



Pharmacists' involvement in clinical trials and ethical committees

Seminar H3 – 26 March 2014

*Marisa Dell'Aera - Rachele Giuliani
AOU CONSORZIALE Policlinico – Bari - Italy*

Conflict of interest:

Nothing to disclose

...a longstanding issue...

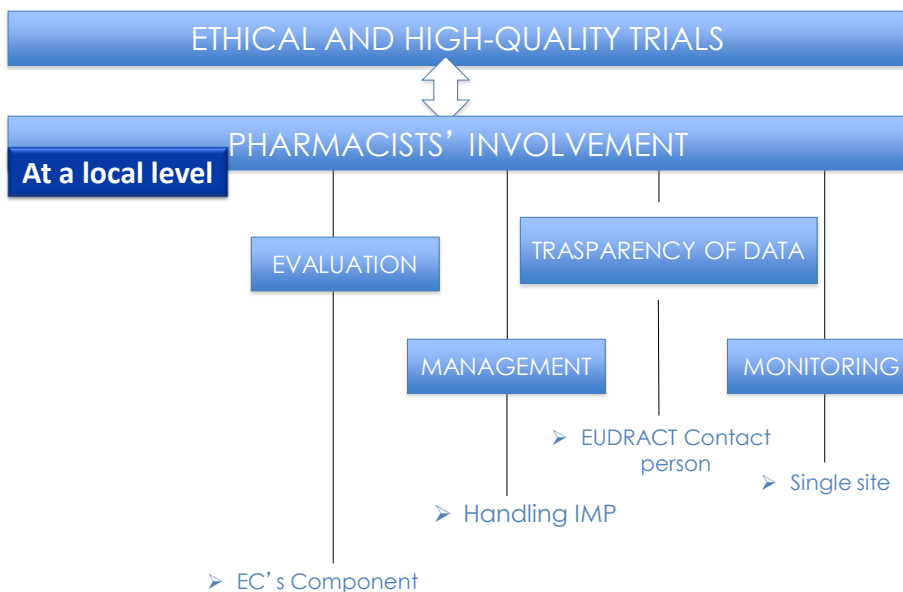


NFFD

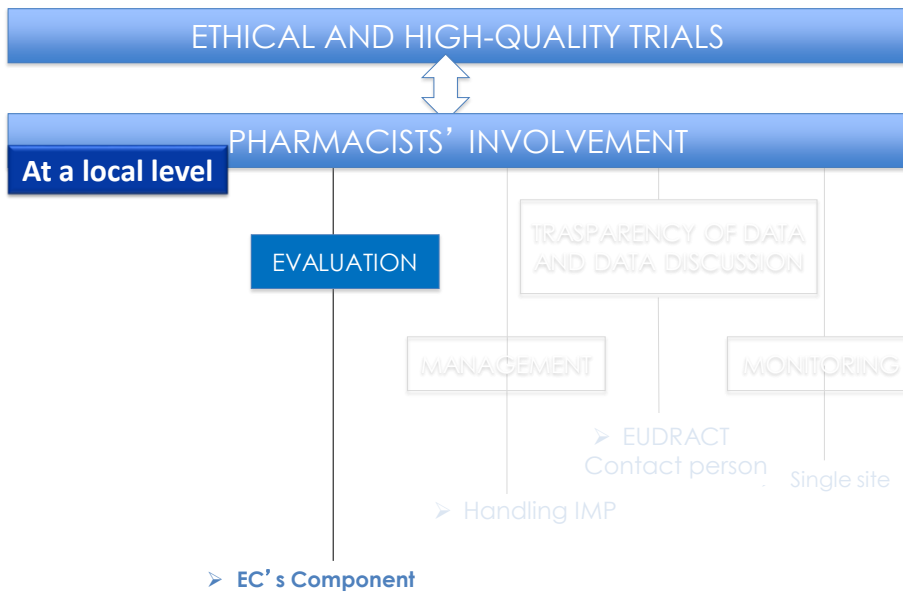
Develop specific
competences to critically
assess scientific information

(Evidence Based Medicine Vs
Real Clinical Practice)

- EC's members
- Responsibility within Scientific Secretaries
- Trial Management



Pharmacists' involvement in clinical trials and ethical committees



Pharmacists' involvement in clinical trials and ethical committees



What has the EC to consider evaluating clinical trials ?

- ✓ Adequacy of the Study Team
- ✓ Structural Adequacy/Quality
- ✓ Insurance
- ✓ Clarity of information in booklets and leaflets used for patient enrollment
- ✓ Informed Consent
- ✓ Protocol **PHARMACIST**
- ✓ Investigator's Brochure/IMPD **PHARMACIST**

EU Directive 2001/20/CE

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EVALUATION

EC's Component

What has the EC to consider evaluating clinical trials ?

- ✓ Adequacy of both the PI and the co-Investigators
- ✓ Structural Adequacy/Quality
- ✓ Insurance
- ✓ Clarity of information in booklets and leaflets used for patient enrollment
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- ✓ Investigator's Brochure/IMP **PHARMACIST**

EU Directive 2001/20/CE

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Investigator's Brochure/IMP **PHARMACIST**

Physical, chemical, and pharmaceutical properties and formulation

Non-clinical studies

Effects in humans

Summary of data and guidance for the investigator



Contraindications
Special Warnings and Special Precautions for use
Interactions

SAFETY


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EVALUATION
EC's Component

What has the EC to consider evaluating clinical trials ?

