

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

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**Preparation of request for information (RFI)  
and strengthening the role of RMS**

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# Topics

- ACT EU master list of issues
- Request for further information
  - Issues identified
  - CTCG activities to date
  - CTCG future plans
- Strengthening the role of the RMS
  - Issues identified
  - CTCG activities to date
  - CTCG future plans
- Questions/comments?

# ACT EU: Master List of Issues – RFI and RMS

- Issues identified from feedback through different channels including MSP AG, CTAG (stakeholder survey) and CTR Collaborate were combined.
  - To facilitate finding solutions and identifying responsible bodies

Issues (RMS and RFI)	19	Priority
Critical	6	2 high priority
Major	2	
Minor	1	
Ungraded	10	

# Request for further information (RFI)

# RFI issues identified in the ACT EU Master list

## Volume

- **Large number** of RFIs in Part I and especially of Part II (duplications and poor clarity)
- RFIs are **compilations of individual comments** rather than a consolidated set of key issues focused on priorities.
- **No triage** of RFI is leading to inconsistent challenges for the Sponsor.
- Need to simplify assessment and reduce number of considerations for **low-intervention trials**
- Sponsors **limit the number of MSs** included to reduce the number of Part II questions in particular.

## Content

- A number of considerations are raised that are not considered critical matters - high number of "**nice-to-know**" considerations.
- MSCs have **different perception** on "nice-to-know" and "need-to-know" issues.
- **Additional work burden for RMS** arises from too many 'nice to know' considerations raised at assessment phase.
- Difficulty as RMS to **identify blocking issues from MSC**

## Timelines

- **Deadlines are short for Sponsor** responses to major questions in RFI, and for assessment of RFI response.
- Perception that MS may respond negatively or with questions of limited value in order **to keep timelines**
- Inconsistent timelines for approval processes i.e. **early approval of Part II in anticipation of Part I is not advantageous**

# Issues identified RFI

- Key take-away:

High RFI volume: Too many uncoordinated and non-essential RFIs create delays and extra work for sponsors.

# How can CTCG help?

## Activities to date

- **CTR Collaborate stakeholder meeting** (11<sup>th</sup> September 2024)
  - 270 stakeholders
  - Discussion focused on:
    - Harmonisation within the EU CT Framework
    - • ***New strategies for streamlining review and approval process***
    - Fostering innovation
    - Enhancing functionality of CTIS
  - Relevant actions:
    - Enhanced collaboration within and across member states
    - Joint development of best practices
    - Use of ART

# How can CTCG help?

## Activities to date

- Increased use of **CTCG ART meetings: "Case studies"**
  - New initiative introduced in September 2024:
    - Aim: *To share learnings and experiences on the assessment of clinical trials between MSs to optimise the assessment process.*
  - MSs present on real cases to share best practice on assessment and examples of considerations raised
  - Clinical, statistics, quality, non-clinical topics, validation, ethics
  - Sessions recorded and can be used by MSs for training purposes



# How can CTCG help?

## Activities to date

- CTCG training sub-group have volunteered to participate in the **IncreaseNet JA: Work Package Training NCA**
  - Planned module: *'how to write a draft and final assessment report for a clinical trial application'*
    - Write an understandable and well-defined consideration
    - Distinguish between minor and major issues
    - Highlight critical issues to other MSCs
    - Explain what constitutes grounds for rejection/conditional approval
    - Develop clear and logical grounds for rejection/conditional approval

# How can CTCG help?

## Activities to date

- CTCG **workplan 2025**:
  - Participate in the ACT EU workplan 2025-2026:
    - Operation of the CTR – implementation of CTR.
    - Maximising impact of clinical trial design and conduct of excellent clinical trials
      - clinical trials methodologies
      - consolidated advice on clinical trials

# How can CTCG help?

## Activities to date

- CTCG External Best Practice Sub-group:
  - Assist EMA with sponsor queries
    - Aims to improve application process and reduce RFIs
  - Developing a FAQ document
- CTCG Best Practice Sub-group:
  - Continually updating existing and developing new Best Practice documents
    - Aims to increase harmonisation among MSs
  - Collaboration with MedEthicsEU started on Best Practice considerations
  - Ongoing work to disseminate information and monitor the use in practice

# How can CTCG help?

## Activities to date

- CTCG Pre-CTA Advice and SAWP-CTCG Advice pilots:
  - To assist with the development of a high quality dossier to limit the number of considerations.
- CTCG participation in CTIS Bite size talks and walk-in clinics:
  - Support and guidance for sponsors to assist with clinical trial applications

# How can CTCG help?

## Future plans

- Continue with initiatives outlined
- Collaborate workshop March 21<sup>st</sup> for assessors (NCA and Ethics)
  - How to foster EU Attractiveness for CTs and the role of the MS (NCA and Ethics)
  - State of play CTR Collaborate: initiatives already ongoing
  - identify areas for improvement and next steps to put into actions
  - *Plan is to include a session on RFIs and on strengthening the role of RMS*



# Strengthening the role of the RMS

# Role of RMS issues identified in the ACT EU Master list

## Limited reliance

- **Reliance on Part I assessment** by the Reporting Member State (RMS), for both part I and part II review by MSs remains limited

## Consolidation

- Role of RMS in **accepting/rejection** of Part I considerations, raising of considerations from EC, phrasing/content of considerations, trust in RMS from all other MSC.
- Clarity required for **role of RMS in consolidation** for both validation and assessment phase.

## Workload

- The RMS does not have a **sustainable workload, unbalanced appointment** for being RMS.

# Issues identified - Strengthening the role of the RMS

- Key take-away:

Ongoing work required to build trust in the RMS role and to adapt a risk-based approach when MSC



# How can CTCG help?

## Activities to date

### • **CTCG plenary discussions:**

*(September 2024)*

- RMS selection procedure is based on the sponsor proposal, there is currently no possibility to automatically assign to willing MSC with lowest workshare
  - Should the RMS selection be based on fair workshare only?
- Group suggested discussing the RMS proposal issue with stakeholders to understand why they are only proposing certain MSs as RMS?
- Short-term solution: more MSs should express willingness when they can
  - Future discussions - transparency on MS workload e.g. develop a slot based system?

*(February 2025)*

- Suggestions to strengthen the role of the RMS:
  - A summary paragraph in AR (outline whether the b/r is positive)
  - Workshops per discipline on how to complete DAR templates
  - Work processes to be updated when MSC vs RMS

# How can CTCG help?

## Future plans

- **CTCG 2025 Work plan**

- Lead the CTR collaborate project on effective procedures and to strengthen the role of the RMS for the assessment and supervision of clinical trials.
  - Collaborate workshop (21<sup>st</sup> March 2025)
    - *Enhancing the responsibilities of the Reporting Member State (RMS) in coordinating the review process, providing clearer guidance, and facilitating communication between involved parties.*

# Questions? Comments?

