TransCelerate’s Global Clinical Data Transparency Initiative – How Industry Has Collaborated to Protect Patient Privacy

28 January 2015
Pharmaceutical R&D Leaders Identified Collaboration As A Key Opportunity For Generating Industry-wide Efficiencies

Conducted an industry survey on areas amenable to collaboration
To Identify and Capture Efficiencies, TransCelerate Was Incorporated

Existing collaboration organizations within the life sciences industry were evaluated for their ability to successfully achieve their objectives and capture meaningful efficiencies and it was determined that no existing vehicles met the necessary criteria.

The new organization embodies the following defining characteristics:

+ Lean, non-profit entity with sufficient funding by member companies
+ High level of member company control and accountability
+ Board of Directors composed of senior R&D leadership
+ Member FTE contributions of experienced and skilled resources
Not For Profit Entity Created To Drive Collaboration As Means To Developing Solutions For Overcoming Inefficiencies

Our vision
To improve the health of people around the world by accelerating and simplifying the research and development of innovative new therapies.

Our mission
To collaborate across the global research and development community to identify, prioritize, design and facilitate implementation of solutions designed to drive the efficient, effective and high quality delivery of new medicines.

Our core values
+ Quality
+ Transparency & Openness
+ Trust & Integrity
+ Collaboration
+ Courage
An Entity That Engages With The Wider Clinical Ecosystem Globally

Strategically focusing engagement efforts with selected key stakeholder groups – the intent is not to recreate, but partner whenever feasible

- Regulatory Bodies
  - European Medicines Agency
  - Pharmaceuticals and Medical Devices Agency, Japan
- Industry Initiatives
  - CTI Clinical Trials Transformation Initiative
  - MCC Metrics Champion Consortium
  - iCFAST
  - IMI Innovative Medicines Initiative
  - Biotechnology Industry Organization
  - PhRMA Research, Progress, Hope
- Investigative sites
  - SCRS Our Voice, Our Community. Society for Clinical Research Sites
  - AACI Association of American Cancer Institutes Working Together to Find a Cure
- Research and CRO Community
  - ACRO Association of Clinical Research Organizations
  - NIH National Institutes of Health Turning Discovery Into Health
  - JCR OA Japan CRO Association

CONFIDENTIAL - Not for Distribution
20 Pharmaceutical Companies providing their best talent to collaborate and develop solutions to overcome industry inefficiencies
Clinical Data Transparency

**Unmet Need:** With increased transparency, there is a need for a common approach to protecting the privacy of individuals involved in clinical trials.

**Objective:** Develop a consistent approach for redacting privacy information found in clinical study reports and an approach for the anonymization of patient level data shared with the broader healthcare community.

**Benefits:** Enhance transparency and facilitate future research preserving the privacy of patients, investigators and clinical trial staff for operational transparency issues related to privacy.
Clinical Data Transparency

- The workstream was initiated as a pilot in 2013 to focus on CSR Redaction. Andrew Freeman (GSK) agreed to be the lead for the project.
- The success of the pilot led to official sanction as a full workstream in 2014. Ben Rotz (Lilly) joined Andrew as co-leads for the team.
- There is a core team of individuals involved in data transparency. This core team sets the vision for the teams working on deliverables.
- Membership includes individuals who are also company representatives to PhRMA, EFPIA and other trade organizations.
Clinical Data Transparency

- Clinical Study Reports
  - Delivering CSR Redaction Approach Document and Recommendation for Writing CSRs
  - Led by Helle Gawrylewski (Janssen)

- Data Anonymization
  - Delivering recommended approach to anonymization of individual patient data for sharing with researchers
  - Led by Liz Roberts (UCB)

- Returning Summary Results to Clinical Trial Patients
  - Delivering implementable recommended approach for drafting and returning results to clinical trial patients
  - Lead to be determined
### Workstream Structure and Purpose

**Operations Committee**
- Representatives from all member companies
- Provides overall leadership and direction

**Clinical Data Transparency Sponsor:** Escalates status and key recommendations to the operations committee

#### Leadership
- Andrew Freeman (GSK)
- Ben Rotz (Lilly)
- Marina Nisenzon (ACN)

#### Core Team
- Develop implementable recommended approach for drafting and returning results to clinical trial patients
- Develop the principles for future writing of CSRs
- Ensure appropriate subteams established
- Ensure consistency across deliverables
- Ensure communication and adoption at respective member companies

