

ANNEX VII_No.3

GUIDANCES TO MANAGE CLINICAL TRIAL DURING COVID-19

From EMA- Versión 2, 27/03/2020

The European Commission, the European Medicines Agency (EMA) and national Head of Medicines Agencies (HMA) have updated the measures for sponsors on how to manage the conduct of clinical trial in the context of the coronavirus disease (COVID-19) pandemic and have emitted the ***Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic Version 2 (27/03/2020)***.

Key changes from v1 (20-03-2020): additional clarification on obtaining informed consent; link to methodological guidance on statistical considerations in relation to COVID-19 pandemic; advice on IMP stocks, safety reporting, conduct of audits; temporary halts

Extraordinary measures may need to be implemented and trials adjusted due to e.g. trial participants being in self-isolation/quarantine, limited access to public places (including hospitals) due to the risk of spreading infections, and health care professionals being committed to critical tasks. Therefore, EMA, EC and HMA strongly support the efforts of the GCP Inspectors' Working Group for developing a harmonised EU/EEA-level guidance to mitigate the negative effects of the COVID-19 pandemic on the conduct of clinical trials.

The situation is evolving, and pragmatic actions may be required to deal with the challenges of conducting research, and in ensuring the rights, safety and wellbeing of participants. The points mentioned below are intended to provide guidance for all parties involved in clinical trials during this time.

Due to the urgency, this guidance is issued without prior public consultation. The sponsors should note that due to the rapidly evolving situation further updates to this guidance are possible and likely.

Sponsors and investigators need to take into account that there might be specific national legislation and guidance in place, which they should consult and which can be used to complement this guidance, or, with respect to particular matters may take priority over these recommendations. This document is however seeking to include most of the current guidance across Member States with the aim to serve as an EU-level harmonised set of recommendations.

It is attached the ***Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic Version 2 (27/03/2020)***

INTRODUCTION

Various challenges exist which result in:

- *restrictions of visits to healthcare facilities*
- *increased demands on the health service*
- *changes to trial staff availability*
- *participants may also be required to self-isolate, which introduces difficulties for Investigators to maintain their medical oversight*

The challenges could have an impact on the conduct of trials such as the completion of trial assessments, completion of trial visits and the provision of Investigational Medicinal Products (IMPs)

The impact of COVID-19 need to be considered in different situations:

- *on ongoing trials,*
- *on opening a new trial site in an existing trial,*
- *ongoing recruitment and continued involvement of participants in the trial,*
- *on starting of new trials needs to be considered.*

This evaluation should take into account national recommendations and restrictive measures including:

- *travel restrictions*
- *confinements of trial participants and trial staff*
- *the availability of trial staff to perform visits,*
- *enter data in the Case Report Form (CRF)*
- *notify serious adverse events*
- *follow the protocol, generally*

The ability to confirm eligibility and to conduct key safety assessments and trial evaluation is of particular importance. Actions should be proportionate and based on benefit-risk considerations, on contingency provisions taken nationally and locally by the authorities with priority given to the impact on the health and safety of the trial participant.

Where a trial participant is unable to attend the site, other measures, such as home nursing, if possible given social distancing needs, or contact via phone or telemedicine means, may be required to identify adverse events and ensure continuous medical care and oversight. However, the limitations and risks of such methods and the requirements for data protection should be taken into account and such alternative arrangements need to be adequately documented.

This guidance is focused on the following subjects:

- **Initiating new trials**
- **Changes in ongoing trials Safety Reporting**
- **Risk assessment**
- **Communication with authorities**
- **Agreement with and communication to sites and participants**
- **Changes to Informed Consent**
- **Changes in the distribution of the IMP**
- **Changes in the distribution of in vitro diagnostic and medical devices**
- **Changes to monitoring**
- **Changes to auditing**
- **Protocol deviations**
- **Reimbursement of exceptional expenses**
- **Initiation of new trials aiming to test new treatments for COVID-19**

The recommendations of each Compentent Authorities of the following countries Spain, Italy and Portugal where Leon Resarch maintains its activities are detailed below.

SPAIN

The Agencia Española de Medicamentos y Productos Sanitarios (AEMPS) [Spanish Agency for Medicines and Medical Devices], as competent national authority in the authorisation of clinical trials, has updated exceptional measures applicable to clinical trials and observational studies to manage problems arising from the emergency by COVID-19.

The update has added relevant information on clinical trial topics aimed at investigating new medications against coronavirus and prospective follow-up observational studies with coronavirus-related medications.

“Exceptional measures applicable to clinical trials and observational studies to manage problems arising from the emergency by COVID-19” Date of publication: **7 April 2020**

- These measures are intended to guarantee the activity of the trial, the safety and well-being of the patient and the traceability of the implemented actions, as well as to speed up the processing of observational studies.
- They are complementary measures to those recently adopted in the EU and include the specific aspects that are applicable in Spain.
- The application of the recommended measures will not require prior authorization except in the cases indicated, but they must be communicated to the AEMPS and the CEIm
- Non-commercial observational prospective follow-up studies will be classified as EPA-AS

It is essential to maintain as much as possible the capacity of the health system, reducing the risk of infection for the population. Also, the measures taken in the different autonomous communities following the declaration of the state of alarm by the Government must be taken into account.

In this context, the scheduled follow-up visits, the access of non-site staff and in situ monitoring could be affected. In some cases, it might be necessary to transfer a patient from one site to another to facilitate their healthcare. Meanwhile, there could be a reduction in sponsor's staff entrusted with trial follow-up. It is important that the sponsor, together with the investigator, carries out a risk analysis and prioritises **critical activities** and the way they must be carried out. Both of them must also evaluate the application of **these measures proportionately to each clinical trial considering its particularities, the organisation of each site and the epidemiological characteristics of COVID-19 at each site**. These measures could be updated to adapt to epidemiological evolution according to the decisions of the Ministry of Health.

Any one of these exceptional measures adopted must be duly **documented in the trial archive**. However, their application **does not require prior approval** on a case-by-case level as a substantial amendment by the AEMPS or the Drug Research Ethics Committee (CEIm) and neither the individual notification of serious non-compliance with the protocol, except when it is expressly required as in the point 2.

In the four months following the date on which it is considered that the COVID-19 crisis has finished in Spain, the sponsor must provide for each trial a report about the exceptional measures adopted which will be sent to the AEMPS and the CEIm

These measures are complementary to the measures recently adopted in the EU and include the specific aspects that are applicable in Spain:

1. Scheduled in-person visits for clinical trial patients

The sponsor, together with the investigator, must consider the advisability of **postponing said visits, or turning them into telephone visits, re-scheduling them on the clinical trial schedule of visits**. It **must be guaranteed that the critical scheduled in situ visits are carried out**. In the case of rescheduling visits, these protocol deviations will not be considered serious non-compliance unless they put the patient's safety at risk.

2. Recruitment of new patients

Expected prospective protocol deviations are not acceptable and it is expected that all subjects included in a clinical trial meet all selection criteria. The sponsor together with the investigator, based on a risk/benefit assessment which **takes into consideration the characteristics of the trial and circumstances of the participating sites shall be able to cease recruitment and even discontinue the treatment of trial patients with the aim of avoiding unnecessary risks and guaranteeing the best possible healthcare for the patients**. This analysis is especially pertinent in clinical trials which involve treatment with immunosuppressants and therefore an increased risk of infection, without any expectation of benefit for the participants.

In the case of a **discontinuation of the trial that involves the stopping of the treatment on some patients**, the sponsor will have to **notify said measures as "urgent safety measures"** explaining the measures adopted to guarantee the alternative treatment of the patients by sending **an Ad Hoc report** to the **AEMPS and Ethics Committee (CEIm)** in the **15 days following the discontinuation or finalisation**.

