



# ENCePP Database of Research Resources

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## Research Centres participating in ENCePP

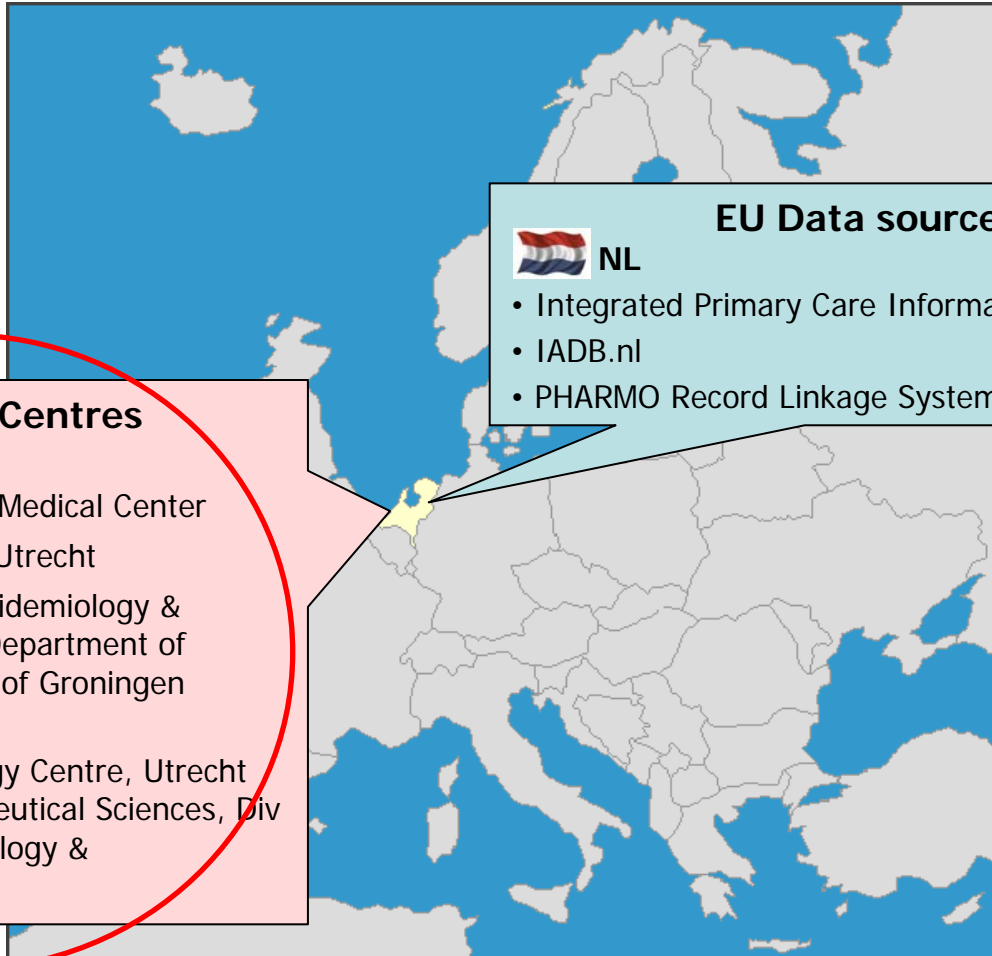
ENCePP Plenary, 18 September 2009

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ENCePP is a European Medicines Agency initiative

# ENCePP Research Resources Database



**EU Data sources**

 NL

- Integrated Primary Care Information (IPCI)
- IADB.nl
- PHARMO Record Linkage System (PHARMO RLS)

**ENCePP Centres**

 NL

- Erasmus University Medical Center
- PHARMO Institute, Utrecht
- Unit of Pharmacoepidemiology & Pharmacoecconomy, Department of Pharmacy, University of Groningen
- Utrecht University Pharmacoepidemiology Centre, Utrecht Institute for Pharmaceutical Sciences, Div of Pharmacoepidemiology & Pharmacotherapy

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## Working Group: *EU PhV & PhEpi research centres in ENCePP*

