EFSPI Statistical Leaders Meeting

18th June 2013

Summary and Key Messages

Executive Summary

The fourth EFSPI Statistical Leaders meeting was held June 18, 2013, in Copenhagen, Denmark. Twenty-three leaders from 9 different countries and 20 pharmaceutical companies attended. The strategic objectives for EFSPI for 2013-2015 were presented followed by several sessions on Special Interest Groups (SIG). The new SIG Medical Devices was introduced with a useful summary of recent changes and trends in this area with opportunities for statisticians and EFSPI to contribute to the developing regulatory framework. The Benefit Risk SIG presented on the progress since the last meeting with the development of a roadmap describing and linking in to the numerous Benefit-Risk initiatives currently underway. It is well under way to give statisticians material to increase their capabilities in the area to lead and contribute benefit-risk projects in their company. Nevertheless, it is a two-way street and the SIG would greatly benefit from more cases studies to further develop best practices. The session was closed by an overall update on all SIGs from which it became clear that there is a significant amount of important activities underway, including meetings, useful handbooks and best practice documents. The idea to start a new SIG on Integrated Data Analyses was well received.

The EMA's Clinical Trial Data Transparency initiative was extensively discussed: status updates were provided on emerging trends by the regulators including EMA and FDA, and emerging positions by Industry Associations including EFPIA and EFSPI were summarised; Two companies, GSK and Roche, shared details of their company strategies with regard to transparency; and four breakout sessions elaborated on what impact transparency is anticipated to have on the EU statistics community in the future. The general message of the Statistical Leaders to EFSPI was that it should focus on good statistical principles and seek opportunities to highlight these. Ideally EFSPI should strive to develop one industry position on the important principles regarding access to data and data anonymisation. Furthermore, it would be good for EFSPI to consider developing or collaborating on guidance for secondary and/or re-analysis of study results. Finally, the Statistics Leaders acknowledged transparency is a new and important area for the statistics community, which will bring challenges and opportunities.

Welcome


01 2013 EFSPI Stat Leader Forum Mtg Op

Stefan Driessen welcomed the attendees and thanked Marie Gøthberg and Niels Kamp from Novo Nordisk for the local organization and excellent hosting of the meeting. On turn Niels welcomed the participants and presented shortly his company.

The full agenda and the list of attendees is in the appendix.

EFSPI 2013-2015

Chrissie Fletcher, current President of EFSPI, explained EFSPI and that EFSPI initiated the Statistical Leaders Meeting as a forum for Statistical Leaders to network, share ideas, shape and influence our environment and help EFSPI shape their strategy.

The EFSPI Strategic Objectives for 2013-2015 were presented (more details in slide deck):

1. Represent the association members of EFSPI and provide a united and respected voice on key scientific, regulatory and statistical issues in drug development
2. Enhance the profile of EFSPI in Europe and strengthen alliances and collaborations with other professional bodies within Europe
3. Set and promote professional standards in Europe for the application, understanding and communication of statistics in dug development

Review of the Statistical Leaders Meeting 2012

Stefan Driessen gave a recap of the 2012 meeting actions and progress. The Career Path paper, an initiative by the Statistical Leaders group, has been submitted to Pharmaceutical Statistics and is undergoing revision for publication. The plan is to publish the survey results on the EFSPI website and focus on the strategic elements of career paths in the publication. On request, the SIG Medical Devices was added to the forum and was on the agenda for the 2013 meeting. The 2012 meeting had an extensive strategy workshop to trigger discussions and forward thinking given the rapidly changing environment for statisticians in the EU pharmaceutical industry. It identified four key areas with actions: NXT generation statistician, EU differentiation, Change Management, and Area of Success. Many of the actions defined have been incorporated into the EFSPI Strategic Objectives 2013-2015. More specifically, the Benefit-Risk area was identified in the strategy workshop as an area of success, and it was perceived to be the best opportunity for statisticians to position themselves as a more strategic player. The Benefit-Risk SIG has received extra attention and support from the Statistical Leaders and EFSPI over the last year; additional members joined, support was provided to set up a working area on the website, and the charter was further developed. The SIG was on the agenda of the 2013 meeting to report back on progress.

Update SIGs

Stefan Driessen gave a full update on the seven (7) SIGs currently active. Details are in the presentation attached. Almost all SIGs are involved in organizing scientific one-day meetings, workshops, or sessions in scientific meetings. Some of the SIGs have produced best practices and published them (Pharmaceutical Statistics, 2011, Vol. 10), or are in the midst of developing and/or updating them. Material from five of the SIGS is available through the EFSPI website that links into the PSI website.

A new SIG on Meta-Analysis (or Integrated Data Analysis) was mentioned and from several of the attendees interest was expressed for this new SIG.