3. Access to trial treatment

Patients' access to the trial drug must be guaranteed in the same conditions in which it was being given. It is recommended that the investigator assesses the possibility and advisability that, when the patient attends a scheduled visit, he/she receives an amount of the drug to cover a longer period of treatment.

The **Pharmacy Departments of hospitals will be able to take the measures they consider necessary**, for example, the dispensing to a **person authorised by the trial patient of a treatment** which must be taken at home or the **sending from the Pharmacy Department of the treatment to the patient's home**

when their circumstances make it advisable. With regard to the latter, preservation of the treatment must be ensured during transport, and communication with the patient, allowing treatment reception and appropriate administration of the same must be maintained. Section 10 of the document “Q&A: Good Clinical Practice (GCP)” – GCP Matters” will be taken into account. The situation must be assessed in each particular case, by the sponsor, the principal investigator and the Pharmacy Department.

4. Monitoring visits

It is advisable for the sponsor to **update monitoring plans for the trial for the next four months, giving priority to centralised monitoring and remote monitoring of the participating sites** that do not **involve the overloading of tasks on the site staff nor the review of source data and postponing as far as possible the verification of source data until able to access medical records in person**. The sponsor will agree conditions for said monitoring with the participating sites and teams.

5. Transfer of patients from one site to another

If necessary, the transfer of one patient from one trial site to another can be carried out provided:

- a) a transfer agreement between sites is signed
- b) the new site has access to the case report form and medical records of the patient (or, failing that, the original site sends them a copy);
- c) the original site sends a transfer report summarising the most relevant medical data of the patient with regard to the trial in order to facilitate their monitoring at the new site;
- d) the transfer of the patient is documented in the trial archive of both sites.

6. Clinical trials aimed at researching new drugs against coronavirus

At these times it is extremely important to ensure that routine clinical practice generates knowledge. Therefore, it is important to join efforts around large clinical trials with statistical power to identify in the shortest possible time the most effective drugs to cure or prevent this disease.

The AEMPS, together with CEIms, **is prioritising the assessment of clinical trials aimed at treating or preventing disease due to coronavirus**. Sponsors or investigators who have a research project of this type must send a message to **Clinical Trials Area** indicating in the subject line: **URGENT new CT COVID19 and the name of the drug under investigation**. The Agency will assess the interest of carrying out the trial individually, indicating the documentation to be submitted so that it can be authorized or it will propose to sponsor to join one already in progress or being organized. An answer will be given as soon as possible within a maximum period of 48 hours. Applications for authorization of a clinical trial must include the word COVID-19 in the title.

In order to facilitate the launch of non-commercial sponsor clinical trials, it is recommended to exempt fees and simplify contracts between sponsor and sites. In non-commercial sponsor clinical trials, the contract may be replaced by a document of agreement from the site's management.

It is essential to speed up the analysis of the results of these trials as much as possible and submit them to the AEMPS as soon as they are available.

7. Prospective follow-up Observational Studies with coronavirus-related drugs

In the email request for classification of prospective follow-up observational studies with coronavirus-related drugs, it will be indicated in the **URGENT subject COVID-19**.

The Classification Resolutions of these studies will be sent to the applicant electronically and will be resolved in the shortest possible time, normally on the same day of the request and in a maximum of two business days. Prospective follow-up observational studies in which the sponsor is an investigator from an independent organization (research groups, scientific societies) will be considered of sanitary interest and **classified as EPA-AS**. The AEMPS offers to provide methodological support to those investigators who request it.

For the evaluation / authorization of the EPA-AS of COVID-19, the AEMPS will request only, in addition to the protocol, the favorable opinion of the CEIM and the authorization resolution will be issued within a maximum period of 7 calendar days from the receipt of the opinion of the CEIM.

In order to help improve the quality and efficiency of observational research on COVID-19, the AEMPS will try to facilitate collaboration between investigators from different sites that propose studies with common objectives. To do this, we are putting these investigators in contact, in case it is feasible for some type of collaboration to materialize between them and, where appropriate, multicenter studies.

For any other query to AEMPS related to these recommendations, you can contact:

- Department of Medicinal Products for Human Use: Clinical Trials Area; farmacoepi@aemps.es
- Department of Inspection and Control of Medicines: Area of BPC and BPFV

In all cases, it should be indicated in the subject: URGENT COVID19 name of the investigated drug (s), and it will be given priority to the answer.

ITALY

Following the number of requests received by the Clinical Trial Office/Pre-Authorization Area and by the GCP Inspections Office from the various stakeholders, the Italian Medicines Agency (AIFA) provides indications regarding the management of clinical trials in Italy and following the exceptional restrictive measures introduced by the Italian government in the context of combating the pandemic from COVID-19 (coronavirus disease 19) valid until further notice and closely related to the state of emergency approved by the Council of Ministers on January 31, 2020.

The conduct of clinical studies must be managed according to common sense principles, in the maximum protection of study participants and maintaining adequate supervision by the Principal investigators (PI). Therefore, please consult the Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic published on the European Commission website, EudraLex Volume 10 Clinical trials (https://ec.europa.eu/health/documents/eudralex/vol-10_en).

*“Clinical trials’ management in Italy during the COVID-19 (coronavirus disease 19) emergency”,
Version 2 of April 7, 2020. (Update of the AIFA press release published March 12, 2020)*

1. Procedures for submitting clinical trials and substantial amendments

Following what has already been indicated in the previous press release, it is clarified that, even in the emergency period foreseen for COVID-19 (coronavirus disease 19), the submission of requests for assistance with clinical trials and substantial amendments must take place, in accordance with the current legislation, through OsSC. However, considering that many pharmaceutical companies, non-profit sponsors and CRO have applied the smart-working method, in order to not stop the activities related to clinical trials, AIFA will proceed with the validation / evaluation of the practices received even in the absence of the paper and CD fee associated with the procedures via OsSC, which, however, must be sent as soon as possible.

It is anyway recommended, in applicable cases, to apply the stamp duty on the transmission letter by virtual payment (except in the cases provided for in article 17 of the legislative decree n° 460/1997 and in article 82, par. 5 of the legislative decree n° 117/2017)

In the event that the method indicated above is not feasible, the stamp must be affixed to the transmission letter and the document must be scanned and loaded into OsSC. For details, refer to the press release "Instances filed with the Italian Medicines Agency: method of payment of stamp duty" published on the institutional website on 26.03.20 (<https://www.aifa.gov.it/-/istanze-presentate-all-agenzia-italiana-del-farmaco-per-via-telematica-modalita-di-assolvimento-dell-imposta-di-bollo>)

If it is not possible to proceed via OsSC, due to blockages or technical constraints of the system, it will be necessary to use the paper transient mode. The submission of requests for authorization of clinical trials and substantial amendments by e-mail is not acceptable, with the exception of studies on COVID-19 (coronavirus disease 19) which can be transmitted to apa@pec.aifa.gov.it (in cc to experimentation.clinica@aifa.gov.it) in case of impossibility to proceed via OsSC.

However, it is acceptable to send by e-mail the response documentation to any requests for integration in validation / objections in evaluation. The aforementioned documentation will be assessed without waiting for the paper documentation and the provision will be finalized, it being understood that the paper documentation must be sent as soon as possible.)

2. Procedures for submitting clinical trials and substantial amendments for studies on the treatment of COVID-19

As for the submission of clinical trials relating to the general treatment of COVID-19 (coronavirus disease 19), it is necessary to comply with what is indicated in the circular published on the AIFA website (<https://www.aifa.gov.it/-/circolare-sulle-procedure-semplificate-per-gli-studi-e-gli-usi-compassionevoli-per-l-emergenza-da-covid-19>), as required by art.17 of the Law Decree of 17 March 2020, n. 18 containing "**Measures to strengthen the National Health Service and economic support for families, workers and businesses connected to the epidemiological emergency from COVID-19**", called "**Cura Italia**".