- ✓ Adequacy of both the PI and the co-Investigators
- ✓ Structural Adequacy/Quality
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- ✓ Clarity of information in booklets and leaflets used for patient enrollment
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- ✓ Protocol **PHARMACIST**
- ✓ Investigator's Brochure/IMPD **PHARMACIST**

EU Durective2001/20/CE



European Medicines Agency

July 2002

CPSP/ICH/135/95

ICH Topic E 6 (R1)

Guideline for Good Clinical Practice

Step 5

NOTE FOR GUIDANCE ON GOOD CLINICAL PRACTICE

(CPSP/ICH/135/95)

TRANSMISSION TO CPSP	July 1996
FINAL APPROVAL BY CPSP	July 1996
DATE FOR COMING INTO OPERATION	January 1997
POST STEP ERRATA (linguistic minor corrections)	July 2002

7 Westferry Circus, Canary Wharf, London, E14 4HL, UK

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Pharmacist with a particular expertise in methodology of health research and GCP

ICH E6
JULY 1991-2002

THESIS PLAUSIBILITY
ENDPOINT

R ADEQUACY
ELINE ADEQUACY

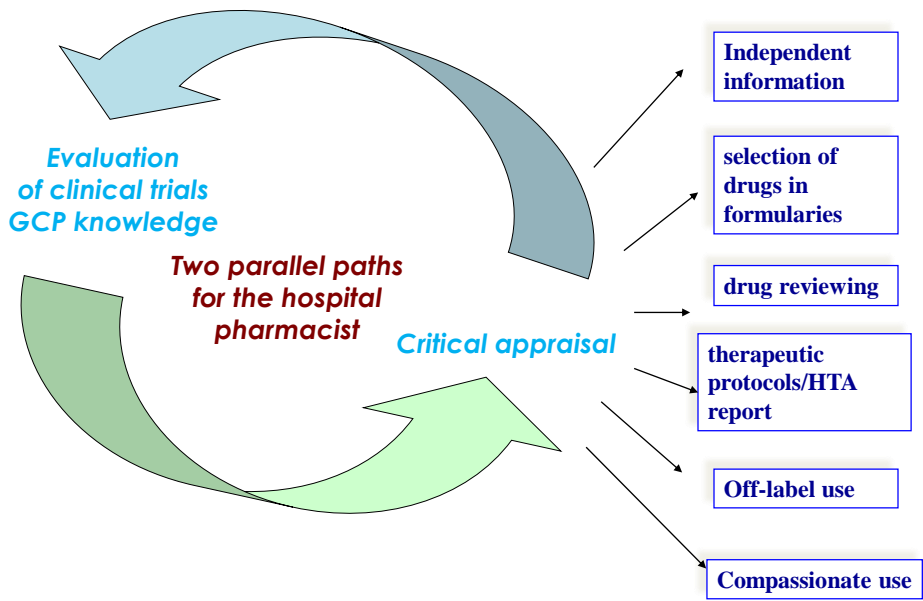
DESIGN
MIZATION

ND SAFETY ASSESSMENT
H IB INFORMATION

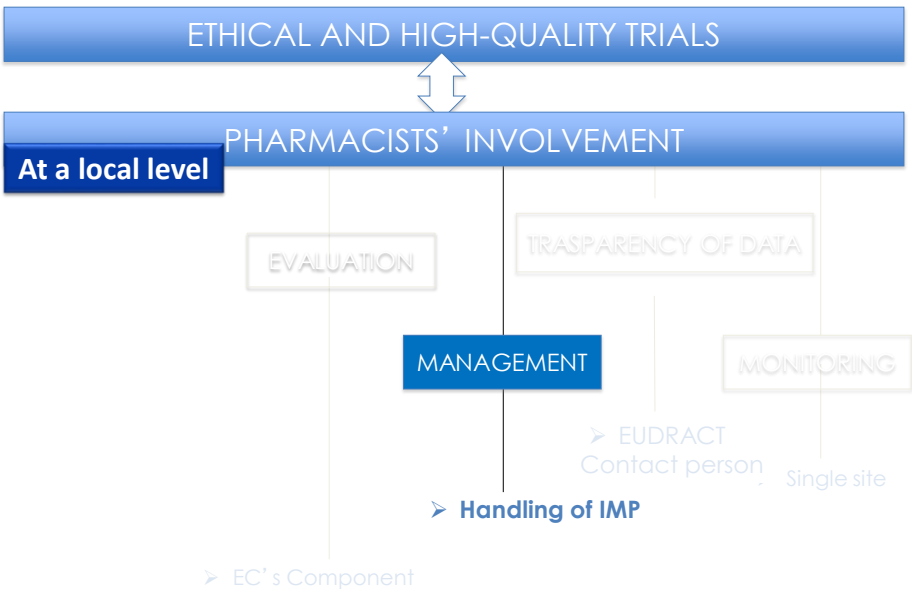
RORITY ASSESSMENT MARGIN
L ANALYSIS

EU Durective2001/20/CE

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EUROPEAN COMMISSION
ENTERPRISE AND INDUSTRY DIRECTORATE-GENERAL
Consumer goods
Pharmaceuticals

Brussels, 03 February 2010
ENT/FP/AM/m D(2010) 3374

EudraLex
The Rules Governing Medicinal Products in the European Union

Volume 4
EU Guidelines to
Good Manufacturing Practice
Medicinal Products for Human and Veterinary Use
Annex 13
Investigational Medicinal Products

Document History	
Revisions to reinforce the principle of independence between production and quality control functions in cases where the number of personnel involved is small.	
Changes to sections 36 and 37 to supplement, for investigational medicinal products, the guidance for reference and retention samples given in Annex 19.	
An additional note has been introduced to clarify the meaning of "reconstitution" as referred to in article 9.2 of Directive 2005/28/EC.	February 2008
The content of the Batch Certificate referred to in Art. 13(3) of Directive 2001/20/EC, agreed following a separate public consultation, has been added as an attachment.	
A few editorial changes have been made to sections not consulted upon in the interests of updating references and consistency with terminology used throughout the GMP Guide.	
Public consultation	April 2008 until January 2009
Adopted by the European Commission	31 January 2010
Deadline for coming into operation	31 July 2010

Commission Européenne, B-1049 Bruxelles / Europese Commissie, B-1049 Brussel - Belgium. Telephone: (32-2) 299 11 11

