Clinical Studies

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HORIZON 2020

Agenda

I. Template
'Essential information about clinical studies'

II. Status recruitment sites

III. Sub-contracting

IV. (Unit costs)

V. Mandatory deliverables

Purpose

- Providing structured information to experts for evaluation
- Giving applicants the chance to provide detailed information about clinical studies without page limitations.
  Reasons: - Detailed but important information, e.g. about Scientific Advice Meetings, relevant (regulatory) guidelines, in- / exclusion- criteria, etc.
  - potentially high number of studies

- Providing necessary information to request 'unit costs'

Available under 'call documents'[1] and in submission system

[1]Previous version: http://ec.europa.eu/research/participants/portal/doc/call/h2020/sc1-hco-01-2016/1677602-essential_information_for_clinical_studies_en.pdf

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Applicability

- Use of template mandatory for certain single-stage and second-stage topics, **if** a clinical study is included
  - But: no eligibility criterion, no disadvantage when information provided in other part of proposal;
  - Rather: more and more appreciated (applicants, evaluators) as an opportunity for structured information
- These topics are listed in the template/Annex.

Applicability (2)

For stage I applications:

- Initiate timely planning of e.g.:
  - Recruitment strategy;
  - For requesting scientific advice / protocol assistance;
  - Study conduct, e.g. study medication
- Relevant key aspects of the template should be addressed also in stage I applications (even though the template itself cannot be up-loaded).

Scope

- Ethical considerations have to be addressed in the respective separate section of the proposal.
- Risks and contingency plans have to be addressed in the respective section of the proposal (part B.3.2 and table 3.2.a) … If contingency plans are not outlined in the proposal (and the grant agreement), your grant agreement might be terminated and/or the EU contribution significantly reduced if a study cannot proceed as planned.

"Extensions of project duration can generally not be granted in H2020. Significantly delayed key study milestones (e.g. 'first patient/first visit') might lead to the termination of the grant agreement."

1.2.3 Relevant guidance documents

Relevant guidance documents, e.g. guidelines from:

- Scientific societies (e.g. addressing standard-of-care)
- Regulatory bodies – e.g. guidance notes from the European Medicines Agency – EMA, e.g.:
    - General and methodological 'Scientific guidelines'
        - 'ICH E9 Statistical principles for clinical trials'
        - 'Role of pharmacokinetics in the development of medicinal products in the paediatric population'
    - Disease specific 'Clinical efficacy and safety guidelines'
        - E.g. 'Clinical investigation of medicinal products in the treatment or prevention of diabetes mellitus'
- HTA agencies

1.7.2 Description of recruitment strategy

Based on:

- Specification of criteria for site selection
- Estimation of expected (feasible+tested!) recruitment rates - based on main in-/exclusion criteria, main aspects of study conduct
- Contingency plans (e.g. inclusion of additional sites)

➢ Academic networks or research infrastructures, like ECRIN, may provide support by e.g.:

  - Providing information on possible investigation centres
  - Providing guidance documents or trainings
  - Supporting feasibility assessment of recruitment planning via (national/regional) partners or specific networks.

Status of
Recruitment sites

Clinical centres whose contribution is limited to subject recruitment or treatment may have status of:

- Full beneficiary –> always preferred!

But: if obstacles for centres to become beneficiary (or linked third party), two other options remain:

- Use of in-kind contributions provided by third parties against payment (Art. 11 MGA) – patient data are considered as in-kind contribution.
- Subcontractor (Art. 13 MGA)
- Please note: It is not possible to reimburse recruitment sites based on Article 10 MGA.

Status of
Recruitment sites

Use of in-kind contributions provided by third parties against payment (Art. 11 MGA)

- Third parties must be identified in DoA
- No profit, reimbursement of unit / actual costs (!)
- Requires prior agreement with beneficiary – prior to start of work, not necessarily prior to signature of GA
- Agreement might be 'ad-hoc'/specific to project
- 25% indirect costs can be claimed (by the 3rd party itself, not by the beneficiary!) when actual or unit costs are used

Status of
Recruitment sites

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Subcontractor (Art. 13, MGA)

- task (!) must be identified in DoA
- agreed 'price per patient/subject', profit possible
- best price/quality ratio, transparency equal treatment
- public bodies: internal rules and applicable legislation related to public procurement
- No indirect costs for beneficiary! But in case of 100% reimbursement rate of direct costs, no more "shortfall" for linked beneficiary

Research Organisations (CROs)

- Only **limited part of the action** can be sub-contracted (Art. 13 MGA)
- **Academic CROs** exist (e.g. ECRIN network) – might be willing to become beneficiary!
- Commercial CROs usually work 'for profit' → Commission will consider accepting subcontracting
- Please note: It is not possible to reimburse CROs based on Article 10 MGA.

Subcontracting

Rule of thumb for subcontracting to CROs:

- If clinical study is the main activity of the project:
  - Core study expertise cannot be subcontracted, but certain parts (GMP manufacturing, monitoring etc.) might be subcontracted as long as general regulatory expertise is available and the study design, high-level study management and oversight remain as tasks within the consortium (budget share: not essential criterion!)
- If clinical study is just a small part of the project, i.e. most of the project is preclinical activity:
  - Study might be subcontracted in its entirety

Unit Costs
What/Why

What are unit costs for clinical studies?

An alternative way of claiming costs for clinical trials:

- Proposal describes what is needed to do the study (resources, identical in each centre)
- Each beneficiary/third party that *wants* to use the unit costs, lists the costs of these resources in year n-1 – based on its closed accounts
- Based on a well described, fixed methodology. No estimations or lump sums!

Why unit costs?

- No need for time sheets and detailed actual costs for each patients.
- Only items that are audited: Number of patients enrolled and correctness of historical costs listed.

Unit Costs

For more detailed information about unit costs (and all other issues related to clinical studies in Horizon 2020) please check:

The template 'Essential information about clinical studies' (section 1.9)

and

http://www.healthncp.net/news-events/webinar-clinical-studies-horizon2020-proposals)

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Mandatory deliverables

1) **'First study subject approvals package'**, for each included CS (prior to enrolment of first study subject):
   a. Final version of study protocol as submitted to regulators / ethics committee(s)

      (no need to change deliverable if later amendments)
   b. Registration number of clinical study in a WHO-or ICMJE-approved registry

      Please note: Result posting for the study must be possible)
   c. Approvals (ethics committees and national competent authority if applicable) required for invitation / enrolment of **first** subject in at least one clinical centre

Mandatory deliverables (2)

2) **'Midterm recruitment report'**, for each included CS: Deliverable to be scheduled for the time point when 50% of the study population is expected to have been recruited. The report shall include an overview of recruited subjects by study site, potential recruiting problems and, if applicable, a detailed description of implemented and planned measures to compensate delays in the study subject recruitment.

Mandatory deliverables (3)

3) **Report on status of posting results in the study registry(s)**, for each included CS:
Report on the status of the result posting including timelines when final posting of results is scheduled after end of funding period.

More information on clinical studies at this InfoDay

- Session 'Regenerative Medicine and Advanced Therapies' 15h30 – 17h00 (MANS): Information and advice on clinical studies with advanced therapy medicinal products (ATMPs) from Edward Geissler and Christian Jorgensen
- 'Walk-in clinics' for individual contractual, legal, financial questions 14h00 – 15h30 AND 15h30 – 17h00 (JENK): contractual, legal and financial questions relating to clinical studies in H2020 SC1

Thank you for your attention!

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