< Berlin, 15 February 2012 >

Submission of comments on 'Reflection paper on risk based quality management in clinical trials' (EMA INS/GCP/394194/2011)

Comments from:

Bundesärztekammer (German Medical Association, Germany)

Please note that these comments and the identity of the sender will be published unless a specific justified objection is received.

When completed, this form should be sent to the European Medicines Agency electronically, in Word format (not PDF).

7 Westferry Circus • Canary Wharf • London E14 4HB • United Kingdom
Telephone +44 (0)20 7418 8400 **Facsimile** +44 (0)20 7418 8416
E-mail info@ema.europa.eu **Website** www.ema.europa.eu

1. General comments

Stakeholder number *(To be completed by the Agency)*	General comment (if any)	Outcome (if applicable) *(To be completed by the Agency)*
	The German Medical Association is grateful to have been given the opportunity to comment on the 'Reflection paper on risk based quality management in clinical trials'. This paper addresses all important points pertaining to risk-based quality management in clinical trials. We agree that the introduction of quality systems is cost-intensive. However, it is not only the participants' risk which requires audits and inspections and it is not only the necessity to safeguard the integrity of results trials which are planned to be submitted for regulatory purposes. There is particular necessity to safeguard also the integrity of results obtained in studies after approval as those are often comparative trials with an active comparator and the results are used to define the new drug's place in the therapy. Hence, we question the approach that a lower risk for the participants allows for a reduced level of control. Insofar we are of the opinion that it is necessary to maintain the standards of the clinical studies. We would propose to implement a system in which educational material would be made available in particular for sponsors without ample experience. In addition we would like to point at pharmacogenetics/ pharmacogenomics as points to be considered when	

Stakeholder number *(To be completed by the Agency)*	General comment (if any)	Outcome (if applicable) *(To be completed by the Agency)*
	planning a clinical trial. We suggest that the topic may be added to the specific points (see suggestions below). Furthermore, we suggest some additions on pharmacovigilance (see below)	

2. Specific comments on text

Line number(s) of the relevant text *(e.g. Lines 20-23)*	Stakeholder number *(To be completed by the Agency)*	Comment and rationale; proposed changes *(If changes to the wording are suggested, they should be highlighted using 'track changes')*	Outcome *(To be completed by the Agency)*
Annex 1 , Table, Page 28/31		Comment: Pharmacogenetics/pharmacogenomics may be added to the specific points related to study design and methodology. Prospectively collecting information on potential (or yet unidentified) genetic risk markers for unusual drug response may be considered important. Proposed change: Insert a new line (as last line of topic "Study design and methodology"): - Into column 1 (System/project related topics): What are potential new risk markers for unusual drug response? - Into column 2 (Example of risk identification): E.g. previously unknown or unidentified markers. - Into column 3 (Examples of mitigation): The sponsor to: * obtain genetic material (DNA) from participants, * design the informed consent to obtain participants' permission to analyze DNA for known and – as of yet - unknown genetic information of relevance, * obtain approval from the ethical committees for the Informed Consent Form to cover the long-term storage and, if appropriate, subsequent analysis of DNA for emerging new information in the future.	
Annex 1 , Table, Page 21/31		Comment: Pharmacovigilance may be a separate topic to be mentioned in	

		the context of SAE and SUSAR. Proposed change (if any): add: - sponsor to consider implementing and using a validated pharmacovigilance system.	

Please add more rows if needed.