



## **European Medicines Agency: draft policy on publication and access to clinical trial data**

September 2013

**Joint response from the Academy of Medical Sciences, the Association of Medical Research Charities, Cancer Research UK, the Medical Research Council, Parkinson's UK, and the Wellcome Trust**

### **Key points:**

- We welcome the European Medicines Agency's plans to increase transparency and publish clinical trial data; however, we have serious concerns over the lack of a well-defined review process for requests relating to data in Category 3.
- We support a controlled access mechanism for patient-level Category 3 data, and believe that the EMA or an independent panel should judge the competence of requesters to analyse the data and review the proposed statistical analysis plan.

---

We welcome the European Medicines Agency's plans to increase transparency and publish appropriately safeguarded clinical trial data. We agree that the sharing of clinical trial data for secondary analyses has great potential to be translated into significant benefits to public health.

However, we have serious concerns relating to the sharing of patient-level Category 3 data, specifically the lack of a well-defined review process for requests for access to data in this category. We believe it is vitally important to put appropriate mechanisms in place to prevent inadvertent or inappropriate disclosure, to protect patient confidentiality, and to ensure the scientific and analytical robustness of the proposed data use. While the principles and intentions of the draft policy are sound, we are concerned that the lack of such a review mechanism will jeopardise its effective implementation.

We consider it to be crucial to establish appropriate mechanisms to mitigate the following concerns:

- We would be concerned about the security of Category 3 data that leaves the EMA in a potentially identifiable format. To prevent inadvertent and inappropriate disclosures it would be responsible to verify the requesters' data-handling competence and require that requestors provide a plan of how they will store data securely.
- Similarly, potential harm could result from wrongful secondary interpretation of clinical trial data. Whilst we agree that greater openness could put clinical trial data under productive scrutiny, the consequences of secondary analyses that wrongfully contradict the published findings could be severe, and are certainly not in the interest of public health.
- Finally, requestors of Category 3 data cannot necessarily be expected to understand the nature of the consent obtained for the original clinical trial, especially in cases where patients have been recruited from a number of different settings.

We therefore support a controlled access mechanism with an appropriate review process, in line with existing data access committees that oversee data requests to, for example, genomics studies, and in line with the mechanisms in use by other organisations. As part of this review process, we believe that the EMA or an independent panel should judge the competence of data requesters to analyse the data and review the proposed statistical analysis plan in order to prevent the data from being misinterpreted or inappropriately analysed, as well as ensuring that data access requests fall within the boundaries of the original informed consent. While the EMA's proposed data sharing agreement requires the requester to guarantee that their analysis is 'in the interest of public health', we argue that requesters themselves cannot objectively make this assessment, and hence that there is a need for a review process that provides the safeguards set out above. We recognise that this will have resource implications, and that further work will be needed to explore the detail of potential mechanisms and ensure appropriate oversight, such as through a 'safe haven' or 'honest broker' model – but such issues should not preclude the broader considerations set out above.

Appropriate access to clinical trial data will be an invaluable resource for biomedical research, but public acceptability and trust are essential to its success. To enhance the integrity and ultimate benefit of research, controlled access to patient level data should ensure that access only follows after appropriate independent review of the proposal.

More detailed line-by-line comments on the draft policy are set out in Annex A.

## Annex A: detailed comments on draft policy text

Line number(s)	Comment
44-48	Broad consent for data sharing should be encouraged in order to ensure that data are used to their full potential. Some guidance from the EMA, drawing on existing guidelines, on the wording of such consent for future trials (subject to ethical review) would be helpful.
57-61 & 216-218	We are concerned that the EMA will not assess the methodological robustness of the requester's proposed secondary analysis, or the requester's competence to analyse the data. We support an appropriate review mechanism that would make such assessments, as described in the main body of the response, above.
109-115 & 129-132	It would be helpful to have greater clarity on who can decide whether information is classified as CCI.
143, 165, 172-175 & 278-281	We would appreciate further clarity on whose responsibility it will be to carry out adequate de-identification of data, and to verify that de-identification has been carried out to an appropriate standard.
149	We are concerned regarding the statement that personal data of CT personnel is not regarded as confidential. Although we agree the names of the investigators and institutions should be in the public domain, we do not think that contact details or the names of all CT personnel should be available.
181	It is not clear how such a data sharing agreement would be enforced, or what the EMA would do if the requester fails to adhere to it.
183 & 198	We would welcome further clarity as to who will decide that research is in the interest of public health, and who will define what is appropriate in terms of ethics committee submission.
191-192	The EMA should take account of the possibility that an ethics committee could approve the secondary use of data that is outside the scope of the original consent (as is currently possible under the laws of many member states).
244-247	We are concerned over the requirements with regard to data formats for raw datasets, as CDISC format is not yet a universal format for data sharing outside of the pharmaceutical industry. Datasets from outside the sector will not necessarily be CDISC compliant, and many academic organisations and patient groups would not be able to use the format.

### Contact:

**Will Greenacre, Policy Officer, The Wellcome Trust**

+44 (0)20 7611 8490 / [w.greenacre@wellcome.ac.uk](mailto:w.greenacre@wellcome.ac.uk)

### The Academy of Medical Sciences

The Academy of Medical Sciences is the independent body in the UK representing the diversity of medical science. Our mission is to promote medical science and its translation into benefits for society. The Academy's elected Fellows are the United Kingdom's leading medical scientists from hospitals, academia, industry and the public service. We work with them to promote excellence, influence policy to improve health and wealth, nurture the next generation of medical researchers, link academia, industry and the NHS, seize international opportunities and encourage dialogue about the medical sciences.

[www.acmedsci.ac.uk](http://www.acmedsci.ac.uk)

### **Association of Medical Research Charities**

We are the national membership organisation of leading medical and health research charities.

We help our members to meet their charitable objects by interpreting and influencing the regulatory, policy and research environments, and connecting members to encourage collaboration and share learning. Our vision is charities delivering high quality research to improve health and wellbeing for all.

AMRC members support over one third of all publicly-funded medical research in the UK. Our members invested over £1.2 billion in health research in the UK in 2012. Many of these charities exist because the public choose to donate money to support research to develop new treatments and cures. [www.amrc.org.uk](http://www.amrc.org.uk)

### **Cancer Research UK**

Cancer Research UK is the world's largest cancer research charity. Last year we spent over 387million EUR on research. We fund over 240 studies in the UK and in total over the past ten years we've supported or endorsed 323 trials. We recruited 37,000 people on to trials last year. Our investment means that 16.8 per cent of cancer patients in the UK now participate in research. [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

### **Medical Research Council**

For 100 years the Medical Research Council has improved the health of people in the UK and around the world by supporting the highest quality science. The MRC invests in world-class scientists. It has produced 29 Nobel Prize winners and sustains a flourishing environment for internationally recognised research. The MRC focuses on making an impact and provides the financial muscle and scientific expertise behind medical breakthroughs, including one of the first antibiotics penicillin, the structure of DNA and the lethal link between smoking and cancer. Today MRC funded scientists tackle research into the major health challenges of the 21st century. [www.mrc.ac.uk](http://www.mrc.ac.uk)

### **Parkinson's UK**

We're the Parkinson's support and research charity. For more than 40 years we've been working to find a cure and improve life for everyone affected by Parkinson's. [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

### **Wellcome Trust**

We are a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health. We support the brightest minds in biomedical research and the medical humanities. Our breadth of support includes public engagement, education and the application of research to improve health. We are independent of both political and commercial interests. [www.wellcome.ac.uk](http://www.wellcome.ac.uk)