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European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

Minutes ENCePP Steering Group meeting

21 October 2011, 09.30-16.30 - Chaired by Peter Arlett

List of Participants		
Present:	Peter Arlett (PA), Stella Blackburn (SB), Henry Fitt (HF), David Haerry (DH), Joan- Ramon Laporte (JRL), Jytte Lyngvig (JYL), Ingemar Persson (IP), Nicholas Moore (NM), Miriam Sturkenboom (MS), Giuseppe Traversa (GT) <i>ENCePP SG Advisor</i> : Xavier Kurz (XK) <i>ENCePP Secretariat</i> : Kevin Blake (KB), Thomas Gödecke (TG), Eeva Rossi (ER), Dagmar Vogl (DV) <i>EMA</i> : Stefanie Prilla (SP) <i>WG Chairs (partly – via TC)</i> : Alejandro Arana (WG1), Helen Dolk (WG2)	
Apologies:	Hans-Georg Eichler, Corinne de Vries, Hubert Leufkens, Yola Moride, June Raine, Valerie Simmons	

Item Draft agenda

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7 Westferry Circus • Canary Wharf • London E14 4HB • United Kingdom

 Telephone
 + 44 (0)20 7418 8400
 Facsimile + 44 (0)20 7523 8416

 E-mail encepp_secretariat@ema.europa.eu
 Website www.encepp.eu



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Item	Draft agenda
	5.2 Declaration of Interest Form for ENCePP Studies
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6.	ENCePP Plenary Meeting 23 November 2011
	6.1 Draft Agenda
7.	ENCePP Website & Partners' Forum
	7.1 ENCePP Linking Policy, incl. Process for Posting Third Party Announcements in ENCePP
	Partners' Forum
8.	A.O.B
	Platform of Training Opportunities

NB: The SG were provided with a number of draft papers relating to the various agenda items in advance of the meeting. These are working documents which require further elaboration, and as such – although referenced - are not being published with these minutes.

1. Adoption of draft agenda

JYL raised an additional item on "Randomised database trials"; it was agreed that this would replace item 2.5 "Different perspectives on post-marketing safety studies" which had originally been raised by B. Leufkens, but who had sent his apologies.

The agenda was adopted with this one change.

2. Tour de Table – General discussion/Issues raised by ENCePP partners

2.1 Non-EU ENCePP Centres

MS reported that during a recent visit to the US where she gave a presentation on ENCePP, she had encountered keen interest in the network and its principles, particularly the ENCePP seal and Code of Conduct. However, under the current rules, studies may only apply for the seal if the main investigator is member of an ENCePP centre which, by definition, have to be based or have a base in Europe. MS proposed exploring ways of opening the ENCePP seal to non- European research.

There was general agreement amongst SG members that expanding the use of the Code of Conduct and having more ENCePP studies was welcomed. However, there was no consensus amongst the SG on how to move this issue forward. In order to give the discussions more structure it was agreed that the ENCePP Secretariat would develop an options paper for discussion at the next SG meeting. Key aspects to consider include the principles of ENCePP, the geographical composition of the network and the use of EU data sources.

2.2 Medical Journal Editors Workshop Q1 2012

Following on from the success of the first workshop for Medical Journal Editors which took place in June 2011, the SG agreed to keep the dialogue open and consider a meeting and more formal presentation to the ICMJE. The timing of a second workshop for journal editors is yet to be decided.

Meanwhile, ENCePP partners should be encouraged to submit results of ENCePP studies to those journals that were present at the June workshop.

2.3 Finalisation of the ENCePP position on the definition of Non-interventional Studies

KB gave an update on the outcome of the presentation of the ENCePP definition paper to the Clinical Trials Facilitation Group (CTFG). He also tabled a brief document outlining the proposed example-based approach. IP suggested that the paper which had been adopted by ENCePP requires more scrutiny. The SG advised that ENCePP needed to proceed with care given the proposed change to the Clinical Trials Directive. It was emphasised that examples, rather than legal interpretation of definitions, should be the focus.

The SG agreed to revise the paper based on today's discussions and publish the position paper on the ENCePP website once it has been formally adopted by the Steering Group. It was also agreed that an examples-based paper could be published in a journal.

2.4 Update on the GVP module on post-authorisation safety studies (PASS)

XK provided an update on the GVP module on post-authorisation safety studies which will be subject to public consultation next year. He explained that there will be a strong recommendation that the GVP module shall be made applicable to all post-authorisation studies that are included in risk management plans. Secondly, the new legislation obliges member states to ensure that the public has access to information on pharmacovigilance concerns of medicinal products, and EMA will have to make public the protocols, abstracts and results of PASS.

