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Principles for Sponsor organisation modelling for CTIS – version 1

Contents

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1. Introduction

This document outlines key considerations for sponsor organisation modelling for CTIS.

Sponsor organisation modelling refers to how sponsors will organise CTIS access, responsibilities and user roles for different types of clinical trials and in different organisational environments.

It is understood, based on sponsor feedback, that clinical trial organisational aspects can vary significantly for different sponsors and trials. Therefore, this document seeks to describe a set of illustrative examples of organisation models. These examples are used as a basis to outline key considerations that may be relevant when deciding how to organise user access, responsibilities and roles in CTIS.

Many ways of organising in CTIS are possible, and sponsors may choose to organise in CTIS as they wish. This document therefore acts as a starting point for sponsors when deciding how to organise for CTIS. Sponsors are encouraged to reflect on the most appropriate organisation model for their company or trial.

2. Selected organisation models

10 organisation models were developed by a group of CTIS stakeholder associations covering large pharmaceutical companies, CROs, micro, small and medium enterprises (SMEs) and academia, to describe clinical trials processes at a high level and how sponsors and their partner organisations may organise for CTIS.

A set of four illustrative models, which represent the different organisational possibilities for clinical trials, were selected based on sponsor feedback to explore in further detail.

The models selected and developed in this document demonstrate, for different types of clinical trial:

- Which **organisations** are involved in the trials and have access to CTIS - e.g. commercial sponsor(s), contract research organisations (CROs), academic sponsors.
- What **tasks** the organisation is responsible for - e.g the commercial sponsor may be responsible for completing part I including the IMPD-Q, while CROs could be responsible for filling in Part II for different Member States Concerned (MSCs)
- The **User Persona** in the organisation which will access CTIS. See section 3. for more details on User Personas.
- The **user roles** the User Persona will need to have to complete their task in the clinical trial.

3. CTIS User Personas

The CTIS User Personas are used as an input to the sponsor organisation modelling. User Personas are visual models that describe different types of users in CTIS with different profiles. They define who will do what in CTIS in different kinds of organisations, including large pharmaceutical companies, CROs, micro, small and medium enterprises (SMEs) and academic organisations. The User Personas also show the possible CTIS user roles each Personas may be given to perform their tasks in CTIS. The CTIS User Personas can be found here.

4. Key principles for sponsor organisation models in CTIS

The key principles for sponsor organisation models in CTIS will be further developed in subsequent versions of this document. Some initial key principles for organisation modelling are listed below.

4.1. CTIS as a regulatory submission system

CTIS is designed to function as a regulatory submission system, replacing national processes for submitting clinical trial applications to national health bodies for approval. It is not intended to replace clinical trial management systems, which sponsors and other organisations use to manage their work on the clinical trial.

It is possible that some organisations that work on a clinical trial (e.g. CROs or co-sponsors) do not access CTIS directly. Instead, these organisations may prepare their parts of the clinical trial submission outside of CTIS. Their contributions would then be collected by an organisation with access to CTIS (e.g. the sponsor or one appointed CRO), who inputs the clinical trial submission data in CTIS. Similarly, within the same organisation some individuals contributing to the submission may work outside the CTIS (such as in-country specialists) and provide input to the selected roles that have access to CTIS (such as CTIS submission managers). Alternatively all organisations or individuals within and organisation contributing to the submission can have access to CTIS.

Ultimately, it is up to the sponsor to decide whether some or all organisations and individuals working on the clinical trial need access to CTIS. It should be noted that there may be a benefit to limiting user access to CTIS in the form of data control and security: the less individuals that have access to CTIS, the easier it may be to manage data access and prevent incidents e.g. security breaches.

4.2. Centralisation vs decentralisation of access to CTIS

There are two broad approaches for granting access to CTIS in different organisation models:

- Centralised approach: One or a small number of organisations/individuals working on the clinical trial application access CTIS, gathering the inputs of others outside of CTIS
- Decentralised approach: Most or all organisations/individuals working on the clinical trial application access CTIS, each inputting their own work on the submission directly into CTIS

Each approach has benefits and points for consideration.

The centralised approach would reduce the work related to user role management, as a smaller number of people have access to CTIS. However, it would increase the administrative work related to sending information from CTIS to people involved in the clinical trial that do not have access to CTIS, such as RFIs.

