    b. 1 January 2023 – 31 December 2023 (2023)
    c. 1 January 2024 – 31 December 2024 (2024)
    d. 1 January 2025 – 30 January 2025 (2025)
2. **'Initial clinical trial applications'** can be:
    a. New initial clinical trial applications submitted by sponsors in CTIS under the CTR;
    b. Trials which were already authorised under the CTD and were transitioned to the CTR;
    c. Resubmitted initial clinical trial applications, which were previously either withdrawn, lapsed, or not authorised.

Overall, during the 3-year transitional period, sponsors under the CTR **submitted**:

- **10,608 initial** clinical trial applications**:**
    - **10,248** full applications according to Article 5 of CTR with part I and part II to all Member States Concerned (MSC);
    - **360** partial applications according to Article 11 of the CTR with part I only in at least one MSC, of which 241 were partial applications with part I only in all MSC;
- **1,370** applications to add a new MSC;
- **11,768** substantial modification applications (part I, part II only and part I and part II combined).

[1] The analysis for Q1 2022 covers data from 31 January to 31 March 2022.

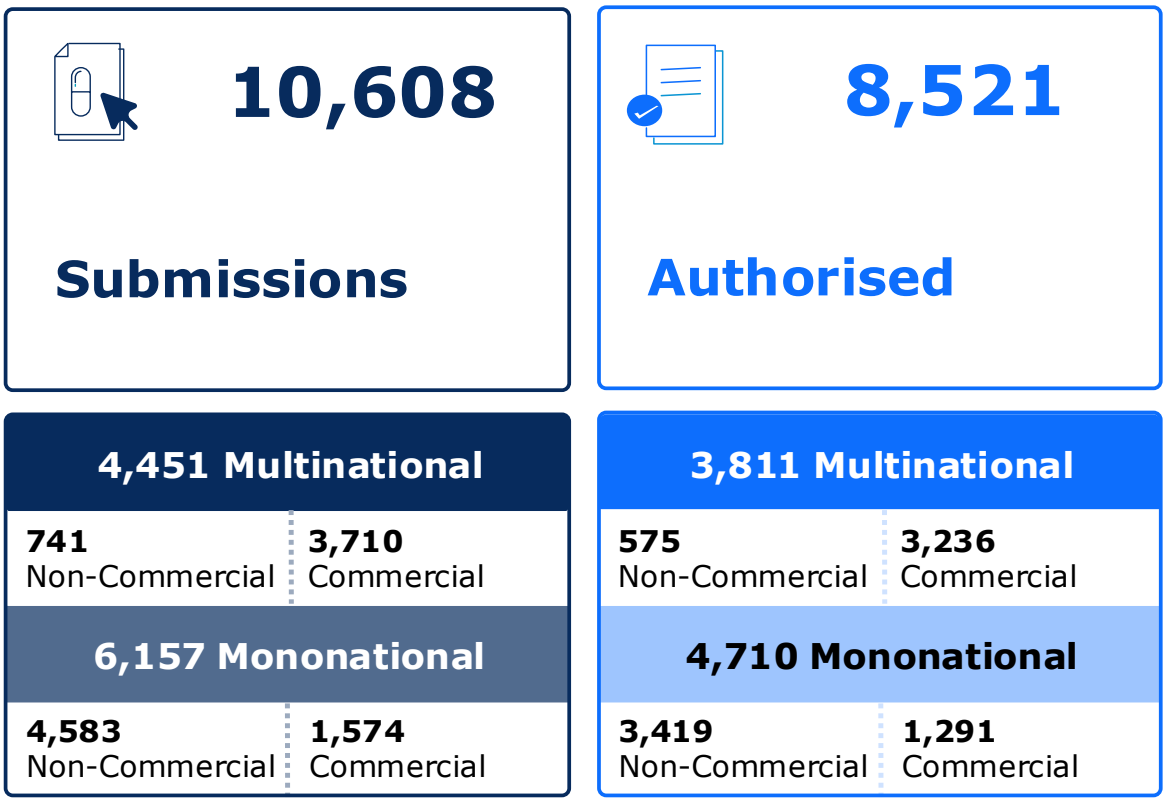
CHAPTER 1 - Overview

1.1. Initial clinical trial applications **submitted** by sponsor type during the transitional period, broken down by mononational and multinational trials

During the transitional period, a total of 10,608 initial clinical trial applications were submitted. This number includes new applications, transitional trials and resubmission of previously submitted initial applications.

Of the 10,608 submitted initial clinical trial applications, 6,157 (58.0%) were mononational and 4,451 (42.0%) were multinational trials. Considering all trials, 5,284 (49.8%) were submitted by commercial sponsors and 5,324 (50.2%) by non-commercial sponsors.

The visual below shows the number of authorised[2] clinical trials. It shows a break down per sponsor type (commercial/non-commercial) and whether mononational or multinational[3].



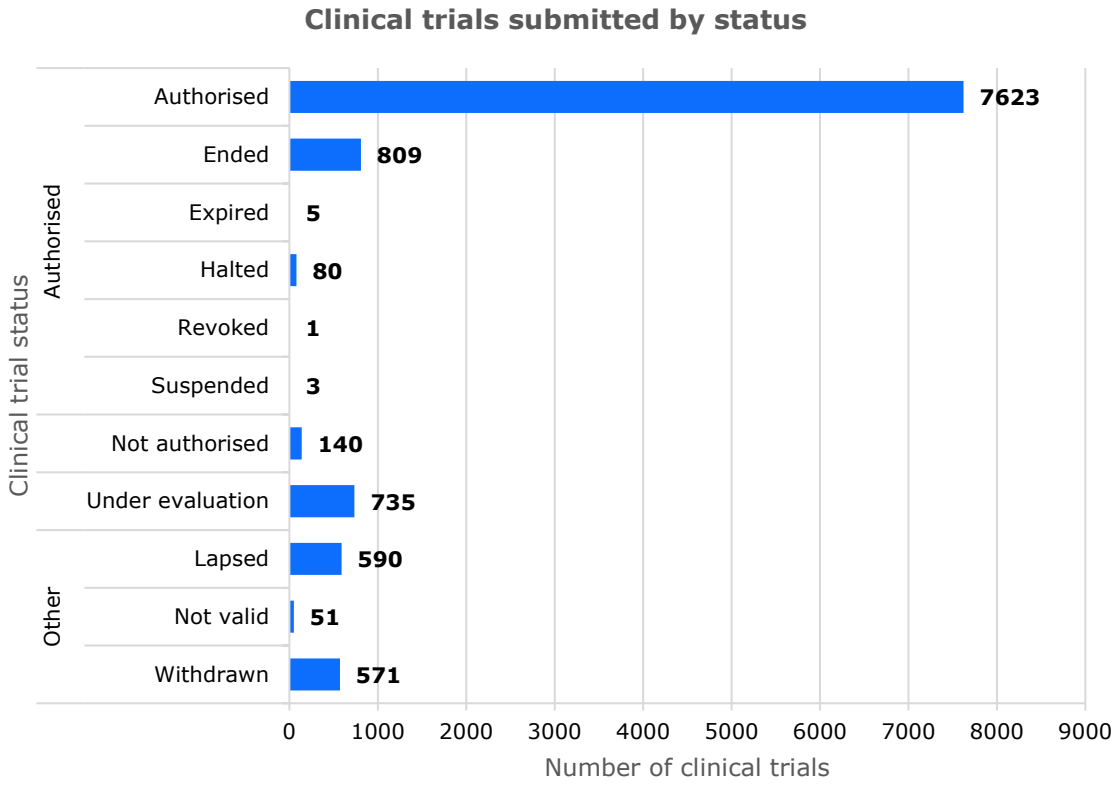
The following table shows the number of trials submitted by year and by number of MSC involved in a clinical trial.

[2] Status at the time of the analysis equal to authorised, ended, halted, suspended, expired and revoked
[3] Multinational clinical trials only include trials conducted in Member States of the European Union (EU) and European Economic Area (EEA).

Submission Year	Number of MSC								Total	
	1 MSC		2-5 MSCs		6-10 MSC		>10 MSCs			
	# of CTs	(%)	# of CTs	(%)	# of CTs	(%)	# of CTs	(%)	# of CTs	(%)
2022	309	(55.7)	144	(25.9)	68	(12.3)	34	(6.1)	555	(100.0)
2023	1443	(51.7)	791	(28.3)	400	(14.3)	159	(5.7)	2793	(100.0)
2024	4281	(61.9)	1572	(22.7)	740	(10.7)	325	(4.7)	6918	(100.0)
2025	270	(78.9)	46	(13.5)	18	(5.3)	8	(2.3)	342	(100.0)
Total	**6303**	**(59.4)**	**2553**	**(24.1)**	**1226**	**(11.6)**	**526**	**(5.0)**	**10608**	**(100.0)**

1.2. Clinical trials status as of 30 January 2025

The graph below shows the status of the 10,608 clinical trials submitted in CTIS by the end of the transition period.



1.3. Initial clinical trial applications **authorised** during the transitional period, broken down by sponsor type and by mononational versus multinational trials

The graph below shows the number of clinical trials authorised since 31 January 2022, split by mononational/multinational and sponsor type.

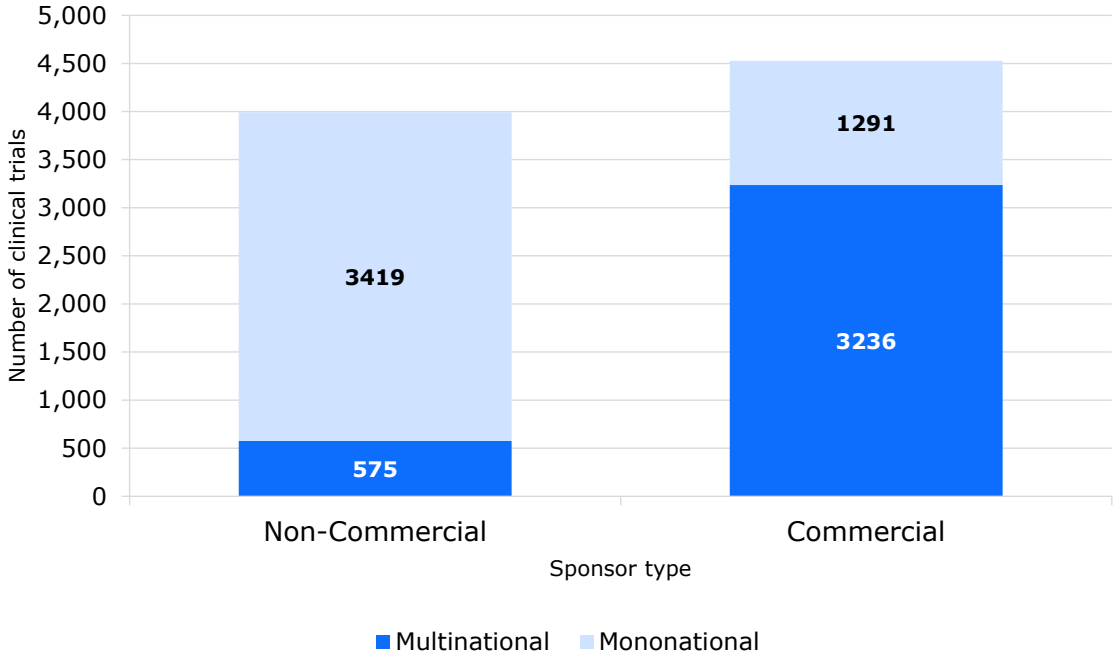
During the transitional period, a total of **8,521** initial clinical trial applications were authorised, with a nearly even distribution between Non-Commercial (3,994, 46.8%) and Commercial sponsors (4,527, 53.1%).

However, the nature of the trials varied significantly between the two sponsor types.

Non-Commercial sponsors predominantly conducted mononational trials, which accounted for 85.6% of their applications (3,419 trials), while only 14.4% (575 trials) were multinational.

In contrast, Commercial sponsors showed a strong preference for multinational trials, which represented 71.5% of their applications (3,236 trials), with mononational trials representing for just 28.5% (1,291 trials).

Clinical trials authorised by sponsor type and by mononational versus multinational trials



1.4. Initial clinical trial applications **not authorised** during the transitional period, broken down by sponsor type and by mononational versus multinational trials

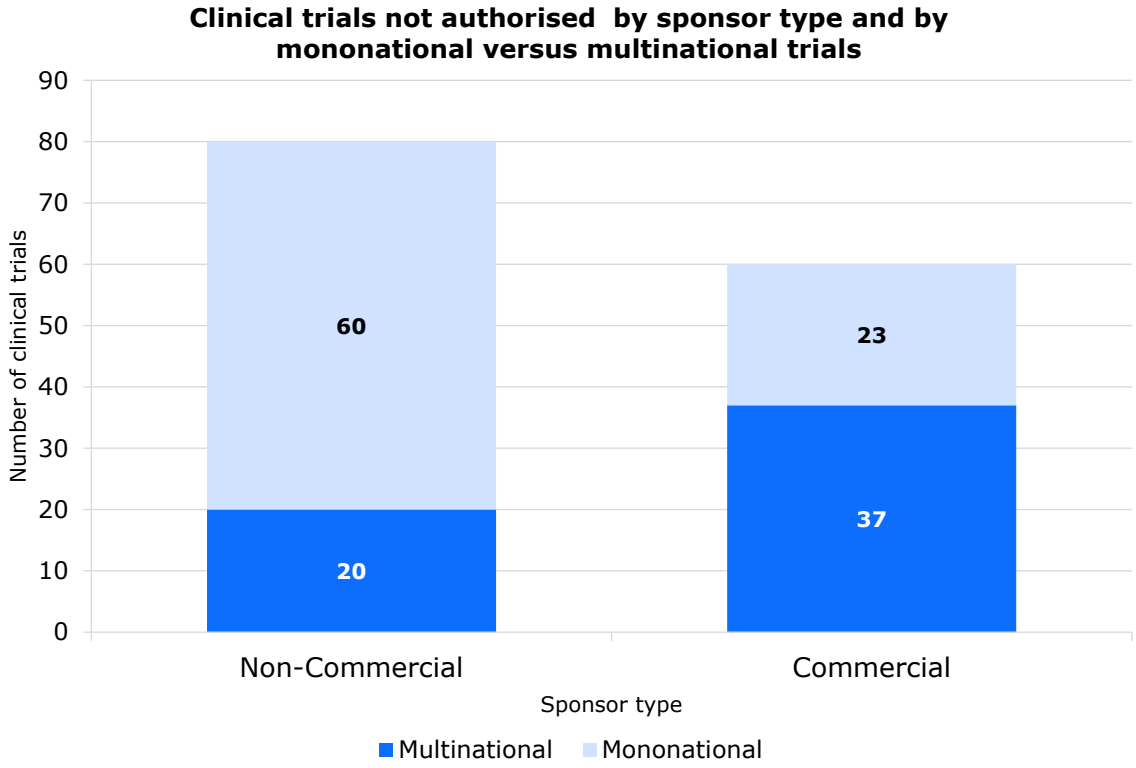
The graph below shows the number of initial clinical trials that were submitted but not authorised during the transitional period, split by mononational/multinational and sponsor type.

During the transitional period, a total of 140 initial clinical trial applications were not authorised, with notable differences observed between sponsor types and number of Member States involved.

Among the trials which were not authorised, the majority were mononational clinical trials conducted by non-commercial sponsors (42.9%), followed by multinational clinical trials by commercial sponsors (26.4%).

Non-Commercial sponsors were responsible for 80 (57.1%) of these non-authorisations, of which a significant majority (75%) were mononational trials.

In contrast, Commercial sponsors had 60 (42.9%) applications that were not authorised, with a reverse distribution: 61.7% were multinational trials and 38.3% were mononational.



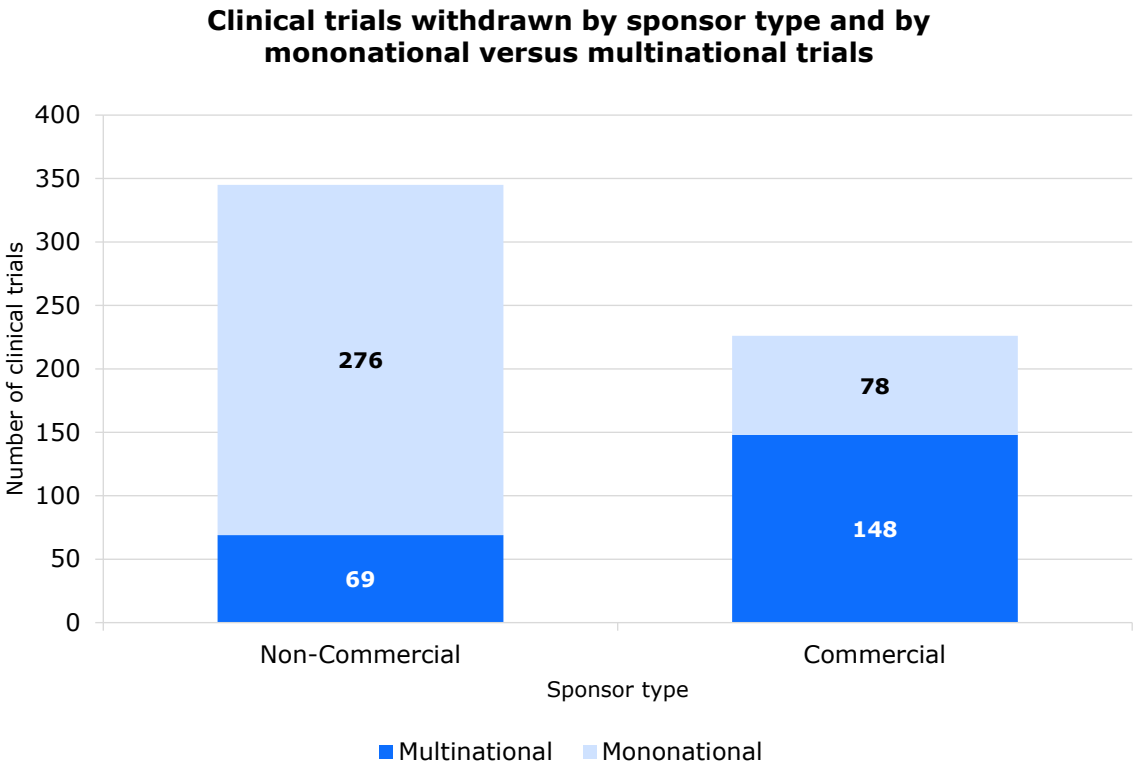
1.5. Initial clinical trial applications **withdrawn** during the transitional period, broken down by sponsor type and by mononational versus multinational trials

The graph below shows the number of initial clinical trials that were withdrawn during the transitional period, split by mononational/multinational and sponsor type.

