



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Patient engagement at EMA

Digestive Cancers Europe 8th Annual MasterClass

1 July 2023
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Public and Stakeholders Engagement Department



An agency of the European Union



What we do



Facilitate development and access to medicines



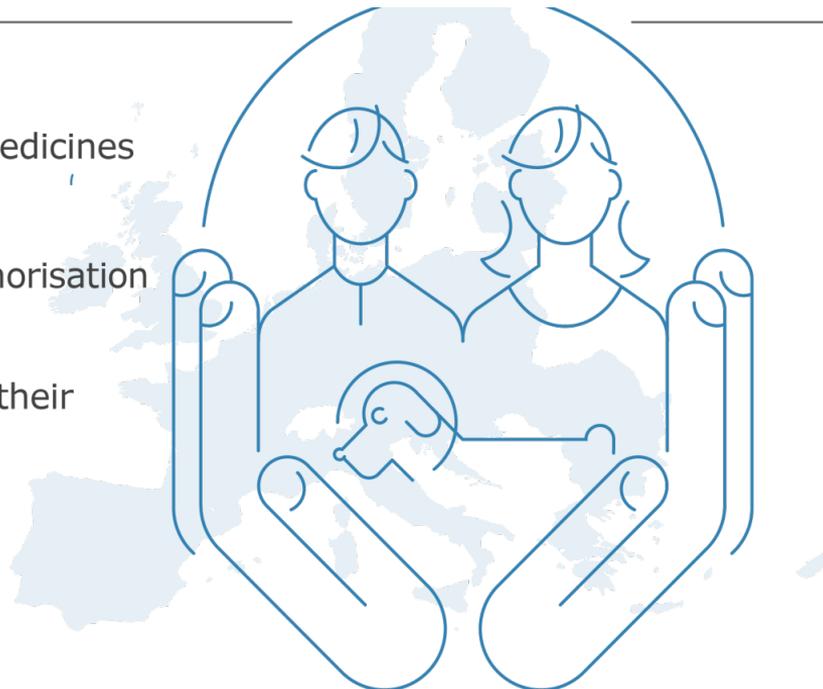
Evaluate applications for marketing authorisation



Monitor the safety of medicines across their life cycle



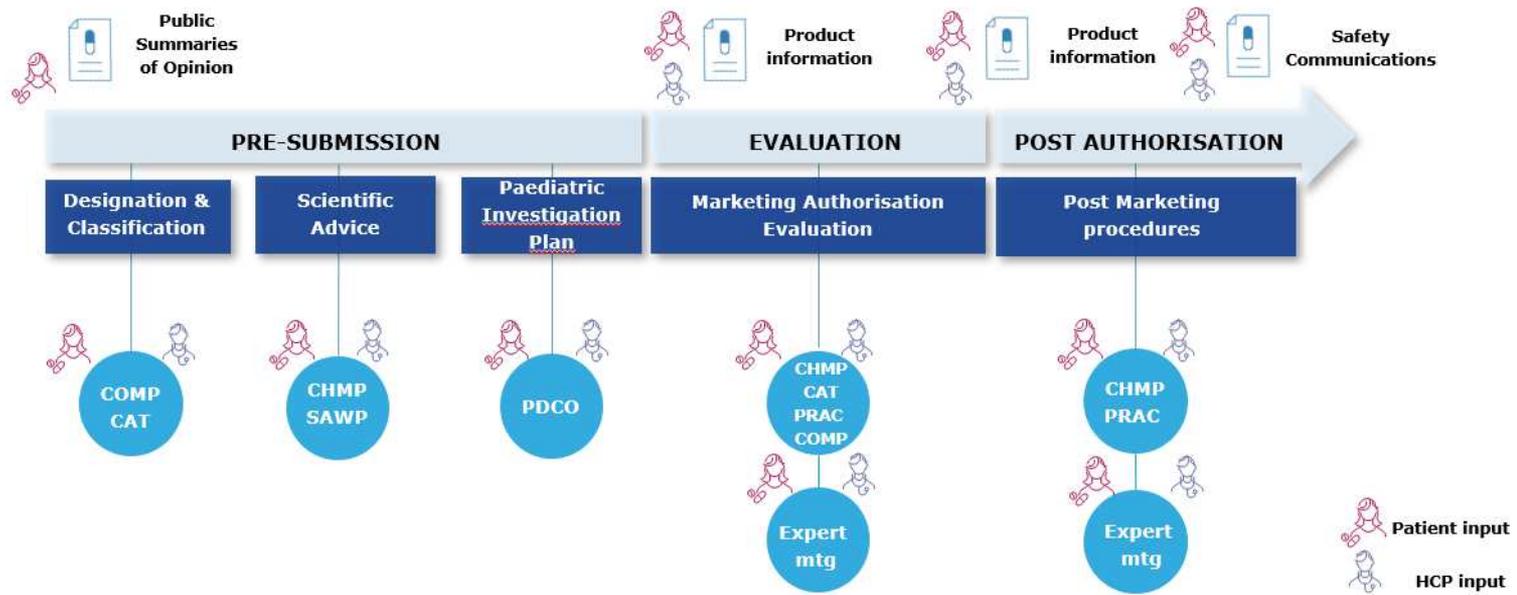
Provide reliable information on human and veterinary medicines to patients and healthcare professionals