ON HARMONISATION OF TECHNICAL
ON OF PHARMACEUTICALS FOR HUMAN USE

ED TRIPARTITE GUIDELINE

TURING PRACTICE GUIDE FOR
ACEUTICAL INGREDIENTS
Q7

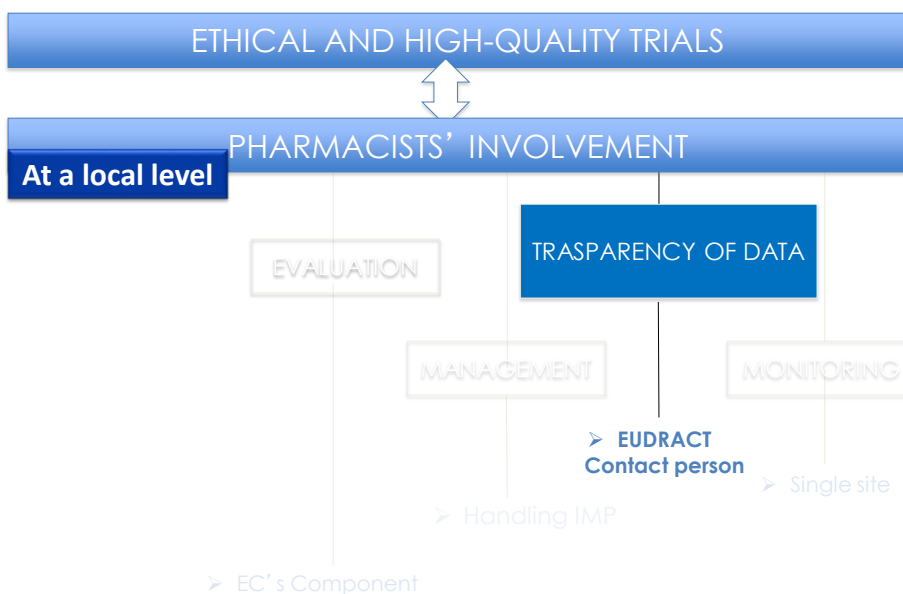
rent Step 4 version
10 November 2000

*The appropriate ICH Expert Working Group and has
latory parties, in accordance with the ICH Process,
a recommended for adaptation to the regulatory bodies
A.*

**Particular expertise in
es and GMP
nnex 13)**

**Contribution on randomization and
blinding procedures**

Pharmacists' involvement in clinical trials and ethical committees



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MANAGEMENT

Handling IMP

TRANSPARENCY OF DATA: EUDRACT REGISTRY

Pharmacist with a particular expertise in
health research methodology and GCP

May 2004

September 2004

October 2004

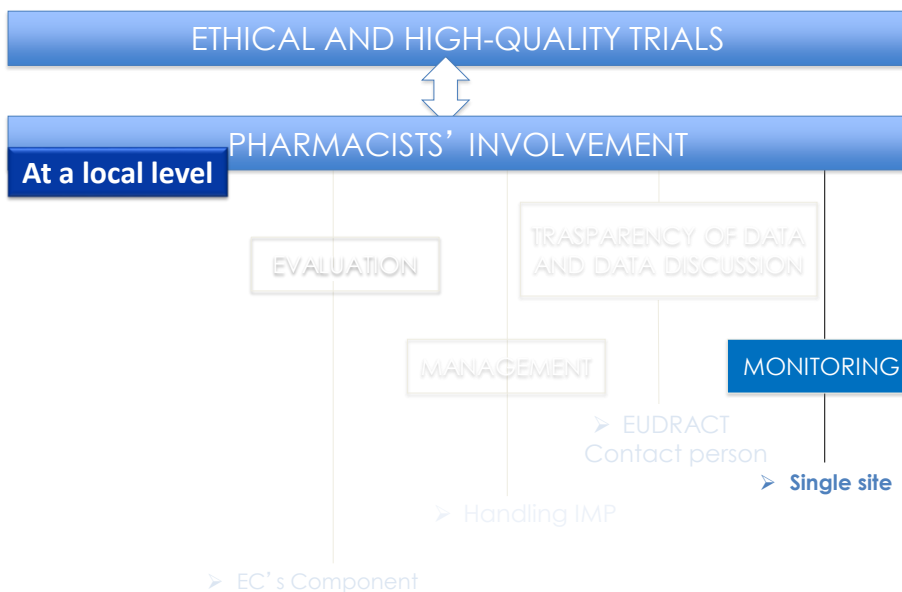
✓ EU DATABASE REGISTRATION

Improve Transparency

Promote Cooperation

Avoid Redondancy

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MONITORING

single Experimental
Centre

- Networks of Monitors
- Clinical trial Quality Teams
 - Research cores



Non-profit Research

Networks of Monitors

2003

110 *Giornale italiano di Farmacia clinica*, 17, 4, 2003

In questa logica si deve definire il farmacista-monitor: un elemento quanto già esiste e ciò che viene innovativo. Al controllo della modalità e dell'esattezza delle informazioni, si inserisce nella pratica la scheda raccolta dati (funzione dalla CRO), si aggiunge una verifica propositiva con la valutazione di tazione si inserisce nella pratica il raggio formale secondo le GCP è grato di aspetti sostanziali e va senso, il farmacista clinico occupa privilegiata, perché è parte integrante cui la sperimentazione si svolge di stire in modo totalmente autonomo nitoraggio.

È attraverso la figura del Comitato Etico, quindi, può diventare attivo e intelligente» (6).