Post meeting note: the EFSPI Council endorsed creating the new SIG, and it will be announced with its preliminary charter and requesting for participants in the July EFSPI newsletter.

02 SIG General Update 18 JUN 2013.

SIG Medical Devices

Roland Marion-Gallois introduced the SIG Medical Devices. After giving definitions and examples of medical devices the characteristics of the development of medical devices was explained, thereby indicating the differences as well as similarities to drug development. For instance, efficacy of a device can be dependent on the operator (surgian) and that same person is next to investigator also a direct customer. And instead of ICH and EMA the device area has to deal with 75 notified bodies issuing the so-called CE mark. The general perception from this SIG is that there should be a shift more towards the drug development regulations.

Key messages from the SIG Medical Devices :

- to share opinions and ideas with the expected new regulatory guidelines upcoming in this area
- support the SIG's aim to develop good statistical practice in Medical Devices

03 StatMedDevice.pdf

SIG Benefit-Risk

Ian Hirsch presented the achievements of the SIG thus far in order to accomplish their mission: w*ithin 2-3 years EFSPI members will have access to material to increase their capability within the area of structured Benefit-Risk by sharing the most up to date B-R information based on outputs from the SIG.*

First the scope and aims of the SIG were summarised in a blueprint/roadmap, followed by a set of deliverables the SIG is working on. Two subgroups have worked on reviewing literature on the different methods and initiatives in this area, thereby indicating the best order of getting more acquainted with this material. It was mentioned that most companies do not have (completed) business cases and this hampers a bit the development of material by the SIG. The few that have applied benefit-risk methodology all used the BRAT framework. Nevertheless, additional input from companies is necessary for the SIG to succeed with their aims and complete their planned deliverables. At the end of the presentation several questions were put forward to the forum on the best platform for the SIG, the possibilities of linking into other initiatives, and the low response to the request for more case studies.

Key messages on the SIG Benefit-Risk :

- The Benefit-Risk SIG can use both the EFSPI/PSI website as well as a wiki-like environment for developing and sharing ideas. The former would be fully under the control of the SIG and can, therefore, be instrumental to put out status updates and "Points to Consider" papers. Whilst the latter could be used for testing out concepts in a dynamic and more responsive environment (like wiki), and links could join with the EFSPI/PSI website.
- The SIG is encouraged to collaborate with other initiatives in this area (e.g., QSPI), but should not let that hold back developing their blueprint/road map. Whilst the SIG may be EU focussed, this does not prevent US participants in joining as has happened in some of the other SIGs.
- The Stats Leaders were urged to send in case studies to the SIG, or other material they have developed in-house on this area. It is expected that more case studies will become available; some companies are piloting projects in this area but will have to wait for completion and internal evaluation before bringing it to the SIG.

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EMA's Clinical Trial data Transparency initiative

Christoph Gerlinger gave a brief status overview of this important strategic initiative from EMA and a summary of the discussion that has taken place in the EU statistical community through EFSPI representatives in the EMA-led Advisory groups. EFSPI developed a position statement which was reviewed and endorsed by the EFSPI Statistical Leaders community, and the final version was communicated to EMA at the end of April (and posted on the EFSPI website). A manuscript has been drafted with the aim to submit to Pharmaceutical Statistics by the end of the summer 2013. An update was given on positions of EFPIA (available as of June 2013) and the recent proposals from FDA to make masked patient level clinical and preclinical data available was also highlighted. To date there have been very different views by companies relating to data transparency, from suing on the one hand to restricted disclosure of data on the other. Important dates that were given are:

- Draft EMA policy available by June 30, 2013
  - *(post meeting note: published on 24th June 2013)*


WC500144730.pdf

- EFSPI/PSI workshop on EMA policy August 22, 2013
- End Consultation period September 30, 2013
- Final EMA policy November 30, 2013
- New policy effective January 1, 2014

Company presentations were provided by Sara Hughes (GSK) and Uli Burger (Roche). GSK has already put a process in place giving (restricted) access to clinical trial data and Roche is also considering something similar. Both companies take the stand that they can strengthen trust through openness and transparency. In the very short time since the project officially was launched by GSK there have been already several requests for study data but details are not yet available. Nevertheless the presentations were followed by a lively discussion on the many practicalities encountered by the companies in setting up such a system. Some initial feedback was given on topics as anonymisation (GSK followed the HIPAA privacy rules), workload (preparation of the data took 2-5 days per study with the note that this pertained to quite recent data, i.e. from 2007 onwards), composition of independent panel to judge requests (including a statistician, an epidemiologist, and a patient representative). In the discussion it was also mentioned that it would be very worthwhile to keep track of all the additional analyses and in how far results deviated from the original results, which is one of the trust issues out in the public domain.

