EMA/346295/2024

Meeting highlights – ACT EU Multi-stakeholder Platform Advisory Group

27 September 2024, 09:30-13:30 (CEST), Webex

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

Opening of the meeting and outline of the day
The co-chairs welcomed participants to the Multi-stakeholder Advisory Group (MSP AG) meeting, underlining the goals of the meeting. The focus will be on aligning and prioritising key concerns and challenges raised during the 4 July meeting, ensuring they are discussed and integrated into a compiled list of issues and subsequently advising the ACT EU Steering Group (SG). All presentations and more detailed information from the meeting can be found here: (link).
Review of actions arising from previous meeting Action points from the previous MSP AG meeting held on 4 July were reviewed.
Defining stakeholder priorities
1.1 MSP AG report on the most frequently reported and major issues An analysis of the complete list of issued reported in July revealed a total of 46 issues grouped into 14 categories. When consolidated this resulted in 24 key issues for prioritisation. The most frequently reported issues related to 3 categories: Clinical Trial Regulation (CTR) implementation, investigator-initiated trials/academia, and methodological innovations. More details are provided in the following section. Via a survey launched on 27 September, the MSP AG was asked to prioritise the 24 key issues based on their level of importance (critical, major, or minor) and urgency (high, medium, or low). The definitions for these criteria were presented as part of the discussion. Permanent and ad hoc representatives of the MSP AG have until the 11 October to provide their responses to the survey, providing one response per organisation. The survey results will contribute to the development of a compiled list of issues which will further incorporate stakeholder feedback collected via the annual CTR survey, and the CTR Collaborate initiative. The revision of the ACT EU workplan, planned for the end of 2024, will take all stakeholder feedback into consideration
1.2 Report from CTR Collaborate stakeholder meeting held on 11 September The CTR Collaborate initiative was presented focusing on its main objective to improve collaboration between national competent authorities (NCAs) and ethics committees (ECs) to maintain the EU/EEA as a competitive region for clinical trials. The initiative addresses workload challenges and emphasises the need for coordinated change management.

Key deliverables include mapping the assessment process by NCAs and ECs, addressing issues, and implementing best practices. Feedback from the 11 September 2024 stakeholder event will guide the next steps and be further integrated in the previously mentioned master plan.

1.3 Discussion on stakeholder priorities to advise ACT EU SG

The purpose was to discuss the most frequent mentioned issues raised during July 4th meeting and they concerned Clinical Trials Regulation (CTR) implementation, investigator-initiated trials/academia and methodologies.

1. **CTR implementation**

Streamlining CTR implementation and RFI coordination

Enhancing the implementation of the CTR by addressing challenges such as differing national requirements, request for information (RFI) handling, and process coordination was emphasised. Key proposals included streamlining procedures, aligning with ECs, empowering the Reporting Member State (RMS) to manage and triage RFIs, and integrating the NCA and EC into Part 1 of the RFI process. The need to gather feedback on specific issues was also highlighted as needed to support these procedural improvements.

The use of risk-based approaches in the review of the CTA documentation, for example reducing the review of documents that have already been approved in other trials (e.g. Investigator Brochures and IMPD-Q), or for investigational medicinal products that are already on the market, was also proposed as a means to gain efficiency in the review process and manage the limited resources available.

Submission of modifications

The need to modify submission rules substantial modifications, particularly relevant for complex clinical trials (CCT) and improve communication between sponsors and Member States (MS) was highlighted. Emphasis was placed on enabling parallel submissions of applications , with a "tell and do" approach suggested to streamline the authorisation process. Options are being considered to facilitate the process for submission of modifications.

Concerns were raised about the timeline for implementing changes, but ongoing discussions aim to explore creative solutions while maintaining urgency, particularly in preparation for future pandemics.

Low intervention clinical trials (LICT)

The need for a flexible, risk-based approaches to support public health trials, particularly for LICTs was discussed. It was noted that the current regulation offers limited benefits for LICTs, with concerns about a "one-size-fits-all" approach that fails to accommodate diverse clinical trial models. Participants suggested advocating for a risk-based approach to streamline documentation, reduce safety reporting, and alleviate administrative burdens.

2. **Investigator-initiated trials (IITs)**

Challenges faced by investigator-initiated trials (IITs), including high operational barriers, inconsistent regulatory interactions, limited funding, and inadequate infrastructure were addressed. It was noted that training on revised ICH E6 (R3) and CTIS is crucial to overcome operational barriers, though the high cost of academic training remains a significant issue. There was consensus on the need for more proportionate and flexible regulatory approaches to support IITs. Additionally, IITs struggle with securing early scientific advice and cross-border harmonisation. Emphasis was placed on resource allocation and mapping to assist academic sponsors, with ongoing efforts to support IITs through collaborations, such as the work with ECRIN and the potential use of sandbox

environments for testing new approaches. In addition, it was raised that many of these approaches would also benefit Small and Medium Enterprises and sponsors in general.