The decentralised approach gives users immediate access to important information in CTIS (e.g. RFIs), but could increase the work of internal coordination to decide and maintain oversight on who will work on different parts of the clinical trial application.

4.3. User access and data sharing

When assigning roles to users in CTIS, the extent of the data they will be able to view must be considered. For example, users with Part II Preparer rights will be able to see all data related to Part II for the clinical trial applications they have access to, not just the data they input themselves. This means, for example, that they will be able to see Part II data related to Member States Concerned that they are not working on, but that other Part II Preparers are working onthe role is not per MSC but for

the CTA Part II). A full overview of what parts of the CTA each user role can see in CTIS is available here.

From sponsor feedback, a key consideration for user access to data is that the CT Admin can view and edit the IMPD-Q. Due to this, sponsors may decide to assign CT Admin roles to people within their company, or to ensure confidentiality arrangements are in place if they delegate the CT Admin role to a CRO. Sponsors may also limit access to IMPD-Qs by cross-referencing to an IMPD-Q in an existing trial where appropriate. At this time, it is advised that sponsors first check acceptability of the cross-referencing approach with national competent authorities.

5. Analysis of processes per organisation model

Below, each organisation model is shown. A high-level CTIS process map, describing the key steps needed to submit a CTA in CTIS is then used to show which organisations may access CTIS for each model, what tasks they will perform related to an initial clinical trial application, what User Personas will perform the tasks, and what user roles the User Personas may have.

The initial clinical trial application processes for the models listed below from 5.1 to 5.4 shows examples of possible ways to organise; sponsors or academia may choose to organise as they wish in CTIS.

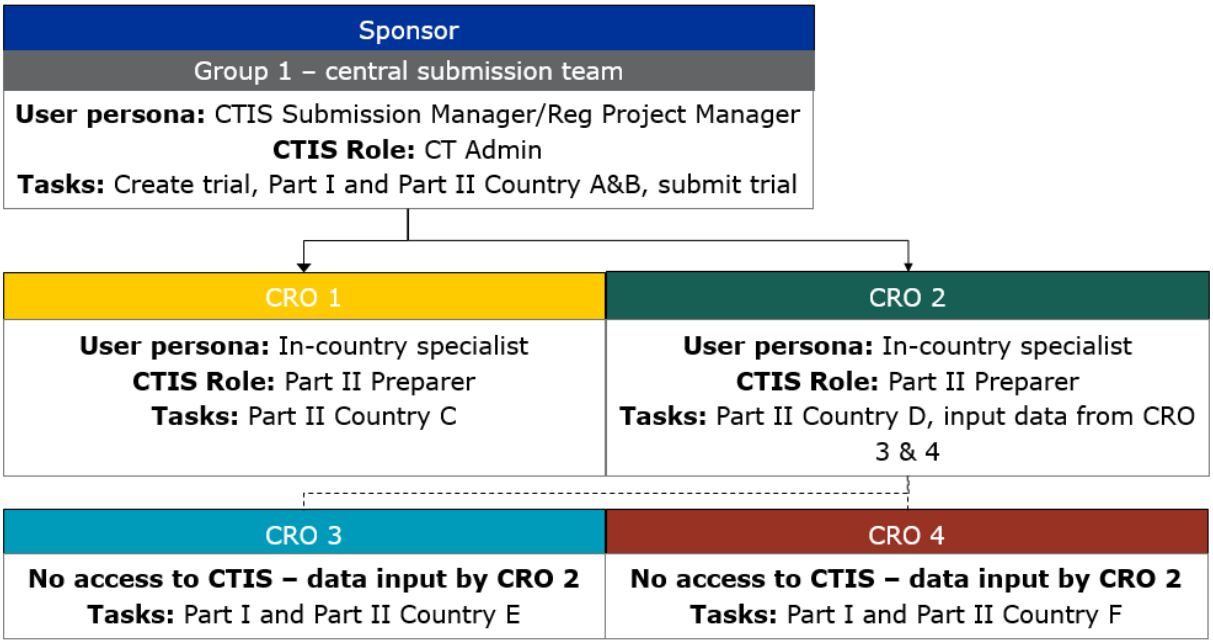
5.1. Simple Model

In the simple model shown below, the sponsor retains responsibility for Part I of the clinical trial application and delegates responsibility for some countries in Part II to a group of CROs.

