WHITE PAPER

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Clinical Trial Data Sharing Under EMA Policy 0070

By Honz Slipka

The first anniversary of the European Medicines Agency's (EMA) relaunch of Policy 0070 occurred in September 2024. The policy requires sponsors to publicly disclose clinical data for medicinal products in the European Union. BREXIT and the pandemic paused this policy for nearly 5 years. Thus, the EMA was not accepting any new publications other than those for COVID-19.

The relaunch marked an advance in pharmaceutical transparency and protection of personal (and commercial) data when disclosed to the public.

Policy 0070 mirrors existing rules and guidelines for Protected Personal Data (PPD) and Commercially Confidential Information (CCI) with advancements in documentation and user experience.

- A new Anonymization Report template streamlines the disclosure of data protection methodology,
- Joint reviews with Health Canada (HC) allow for unifying regulatory requirements for sponsors, and
- New timelines would enable sponsors to protect participants and commercial data without compromising data utility.

In practice, however, not all these goals have been met.

Anonymization Report

The EMA's new Anonymization Report Form Template (AnR) and accompanying instructions standardize the reference document to the dossier. Now, sponsors can promptly submit this anonymization report. Regulatory agencies can easily review it. And anyone examining the clinical trial can comprehensively understand and reference it.

The anonymization report summarizes information regarding data protection and more importantly the data availability within that trial. The goal is simple: make a summary that is easy to write, review, and understand.

The functionality of the AnR is not perfect. Direct and indirect identifiers cannot be ordered alphabetically. The drop-down options don't eliminate the need for free-text explanations. And the lack of standardized text has not made writing or reviewing this document any faster.

By May 2024, the number of joint submission reviews to both EMA & HC reached such volumes that both agencies stopped reviewing them. Instead, joint submissions are delegated to one reviewing body with the other accepting the outcomes of the review.

How Certara Can Streamline Producing the Anonymization Report

Our Clinical Trial Transparency & Disclosure team has various solutions to help our clients expedite the process to speed up producing the AnR. We used the existing AnR template to develop an internal, proprietary version. Our version allows the population, categorization, and alphabetical ordering of the identifiers found in the clinical documents. Standardized text can prepopulate the free-text sections of the AnR to reflect the anonymization strategy.

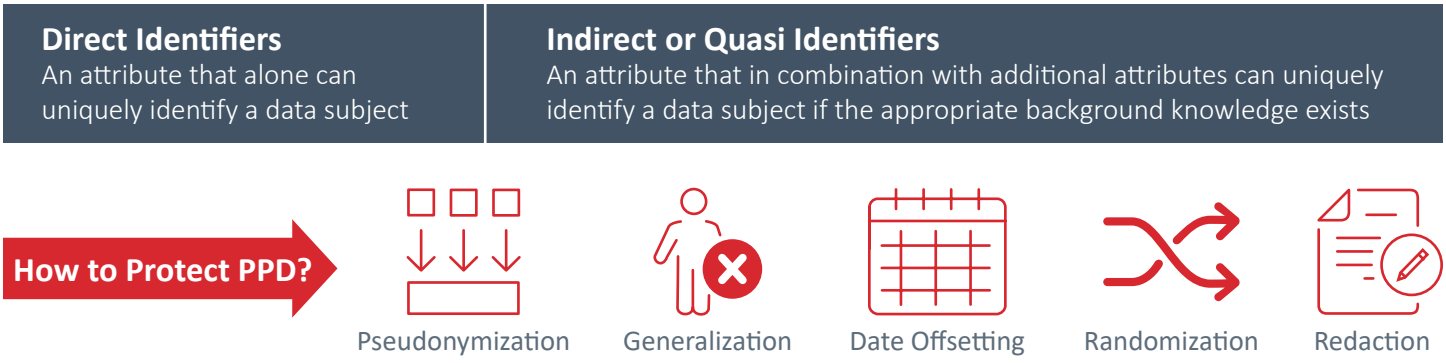


Figure 1: PPD can be protected through various methods of anonymization.