Applicazione pratica

Il concetto fin qui sviluppato è farmacia ospedaliera e territoriale di competenza e di ottimizzare funzioni dei Comitati Etici locali bilità specifiche per quanto riguarda il monitoraggio

GISSI HF	R & P
<ul style="list-style-type: none"> • Studio controllato, randomizzato, in doppio cieco • Centri coinvolti: circa 400 • Pazienti previsti: circa 7000 • pazienti con scompenso randomizzati a n-3 PUFA o a placebo (1° randomizzazione) e rosuvastatina o placebo (2° randomizzazione) • Monitoraggio (farmacisti ospedalieri): 1° visita dopo 3-5 pazienti randomizzati; visita annuale; visita fine studio 	<ul style="list-style-type: none"> • Studio controllato, randomizzato, in doppio cieco • Medici coinvolti: circa 600 MMG • Pazienti previsti 12000 • Pazienti con rischi cardiovascolari multipli, randomizzati a n-3 o placebo • Monitoraggio di routine da parte della Commissione ASL: <ul style="list-style-type: none"> - su un campione di medici partecipanti; - con visite mirate su indicazione

Clinical Trial Quality Teams

AIFA Notification 23 April 2008

**AIFA Project aim at improving the Quality
within non-profit clinical trials**



- **Participants Network**
- **Clinical Trial Quality Team (CTQT)**

Hospital Pharmacists, Scientific Director, Quality Control

Clinical Trial Quality Teams

MONITORAGGIO DELLE SPERIMENTAZIONI CLINICHE NO PROFIT: PROGETTAZIONE E SVILUPPO DI UN PERCORSO PRESSO L'AZIENDA OSPEDALIERA DI VERONA

C. Al Sataan, E. Malo, F. Venturini, G. Scroccaro
Servizio di Farmacia, Azienda Ospedaliera di Verona - Verona

MONITORAGGIO DEGLI STUDI INDIPENDENTI: ESPERIENZA DI UN'A.O.U.

S. Intini, M. Dell'Aera, M. Cetrone, M. Lattarulo
R.U.O. di Farmacia, A.O.U. Policlinico «Consortziale» - Bari

IL C.T.Q.T. (CLINICAL TRIAL QUALITY TEAM) E IL M.I.A. (MONITOR INTERNO AZIENDALE) ATTORI INDISPENSABILI NEL MONITORAGGIO DELLA SPERIMENTAZIONE CLINICA NO PROFIT

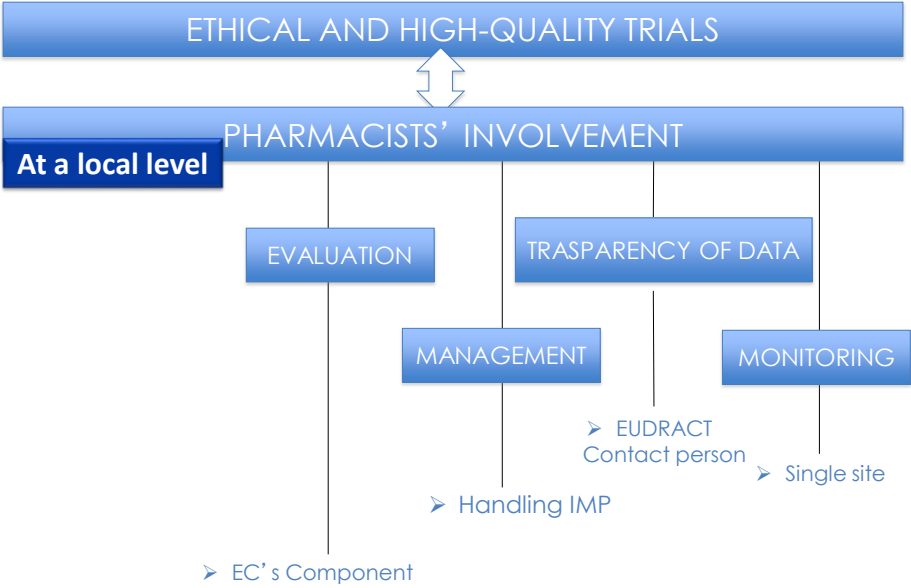
I. Lorenzi, C. F. Intra, E. Zaninoni, P. Barabino, E. Panetta, G. Buffà, R. Rossi
U.O. Farmacia, IRCCS, Gaslini - Genova

Research Cores

I FARMACISTI ALL'INTERNO DEI NUCLEI DI RICERCA CLINICA A SUPPORTO DELLA RICERCA, DALLA PRESENTAZIONE ALL'AVVIO DEGLI STUDI CLINICI
F. M. Bacchetto (1), E. Ghiotto (1), A. Ciaglia (2),
G. Scannapieco (2)
1. Dipartimento dei Servizi Sanitari-Farmacia Ospedaliera, Azienda ULSS 9 - Treviso (TV); 2. Dipartimento Funzionale Uffici di Staff, Azienda ULSS 9 - Treviso

NUCLEI PER LA RICERCA CLINICA E COMMISSIONI PER LA RICERCA IN MEDICINA TERRITORIALE: UN'INFRASTRUTTURA A SOSTEGNO DELLA RICERCA
M. Franceschi (1), L. Agnoletto (1), D. Bastarolo (2),
S. Brasola (3), L. Castellani (4), A. Fratucello (5), R. Joppi (1),
L. Mezzalana (1), L. Perantoni (6), C. Poggiani (1), C. Roni (1)
1. Servizio Farmaceutico; 2. Farmacia Ospedaliera - Azienda ULSS 20, Verona; 3. Servizio Farmaceutico, Azienda ULSS 21 - Legnago (VR); 4. Servizio Farmaceutico; 5. Farmacia Ospedaliera - Azienda ULSS 22 - Bussolengo (VR); 6. Farmacia Ospedaliera, Ospedale di Negrar (VR)

Pharmacists' involvement in clinical trials and ethical committees



The experience at the Policlinico of Bari

Pharmacists' involvement in clinical trials
at a MULTICENTER and INTERNATIONAL level



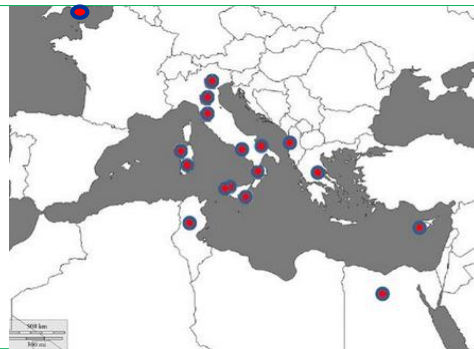
Integrated research network

not for profit investigator-driven Consortium

AOU Policlinico of Bari is involved as one of the Beneficiaries of a Project funded by the EU Commission (FP7 Programme)

