European Statistical Workshop (EFSPI/PSI):
EMA Clinical Trial Data Transparency

Break-out Sessions

Break-out session

- Discuss key challenges and generate comments on draft policy:
  - What is lacking, needs clarification, should change
- Each break-out group will discuss a main topic identified:
  - Patient data confidentiality
  - Rules of engagement
  - Good Analysis Practice
- Feedback from each break-out group

Note: comments not necessarily restricted to topic

Topics

- **Protecting Patient Confidentiality**

  How can the Agency ensure through its policy that patient and other personal information will be adequately protected, i.e. that patients cannot be retroactively identified when clinical-trial data are released, and that applicable legislation, standards, and rules regarding personal data protection will be respected?

- **Rules of Engagements**

  Are there rules or conditions that should be in place before an external stakeholder can download clinical-trial data (e.g. formal acceptance of the need to respect personal data rules, uploading of analysis plans etc.)?

- **Good Analysis Practice**

  Are there good-analysis-practice guidelines that the Agency could ask external requestors of data to consider or be aware of, and that the Agency can apply when confronted with additional analyses from external parties?

Protecting Patient Confidentiality

- De-identification: e.g. year of birth is sensitive but can be easily derived from age and study recruitment period in CSR
  Re-analysis not possible if age is a covariate but not included in dataset.
- Are the recommended minimum standards for de-identifying data sufficient to preclude subject identification in future?

- Key issues:
  - Complete datasets are needed to re-create original analyses
  - Identification risk by comparing trial data e.g. to social media, medical records, insurance claims or search engine inquiries
  - Run secondary analyses in a protected mode on a separate server and raw data has to remain there

Protecting Patient Confidentiality

Optimistic view: draft policy provides enough measures to protect patient confidentiality

- The categories (Cat 1: containing CCI, Cat 2/3: without/with PPD concerns) are appropriate and well selected
- Sufficient details are provided to de-identify patient data

Pessimistic view: draft policy underestimate the risk to identify patients

- Better understanding of masking is needed by the parties involved
- Distinguish re-analysis vs new secondary analyses
- Stronger penalty when violating patient privacy

Rules of Engagement

- Who will decide in case of discrepancies between original analysis and re-analysis; in particular without access to all raw data?
- The MAH should be informed about the aim of the new secondary analyses (when access to “C” data is granted), to conduct own analyses to defend against these analyses if needed.

- Key issues:
  - Patient confidentially (see before)
  - Good analysis practice (see below)
  - Need for scientific rationale?
  - Information / Consultation of MAH?
  - Approval of scientific rationale needed? By whom?
  - Tiered approach? CSRs for all and raw data only for few?
  - Publication of requests and/or results?

Rules of Engagement

Optimistic view: draft policy ensures minimum requirements are in place

- Clear which data is open and which under controlled access
- The requester has to identify themselves
- Only access to address questions of interest to public health
- Make results public within reasonable period of time

Pessimistic view: draft policy lacks minimum requirement to share data

- Unclear who will grant access
- What sanctions will be put in place if results of analyses are not forthcoming?

Good Analysis Practice

- How to deal with SAS code? Lot of effort in development and validation: it should be considered as intellectual property
- Prior to the analyses, an SAP should be available to avoid data dredging

- Key issues:
  - Pre-specification of Statistical Analysis Plan (SAP)
  - Possibility of data owner to comment on SAP
  - Publication of SAP and results (and derived datasets)
  - Qualification of personnel (ICH E9) ?

Good Analysis Practice

Optimistic view: no up-front SAP and professional qualification is needed.

- New scientific insights will otherwise be restricted
- The analyses and publication of results will show the skills of the requesters

Pessimistic view: same rules as the original analysis should be ensured

- Detailed up-front SAP should be enforced to distinguish planned from ad-hoc analyses
- Reuester should have minimum skills. For example “qualified statistician” (ICH E9) should apply here too

Break-out session

- Discuss key challenges and generate comments:
  - What is lacking
  - What needs clarification
  - What should be changed
- Identify main topics as well as detailed comments (mention line number)
- Present feedback to others
- Any other comment/suggestion & question is welcome

Break-out session

- Three discussion groups — Facilitator
  - Patient data confidentiality — Frances Lynn
  - Rules of engagement — Egbert Biesheuvel
  - Good Analysis Practice — Christoph Gerlinger

11:30 – 13:00	Start Break-out Discussion groups
13:45 – 14:30	Continue Break-out Discussions
14:30 – 15:30	Feedback from each Break-out Group