While time-consuming upfront, developing a customized template and using standardized wording has decreased AnR authoring time. The quick response of the regulators' Post-Agency Feedback suggests that our solutions have also improved the review process.

Certara's Anonymization Strategy

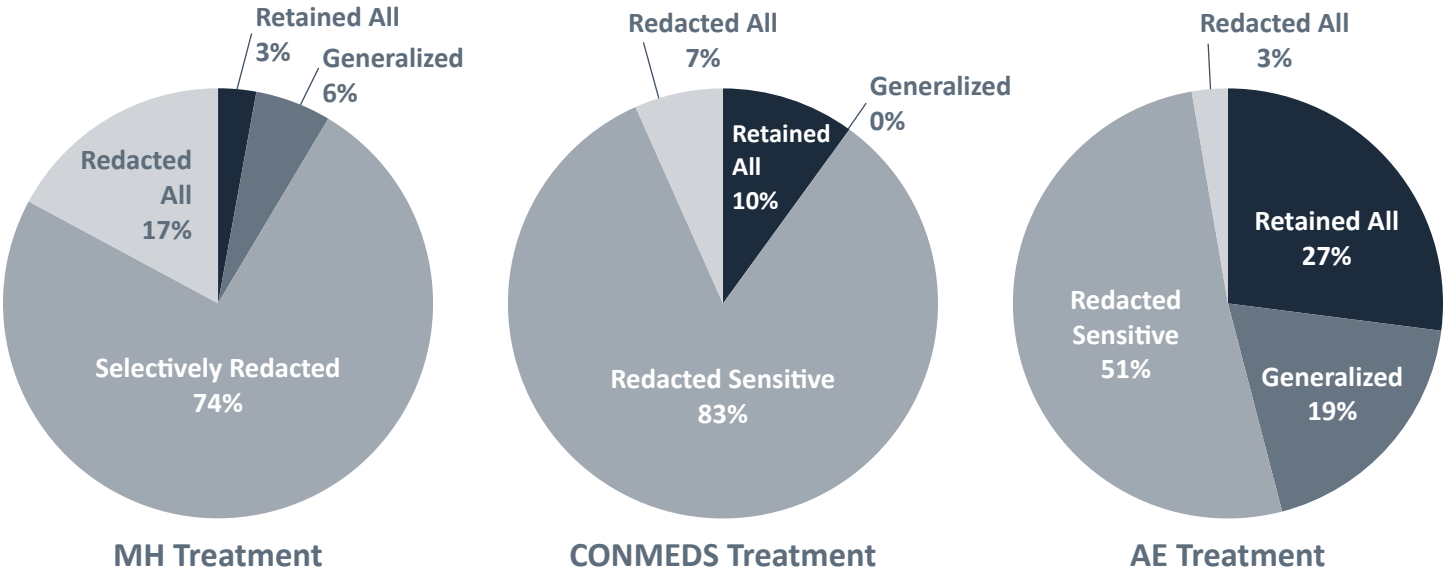
Every month, we review studies posted to the EMA Policy 0070 portal. This review helps align methodologies with industry standards and regulators' expectations. This assessment allows for an objective analysis of how identifiers are treated across sponsors, studies, and submissions. Our review looks at

- The method used (qualitative vs quantitative),
- The treatment of subjectively sensitive data (such as medical history, concomitant medication & adverse events), and
- The justification for the anonymization strategy used.

Compiled into a single document, a few clear trends have emerged over the past year in terms of data treatment. The most significant finding from this meta-analysis has been the inconsistency of data treatment. No two studies had the same treatment for Medical History (MH), Concomitant Medication (Conmeds), and Adverse Events (AE).

Indeed, no two studies are alike! Most studies require different levels of anonymization. However, this variability amplifies the problem of review, consistency, and ease of navigation.

This inconsistency also makes it difficult to compare studies. For example, one study may retain the AEs while another completely redacts them. The figure below shows the treatment of these identifiers across studies published on the portal[1] since the policy's relaunch.



