Fit for Health 2.0

Support to SMEs & Researchers in FP7 and Horizon 2020 health-oriented projects

Cross cutting issue: **Integration of information on clinical trials into the proposal**

www.fitforhealth.eu

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SEVENTH FRAMEWORK PROGRAMME

What is a 'clinical trial' in H2020?

Or more specifically: What needs to be described as a ‚clinical study' in the proposal?

- *A 'clinical study' as defined for the purpose [of this template] is any clinical research involving a substantial amount of work related to the observation of, data collection from, or diagnostic or therapeutic intervention on multiple or individual patients. It includes but is not limited to clinical trials in the sense of the EU Clinical Trials Directive (2001/20/EC).*
- A clinical study can be the core of a project, or part of a project
- …included in a project designed in response to a topic that specifically asks for a clinical study, or not
- i.e. highly relevant issue for many proposals to be submitted under SC1

Description of the trial

Where in the proposal do I describe my study, and what's the appropriate amount of detail?

- Proposal body... in any case
  - in condensed format, summarizing the essence
  - as part of the overall description of the planned work
  - in parts in the WP description,
  - And throughout wherever suitable
  - with cross references to the study template / Annex

- "Template for essential information to be provided for proposals including clinical trials"… where mandatory (currently: for all clinical studies included in a single-stage- or stage-2 proposal submitted to topics PM-01, PM-02, PM-06, PM-07, PM-08, PM-09, PM-10, PM-11 and HCO-07)
  - in standardized format, in great detail, one description per study
  - Always download latest new clinical trial template!

Template Structure – Research and Innovation Action

1. Excellence
   - 1.1 Objectives
   - 1.2 Relation to the work programme
   - 1.3 Concept and methodology
   - 1.4 Ambition
2. Impact
   - 2.1 Expected impacts
   - 2.2 Measures to maximise impact
     - Dissemination and exploitation of results
     - Communication activities
3. Implementation
   - 3.1 Work plan - Work packages, deliverables
   - 3.2 Management structure, milestones and procedures
   - 3.3 Consortium as a whole
   - 3.4 Resources to be committed
4. Members of the consortium
   - 4.1. Participants (applicants)
   - 4.2. Third parties involved in the project (including use of third party resources)
5. Ethics and Security
   - 5.1 Ethics
   - 5.2 Security

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Mandatory deliverables for H2020 clinical trials

1) 'First study subject approvals package',
    a. Final version of the study protocol
    b. Registration number of clinical study
    c. Regulatory and/or ethics approvals

2) 'All approvals package', all further approvals

3) 'Midterm recruitment report‘

4) 'Report on status of posting results' in the study registry(s)

“Essential information”-template

Essential information – based on a generic CSP (Clinical Study Protocol)

When information is currently not available (e.g. a clinical study is planned for a later stage of the project and will be based on data of previous studies) the source of required data should be provided and / or the selection of the applied methodology should be described.

Each section must be shortly and concisely described. In case one or more issues do not apply to a particular study, please briefly explain/justify.

“Essential information”-template

Clinical study No.1

- 1.1 Identifier
- 1.2 Study design and endpoints
- 1.3 Scientific advice / protocol assistance / communication with regulatory / competent authorities / ethics committees
- 1.4 Subjects/population(s)
- 1.5 Statistic analysis planning and power calculation
- 1.6 Cumulative safety information
- 1.7 Conduct
- 1.8 Orphan designation
- 1.9 ‘Unit costs per patient’ for clinical trials / studies / investigations

If no beneficiary intends to use unit costs, the unit costs section does not need to be completed!

Clinical study No.2

- 2.1 Identifier
- …

“Essential information”-template

1. CLINICAL STUDY No. 1

1.1 Identifier

Title, short title or unique identifier.

1.2 Study design and endpoints

1.2.1 Study design

Concise description of the selected study design.

1.2.2 Primary and secondary endpoint(s)

Description of the primary and secondary objectives (and how these objectives will be measured as endpoints/outcome measures).

“Essential information”-template

1.2.3 Relevant guidance documents

References to guidance documents considered to be relevant for the study: e.g. guidelines from scientific societies (e.g. addressing standard-of-care) or regulatory bodies (e.g. from the European Medicines AgencyEMA) and HTA agencies. For example, for studies addressing development and optimisation of drug therapies, disease specific, general 'clinical pharmacology and pharmacokinetics' or methodological EMA 'Scientific guidelines' might have an impact on the later scientific/regulatory value and applicability of results.

“Essential information”-template

1.3 Scientific advice / protocol assistance / communication with regulatory / competent authorities / ethics committees

If scientific advice/protocol assistance from a competent/regulatory authority has been requested, please provide the full text answer of the authority or a comprehensive summary in this section of the document. If the answer is not yet available provide an explanation of the current status. Please also include in this section any other relevant correspondence or minutes of meetings with regulatory authorities or ethics committees such as requested or granted approvals of clinical trial applications. Clearly define the regulatory / ethical status and requirements for the study according to the national and EU regulations.

“Essential information”-template

1.4 Subjects/population(s)

Definition of study population(s) by inclusion and exclusion criteria. Please discuss the potential inclusion of special populations, especially children and elderly (with defined age groups). If there populations are excluded, please justify. Definition of sub-populations if subgroup analysis is intended.