During the transitional period, a total of 571 initial clinical trial applications were withdrawn, with notable differences observed between sponsor types and number of Member States involved.

Among the withdrawn trials, the majority were mononational clinical trials conducted by non-commercial sponsors (48.3%), followed by multinational clinical trials by commercial sponsors (25.9%).

Non-Commercial sponsors represented the majority of withdrawals, with 345 applications withdrawn. Of these, 276 (80%) were mononational trials, while 69 (20%) were multinational. In contrast, Commercial sponsors withdrew 226 applications, with a reverse distribution: 148 (65.5%) were multinational and 78 (34.5%) were mononational.


Clinical trials withdrawn by sponsor type and by mononational versus multinational trials
400
350
300
250
200
150
100
50
0
Number of clinical trials
276
69
78
148
Non-Commercial
Commercial
Sponsor type
Multinational
Mononational

CHAPTER 2 – Submission of clinical trial applications

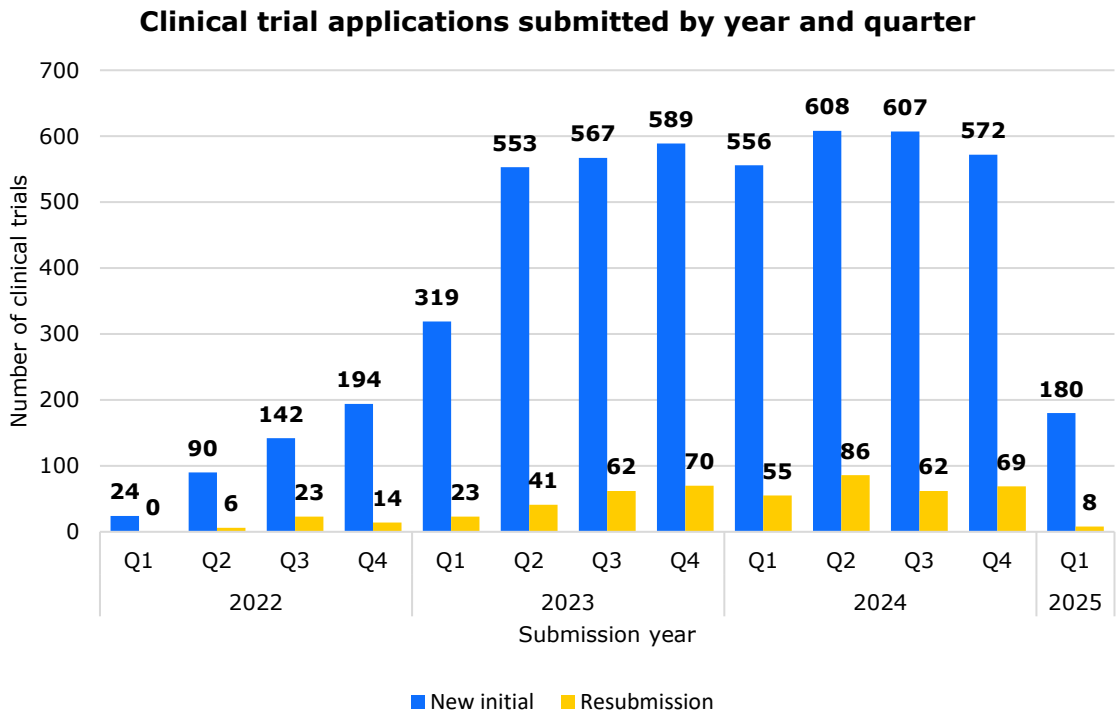
During the transitional period, a total of **10,608** initial clinical trial applications were submitted. Of these, **5,001** (47.1%) were new initial applications, **519** (4.9%) were resubmissions of previously submitted initial applications and **5,088** (48.0%) were transitioned trials.

The following chapter focuses on the new initial applications and resubmissions. Information on transitioned trials is reported in Chapter 5.

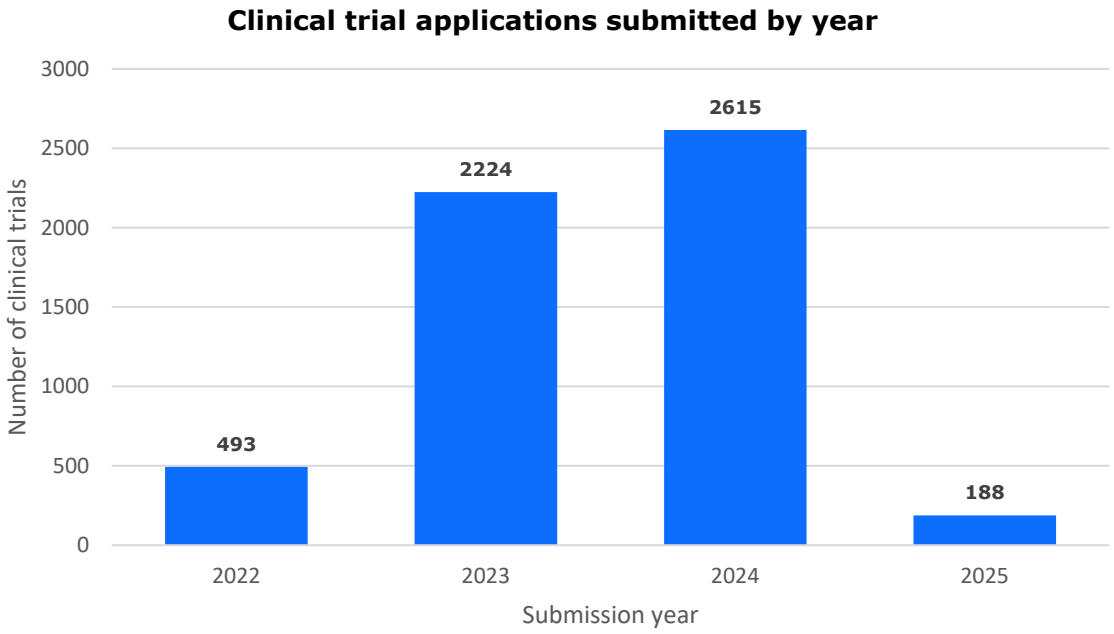
2.1. Initial clinical trial applications submitted annually

The graph below provides a detailed quarterly overview on the number of initial applications (new or resubmissions) submitted each year to CTIS.

The aggregated number of **new** initial applications submitted per year as presented in the blue bars in the graph below is: **450** in 2022, **2,028** in 2023, **2,434** in 2024, and **180** in 2025.



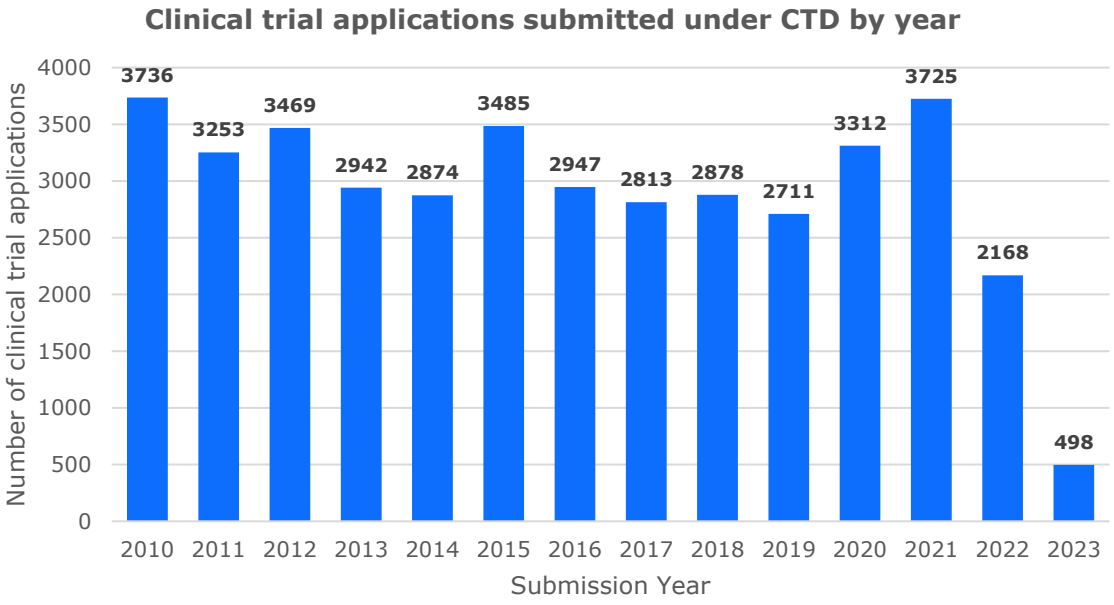
Aggregated figures, for new initial applications and resubmissions, broken down per each year are shown in the graph below:



For ease of comparison, the graph below presents the number of clinical trial applications **submitted** under the Directive 2001/20/EC during the timeframe 2010-2023.

It should be noted that at the time of implementation of CTD the trend was to conduct predominantly mononational clinical trials, while over time the trend to conduct more multinational clinical trials has increased.

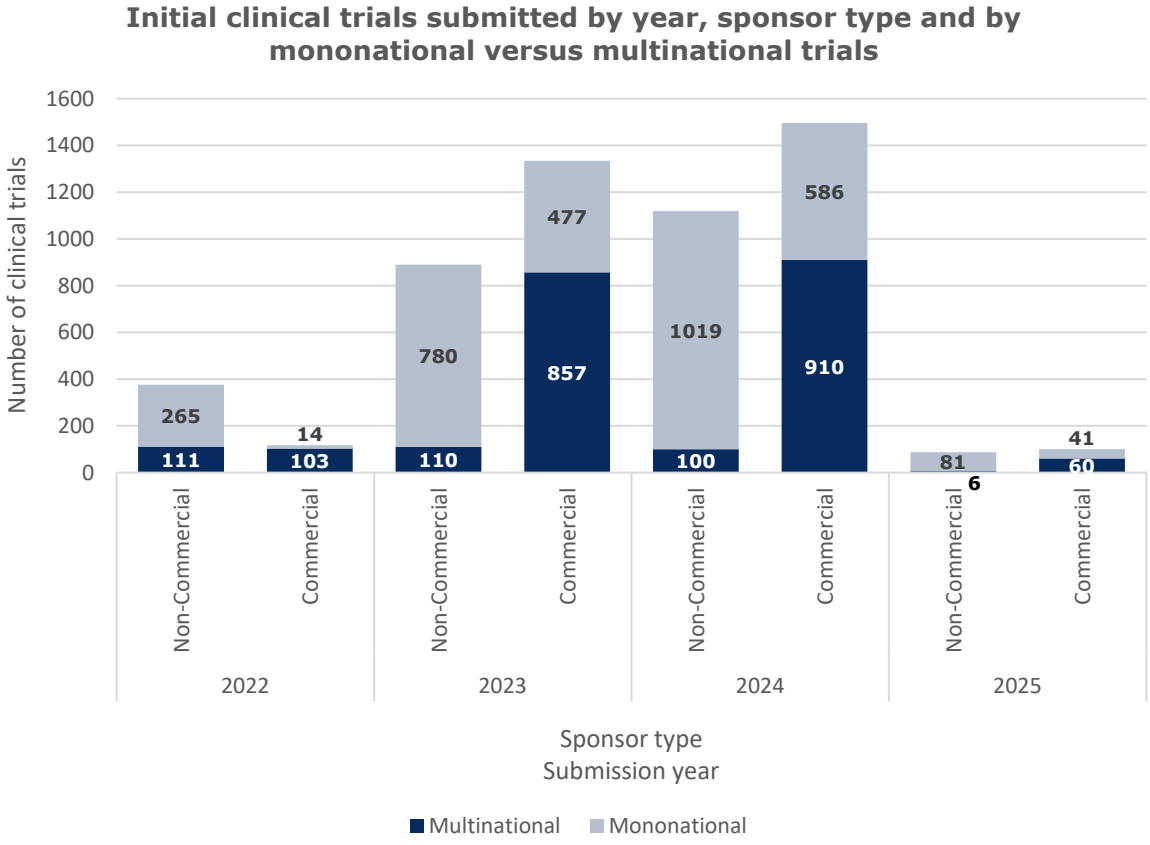
The CTR aims to harmonise requirements on clinical trials that under CTD might have been submitted as individual applications to the Member States Concerned.



2.2. Initial clinical trial applications submitted annually, broken down by sponsor type and by mononational versus multinational trials

During the transitional period, a total of **10,608** initial clinical trial applications were submitted. Of these, **5,001** (47.1%) were new initial applications and **519** (4.9%) were resubmissions of previously submitted initial applications.

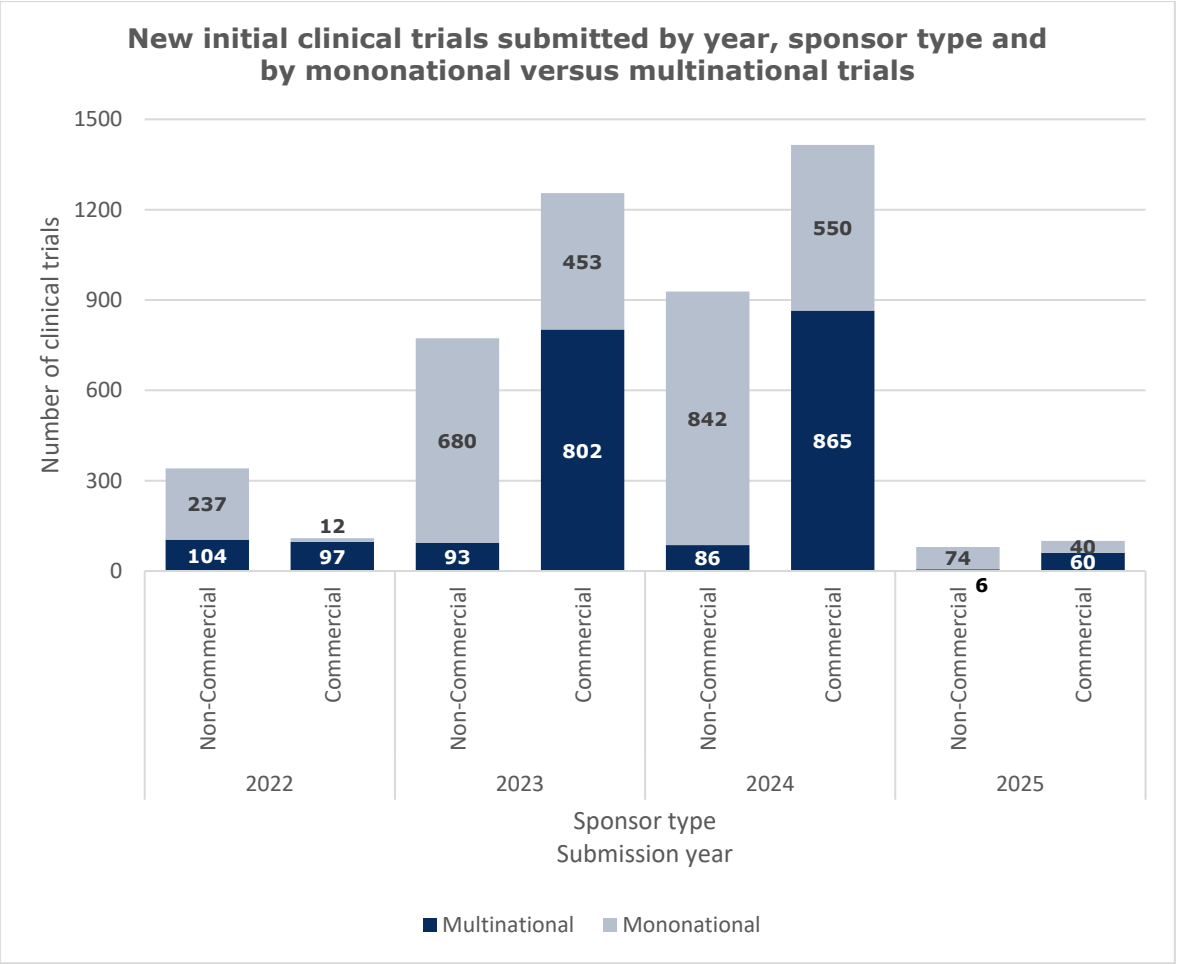
The below graph presents a detailed overview of the number of initial applications (new or resubmission), per year with a breakdown by sponsor type and mono/multinational trials.



2.3. **New** initial clinical trial applications submitted annually, broken down by sponsor type and mononational versus multinational trials

During the transitional period, a total of **10,608** initial clinical trial applications were submitted. Of these, **5,001** (47.1%) were new initial applications.

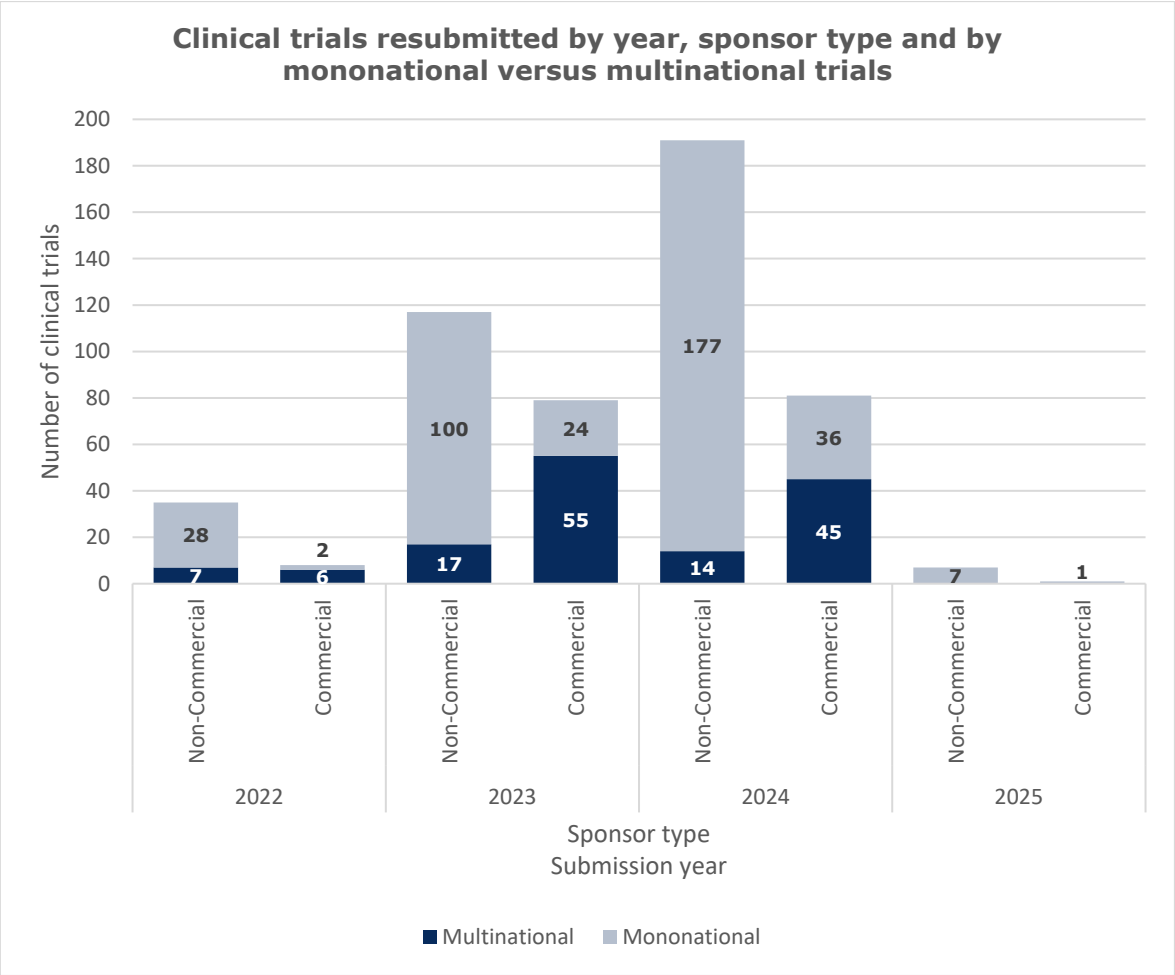
The below graph presents a detailed overview of the number of new initial applications per year, with a breakdown by sponsor type and mono/multinational trials.