The founding principles of public disclosure of clinical data are to help:

- Avoid duplication of clinical trials while fostering innovation.
- Encourage the industry to develop novel medicines.
- Increase public trust and confidence in the healthcare and pharmaceutical industry.
- Enable academic staff and institutions to use that clinical data.[2]

These principles should be kept in mind when balancing medical advancement through clinical research and patient privacy. Data transparency is the opposite of participant and commercial confidentiality. Thus, the discrepancy in priorities between disclosure and privacy is visible across all current submissions. In other words, making clinical research both transparent and protected is difficult.

Sponsors have navigated the gray zone between total data redaction and complete information release with selective data generalization and redaction/retention. This approach can sufficiently protect patient and commercial privacy. However, its subjective approach and variability don't instill trust in either transparency or data protection.

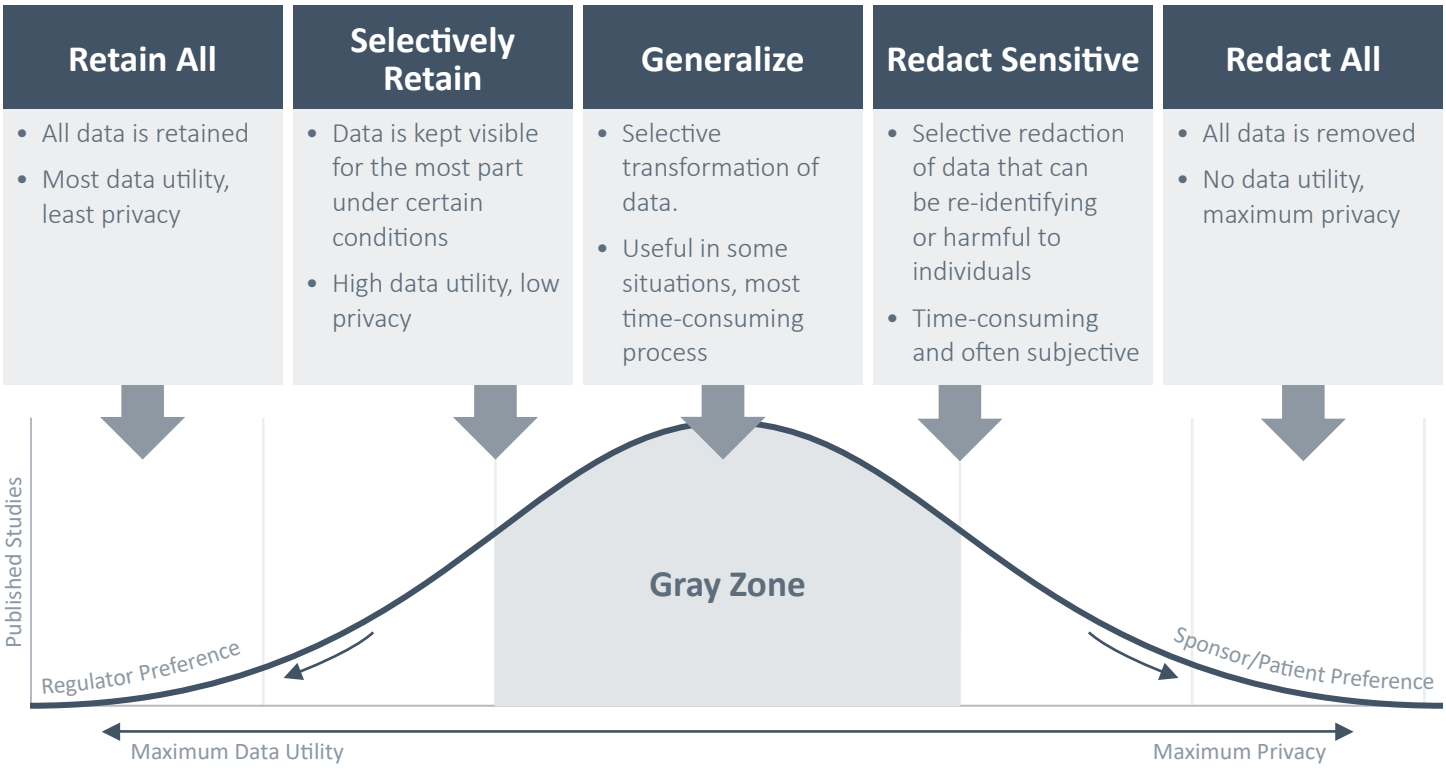


Figure 2: Current industry standards of clinical data protection methodologies as seen in studies published to the EMA Policy 0070 disclosure portal.