#### Cross-Project Support
- Director of Projects
- Regulatory Council
- Change Management

#### Related Initiative Liaisons
- EFPIA/EMA
- PHUSE
- EFSP/PSI
- MRCT

#### CSR Team
- Develop communication plan and change management tools for the redaction paper
- Share redaction process and technology best practices
- Develop the principles for future writing of CSRs

#### Returning Summary Results Team
- Develop implementable recommended approach for drafting and returning results to clinical trial patients

#### Data Anonymization Team
- Develop the working model with external groups in data anonymization
- Develop the consensus paper on a standard approach for data anonymization
An Approach to Protect Personal Data in Clinical Study Reports

Helle Gawrylewski
Sub Team Lead, J&J
18 January 2015
Session Points

- CSR Redaction Sub Team targets
- Timeframe
- Work process
- Elements of redaction paper
- Next steps
- Team members
Sub Team Goal

- To develop a document with recommendations to preserve the privacy of patients, investigators, clinical trial staff, and other individuals involved in clinical studies when documents are released to the public.
- “Clinical Study Reports Approach to Protection of Personal Data” was released September 2, 2014

Available on the TransCelerate website HERE

Transparency CSR Sub Team Timelines

- Exploratory Transparency Workstream established Oct 2013
- CSR Redaction Sub team initiated Dec 2013
- CSR Redaction Recommendation Document drafted January 2014 and sent through review cycles
- Shared with EMA Feb 6, 2014
- Transparency WS officially approved June 11, 2014
- 6 new members join Sub team and review CSR Redaction document
- CSR PPD Protection Paper Released Sept 2, 2014
Development of our Deliverable

The deliverable will be made available to member companies. We will also share with Regulatory Bodies, Stakeholders, and other consumers of redacted CSRs.

REVIEW PROCESS:


Mid Feb: Approval from the operations committee; all 20 members

End Jan: Content review for general agreement across participating members; Regulatory Council

Early Feb: Risk assessment by TransCelerate legal counsel; share with EMA

Dec - Mid Jan 2014: Socialize document internally at member companies

1. Internal Review
2. Core Team
3. Legal
4. Ops Comm
5. Comm Team
Approach to Protection of Personal Data

- Specific to CSRs but can be applied to Protocols, SAPs, other clinical documents
- Confirms PhRMA and EFPIA member companies committed to “Principles for Responsible Clinical Trial Data Sharing” 2013
- Approach based on
  - HIPAA Privacy Rule
  - Regulation (EC) No. 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.
  - Directive 95/46/EC of the European Parliament and of the Council of October 24, 1995 on the protection of individuals with regards to the processing of personal data and on the free movement of such data.
- Approach can be applied to most CSRs globally but adjustments should be made for local country privacy requirements.
Elements of the Redaction Paper

- Privacy concerns are paramount, regardless of the audience, as CSRs are shared publically.
- Primarily to protect the privacy of individuals and groups associated with a clinical study: patients / subjects (also referred to as research participants); investigators, site staff, research institutions and staff; vendor/co-development partner companies and their staff; and sponsor company staff.
- Consideration should be given to contractual commitments and what is in public realm regarding names of individuals and organizations.
- If investigator name is known (Sunshine Law) or Co-development partner is public information, then names will be retained.
- An attempt should be made to add appropriate explanatory text when redacting or removing information.
- Company Confidential Information (CCI) is out of scope for the standard approach described in the document.
Items Recommended for Removal

- Full patient narratives and corresponding forms
- Listings of individual patient data
- Figures or tables with individual patient data that would lead to possible re-identification of the individual
- Investigators CVs or biographies
Types of Information Recommended for Redaction -