2.4. **Resubmission** applications submitted annually, broken down by sponsor type and by mononational versus multinational trials

During the transitional period, a total of **10,608** initial clinical trial applications were submitted. Of these, **519** (4.9%) were resubmissions of previously submitted initial applications.

The below graph presents a detailed overview of the number of resubmitted applications per year, with a breakdown by sponsor type and mono/multinational trials.



2.5. Substantial modification applications submitted annually

Substantial modification means any change to any aspect of the clinical trial which is made after notification of a decision as defined in the CTR and which is likely to have a substantial impact on the safety or rights of the subjects or on the reliability and robustness of the data generated in the clinical trial.

Overall, **11,768** distinct substantial modification applications (part I only, part II only, part I and II) affecting **4,572** trials were submitted since the launch of the system on 31 January 2022 until 30 January 2025. The majority, **9,012 (76.5%)**, of these substantial modifications were submitted by commercial sponsors.

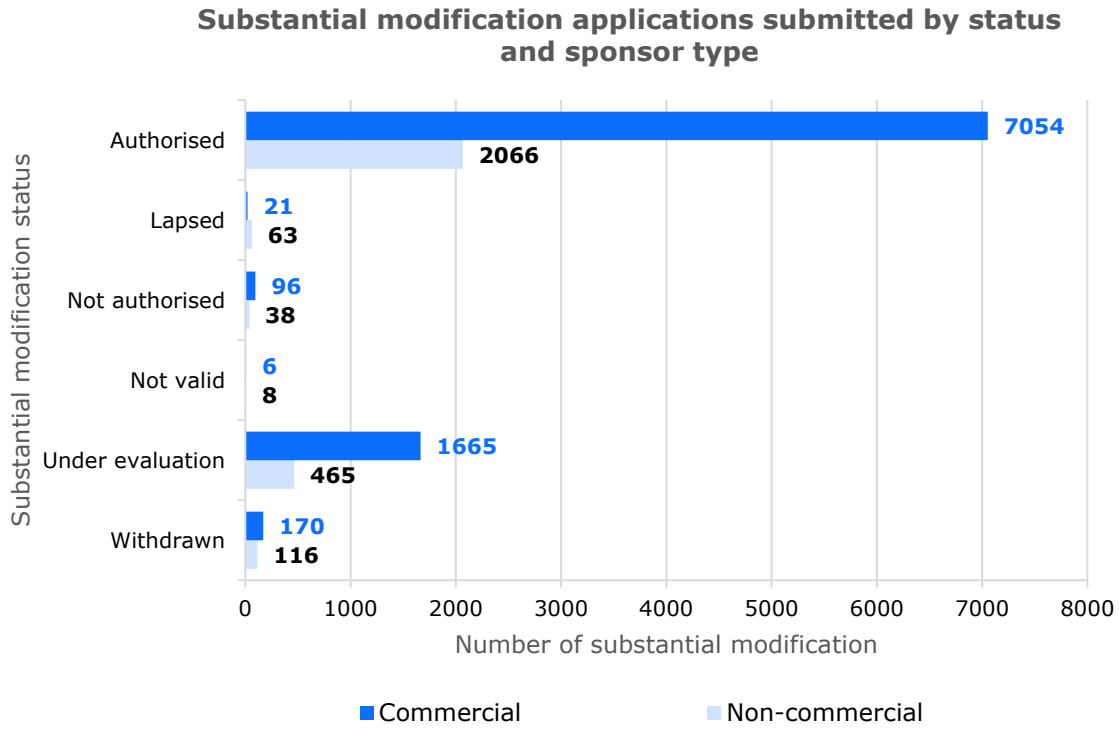
This applies to initial, resubmission and transitioned clinical trials.

This number includes: **111** substantial modifications submitted in 2022, **2,261** in 2023, **8,643** in 2024, and **753** in 2025.

The table below shows the break-down of substantial modifications submitted, categorised by scope: Part I only, Part II only or Part I and II. The number of clinical trials affected by substantial modifications is equal to 4,572 as multiple substantial modifications can be submitted for the same trial.

Application Part(s)					
Submission year	**Part I**	**Part II**	**Part I and II**	**Total**	**Clinical trials affected**
2022	14	47	50	111	72
2023	198	1254	809	2261	1018
2024	861	3923	3859	8643	4080
2025	87	303	363	753	636
Total	**1160**	**5527**	**5081**	**11768**	**4572**

The graph below illustrates the number of substantial modification applications submitted by sponsor type and applicable status on 30 January 2025.



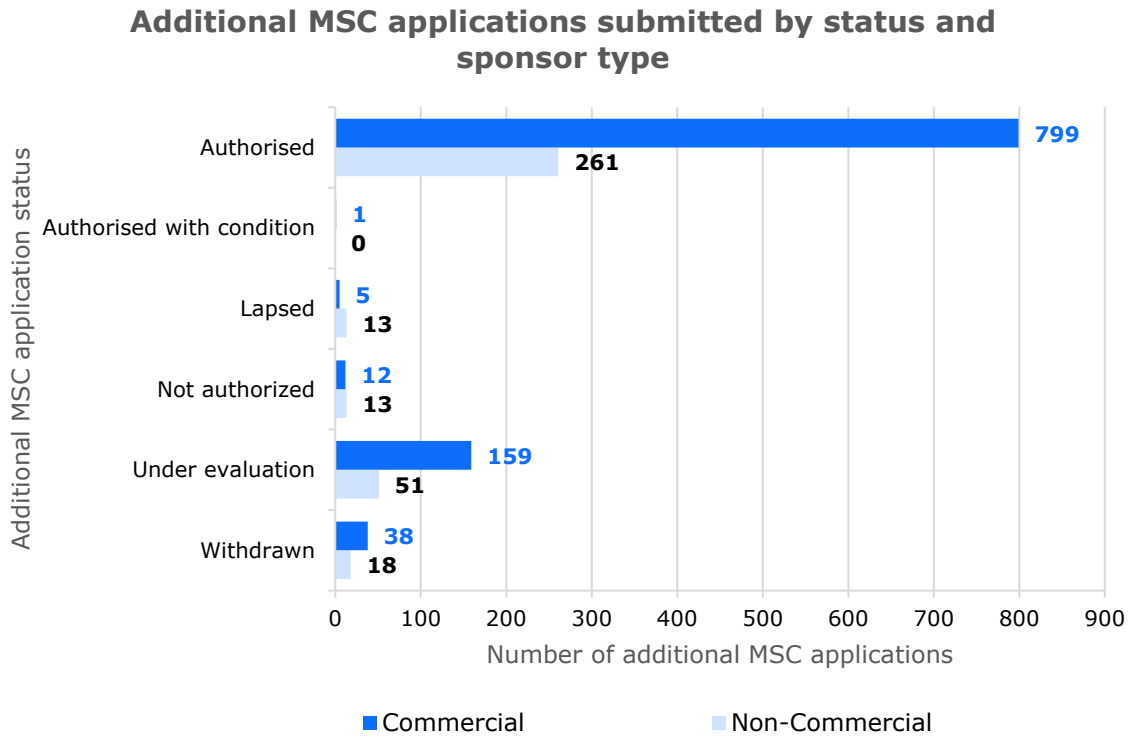
2.6. Additional Member States Concerned applications

Where the sponsor wishes to extend an authorised clinical trial to another Member State (additional Member State concerned'), the sponsor shall submit an application dossier to that Member State through CTIS. The application dossier may be submitted only after the notification date of the initial authorisation decision.

Overall, **1,370** distinct applications for the addition of a new MSC, affecting **539** trials, were submitted in CTIS between the launch of the system on 31 January 2022 and 30 January 2025. This applies to initial, resubmission and transitioned clinical trials.

This number includes: **19** applications in 2022, **403** in 2023, **885** in 2024, and **63** in 2025. Around 75% of these applications to add new MSC were submitted by commercial sponsors.

The graph below illustrates the number of additional Member States Concerned applications by sponsor type and applicable status on 30 January 2025.



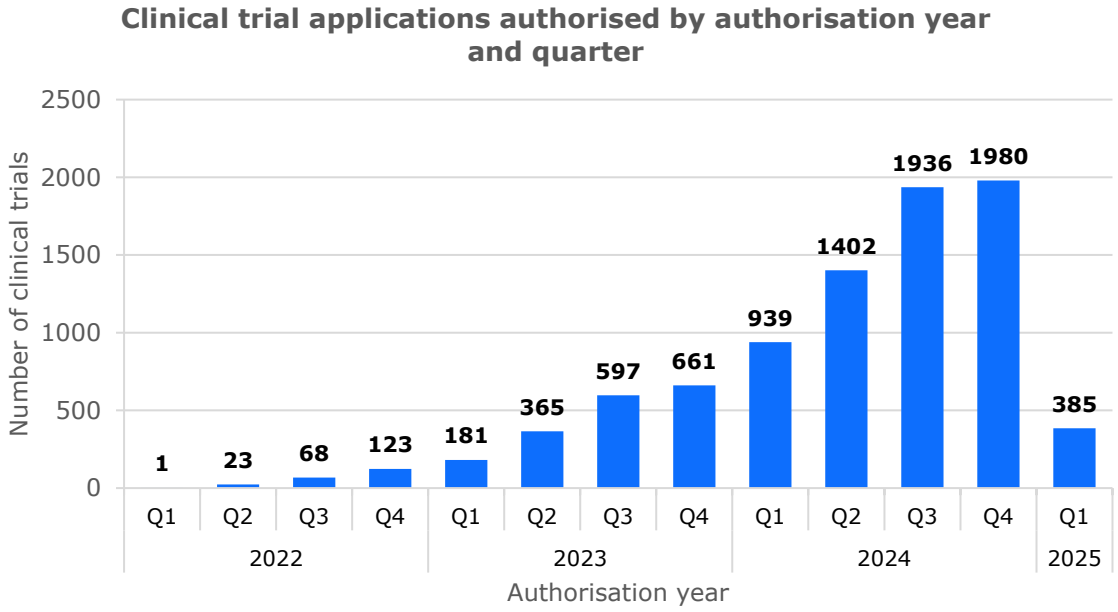
CHAPTER 3 – Authorisation of clinical trials

3.1. Overview

During the transitional period, **8,661** initial clinical trials received a decision (authorised or not authorised) in CTIS. The distribution of these trials was as follows: **4,634** (53.5%) transitioned trials, **3,670** (42.4%) new initial trials and **357** (4.1%) resubmissions.

Of the **8,661** initial clinical trials with a decision, **8,521** were authorised (98.4% overall authorisation success rate) and **140** were not authorised.

The graph below illustrates the overall number of clinical trials with a decision, issued quarterly for each year of the transitional period.

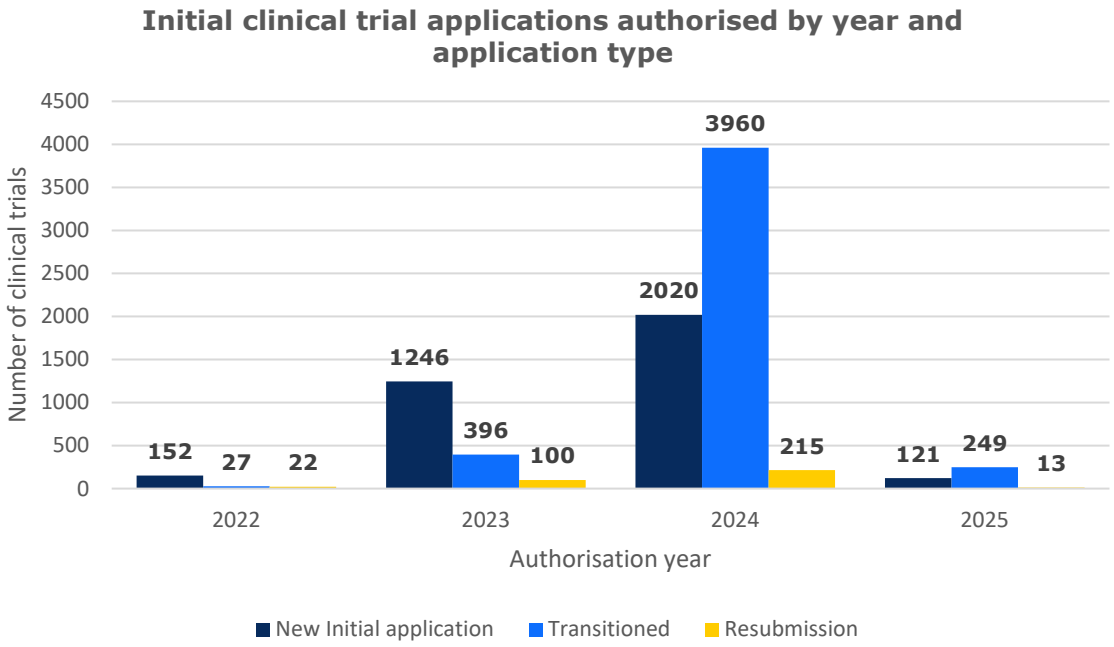


3.2. Initial clinical trials **authorised** annually

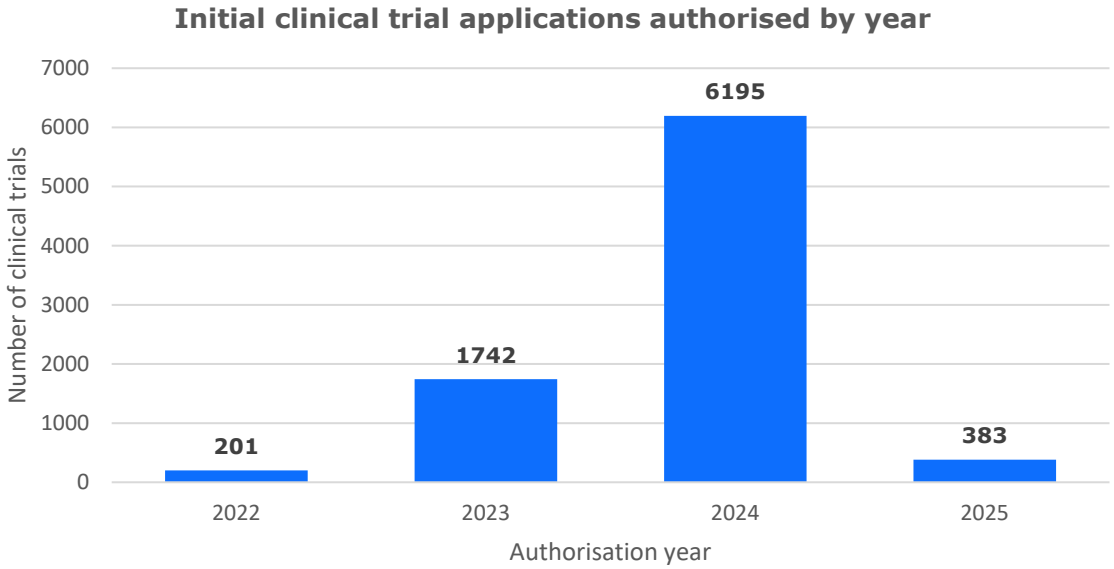
During the transitional period, **8,521** clinical trials were **authorised**, including **3,539** (41.5%) new initial applications, **4,632** (54.4%) transitional trials and **350** (4.1%) resubmissions of previously submitted applications.

The graph below shows the annual number of clinical trials for each year of the transition period, categorised by new initial, transitional and resubmission.

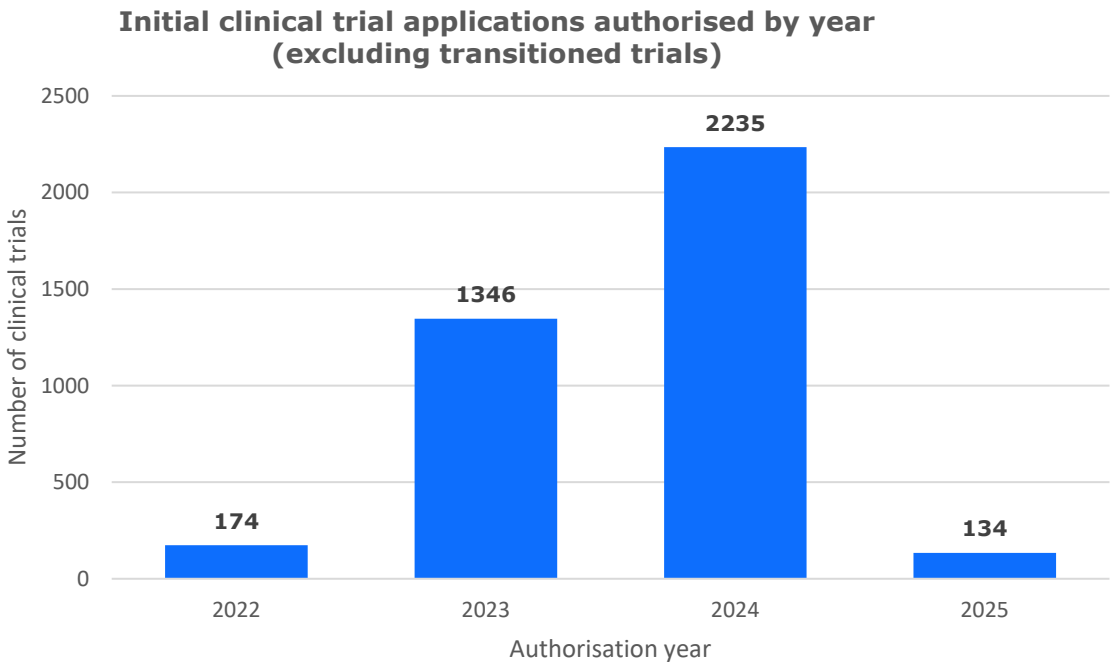
The individual number of **new** initial applications **authorised** per year, as shown by the dark blue bar in the graph, is: **152** in 2022, **1,246** in 2023, **2,020** in 2024, and **121** in 2025.



