CHDR
Centre for Human Drug Research

Regulations and medical ethics

Taking an active approach to ensuring ethical practices in research

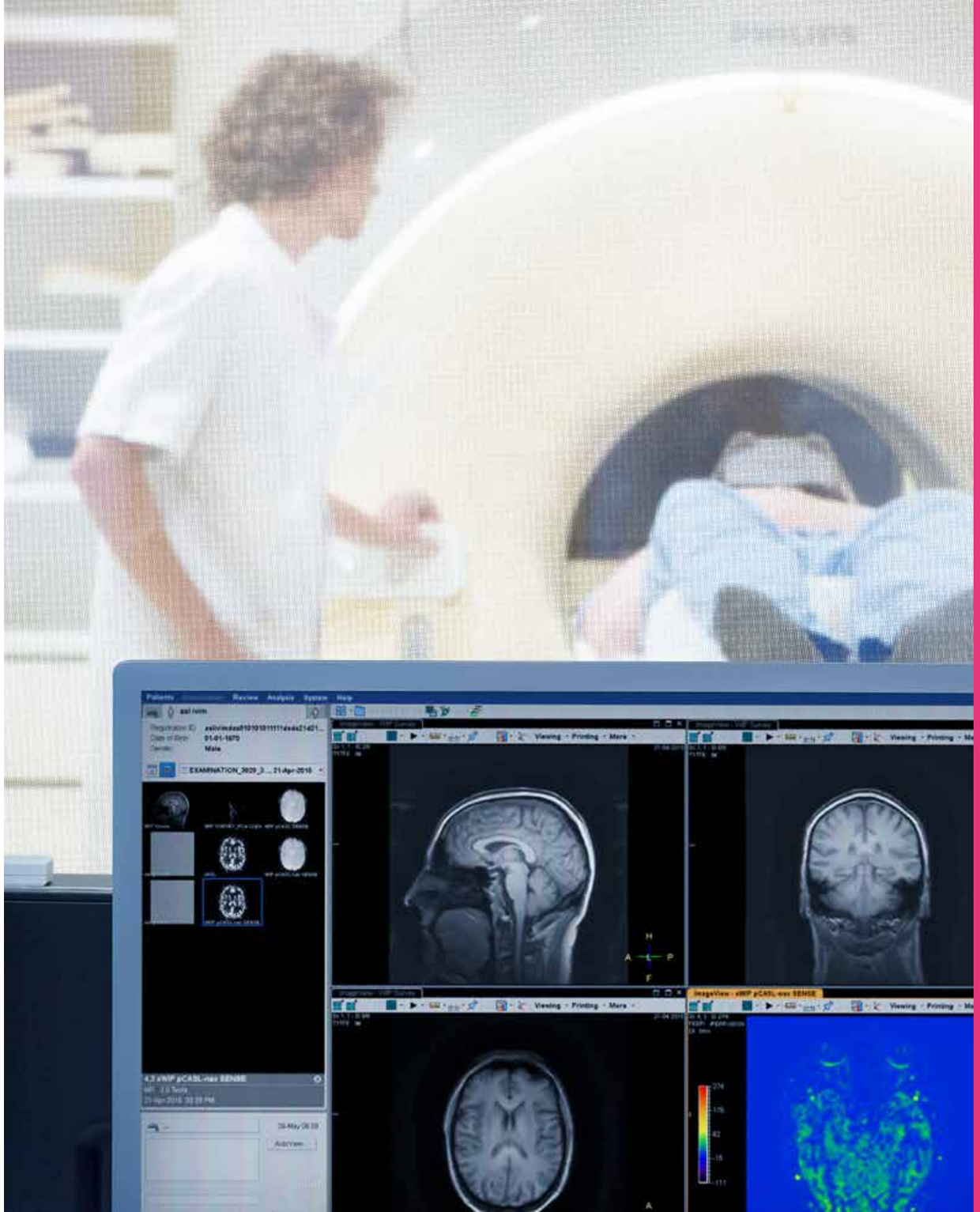
In the Netherlands, a balanced system is used for regulating clinical research, thereby ensuring that subjects are fully protected and minimising the need for overregulation. When the protocol itself is clear and to the point, the regulatory procedures can actually be both fast and efficient.

CHDR's project leaders develop the protocol, submit the protocol to a certified ethics committee and the competent authority, and communicate with the Dutch regulatory bodies.