Interaction with patients and consumers: a progressive journey...



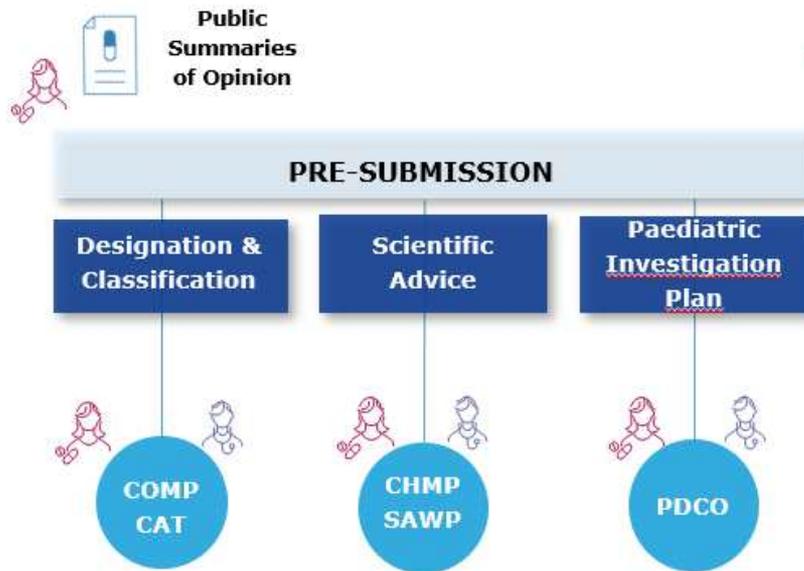
Stakeholder engagement across medicines lifecycle



- CHMP** — Committee for Human Medicinal Products
- COMP** — Committee for Orphan Medicinal Products
- PDCO** — Paediatric Committee
- CAT** — Committee for Advanced Therapies
- PRAC** — Pharmacovigilance and Risk Assessment Committee
- SAWP** — Scientific Advice Working Party