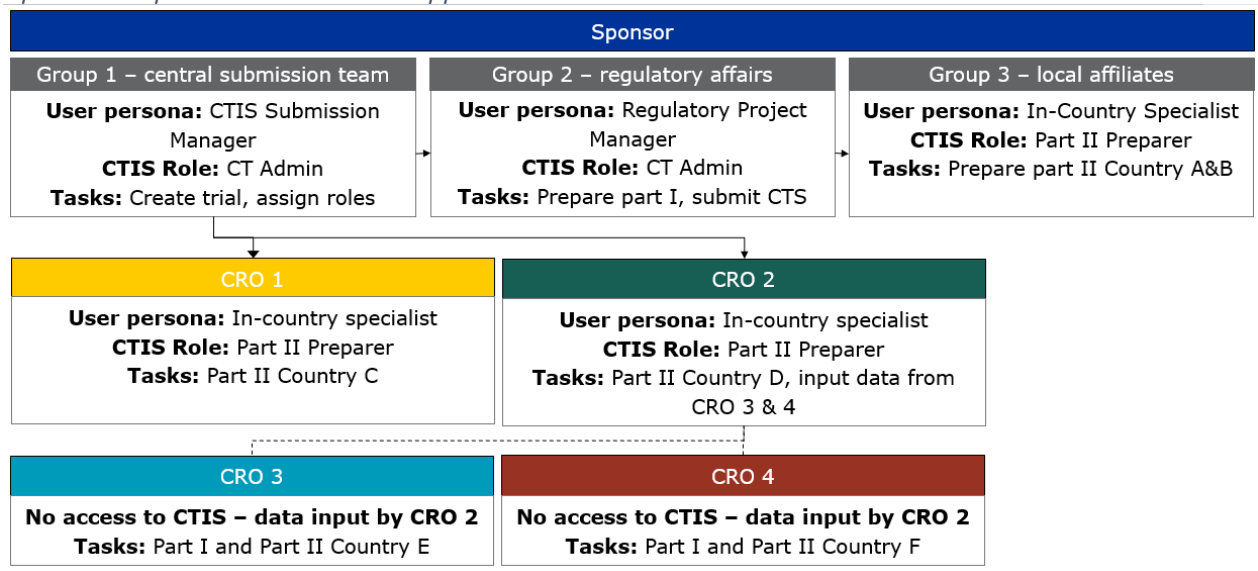
A further split of responsibility for Part II is also possible, for example where a CRO covers a region (e.g. the Baltics) and subcontracts work to smaller CROs in the different countries within that region.

Figure 1 Commercial Simple Model

Option 1 – Sponsor centralised approach



Option 2 – Sponsor decentralised approach



Originally presented by CTIS Stakeholder associations (ACRO, EFPIA, EORTC, EUCROF, EuropaBio Vaccines Europe) at the CTIS Stakeholders Group meeting, 23 April 2021

Table 1 Simple Model organisations, user access, roles and responsibilities in CTIS

	Sponsor	CRO1	CRO2	CRO3	CRO4
Access to CTIS?	Yes	Yes	Yes	No	No
Responsibilities in CTIS	Create CTA Prepare part I Submit CTA	Prepare Part II	Prepare Part II	N/A CRO2 manages CRO3's inputs	N/A CRO2 manages CRO4's inputs
User Persona	CTIS Submission Manager/Regulatory Project Manager/In-country specialist	In-Country Specialist	In-Country Specialist	N/A	N/A
User role	CT Admin	Part II Preparer	Part II Preparer	N/A	N/A

For all models, the sponsor may decide to retain the CT Admin role within their own organisation and provide CROs working on the trial with more limited roles, such as Part I and Part II Preparer. This would mean that the sponsor must create the clinical trial application and submit once all sections are ready. This approach means that only the sponsor can view and edit the IMPD-Q, allowing for control of the sensitive IMPD-Q information. As the CROs have Part I (excluding IMPD-Q) and Part II rights only, this approach also means the Sponsor retains responsibility to submit the CTA, they maintain oversight of the entire application prior to submission.