Obtaining approval

Every clinical study in the Netherlands using medicinal products must be reviewed and approved by an ethics committee. Working closely with the sponsor, CHDR develops the protocol and all other required materials. Next, a dedicated project leader submits the dossier and communicates with the ethics committee and the Dutch competent authority, the *Centrale Commissie Mensgebonden Onderzoek* (CCMO, the Dutch Central Committee for Research in Humans). At the sponsor's request, CHDR can also serve as a legal representative in order to meet the requirements established by the European legislation.

In certain cases, a slightly different procedure must be followed in which the clinical trial application is reviewed by a centralised process. In this case, the CCMO serves as the review committee, and the Ministry of Health serves as the competent authority. More details regarding this procedure can be found at the CCMO website (www.ccmo.nl).



Highlights

- CHDR provides all of the services needed to optimise development and streamline approval of a new protocol.
- If desired by the sponsor, CHDR can also serve as a legal representative within the EU.
- In the Netherlands, clinical studies using medicinal products must be approved by a certified ethics committee that reviews the ethical considerations as well as the underlying science.
- CHDR has an established working relationship with several ethics committees.
- In most cases, approval can be obtained within four weeks of submitting the application.
- Clinical studies using specialised medicinal products such as nucleotides or stem cells must also be approved by the Dutch competent authority.
- A number of CHDR's board members have served — or currently serve — as board members on the Dutch competent authority.

Timelines

- Dutch law has established limits regarding how long the ethics committee and competent authority can take to review a clinical trial application (CTA).
- The competent authority has two weeks to complete review and issue a ‘statement of no objection’; in the case of specialised medicinal products, an additional 30 days is allowed.
- Approval by the ethics committee should occur within 60 days of receiving the CTA, during which the ethics committee can request additional information.
- If the CCMO conducts the review, an additional 30 days is allowed.
- With protocols involving xenogenic cell therapy, no time limit is applied to the review process.

The clinical trial application (dossier) is intensively reviewed by the Ethics Committee, which can legally take up to 60 days to complete their review. In most cases, however, CHDR receives full approval within 14 days from the time of Ethics Committee meeting. In parallel, the Competent Authority also performs a marginal review, where the statement-of-no-objection is usually issued within 10 days.

Taking an active approach

Current medical ethics guidelines and regulations regarding clinical research are the result of scientific developments, societal developments, and — in some cases — the result of serious incidents. From an ethics point of view, critical issues will always play a role in clinical research; one such example is research involving minors.

At CHDR, we take an active approach. For example, our CEO Prof Adam Cohen served as the vice president of the CCMO for 12 years; this position is now held by Prof Joop van Gerven, CHDR's Director of CNS Research. This approach ensures that as new European regulations are introduced, our staff is immediately made aware of these changes and can adapt our protocols accordingly.

About CHDR

The Centre for Human Drug Research specialises in early-phase clinical drug research. CHDR's overall mission is to improve the drug development process by collecting as much information as possible regarding the candidate drug in the early phases of development. This information helps sponsors make informed decisions regarding the course of clinical development for their product.

Research at CHDR covers a wide range of fields, including the central nervous system (CNS) and pain, the cardiovascular system, haemostasis, immunology, and dermatology. In addition, CHDR is at the forefront in developing novel biomarkers and methods for measuring drug-related effects in all of these research areas.

Pharmacology matters

Whether studying a new cognitive-enhancing drug, a next-generation painkiller, or a new monoclonal antibody designed to treat rheumatoid arthritis, the goal is to determine how the compound's effects correlate with both the dose and blood concentration at any given moment. In addition, understanding which biological systems are activated is an essential first step towards quantifying this relationship. At CHDR, our focus on pharmacology is reflected clearly in what we call question-based drug development.

Question-based drug development

CHDR actively uses question-based drug development - or QBD - as a more rational approach to drug development compared to conventional approaches. QBD can be best described as a series of questions that are addressed throughout the process. These questions often seem simple enough, but failing to answer even one question - or even addressing the questions in the wrong order - can have dire consequences. Thus, using this approach can potentially save companies millions of dollars by helping predict a catastrophic issue early in the development process, before the more expensive latter stages (for example, large-scale clinical trials or the marketing phase).

From a general perspective, the most important questions are:

1. Does the biologically active compound and/or active metabolite(s) reach the intended site of action?
2. Does the compound cause its intended pharmacological and/or functional effect(s)?
3. Does the compound cause any unintended pharmacological and/or functional effect(s)?
4. Does the compound have a beneficial effect on the disease and/or clinical pathophysiology?
5. What is the compound's therapeutic window?
6. How does any variability with respect to the drug response in the target population affect the product's development?

Contact

To learn about CHDR's full range of services, contact us today.

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