Patient Engagement in pre-submission phase: committees

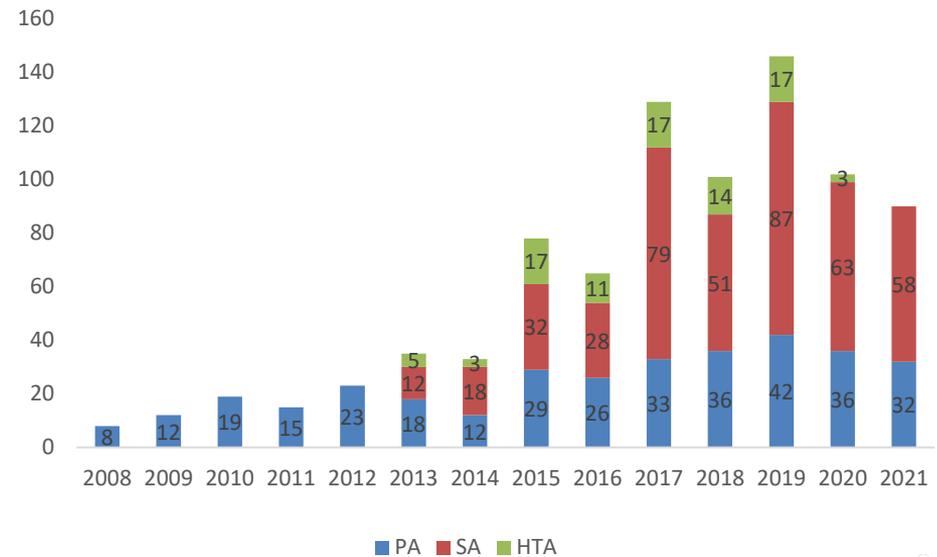
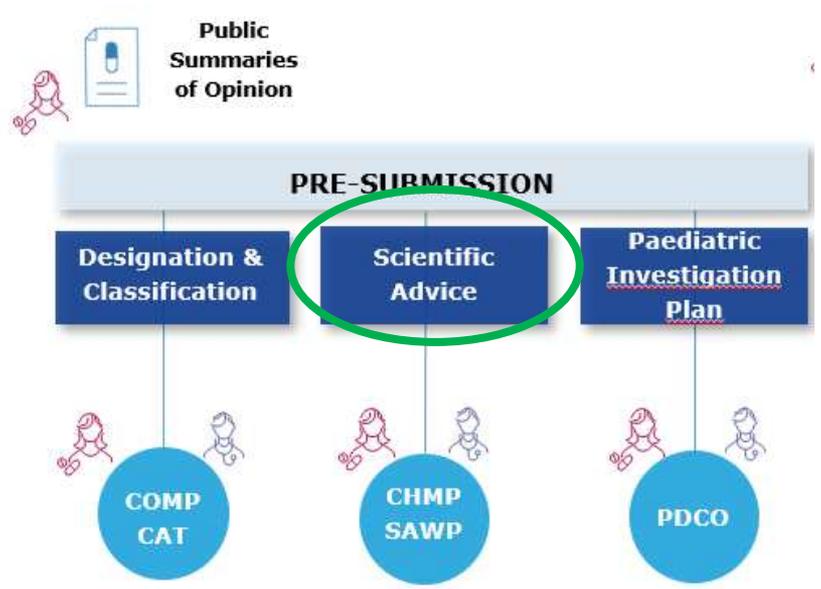


- Membership in COMP, PDCO and CAT
- Consultations on disease specific issues by committees
- Review of documents destined for public
- Experts invited to scientific advice

COMP – Committee for Orphan Medicinal Products
PDCO – Paediatric Committee
CAT – Committee for Advanced Therapies
SAWP – Scientific Advice Working Party

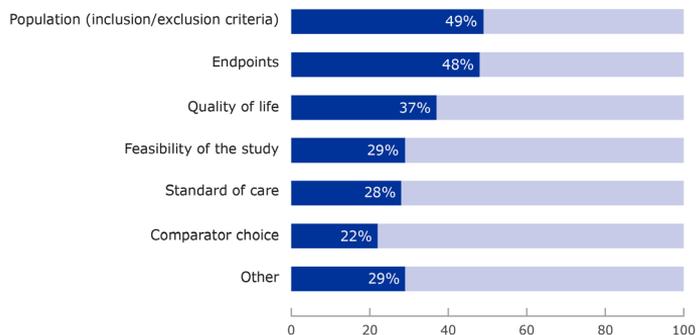


Patient Engagement in pre-submission phase: Scientific Advice

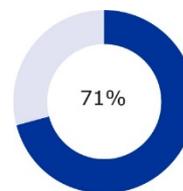




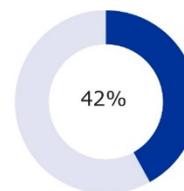
Where patients gave input



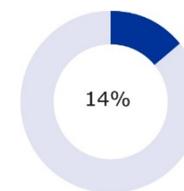
Added value of patient input and involvement



Bringing the real-life experience



Offering a different perspective



Raising issues that had not previously been considered

Patient input resulted in further reflection in **52%** of cases.

20% of cases - recommendations made to the developer were modified based on patient contributions.

>85% cases: patient **agreement** with the proposed development plan.



Evolution of EU clinical trials regulation



Pre 2004: No harmonisation

National rules, different processes in each Member State.