Sponsors can also delegate any of their activities to CROs, e.g. by giving users within their CROs the IMPD-Q Preparer role, or by appointing users from CROs as CT Admins or Application Submitters.

5.2. Complex Model 1

Complex Model 1 is an example of co-sponsorship, where sponsors responsible for different countries are co-developing a medicinal product within the same clinical trial. Under this model, one sponsor must initiate the clinical trial in CTIS.

Each sponsor may contribute to part I and part II of the CTA within their own company, or alternatively sponsors may work with CROs to complete their parts of the CTA.

Figure 2 Complex Model 1

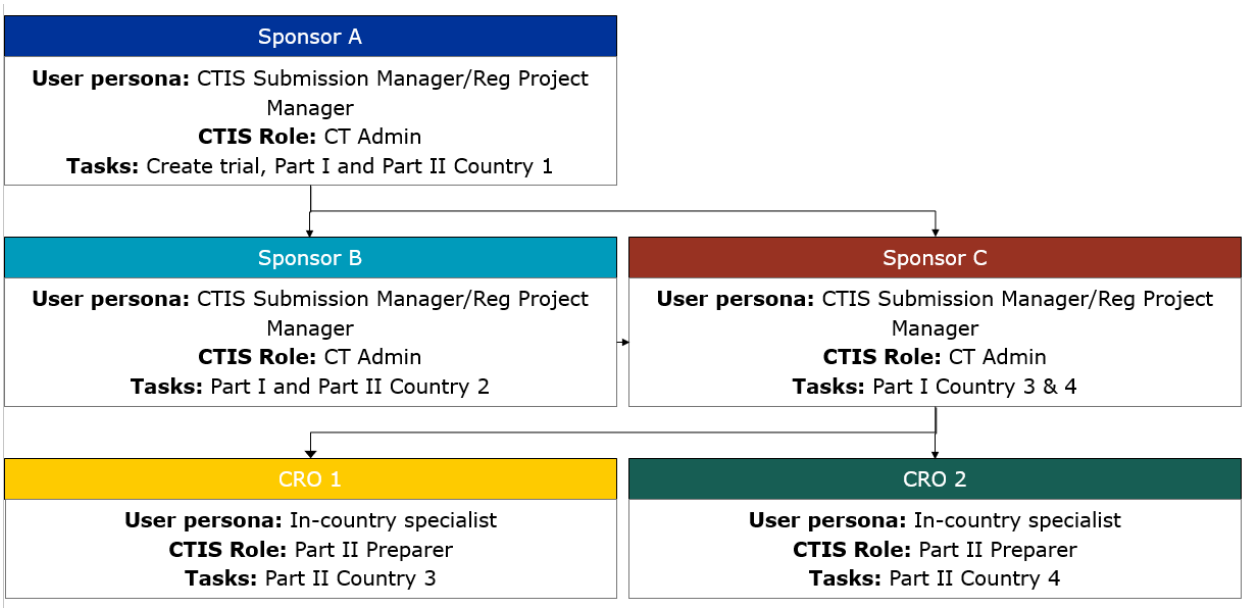


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Table 2 Complex Model 1 organisations, user access, roles and responsibilities in CTIS

	Sponsor A	Sponsor B	Sponsor C	CRO1	CRO2
Access to CTIS?	Yes	Yes	Yes	Yes	Yes
Responsibilities in CTIS	Create CTA Prepare part I Prepare part II May submit CTA	Prepare Part I Prepare Part II May submit CTA	Prepare Part I Oversight of Part II work by CROs May submit CTA	Prepare Part II	Prepare Part II
User Persona	CTIS Submission Manager/Regulatory Project Manager	CTIS Submission Manager/Regulatory Project Manager	CTIS Submission Manager/Regulatory Project Manager	In-Country Specialist	In-Country Specialist
User role	CT Admin	CT Admin	CT Admin	Part II Preparer	Part II Preparer