On the basis of the aforementioned Law Decree, the study protocols are preliminarily evaluated by the AIFA Scientific Technical Commission (CTS) and subsequently approved, after evaluation by the competent Authority AIFA (Clinical Experimentation Office) and by the Ethics Committee of the National Institute for Infectious Diseases Lazzaro Spallanzani of Rome, as the only national Ethics Committee for the evaluation of clinical trials of medicinal products for human use and medical devices for patients with COVID-19 which expresses the national opinion, also based on the evaluation of the AIFA CTS.

Exclusively for the submission of requests for authorization of clinical trials relating to the general treatment of COVID-19 (coronavirus disease 19), where it is not possible to proceed in OsSC, it is acceptable that the submission of requests for authorization takes place through the transitory paper or through the mailbox apa@pec.aifa.gov.it, and that the documentation supporting the aforementioned requests is preferably sent via Eudralink or similar methods (applicable for the secure sending of confidential documentation) within the same email.

It should be noted that, in accordance with Article 17, paragraph 3 of the Law Decree of 17 March 2020, No. 18, the Ethics Committee of the National Institute for Infectious Diseases Lazzaro Spallanzani of Rome, having to issue the single national opinion, must be identified as a Coordinating Ethics Committee and therefore the coordinating site must be identified in the National Institute for Infectious Diseases Lazzaro Spallanzani in Rome. This does not necessarily entail the involvement of the site's PI (only "Ethics Committee" can be indicated instead of Name and Surname of the PI).

We also inform you that, in accordance with paragraph 2, second period of art. 17 of the aforementioned Law Decree, AIFA will take care of sending the protocol and synopsis of the study in question to the Technical Scientific Commission (CTS) for the purposes of its preliminary evaluation.

We also inform you that an accelerated timing is foreseen for the evaluation of COVID-19 studies.

Finally, it is recommended to include the wording "COVID-19" in the title of the clinical studies in question for easier identification of the same, as well as in the subject and text of the e-mail in the event that this transmission route is used.

For the documentation to support the request for authorization of clinical trials relating to the general treatment of COVID-19 (coronavirus disease 19), refer to the document list provided in OsSC (in the event of submission through the paper transitory mode or through the of the *apa@pec.aifa.gov.it* mailbox, in addition to the documentation at the bottom, you must also produce the authorization request form or Appendix 5 and the xml file):

➤ **Core documentation:**

- General information (eventual delegation of the Promoter to the Applicant)
- Protocol information (protocol *, synopsis in Italian *, possible peer review, B / R assessment, assessment on the inclusion of special populations, ethical assessments by the coordinating investigator)
- IMP information (IB *, alternatively CPR *)

➤ **Documentation for the competent authority and the national ethics committee:**

- General information (AIFA transmission letter *, list of Competent Authorities of other countries involved and related decisions, summary of any scientific advice, copy of the EMA decision on a PIP and of the opinion, receipt of payment of the tariff * - NB: in OsSC is required, but - if not applicable - it can be replaced with an explanatory word document)
- Information relating to IMP (IMPD * or simplified IMPD * or RCP *, GMP authorization for production and import * for the sites involved in production / analysis / packaging, including labeling / import where applicable / release - NB: in OsSC the GMP authorization is required, but - where not applicable - it can be replaced with an explanatory word document, declaration of conformity to the EU GMP of the QP for non-EU sites, IMP analysis certificate if not already included in the IMP, status authorizations applicable to particular IMP type radiopharmaceuticals, drugs and GMO content, TSE certificate of suitability, IMP label in Italian *) (for details see Guide to the compilation of section D of the CTA:

http://www.agenziafarmaco.gov.it/sites/default/files/Guida_alla_compilazione_Appendice_5_Sezione_D_25.01.2019.pdf

- Information related to NIMPs

➤ **Site-specific documentation (only for the National Ethics Committee:**

- General information (transmission letter of the Ethics Committee *, receipt of payment of the tariff * - NB: in OsSC it is compulsory, but - if not applicable - it can be replaced with an explanatory word document)

- Information relating to the subjects (form for informed consent *, information leaflet, provisions for recruitment, material for the subjects, letter to the attending physician)
- IMP information (studies / clinical uses and B / R evaluation, if not described in the IB)
- Structures, staff and financial matters (main investigator CV * NB: in OsSC it is compulsory, but - where not applicable - it can be replaced with an explanatory word document, promoter contract-clinical site proposal, insurance certificate *, auxiliary staff, any compensation for failure earnings / reimbursement of participating expenses)
where * indicates mandatory document)

Please note that for the preliminary assessment, only the protocol and synopsis will be forwarded by the Clinical Trial Office / Pre-Authorization Area, while the IB only on request.

The sites that in addition to the National Institute for Infectious Diseases Lazzaro Spallanzani in Rome will be involved in the study will be included as satellites in section G.2 of the Clinical Trial Application (CTA or Appendix 5) and the related ethical committees of reference, although not formally called to express themselves, they must accept the single opinion of the National Ethics Committee by filling in Appendix 8 if the CTA has been submitted from the start via OsSC.

For COVID-19 studies in OsSC, any substantial amendments to be evaluated must be submitted to AIFA, to the National Ethics Committee for the related opinion and to the other Ethics Committees that will accept the opinion as indicated above.

In particular, as regards the possible addition of sites to already approved clinical trials, since the opinion of the coordinating ethics committee is not envisaged in accordance with Ministerial Decree 21.12.07, but only that of the ethics committee pertaining to the new site intends to involve, exclusively for COVID-19 studies, it is possible to proceed via OsSC through the submission of a substantial "previous" addition of the site so as not to have to acquire the opinion of the Ethics Committee relating to the new site. In this case, the date to be indicated as the date of the opinion of the ethics committee concerned will be the one in which it was decided to include the new site.

For COVID-19 extra-OsSC studies, the substantial amendments to be evaluated must be submitted to AIFA (apa@pec.aifa.gov.it) and to the national ethics committee (committeetico@inmi.it).

For multinational studies, we invite you to consider the possibility of a presentation via VHP and to contact the EMA for any Scientific Advice procedure, both in accelerated mode, in accordance with the provisions of the ***"Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic."***

Prospective observational pharmacological studies are also included among the studies to be submitted to AIFA and to the Ethics Committee of the National Institute for Infectious Diseases Lazzaro Spallanzani in Rome.

The observational pharmacological study protocols will be sent simultaneously to AIFA to the mailbox apa@pec.aifa.gov.it (experimentation.clinica@aifa.gov.it and info_rso@aifa.gov.it in cc), and to the

Ethics Committee national (*comandetico@inmi.it*). They will only be notified to any other ethics committees involved.

3. Ethics Committees evaluations of clinical trials/substantial amendments

Without prejudice to the current legislation and internal procedures of each single Ethics Committee, their meetings may also be held by web-conferences or other telematic ways, with the appropriate frequency to manage urgencies due to the current emergency.

4. Methods of communicating deferred measures that modify the execution or management of clinical trials to comply with the measures in place due to Covid -19

In the event that, to limit the risk of contagion from coronavirus, indifferent measures are implemented that modify the execution or management of clinical trials (including temporary changes to the protocol) to comply with the measures in place due to the COVID- 19, a notified substantial amendment must be submitted only to the ethics committees of the sites involved (in which the patients concerned are followed), in order to ensure accurate tracking of all deviations, but also to facilitate the rapid implementation of the measures without determining further burden on the structures concerned.

The notification as a substantial amendment for immediate implementation is also applicable to all the specific cases described later in this press release.