Resulted in **delays** and **complications**



Clinical Trials Directive (EU 2001/20/EC)

Some harmonisation, but **national systems & processes varied**

Entered into application 1 May 2004



Clinical Trials Regulation (No.536/2014)

Full harmonisation, collaborative assessment of **multinational trials**, single EU portal & database

Applied from **31 January 2022**

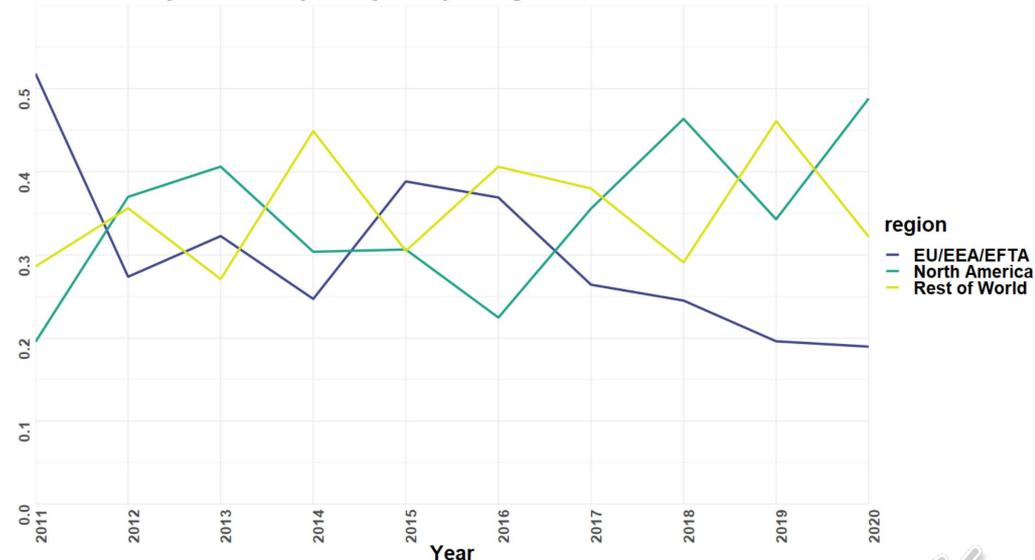


The fraction of EEA trial participants is trending downwards

European trial participants in centralised procedure MAAs:

- Constituted only **19%** in 2020
- Has been **trending downwards** since 2015

Fraction of pivotal trial participants per region from 2011-2020



source: MAAs sent to EMA as part of the centralised procedure

- Vaccines & therapeutics
- UK included as Rest of World





Three pillars of the Clinical Trials Regulation

Harmonisation

Harmonised clinical trial processes

- Collaborative assessment
- Reduced administrative burden
- Enabling multinational trials

Transparency

Increased transparency of clinical trials data

- Empowering patients & HCPs to find recruiting trials
- Enabling research

Safety

Enhanced safety procedures

- Single submission process for sponsors
- Increased cooperation for MS



Accelerating Clinical Trials in the EU (ACT EU)

ACT EU is an initiative to **transform the EU clinical research environment** in support of medical innovation and better patient outcomes.

- **Builds on the momentum** of the Clinical Trials Regulation and CTIS
- **Driven by** the European Regulatory Network Strategy to 2025
- Launched 13 January 2022
- Read the [press release](#) and [paper](#)



CTIS – Clinical Trial Information System supports the flow of information between clinical trial sponsors, European Union (EU) Member States, European Economic Area (EEA) countries and the European Commission.



ACT EU – multi-stakeholder platform



- Amongst other priorities, ACT EU recognises that for the clinical trial environment to evolve with advances in regulation, methodologies, technology and science, there is a **need for multi-stakeholder discussions to drive and support change.**
- Priority Action 3: **establish a multi-stakeholder platform.**



Multi-stakeholder platform proposal

Key players identified (final composition subject to public consultation feedback)

Patients,
healthcare
professionals

regulators/
inspectorates

academia/
researchers

health technology
assessment bodies

ethicists

payers/policy
makers

clinical trial investigators/sponsors/
clinical research organisations



Why a multistakeholder platform?