How Certara Can Streamline Anonymizing Clinical Documents

Facilitating consistent, robust, and compliant data protection requires an approach that considers sponsors', patients', and the public's needs. This approach must protect patient privacy and CCI while also consistently and safely releasing relevant non-identifying data into the public domain.

The best way to accurately and efficiently anonymize clinical documents is through authoring documents with public disclosure in mind.

- *Omit* unnecessary details.
- *Limit* the reoccurrence of sensitive data.
- *Commit* to consistent terminology.

This strategy can instill confidence in data release while protecting sensitive information. It turns that gray zone into a green zone.

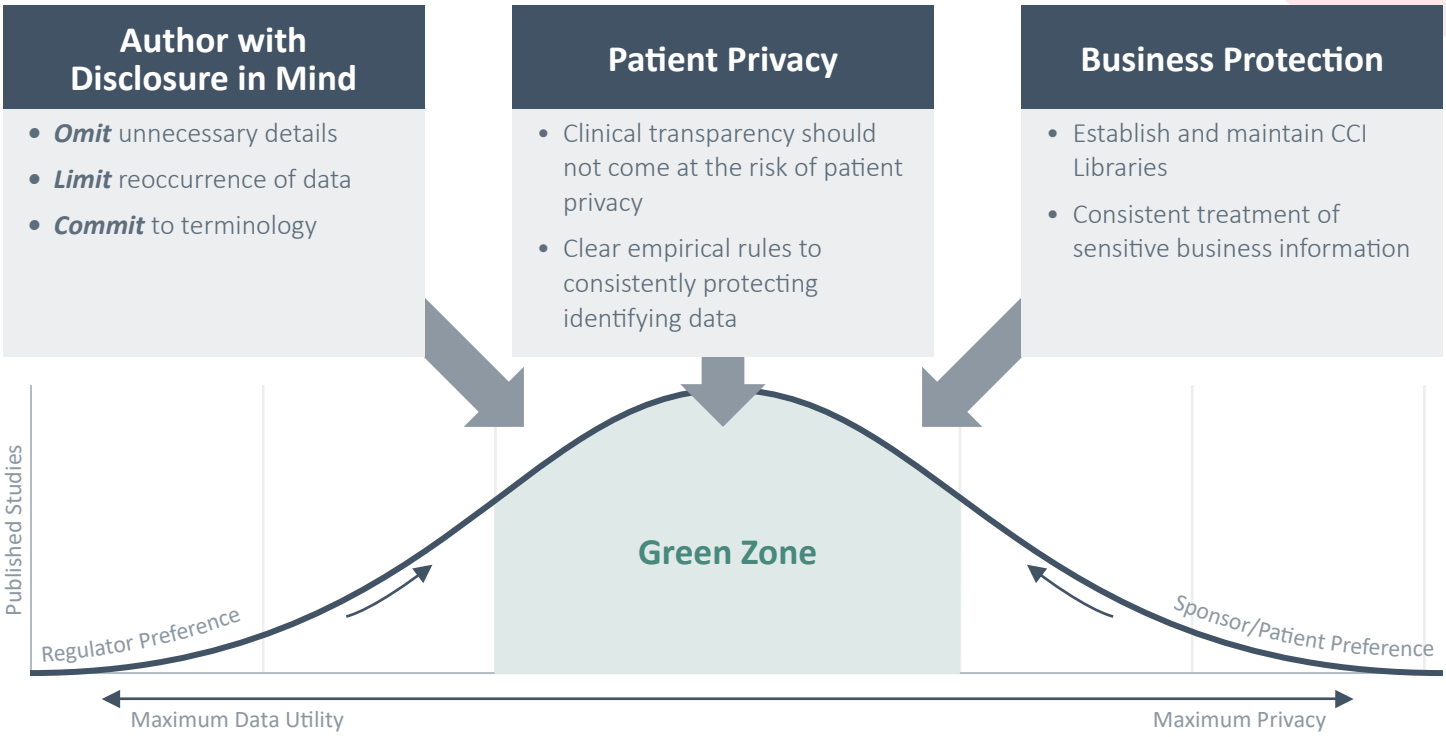


Figure 3: Certara's model for optimizing clinical data privacy methodologies used in patient data protection

Documentation

The final big change associated with the EMA Policy 0070 relaunch was requiring documentation that differed from existing regulatory requirements. This includes the CCI Redaction Control Sheet and the List of Out-of-Scope sections.

As a policy that aims to align with existing policies, the difference between the requirements is small but time-consuming. As of this publication date, a joint submission to both HC and EMA requires two separate CCI Redaction Control Sheets (shown below). Each Control Sheet contains similar content but has different structure and formatting.

Page Number(s)	Title of Section(s)	Text Proposed for Redaction by the Applicant/MAH	Applicant/MAH to Reference the Section(s) of the Annex 3 of Policy 0070 on which the Redaction is Based (if not obvious please explain how the proposed redacted text falls under this/ these particular section(s) of Policy 0070 and is/are relevant for)	Applicant/MAH to Provide Justification of CCI (please explain how the release of this information will damage your company's commercial interest or competitive position)	Agency Assessment of the Proposed Redaction: Rejected/Partially Accepted/Accepted	Agency's Rationale/ Redaction Code

Figure 4: EMA CCI Redaction Control Sheet

Document Name	Page Number(s)	Text Proposed for Redaction	Qualifying Exception for Regulations	Not Clinical Information	Detailed Justification of Proposed Redaction	Health Canada's Response to Redaction	Health Canada's Rationale