Where possible, the substantial amendment must be notified through the OsSC, otherwise Appendix 9 must be produced to be used for transmission in paper transitory mode. In the case of paper procedures, it is acceptable to send the substantial amendment notified by e-mail (exclusively to the ethics committees involved).

The amendment is necessary both to communicate that emergency measures are being implemented both to communicate its cessation.

In both cases, the amendment must be notified and not submitted for evaluation. To this end, it is suggested to fill in Appendix 9 by selecting Yes in the "D.2.2.3 Other" field and to fill in the "D.2.2.3.1 If other, specify" field. It should not be indicated that this is an urgent security measure, but a notified amendment due to the emergency of COVID-19.

In the event that the Sponsor temporarily suspends enrollment and / or treatment in a clinical trial, to comply with the measures in place due to COVID-19, it will be necessary to notify a substantial amendment to the Ethics Committees of the sites involved (regardless of the their activation) both when the measurement is introduced and when the measurement is canceled.

Also in this case it is suggested to fill in Appendix 9 by selecting Yes in the "D.2.2.3 Other "and to fill in the field" D.2.2.3.1 If other, specify ". This is because if the field "D.2.3.2 is selected in OsSC, the amendment serves to communicate a temporary suspension of the trial", the substantial amendment for the resumption would be automatically submitted for evaluation.

For more details on how to communicate to the competent Authority and to the Ethics Committees of the actions undertaken / to be undertaken to protect subjects in clinical trials, please refer to point 6. of the ***“Guidance on the Management of Clinical Trials during the COVID-19 (Coronavirus) pandemic”***.

5. Possibility of managing clinical trial activities outside the experimental center

Investigators and promoters are invited to consider the opportunity to limit visits to those strictly necessary, canceling unnecessary ones and, where possible, also providing for the extension of the duration of the trial.

In the case it is necessary – where feasible –, in order to limit the risk of coronavirus infection, and in case of patients facing with difficulties in reaching trial sites or of trial sites that have suspended outpatient activities, to supply patients with the investigational drug(s), so as to avoid them going to the hospital (thus ensuring treatment continuity), or carry out other activities related to the clinical trial (e.g. visits and exams or adverse reactions management) at patient’s home or in a site different from the investigational clinical site, Applicants/Sponsors will have to notify a substantial amendment for immediate implementation only to the Ethics Committees involved, indicating its urgency due to the current emergency.

In this regard, the Sponsors / CRO are invited, taking into account the indications of the DPCM relating to the urgent measures on the containment and management of the pandemic emergency from COVID-19 and the specific Ordinances of the different Regions, to draw up a risk assessment plan and to implement a proportionate to the risk plan, in the pre-eminent protection of the subjects under experimentation, with a view to the urgent need to minimize the contacts between patients and experimental staff and in order to further not to overload health facilities.

The Sponsors are also invited to inform the trial sites and to agree with them on time all the alternative measures, related to the contingent situation, adopted for the management of the subjects in the trials.)

Provided they are compatible with the feasibility at the home of the subject, the carrying out of procedures directly at the patient's home, carried out by the staff of the trial sites or by third parties, may be considered. These home health care activities may include both clinical procedures that cannot be carried out otherwise (e.g. collection of adverse events, vital signs, etc.), and the administration of non-self-administering therapies (e.g. infusions).

In reiterating that these measures must be understood as extraordinary and limited to the strict coronavirus emergency period, in derogation from FAQ 11 of the EMA document "Q&A: Good clinical practice (GCP)" - GCP Matters (<https://www.ema.europa.eu/en/human-regulatory/research-development/compliance/good-clinical-practice/qa-good-clinical-practice-gcp>) it is possible for the Promoter / CRO to directly enter into contracts with these agencies / third-party companies specialized. All other indications of the aforementioned FAQ remain applicable, and compliance with the rules on the protection of personal data, such as:

- the need for supervision to be maintained by the PI
- that efficient lines of communication are established between the staff in charge and the PI
- that the staff in charge is properly trained and the related duties and responsibilities are indicated in the contract and / or delegation log
- that the confidentiality of sensitive personal data is guaranteed
- that the relations between these third parties and the trial sites are governed pursuant to art.
- 28 of the General Regulation on the protection of personal data 2016/679, through a contract or other legal act for the designation to be responsible for data processing.

The Sponsor must ensure that the insurance stipulated for the clinical trial also covers the changes implemented for the coronavirus emergency. It should be noted that, if the trial sites (data controllers) entrust part of the activities aimed at guaranteeing therapeutic continuity to third parties (also through collaboration with the Sponsors), the relations between these third parties and the trial sites must be governed by the pursuant to art. 28 of the General Regulation on the protection of personal data 2016/679, through a contract or other legal act for the designation to be responsible for the processing of personal data.

6. Investigational medicinal product (IMP) management

If possible, when the subject goes to the study site for a visit, it may be useful to provide an amount of medicinal product covering a longer period of time than is normally estimated and that has an expiration date that goes beyond the period of treatment provided to avoid erroneous assumptions of expired drug by the subject.

It is also foreseen, in case of difficulty on the part of the subject to go to the clinical site and to limit travel, the possibility that the drug is delivered to a family member or other person (for example a caregiver), who must be in possession of delegation by the subject himself, as established by the law in such cases.

The evaluation of the period to cover the provision of a larger quantity of drug is carried out by the investigating doctor who must maintain constant control over the correct intake by the subject, in accordance with the clinical protocol. In fact, the supply of additional experimental drug corresponds, in this case, to all effects to a prescription by the investigator with all the ethical, clinical and legal responsibilities connected to it.

According to current legislation (article 7 of the Ministerial Decree 21st December 2007), the Sponsors/CRO must send investigational drugs needed for the trial to the pharmacy of the investigational site, that is in charge for their registration, appropriate storage and delivery to the investigator.

Therefore, considering the COVID-19 serious emergency, even if the priority mode remains the delivery to the hospital pharmacy, direct deliveries from the hospital pharmacy to the test subjects can be agreed upon indication of the director of the hospital pharmacy and of the main investigator (PI), also through dedicated couriers) that then proceeds to the subsequent delivery to the investigational centre, direct deliveries from the hospital pharmacy to the trial subjects also through dedicated couriers can be arranged, upon indications of both the hospital pharmacy Director and the Principal Investigator (PI).

So, given the serious emergency COVID-19, even if the priority route remains delivery to the hospital pharmacy, direct deliveries from the hospital pharmacy to the test subjects can be agreed upon indication of the director of the hospital pharmacy and of the main investigator (PI), also through dedicated couriers.

It is intended that the hospital pharmacy is responsible for the process supervision, the pharmacy and the PI must be constantly informed on the delivery, according to procedures established for the correct conduction of the trial and by the above-said risk plan of the sponsor mentioned in the introduction, that must take into account the IMP typology, administration methods, conservation and transport.

Where the Sponsor/CRO has already identified or has an authorized warehouse, where the drug is stored, given the highly restrictive provisions adopted at national level for the COVID-19 emergency aimed at reducing as much as possible additional travel and passage, source of further risk, direct delivery by the warehouse to the trial subject could be considered only for the period limited to the aforementioned emergency. For this method, procedures for maintaining all guarantees of control and traceability of delivery are to be identified, including transport conditions and agreements in this regard with the trial sites. In this context it is necessary to consider solutions such as the use of a dedicated courier, which operates according to procedures for the direct delivery of the experimental drugs to the participating subjects and which also implements all the measures aimed at guaranteeing the confidentiality of the information relating to the subject, such as the instructions pursuant to art. 29 of the GDPR, which the data controller is required to provide to anyone acting under his authority, or, if applicable, the designation of data controller pursuant to art. 28 of the GDPR.