Chair: Mary Teeling

### Mandate

- Develop a questionnaire allowing collection of essential information on the research centres/organisations. (The information gathered through the questionnaire should allow at a later stage complex searches of the Inventory.)
- Identify additional existing EU Ph'Epi and Ph'V research resources; define exclusion/inclusion criteria for participating centres/organisations, e.g. source of funding, size of CROs, etc.
- Develop an electronic Inventory: Identify needs and deliverables of such a tool; liaise with EMEA IT project manager
- Input to the design of the EMEA web page

# Objectives

- Comprehensively catalogue the **existing European research centres** participating in ENCePP.
- Collect and present information about the centres' expertise and capacity for conducting a study in response to a particular research question.
- Facilitate access to research centres to potential study sponsors/funders and to promote the recruitment of these centres to conduct studies commissioned by any sponsor/funder.

# Scope

- European research centres participating in ENCePP.
- Networks and research collaborations

## The Database should be...

- ... up-to-date
- ... fully searchable
- ... open to the general public

Information to be  
entered remotely by  
the centre's  
representative(s)



# Milestones

- Identification of key information of the centres to be collected
- Preparation of a Questionnaire = data fields
  - Pre-defined data fields, i.e. tick boxes and drop-down lists
  - free text avoided wherever possible
  - Identification of mandatory data fields
- Define search criteria/fields
- Develop the database

Drafting Group

Drafting  
Group &  
Working  
Group;  
approved by  
ENCIAG

# Questionnaire for research centres

-

## Data fields

## 1 Contact details

Name of organisation

1) Department/ research group

2) Organisation/Affiliation

Contact person (contact 1)

Title:

Address line 1

Address line 2

City

Postcode

Country

Phone number incl. country code

+ - -

Alternative phone number plus country code

+ - -

Fax number plus country code

+ - -

Email address for contact 1

Alternative contact person (contact 2)

Title:

Email address for contact 2

Website/Homepage



**2. Please provide a short description of your organisation\***

(max. 1000 characters incl. space)

**3. Under which category would you classify your organisation (please tick all that apply):**

University based

Hospital based

Government based

Charity or non-profit organisation

For profit organisation

Other

(please specify) \_\_\_\_\_

**4. Do you have access to the following resources (please tick all that apply):**

	In house	Via contacts / network
Epidemiologist/Pharmacoepidemiologist	<input type="checkbox"/>	<input type="checkbox"/>
Statistician	<input type="checkbox"/>	<input type="checkbox"/>
Clinician	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Pharmacologist	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Geneticist/Pharmacogeneticist	<input type="checkbox"/>	<input type="checkbox"/>
IT specialist	<input type="checkbox"/>	<input type="checkbox"/>
Ethics expertise	<input type="checkbox"/>	<input type="checkbox"/>
Legal expertise	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory expertise	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify other relevant resources below)		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**5. In the past 5 years, has your centre performed drug safety/risk-benefit research in the following therapeutic/disease areas (please tick all that apply):**