Aggregated figures per each year are presented in the graph below:



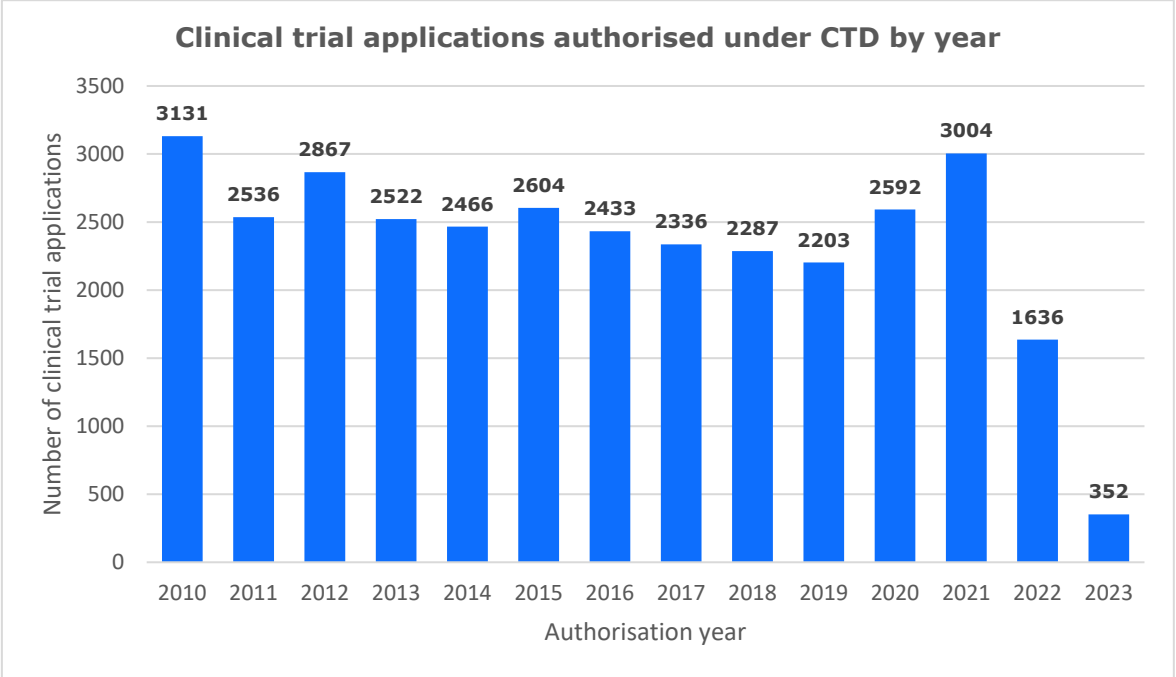
Aggregated figures without transitional applications are presented in the graph below:



For ease of comparison, the graph below presents the number of clinical trial applications authorised under the Directive 2001/20/EC during the timeframe 2010-2023.

It should be noted that at the time of implementation of CTD the trend was to conduct predominantly mononational clinical trials, while overtime the trend to conduct more multinational clinical trials has increased.

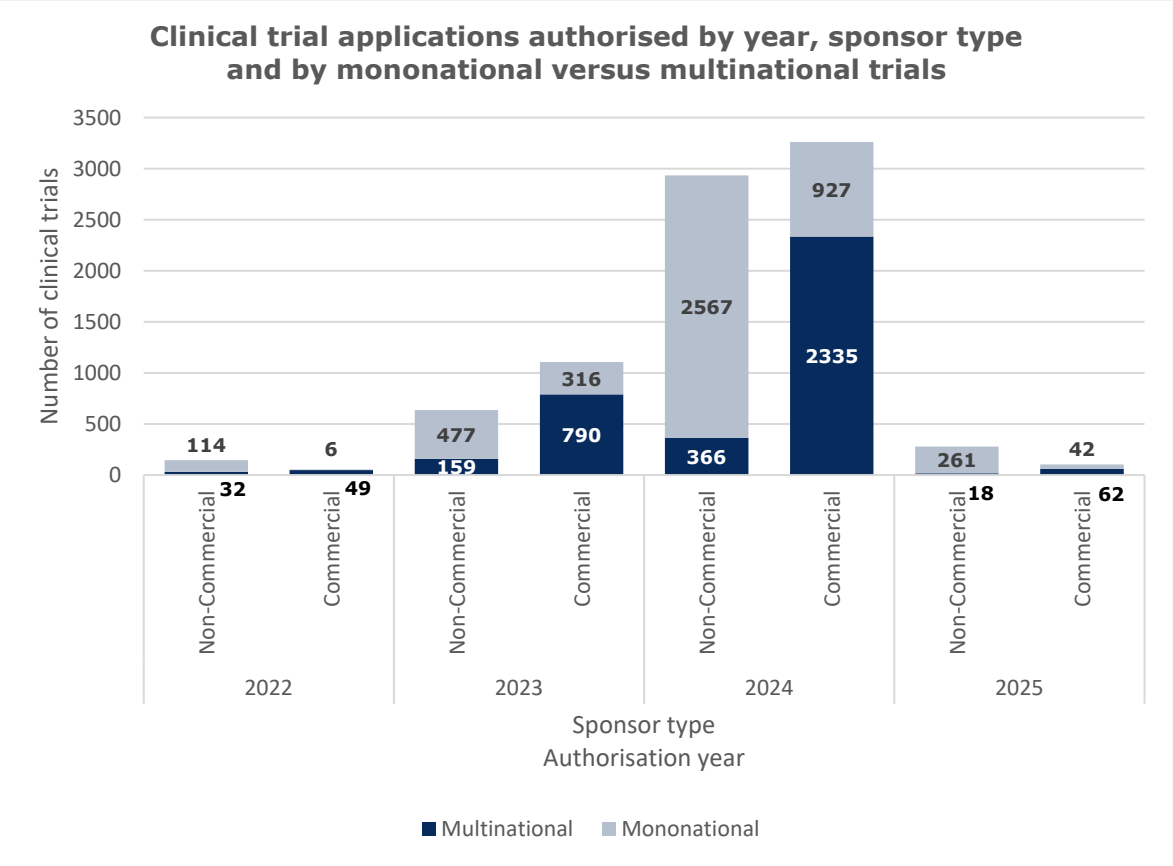
The CTR aims to harmonise requirements on clinical trials that under CTD might have been authorised as individual applications by the Member States Concerned.



3.3. **Initial** clinical trials authorised annually, broken down by sponsor type and by mononational versus multinational trials

During the transitional period, a total of **8,521** initial clinical trial applications were authorised. Of these, **3,539 (41.5%)** were new initial applications and **350 (4.1%)** were resubmissions of previously submitted initial applications.

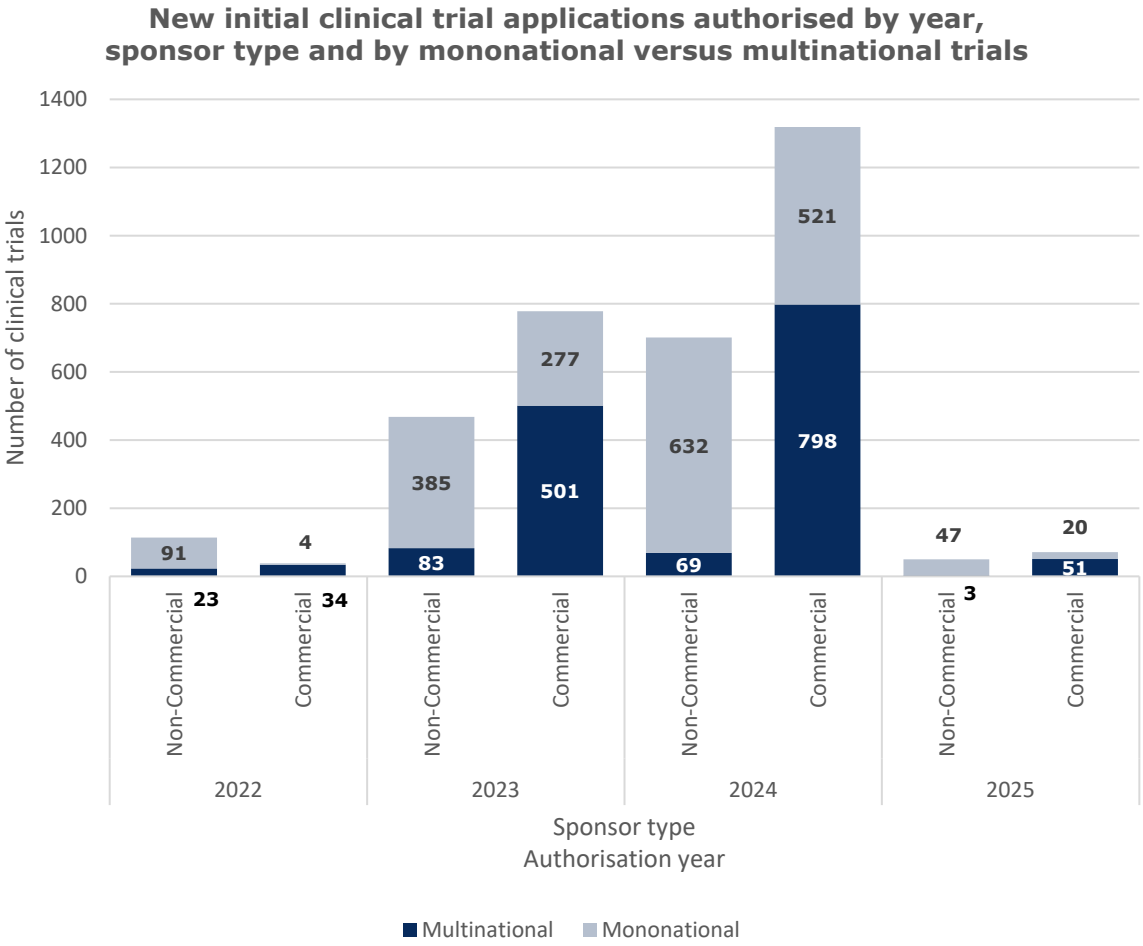
A detailed overview of the number of authorised initial applications (new or resubmission) per year, with a breakdown by sponsor type and mono/multinational trial, is shown in the graph below.



3.4. **New** initial clinical trials authorised annually, broken down by sponsor type and by mononational versus multinational trials

During the transitional period, a total of **8,521** initial clinical trial applications were authorised. Of these, **3,539 (41.5%)** were new initial applications.

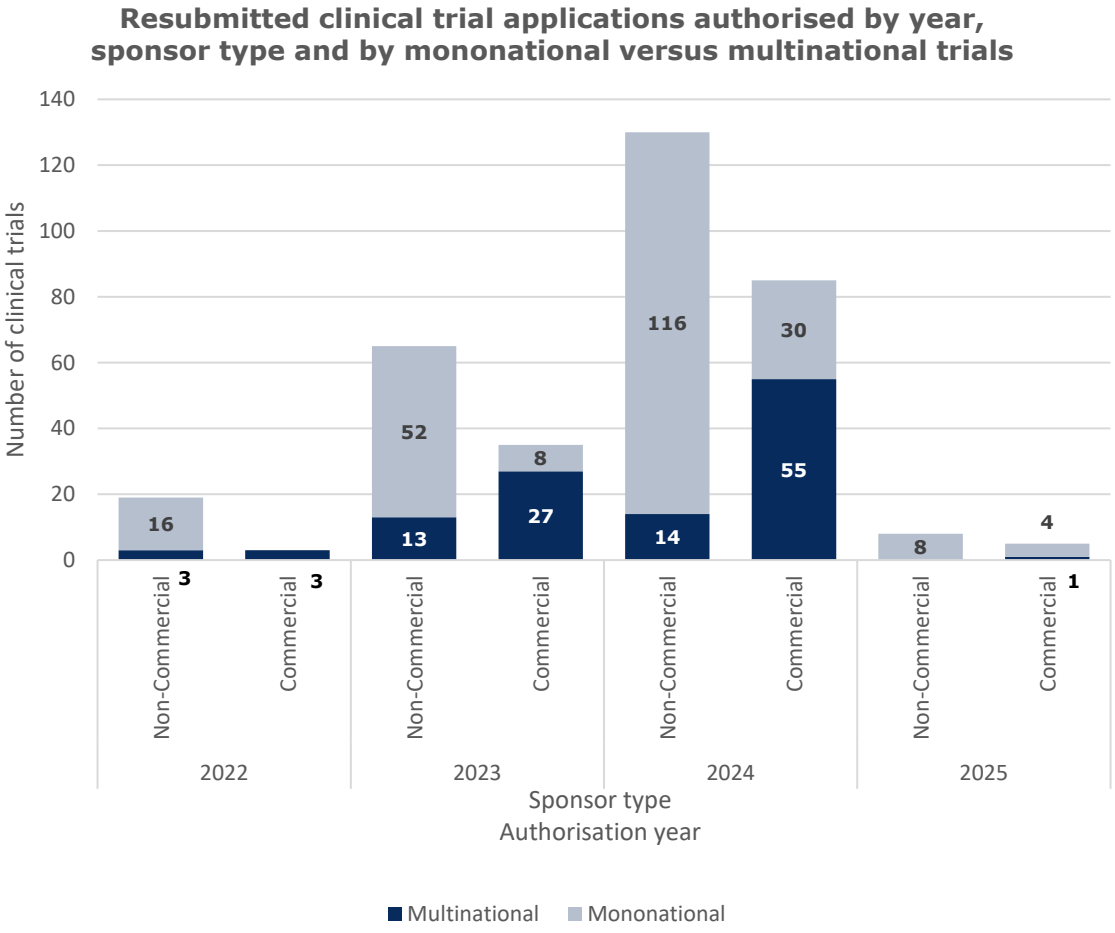
The graph below provides an overview of the number of authorised new initial applications per year with a breakdown by sponsor type and mono/multinational trial.



3.5. **Resubmitted** clinical trial applications authorised annually, broken down by sponsor type and by mononational versus multinational trials

During the transitional period, a total of **8,521** initial clinical trial applications were authorised. Of these, **350 (4.1%)** were resubmissions of previously submitted initial applications.

The below graph provides an overview of the number of authorised resubmitted applications per year with a breakdown per sponsor type and mono/multinational.


Resubmitted clinical trial applications authorised by year, sponsor type and by mononational versus multinational trials
Number of clinical trials
140
120
100
80
60
40
20
0
16
3
3
52
13
8
27
116
14
30
55
8
4
1
Non-Commercial
Commercial
2022
2023
2024
2025
Sponsor type
Authorisation year
Multinational
Mononational

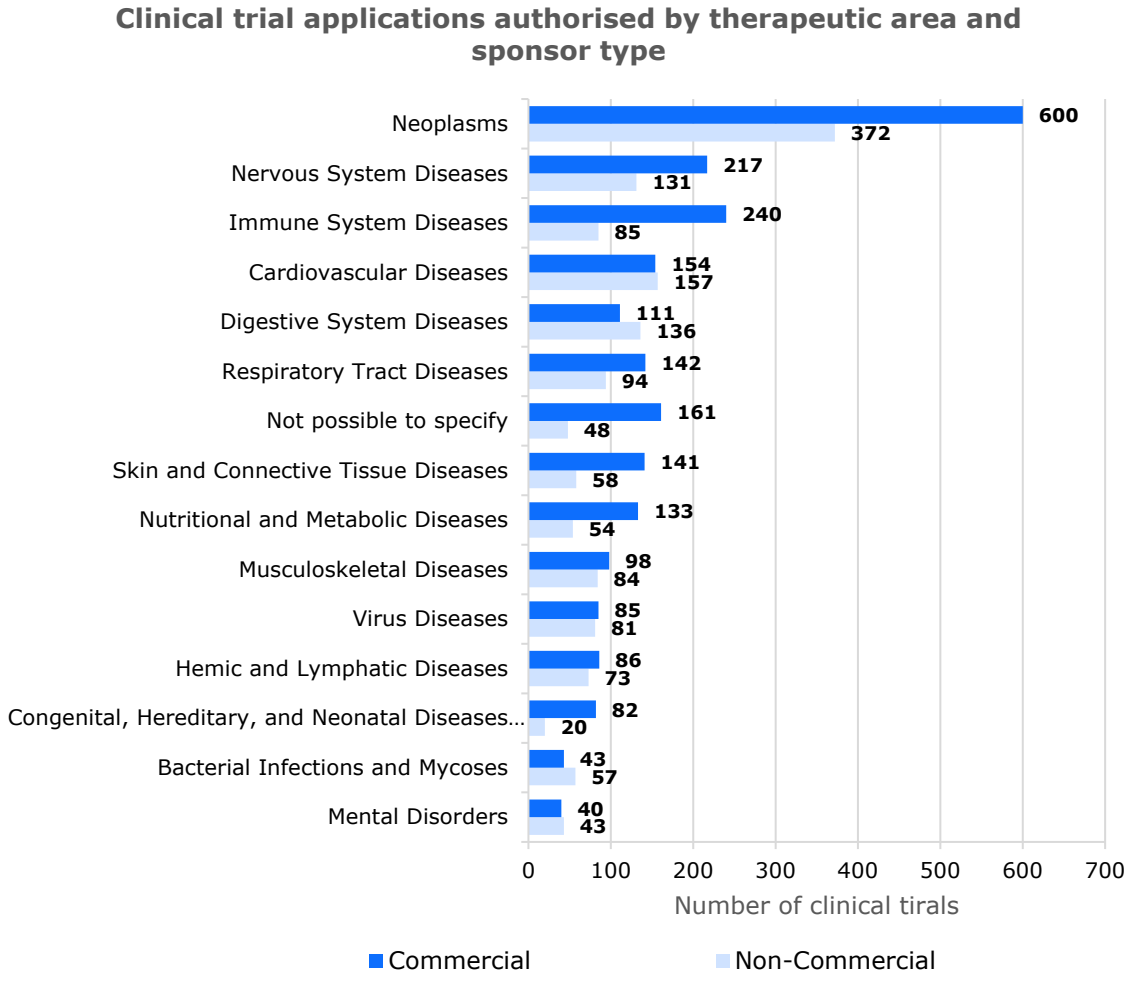
CHAPTER 4 – Information on authorised clinical trials

This chapter provides further information on the types of authorised clinical trials in the EU, considering only new and resubmitted clinical trial applications. Transitional trials are excluded from the analysis in this chapter.