The GCPs (§§ 5.14.4, 8.2.15 and 8.3.8) require that the Promoter / CRO keep the delivery documentation of the IMP but these points clearly refer only to the shipment from Sponsor/CRO to the hospital pharmacies of the trial sites. Since this is an extraordinary procedure, this does not apply to the direct delivery to the home of the subjects and therefore the relative documentation must be kept directly at the trial site to guarantee the confidentiality of the data.

Adequate remote communication ways with involved subjects must be implemented to allow exchange the information that will no longer be provided in person. Depending on the case, telephone and/or video call can be used to inform the patient in order to facilitate the information of the subject or provide detailed instructions), where deemed necessary. It is recommended to keep a documented trace of the communications, of any kind, which occurred in this emergency situation.

All this without prejudice, if possible, to conditions set out in FAQ 10 of the EMA Document “Q&A: Good clinical practice (GCP)” – GCP Matters (<https://www.ema.europa.eu/en/human-regulatory/research-development/compliance/good-clinical-practice/qa-good-clinical-practice-gcp>)

If the CRA of the study is not able to carry out the control on the final accounting of the investigational medicinal product for the purpose of reconciliation, and this operation is considered as impossible to be postponed, it can be carried out by a pharmacist of the hospital pharmacy or by the study coordinator/data manager, subjects designated for the processing of personal data, pursuant to art. 2-quaterdecies of the Code regarding the protection of personal data, legislative decree 30 June 2003, n. 196 and properly trained. The IMP can be returned to the Sponsor/CRO directly by the hospital pharmacy.

Aimed to limit travel and contacts as much as possible, it is considered acceptable, for those drugs close to the expiry date, to adopt the solution of maintaining, until the emergency is resolved, the drug at the hospital pharmacy, in areas specifically identified and segregated, putting in place the appropriate precautions, foreseen by a specific procedure, aimed at avoiding the erroneous use of expired or deteriorated drug.

7. Clinical examinations

Being aware of the need to have clinical analyzes and / or instrumental investigations (eg CT, MRI, RX) essential for the safety of the subjects), in the awareness of necessity

that these tests are carried out in facilities close to the subject's home, preferably public or private facilities, recognized as suitable for conducting clinical studies pursuant to the Ministerial Decree of 19 March 1998 or private self-certified laboratories pursuant to the AIFA 809/2015 regulation. The use of private structures not in possession of such recognition of suitability or not self-certified, must be carefully evaluated and implemented only if it represents the only possibility to protect the safety of the subjects and the subsequent use of the data produced by these structures, if connected with the study's end-point, should be explained and discussed in the study report.

It should be noted, as mentioned above, that, even in this case, the data controller (trial sites) is required to regulate relations with the aforementioned structures pursuant to art. 28 of the GDPR, if they act in the name and on behalf of the data controller, or if these structures must be considered independent data controllers, pursuant to art. 24 of the aforementioned Regulation.

8. Sites closing

If a site is closed to the public for COVID-19 containment measures, it would be carefully assessed if the clinical trial staff is able to guarantee the continuity of the trial itself. In case the trial staff is unable to follow the patients undergoing the trial, the study should be temporarily halted or, where possible, enrolled patients should be transferred to subjects transferred to the experimental center among the active ones, closer to where the subject is located.

Information exchange between PIs must be assured, as well as the transmission of clinical documentation and other trial material (e.g. IMPs) between sites. Contacts between Sponsor and health structures involved must be updated according to new agreements.

(In this case, the complete transfer of the trial to another site involves the transfer of responsibility to the other PI of the new site. In the case, however, of temporary transfer not of all the trial but of single procedures (for example visits) related to the trial, responsibility for the trial remains with the initial PI.

Contacts between Sponsor/CRO and health structures involved must be updated according to new agreements.

A site not authorized to participate in the specific clinical trial is not considered as suitable as back-up, since it is not active, it does not know the trial and could not ensure a proper clinical management of the subject.

9. Clinical trial monitoring

By analogy with what stated previously, **Sponsors are invited to draw up a risk evaluation plan and implement an action plan** taking into account the need to reduce unnecessary contacts in this period of COVID-19 epidemiological emergency.

First of all, it should be assessed **whether in-situ monitoring visits can be replaced by an enhanced centralised monitoring or whether such local visits can be postponed.**

Exceptional and alternative methods are accepted for the purpose of source data verification (SDV) such as telephone contacts or better video conferences with the staff of the experimental site

If, in accordance with the Sponsor's risk assessment, the SDV is not deferred and, where appropriately justified by the intent to protect the rights and well-being of the subjects under trial (GCP-ICH § 5.18.1 (a)), other remote monitoring methods, (for example, temporary access to the data contained in the electronic medical records of the healthcare facility relevant for the purposes of the trial), can be considered but must be clearly described in a procedure that must be agreed with all the subjects involved (eg CRO) and having heard their respective Data Protection Officers (DPO), in accordance with the provisions of art. 37 and following of EU Regulation 2016/679.

Other unusual monitoring methods involving more risky ways of accessing sensitive data, such as video recording of source document or making available to monitors original documents in shared electronic areas, must always be agreed with the Personal Data Protection Officer of the hospital, but it is considered appropriate that a specific opinion by the Italian Data Protection Authority be obtained.

Solutions that involve a **burden of work for the staff of the trial site are not acceptable** (e.g. the transformation of numerous documents into pdf).

It should be noted that the alternative methods must be implemented in total guarantee that access will only be made to the documentation of the subjects included in the trials, limited to the period of involvement in the trial and for the period of time in which the emergency conditions persist.

In fact, in the presence of suitable guarantees to protect the fundamental rights and freedoms of the interested parties, temporary and alternative monitoring methods can be put in place in consideration

of the urgency or the indifferent need for supervision by the Sponsor/CRO, according to established by the data controller and consistent with the security measures adopted by the data controller that take into account the highest level of risk associated with this method.

It is essential that, when the situation has normalized, robust follow-up measures are planned by the Sponsor/CRO to assess and eventually fill in the gaps due to the reduced frequency of in situ monitoring or the application of alternative measures.

10. Possibility of exceptional expenses reimbursement

Given that from the application of the emergency measures for COVID-19 there must be no additional cost for public finances or for individuals, taking into account the exceptional nature of the contingency, if, in order to implement urgent measures for the protection of participants in a clinical study, expenses are expected to be borne by them, similarly to what is already allowed in extraordinary cases (for example studies on rare diseases), the Sponsor/CRO is allowed to reimburse these expenses to the subjects.

In order to avoid direct contacts between subjects and Sponsor/CRO, the preferable method would be the dispatch of receipts or the delivery (when possible) by the subject to the trial site which will, through its administration, invoice this amount to the Sponsor/CRO and to reimburse expenses. The expenses incurred must be adequately documented and the receipts issued by external structures must clearly indicate the protocol code or the EudraCT number of the study.

11. Exceptions to the method for obtaining Informed Consent

Given the current emergency situation, the inclusion and enrollment of new subjects in clinical trials should be avoided as much as possible except for those cases whose participation in the study is of fundamental necessity, such as in the absence of a valid therapeutic alternative, or of course, in cases of enrollment in studies where COVID-19 drugs are tested. In cases where it is necessary to obtain an informed consent (activation of new studies or, amendment to the informed consent for studies already started or for the implementation of emergency measures referred to in this press release or simply to avoid exchanges of paper material possible source of contagion), where not possible in the usual way, alternative procedures for obtaining it must be considered. The implementation of these alternative procedures (telephone contacts, followed by confirmation e-mails or validated electronic systems) does not exempt from obtaining written consent as soon as the situation permits, on the first occasion in which the subject appears at the site.