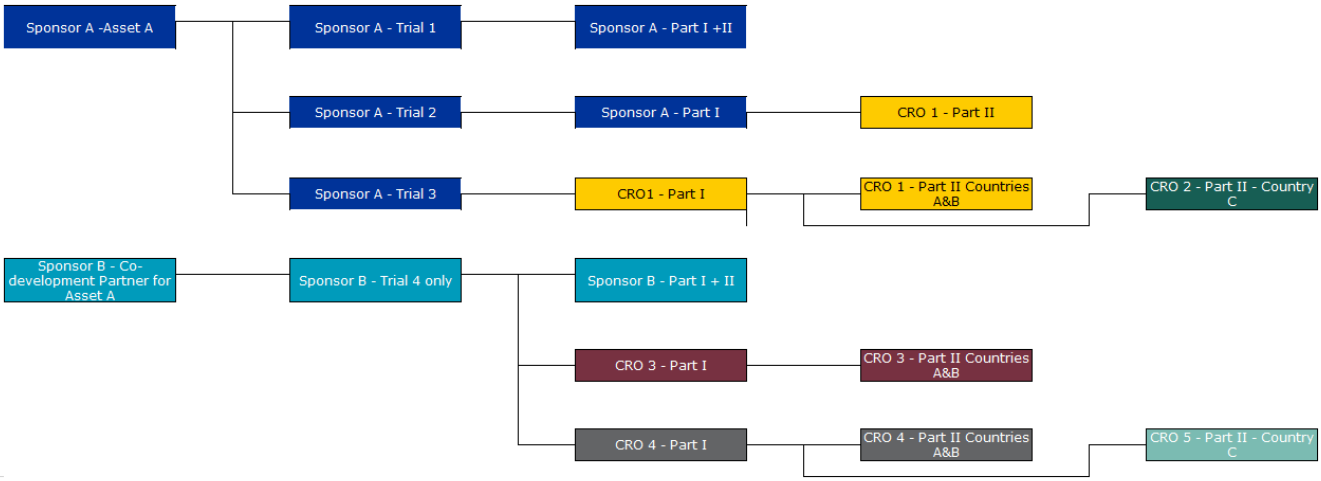
In the organisation model shown above, Sponsor A initiates the clinical trial application in CTIS. Sponsor A, B and C all contribute to part I of the CTA, and one or all sponsors may contribute to the IMPD-Q. If multiple sponsors contribute to the IMPD-Q section, they will be able to see each other's

IMPD-Q inputs. As this type of clinical trial deals with the co-development of an asset, the sensitivity of sharing IMPD-Q data among the sponsor companies is reduced, and confidentiality agreements among the sponsors are likely already in place. For part II, the sponsors may contribute themselves, or delegate contributions to CROs (as in the case of sponsor C). As mentioned above, each user with access to Part II will be able to see the Part II data submitted by other sponsors or CROs. Sponsor A, B or C may submit the application – if done by Sponsor B or C, they will need to be granted Application Submitter or CT Admin roles.

5.3. Complex Model 2

In Complex Model 2, multiple sponsors are responsible for different clinical trials in the development of the same asset. Each sponsor has responsibility to run one or more clinical trials, and may work with CROs. In addition, these CROs may subcontract to smaller CROs working in particular countries.

Figure 3 Complex Model 2



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Complex Model 2 is expected to managed in a similar way as the Simple Model, with each sponsor creating an running their clinical trial(s) separately and potentially engaging CROs for some tasks (e.g. Part I excluding IMPD-Q preparation). Sponsors can then use the Associated clinical trials functionality in CTIS to create a link between their clinical trials. Please refer to section 5.1. for the Simple Model.

5.4. The Academia Simple Model

The Academic Simple Model describes a scenario in which an academic sponsor relies on a CRO to help them complete Part I of the clinical trial application. The CRO may be a commercial entity, or could also be part of an academic institution.

The academic sponsor in this model relies on a commercial sponsor to provide an IMPD-Q. Where possible and considered acceptable, the commercial sponsor may provide a cross-reference to another approved trial that contains the relevant IMPD-Q information, once that trial has a CTIS or EudraCT trial number. This avoids the need to send sensitive IMPD-Q information to the academic sponsor or their CRO for Part I, or the need for the commercial sponsor to gain access to CTIS for the trial and input the IMPD-Q using the IMPD-Q Preparer role. If the academic sponsor's CRO is part of the same academic institution and therefore the same legal entity, sensitivity with regard to data sharing by the commercial sponsor may be reduced due to the legal arrangements already in place with the academic sponsor.