4.1. Authorised clinical trials by therapeutic area and sponsor type

The graph below shows the number of authorised clinical trials during the 3-year transition period, broken down by the most frequent therapeutic areas and by sponsor type.

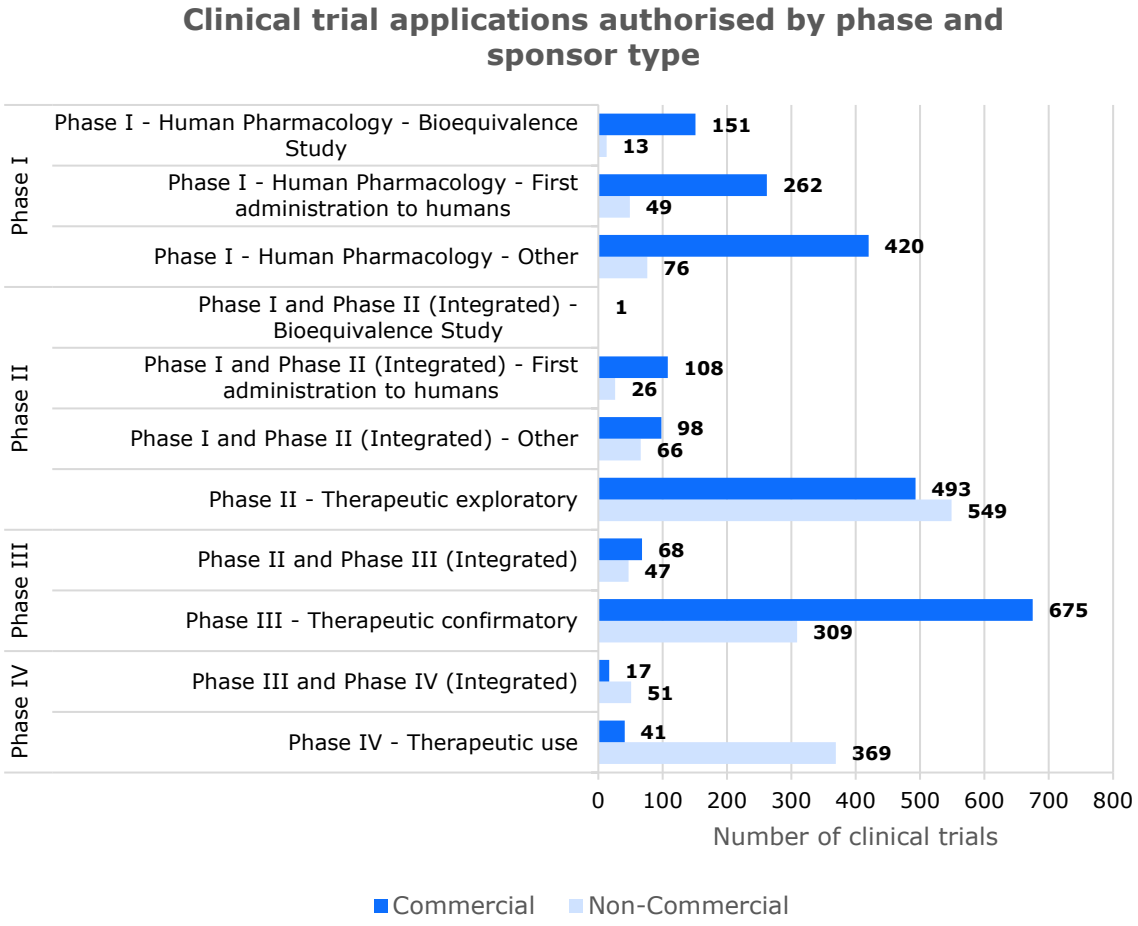
As more than one therapeutic area can be selected in a clinical trial the reader should not add the number of clinical trials for different therapeutic areas, as this would result in double-counting[4].



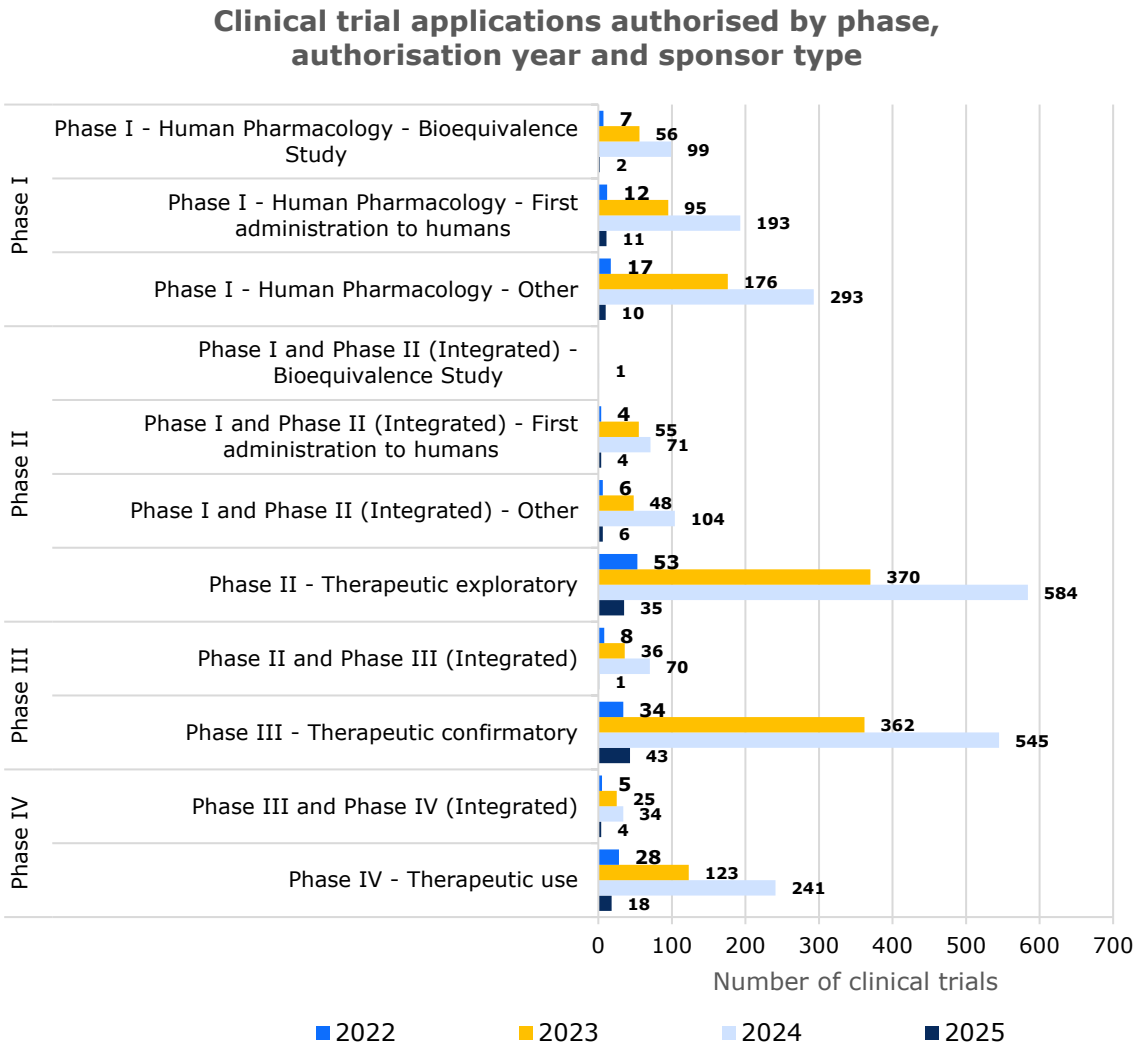
[4] The category 'not possible to specify' might be due to the fact that at the time of submission of the clinical trial application it was not possible for the sponsor to clearly identify the therapeutic area for the IMP being used, particularly in early development trials.

4.2. Authorised clinical trials by phase and sponsor type

The graphs below show aggregated figures for the number of authorised clinical trials during the 3-year transition period broken down by trial phase, including first in human trials and combined early trial phases (I and II).



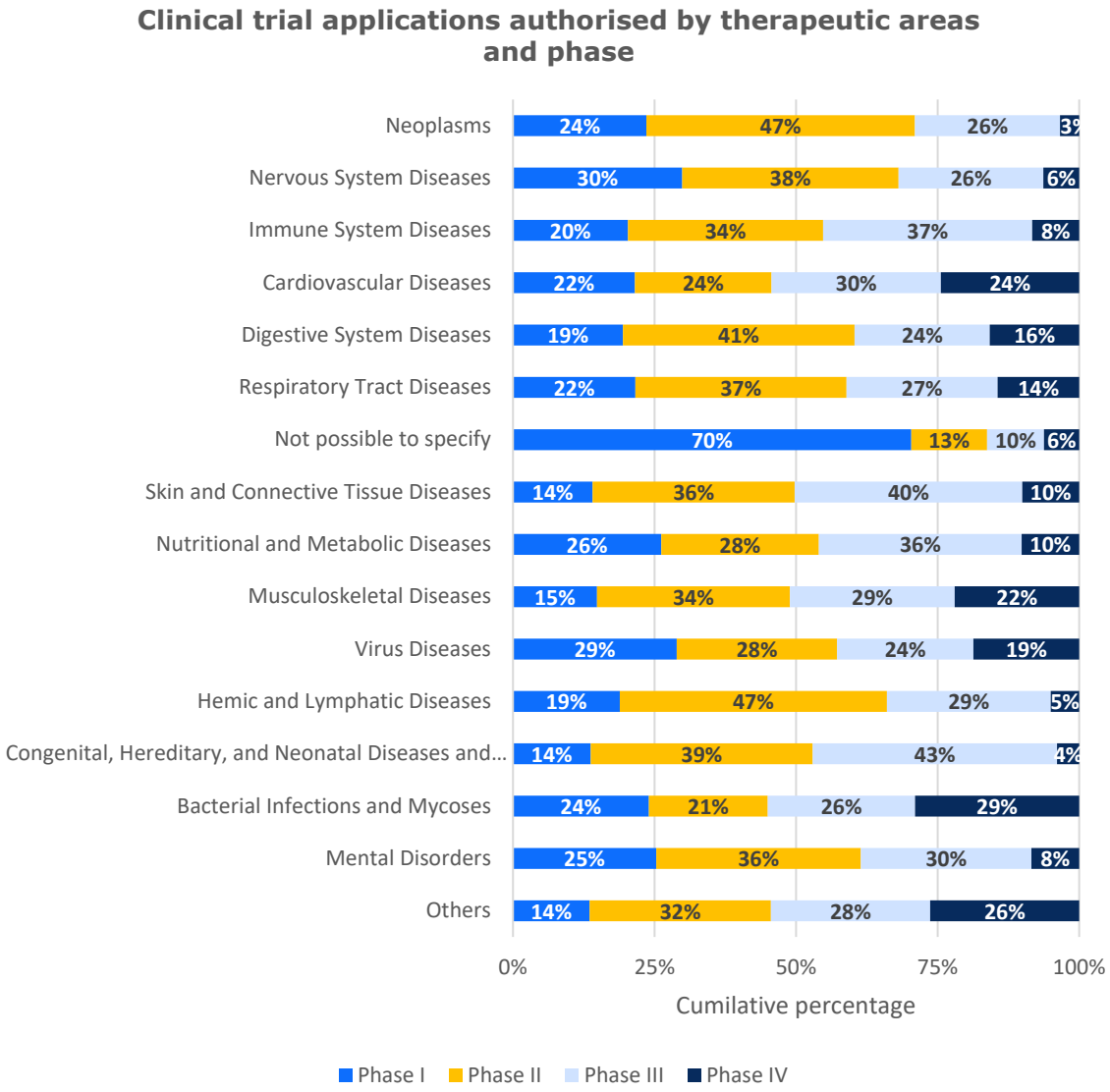
The graph below complements the previous graph by additionally providing a yearly breakdown of authorised clinical trials during the 3-year transition period broken down by trial phase, including first in human trials and combined early trial phases (I and II).



4.3. Overview of the most common therapeutic areas, including details on the phase of authorised clinical trials

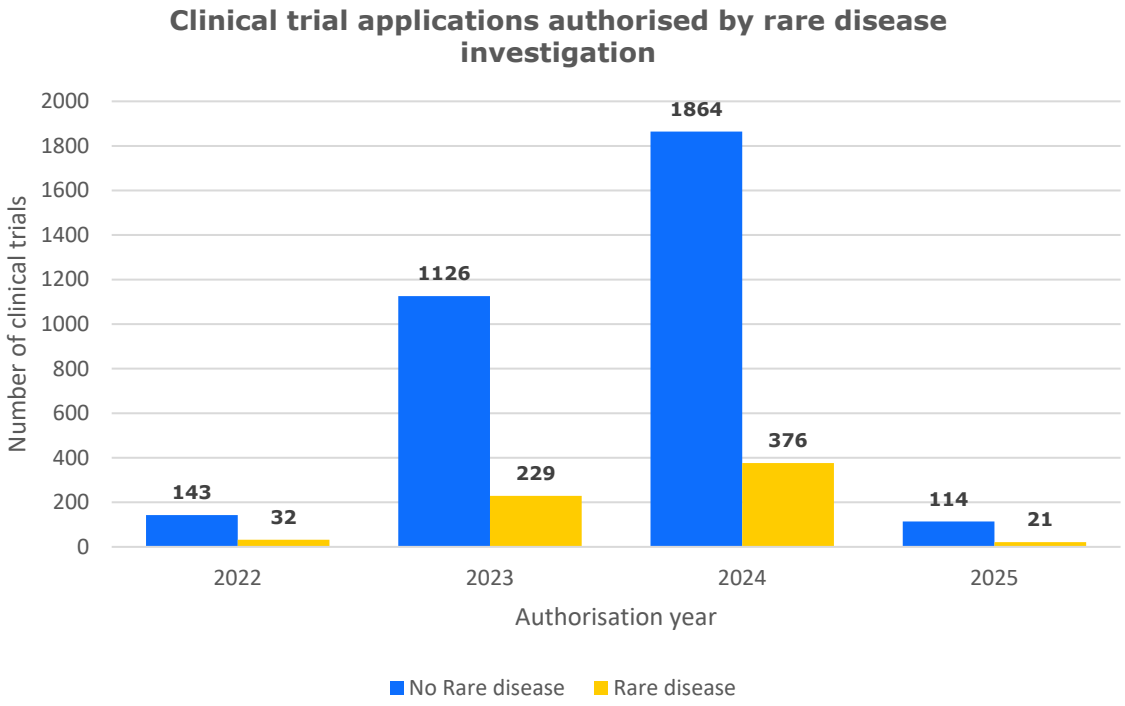
The graph below shows the number of authorised clinical trials during the transition period, broken down by therapeutic areas and trial phase.

The integrated phases have been grouped into four major phases. A trial integrated phase I/II is considered phase II; a trial integrated phase II/III is considered phase III; a trial integrated III/IV is considered phase IV.



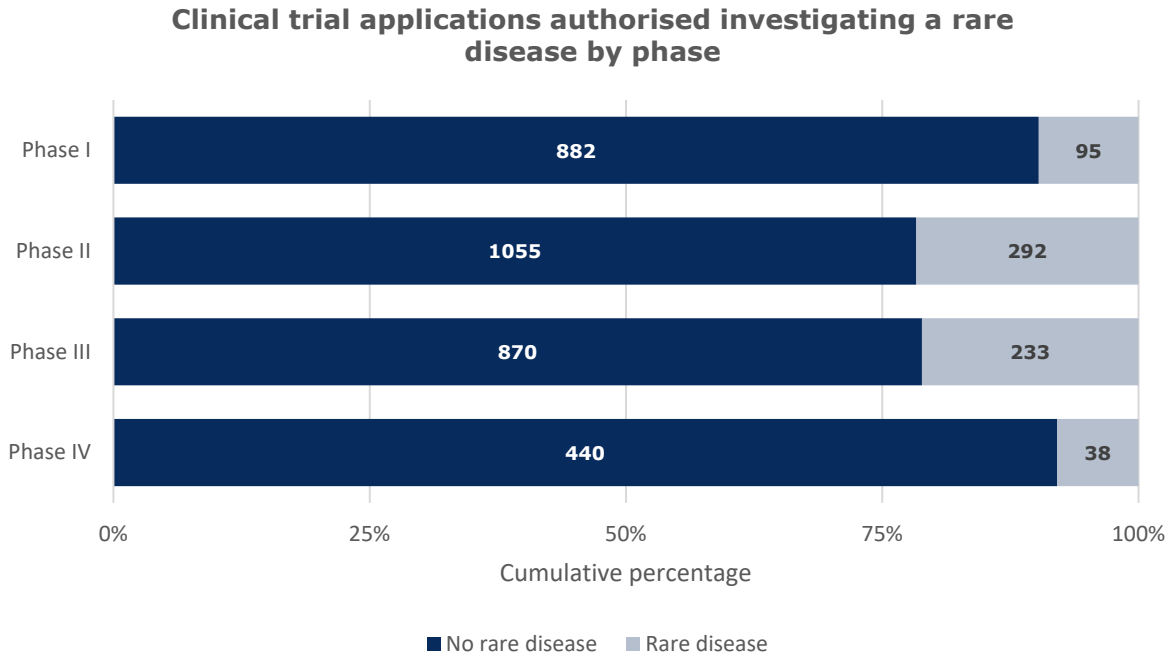
4.4. Authorised clinical trials investigating a rare disease

The graph below shows the number of authorised clinical trials during the 3-year transition period, broken down by whether they target a rare disease or not. It should be noted that in some instances a single clinical trial may include investigation of rare and non-rare diseases. Therefore, the reader should not add the number of clinical trials for each category, as this might result in double-counting.