**Personally Identifiable Information**

- **Subject/patient information**
  - Subject ID numbers in the text and in tables, figures, and attachments, including footnotes
  - Demographic data—i.e., age, race, ethnicity, sex, height, weight, socioeconomic data—associated with an individual subject
  - Personal pronouns that identify the sex of an individual subject
  - Instances of 'male,' 'man,' 'woman,' or 'female' that identify an individual subject
  - Dates provided for individual subjects or unique identifiers
  - Medical history that is likely to lead to personal identification—e.g., a rare disease, medical outcome (e.g., outcome of pregnancy) or rare disease or adverse event, sensitive data (like illicit drug use or risky behavior)
    - Common sex-specific adverse events—e.g., amenorrhea, erectile dysfunction—associated with individual subjects can be disclosed even though they reveal the sex of the subject
    - Verbatim text in context of an individual
Redacted Personally Identifiable Information

- **Study investigators and study sites**
  - Investigator names
  - Investigators’ addresses (except country)
  - Site IDs and individual site locations
  - Names of other individuals responsible for conduct of study or safety of subjects—e.g., chairpersons of data or safety monitoring committees
  - Telephone and facsimile numbers and electronic mail addresses

- **Document authors**
  - Names, addresses, identifying data of individuals involved in CSR authorship
Technical Recommendations

- For electronic documents – professional tools that prevent ability to unmask redacted information are used
- Text and bookmarks should be rendered invisible to searches and irreversibly masked (the mechanism of blocking or masking depends on the tool)
- Personal information and any metadata should be removed
- Quality control measures must be applied before CSR is rendered as non-editable pdf
- For paper documents – same redaction outcomes are expected
TransCelerate CSR Redaction Paper: Will Revision be Needed?

EMA Policy 070 Updated (found [HERE](#)).

Summary of key points:

- The new policy will exist alongside the current access to documents (i.e., reactive FOI) policy
- The policy applies prospectively, it will not apply to legacy data
- Policy scope: clinical data submitted on/after the implementation date in relation to EU centralized procedure (CP) and article 58 applications (WHO). Does not apply to clinical data submitted for non-CP products.
  - Clinical data = clinical reports and individual patient data (IPD)
  - Clinical reports = CTD Modules 2.5, 2.7 & 5, where Module 5 = CSR plus appendices 16.1.1, 16.1.2 & 16.1.9.
EMA Policy 70

Summary of key points cont.: 

- Publication process of clinical reports distinguishes between:
  - General information purposes (refer to annex 1)
    - Clinical reports are made available in a “view on screen only mode” – available to any registered user who agrees to TOU (e.g., terms of use for general information & non-commercial purposes)
  - Use for academic and other non-commercial research purposes (refer to annex 2)
    - Clinical reports can be downloaded, saved and printed – available to any identified user who agrees to TOU (e.g., to use the clinical reports solely for academic & non-commercial research purposes) & provides EMA with e-mail address, a place of address in the EU, elements concerning the identity of the user.
  - IPD: targeted public consultation with all concerned stakeholders - no timeframe given.
EMA Policy 70

Summary of key points cont.:

- Publication of **clinical reports** will be implemented in phases:
  - Phase 1: clinical reports in **new MAAs** submitted on/after 1 January 2015 – clinical reports to be released as soon as a decision on an application has been made (or application withdrawn)
  - Phase 2: clinical reports in **line extensions and extension of indications** of already approved CP medicines submitted after 1 July 2015 – clinical reports to be released after a decision has been made (or application withdrawn)
  - Phase 3: all other post-authorization procedures relating to centrally authorized products where supporting clinical reports have been submitted – effective date to be determined in 2015.

- Management of CCI in clinical reports:
  - In general clinical data cannot be considered CCI – but there are limited circumstances where information could constitute CCI
  - Possibility for EMA consultation with the MAH/applicant for redaction of CCI (refer to annex 3 of the policy for listing of information that may be considered CCI)
EMA Policy 70

- Policy has new information on CCI (Annex 3)
- **Protecting personal data**: The protection of personal data is enshrined in EU legislation; it is a fundamental right of EU citizens. The policy has to ensure adequate personal data protection; it must be fully compliant with applicable regulations in the EU, in particular Regulation (EC) No 45/2001 and Directive 95/46/EC. There are ways and means to anonymize data and protect patients from retroactive identification. Yet, the Agency is primarily concerned that *emerging technologies for data mining and database linkage will increase the potential for unlawful retroactive patient identification*.
- The Agency, therefore, takes a guarded approach to the sharing of patient-level data, which is done to enable legitimate learning from sharing patient-level data while preventing rare but potentially damaging instances of patient identification.
- Patients’ informed consent should be respected. The secondary analysis of personal data will have to be fully compatible with the individual privacy of clinical trial participants and data protection.