It is envisaged that the ENCePP Register of studies will be used as a means to publish protocols and results of studies. Its scope will be widened to a 'European registry of non-interventional post-authorisation studies'. It follows that this has implications for the existing registry, and some of the wording and terminology will have to be changed to comply with the new legislation. In parallel, it needs to be made more user-friendly and additional explanations provided.

XK further highlighted that the draft GVP contains general scientific guidance for all PASS that includes elements taken from the ENCePP Code of Conduct, and also refers to the ENCePP Guide on Methodological Standards in Pharmacoepidemiology.

PA concluded by highlighting that the methodological guidance and checklist developed by ENCePP are fundamentally underpinning the regulatory scrutiny of PASS. Changes to the existing database are under consideration, the extent of which will depend on budgetary constraints.

2.5 Randomised database trials

JYL opened the discussion on Large Simple Trials (randomised database study) and informed consent using data tools to extract randomised samples from databases (using electronic health records). She highlighted the fact that there a challenge with regard to the CT Directive.

XK provided an update on IMI project EHR4CR (electronic health records for clinical research) where EMA is part of the advisory board providing advice on patient consent and issues with the CT Directive. NM explained that electronic health records may be used in different ways for clinical trials, e.g. as a source for identifying eligible patients who could be solicited to participate in a CT, or as a source for data collection using e-CRF. In the latter case, however, informed consent is also needed and may jeopardises the study in terms of feasibility. MS explained that Erasmus University has piloted randomised database studies several years ago but has left this field due to the inherent difficulties linked to informed consent.

It was agreed to put 'randomised database trials' on the agenda of the May 2012 plenary meeting, in order to stimulate debate on this subject. It should be considered to extend an invitation to the EHR4CR consortium to attend a future ENCePP plenary meeting.

2.6 Cross-national survey of ADRs in the elderly

KB reminded the SG of an issue raised by UIf Bergman at the ENCePP Plenary in June 2011 which links the geriatric medicines strategy launched at EMA with a specific proposal for a cross-national survey of ADRs in the geriatric population and the role of renal insufficiency.

U. Bergman has agreed to provide some feedback on the project progress made so far at the ENCePP Plenary meeting on 23 November. The Plenary agenda will also feature a presentation about the EMA geriatric strategy, and include feedback from the recent informal Pharmacovigilance Working Party meeting in Poland where one of the topics discussed was 'the elderly'.

The Steering Group agreed that this was a very important issue and that the answers to a number of related questions may be facilitated by ENCePP. The establishment of an expert group in the margins of the spring plenary meeting should be considered.

2.7 Funding topics EC / EMA

MS questioned an apparent overlap of funding topics between EMA and FP7. In his response, PA explained how topics for FP7 funding are being selected through the Committee structure, and that this type of funding is aimed at addressing longer-term questions. On the other hand EMA funding topics - for which only a very limited budget is available - are selected on an ad-hoc basis, in order to address more urgent safety concerns needing rapid evaluation.

PA confirmed that the proposal from MS to have a better communication with existing FP7 consortia will be taken on board. He also confirmed that the funding topics submitted by ENCePP partners during the Plenary survey earlier this year will be give due consideration.

3. Conflicts of Interest

3.1 Revised EMA Policy

Due to time pressure this topic was not presented.

3.2 ENCePP SG Mandate Rev.1

HF briefly introduced the proposed changes to the SG mandate which include an increase in the number of total members to 16 via the inclusion of a representative from the Committee for Orphan Medicinal Products (COMP). At the same time, the number of EMA SG members will be decreased to 3, and the number of elected ENCePP representatives increased to 6.

The SG adopted the revised mandate which will underpin the SG elections to take place at the next Plenary meeting.

4. ENCePP – Review of progress

WG1 Progress Update

The new WG1 Chair, Alejandro Arana, joined the meeting for this item via TC to provide a progress update. The current focus of WG1 is on reaching agreement on the revision of the ENCePP Guide on Methodological Standards. The group is considering having certain chapters of the Guide reviewed by leaders in the field. On the other hand, it is planned to give the public the opportunity for direct review via an interactive tool.

The next WG1 meeting is scheduled for the day following the ENCePP Plenary meeting, i.e. 24 November 2011.

WG2 Progress Update

SP presented the revised mandate for WG2 on behalf of Helen Dolk, Chair of the Group.

The SG adopted the revised mandate and endorsed the proposed publication of the ENCePP Code of Conduct in medical journals.

The next WG2 meeting is scheduled for the day following the ENCePP Plenary meeting, i.e. 24 November 2011.

WG3 Progress Update

The Chair of WG3, Miriam Sturkenboom, informed the meeting that the current main focus of WG3 is to try and increase the number of data source entries in the ENCePP resource database. The WG meeting on 22 November will focus on identifying the reasons behind the slow uptake, prioritise the data sources and registries, and work out an action plan to increase the numbers.