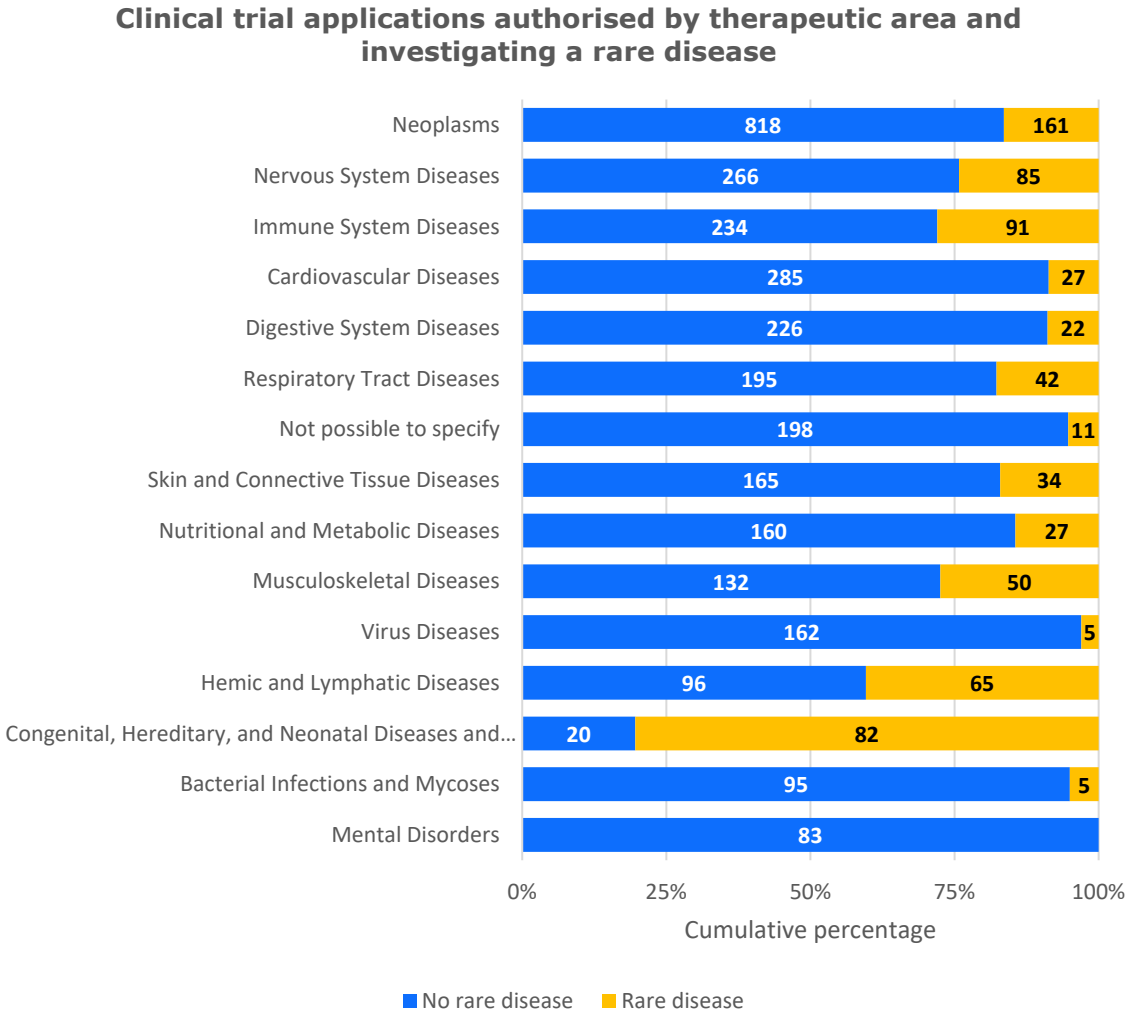
4.5. Authorised clinical trials investigating a rare disease by phase

The graph below shows the number of authorised clinical trials, indicating the number for rare diseases, broken down by trial phase.



4.6. Authorised clinical trials broken down by therapeutic area and by whether they target a rare disease

The graph below shows the number of authorised clinical trials, indicating those conducted for rare diseases, and broken down by therapeutic area.

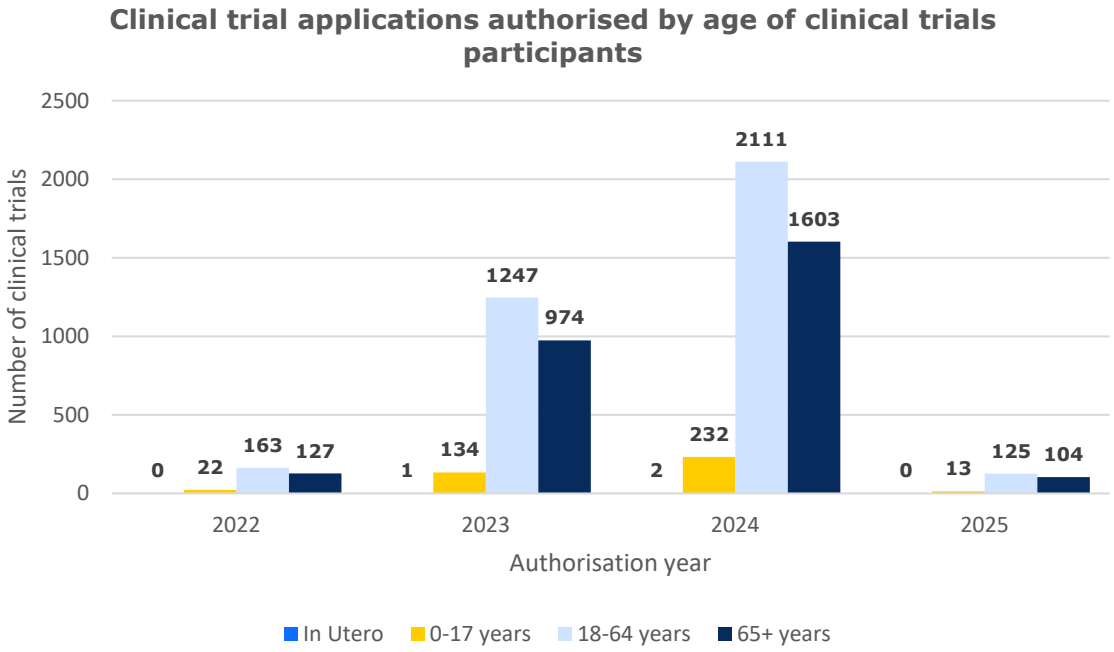


4.7. Authorised clinical trials by age of clinical trial participants

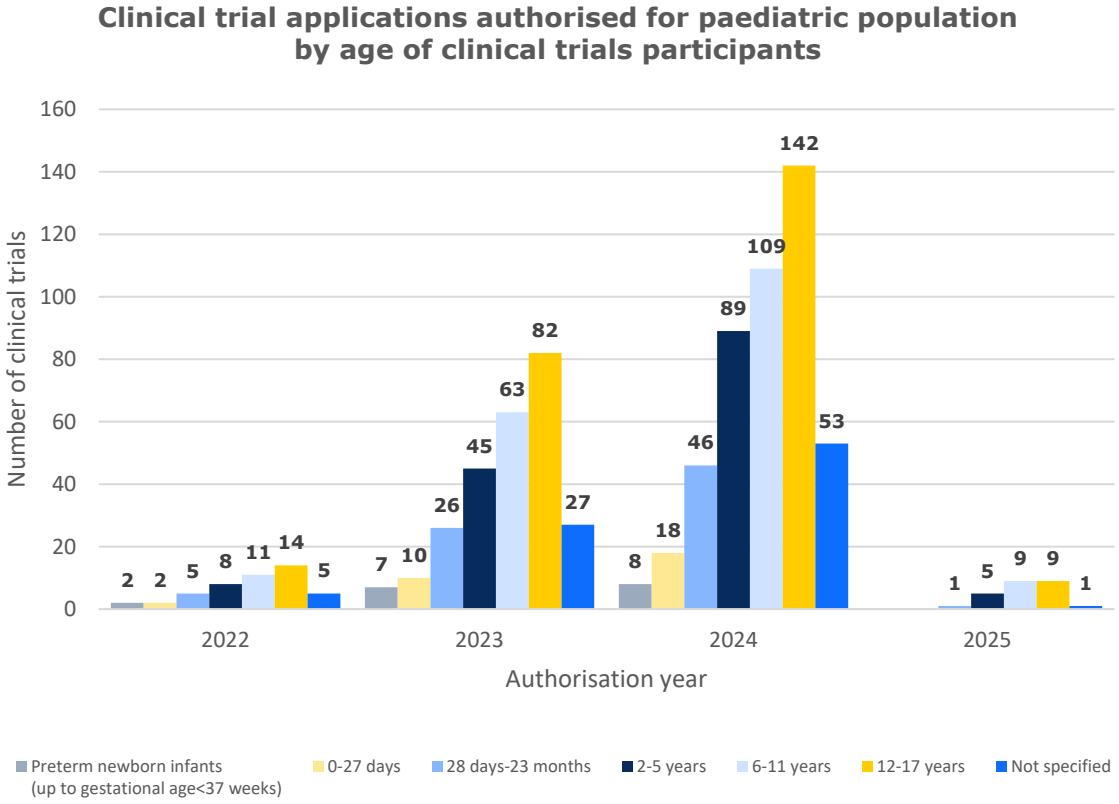
The graph below shows the number of authorised clinical trials per population age, based on the information provided by the sponsors at the time of submission of the clinical trial applications in CTIS. The figures include break down in utero, paediatric population (0-17), adult (18-64) or geriatric population (65+).

It is important to note that a single clinical trial may include multiple age categories. For example, a trial which includes both the "18-64" and "65+" age categories will be counted

twice, i.e., included in both applicable categories. Therefore, the reader should not add the number of clinical trials for each age category, as this would result in double-counting.



The graph below provides a detailed age-based sub-categorisation of the **paediatric** population planned for inclusion in clinical trials by year, expanding on the data presented in the previous graph.

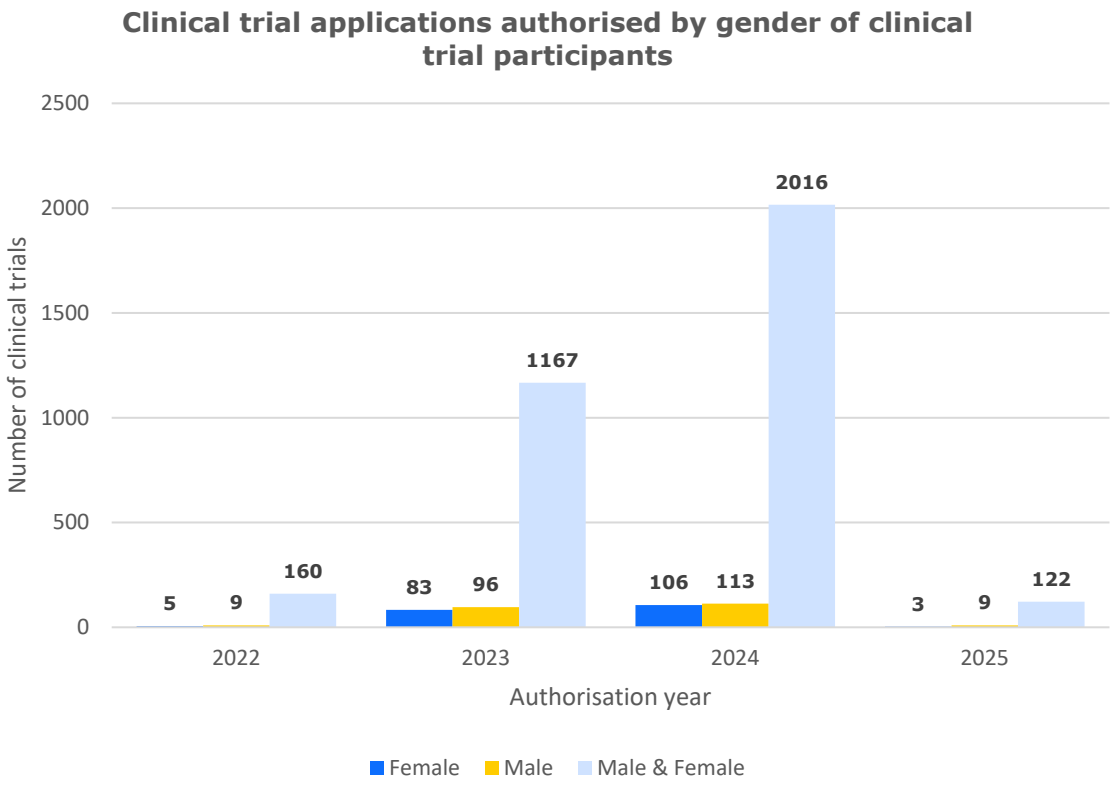


4.8. Authorised clinical trials by gender of clinical trial participants

The graph below shows the number of authorised clinical trials by gender based on the information provided by the sponsors at the time of submission of the clinical trial applications in CTIS, including clinical trials only for men, only for women and for both genders, over the course of the 3-year transition period.

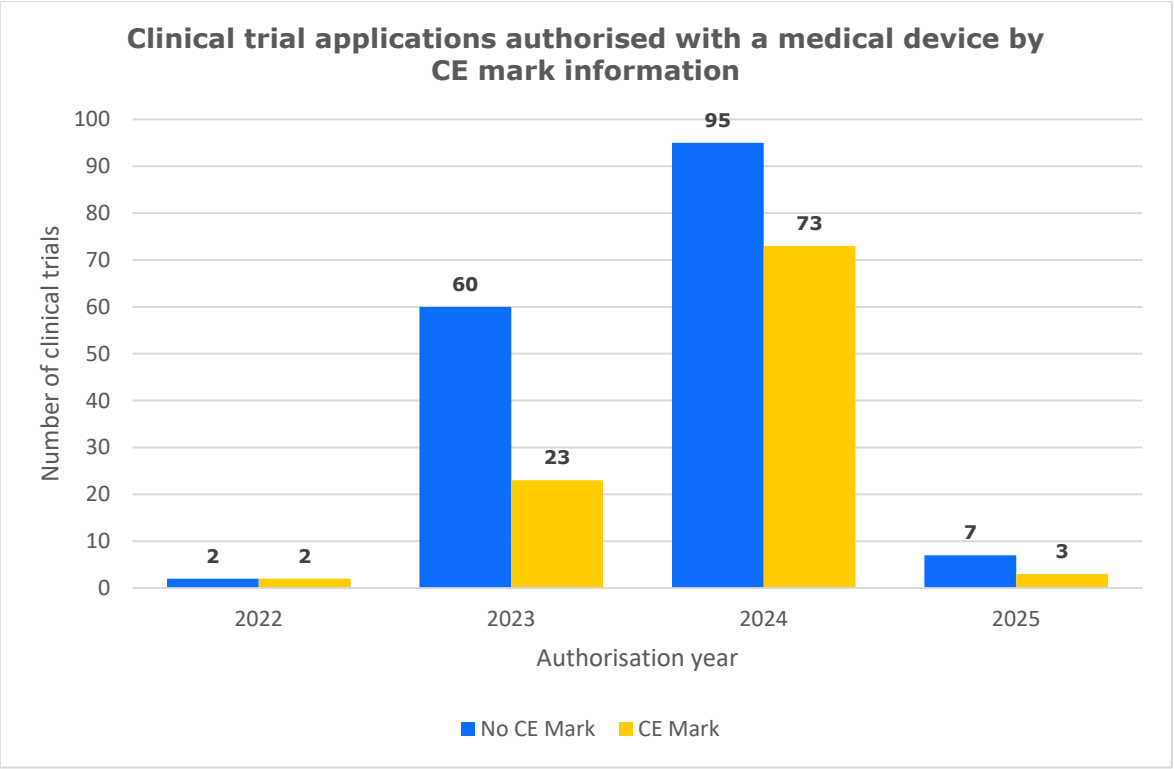
The number of authorised trials for women only and for men only is roughly equal at, 5.1% and 5.8% respectively.

Nearly 90% of authorised trials include both male and female participants.



4.9. Authorised clinical trials with a medical device

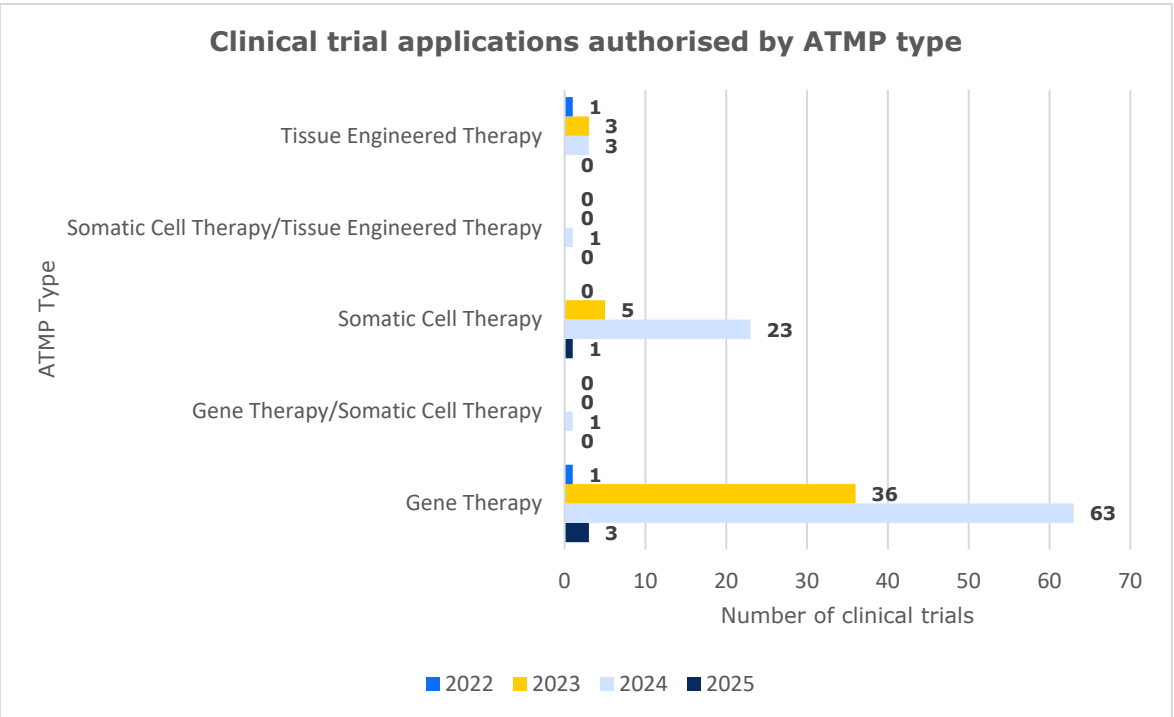
During the transitional period, **257** clinical trial applications with a medical device associated with the investigational medicinal product (IMP) were authorised, of which **101** devices had a CE mark, to certify that the medical device complies with applicable EU legislation.



4.10. Authorised clinical trials with an ATMP, classified by ATMP type

The graph below shows the number of authorised clinical trials with an Advanced Therapy Medicinal Product (ATMP) for each year of the transition period, classified by ATMP type.

Overall, 141 clinical trials with an ATMP were authorised, of which **2** (1.4%) were authorised in 2022, **44** (31.2%) in 2023, **91** (64.5%) in 2024 and **4** (2.8%) in 2025.