The opportunity to obtain consent from the subjects must always be privileged over other solutions, even in cases of subjects who are in isolation conditions, for which cameras or photographs of the documentation taken through the barriers can be used transparent insulation.

In the case of temporary verbal consent, the presence of an impartial witness who certifies the successful administration of the consent and affixes the date and signature on the informed consent

document is required. It is up to the investigator to certify the method of selection of the impartial witness.

In any case, the rules in relation to the discipline on the processing of personal data remain, with particular reference to the acquisition of consent to the processing of the same carried out in the context of clinical trials. According to the principle of accountability, the data controllers are required to identify suitable measures and prove the successful acquisition of a valid consent to the processing of personal data, for example through the voice recording of the telephone consent or the retention of the email.

12. Compliance with the rules on the protection of personal data

Without prejudice to the preliminary indications provided above also in relation to some fulfilments related to the discipline regarding the protection of personal data, it is understood that it is up to each individual data controller to identify, if necessary, the technical and organizational measures necessary to ensure that these methods alternatives for the management of clinical trials comply with the personal data protection discipline set out in Regulation (EU) 2016/679, with the Personal Data Protection Code, with the ethical Rules for processing for statistical or scientific research purposes published pursuant to art. 20, paragraph 4, of Legislative Decree 10 August 2018, n. 101 -

19 December 2018, attachment A5 to the Code, and to the Prescriptions relating to the processing of personal data carried out for scientific research purposes, attachment no. 5 to the Provision containing the provisions relating to the processing of particular categories of data, pursuant to art. 21, paragraph 1 of Legislative Decree 10 August 2018, n. 101, of 5 June 2019. In applying the COVID-19 emergency measures, the principles applicable to the processing of personal data enshrined in Regulation (EU) 2016/679 must be respected, with particular reference to the principles of minimization, of integrity and confidentiality of data (Article 5, paragraph 1, letter c) and f)), according to the solutions deemed, from time to time, more appropriate and suitable for the specific case. To this end, please note that each owner can take advantage of the advice and support of the data protection officer, designated pursuant to art. 37 of the GDPR.

13. General consideration

The measures contained in this press release are of an exceptional nature and a derogation from the applicable rules and practices, therefore a CRO cannot proceed to apply the exceptional measures indicated in this press release without informing the Promoter, who, in accordance with the GCP, remains the person responsible final of the trial.

PORTUGAL

INFARMED

INFARMED, I.P. has provided indications regarding to conduct of clinical trial in Portugal during the period of risk to public health.

“COVID-19: Exceptional measures within the scope of Clinical Trials during the period of risk to public health”, 26 March 2020.

Following an international Public Health emergency, declared by the World Health Organization on 30/01/2020 for SARS-CoV-2 infection (new coronavirus 2019), and with regard to conducting clinical trials in Portugal, INFARMED, I.P. admits that sponsors, clinical trial centers and research teams consider necessary to introduce changes to the terms approved in the Clinical Trial Authorization, in order to safeguard the safety, protection and rights of participants in clinical trials.

In this context of a public health emergency, the set of measures presented below can be implemented immediately, without requiring prior notification or approval of a substantial amendment, with the exception of point 1.A

It is expected that the sponsor, together with the investigator, will make decisions on the measures to be taken proportionately and appropriately, based on a risk analysis for each clinical trial, in which the characteristics of the trial, of the trial center, are considered and the epidemiological risk in it.

For each of the clinical trials, in which during the period of pandemic crisis there is a need to adopt measures that, being violations of the protocol and predefined procedures of the study, were considered necessary by the Sponsor and Investigator to protect the participants, the Sponsor must notify the Infarmed, up to 4 months after this period, with a report that systematically documents the set of measures implemented, the deviations produced as well as an evaluation of the implementation of these measures and their impact on the study after the resolution of the current epidemic outbreak.

Other recommendations are also presented, related to the availability of experimental, non-experimental drugs, and medical devices used in the context of clinical trials.

These recommendations are also applicable to clinical studies with intervention of medical or cosmetic devices, under the provisions of Law No. 21/2014, of 16 April, in its current wording:

1. Immediate implementation measures:

A. Suspension of recruitment

In the current context, it is recommended to suspend the recruitment activity, whenever it justifiably carries an additional risk of SARS-CoV-2 infection for the patients to be recruited.

In addition, there may be a need for immediate interruption of study treatment, whenever the safety of the participants is at stake.

In such cases, of which we highlight particularly clinical trials involving populations undergoing immunosuppression due to the treatment instituted, as well as other therapies that may constitute an intolerable risk, whenever treatment interruption is performed, in part or in all of the participants, it is up to the Sponsor to notify Infarmed, with an "urgent safety measure", to be submitted as soon as possible, with detailed explanation of the context, and of the measures.

B. Scheduled visits - clinical evaluation and study procedures using telematic methods

The sponsor must assess the need to review the visit plan adopted in the study protocol, in order to:

- Adjust the frequency of visits during the period considered necessary
- Adjust the level of information collected at each visit

Remote visits, using telephone calls or other technological means (telematic), are possible, and the collection and recording of all information provided for the visit in question (including the method of carrying out and identification of the member of the research team responsible for carrying it out) should be ensured.

It must be ensured that the use of telematic means is consented by the participant, and that only the strictly necessary information is collected.

C. Centralized monitoring

The sponsor should assess the need to review the monitoring plan * adopted in order to:

- Postpone face-to-face monitoring visits
- Conducting centralized monitoring visits, based on a risk assessment, is permitted and encouraged.
- Reduce monitoring activities to what is possible remotely, even if this implies delaying the review of source data, for when it is possible to access it in person and in agreement with the trial center and principal investigator.

Centralized monitoring cannot imply the retention of source documents or access to personal data by unauthorized persons, and compliance with Good Clinical Practices in this matter, and the General Data Protection Regulation, must be guaranteed.

D. Direct dispensing at home of experimental drugs

Given the exceptional circumstances, the home dispense may be accepted, based on the following premises:

- Ensure that the Principal Investigator and the research team (including the hospital pharmacy) maintain the supervision of this process, ensuring communication channels that allow participants to clarify doubts.
- Ensure that access to personal information (name and address) is allowed by the participant.
- Records were made to track transport from the point of departure (trial center), until delivery to the participant.
- Records on packaging methods are ensured.

- Guaranteed temperature / humidity records during transport.
- In cases where reconstitution is necessary, the period of stability of the medicine between the time of reconstitution and its administration must be taken into account, this possibility being only applicable in cases where the administration does not require the intervention of a health professional *
- Ensure that the patient receives all the information and is informed about the administration and surveillance process, as well as has the necessary contacts to communicate adverse effects / serious adverse effects
- Ensure that the trial's concealment is not broken, where applicable.

** in cases where the administration requires the intervention of a health professional, if it is not possible to guarantee that this will be carried out at the participant's home (ensuring all safety conditions for the patient and the health professional, as well as all means necessary technicians), the transfer of the patient to another alternative clinical trial center should be pondered. If the transfer is not possible, the trial center must be closed, with the completion of all procedures inherent to the end of the study, safeguarding the safety and well-being of the participants. The follow-up of patients after early trial completion at the research center should follow the guidelines outlined in the clinical trial protocol for these cases.*

The provisions of section 10 of the document must also be considered "Q&A: Good clinical practice (GCP)" – GCP Matters".

E. Conditions for transfer between test centers:

Given the exceptional circumstances, the transfer between trial centers may be accepted, assuring compliance with Good Clinical Practices in this matter and the General Data Protection Regulation, the aspects related to the circulation of health information resulting from Law No. 12/2005, of 26 January, as well as the other ethical aspects for the transfer of documents between health institutions.

