

‘How ERNs can add value in the area of clinical research’:

Current opportunities and barriers / how to ensure proper framework and how they can help to speed up research



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Brussels
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Progress on this topic since last year



- Workshop May 29-30th @EMA
(<http://www.rd-action.eu/european-reference-networks-erns/>)
- Multistakeholder event: key interest group is the ERN WG on Research (chair L. Sangiorgi)
- Day 1 – status quo. Day 2 – Debate

Q4a. Thinking of your ERN's current plans and priorities pertaining to 'Research': please indicate which areas and fields of research you believe your Network will focus upon in the first 5 years



5 – Public Health
18 – Epidemiology
18 – TOs Medicines
4 – TOs Medical Devices
5 – TOs Other
4 – HTA
18 – Quality of Life
5 – Socio-Economic
3 – Social and Holistic Care
6 – Basic/Pre-clinical
3 – Animal Models
14 – Translational

Under 'Other':
3 mention SURGERY
1 " Gene Therapy
1 " Prognostic biomarkers
3 " Diagnostics/Diag Tech
1 " Radiotherapy
1 " CPMS

TO = Therapeutic Option

Q4b. Thinking of your ERN's future plans and priorities (after the first 5 years, i.e. 2022 onwards): if resources were not a problem, which areas and fields of research would you HOPE to see your ERN address?

10 – Public Health

12 – Epidemiology

17 – TOs Medicines

5 – TOs Medical Devices

6 – TOs Other

8 – HTA

14 – Quality of Life

11 – Socio-Economic

6 – Social and Holistic Care

10 – Basic/Pre-clinical

5 – Animal Models

14 – Translational

Under Other:

2 - Surgery

1 -Radiotherapy

2 - Gene Therapy

1 – 'CT on alternative medicine efficacy, nutrition, newborn screening, prevention test at preconceptional levels'

1 – CPMS

Q10. What are the major obstacles to your ERN facilitating/streamlining/delivering clinical research?

19 – Lack of funds
7 – Lack of clear opportunities
10 – Lack of well-stratified patient cohorts for trials/studies
10 – Lack of regulatory know-how
12 – Uncertainty on how ERNs can lead...
4 – Uncertainty over methodologies
3 – Lack of appropriate clinical outcomes
2 - Other

Other:

- Brexit
- Lack of admin support
- Terrible model of co-funding within the health programme

Concrete 'Value Proposition' for ERNs

- Agreed added value of ERNs for 'research'
 - ✓ Permanence
 - ✓ Proximity of clinical and research spheres
 - ✓ Comprehensive disease coverage
 - ✓ Cross-fertilisation of expertise
 - ✓ Data generation/linkage opportunities
 - ✓ Patient involvement
 - ✓ Reputational excellence



Topic 1/Transversal Action Points: *What sorts of activities under the heading of 'clinical research' will ERNs engage in and how to facilitate these?*

- ✓ Revisit the question of ERNs' legal status & if demand is there, explore how to create LE
- ✓ 'Allowing the airplane to fly! Explore robust ways to **interact with Companies**, as well as how to avoid a Conflict of Interest
 - BoMS Col statement – being updated;
 - work on 'code of conduct' great step FW – drilling down to different sorts of activities that might be ok and might not?
 - ERTC 'Wish-list', remember...

- ✓ Various APs around understanding & utilising what is there e.g. RIs, EORTC, EJP, c4c
- ✓ To **create a checklist** for the sorts of research to which ERNs could contribute

Topic 2 Action Points: **What opportunities exist under current EMA structures and resources, and how might ERNs engage with these?**

- ✓ Interested ERNs should consider joining the **EMA's Stakeholder Database** in order to receive information relevant to their Thematic Grouping
- ✓ Research WG/each ERN representative should explore with the EMA how the process of **expert consultation** might work in practice
- ✓ Explore and shortlist topics for cross-ERN scientific solutions in the pre-competitive space to be evaluated by EMA for **qualification**
- ✓ EMA offered a dedicated contact point to follow up on ERNs enquires – Networks should make use of this contact as and when relevant

Topic 3 Action Points: **Identifying concrete roles and recommended practices to involve patients in the various types of ERN-related Clinical Research**

- ✓ Establish a TF or WG to analyse strategies to remove barriers and facilitate full engagement of patients and families, with a goal to replicating some of these practices within ERNs
- ✓ Clarify & share opportunities to deliver training in some of the content of programmes (e.g. EURORDIS Summer School) –via the EJP
- ✓ Consider developing a cross-ERN training event tailored to researchers on how to involve patients in research activities
- ✓ To explore more concretely how ERNs can develop and collect more appropriate health, clinical and QoL-related Outcomes (including PROs), and under which circumstances

Topic 4 Action Points: How can ERNs generate/link/exchange data to support the planning and execution of clinical trials and studies?

