



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

The articles included in this section are a selection from the EMA's news and press release archive for December 2013 – February 2014.

More information on the work of the EMA can be found on its website: <http://www.ema.europa.eu>

## European Medicines Agency to push ahead in 2014 towards publication and access to clinical trial data

The European Medicines Agency (EMA) has now reviewed all comments received on its draft policy on publication and access to clinical trial data. While the comments received showed that there is large support for the Agency's plans to allow access to clinical trial data submitted as part of marketing authorisation applications, they also highlighted that there is a need for further analysis and clarification of certain aspects.

The Agency will continue to work with stakeholders, including industry, academia and civil society organisations, to further clarify and fine tune the proposed rules to achieve the broadest possible consensus. This work will be guided by a set of key principles that were agreed with the Agency's Management Board on 12 December 2013. The policy on publication of and access to clinical-trial data and an implementation plan will be discussed at the March 2014 Management Board meeting.

The key principles include a stepwise approach for implementation with, as a first step, preparation for the publication of clinical study reports redacted as appropriate, the development of a methodology for de-identification of patients, and the definition of a standard format for the submission of data. The principles also foresee the introduction of preliminary steps prior to data access designed to address the risk of possible unfair commercial use of data while ensuring proactive and non-selective access ('use control' not 'access control').

The Agency reiterates its firm commitment to pursuing the objective of full transparency regarding clinical trial data. The Agency will continue to monitor progress in the court cases brought by two pharmaceutical companies against the Agency and the on-going discussions on the new European clinical trials legislation. It recognises the need for consistency in the general approach to access to documents by European Union (EU) institutions and bodies, while recognising the specificity of documents in the possession of the EMA and the Agency's primary duty to protect and foster public health.

The Agency's draft policy has prompted broad debate among an unprecedented range of stakeholders, including the important focus on the benefits to patients, and more generally to society of giving access to clinical trial data and on the best approach to achieve this. It has been the catalyst for various initiatives from the pharmaceutical industry, funding bodies, and academia centres in this direction.

The Agency has embarked on developing its plans for the proactive publication and access to clinical-trial data because it believes that the release of data is about establishing trust and confidence. The Agency is also firmly of the opinion that wider availability of data broadens the scientific knowledge base, fosters innovation, and encourages investment in the development of medicines and ultimately benefits public health.

## European Medicines Agency and US Food and Drug Administration strengthen collaboration in pharmacovigilance area

The European Medicines Agency (EMA) and the United States Food and Drug Administration (FDA) have set up a new 'cluster' on pharmacovigilance (medicine safety) topics. Building on the experience of previous regular videoconferences between the EMA and the FDA in this area and the recent creation of the EMA's dedicated committee for pharmacovigilance, the Pharmacovigilance Risk Assessment Committee (PRAC), this cluster will provide a forum for a more systematic and focused exchange of information on the safety of medicines.

Clusters are regular collaborative meetings between the EMA and regulators outside of the European Union which focus on specific topic areas that have been identified as requiring an intensified exchange of information and collaboration. The EMA and the FDA have already set up such clusters to discuss issues related to biosimilars, medicines to treat cancer, orphan medicines, medicines for children, and blood-based products, among other topics. Health Canada and the Japanese Pharmaceuticals and Medical Devices Agency (PMDA) are also involved in some of these clusters.

‘In an increasingly globalised pharmaceutical market, collaboration between medicines’ regulators is essential’, explains the EMA’s Executive Director Guido Rasi. ‘Medicines’ regulators are interdependent: any action taken in one territory has repercussions on the rest of the world. International cooperation is a key area of work for the Agency’.

‘The work of protecting the health and safety of the American people cannot be done in isolation’, says Janet Woodcock, Director, M.D., director of the FDA’s Center for Drug Evaluation and Research. ‘It is part of a larger collaborative global effort between the FDA and its international regulatory partners to ensure the health and safety of all our citizens’.

As part of the new cluster, discussions on any pharmacovigilance issue will now take place between the agencies on a monthly basis by teleconference. This increased degree of interaction will allow the agencies to work swiftly in the area of the safety of medicines and to coordinate communication activities.

The creation of this cluster is the latest step in the EMA’s and FDA’s wider approach to expand and reinforce international collaboration. The information exchange is covered by the confidentiality arrangements between the EMA and FDA.

Canadian and Japanese regulatory authorities will participate in the meetings of the cluster on pharmacovigilance as observers.

### **Regulatory information – use of eSubmission Gateway and web client extended to new procedure types from 1 April 2014**

From 1 April 2014, the EMA will extend the use of the eSubmission Gateway and web client to all referral procedures, veterinary medicine submissions, and paediatric submissions.