A research network including:

- 16 partners
- 6 European countries
- 4 non- European countries
- 18 recruiting sites
- 2 clinical trials
- 1 observational study



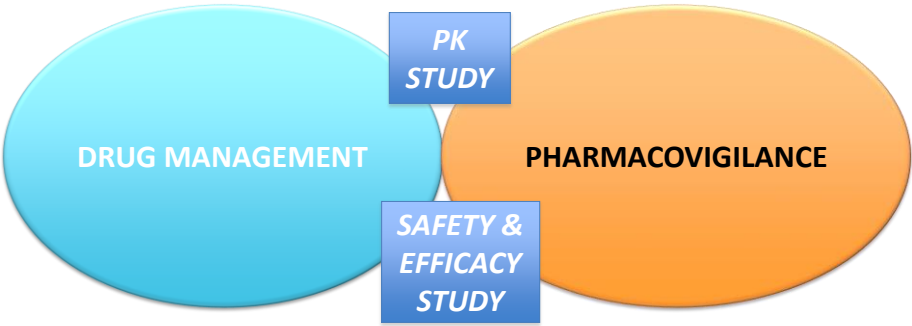
Research Network

international scientific institutions for a multi-cultural network

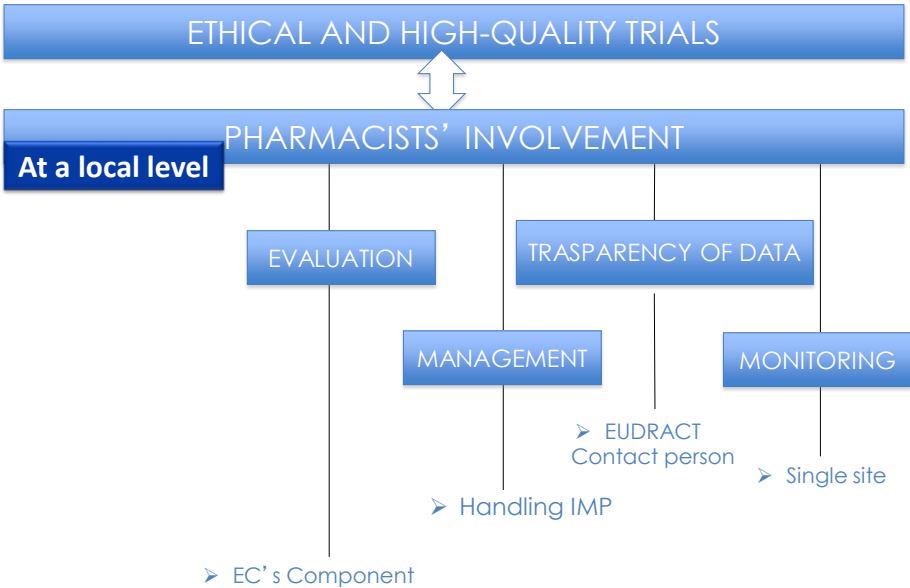
COUNTRY	INSTITUTION
Albania	QENDER SPITALORE UNIVERSITARE NENEA TIRANE
Cyprus	MINISTRY OF HEALTH OF THE REPUBLIC OF CYPRUS
Egypt	CAIRO UNIVERSITY, FACULTY OF MEDICINE, PEDIATRIC HOSPITAL, HEMATOLOGY DEPARTMENT
Germany	UNIVERSITAETSKLINIKUM ERLANGEN
Greece	NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS
Italy	AZIENDA OSPEDALIERO UNIVERSITARIA CONSORZIALE POLICLINICO DI BARI - AZIENDA OSPEDALIERA ANTONIO CARDARELLI - AZIENDA OSPEDALIERA OSPEDALI RIUNITI VILLA SOFIA-CERVELLO - AZIENDA OSPEDALIERA DI PADOVA - FONDAZIONE PER LA RICERCA FARMACOLOGICA GIANNI BENZI ONLUS - FONDAZIONE ITALIANA L. GIAMBRONE PER LA GUARIGIONE DELLA THALASSEMIA CONSORTIUM FOR BIOLOGICAL AND PHARMACOLOGICAL EVALUATIONS (COORDINATOR)
The Netherlands	UNIVERSITEIT LEIDEN
Tunisia	CENTRE NATIONAL DE GREFFE DE MOELLE OSSEUSE
UK	THE ROYAL LONDON HOSPITAL (EC's submission in progress)

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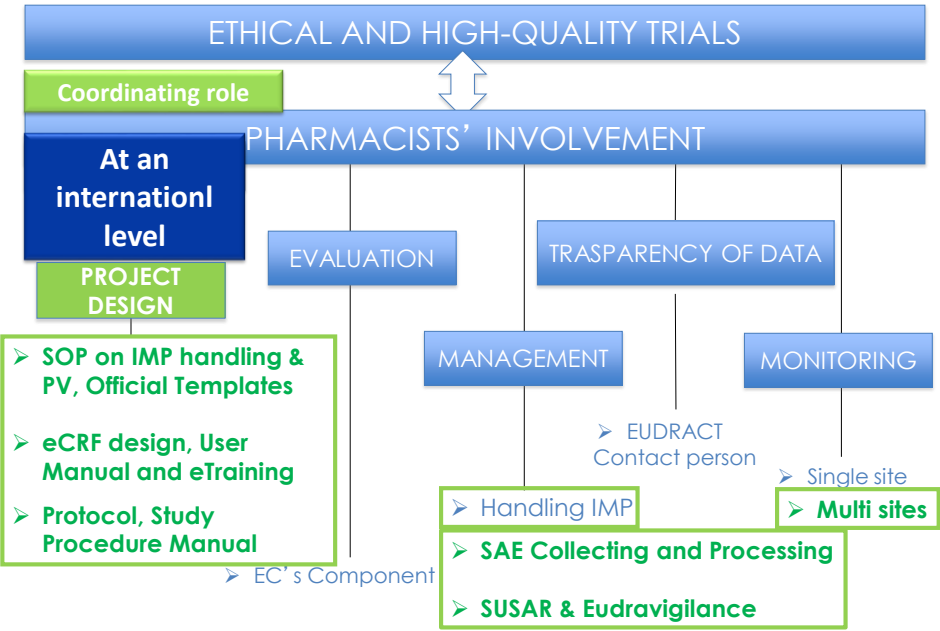
Hospital Pharmacy of AOU Policlinico of Bari Coordinating Role for:



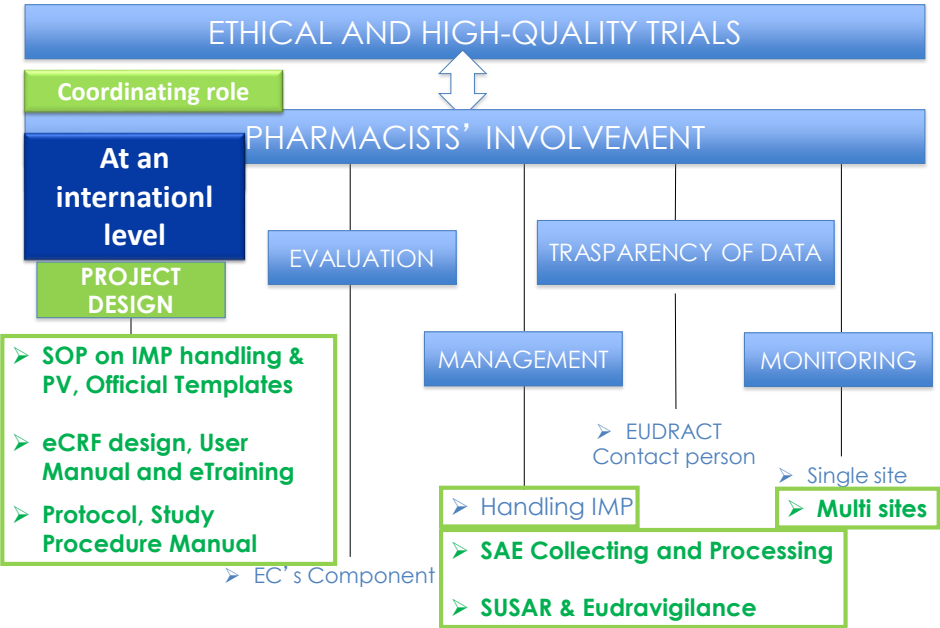
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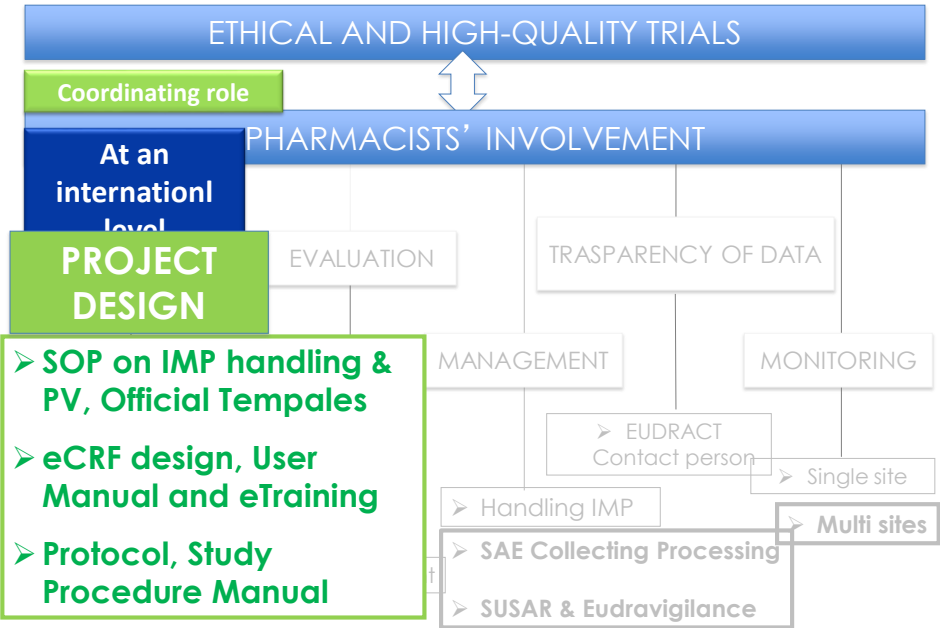
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DRUG MANAGEMENT

DRUG MANAGEMENT

Scientific Document SD.044

"Standard Operating Procedure on
PK Study IMP's safe reception and storage"

Scientific Document SD.045

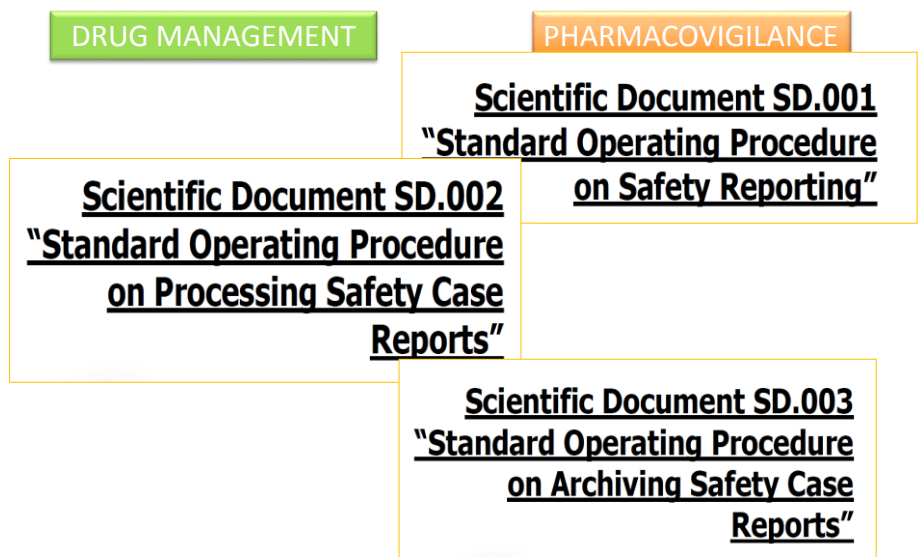
"Standard Operating Procedure on
safe reception and storage of IMPs"