Figure 5: HC Confidential Business Information (CBI) Redaction Control Sheet

How Certara Can Streamline Identifying CCI

We developed an internal SAFE CCI Library as a workaround to this small, yet time-consuming issue. SAFE stands for Secured, Automated, Functional, and Editable. Potentially identified CCI is added to a secure document with controlled and limited access.

Once these items are added, medical, legal, clinical, and regulatory subject matter experts can review and either confirm or reject this information. Once marked as approved, these items get automatically scripted into both the EMA and HC control sheets with their accompanying information (page number, justification, etc.).

This workaround means that sponsors only need to identify and approve CCI once. The library then serves as a reference. In addition, it's an automated generator for specific submission documents independent of which agency the submission is for.

Conclusion

Overall, the new submission process for publicly disclosing clinical trials with the EMA has been well received. The number of submissions to the portal and extensive communication between the EMA, sponsors, and third parties involved has improved the overall process. Initiatives such as public surveys have helped the EMA receive structured feedback that will hopefully benefit the industry. Certara's procedural improvements allow our clients to save time and resources to focus on the submissions of final disclosure packages. While there are many great initiatives for *future* improvements of regulations and technology, our approach is to excel within the current transparency and disclosure ecosystem and help deliver quality results now.

Sharing clinical trial information in the EU is now more unified and standardized. However, the process is still in the early stages. EMA will likely revise it multiple times.

The pharmaceutical industry has a long way to go in building public trust. However, the process is still in the early stages and EMA has confirmed that there will be more updates and additional guidance provided in the upcoming months.

Learn more about how Certara's Transparency and Disclosure team can help you with your Policy 0070 submission.

Honz Slipka | honz.slipka@certara.com

References

[1] https://clinicaldata.ema.europa.eu/web/cdp/login

[2] https://www.ema.europa.eu/en/human-regulatory-overview/marketing-authorisation/clinical-data-publication