Uli Burger followed this up by presenting four domains with opposite views to spur discussions on the kind of impact the EMA initiative might have; not so much on the practical details but rather on the long run and what our position could/should be in that situation. Four breakout groups pondered over this and presented back to the plenary group. Some of the (common) themes that came out of the groups are noted below (see for more details the presentations). It clearly indicates a general consensus in the group of Statistical Leaders of key considerations by EFSPI in the response to EMA draft policy.

Key messages from the break out groups:

- Statisticians (we) should focus more on quality and statistical principles than trying to increase trust
- Statisticians should take independent, balanced view on publication/re-analysis remit, and we should focus on key statistical elements and highlight good practice
- We should re-visit journal's policy for independent re-analysis (post-meeting note: JAMA have now retracted the need for independent re-analysis)
- We should be open for collaboration and share our views with other stakeholders
- One industry "solution" would be best for Industry and EFSPI
    - Same principles on access and data anonymisation
    - Development of best practices on secondary (re-)analyses
- No matter which solution (unlimited access or restricted access) the workload will increase for statisticians
- This area is new to our community and will bring challenges and opportunities


05 EFSPI Leaders Data Transparancy 2


06 SHARE Slide Pack provided by Rob Fros


07 Data Transparency_RS_Hl


08 UB Alternative views on data transpa


09 Work Out Break Out groups.pdf

Appendix 1: AGENDA Statistical Leaders Meeting 2013

Tuesday June 18, 2013

Time	Topic	Presenter / Facilitator
9:00 - 9:15	• **Welcome** • **EFSPI President Welcome address**	Stefan Driessen / Niels Kamp Chrissie Fletcher
9:15 - 9:45	• **EFSPI Strategic Objectives 2013-2015**	Chrissie Fletcher

9:45 – 10:00	• **Statistical Leaders Meeting**
	  ○ **Actions 2012 Mtg**
	  ○ **Update SIGs**
		Stefan Driessen

10:00 – 10:30	• **SIG Medical Devices - Introduction**	Roland Marion-Gallois
10:30-11:00	*Break*	
11:00 - 12:00	• **SIG Benefit Risk – Progress on Roadmap**	Ian Hirsch
12:00-13:00	*Lunch break*	
13:00 - 16:15	• **EMA Clinical Trial Transparency**	Uli Burger / Christoph Gerlinger / Sara Hughes / Stefan Driessen
16:15 – 16:30	• **Meeting summary**	Stefan Driessen
16:30	*Meeting adjourn*	

Details afternoon session:

Time	EMA Clinical Trial Transparency	Presentor / Facilitator
13:00 - 14:00	• **To set the scene:** ○ **Status Update EMA** ○ **EFSPI Position statement** ○ **EFPIA** ○ **FDA** ○ **Business cases** ▪ **GSK** ▪ **Roche**	Stefan Driessen Christoph Gerlinger Sara Hughes Uli Burger
14:00 – 14:25 **14:20 – 14:30**	• **Round of comments, feed back** • **Review of other companies plans/positions** • **Views and Positions on Transparency**	All Uli Burger
14:30-14:45	*Break*	
14:45 – 15:15 **15:15 - 16:00**	• **Working groups** ○ **Access to data** ○ **Publication remit** ○ **Who is doing ph3?** ○ **One Industry Solution** ○ **Plenary – Views / Positions** • **Statistician – EFSPI** • **Statistician – pharma company**	All
16:00 - 16:15	• **Stats Leaders Forum role and EFSPI role**	Christoph Gerlinger

Appendix 2: **List of 23 Participants**

First	Surname	Country	Company/Affiliation
Jens-Otto	Andreas	Germany	EU Group of UCB
François	Aubin	France	Cardinal Systems
Egbert	Biesheuvel	The Netherlands	MSD
Hans Ulrich	Burger	Switzerland	Roche
Florence	Casset-Semanaz	France	Merck Serono
Maylis	Coste	France	Institut de Recherches Int. Servier
Stefan	Driessen	The Netherlands	Abbott Healthcare Products B.V.
Chrissie	Fletcher	UK	Amgen Ltd
Andrew	Garrett	UK	Quintiles
Christoph	Gerlinger	Germany	Bayer Schering
Ian	Hirsch	UK	AstraZeneca
Sara	Hughes	UK	GSK
Niels Michael	Kamp	Denmark	Novo Nordisk A/C
Olavi	Kilkku	Finland	Orion Pharma
Juergen	Kuebler	Germany	CSL Behring
Frank	Langer	Germany	Lilly Deutschland GmbH
Per	Larsson	Denmark	Novo Nordisk
William	Malbecq	Belgium	MSD
Roland	Marion-Gallois	France	Medtronic
Paolo	Morelli	Italy	CROS NT
David	Morgan	UK	Ipsen Biopharm Ltd
Ingrid	Sofie Harbo	Denmark	Lundbeck
John	Whittaker	UK	GSK