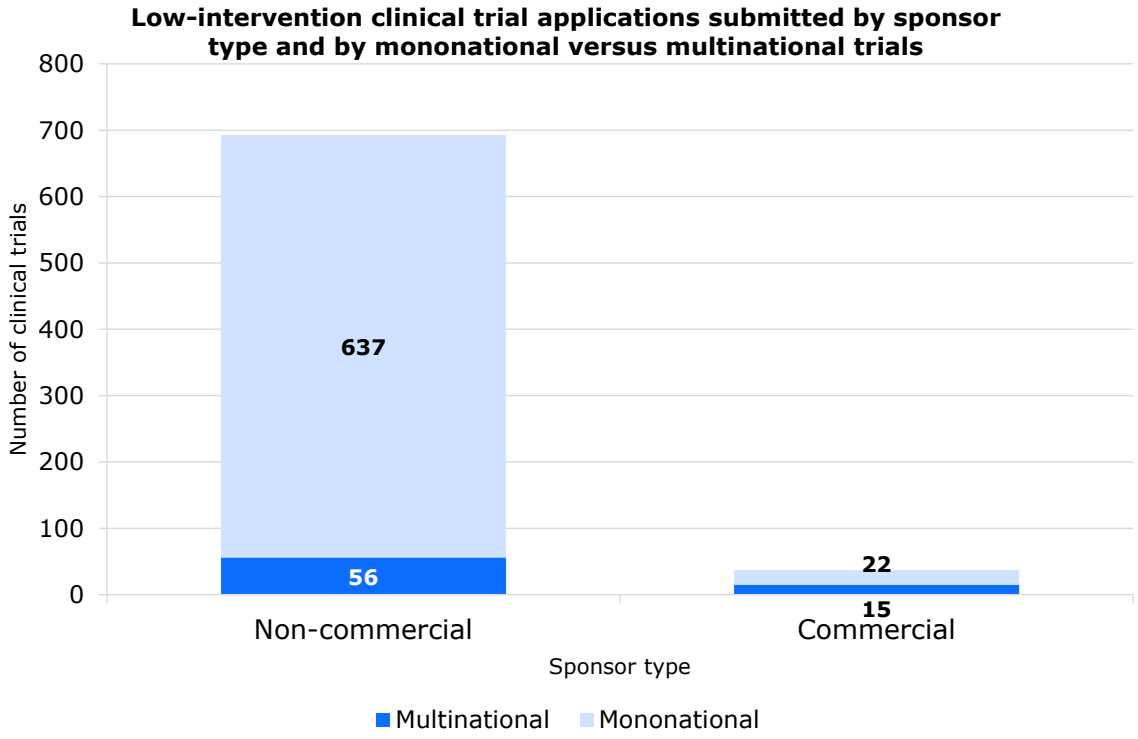
CHAPTER 5 – Low-intervention clinical trials

Low-intervention clinical trials, as defined by Regulation (EU) No 536/2014, involve authorised medicinal products used in accordance with their marketing authorisation or supported by scientific evidence, posing minimal additional risk to participants.

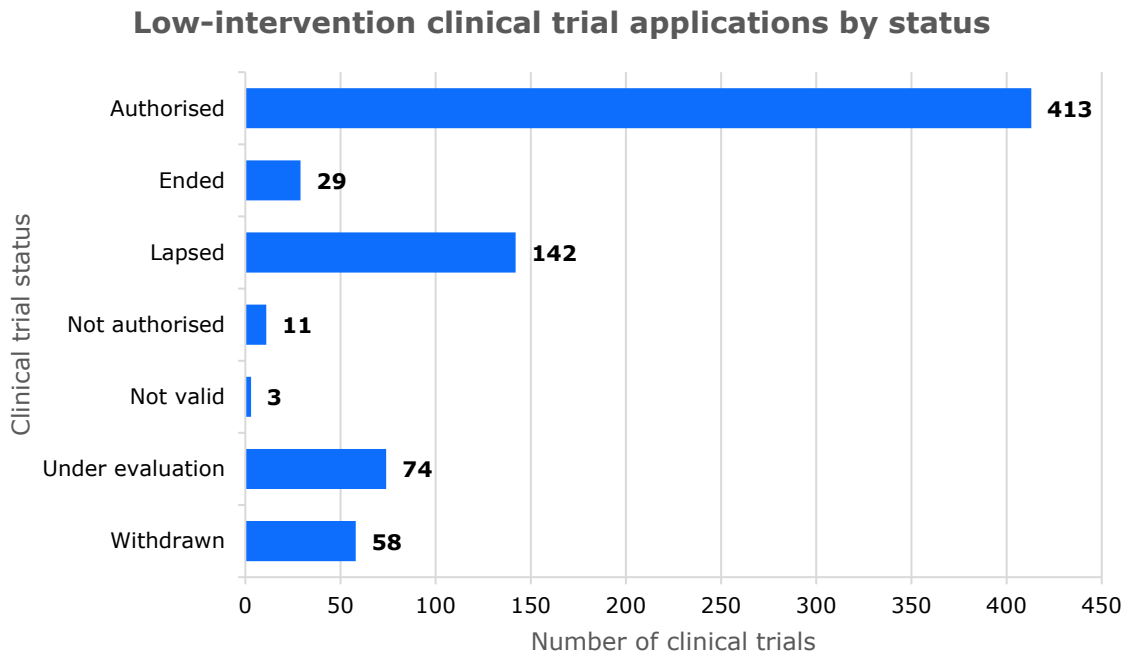
The graphs below show information on the number of authorised clinical trials flagged as low intervention clinical trials in the applications submitted to CTIS, split into mononational/multinational and sponsor type.

Of the **5,520** initial applications submitted during the transitional period (new initial application and resubmissions), **730** (13%) were low-intervention clinical trials with a distinction in patterns between non-commercial and commercial sponsors.

Non-commercial sponsors are responsible for the vast majority of submissions, totaling 693 (94.4%) trials. Of these, 637 (91.9%) were mononational, indicating a strong preference for conducting trials within a single country. Commercial sponsors submitted a significantly smaller number of trials, 37 (5.6%). A majority of these, 22 (59.5%), were multinational, while 15 (40.5%) were mononational.



The graph below shows the status of the 730 low intervention clinical trials in CTIS by the end of the transition period on 30 January 2025.

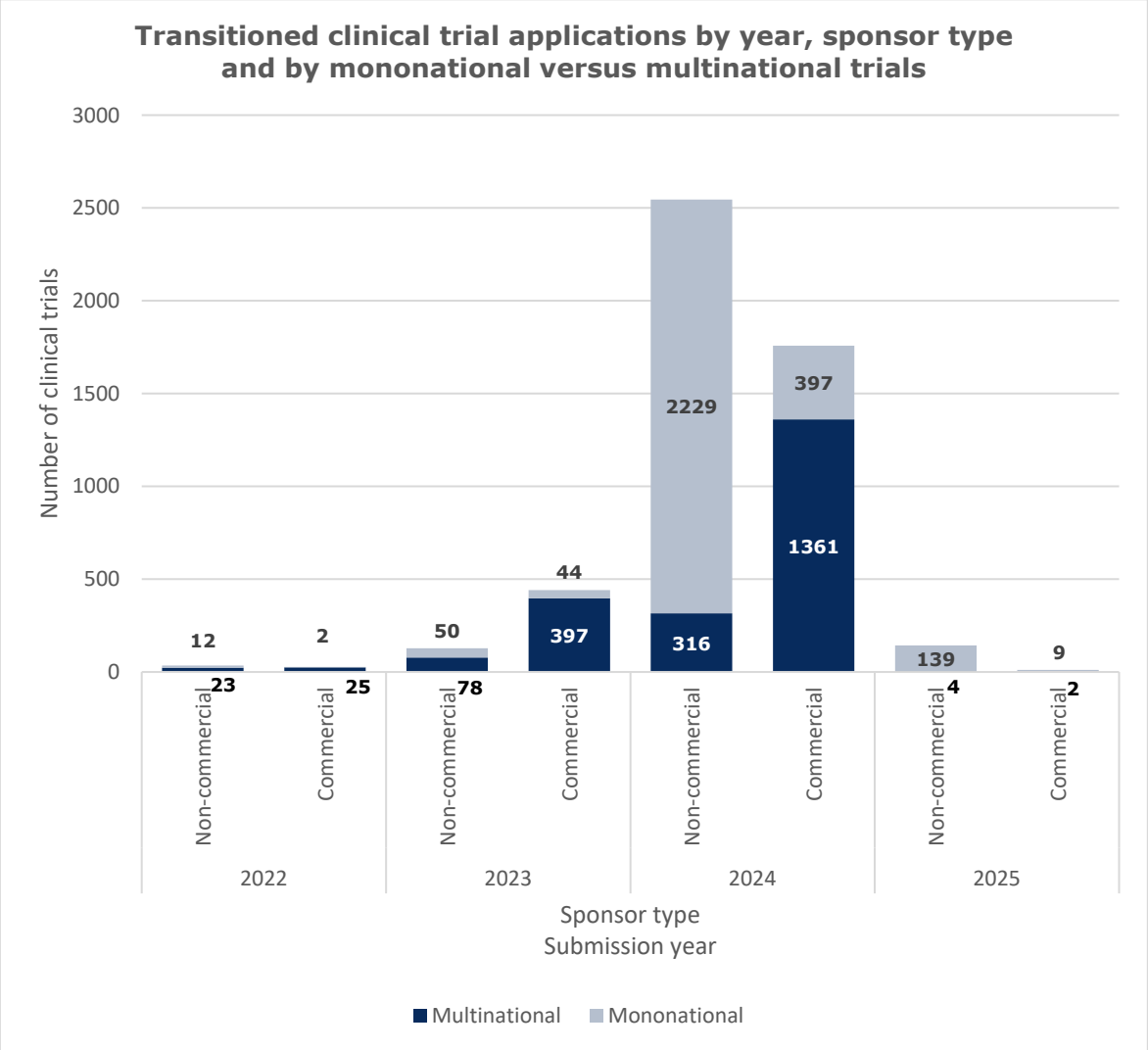

Low-intervention clinical trial applications by status
Clinical trial status
Authorised
Ended
Lapsed
Not authorised
Not valid
Under evaluation
Withdrawn
413
29
142
11
3
74
58
0
50
100
150
200
250
300
350
400
450
Number of clinical trials

CHAPTER 6 – Transitioned clinical trials

This chapter provides detailed information on clinical trials authorised under the previous legislative framework of the CTD, that were transitioned to the CTR within the 3-year transition period stipulated in Article 98 of the CTR.

The graph below shows the number of transitional applications submitted during the 3-year period, split into mononational/multinational with a breakdown by sponsor type.

A total of **5,088** transitional applications were submitted during the transitional period, of which 62 were submitted (1.2%) in 2022, 569 (11.2%) in 2023, 4,303 (84.6%) in 2024 and 154 (3.0%) by 30 January 2025.



CHAPTER 7 – Member States

7.1. Member State involvement in clinical trial authorisation procedures

The following overview presents **new** initial clinical trial applications – submitted since 31 January 2022 – either full applications (part I and part II) or part I only – highlighting Member States involvement in mononational and multinational trials, as Reporting Member State (RMS) or Member State Concerned (MSC).

Resubmitted and transitional trials are excluded from the analyses in this chapter.

When interpreting the number of clinical trials per MSC in the below table, it is important to consider the population size of each Member State to provide proper context (Eurostat – Statistics).

Member State	Multinational Trials		Mononational Trials	Total number of Initial CTAs
	MSC	*Of which as RMS*		
Austria	345	57	47	392
Belgium	703	119	234	937
Bulgaria	354	5	32	386
Croatia	116	0	0	116
Cyprus	6	0	1	7
Czechia	534	95	54	588
Denmark	381	119	245	626
Estonia	63	7	6	69
Finland	145	43	42	187
France	1216	181	499	1715
Germany	1249	410	358	1607
Greece	338	2	15	353
Hungary	487	31	24	511
Iceland	9	0	1	10
Ireland	125	12	16	141
Italy	1183	144	175	1358
Latvia	63	5	5	68
Lithuania	77	10	4	81
Luxembourg	3	0	1	4
Netherlands	600	133	380	980
Norway	157	27	56	213
Poland	971	113	85	1056
Portugal	266	20	74	340

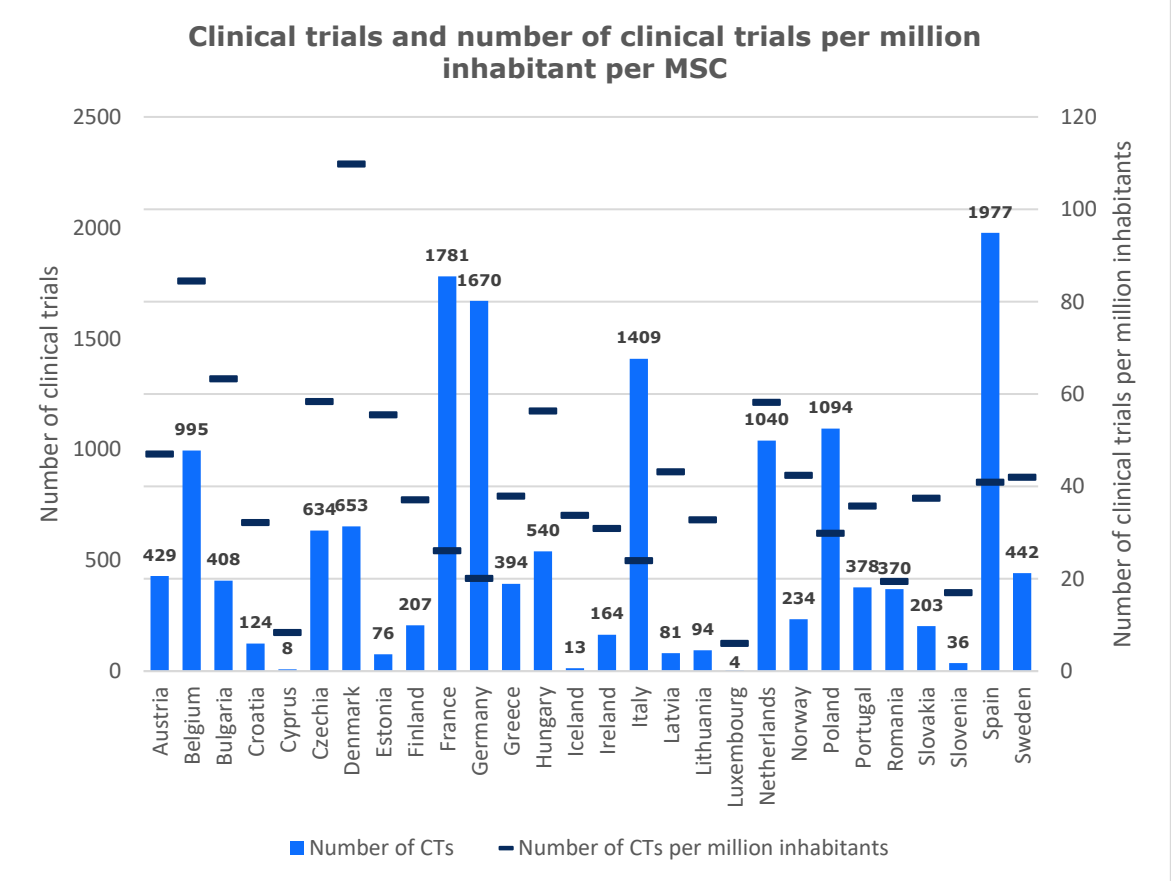
Romania	299	11	34	333
Slovakia	185	17	2	187
Slovenia	31	3	2	33
Spain	1534	443	391	1925
Sweden	298	70	116	414

7.2. Clinical trial participation by Member State (initial + MSC applications) per million inhabitants

The graph below presents the number of clinical trials per million inhabitants, considering the population size of each Member State (figures of Eurostat 2023 – Statistics). Cumulative figures during the transition period are presented

The vertical bars in the graphs refer to the number of clinical trials in a Member State considering the total population in that Member State and should be read against the values in the axis on the left-hand side.

The horizontal line in the graphs represents the number of clinical trials in a Member State per one million inhabitants and should be read against the values in the axis on the right-hand side.



7.3. Number of additional MSC applications received by each Member State in 2022, 2023, 2024, and January 2025

The table below shows the number of clinical trials where a Member State has been added to the trial as an additional Member State Concerned after the authorisation of an initial application.

The table shows the total number of clinical trials in a Member States, as well as the percentage of clinical trials (out of the total), in which the Member State was added following the authorisation of an initial application.

