United Nations
Interregional Crime and Justice
Research Institute

ORGANISATION OF GCP INSPECTIONS: AN EXPERIENCE IN DEVELOPING SETTINGS

Umberto Filibeck

Former Head of AIFA GCP Inspectorate and GCP Promotion Unit
UNICRI Consultant for Projects on GCP of CTs in developing countries
OPBG Clinical Trial Center Consultant

N.B. For confidentiality reasons some information on Clinical Trial and pathology in study are not reported

- <u>AIMS of The Trial inspected:</u>

  to detect the efficacy and safety of an IMP versus Placebo in the early treatment of patients who cannot obtain standard care immediately

- Countries in AFRICA and ASIA

- **<u>Some of the inclusion criteria</u>**:

  patients with:

  a) clinical symptoms/diagnosis of pathology under study

  b) patients who do not have and cannot obtain standard care immediately

MAIN STEPS OF THE TRIAL

1. **Involvement of the population of Villages in the trial and explanation of the CT ("*Community mobilization*"), to obtain the Community Consent;**
2. **Selection and training of Field Workers in villages (F.W.);**
3. **Investigators visit villages and communities, which provide their permission to identify and train F.W.s**
4. **Medication randomised to IMP or Placebo and provided to FWs**

5. **FWs trained to identify patients with clinical symptoms and to treat if:**
   a) the patient meets the inclusion/exclusion criteria
   b) the standard of care is not available
   c) I.C. has been given in writing;
   d) patients or guardians agree to go to nearest health facility;
   e) biological samples are willingly provided

6. **The patient is treated and referred to health facility where patient can receive:**
   a) definite diagnosis
   b) standard treatment

- **Some of the Main Issues inspected**:

I) Ethical Aspects related to Placebo

II) Ethical and operational aspects related to Informed Consent (IC)

III) Field Workers (F.W.) selection, training and SOPs

IV) SOPs and operational measures related to treatments

ETHICAL ASPECTS RELATED TO PLACEBO

1) **Proof that C.T. received a favourable opinion**

   a) by an international or E.U. Ethics Committee (ETH.C) in compliance with GCP

   b) by independent local Ethics Committees in compliance with GCP requirements

2) **Proof that members of ETH.Cs had no conflict of interests**

3) **Documentation showing that the placebo issue has been suitably discussed by the ETH.Cs and in the protocol**

4) **Documentation showing that the discussion on placebo took into consideration:**

a) the “GCP principle 2.3;” the “Declaration of Helsinki point 2.1.”;

“The rights, safety and wellbeing of the trial subjects should prevail over the interest of science and society”.

b) whether in the local environment there was or was not available an effective treatment/standard of care that could be used instead of placebo;

c) whether another design was possible eg was it possible or not possible to compare IMP treatment versus historical data available in the scientific literature.

5) Documentation showing that all concerns of ETH.Cs had been solved and that before the beginning of C.T. sponsor/investigators answered satisfactorily all questions raised by ECs

6) Documentation showing ETH.Cs periodic review of C.T., mainly to possible problems related to placebo

II) ETHICAL AND OPERATIONAL ASPECTS RELATED TO INFORMED CONSENT

1. Documentation and interviews with investigators and FWs showing that I.C. were obtained, respecting local traditional customs:

i.e. involvement and information provided to:

a) chiefs of villages and traditional healers of villages;

b) other villages leaders and religious leaders;

c) the whole community or village (Community Consent Seminars);

d) patients or patients' guardians;

2. Documentation of how people understood the principle of the “placebo”?

3. Why they accepted the possibility of placebo?

III) Field Workers (F.W.) requirements, training, selection and SOPs

Documentation showing and/or interview confirming:

- Presence of minimum requirements foreseen for F.W. and for F.W. Supervisors (F.W.S.)
- Contents, methodology and material of training courses: list of trainers and trainees
- F.W. and F.W.S. selection methodology

d) Provision of material for F.W. as:

- Training course brochure
- SOPs
- F.W. Diary/note books
- CRF
- F.W.S. Registers for traceability of main steps of C.T.
- Material for finger prints for IC
- Material for taking biological samples
- Thermometer etc.
- IMP in packaging that would prevent contamination out of dispensaries
- Bicycle
- etc.

IV) SOPs and operational measures related to treatment and related "source documents":

e.g.

1) Clear SOPs/written instructions for:

a) I.C., patients recruitment; treatment; traceability of treatment; etc

b) use of treatment code labels and identifiers (stickers) for each treatment that were stuck on: CRFs; biological samples tube; I.C. forms

c) for consequent problems related to:

- cases of more than one treatment for the same patient
- consistent training for FW

2) SOPs for management of FW's notebook/Diaries

3) Source Documents:

A) F.W. Diaries/notebooks

B) F.W. Registers with information about traceability of CT crucial steps, i.e.

a) date and time of symptoms;

b) date and time of other treatments before randomization;

c) date and time of treatment;

d) if the IMP was damaged and its code N°;

e) in case of d): if another IMP was used and its code N°;

f) date and time of:

- biological sample taken
- biological sample given to laboratory
- whether patient referred to health facilities -whether patient arrived at facility
- standard of care given in the health facilities
- diagnosis in health facilities
- results of biological sample analysis
- etc

- **4) Registers**:

  - List of FW Supervisors and of their FWs
  - Register with periods of work of FW and FWS
  - List of villages/Community within the responsibility of each FW
  - etc

5) **Interviews confirming**:

- F.W. approach to obtain I.C.
- F.W. methodology for IMP treatment
- F.W. methodology to convince patients (or guardian) to proceed to health facilities for standard of care diagnosis and management
- etc.

Thank you

for

your attention