

Recommendations of the College Board to reduce the number of RFIs raised during the assessment of a clinical study

The version 2.0. of this advice was endorsed by the College Board during the meeting of 25/01/2025.

The College received several complaints from industry and academic sponsors that the number of questions (requests for information, RFIs) on dossiers has increased since the implementation of CTR. In addition, some of the RFI are given twice or conflicting RFI are raised. Many RFI for Part II are on ICFs.

The College refers to the CTR Q&A 2.7. (97) which states:

“Therefore, the RFI should focus only on critical issues that need to be addressed by the sponsor as to allow authorization or authorization with conditions and to avoid rejection of the application. In case of an authorization with conditions, it is expected that the conditions in the decision are linked to matters that were raised during the RFI phase. Recommendations to the sponsor by the MSCs can be included with the conclusion of the assessment.”

The College recommends to the ECs to consider the following points when raising RFIs and recommendations.

- Cosmetic and linguistic comments on the ICF can be given in the PDF of the ICF. For this type of comments, in CTIS one consideration (RFI) is raised, in which is referred to the attached PDF of the ICF.
- After being assigned for the evaluation of a trial, the College Board strongly advises the EC to immediately contact the PI when he/she or his/her delegate is expected to be (virtually) present at the EC meeting to elaborate on the clinical trial and to discuss the concerns/questions raised. In the extremely unlikely situation that none of the PIs nor one of their delegates are available to attend the EC meeting, or if an EC meeting exceptionally follows a written procedure, the raised concerns/questions should be discussed with a PI or his/her delegate in a timely manner. This prevents that concerns/questions that can be answered satisfactorily or explained by the PI or his/her delegate are included in CTIS. In case of a multisite trial, the EC chooses a random PI to contact as it is expected that all PIs have knowledge of the protocol. The College doesn't consider that to be a breach of the independence of the EC providing that it is documented in the meeting minutes and that art. 11 of the Royal Decree of 9 October 2017 is respected (see Annex).
- When the EC has an RFI that leads to a change of the dossier, this RFI should always be registered in CTIS as a consideration. This to ensure that changes to the dossier that are made by the sponsor, are always linked to a consideration in CTIS.
- The EC should have a procedure for the consolidation and peer-review of their RFI and recommendations in CTIS.

The above recommendations are also valid for MDR and IVDR dossiers where considerations (RFI) are to be raised via the EC's assessment reports.

Abbreviations

CTIS: Clinical Trials Information System

CTR: Clinical Trial Regulation, Regulation (EU) No 536/2014

CTR Q&A: the CTR Questions and Answers document published on Eudralex Volume 10.

EC: Belgian Ethics Committee recognized under the law of 7 May

ICF: Informed Consent Form

IVDR: In Vitro Diagnostic Regulation, Regulation (EU) No 2017/746

MDR: Medical Device Regulation, Regulation (EU) No 2017/745

PI: Principal Investigator

RFI: Request For Information

Royal Decree of 9 October 2017: The Belgian Royal Decree to implement the law of 7 May 2017 regarding clinical trials with medicinal products for human use.

MSC: members state concerned

Annex

CTR Q&A 2.7.

Question: How will a request for information (RFI) during the initial assessment of a clinical trial application, the assessment of an application for substantial modification and/or the assessment of application for subsequent addition of a Member State concerned be managed?

“97. In order to make a timely response by the sponsor feasible and to avoid unnecessary rejections of trial applications, the Reporting Member State (or MSC in case of part II) will formulate requests for information with clear and concise instructions to the sponsor on how to address the considerations stemming from the assessment. In general, it is expected that due to time limitations, only one request for information will be feasible during the assessment period. Therefore, the RFI should focus only on critical issues that need to be addressed by the sponsor as to allow authorization or authorization with conditions and to avoid rejection of the application. In case of an authorization with conditions, it is expected that the conditions in the decision are linked to matters that were raised during the RFI phase. Recommendations to the sponsor by the MSCs can be included with the conclusion of the assessment.”¹

Royal Decree 9th October 2017

NL:

Art. 11. “Het registratie- en beheersysteem voor belangenconflicten van de leden bepaalt dat het lid van een Ethisch comité dat in welke hoedanigheid dan ook betrokken is bij de uitwerking en de uitvoering van een klinische proef, niet als lid mag zetelen noch mag stemmen tijdens de evaluatie van deze proef door het betrokken Ethisch comité. Het lid mag evenwel gehoord worden in zijn hoedanigheid van onderzoeker indien het Ethisch comité zulks noodzakelijk acht.”²

FR:

Art. 11. « Le système d'enregistrement et de gestion pour les conflits d'intérêts des membres prévoit que le membre d'un Comité d'éthique qui est concerné à un titre quelconque par la mise en œuvre et l'exécution d'un essai clinique ne peut ni siéger ni voter comme membre lors de l'évaluation de ce dernier par le Comité d'éthique concerné. Il peut toutefois être entendu au titre d'investigateur si le Comité d'éthique le juge nécessaire. »³

¹ Questions and Answers Document – Regulation (EU) 536/2014 (July 2024).

² Art. 11, Koninklijk besluit tot uitvoering van de wet van 7 mei 2017 betreffende klinische proeven met geneesmiddelen voor menselijk gebruik (9 oktober 2017).

³ Ibid.