Member State	2022		2023		2024		2025	
	Total no. of trials	% Additional MSC	Total no. of trials	% Additional MSC	Total no. of trials	% Additional MSC	Total no. of trials	% Additional MSC
Austria	42	0.0	167	7.8	209	11.5	11	0.0
Belgium	82	2.4	409	4.9	476	7.4	28	3.6
Bulgaria	20	0.0	160	5.0	215	6.0	13	7.7
Croatia	7	0.0	51	7.8	62	4.8	4	25.0
Cyprus	0	-	3	0.0	5	20.0	0	-
Czechia	47	2.1	247	4.0	320	10.3	20	10.0
Denmark	83	0.0	257	3.1	291	5.8	22	9.1
Estonia	7	0.0	38	2.6	28	21.4	3	0.0
Finland	21	0.0	78	3.8	104	15.4	4	25.0
France	163	0.0	723	3.5	830	4.7	65	3.1
Germany	147	0.7	668	2.5	800	5.4	55	3.6
Greece	31	0.0	146	9.6	204	13.2	13	0.0
Hungary	47	2.1	228	1.3	251	9.6	14	7.1
Iceland	3	0.0	2	0.0	8	37.5	0	-
Ireland	11	0.0	69	11.6	78	14.1	6	66.7
Italy	111	0.9	566	3.2	686	4.2	46	6.5
Latvia	7	0.0	36	13.9	36	19.4	2	50.0
Lithuania	9	0.0	43	11.6	40	17.5	2	50.0
Luxembourg	1	0.0	1	0.0	1	0.0	1	0.0
Netherlands	89	1.1	411	3.9	503	7.4	37	16.2
Norway	39	2.6	81	7.4	104	12.5	10	10.0
Poland	81	1.2	451	2.2	530	4.9	32	3.1
Portugal	38	7.9	140	8.6	183	12.0	17	5.9
Romania	24	0.0	129	8.5	204	12.7	13	0.0
Slovakia	15	0.0	90	6.7	90	8.9	8	25.0
Slovenia	2	0.0	16	0.0	18	16.7	0	-
Spain	164	0.6	804	1.4	926	3.7	83	7.2
Sweden	56	3.6	167	3.0	207	8.7	12	25.0

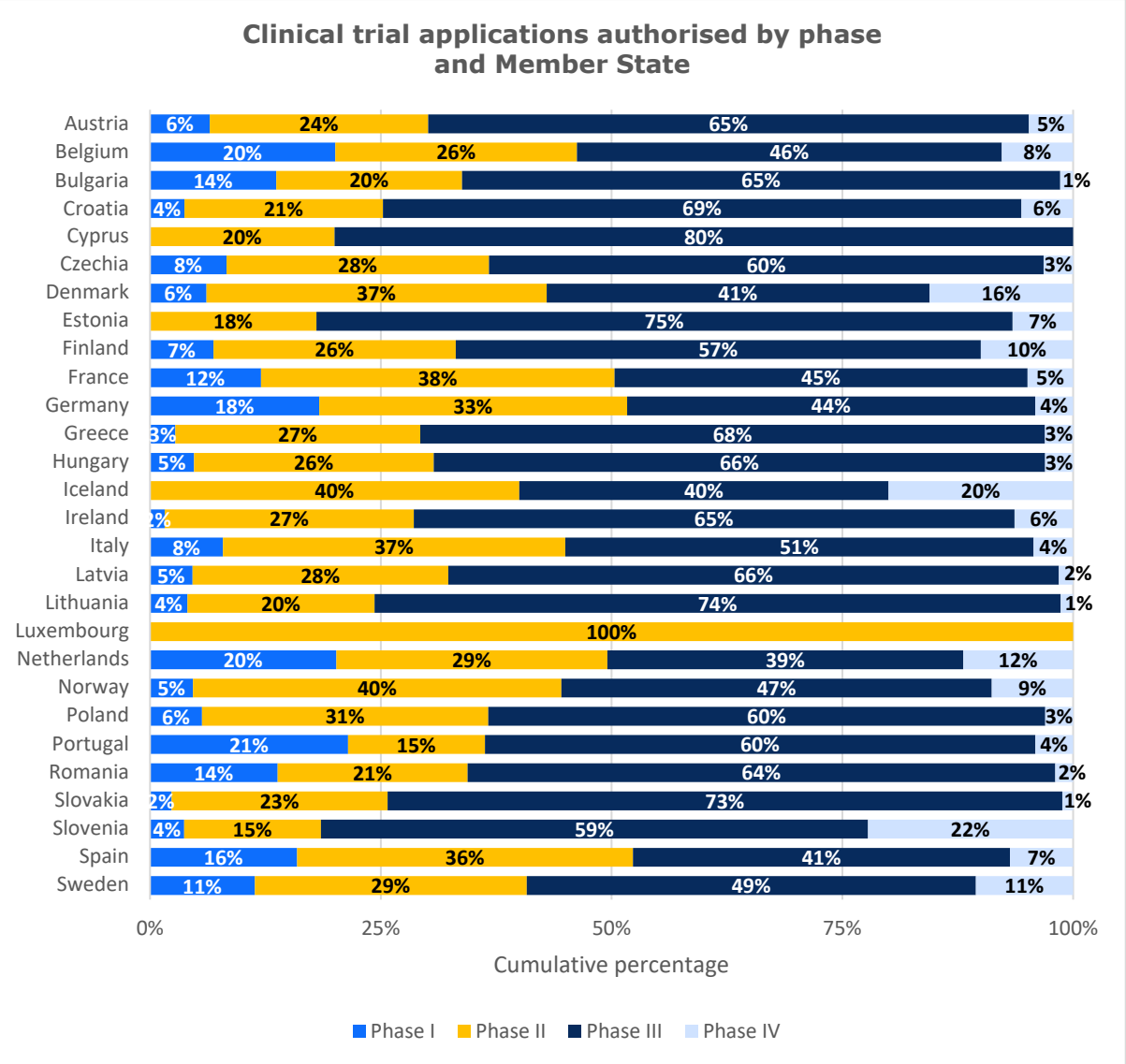
7.4. Number of clinical trial applications received by each Member State in 2022, 2023, 2024, and 2025, broken down by sponsor type

The table below shows the total number of combined initial clinical trials applications and applications to add a Member State Concerned, submitted in each Member State during the transitional period, broken down by sponsor type.

Member State	2022		2023		2024		2025		Total	
	Commercial	Non commercial	Commercial	Non commercial	Commercial	Non commercial	Commercial	Non commercial	Commercial	Non commercial
Austria	27	15	142	25	162	47	9	2	340	89
Belgium	36	46	334	75	398	78	24	4	792	203
Bulgaria	14	6	155	5	213	2	13	0	395	13
Croatia	6	1	51	0	59	3	4	0	120	4
Cyprus	0	0	2	1	2	3	0	0	4	4
Czechia	28	19	230	17	300	20	17	3	575	59
Denmark	12	71	149	108	199	92	13	9	373	280
Estonia	3	4	29	9	23	5	3	0	58	18
Finland	6	15	61	17	73	31	1	3	141	66
France	62	101	526	197	590	240	43	22	1221	560
Germany	64	83	581	87	686	114	44	11	1375	295
Greece	21	10	134	12	192	12	13	0	360	34
Hungary	28	19	221	7	242	9	13	1	504	36
Iceland	1	2	2	0	4	4	0	0	7	6
Ireland	4	7	52	17	67	11	5	1	128	36
Italy	63	48	491	75	566	120	37	9	1157	252
Latvia	6	1	33	3	33	3	2	0	74	7
Lithuania	6	3	42	1	36	4	2	0	86	8
Luxembourg	0	1	0	1	1	0	0	1	1	3
Netherlands	33	56	277	134	342	161	26	11	678	362
Norway	11	28	51	30	74	30	5	5	141	93
Poland	44	37	415	36	503	27	31	1	993	101
Portugal	20	18	130	10	171	12	17	0	338	40
Romania	16	8	124	5	199	5	12	1	351	19
Slovakia	11	4	89	1	88	2	8	0	196	7
Slovenia	2	0	13	3	15	3	0	0	30	6
Spain	80	84	679	125	772	154	66	17	1597	380
Sweden	19	37	123	44	153	54	9	3	304	138

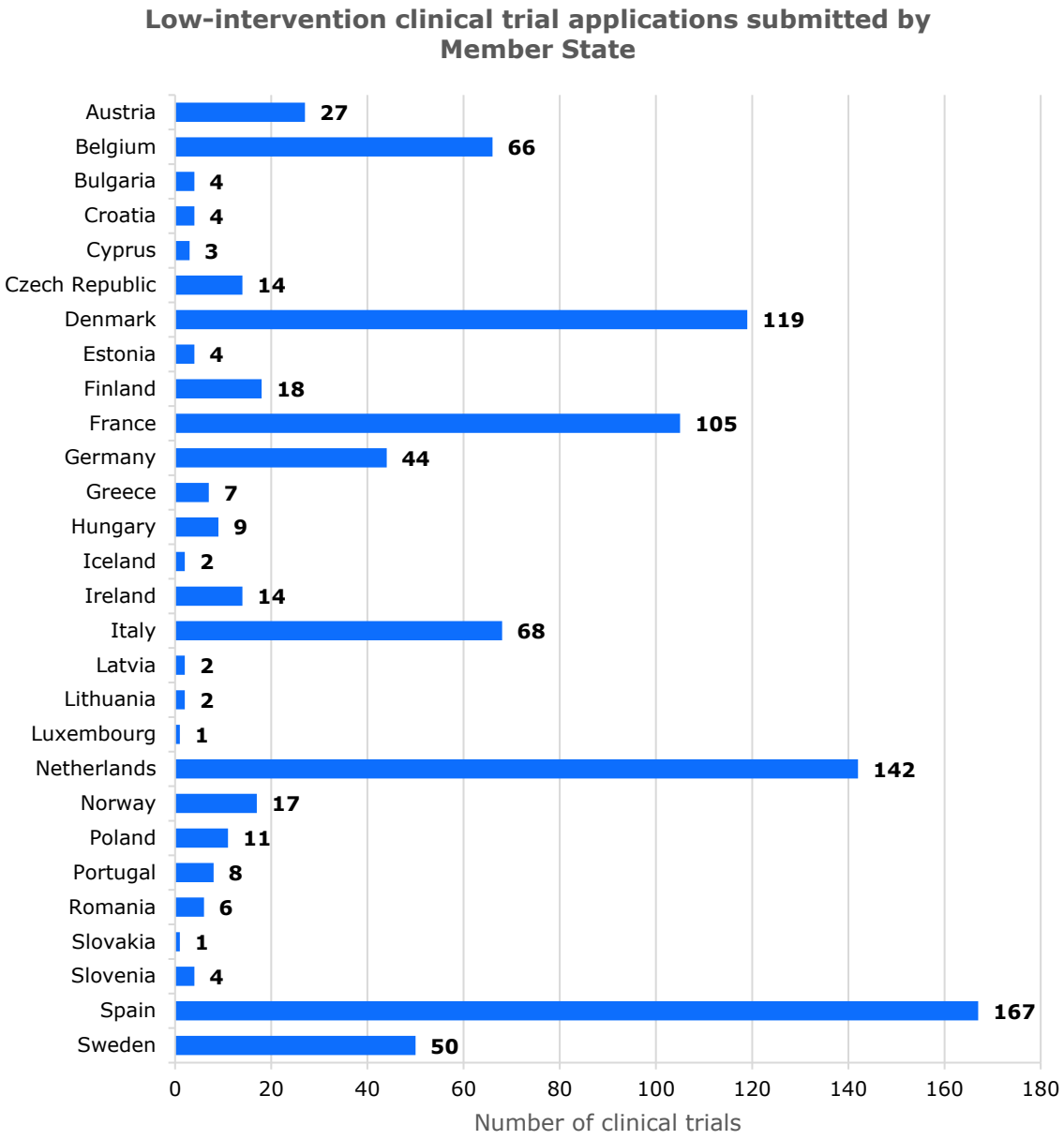
7.5. Number of clinical trial applications authorised by phase (I/II/III/IV) in each Member State during the transitional period

The table below shows the number of initial clinical trials applications, resubmissions and additional Member State Concerned applications, submitted in each Member State during the transitional period, broken down per trial phase.



7.6. Low-intervention clinical trials per Member State

The table below shows the number of authorised low-intervention clinical trials per Member State. Of note, some clinical trials were conducted in more than one Member State Concerned.


Low-intervention clinical trial applications submitted by Member State
Austria 27
Belgium 66
Bulgaria 4
Croatia 4
Cyprus 3
Czech Republic 14
Denmark 119
Estonia 4
Finland 18
France 105
Germany 44
Greece 7
Hungary 9
Iceland 2
Ireland 14
Italy 68
Latvia 2
Lithuania 2
Luxembourg 1
Netherlands 142
Norway 17
Poland 11
Portugal 8
Romania 6
Slovakia 1
Slovenia 4
Spain 167
Sweden 50
0 20 40 60 80 100 120 140 160 180
Number of clinical trials

CHAPTER 8 – Safety assessing Member States (saMS) appointment

In multinational clinical trials, a safety assessing Member State (saMS) is selected and is responsible for the assessment of the safety reports like ASR[5] and SUSAR[6] of the active substance used in a test role, as described in Article (3) of Implementing Regulation (EU) 2022/20 (IR).

According to the Implementing Regulation, safety supervision is performed by RMS for the active substances being used in mononational trials and by a safety assessing MS if the active substances are being used in multinational trials.

Of note, the Implementing Regulation does not apply to active substances used in mononational clinical trials, or to active substances in investigational medicinal products used as reference products, including as a placebo, or to active substances used in auxiliary medicinal products.

If a mononational clinical trial where an active substance is used becomes multinational, the saMS can be a different Member State from the RMS. The selection of the saMS for an active substance is driven by the reporting Member State.

The table below shows how many times each Member State has been appointed as saMS for an active substance used in multinational clinical trials during the reporting period.

Safety assessing Member State (saMS)	2022	2023	2024	2025	Total
Austria	2	20	57	2	81
Belgium	3	47	104	3	157
Bulgaria	1	12	37	0	50
Croatia	4	1	12	0	17
Cyprus	0	1	1	0	2
Czechia	2	26	58	4	90
Denmark	7	39	66	4	116
Estonia	1	5	10	0	16
Finland	10	13	19	2	44
France	13	60	138	6	217
Germany	5	63	127	8	203
Greece	1	20	40	2	63
Hungary	2	25	52	0	79
Ireland	2	9	25	1	37
Italy	4	64	118	1	187
Latvia	0	4	6	0	10
Lithuania	0	6	11	0	17
Netherlands	10	38	104	4	156
Norway	3	12	39	1	55
Poland	3	44	93	3	143

[5] Annual Safet Reports to be reported by the sponsors according to article 43 of the CTR
[6] Suspected Unexpected Serious Adverse Drug reactions to be reported by the sponsors according to article 42 of the CTR

Portugal	2	13	48	0	63
Romania	0	17	34	8	59
Slovakia	1	8	24	0	33
Slovenia	0	1	9	0	10
Spain	6	80	145	6	237
Sweden	13	23	50	6	92
Total	**95**	**651**	**1,427**	**61**	**2,234**

Glossary

Term	Abbreviation	Definition
Clinical Trials Regulation	CTR	Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC.
Clinical Trials Directive	CTD	Directive 2001/20/EC of the European Parliament and of the Council of 4 April 2001 on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use.
Clinical trial application	CTA	Initial clinical trial applications, substantial modification applications, applications to add an additional Member State Concerned are all considered as 'clinical trial applications'.
Initial CTA/Initial application		Initial application of a clinical trial in at least one Member State Concerned.
New initial clinical trial application/New initial application		Initial application of a clinical trial and not marked as a transitioned or resubmitted trial.
Transitioned clinical trial		Clinical trial previously authorised under the CTD, then transferred to the CTR via CTIS so to be compliant with the CTR.
Resubmitted clinical trial application		Resubmission of an initial clinical trial application for authorisation to a Member State Concerned, after the refusal to grant an authorisation, the lapse of the initial application or the withdrawal of an application by the sponsor.
Substantial Modification	SM	Any change to any aspect of a clinical trial, which is made after the notification of a decision on a previously submitted clinical trial application and which is likely to either have a substantial impact on the safety or rights of the subjects or on the reliability and robustness of the data generated in the CT. A modification is regarded as 'substantial' when one or both of the above criteria are met. In principle, it is the responsibility of the sponsor to judge whether a modification is to be regarded as 'substantial'

		or not. This judgement is to be made on a case-by-case basis.
Additional Member State Concerned	Add MSC	The extension of a clinical trial to another Member State Concerned territory and subjects
Clinical Trial	CT	Clinical study which fulfils any of the following conditions: (a) the assignment of the subject to a particular therapeutic strategy is decided in advance and does not fall within the normal clinical practice of the Member State concerned; (b) the decision to prescribe the investigational medicinal products is taken together with the decision to include the subject in the clinical study; or (c) diagnostic or monitoring procedures in addition to normal clinical practice are applied to the subjects."
Clinical Trial with a decision		Clinical Trial where at least one MS has issued a decision 'Authorised', `Authorised with conditions' or `Not authorised'. CT halted and ended are included in this classification, has have been previously authorised. CT Status considered: Authorised, Ended, Halted, Not authorised, Suspended, Revoked.
Multinational clinical trial		A clinical trial for which the sponsor submitted an application dossier to more than one Member State.
Mononational clinical trial		A clinical trial for which the sponsor submitted an application dossier to one Member State.
Commercial sponsor		A clinical trial for which the primary sponsor is a commercial sponsor.
Non-Commercial sponsor		A clinical trial for which the primary sponsor is a non-commercial sponsor.
Clinical Trial Information System	CTIS	The IT platform, consisting of the EU portal and EU database, and the safety module that allows the exchange of clinical trials information in the European Union.
Member State concerned	MSC	A Member State that has received an application of a clinical trial intended to be conducted in its territory, or a modification of a previously submitted clinical trial application for

		its assessment and therefore is responsible for the evaluation of the positive benefit/risk of that clinical trial.
Reporting Member State	RMS	Member State Concerned with a leading role during the clinical trial lifecycle that performs several tasks including the lead assessment (e.g., creating the draft assessment report), raising and consolidating considerations during the validation and Part I assessment phases, and including conclusions on Part I.
Ongoing clinical trial		A trial that has received a positive decision in EU/EEA, it is started in at least one MSC and it is not ended in all the MSCs.
Transition period		The CTR is applicable in the EU/EEA since 31 January 2022 and has a three-year transition period. This transition period is as follows: • Until 30 January 2023 sponsors have had the chance to submit new initial clinical trial applications under the CTR via CTIS or the CTD via EudraCT; • From 31 January 2023 all new initial clinical trial applications must be submitted under the CTR; • As of 31 January 2025 only the CTR applies to all clinical trials also to those trials previously authorised under the CTD.
CT Authorised		Clinical trial for which the first MSC submits 'Authorised' or 'Authorised with conditions' to the initial application or if all the MSCs have submitted their decision, and at least one has submitted 'Authorised 'or 'Authorised with conditions'.
CT Ended		Clinical trial whose status in all MSCs is 'Ended'.
CT Halted		Clinical trial authorised with an interruption, in all MSCs, not provided in the protocol of the conduct of a clinical trial by the sponsor with the intention of the sponsor to resume it.
CT Lapsed		Clinical trial for which the sponsor has not provided responses to the RFI(s) with the timelines stipulated by the RMS (for part I RFI) or where the sponsor did not apply for an authorisation limited to aspects covered by Part

		II documents within two years from the conclusion Part I in all MSCs.
CT Not authorised		Clinical trial for which all the MSCs have submitted their decision and they have all selected 'Not authorised'.
CT Not valid		Clinical trial for which the RMS considers the initial clinical trial application dossier as not complete, or that the clinical trial application does not fall within the scope of the Regulation (EU) No 536/2014.
CT Under evaluation		Clinical trial for which the initial clinical trial application has been submitted in at least one MSC and for which none of the MSC(s) has yet issued a decision.
CT Withdrawn		Clinical trial for which the initial clinical trial application has been withdrawn by the sponsor in all MSCs.
Advanced therapy medicinal products	ATMP	An ATMP is defined as either a gene therapy 'medicinal product' (GTMP), a somatic cell therapy 'medicinal product' (sCTMP) or a tissue-engineered product (TEP).
Part I conclusion		Conclusions concerning the aspects addressed in Part I of a clinical trial application. This is issued by the RMS.
Part II conclusion		Conclusions concerning the aspects addressed in Part II of a clinical trial application. This is issued by each MSC individually.
Safety assessing Member State	saMS	The Member State that assesses the information submitted as suspected unexpected serious adverse reactions in accordance with Article 42 of Regulation (EU) No 536/2014, and the information contained in annual safety reports submitted in accordance with Article 43 of that Regulation, for clinical trials involving investigational medicinal products that contain the same active substance, regardless of the pharmaceutical form and strength or indication investigated and regardless of whether they are used in one or several clinical trials managed by the same or different sponsors.

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EU clinical trials during the 3-year CTR transition period
31 Jan 2022 – 30 Jan 2025
EMA/309225/2025