In case it is necessary to transfer the stock of experimental medicine (if applicable), to be ensured by the sponsor, the following must be ensured:

- Records were made to track transport from the point of departure (sponsor or trial center), until delivery to the new test center
- Records related to the packaging method are ensured
- Guaranteed temperature / humidity records during transport

Compliance with the Good Clinical Practices in this matter and the General Data Protection Regulation must be guaranteed, aspects related to the circulation of health information resulting from Law No. 12/2005, of January 26, as well as other deontological aspects for the transfer of documents between health institutions.

2. Other recommendations:

A. Communication with Infarmed

The preferred means of contact is email: ensaios.clinicos@infarmed.pt

All submissions related to processes prior to the implementation of RNEC, must at this stage be submitted by email.

B. Disruption of Experimental Medicine supply

Guarantee reserve stock for participants, for at least 3 months. In case of impossibility to guarantee reserve stock:

- evaluate the possibility of suspending the recruitment of participants
- assess the need for suspension of EC, according to the criticality of the participants' health status, therapeutic indications, and risks of discontinuation (eg cytotoxic)

C. Disruption of supply of NIMPs / Disruption of supply of medical devices necessary for the administration or manipulation of (ME)

Assess whether they belong to the Strategic Medicines Reserve, published in the Diário da República, Dispatch No. 3219/2020 available at: <https://dre.pt/web/guest/pesquisa//search/130112149/details/normal?!=1..>

If not, guarantee reserve stock for the participants, for at least 3 months.

D. Protocol Deviations

Deviations from the protocol that may occur must be duly registered within the sponsor's QMS.

E. Evaluation of clinical trials of new drugs for Covid disease19

Infarmed will give priority to the evaluation of new clinical trials aimed at treating or preventing the disease by the new coronavirus (SARS-CoV-2).

To this end, applicants must submit the study through RNEC, clearly identifying the scope of the disease Covid19, and send an email to Infarmed (trials.clinicos@infarmed.pt) and CEIC (ceic@ceic.pt), in order to streamline the process with a view to expeditious approval.

CEIC

The **Comision Ethic for Investigation Clinical (CEIC)** has updated the indications regarding the management of clinical trials and interventional studies with Medical device in Portugal during the COVID-19 (coronavirus disease 19) emergency, respect to the last document *Información del CEIC about clinical* emitted “*trial and intervetional studies with DM during actual situation with COVID-19*”, 17 March 2020

“CEIC Information on Clinical Trials or Intervention Studies with DM in the face of the current conjecture of Covid19”, 31 March 2020. (version of march 31 updated on 3 of april)

The pandemic situation for the new coronavirus (SARS-CoV-2) may have an impact on the conduct of clinical trials and other clinical studies with respect to participants' visits to trials centers, provision of experimental medicine and monitoring activities, among other aspects.

During this period, participants can be advised by health authorities not to travel to hospital establishments or be subject to other restrictions of movements (self-isolation, for example).

The protocol should continue to be the guiding document for all specific activities for each study, and, in view of these constraints, measures that allow minimize major deviations to it should be relaxed (remote consultations, shipping rather than presential availability of experimental medication, remote monitoring, for example). Monitoring safety of participants already included and their access to experimental medication should have priority over recruiting new participants.

It is therefore important to establish some rules and procedures regarding notification or submission to CEIC, taking into account the various recommendations available in this matter and the several questions raised by the applicants.

Despite future recommendations, which may be harmonized at the level of the Commission European Union, CEIC informs:

1. On participants' visits to trial centers and to other trial centers to carry out complementary means of diagnosis

i. As an alternative to the face-to-face visits of patients, it is possible to carry out telephone or video calls.

ii. For the **start of study visits**, the adequacy and opportunity of these and / or their realization through non-face-to-face channels should be evaluated, given the current conjecture.

iii. When provided and supported financially by the sponsor, the **displacement of patients** to local laboratories or other **external clinics for carrying out clinical analyzes** and / or examinations is **acceptable**, provided that these entities are duly certified and it is confirmed, as far as possible, that they comply with DGS measures for the prevention of infection by Covid-19;

- The selection and laboratories and / or external centers **must be operationalized via the trial center and Principal Investigator (PI)**.

- The adoption of visits to patients through non-face-to-face visits and/or analyzes and/or examinations in other locations, outside the trial center, must be **notified to CEIC, as a non-substantial amendment (NSA)** inserted in the **sponsors action plans or as deviations**, if considered major by the sponsor

2. About (quality) monitoring activities

- i. These activities can be carried out by alternative and proportional mechanisms, **remotely and / or centrally, such as by telephone calls, video calls**, etc., in order to guarantee the continuous safety and well-being of participants;
- ii. The **risk of impact on** deviations from monitoring should always be evaluated by the sponsor, considering the **prioritization of critical activities**, such as **adverse reactions, safety reports**, among others;
- iii. Alternative **monitoring paths and timings must be duly documented**;
- iv. For **CRA monitoring visits**, monitors will be able to access **remotely**, as they often do, **assuring the audit trail and the confidentiality of participants' data**
- v. Validation that the patient has signed informed consent can be done through confirmation by the Investigator during the remote monitoring visit, and subsequent verification;
 - **Monitoring is restricted to encrypted data that the participant has already consented to share outside the center.**
 - **Remote monitoring does not** include remote access to health records of the participants (unless the privacy of the participant is duly taken care of and complied with the applicable regulations)
 - **Sending documents via fax and/or e-mail is allowed exclusively for CRA** (for remote review), when properly anonymized and coded through the randomization number or other equivalent mechanism.

3. On supply of the Experimental Medicine (ME)

It may be acceptable to **send experimental medication to patients through centers**, in compliance with Good Clinical Practices and other applicable legislation and verified the following:

- i. Provision of the ME to the participant, through the centers, if they cannot travel to the Hospital (trial center), and when clinically appropriate required.
 - **The direct supply** to the patient (or whomever the patient delegates), from the trial center, because it constitutes a change to the ME circuit, in addition to being duly registered in the study documentation, **must be notified to CEIC, as NSA**
- ii. Temporary and/or permanent discontinuation can be considered, if clinically appropriate/necessary

- iii. The redistribution of the ME between centers is allowed, as long as transport measures are properly tracked and taken care of;
- iv. ME transport services must comply with good distribution practices issued by Infarmed, I.P., now applicable to the context of medicines experimental.
- v. The return of the ME by the patient to the trial center, for as long as requested by the center, can be made by mail or a transport company, and the participant must be reimbursed for the associated costs;
- vi. Whenever the study medication, provided at home, requires administration by a nurse or other qualified person, this person must be included as a member of the study team.
 - Whenever the protocol already provides for "home nursing" services, including the collection of biological products, these may be extended to the availability and/or administration of the ME, once the safety of the intervention is safeguarded, requiring **notifying the CEIC as NSA**.
 - ☒ Whenever not provided in the protocol, or has not been approved by the CEIC, this possibility **should be submitted to CEIC as PAS**, despite the possibility of direct implementation, and subsequent notification, provided that justified by the Principal Investigator (PI) and safeguarded the security and the confidentiality of the participants.

4. About Informed Consent

Alternative procedures for obtaining consent may be required for participants already included in clinical trials or for the inclusion of new participants. Like this:

- i. For ongoing studies, obtaining re-consent for the implementation of urgent changes to the conduct of the study related to the situation in Covid-19, can be done by oral consent by phone or video calls, if possible confirmed by email, after the participant has received the new amended consent.
 -
 - Not all changes to procedures resulting from Covid-19 require prior formal re-consent, such as ME delivery at the participant's home.
 - Changes to informed consent to accommodate changes in procedures resulting from Covid-19, provided that they are not considered as major changes to the protocol (see paragraph 7.v), do not require immediate notification (NSA) to CEIC.
 - With the current situation normalized, consent from the participant should be obtained by normal means as soon as the participant returns to the center and CEIC previously informed (ANS) of this latest version of consent Informed.
- ii. When the sponsor plans to start a study in Covid-19, alternative procedures for obtaining consent from participants can be considered.
 - When written consent cannot be obtained, due to the patient's physical isolation, consent can be obtained orally, in the presence of an impartial witness.
 - In addition, consent can be obtained by signing the participant and the doctor who obtained the consent in independent documents.