This will allow companies to submit their documentation to the EMA securely over the internet, thereby improving efficiency and reducing costs

for applicants. Applicants who wish to use the eSubmission Gateway or web client need to register on the EMA’s eSubmission website. Applicants who have already registered and used the eSubmission Gateway or web client for electronic Common Technical Document (eCTD) submissions for the centralised procedure or PSUR single assessment (PSUSA) procedure submissions do not need to register again.

Submissions on physical media (CD/DVD) for referrals, veterinary submissions, and paediatrics will continue to be accepted as an alternative method for the time being. However, it is essential that applicants only use one submission method and do not submit duplicate submissions on physical media or Eudralink as this might lead to a negative technical validation and cause a delay in processing the application.

Applicants are invited to register to use the eSubmission Gateway or web client solution as soon as possible.

The Agency launched the eSubmission Gateway in 2012 as an electronic submission channel for all types of eCTD applications for human medicines. The eSubmission web client was launched in January 2013 to complement the Gateway and is aimed at applicants with lower transmission volumes.

The use of the eSubmission Gateway or web client will be mandatory for all eCTD submissions through the centralised procedure from 1 March 2014.

### **Statements of non-compliance with GMP now publicly available in EudraGMDP**

The EMA has launched a new version of the EudraGMDP database which includes, among other changes, the publication of statements of non-compliance with good-manufacturing practice (GMP).

Regulatory authorities conduct inspections of manufacturing sites and issue GMP certificates when they conclude that a site is GMP compliant. When inspectors conclude that a site is not GMP compliant, a statement of non-compliance with GMP is issued and regulatory authorities enter the document in EudraGMDP. These non-compliance documents are now publicly accessible as well as the positive GMP certificates.

Statements of non-compliance contain information on the nature of the non-compliance and the actions taken or proposed by the issuing authority in order to protect public health. These statements aim to establish a coordinated and

harmonised response by the network of EU medicines regulators.

EudraGMDP is a database operated by the EMA that supports the exchange of information on GMP compliance and non-compliance, as well as on manufacturing and importation authorisations, among European regulatory authorities and regulators outside the EU.

As of April 2013 the database also includes information on good-distribution-practice compliance, as

well as registrations of active substance manufacturers, importers and distributors, and wholesale distribution authorisations.

Most information contained in EudraGMDP is publicly available. Information of a commercially or personally confidential nature is not made public. The decision on which information to make public is taken by the medicines regulatory authority in the EU Member State that adds the information to the database.

## Charging for access to publication correction notices: Right or wrong?

Imagine buying a faulty product and then being asked to pay the same amount again for its repair. That's more or less the scenario if you buy an article published by ACS (American Chemical Society) Publications that subsequently requires corrections, as one synthetic chemist blogger recently discovered.<sup>1</sup>

Writing on the Just Like Cooking blog, 'See Arr Oh' presented two tweets, one an indignant message to ACS Publications, the other the publisher's nonchalant reply:

*See Arr Oh @SeeArrOh*

*Dear @ACSPublications, I am not giving you \$35 to access a \*%\$&\$% article CORRECTION. These are \*not\* publications; they should be free #grr*

*ACS Publications @ACSPublications*

*@SeeArrOh Corrections are considered additional materials, but we appreciate your feedback and will take it on board.*

*Additional materials? Are you kidding me?! This is information that should have been correctly presented in the original article, not some kind of bonus or upgrade.*

Picking up on the story, the excellent Retraction Watch blog polled the views of its users.<sup>1</sup> At the time of writing, 386 of the 463 voters (83%) thought that all correction notices should be freely available. Only 11 voters (2.4%) did not agree that

all corrections should be freely available, while a significant minority felt that only those relating to significant errors ('not spelling errors and the like') should be gratis. This last option puzzles me. Can you imagine paying to read corrections to spelling?

As Retraction Watch points out,<sup>2</sup> the Committee on Publication Ethics (COPE) recommends that all retraction notices be 'freely available to all readers',<sup>3</sup> but has not apparently issued an equivalent statement for correction notices. I feel strongly that all such notices should be free to all; publishers profiting from mistakes in their journals is hard to swallow.

## References

1. See Arr Oh. Why aren't correction articles free? Just Like Cooking (blog); 2014 Jan 31 [cited 2014 Feb 7]. Available from: <http://justlikecooking.blogspot.se/2014/01/why-arent-correction-articles-free.html>.
2. Oransky I. Should all correction notices be open access? Retraction Watch; 2014 Feb 4 [cited 2014 Feb 7]. Available from: <http://retractionwatch.com/2014/02/04/should-all-correction-notices-be-open-access/>.
3. Wager E, Barbour V, Yentis S, Kleinert S; On behalf of COPE Council. Retractions: guidance from the Committee on Publication Ethics (COPE). COPE; 2009 Sep [cited 2014 Feb 7]. Available from: <http://publicationethics.org/files/retraction%20guidelines.pdf>.

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