1.5 Statistic analysis planning and power calculation

Definition and justification (power calculation) of sample size, definition of statistical methods and planning of statistical analysis.

1.6 Cumulative safety information

Concise information on safety and tolerability of study interventions: e.g. pre-clinical data from invitro or in-vivo studies; data from previous clinical studies; data from (pharmaco-)vigilance systems or other sources.

“Essential information”-template

1.7 Conduct

1.7.1 Schedule for study conduct including timelines for key study milestones

Please present in this section a (realistic!) planning of the schedule for the study conduct including provisions and timelines for ethics and further administrative approvals. As a minimum include realistic planning and timing for the key study milestones below. Dates for key study milestones are defined relative to the starting date of the project (i.e. month 1, month 6 etc.):

- *First Patient (or study subject), First Visit (FPFV):*
- *Last Patient (or study subject), First Visit:*
- *Last Patient (or study subject), Last Visit:*
- *End of Study (including follow-up and data analysis):*

“Essential information”-template

1.7.2 Description of recruitment strategy

Description of the recruitment strategy including realistic estimates of the expected recruitment rate (subjects per month/per centre) based on available data or (realistic!) assumptions.

1.7.3 Assignment of intervention for controlled trial

Methods for allocation and blinding

1.7.4 Study management, study monitoring, data and sample management

Please include a description of

- *Planned strategy for study / trial management,*
- *Study monitoring plan (monitoring visits, level of source data verification, etc.)*
- *Adverse event reporting*
- *Data collection and management*
- *Sample management*

“Essential information”-template

1.7.5 Sponsor, coordinating centre(s) and committees

Please specify the trial sponsor. Specify the role of the coordinating centre(s) and different committees (as for example Data Safety Monitoring Board, Independent Data Monitoring Committee, etc.).

1.7.6 Study medication

If a study medication (investigational and non investigational medicinal products) is required, please provide information on whether manufacturing and / or labelling of the study medication is required and which plans and / or commitments are in place for this.

1.7.7 Clinical centres

Indicative list of clinical centres / recruitment centres planned to be involved in the clinical study.

“Essential information”-template

1.8 Orphan designation

If orphan designation has been granted provide the reference of the Commission Decision. If orphan designation has been requested but not granted, provide an update on the current status.

1.9 ’Unit costs per patient’ for clinical trials / studies / investigations

If applicable

“Essential information”-template

2. CLINICAL STUDY No. 2 (IF APPLICABLE)

2.1 Identifier

Title, short title or unique identifier.

Etc.

Unit Costs

Special financing rules to accommodate clinical trials in H2020

Based on Commission Decision C(2014) 1393 Unit costs are:

- a fixed reimbursement amount
- for each study subject enrolled
- in a given centre
- calculated according to a defined methodology
- based on historical costs of the beneficiary/third party
- for the entire funding period of an action.

[NOT a flexible tool, adjustments during the time course of an action are not possible.]

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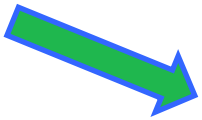

MUST READ!

Unit Costs - Advantages

- Ex-ante acceptance of unit costs = No need for time sheets and detailed tracking of resources used!
- Unit costs should encourage consortia to more realistically estimate their budget and time management for clinical studies.
- Unit costs are a simple and transparent method for calculating, reimbursing and auditing costs of clinical studies.

Unit Costs - Conditions

- Alternative to the use of actual costs, on voluntary basis
- Resources and costs will be evaluated with the proposal
- Unit costs per patient/study subject fixed for the entire duration of the project
- For costs not included in the unit cost, reimbursement based on actual cost → **i.e. a combination of actual costs and unit costs also possible!**

How to calculate Unit Costs

Per clinical study subject: Estimation of the resources

- per task on the basis of the protocol,
- the same for all beneficiaries involved.

Per beneficiary/third party: Calculation of costs based on its historical costs:

- recorded in its certified or auditable profit and loss accounts,
- for last closed financial year at the time of submission of the proposal.

Verification and audit ex-post only:

- number of patients/subjects declared = number of patients/subjects actually participating in the study
- Beneficiary/third party has used the accounting data of year N-1.

Unit Costs - the component ‘personnel costs’

3 unique and exclusive (!) personnel categories:

- Doctors
- Other medical personnel
- Technical personnel

No other personal category / calculation base for personal costs possible

(e.g. separate categories for 'nurses‘, 'study nurses' or 'pharmacists' do not exist!)

Unit Costs – practical tips to minimize risk

- **Underestimation of costs involved**

Have an experienced clinician together with an experienced project manager set up your unit cost system. Plan enough time for several rounds of circulation and of feedback to the elements involved by all sites.

- **Loss of funds due to drop-outs**

Possible to divide into steps (e.g. recruitment + intervention one, intervention two, follow-up).

- **Loss of funds after audit**

Pay utmost attention that beneficiary/third party has used the accounting data of year N-1. No cost estimates! This is different from the 'usual' H2020 budgeting process. Make sure sites involved understand. Mistakes in this step of the planning process may result in significant loss of funds for the respective site.

Thank you!

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