

# EU CTR implementation Opportunities and Challenges

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# Clinical Trials Regulation (EU 536/2014)

(entry into application 31 Jan 2022)



EU CTR's main goal is to make Europe more **attractive for clinical research** by **simplifying** and **harmonizing** requirements and assessment of clinical trial applications across Europe.

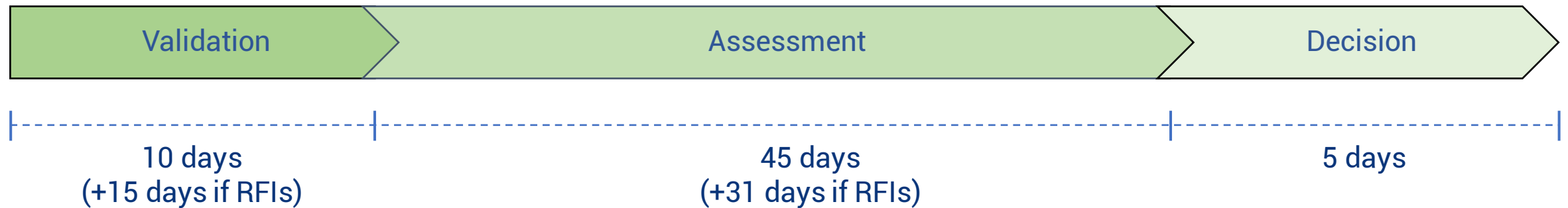
| Directive 2001/20/EC                  | Regulation No 536/2014   |
|---------------------------------------|--|
| Multiple application to each MSC      | <b>Single application submission</b> via an online platform called <b>CTIS</b> , harmonized for NCAs and ECs |
| Individual assessment by each MSC     | <b>Joint assessment</b> of part I of the application (part II assessed by individual countries)              |
| No single MSC decision (NCAs and ECs) | <b>Single decision</b>   |

EU CTR has changed the EU country-level CTA model to a **single application dossier**

# Predictable timelines dictated by CTIS

Harmonized Regulatory CTA (Part I) and Ethics Committee (Part II) review timeline across all Member States:

**60 days** for approval, up to **106 days** in case of Request For Information (RFI)

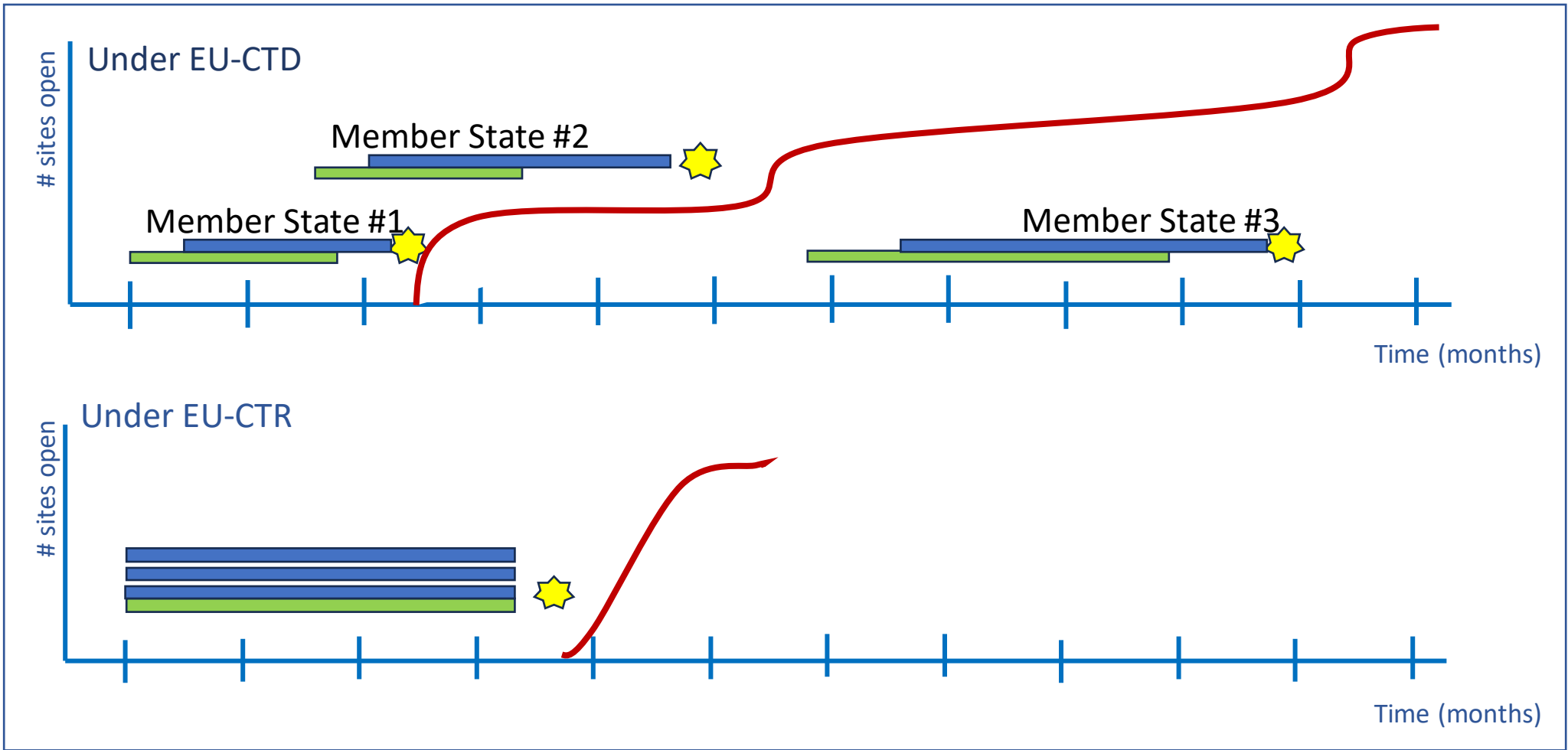


Release of Part I RFI is scheduled in the CTIS system

RFIs for Part II can be issued *anytime* during the assessment

# Predictable timelines – Faster Study Execution under EUCTR

compressed timelines can shorten the study start up time.



- Regulatory CTA (part I) review timeline
- Ethics committee (part II) review timeline
- Member State decision
- # of sites open

# A dynamic regulatory EU-CTR landscape

CTCG and EMA actively driving the debate and improvements:

- New and revised Transition Best Practice Guide@
- Revised EUCTR Q&A documents#
- Revised Transparency guidance\*
- Q-IMPD confidentiality to support Academic trials and trials with partners

@ [https://www.hma.eu/fileadmin/dateien/HMA\\_joint/00-About\\_HMA/03-Working\\_Groups/CTCG/2023\\_11\\_CTCG\\_Best\\_Practice\\_Guide\\_for\\_sponsors.pdf](https://www.hma.eu/fileadmin/dateien/HMA_joint/00-About_HMA/03-Working_Groups/CTCG/2023_11_CTCG_Best_Practice_Guide_for_sponsors.pdf)

# [https://health.ec.europa.eu/system/files/2023-12/regulation5362014\\_qa\\_en\\_0.pdf](https://health.ec.europa.eu/system/files/2023-12/regulation5362014_qa_en_0.pdf)

\* [https://www.ema.europa.eu/en/documents/other/revised-ctis-transparency-rules\\_en.pdf](https://www.ema.europa.eu/en/documents/other/revised-ctis-transparency-rules_en.pdf)

After this slide Christopher Price will address Sponsor experiences with EUCTR

# Sponsor Experiences of EU-CTR

## Practical Benefits

- Harmonization of Part I requirements
  - *Greater consistency on core Part I documentation requirements*
- Clarity and predictability of assessment timelines
  - *Centralised system with automated timeline governance*
- Structured data requirements in CTIS
  - *Single harmonised EU wide application platform*
- Pan-European approvals
  - *Approvals issued on predictable timeline for each Member State (covering EC and RA) in CTIS*



# Sponsor Experiences in 2023

## Practical Challenges and Improvements in Preparation

| Current Challenge  | Improvements Underway   |
|--|---|
| <p>'Fragile' CTIS system, low user-friendliness, bugs lead to work-arounds</p>   | <p>Additional capabilities anticipated to make CTIS more stable and usable.</p>   |
| <p>Timing of RFIs not aligned - variability of receiving RFIs for Part I vs Part II (example of the ICFs / protocol)</p>   | <p>Further harmonise authority and EC review at MS level. Some initiatives have been started under ACT-EU.</p>  |
| <p>Substantial modifications (SMs) – long and complex process to introduce changes in the trial. Not possible to submit SMs in parallel, blocking additional MSC applications<br/>Currently no distinction between study- and program-level document submissions</p> | <p>Updates to CTIS could allow parallel review. Under discussion.<br/><br/>Distinction of study / program level submissions would drive higher compliance (eg more timely IB submissions)</p> |