Redaction Paper supports Policy 70
Next Steps

- Working through EfPIA and Regulatory Council to get clarity and details on consultation process with EMA
- No official update is scheduled at this time
- Sub team is working to complete a Clinical Document Redaction Best Practices paper in Q1
- Sub team will undertake project to propose implementation steps for the Harvard MRCT guideline on producing research results summaries (RRS) to provide to study participants
Future Clinical Document Writing Principles

- Recommendation document to ease and streamline redaction process by building principles into the writing process
- Recommend best practices and questions to consider
- Recommendation document will contain information on
  - Creating company awareness, organizational approaches, and communication channels
  - Tactical recommendations for templates and other helpful tips
  - Process recommendations and considerations; identifying stakeholders
  - Tool kit: Communication slide set, checklists, etc
Thank You

- Sub team co-lead Anne Cutting, GSK
- Project manager initially James J Lee, Accenture, and now Marina Nisenzon, Accenture
- All original Sub team members: Alex Nasr, Abbvie; Andrew Lobb, BI; Harjit Banga, BMS; Ian Small, Roche; Joy Mattson, Forest; Milan Shah, J&J
- All new Sub team members: Janet Stolenberg, AZ; Wayne Beazley, Astellas; Robert Studt, J&J; Stephen Kroll, BMS; Elena Petelos, Merck Serono; Julie Bryan, Roche; Denise Holroyde, Pfizer; Marla Brickman, Pfizer; Sybille Eibert, BI; Rhonda Singer, Lilly; Amber Barnes, UCB; Natalie Eppert, BI
- Core team members from Pfizer, Merck Serono, UCB, Lilly, Allergan, Sanofi
Data Anonymization

Elizabeth Roberts, UCB
Data Anonymization Subteam Lead
28 January 2015
Data Anonymization Sub-team: Objectives

- Develop a working model with external groups in data anonymization

- Develop a consensus paper on a model approach for data anonymization
Data Anonymization Sub-team: Consensus Paper

Topics Covered

+ Defining ‘Protected Information’
+ Steps required to de-identify datasets
+ De-identification vs anonymization
+ Quality Checks
+ Process Recommendations
Data Anonymization Sub-team: Consensus Paper

Defining ‘Protected Information’

- PII – Personally Identifiable Information
- PHI – Protected Health Information
- PPD – Protection of Personal Data

Steps required to de-identify datasets

- Recoding identifiers
- Handling dates, incl date of birth and age
- Medical dictionaries and coding
- Free-text verbatim fields
- Sensitive information
De-identification vs Anonymization

- Anonymization requires destruction of the code-key

Quality Checks

- Validation and Review of de-identification process prior to destroying the code key
- No single approach eg, a ‘de-identification macro’

Process Recommendations

- Management of data requests
- Controlled access to the de-identified data
- Regular review of underlying processes
Data Anonymization Sub-team: Consensus Paper

In summary

- We’re nearing completion of defining a model approach
- Expected release of the paper is end Q1 2015
- Process has been engaging, thought-provoking – and fun!
Thank You

Data Anonymization Team:

- Team Lead: Liz Roberts (UCB)
- Team members: Heinz-Georg Perli (Merck Serono), Rich Manski (AbbVie), Karen Wells (GSK), Katherine Tucker (Roche), Alex Nasr (AbbVie), Juliana Ianus (J&J), Natalie Reynolds (Lilly), Julie Holtzople (AstraZeneca), Graham Wilson (AstraZeneca), Christy Crump (UCB), Tom Chmielewski (BMS), Sudeep Kundu (BMS), Felix Mader (Boehringer Ingelheim), Jing Xu (AbbVie), David Postma (Pfizer), Bharat Jaswani (Astellas), Anthony Homer (Sanofi Pasteur)