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Submission of comments on 'Policy 0070 on publication and access to clinical-trial data'

Comments from:

Name and affiliation

The European Association of Hospital Pharmacists (EAHP)

The European Association of Hospital Pharmacists is an association of national organisations in 34 countries representing hospital pharmacists at the European and international level.

EAHP is a member of EMA's Healthcare Professional Working Group, the European Public Health Alliance, and a signatory organisation to the AllTrials campaign.

EXECUTIVE SUMMARY OF RESPONSE

The key points of response from the European Association of Hospital Pharmacists to this consultation are:

- Patient motivation for participation in clinical trials is the advancement of healthcare and science for the benefit of future generations. The regulatory arrangements for the reporting of clinical trial research results should therefore support the achievement of these goals.
- Improved access to clinical trial results and other information associated with the trial reduces duplication of effort, improves the basis for conducting future trials, and enhances independent scrutiny of a conducted trial.
- Accordingly EAHP signals its support for the EMA's proposed policy on opening access to clinical trial data submitted to the agency in relation to marketing authorization applications. The information is of key public value and merits its place in the public domain.
- EAHP considers that the concerns expressed by critics of the EMA proposals can all be addressed through appropriate risk-management measures, and has confidence in the experience and expertise of the EMA to counter these risks.

First principles of clinical trial research participation

Clinical trial research is conducted across Europe on a daily basis by thousands of dedicated professionals, including hospital pharmacists[1], and is engaged in by many more thousands of patients, all striving towards the ultimate goal of improving healthcare and scientific understanding for the benefit of future generations.

It is the view of the European Association of Hospital Pharmacists (EAHP) that the over-riding motivation for participation in clinical trials is an altruistic one, in the sense of the activity providing social benefit for future generations. We therefore consider that the goal in as far as regulating the clinical trial process, should seek to match this objective – to ensure the participation in trial activity delivers the maximum future benefit.

It is from consideration of these first principles of clinical trial research participation that EAHP signals its strong support for the step-change increase in clinical trial results transparency proposed by the European Medicines Agency in this consultation.

Why clinical trial transparency matters

Greater transparency of clinical trial results is required in order:

- to prevent duplication of research effort and support the development of future trials by building on previously conducted work;
- to offer opportunities for independent scrutiny of the methodology and results of any conducted trial; and
- to enhance patient safety by greater knowledge sharing in relation to adverse drug reactions experienced in conducted trials
- to meet the expectation of participating patients that results will be well utilised and available for the purposes of progressing medicine

An illustrative example of the potential harm that can occur when the reporting of clinical trial results is **not** transparent can be provided by reference to the publicized case of Vioxx/Rofecoxib. Deficiencies in the original clinical trial methodology (e.g. none of the three Alzheimer's trials had a Data Safety Monitoring Board) and under-reporting[2] meant that the links between use of the painkiller and increased risk of heart attack and stroke were not reported or identified to the medicines regulator at the time of making an authorization decision. Greater public transparency at the outset about the trial methodology and results may have enabled the faults in trial design to be identified at a much earlier stage, and warning signs about associated cardiovascular risk to be recognized.

In summary, the need for greater transparency about clinical trial results and methodology is a 'must-have' for the protection and safeguarding of public and patient safety, not a 'nice-to-have'.

EAHP consider the status quo scenario in relation to clinical trial result transparency is inadequate in the sense that:

- it is estimated that the results of half of all clinical trials ever conducted have never been published, and those with positive results are twice as likely to be published[3]; and,
- researchers are often presented with a series of demoralising obstacles in trying to secure relevant trial data in order to conduct independent scrutiny[4];
- too often the impression is given that from a trial sponsor perspective commercial interests in relation to data disclosure trumps and overrides the patient and public interest[5];

Change is required and the sharing of information about clinical trial results should move from '*data-sharing 1.0'* (filing a request for information, waiting hopefully for a positive answer that does not always come) to '*data-sharing 2.0'*, where an expectation of open disclosure of information is met. This

[1] http://www.eahp.eu/sites/default/files/files/Eur%20J%20Hosp%20Pharm-2013-Frontini-ejhpharm-2013-000284%20(1).pdf
[2] http://www.ahjonline.com/article/S0002-8703(12)00318-3/abstract
[3] www.alltrials.net
[4] http://www.alltrials.net/2013/the-challenges-for-journalists-writing-about-clinical-trials/#sthash.WhjxjKt8.dpbs
[5] http://www.bmj.com/content/347/bmj.f5354

is in keeping with improved transparency in many other areas of government and public interest, enabled by the advance of technology and managed online platforms[6].

Managing the risks

Critics of the European Medicines Agency proposals on clinical trial transparency have cited a range of concerns, including:

- fears about commercial confidentiality and loss of intellectual property;
- the potential for data-mining techniques to uncover individual patient information; and,
- 'unqualified' individuals misinterpreting or misusing clinical trial

However, EAHP consider these fears to be misplaced, and that each of these concerns can be addressed in turn.

The suggestion that commercial confidentiality should be the prime consideration

The European Ombudsman has already declared in its advice to the EMA on good administrative practice and the proper limits of commercial confidentiality that there is no commercially confidential information in trial protocols or clinical study reports[7]. Further to this, it must be understood that the public interest takes a higher priority than the commercial interest, and for reasons explained above, there is a strong public case for an expansion of trial result transparency.

Finally, EAHP considers that the European Medicines Agency is the best placed 'honest broker' organization, and mediator in the public interest, to determine what information may or may not be considered legitimately 'commercially confidential', as opposed to some current proposals that would enable each commercial company to make this determination[8] – a scenario of conflicted interest.

The suggestion that released data might be 'mined' for patient specific information[9]

EAHP has confidence in the ability of the EMA to manage this risk, and indeed believes the risk can be better managed through the actions of a central body tasked with authority for trial result provison, rather than the alternative model of many separate organisations releasing information in potentially variable forms[10].

The suggestion that 'unqualified' individuals may 'misuse' released data

In many regards, this is a cited objection to transparency across many areas: *"If we release this information 'unqualified' people will not fully understand its meaning and misuse the information".* Yet, EAHP consider that this has rarely come to pass in other areas of public policy where transparency has been extended, and is moreover a societal risk that goes beyond the remit of the EMA per se e.g. the accuracy and diligence of media reporting. Yet even without change in EMA policy on trial transparency this risk will persist, whether a small, or a large amount of information is released. More importantly, with greater information available, qualified and credible sources will always be in a position to give a well-informed opinion about any emerging issues, whereas this may not be the case currently, due to a reduced availablility of information.

In summary

EAHP consider that EMA has undergone a full consultative process in advance of publishing this consultation as to their future policy on publishing clinical trial data. Its policy is guided not only by European Ombudsman advice, but by over-riding public interest.

The EMA's proposed policy on clinical trial data publication is supported by the European Association of Hospital Pharmacists (EAHP).

[6] http://www.theguardian.com/public-leaders-network/2012/sep/26/francis-maude-open-government-partnership
[7] http://www.ombudsman.europa.eu/cases/draftrecommendation.faces/en/4883/html.bookmark
[8] http://www.efpia.eu/mediaroom/114/43/EFPIA-and-PhRMA-Release-Joint-Principles-for-Responsible-Clinical-Trial-Data-Sharing-to-Benefit-Patients
[9] http://www.ema.europa.eu/docs/en_GB/document_library/Other/2013/04/WC500142877.pdf
[10] http://www.efpia.eu/mediaroom/114/43/EFPIA-and-PhRMA-Release-Joint-Principles-for-Responsible-Clinical-Trial-Data-Sharing-to-Benefit-Patients