- The success of clinical trials relies on all stakeholders involved
- To deliver ACT EU, change is needed from every stakeholder
- A platform would enable coordinated change amongst all stakeholders in a neutral forum



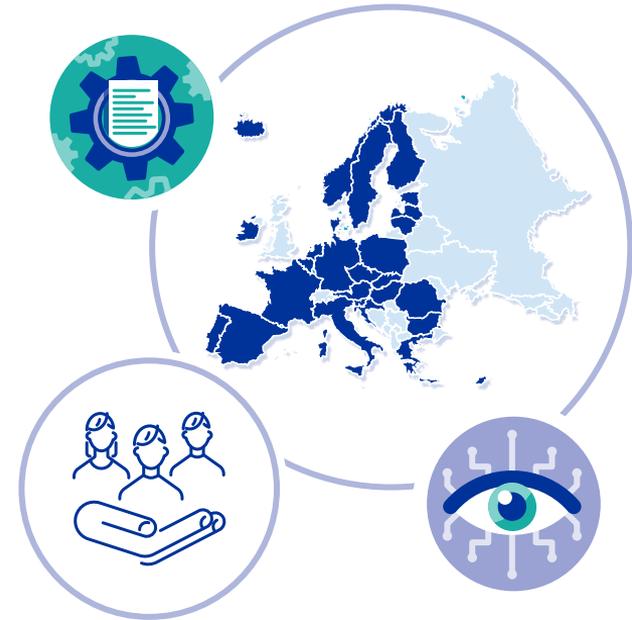
How can the platform drive change?

1. Build common understanding -> Build relationships and trust
2. Co-develop change -> Build ownership of change
3. Use and develop resources and influence of the members -> pilot and implement change
4. Measure and publicise implementation -> Incentivise change



What this means for patients and healthcare professionals

- For patients and HCP, the Clinical Trials Regulation, CTIS and ACT EU will:
 - support bigger and **better CTs**;
 - drive **innovation** in CT methods;
 - generate data about clinical trials to better understand and **address health needs**; and
 - provide an **opportunity to engage** through the multi-stakeholder platform



Kick-off meeting



The graphic features the text 'ACT EU' in large, stylized blue letters. The 'A' contains a building icon, the 'C' contains a microscope icon, the 'T' contains a checkmark icon, the 'E' contains a person icon, and the 'U' contains a lightbulb icon. Below the letters are several small illustrations of people in various settings, including a doctor, a scientist, and a person with a cane. The background is a light blue gradient with abstract shapes.

**ACT EU multi-stakeholder platform
kick off workshop**

22-23 June 2023
Virtual meeting / EMA, Amsterdam, Room 1D Auditorium

- [Kick off meeting](#) for MSP
- Participation – hybrid
- Broadcast live
- Recorded and published on EMA website
- ACT EU [website](#)





Conclusions

- Engaging with patients and their organisations:
 - Brings **everyday aspects** of living with a disease **into scientific discussions**
 - Helps **bridge the gap** between clinical trial data and real world data
 - Increases **transparency, awareness and understanding: TRUST**
- Engage in a **stepwise approach; learn together** what format works best;
 - **Define roles** - manage expectations
 - Ensure engagement is **mutually beneficial**



Everyone has a role to play to ensure engagement happens



Engaging with patients leads to **more meaningful outcomes** for everyone!



Any questions?

Further information

[Insert relevant information sources or contact details as applicable.]

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- 1 Optimise the EU environment for clinical research in Europe 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**
 - d) **Reducing administrative burden and increasing efficiency.**



- 2 **Strengthening clinical trials** for unmet medical needs, rare diseases, and vaccines and therapeutics for public health crises, 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.



- 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.



Priority actions

- | | |
|--------------|---|
| PA 1 | Map existing initiatives and develop a governance rationalisation strategy (aligning different expert groups and working parties in the EMRN and ethics infrastructure). |
| PA 2 | Successful and timely implementation of the CTR and its implementing acts: <ul style="list-style-type: none">• 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. |
| PA 3 | Establish a multi-stakeholder platform, including patients, after stakeholder analysis |
| PA 4 | Implementing the GCP modernisation informed by the development of guidance at ICH |
| PA 5 | Analyse data about clinical trials leveraging academic, non-profit, European, and international initiatives, improving the impact of policymaking and funding on research outputs to support evidence-based decision making |
| PA 6 | Plan and launch a targeted communication campaign to engage all enablers (including data protection experts, academia, SMEs, funders, HTA bodies, healthcare professionals) |
| PA 7 | Reinforce the coordination between scientific advice on CT approval and CT design and link to the methodologies working party domain |
| PA 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) |
| PA 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 |
| PA 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') |