# Sponsor Experiences in 2023

## Practical Challenges and Sponsor Proposed Improvements



| Current Challenge   | Potential Solution for Improvement  |
|---|---|
| <p>Transitioning of trials from CTD to CTR (deadline 30 Jan 2025). Potential 'bottleneck' of applications in 2Q/3Q 2024 due to the high number of trials still to be transitioned vs system capacity / MS resource.</p> | <p>Simplify and streamline :</p> <ul style="list-style-type: none"> <li>- <b>MSs</b>: follow principle of transition guideline<sup>1</sup>, ie no additional content review of already approved documentation under CTD should be necessary.</li> <li>- <b>Sponsors</b>: plan submissions in timely manner in 2024</li> </ul> |
| <p>Member State variability of document requirements and assessments, especially in Part 2</p>  | <p>Further harmonisation. Some initiatives have been started under ACT-EU.</p>  |
| <p>12 day window for RFI response can be challenging to meet if substantial dossier updates required.</p>   | <p>Allow further flexibility in utilising conditional approvals with commitments</p>  |
| <p>In multinational submissions, RFIs can lack consolidation by rMS and include high number of questions.</p>   | <p>Need to reinforce the role of the rMS and streamline the review process to allow time for consolidation.</p>   |

# Sponsor view on 2024 and beyond

## Improving CTR Process



[Accelerating clinical trials in the EU](#) – ACT EU:



**Initiative aims to develop the European Union further as a competitive centre for innovative clinical research.**

Updated [workplan](#) (2023-2026) → updated priority areas including “*CTR implementation*”:

- **CTR Collaborate initiative** - led by CTCG, to support optimised MS and NCA/ethics collaboration on clinical trial authorisation under CTR
- Transition trials
- Reinforcement of CTIS improvements

**Better, faster, optimised clinical trials**

Improving the clinical trials environment in the European Union through harmonisation, innovation and collaboration with stakeholders.

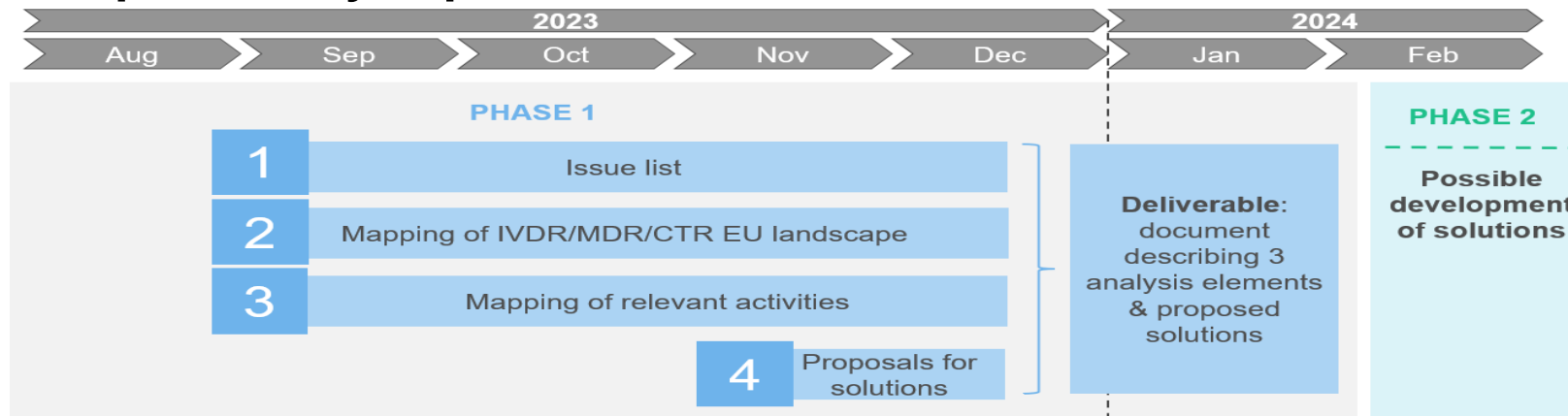
# Sponsor view on 2024 and beyond

## Improving Combination Trial Applications

### COMBINE ('IVDR/MDR/CTR Interface') [project](#) :

- Seeks to resolve procedural challenges encountered by sponsors in conducting combined trials of a medicinal product together with a performance study of an IVD or a clinical investigation of a medical device.
- Anchored to ACT EU through the activity of the multistakeholder platform.

### Scope and Project phases:



### Issue :

- The interaction of IVDR/MDR/CTR procedures is posing a challenge and leading to significant delays in clinical trial initiation.
- Lack of guidance and infrastructure to execute new requirements are the main cause.

# Summarizing & Conclusion

EU-CTR provides a harmonised authorization process of clinical trials, through a coordinate assessment by the Member states

- Further enhancements are needed (CTIS, further harmonization of the assessments, more flexibility of submission pathways), driven by ACT-EU
- One smooth pan-European submission and approval process of clinical trials is needed to make Europe a competitive place for clinical research.