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Medical Writing

Public Disclosure

A paradigm shift in clinical trial data reporting is occurring as data becomes increasingly publically accessible. The EMA was the first regulatory authority to publish clinical data included in marketing authorisation applications.[1] The US FDA,[2] Health Canada,[3] and other health authorities are expected to follow. The US FDA has initiated a pilot project to release summaries from clinical pivotal trials included in approved New Drug Applications and has recently released a redacted drug approval package.[4] How similar future processes will be across individual regulatory authorities remains unclear. As new processes and systems are put in place by the different health authorities, fulfilling all requirements for public disclosure of clinical data will become increasingly challenging. This issue tackles the topic of public disclosure of clinical trial data with a wealth of helpful articles.

Kathy Thomas introduces and describes public disclosure of clinical trial data, especially current obligations and requirements in the EU/EEA. As part of this, she compares EU Regulation No 536/2014 and Policy 0070 (the EMA policy on publication of clinical data for medicinal products for human use).

Raquel Billiones provides two key articles on public disclosure of clinical trial data. The first article, authored with **Achim Schneider**, provides a useful guide on how to register, navigate, and access documents on the EMA website. She also explains how to download documents and retrieve examples of redacted documents together with their accompanying anonymisation reports.

In Raquel's second article, she reviews published anonymisation reports. Anonymisation reports are required by EMA Policy 0070 and describe how the data has been de-identified and the risk of re-identification assessed. Raquel explains that although most reports assess the risk of re-identification qualitatively, an increasing number assess risk quantitatively. In a related article, **Louise Martinsson** then describes her experience preparing an anonymisation report for an orphan drug. With this example, she illustrates a step-by-step approach for preparing a report using quantitative methods to assess the risk of re-identification, including how a numerical threshold should be selected.

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Sybille Eibert shares her first-hand experience of preparing documents to meet different transparency requirements. She relays some of the challenges in meeting EMA Policies 0043 (the policy on access to documents issued in 2010) and 0070 (issued in 2014). As Sybille explains, although "both policies aim to enhance the transparency of the regulatory decision-making process", they approach the challenge very differently.

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In this relatively new era of public disclosure of clinical data, new standard operating procedures, working procedures, and practices are being developed by pharmaceutical companies and clinical research organisations. **Wendelgard Pisternick-Ruf and colleagues** share their thoughts on EMA Policy 0070-related processes and the need to incorporate them into standard operating procedures and working practices. They also outline a process for implementing Policy 0070 and explore the challenges in accomplishing this alongside "transparency requirements of other channels" including those of ClinicalTrials.gov.

Holly Hanson continues by highlighting the differences between the requirements for data disclosure on the ClinicalTrials.gov and European Union Drug Regulating Authorities Clinical Trials (EudraCT) databases. She explains that proper planning for the disclosure of clinical trial results must occur to ensure that a Sponsor complies with these legal obligations. In particular, special attention must be paid to preparing disclosure documents alongside clinical study reports. She also provides details of which trials need to be disclosed and how and when the results are posted to the respective websites.

As part of EU public disclosure requirements, clinical trial sponsors are required to provide a summary of trial results that can be understood by a layperson, also called a Plain Language Summary. **Namrata Singh** and **Vasudha** discuss the content and writing style of a Plain Language Summary and illustrates her findings and proposals with a published summary. In a

following article **Leonie Leithold and colleagues** discuss the importance of having a correct title for lay summaries. They examine the content, format, and structure needed for the lay title to remain useful in several document types including Plain Language Summaries.

Although the main focus of this issue is disclosure related regulatory documents, public disclosure can be thought of as a continuum that includes clinical trial data published in peer-reviewed journal articles. Many peer-reviewed journals require authors to "share their raw, unprocessed data with other scientists and/or state the availability of raw data in published articles."[5] To this end, minimum standards for anonymising data published in journal articles have been proposed.[5] **Kathy Thomas** touches on the implications of the need to include "a datasharing statement" in accordance with the recently updated guidance issued by the International Committee of Medical Journal Editors.[6]

Public availability of clinical trial data allows independent researchers and other decision-makers to have complete access to all the data from a clinical trial and not just selected data published in a journal article. However, even with standards for data anonymisation, often the full set of data from a single clinical trial are not always published or made available. **Michael Köhler and Beate Wieseler** from the Institute for Quality and Efficiency in Health Care in Germany emphasise the need for full access to clinical study data via clinical study reports. The authors highlight and discuss the potential for publication bias when only selected data are made available. They point out that clinical study reports contain "all information" and because they follow ICH E3 guidance, they provide a "high quality of reporting." They welcome public disclosure initiatives and explain that they are expected to deliver full transparency and an increased access to all clinical trial data.

To conform with EMA Policy 0070 requirements, companies have applied retrospective redaction techniques (i.e., masking) to clinical reports submitted as part of their marketing authorisation applications. For these legacy documents, a de-identification process is applied to redact information in the finalised clinical document. Redaction in this context has mainly been performed manually by medical writing teams. **Cathal Gallagher** explains why there is scope for employing other less labour-intensive techniques. These procedures take advantage of automated techniques, which Cathal explains, are designed to improve efficiency by utilising artificial intelligence and machine learning. He also looks to the future and outlines practices for anonymising individual patient data whilst maintaining data utility.

EMWA efforts in clinical trial data disclosure

EMWA created the Regulatory Public Disclosure (RPD) Special Interest Group (SIG) to help share information around this fast-moving specialist topic and develop best practice in regulatory disclosure activities. In the EMWA News section, **Tracy Farrow**, the RPD SIG co-chair, introduces and explains the importance of the group to EMWA members. She also details the objectives of the group, explains what activities have already been undertaken, describes the resources available to EMWA members on the EMWA website, and outlines the group's future plans.

With the CORE Reference user manual, EMWA has also been at the forefront of the challenge of creating a proactive authoring approach that takes into account requirements for later public disclosure.[7] **Sam Hamilton and Debbie Jordan** explain how this valuable, open-access document provides relevant and up-to-date information for preparing clinical study reports, as well as suggesting useful approaches to writing clinical study reports that minimise the need for later redaction.

To help regulatory medical writers, including freelancers, keep abreast of the new requirements for data disclosure, EMWA now offers a series of related conference workshops. Full details are included in EPDP brochure.

Finally, given the importance of this area of regulatory writing to EMWA members, future editions of *Medical Writing* will feature a new section on Regulatory Public Disclosure in which the RPD SIG will continue to share best practice, encourage discussion, and keep our members informed of any relevant updates in this fast changing environment.

A final note

Regulatory public disclosure is a new and fast-moving area of regulatory writing. As such, regulatory medical writers must stay well-informed about updated regulations and requirements. From the breadth of the public disclosure topics presented in this issue of *Medical Writing*, it is clear that one size does not fit all on this journey to increased transparency.

I hope you find this issue of *Medical Writing* useful and interesting. I would like to thank all authors for their valuable contributions to what I consider a new and exciting sphere of regulatory medical writing. As your guest editor, I have enjoyed reading your articles on the many different topics associated with regulatory public disclosure.

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