SA01
EMA, Health Canada and FDA: Three agencies tackle Data Sharing. Synergies and Differences

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• Brief Overview

• Comparisons of the 3 Initiatives
  – Engaging Stakeholders
  – Processes
  – Anonymization Requirements

• In Practice
  – EMA Policy, 2 years on
  – Health Canada Draft Process
  – Focus on FDA approach
  – Recognition Process?

• Conclusions
# Engaging Stakeholders

<table>
<thead>
<tr>
<th>Item</th>
<th>EMA</th>
<th>Health Canada</th>
<th>FDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation on:</td>
<td>Policy &amp; Guidance through Stakeholders Review</td>
<td>Policy &amp; Guidance through Public Review</td>
<td>Planned “public feedback through a Federal Register notice and docket for public comments” following the conduct of the pilots</td>
</tr>
<tr>
<td>Pilot</td>
<td>None</td>
<td>None</td>
<td>9 pilots to be planned with sponsors</td>
</tr>
<tr>
<td>Working Groups</td>
<td>EMA TAG</td>
<td>Stakeholders Group</td>
<td>Not planned so far</td>
</tr>
<tr>
<td>Working Groups</td>
<td>Public call for applications</td>
<td>Individual call for applications</td>
<td>NA</td>
</tr>
<tr>
<td>Application</td>
<td>CV &amp; DoI required</td>
<td>Application Letter &amp; DoI required</td>
<td></td>
</tr>
<tr>
<td>Working Group Mandate</td>
<td>Maximum 2 years renewable</td>
<td>6 months between October 2018 and April 2019</td>
<td>NA</td>
</tr>
<tr>
<td>Working Groups</td>
<td>Q&amp;A, Additional Guidance, Critical Review (TBA) developed by TAG members under EMA officers’ supervisions</td>
<td>Participation in 5 Meetings to comment on 5 key topics that led to the development of the guidance by Health Canada officers.</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Glossary:**
- **EMA:** European Medicines Agency
- **FDA:** U.S. Food and Drug Administration
- **CV & DoI:** Curriculum Vitae and Declaration of Interests
- **TBA:** To Be Announced
## Processes

<table>
<thead>
<tr>
<th>Item</th>
<th>EMA</th>
<th>Health Canada (Draft)</th>
<th>FDA (Pilot)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Date</strong></td>
<td>1. January 2015</td>
<td>Not effective yet</td>
<td>Not effective yet</td>
</tr>
<tr>
<td><strong>Retrospective access to past CSR</strong></td>
<td>Not in scope</td>
<td>In scope, based on prioritization system</td>
<td>Not in scope</td>
</tr>
<tr>
<td></td>
<td>Possibility through Policy 0043.</td>
<td></td>
<td>Possibility through FOIA request</td>
</tr>
<tr>
<td></td>
<td><strong>Sponsors conduct the redactions.</strong></td>
<td></td>
<td><strong>FDA conduct the redactions</strong></td>
</tr>
<tr>
<td></td>
<td>Documents are sent to requester.</td>
<td></td>
<td>Documents are sent to requester.</td>
</tr>
<tr>
<td><strong>Studies in Scope</strong></td>
<td>All studies part of a Central Application <strong>regardless of submission outcome</strong></td>
<td>Step-wise approach over 4 years including Medical Devices studies from year 3 <strong>regardless of submission outcome</strong></td>
<td><strong>Only Phase III pivotal studies CSRs following approval of an NDA</strong></td>
</tr>
<tr>
<td><strong>Recognition Process with other Agencies</strong></td>
<td>None has been communicated so far</td>
<td><strong>Yes with EMA through a certification application</strong></td>
<td>Not discussed</td>
</tr>
<tr>
<td><strong>Review Process (Anonymization of PPD)</strong></td>
<td>Using Annotated Documents and Anonymisation Report. Opinion is provided.</td>
<td>Same as EMA but <strong>HC validates</strong> de-identification of patient information and keeps decisions on what is publicly released.</td>
<td>None but <strong>Sponsor can notify FDA of special-attention item in CSRs</strong></td>
</tr>
</tbody>
</table>
## Anonymization Requirements

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</tr>
</thead>
<tbody>
<tr>
<td>Narratives in scope</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Risk analysis</td>
<td>WP29 Opinion 3-Criteria Qualitative Quantitative</td>
<td>Quantitative only</td>
<td>“Qualitative” based on FDA’s approach for FOIA request</td>
</tr>
<tr>
<td>Anonymization Technique</td>
<td>Anonymization &amp; Redaction</td>
<td>Anonymization</td>
<td>Redaction only based on FDA’s approach for FOIA request. In particular, “Demographic information, such as sex, age, and race, will generally not be redacted, except in very unusual circumstances”</td>
</tr>
</tbody>
</table>
| Guidance on Identification of Direct/Quasi Identifiers | Refer to PhUSE Standard and discuss in particular quasi identifiers such as: Dates Geographic Location Other Quasi-Identifiers (e.g. Demographics) | Indirectly-identifying variables are other identifying variables that fall within the definition of ‘personal information’ within Canada’s Privacy Act. And refer to Demographics and medical history and SAE. 
Country should remain unmodified. | Different type of identifiers discussed in Q&A page: 
Unique Patient Identifiers Dates Clinical Trial Site Geographic Location Demographics Relative dates (study days) are retained |
| Guidance on Reference Population          | No direct guidance but examples of plausible attacks to consider for risk modeling are listed. | 4 populations are provided for consideration: 
- Study Population 
- Similar Sponsor Trials Population 
- Similar Trials Population 
- General Geographic Population | NA |

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• 100+ Submission Packages published
• Sponsors still using in majoring qualitative approach coupled with redaction
• External Guidance updated 3 times, mainly for scope clarifications
• Due to Business Continuity Plan in connection with Brexit, Policy 0070 is posed since August 2018

Ref: Analysis of CSRs already published, PhUSE Review based on 47 submissions – Lukasz Kniola, November 2017
Health Canada Draft Process

Health Canada
- Final regulatory decision initiates proactive disclosure

Public
- Request from public initiates disclosure of past submissions

Health Canada
- Searches internal databases for submission and retrieves clinical information

Health Canada
- Sends clinical information to Manufacturer for processing

Has information been redacted for EMA?

YES

Manufacturer
- Redaction of CBI
- De-identification of patient information

NO

Health Canada
- Validates redaction of CBI
- Validates de-identification of patient information

Manufacturer submits certification of equivalency

Health Canada
- Uploads clinical information onto PRCI web portal
Focus on FDA Approach

- 1 Pilot Published so far, Janssen Pharmaceutica / ERLEADA
- Narratives out of scope, redaction only according to FOIA approach

Ref: “Drug Approval Package: ERLEADA” posted on FDA website, page 102, section 7.2.3.1 Deaths
Conclusions

• EMA and Health Canada initiatives are very similar while FDA’s differ significantly in anonymization requirements and processes
  – Will FDA consider anonymized CSRs already published in other jurisdictions when conducting redaction on same documents? And vice-versa?

• Use of Study Days in the CSRs could minimize the anonymization effort and seems accepted by all 3 agencies as anonymized dates

• The question of Joint Controllership should be clarified by all agencies as they review, validate or conduct anonymisation or redaction of documents

• Three sources of same clinical documents could be available in public domain. Which one will suit better the need of researchers?

• Recognition processes is only viable if there is an alignment of anonymization requirements
Thanks!

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