Scientific Document SD.046

"Standard Operating Procedure on Disposal
of IMPs _____"

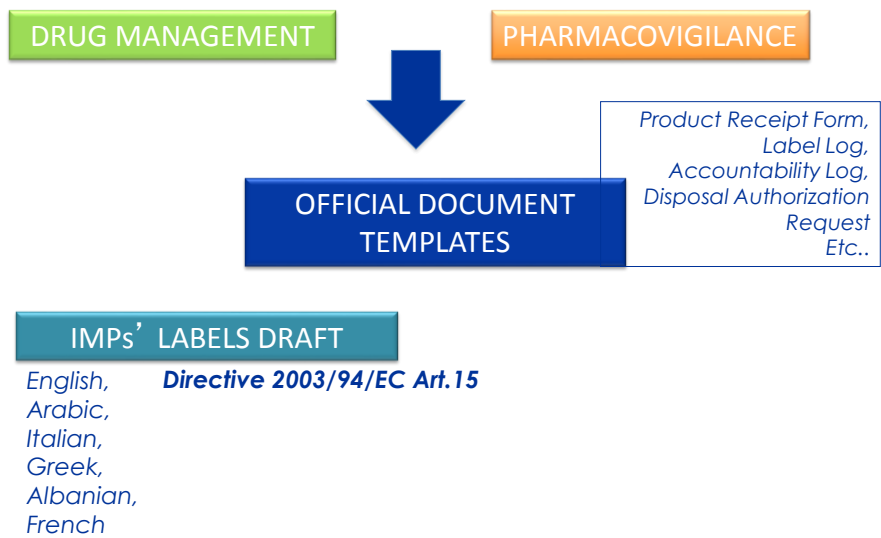
SOP on IMP handling & PV, Official Tempales

PROJECT
DESIGN



SOP on IMP handling & PV, Official Tempales

PROJECT
DESIGN



eCRF: Drug Management Section Design, User Manual, eTraining

This block displays a collage of several eCRF forms for the Drug Management section. The forms are arranged in an overlapping manner, showing different data entry screens. They include various tables for listing medications, checkboxes for clinical status, and text fields for patient information. The forms are designed with a clean, professional layout, using a combination of blue, orange, and grey colors. The text is in both English and Arabic, indicating a bilingual interface. The forms are labeled with 'Page 1', 'Page 2', 'Page 3', and 'Page 4', suggesting a multi-page form structure.

eCRF: Drug Management Section Design, User Manual, eTraining

This block shows a screenshot of the eCRF interface. The main window displays the 'DRUG MANAGEMENT' section with a form for entering drug information. The form includes a table for listing drugs and checkboxes for clinical status. A 'User Manual' window is overlaid on the left side of the screen, showing the 'Drug Management' section of the manual. An 'E-training Software' window is overlaid on the right side of the screen, showing a login page with fields for 'Username' and 'Pass', and a list of 'Most popular courses' including 'Bonnes pratiques de documentation', 'Mise en place informatique d'étude', and 'Data management Functionalities'.

Amendements

PROTOCOL

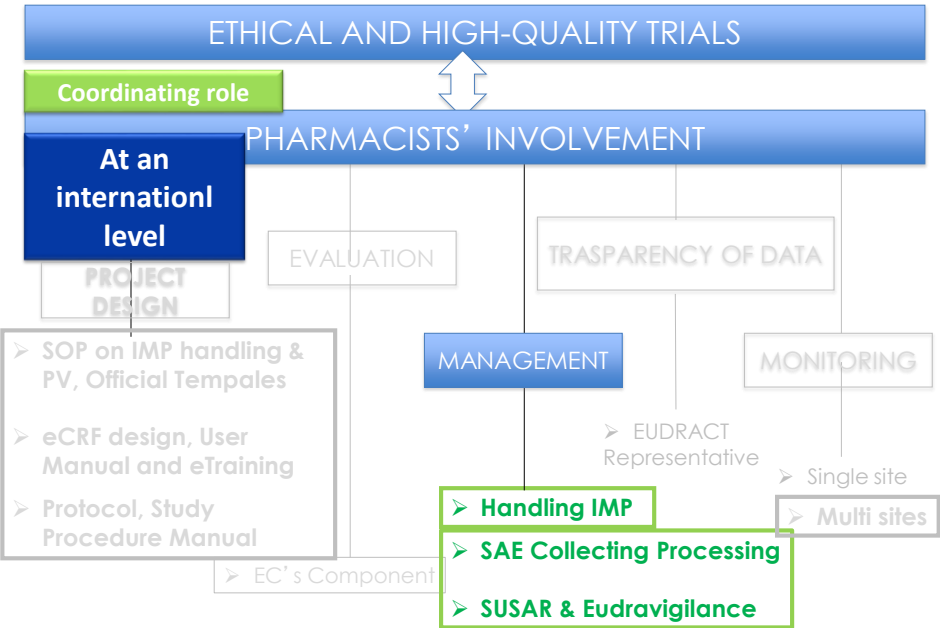
6. INVESTIGATIONAL MEDICINAL PRODUCTS

6.4 Handling of investigational medicinal products

STUDY PROCEDURE MANUAL

2.	INVESTIGATIONAL MEDICINAL PRODUCTS (IMPs)
2.1.	2.1 IMPs DETAILS
2.1.1.	IMPs dose adjustments
2.2.	IMPs SUPPLY AND RECEIPT
2.3.	IMPs STORAGE CONDITIONS
2.4.	ADMINISTRATION
2.4.2.	When should the IMP be administered?
2.4.3.	How the IMPs dispensed to patients should be identified?
2.4.4.	How the IMP should be administered?
2.4.5.	How do I assess subjects' treatment compliance?
2.4.6.	Which treatment the patient should receive at the end of the study?
2.5.	IMPs DISPOSAL
....	
9.	SERIOUS ADVERSE EVENTS REPORTING