4.2 Revised Work Plan 2011-2012

TG briefly highlighted the proposed changes and updated timelines to the ENCePP work plan 2011-2012.

In this context, PA informed the Steering Group that a new document is under preparation which will bring together ENCePP, public funding and best evidence into one document. A first draft will be circulated prior to the next SG meeting in spring 2012.

The SG agreed to conduct a survey of ENCePP partners in 2012 in an effort to strategically identify areas of research expertise and available data within the network. As a first step, the ENCePP Secretariat will – in consultation with the Steering Group - conduct a survey on diabetes research in spring 2012, followed by a wider prioritisation exercise later during the year. It will be important to manage the ENCePP partners' expectations.

A deliverable will be added to the existing work plan for 2012 relating to the identification of key regulatory/public health questions through ENCePP, the consultation of PRAC on these topics and further prioritisation of public health needs.

The work plan will be revised based on these discussions, and circulated to the Steering Group for adoption by written procedure.

5. ENCePP Code of Conduct Rev.2

Helen Dolk, Chair of WG2, joined the meeting for this agenda item via TC.

5.1 General revision of the Code

H. Dolk and S. Prilla went through the proposed revision of the Code explaining the changes by chapter.

5.2 Declaration of Interest Form for ENCePP Studies

TG presented a draft declaration of interest (DoI) form for ENCePP studies which represents a hybrid between the form widely in use by journals and the EMA DoI form.

There was broad support for taking this proposal forward and the SG agreed that the ENCePP DoI form should be simple to fill in, and include open questions, rather than too much and restrictive guidance on completing the form.

The ENCePP Secretariat will update the form based on the discussions.

5.3 ENCePP seal application – fully public funded studies

TG presented details of an ENCePP seal application for a publicly funded study, highlighting the need for a solution in cases where the funding contract is incompatible with the existing ENCePP Code of Conduct, as is the case with FP7 contracts.

The SG endorsed the incorporation of a reference to purely publicly funded research in the Code.

5.4 ENCePP CoC Rev.2

The SG provided mainly editorial comments on the proposed revision, and agreed the revised code in principle. Further amendments will be made to the Code based on today's discussions, and circulated once more for final comments and adoption by written procedure.

6. ENCePP Plenary Meeting 23 November 2011

6.1 Draft Agenda

The draft agenda was adopted with some minor changes.

7. ENCePP Website & Partners' Forum

The draft *ENCePP Linking Policy* and the *Process for Posting Third Party Announcements in the ENCePP Partners' Forum* were discussed briefly. The two documents will be revised based on the comments made by the SG, followed by circulation for written adoption.

8. A.O.B

Platform for Training Opportunities

JRL presented slides introducing the interactive platform for the exchange of trainees which was developed in connection with the PROTECT project, encouraging population of same.

It was agreed that a link to the training platform would be established from the ENCePP website.

Pharmacovigilance Risk Assessment Committee ('PRAC')

HF reminded everybody that the EC has published a Call for Expressions of Interest for members to join PRAC. A link to the call has been posted to the ENCePP partners' forum. Deadline for submission of applications is 1st December 2011.

Conclusion

In conclusion, PA reminded everybody that this was the last SG meeting under the current mandate. He thanked everybody for their support and expertise brought to the group over the past two years and expressed his hope to see some of the same colleagues back on the new Steering Group 2012-2013.

9. Action Points arising from the discussions

- ENCePP Secretariat to develop an options paper on 'ENCePP and non-EU ENCePP centres' for discussion at the next SG meeting.
- Dialogue with journal editors to be kept open; meeting and more formal presentation to the ICMJE to be considered. The timing of a second workshop for journal editors to be decided.
- ENCePP definition paper on non-interventional studies to be revised and published on the ENCePP website and in a journal, once it has been formally adopted by the Steering Group.
- 'Randomised database trials' to be put on agenda of May 2012 plenary meeting. EHR4CR to be invited to future ENCePP plenary.
- Funding topics submitted by ENCePP partners during the Plenary survey earlier this year will be given due consideration.
- Work plan to be revised and circulated to the Steering Group for adoption by written procedure.
- ENCePP Secretariat to update the draft DoI form based on discussions.
- Further amendments will be made to the ENCePP Code of Conduct based on discussions, and circulated once more for adoption by written procedure.
- Draft *ENCePP Linking Policy* and the *Process for Posting Third Party Announcements in the ENCePP Partners' Forum* to be revised based on the comments made by the SG, followed by circulation for written adoption.
- ENCePP Secretariat to establish a link to the PROTECT training platform from the ENCePP website.

Next meetings: tbc