- To **organise a large workshop**, involving ERN representatives, to help Europe's RD registry stakeholders shape and progress with strategic, complementary plans concerning RD registration
 - Clarification on utility of registries
 - Many tools and approaches around data...
 - ERNs need to know what support will come from where

Thank You!

Q6. Does your ERN have any concrete tools or resources – developed since approval of the Network OR dating to the pre-ERN era- which you foresee supporting clinical research (either in the planning or delivery) in future?

- A couple were unsure here – need to do more mapping still
- Others clearly built upon mature research networks e.g. neuromuscular identified specific assets they will use
- **Many mentioned registries, e .g:**
 - ‘Several major registries; a principal focus of the ERN is FAIRifying and aligning these so that they support transversal clinical research activity.
 - We already had some established registers and have initiated some more under the ERN
- Several highlighted research databases specifically for the Network:
 - ‘Network-wide research database with ongoing projects listed on the website. Network-wide Core Patient Registry’
 - We are constructing through the network website a on-line repository of members, experts, disease coverage, and facilities available, participation in CT and research projects that will allow: a) Directly update of contents by experts and b) search for partners involved in specific diseases or running research projects in order to engage collaborative actions.’

Board of Member States

Statement on European Reference Networks (ERNs) and industry

November 2016

In recognition of the importance of industry in improving our knowledge of rare conditions and developing clinical tools and therapies, the Board of Member States agrees with engagement between ERN members and industry where appropriate, for example in clinical trials and research projects.

However, there is no legal provision for the involvement of external stakeholders, including industry, in the operation and governance of ERN. To address this issue and to steer ERN in their thinking on engagement

- *A complete transparency policy should apply to the relationship between ERNs and Industry*
- *Each designated ERN should define its own Conflict of Interest Policy and ensure disclosure of all financial and non financial conflicts of interest before any engagement commences*
- *Conflict of Interest policies for Networks and HCPs must respect national and European legislation*

Healthcare Companies and Industry's 'Wish List'

The following areas were identified as **ten high priority areas** on future collaboration and interaction with ERNs, that are of mutual benefit and contribute to research activities, therapeutic development and the regulatory processes.

1. **Early dialogue between healthcare companies, ERNs and the Board of Member States** is necessary. All parties need to be actively involved in developing a framework for collaborate and definition rules of engagement.
2. **ERNs need to be able to engage in contractual agreements to be made** to define the nature of the collaboration between ERN and healthcare companies and any areas of agreed investment. Either consider what the signing legal entity could be e.g. the potential future European Joint Programme Co-Fund or the establishment of a European Economic Interest Group (GIEE), or, consider ERN to become legal entities.
3. **Call for Action needs to be launched to organise and pilot exchange of knowledge and collaboration on specific topic areas**, to foster good cooperation and communication between healthcare companies, clinicians, researchers and the patient community. In defining this new relationship, a balance needs to be struck between collaboration and competition, in order to speed up the research and regulatory process - specifically data ownership, intellectual property and publishing rights.

4. ERNs have the potential of a **research platform for data sharing** to maximise research, making data available in a searchable manner, to encourage a wide range of stakeholders to work together despite the competitive environment.
5. **ERNs to be developed as 'ready-made research communities' of experts, patients and data** where industry can collaborate in research activities and therapeutic development.
6. **ERNs can inform trial design and feasibility.** Quick and timely extraction of data is critical as many trials are commissioned through contract research organisations.
7. There is huge value in ERNs, being developed as **'real-life' laboratory for natural history studies, research of new clinical or surrogate endpoints, develop relevant Patient Outcomes Measures, deploy Observational studies,** to enable comparison of new therapies and interventions, allowing their impact to be assessed.
8. **Transparency of outcomes across all therapeutics** reinforce research insofar as outcomes are reported back into the therapeutic development pathway and to the research teams. ERNs shall be the central reference point for the collection of clinical outcome measures with validated endpoints and patient reported outcome measures, that meet the needs of all stakeholders across the research and therapeutic development pathway and regulatory framework.

9. **Data collection over life cycle of patients, from research to healthcare delivery**, including genotyping/phenotyping identification, post registration and real world data collection is crucial to demonstrate effectiveness of treatments and refinement of the target population.
10. ERNs shall be housing **integrated disease-based databases / registries** and be the central point of data collection for the total patient population / caseload including incidence and prevalence data. ERN **data needs to be validated** and compliant with EMA and national competent authorities' standards.

The main immediate actionable recommendation was to establish a liaison group to operationalise the recommendation above and collaborate with relevant ERN Coordinators Working Groups, specifically the Network Coordinator Chair, the Research Working Group Chair and Ethics WG Chair, who asked for or expressed a strong interest for such a liaison group. The official representatives of EFPIA, Director General Nathalie Moll, and EUCOPE, Director General Alexander Natz, both expressed their commitment to such a liaison group to help elaborate concrete and workable solutions; their commitment was strongly supported by companies' speakers and others present. EURORDIS is also committed to take an active part. This needs to be supported by the Commission and welcomed by the Board of Member States.