Legal & Ethical Considerations in Clinical Research

Pursuant to National Regulatory approval processes, a drug may not be introduced into market unless a Sponsor has demonstrated, through clinical research, that:

• The drug is safe & effective for intended use;

• **Standard:** “Substantial evidence” of effectiveness consisting of adequate & “well controlled investigations, including clinical investigations”;

• The intended conditions for use of a drug are listed in the drug’s labeling, which has been reviewed and approved by the Regulator;

• Further, indications for use that are not listed in a drug’s labeling are not deemed to be approved by the Regulator.

In a nutshell, a drug will be approved if the Sponsor can show that data which supports a NDA is derived from a clinical study which has the following criteria:

• Well designed
• Performed by qualified Investigators
• Carefully performed
• Follows Declaration of Helsinki ethical principles, ICH GCP OR is conducted in accordance with local GCP.
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<th>Legal3</th>
<th>Feels like a repetition of the 2 points above.</th>
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<td>Legal4</td>
<td>Not sure if &quot;carefully performed&quot; is necessary</td>
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<td>Legal5</td>
<td>Need to mention local GCP as well.</td>
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Industry’s Responsibilities

Principles for the Conduct of Clinical Trials are set forth in the Declaration of Helsinki, the International Conference on Harmonization GCP Guideline and local GCP regulations, with the key issues for industry being:

- Protecting research participants
- Proper conduct of clinical trials (GCP)
- Ensuring objectivity in research
- Providing accurate information about clinical trials
- Expanding access to investigational drugs
Not sure if these are stated aims of the Declaration of Helsinki or ICH GCP. Section 34 of the Declaration of Helsinki talks about post trial access but that is not the point made here. In any case, the safety and efficacy of the IP has not been ascertained. Suggest deleting.
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Overview: Risks in Clinical Research

Globalization – not all research environments are the same yet the same expectations apply.

Increased regulatory controls & oversight.

Research regulation and rules are complex.

Significant pressure on Regulators to make things “right” where public perception is that something has gone wrong.

Use of multiple Third Parties: CROs, SMOs, Investigators, Hospitals.

Education is mandatory and sometimes sparse.

Healthcare resources and qualified personnel are finite and are not necessarily “comparable” in different markets.

There are many Govt Officials to deal with.

Consequences of non-compliance are not well understood.

Patients’ health, safety and rights are paramount, and are “above” other considerations.
Not sure if GCP rules have changed substantially. Some jurisdictions are requiring reporting of spend.

Of the study protocol?

Hence the need for a harmonised code for GCP.
Compliance Risks

Patient recruitment and enrolment issues.

Selection of qualified Investigators, Healthcare workers and CROs

Accurate and complete study records

Protocol adherence - Failure to follow or document protocol deviations and reasons why

Billing and / or payment irregularities

Sham research proposals – ghost subjects, false entries

Informed consent issues as well as failure to disclose risks to subjects

Non compliance with IRB instructions protocols – lack of Ethics Review

Failure to review and report adverse events

Institutional conflicts of interest

Drug / device accountability trial
The 1st part is wrongdoing by a sponsor. The 2nd can be study fraud by the site/PI or even the sponsor themselves. This is more difficult as data would come from various sites and if the sponsor is going to fudge or create data from one site, they might as well do that for the whole study.

Site will not start a study otherwise. Site/PI is responsible for this.

Conducting the study vs prescribing the sponsor's product?

Not sure what this point is about.
Onus is on Industry to Maintain High Ethical Standards