Figure 4 Academia Simple Model

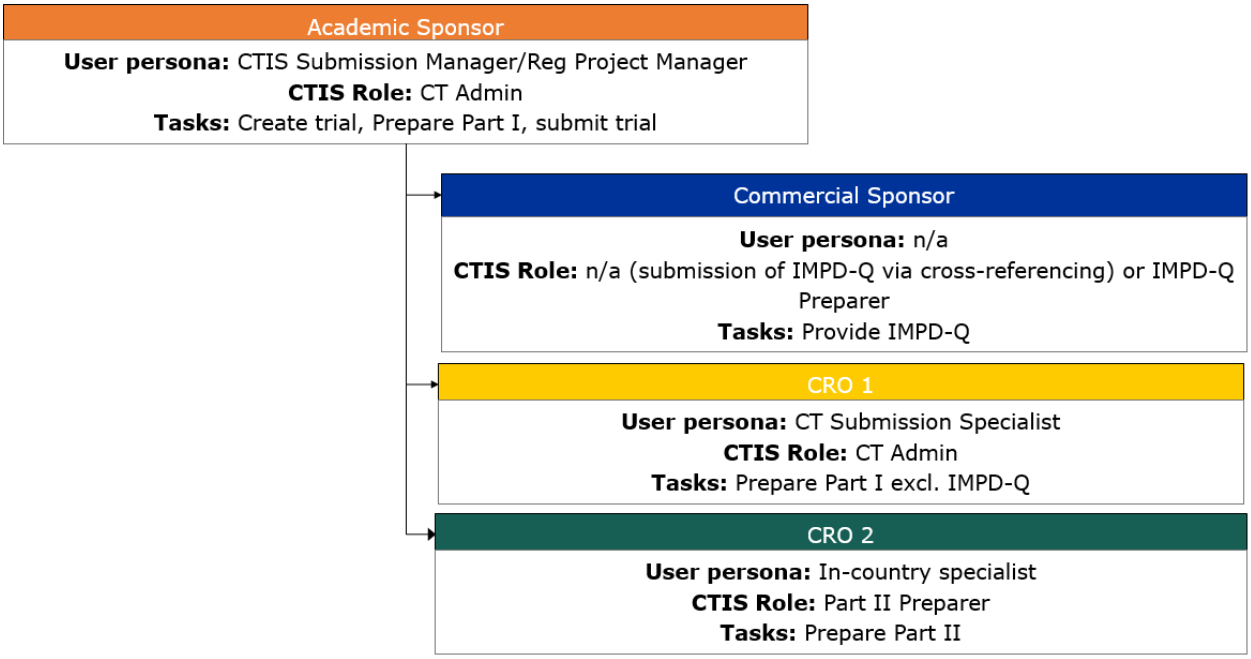

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Table 3 Commercial Complex Model A organisations, user access, roles and responsibilities in CTIS

	Academic Sponsor	Commercial Sponsor	CRO1	CRO2
Access to CTIS?	Yes	No – will likely ask academic sponsor to use cross-referencing for IMPD-Q	Yes	Yes

	Academic Sponsor	Commercial Sponsor	CRO1	CRO2
Responsibilities in CTIS	Create CTA Prepare part I excl IMPD-Q Cross-reference to or input commercial sponsor's IMPD-Q Submit CTA (or delegate to CRO)	N/A	May Create CTA Prepare Part I excl. IMPD-Q May submit CTA on behalf of academic sponsor	Prepare Part II
User Persona	Study Coordinator/Study Nurse	N/A	CT Submission Specialist	In-Country Specialist
User role	CT Admin	N/A	CT Admin	Part II Preparer

In the Academia simple model, a Study Coordinator or Study Nurse working on the academic trial may create the application and prepare part I excluding the IMPD-Q. They may also delegate some or all of these tasks to CRO 1. Where possible, the IMPD-Q may be added via cross reference, or the commercial sponsor may provide the IMPD-Q to the academic sponsor or CRO1 outside of CTIS. This reduces the need for user role administration and coordination in CTIS, however confidentiality arrangements surrounding the IMPD-Q must be considered. An in-country specialist within CRO2 would then prepare Part II. Then, the academic sponsor may review the application and submit, or alternatively they may delegate this task to CRO1.