

Accelerating Clinical Trials in the EU (ACT EU)

Delivering an EU clinical trials transformation initiative

1. Purpose

This paper sets out proposals for the initial set up of an EU clinical trials transformation initiative: Accelerating Clinical Trials in the EU (ACT EU). The paper includes high-level regulatory network objectives, governance, organisation, priority actions for 2022-2023, and resourcing. The implementation of ACT EU will contribute to delivering the Network strategy to 2025 and the Commission Pharmaceutical Strategy.

2. Background

Europe has many of the ingredients needed to create a favourable environment for innovation and for research and development including a world class life sciences sector, an extensive healthcare infrastructure able to support clinical research, an abundance of healthcare data available from public health systems, and a high level of academic medicine. About 40% of clinical trials are sponsored by academia, often small and nearly all mono-national and about 60% by pharmaceutical industry, with a recent shift to more academic trials being done during the COVID-19 pandemic. Both groups of trials need greater support and enablement for Europe to flourish as a global focus for clinical research, both in the development of new medicines and in the refinement of use of existing medicines.

The current environment for clinical trials is challenging. Recent events including the COVID-19 pandemic has demonstrated a relative absence of EU impactful multi-state trials and analysis of clinical trial applications continues to show registration of a preponderance of small single member state studies. Disharmony of regulatory requirements between Member States complicate the submission of multi-state trial applications. The resulting slower trial authorisations could negatively affect research responsiveness, which is particularly worrisome during a rapidly evolving public health crisis. In addition, the expenses to conduct trials are high. Taken together these might in part explain the results of an analysis of centralised marketing authorisation applications having shown a fall in the inclusion of trial results generated in the EU. To address this, the lessons learned from regulatory flexibilities set up during the pandemic could be applied for a more responsive research environment¹.

Recognising the need for improvements, combined with the application of the Clinical Trials Regulation on 31 January 2022, the EMRN strategy to 2025 and Commission Pharmaceutical Strategy have put forward recommendations to foster innovation in clinical trials.

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0761&from=NL>

3. Objectives

To deliver on these recommendations it is proposed to establish ACT EU as an EC-HMA-EMA co-led European initiative.

Proposed initiative objectives are:

1. Optimise the EU environment for clinical research in Europe, whilst maintaining high-level participant protection, data robustness and transparency, by:
 - a. Strengthening leadership and coordination on clinical trial authorisation and execution.
 - b. Optimising ethical oversight and further integrate ethics committees into the clinical trial and medicines regulatory lifecycle.
 - c. Supporting the conduct of large-scale multinational clinical trials with broader geographical scope.
 - d. Reducing administrative burden and increasing efficiency.
2. Strengthening clinical trials that deliver decisional evidence for unmet medical needs, rare diseases, and on vaccines and therapeutics for public health crises and pandemics, ensuring support for HTA bodies as well as for academic and SME sponsors.
3. Heighten the impact of European clinical trials through excellent and coordinated scientific advice as a complement to trial authorisation and to support marketing authorisation and access throughout the medicine lifecycle.
4. Engage all stakeholders to proactively deliver inclusive patient-oriented medicines development and delivery across populations.
5. Ensure a clear and unified European position on clinical trials in strategic matters at the international level.
6. Build capacity in all aspects of drug development and regulatory science through, amongst others, research collaboration and training with academia.

4. Governance

It is proposed to leverage the governance model currently successfully used by the Clinical Trials Information System (CTIS), which centres on the EU CTR Coordination Group with an adapted mandate and composition. This group is chaired by the Commission and includes EC, HMA and EMA members.

5. Organisation

ACT EU will be co-led by EC, HMA and EMA. The programme will have a matrix structure with individual domains coordinated by the relevant functions within the Network. During the initiative development phase the purpose of creating specific projects within domains will be elaborated.

6. Priority actions

To establish ACT EU and its objectives, and building on the experience of existing large-scale EU-funded platform trials, the following key priorities for 2022-2023 are identified:

1. Map existing initiatives and develop a governance rationalisation strategy (aligning different expert groups and working parties in the EMRN and ethics infrastructure).
2. The successful and timely implementation of the CTR and its implementing acts.
 - Develop KPIs and dashboard to track performance of the European clinical trials environment.
 - Including the promotion of larger, multinational trials specifically in the academic setting.
3. Establish a multi-stakeholder platform, including patients, after stakeholder analysis.
4. Implementing the GCP modernisation informed by the development of guidance at ICH.
5. Analyse clinical trial data leveraging academic, non-profit, European, and international initiatives, improving the impact of policymaking and funding on research outputs to support evidence-based decision making.
6. Plan and launch a targeted communication campaign to engage all enablers (including data protection experts, academia, SMEs, funders, HTA bodies, healthcare professionals).
7. Reinforce the coordination between scientific advice on CT approval and CT design and link to the methodologies working party domain.
8. Develop and publish key methodologies guidance e.g. on AI/ML impacted CTs, complex trials, decentralised CTs and IVDR/CTR interface (to strengthen links between innovation and scientific advice fora).
9. Successfully establish CT safety monitoring and bridge to the EU4Health Joint Action and start its integration into a pre- and post-marketing safety monitoring framework.
10. Deliver a clinical trials training curriculum including modules on drug development and regulatory science with links to universities and SMEs (serving as an educational 'ecosystem').

8. Resourcing

8.1 Approach

In the area of clinical trials there is a huge opportunity for the Network to leverage external energy, expertise, and momentum to propel our objectives and those of public health and patients. A collaborative and integrative approach offers a real opportunity to transform a moderate resource input from the Network into a very large research impact in the EU – we can deliver through a framework of: **Do, Require, Influence, Support**:

- **Do** (implement, execute, coordinate, communicate, develop a guidance, core coordination, Network training, leverage our data resources),
- **Require** (guidance for and expectations on applicants/developers/researchers),
- **Influence** (targeted investment in key papers and thought leadership to deliver massive change, involve patients/academia/NBs etc),
- **Support** (judicial use of stakeholder interactions to propel the uptake of 'Require' and 'Influence').

8.2 Human resource

ACT EU can be delivered through:

- Matrix work to optimise the use of existing Network resources and groups (e.g. CTFG, CTEG, CTAG, GCP-IWG, etc.) through a focussed and coordinated approach, thereby maximising efficiency and delivery. Domains (Q4 2021) and domain co-coordinators (to be identified by Q1 2022).
- Leverage external initiatives including networks, funding mechanisms, communications, etc.
- A core secretariat created from EC, NCAs and EMA: Programme management provided by EMA.
- Continuous monitoring and reporting on the status of each of the priorities.

Where appropriate, staff exchanges, secondments and expert programmes will be established to optimise expertise and effective delivery.

8.3 Budget

Based on the principle of leveraging existing initiatives and the mapping of such initiatives planned for early 2022, it is anticipated that budget for meetings, including stakeholder engagement, training, and communication can be identified.

In addition, any new activities coming from ACT EU that cannot be covered by leveraging existing activities would be self-funded by the respective organisations (EC/NCA/EMA).

9. Communications

It is proposed that following endorsement by HMA and EMA MB, public communications and stakeholder outreach on ACT EU will be initiated. Communications will be placed on EC, HMA and EMA websites.