- |   |                          |                                |   |
|---|--------------------------|--------------------------------|---|
| Anaesthesia                             | <input type="checkbox"/> |                                |   |
| Cardiovascular diseases                 | <input type="checkbox"/> |                                |   |
| Congenital Malformations                | <input type="checkbox"/> |                                |   |
| Devices                                 | <input type="checkbox"/> |                                |   |
| Disorders of the central nervous system | <input type="checkbox"/> |                                |   |
| Ear, nose and oropharynx disorders      | <input type="checkbox"/> |                                |   |
| Endocrine disorders                     | <input type="checkbox"/> |                                |   |
| Eye disorders                           | <input type="checkbox"/> |                                |   |
| Gastrointestinal tract                  | <input type="checkbox"/> |                                |   |
| Geriatrics                              | <input type="checkbox"/> |                                |   |
| Gynaecology                             | <input type="checkbox"/> |                                |   |
| Immunological products and vaccines     | <input type="checkbox"/> |                                |   |
| Immunosuppression                       | <input type="checkbox"/> |                                |   |
| Infectious diseases                     | <input type="checkbox"/> |                                |   |
| Liver disease                           | <input type="checkbox"/> |                                |   |
| Malignant disease                       | <input type="checkbox"/> |                                |   |
| Musculoskeletal and joint diseases      | <input type="checkbox"/> |                                |   |
| Neonates                                | <input type="checkbox"/> |                                |   |
| Nutrition and blood                     | <input type="checkbox"/> |                                |   |
| Osteoporosis                            | <input type="checkbox"/> |                                |   |
| Paediatrics                             | <input type="checkbox"/> |                                |   |
| Poisoning/Overdose                      | <input type="checkbox"/> |                                |   |
| Pregnancy                               | <input type="checkbox"/> |                                |   |
| Psychiatry                              | <input type="checkbox"/> |                                |   |
| Renal impairment                        | <input type="checkbox"/> |                                |   |
| Respiratory diseases                    | <input type="checkbox"/> | Other, including rare diseases | <input type="checkbox"/> (please specify) |
| Skin disorders                          | <input type="checkbox"/> |                                | <input type="checkbox"/> (please specify) |
| Urinary tract disorders                 | <input type="checkbox"/> |                                | <input type="checkbox"/> (please specify) |

**6. In the past 5 years have you carried out drug safety / risk-benefit studies that have been published with the following design (please tick all that apply):**

- |                               |                          |                  |
|-------------------------------|--------------------------|------------------|
| Cohort study                  | <input type="checkbox"/> |                  |
| Case-control study            | <input type="checkbox"/> |                  |
| Drug utilisation study        | <input type="checkbox"/> |                  |
| Interventional clinical trial | <input type="checkbox"/> |                  |
| Meta-analysis                 | <input type="checkbox"/> |                  |
| Other                         | <input type="checkbox"/> | (please specify) |
|                               | <input type="checkbox"/> | (please specify) |

**7. Are you experienced in studies collecting data directly from individual patients/respondents?**

Yes  No

If yes,

5 or fewer studies ( $\leq 5$ )

more than 5 studies ( $> 5$ )

If yes, how many patients/respondents were involved in the study(ies) (if you have conducted  $> 1$  study you are likely to tick more than one box):

$< 150$

150 – 1,499

1,500 – 14,999

$\geq 15,000$

**8. Are you experienced in secondary research and meta-analysis?**

Yes  No

**9. Please indicate whether you have access to the following data collection resources (please tick all that apply):**

Capacity to conduct face-to-face interviews

In a clinic

In the community

Electronic data capture systems

If yes, system used: \_\_\_\_\_

Interactive voice response systems

Call centre

**10 What existing data resources have you worked with in the past 3 years and how many projects have you conducted with them?**

Name of data resource	No. of studies
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_____	
_____	
_____	
_____	

**11 Please indicate whether your centre currently participates in research networks:**

Name of network	national	international	Link to webpage
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_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## 12. Have you established Registries (e.g. disease, drugs, etc) in your centre?

Yes  No

If yes, please specify:

Drug Registry/ies  if yes, please specify the drug(s) / drug class \_\_\_\_\_

[▶ click here to add further Registries](#)

Disease Registry/ies  if yes, please specify the disease / disease area \_\_\_\_\_

[▶ click here to add further Registries](#)

Other  if yes, please specify \_\_\_\_\_

[▶ click here to add further Registries](#)



**13. In principle, would you be interested in carrying out research that is funded, i.e. contract research (please tick all that apply):**

- By pharmaceutical companies
- By charities
- By government
- By research councils
- By EU funding schemes

**14. Do you only conduct contract research if you have the freedom to publish the results?**

Yes  No

**15. Are you experienced in collaborating with other centres in a study team (please tick all that apply):**

Yes  No

If yes, are you experience in leading a study team as

Principal Investigator

Collaborating Investigator

**16. Please list the 5 most relevant publications from your research unit for the last five calendar years:**

Reference

Link to web-publication (if available)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Next steps

September/  
October 2009

- Development of database and search tool/fields

November 2009

- Population with first data sources:  
user testing

December 2009

- Launch & presentation of Database  
on 11 December 2009