3. **Methodological innovations**

The challenges linked to the underuse of real-world evidence (RWE) and the need for flexible methodologies to incorporate these data sources into clinical trials were highlighted. Collaboration with the Methodology Working Party (MWP) was emphasised to tackle these issues. Opportunities brought about by the European Health Data Space were noted, in particular for its potential to improve patient participation in rare disease trials. Additionally, upcoming guidance from ICH E6 (R3) Annex II will address the use of real-world data in trials, with a public consultation anticipated soon.

Platform trials for rare diseases like amyotrophic lateral sclerosis (ALS) encounter organisational, governance, and funding challenges. The discussion underlined the importance of multi-sponsor trials and the need for coordinated support, highlighting concerns about unclear long-term funding mechanisms. The potential impact of the new AI Act on trials involving devices and diagnostics was noted, alongside a call for clear regulatory guidance. Additionally, the current CTR framework was suggested to streamline document reviews and safety assessments.

To support the discussion a presentation on short-medium-long term actions were proposed by the industry trade associations. The presentation proposed concrete areas of focus, emphasised the critical role of clinical trials in the EU for delivering new therapies and maintaining the region's competitiveness. It called for collaboration among stakeholders and the use of risk-based approaches to optimise resources, for simplification of the CTIS and to start reflecting about the future ecosystem needed in Europe. The European Medicines Regulatory Network (EMRN) was identified as needing more resources and political support to function effectively.

Actions:

- MSP AG to complete prioritisation survey by 11 October 2024, end of the business.
- Analysis of the survey results and integration into a compiled list of issues. Solutions, actions, allocation and timelines to follow. The MSP AG will continue to be consulted on solutions.

2. EU level funding needs for non-commercial sponsors

2.1 Approach to consulting academic stakeholders

The ACT EU Steering has provided high-level guidance, confirming that funding to support academic sponsorship at EU level is a priority. Please refer to ACT EU priority areas for possible EU-level funding (europa.eu). In response, proposals have been developed for areas for EU-level funding that could further complement existing financial support through Horizon Europe or EU4Health projects. The proposals target the strengthening of clinical research networks and infrastructure support, developing EU-wide regulatory science programmes, and developing pan-European standard site agreement templates. Prior to endorsement of these proposals by the ACT EU Steering Group and subsequent submission to the Commission services for further consideration, a consultation with the MSP AG was announced to identify the most critical areas requiring funding, and potential gaps in the recommendations.

As part of the discussion, the importance of providing academic sponsors with tools and templates was discussed, with a note that many resources, such as protocol templates, are already widely available and could be included in the annex of the proposal. It was also noted that these resources

could be useful for industry sponsors as well. It was agreed to limit the consultation process to the MSP AG stakeholders involved to ensure timely feedback and progress.

Actions:

- MSP AG to complete consultation on proposal for EU-level funding to support academic sponsors conduct multi-national clinical trials by 24 October 2024, end of business.

3. Clinical trial data accessibility

3.1 New CTIS Public Portal functionality

A presentation, followed by a demo on the new CTIS public portal functionality was provided.

The discussion on the new CTIS public portal functionality highlighted its accomplishments and the need to improve user awareness. Suggestions included hosting webinars for technical staff to educate patients on using the portal to find ongoing trials for diseases like cancer. Features such as RSS feed is currently available. A meeting is planned to update users on the portal's capabilities. Support for the initiative was noted, along with a question about the frequency and demographics of searches; however, privacy regulations restrict tracking search users.

4. Multi-stakeholder platform annual meeting

4.1 Update on planned agenda and organisation

The MSP AG annual meeting agenda was reviewed, with specific focus on identifying speakers for sessions without confirmed participants.
Speakers and panellist were discussed for appointment, and the final agenda will be published in due course on the ACT EU website (link).

Next steps:

- A follow-up email will be sent to confirm patient organisation and healthcare professional (HCP) representatives and request volunteers for agenda slots that remain unfilled.
- Further coordination will take place via email to finalise speaker participation.

5. MSP AG organisational topics

5.1 Minor revision of mandate, membership update and next meeting reminder

Minor revisions to the MSP AG mandate and a membership update were presented. The European Alliance for Vision Research and Ophthalmology (EU EYE) joined as a new ad hoc representative organisation for the MSP AG. Changes in representation for Cancer Patients Europe were noted.
The next MSP AG meeting will take place on 12 March 2025, with a deadline for topic submissions on 15 January, 2025. Members were reminded to email their topics to the MSP AG secretariat.
The importance of distributing the agenda earlier was highlighted as a priority for EMA.

6. AOB

End of MSP AG meeting