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Handling IMP: coordinating role among sites



MANAGEMENT

D.M. 200
06/11/2007 Art. 15

Intermediate warehouse for the direct supply of all the 12 Italian Sites involved (IMP importation)

User: Rachelle Dr. Giuliani (DRUG_DEEP2)

DATA MANAGEMENT	REPORTS/LISTS	TREATMENTS SUPPLY	ADMINISTRATION
-----------------	---------------	-------------------	----------------

Treatments supply

Need any help ?

Batch	Labo reference	Center	Availability	Allocated	Available	Expiration date	Shipping date	Receipt date
01AJZ109	JZ8109	1	Unavailable	0	0	31/01/2014	04/11/2013	08/11/2013
01BK0453	KK0453	1	Available	0	72	31/01/2015	04/12/2013	11/12/2013
06AJZ109	JZ8109	6	Unavailable	0	0	31/01/2014	07/11/2013	08/11/2013
06BK0453	KK0453	6	Available	0	96	31/01/2015	03/12/2013	06/12/2013
13AJZ109	JZ8109	13	Unavailable	0	0	31/01/2014	06/11/2013	07/11/2013
13BK0453	KK0453	13	Available	0	24	31/01/2015	04/11/2013	16/01/2014
9V123456	13F0097	99	Available	5	2	31/12/2015	01/11/2013	05/11/2013

Correct and Timely supply

Handling IMP: coordinating role among sites



MANAGEMENT

D.M. 200
06/11/2007 Art. 15

Intermediate warehouse for the direct supply of all the 12 Italian Sites involved (IMP importation)



Coordination of the drug management activities and Documentation for all the Sites (Italian and Non-Italian) – Mediator among Sites and IMP Producer



Disposal Procedures Support

SAE Collecting and Processing - SUSAR & Eudravigilance





- Receiving and reviewing all the SAE form
- Preparing a draft case narrative based on the provided information;
- identifying, organizing and sending queries for the site;
- forwarding by e-mail/fax to the **QPPV** and **MM** to the **IMP** Producer and to the **DSMC**
- Requesting and processing follow-up info

AIFA notification September 2012 to adopt and implement CT-3 EU guidelines of 2011 and ICH E2F.

AIFA training course September 2013: Hospital Pharmacist → QPPV

Assessment of Expected

EUDRAVIGILANCE



September 2011
EMA/CHMP/ICH/2009/0001

ICH guideline E2F on development safety update report
Step 5

Preparation to CSUR	June 2008
Submission to CSUR for review for consultation	June 2008
End of consultation (deadline for comments)	December 2008
Final adoption by CSUR	September 2010
Entry into coming into effect	September 2011

**ICH E2F
JULY 2008-2011**

For further information, please refer to the ICH E2F guideline document.
EMA/CHMP/ICH/2009/0001
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SAFETY AGREEMENT

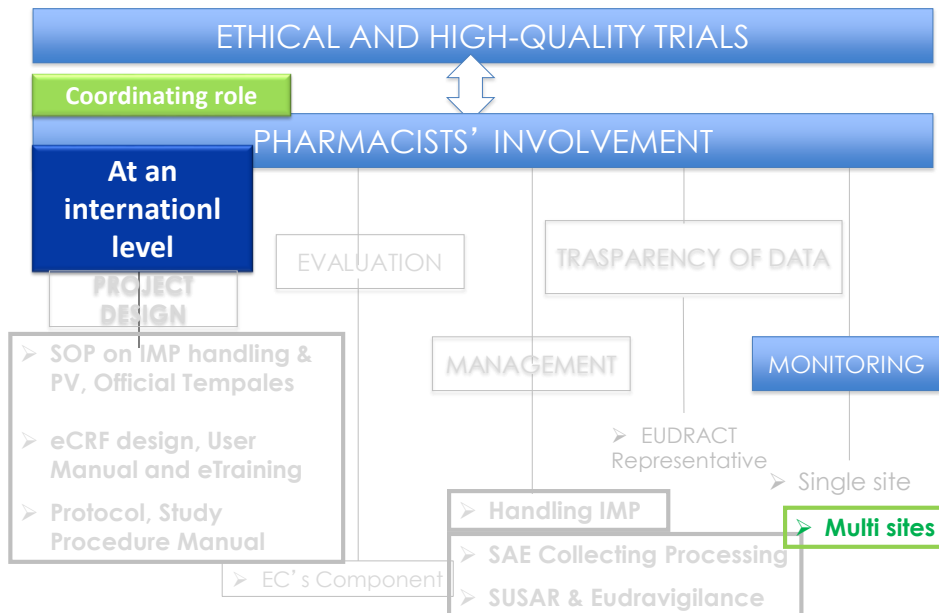
**DEVELOPMENT SAFETY
REPORT (DSUR)**

*Every 12 month starting
from DIBD*

PERIODIC SAFETY REPORT

*Every 6 month starting from
DIBD*

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Monitoring Activities at a Multicenter Level

MONITORING

Site Assessment Check List

[illegible]

PSQV: Pre Study Qualification Visit

Prequalification Check list

[illegible]

Monitoring Activities at a Multicenter Level

MONITORING

Visit at Sites as Sponsor representative together with the delegated CRA

SIV: Site Initiation Visit

MOV: On Trial Monitoring Visit

COV: Close Out Visit

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1994
vol.8, n° 3-4

...a longstanding issue...



- EC's members
- Responsibility

Strengthen of our contribution in the field of clinical research and of independent research mainly

Thank you