- CEIC is responsible for evaluating and authorizing alternative procedures proposed when submitting the study

5. About materials for participants and / or patients

- i. The provision of an **explanatory leaflet** (s) to the patient for the administration of medication, the **CEIC (NSA) must be notified**
- ii. **Explanatory leaflets or other information dissemination materials for participants regarding infection with the new coronavirus**, should be given, preferably to the patient, by the investigator physician and **notified to CEIC as NSA**.

6. About deviations from the protocol

- i. In order to allow an appropriate and expeditious assessment (if applicable) each sponsor must ensure that **deviations from the protocol are adequately documented**, since an increase in these deviations is expected;
- ii. Protocol deviations, justified by Covid-19, do not initially constitute a serious violation, unless participants have been put at risk;
- iii. Deviations from the protocol, such as in relation to the eligibility of participants for the studies, justified by the difficulties in the evaluation of the subjects and in testing are not acceptable.
- iv. It will be up to the sponsor to classify deviations from the protocol, and in this context, notify CEIC, depending on the impact on the safety and well-being of participants.
 - The notification of major deviations must be made in an aggregated form, per study, with discrimination of centers and patient and/or altered visit, within a maximum period of 30 days between identification of the deviation and the information to CEIC (despite a possible change to these notification deadlines).

7. About activating centers, recruiting new participants and/or continuing the study

The suspension and/or postponement of procedures for activating trial centers and/or new approved trial centers must be considered, as well as the temporary suspension of recruitment in active centers. Like this:

- i. No participant can be included in a study if it is not possible to verify the procedures necessary to fully comply with the inclusion criteria and exclusion rules provided for in the protocol;
- ii. New participants should also not be included if there is no guarantee that there are conditions to comply with the study protocol;
- iii. Whenever the safety of a participant is at risk, because he cannot conclude key assessments or follow critical mitigation steps, should be discussed the possibility of discontinuing the study;
- iv. Urgent measures remain at the disposal of any investigator and/or sponsor to mitigate participants' risk, as well as temporary interruption of study and/or recruitment;

v. If it is necessary to transfer a patient from one trial center to another, based on the individual risk-benefit assessment, it must be notified to CEIC as an urgent security measure (NSA);

- Any temporary interruption of the study, including for logistical reasons, as the unavailability of the study team, should be considered as urgent security measure, and then notified to CEIC (NSA)
- Most of the observed deviations aim to guarantee the safety and well-being of the participants, not constituting changes to the protocol.
- The waiver of compliance with the protocol remains unacceptable.
- Major changes to the protocol with an impact on safety and well-being of the participants, which imply changes to the consent and therefore re-consent, should be submitted as PAS, which will be evaluated expeditiously.

8. On the risk / benefit of conducting certain clinical trials

Clinical trials that may have an additional risk of infection without possible benefit to the participant, must be carefully reassessed about its beginning and/or continuation, such as clinical trials with drugs that act as immunosuppressant in healthy volunteers, where there is no therapeutic benefit for the voluntary.

- **CEIC should be notified (NSA)** of these decisions.

9. On contingency plans of the Sponsors

The **contingency plans** developed by the sponsors must be **notified to CEIC (NSA)**, respecting the applicable general guidelines, as well as the procedures specific requests requested by CEIC and/or Infarmed in this context.

- These contingency plans - Sponsors' guidelines -, when applicable to two or more clinical trials, can be notified together, clearly indicating the EudraCT numbers to which they apply in the Request letter.

10. About EC participants infected with the new coronavirus

- i. Infection of clinical trial participants by the new coronavirus should be considered as an adverse effect and notified to CEIC (NSA);
- ii. Health authorities' guidelines regarding infection with the new coronavirus should be followed;
- iii. If the patient maintains, as far as possible, compliance with the procedures of the study, all records must be kept, and the risk-benefit assessment patient care should remain a priority.

- **CEIC should be notified (NSA) of the decision to keep the patient in the study as soon as possible.**

11. On extraordinary expenses

- i. All additional expenses resulting from the procedures implemented in view of the situation in Covid-19, must be covered by the sponsor, preferably in advance.
- ii. Any additional expenses, due to the Covid-19 situation, paid by the participants must be reimbursed through the trial sites, as usual.

12. On the validity and signature of CEIC documents

It may not be possible for CEIC to sign the approval documents in an expeditious and timely manner, as well as to issue documents on letterhead. Like this:

- i. The Sponsors/Applicants must consider the alternative methods of communication as valid, such as confirmation by email and/or information/communication via RNEC, of the decisions of CEIC.
- ii. All documentation (letters requesting additional information and/or approval, or others), once signed, can be sent later, through the usual channels, when requested by interested parties.

13. On Evaluation of Clinical Trials of New Drugs for Covid-19

CEIC has developed expeditious procedures for evaluating new clinical trials designed to treat or prevent disease by the new coronavirus (SARS-CoV-2).

- Applicants must submit the study through RNEC, clearly identifying the scope of Covid-19, and sending email to CEIC (ceic@ceic.pt), in order to streamline the process with a view to expeditious approval.
- Depending on the nature of the study in question and whether additional clarifications are requested, CEIC foresees a response time (between submission and final decision) between 48 to 72 hours (on working days).

All requests for substantial amendments resulting from changes in procedures in the face of Covid-19, will be evaluated expeditiously by CEIC, being necessary for this, when the submission by usual means, communication via e-mail to ceic@ceic.pt.

All amendments to previously approved clinical trial procedures, whenever they do not require submission to CEIC as PAS, according to this information, must be documented, and notified to CEIC, for clinical trial monitoring by the this Commission.

The Applicant can make a single submission, via RNEC, relating to more than one study (for several EudraCT), whenever applicable for equal procedures.

The adoption of these direct implementation procedures; that is, without prior approval by CEIC must respect their proportionality and serve the best interest of the participants (sick or not) from clinical studies.

When considered appropriate, CEIC will continue to request changes and/or suspension of procedures, adapting to the context of Covid-19, adopted by the sponsors and/or applicants.

Original document of March 17, 2020, updated March 31, 2020 is included in the annex VII No.1 of 26 March, 2020.

IT IS ADDED TO THIS INFORMATION ABOVE MENTIONED THAT CEIC HAS TAKEN OUT AN ADDITIONAL NOTIFICATION:

NOTICES / INFORMATION of new CEIC procedures related to Covid19, 25 March 2020

1. Suspension of reception in person and by mail

All documentation that would be delivered in person or sent by mail, should be sent by email to the following address: ceic@ceic.pt.

We warn that the subject of the email must clearly mention the reason for the notification / submission and the identification of the trial or study (EudraCT / Protocol number / CEIC code).

2. Communication of CEIC deliberations to the Ethics Committees of the centers where the study will take place

CEIC informs that, temporarily and exceptionally, it will not be possible to send the deliberative letters of requests for opinions to the Ethics Commissions of the centers where the study will take place.

Aware of the importance of this articulation, we propose that, in relation to the processes submitted via RNEC, the Ethics Commissions can consult CEIC deliberations through this platform.

For studies that were not submitted by RNEC, we request that, whenever possible, applicants / sponsors inform the Ethics Committee of the CEIC's decision.

CONTINGENCY PLANS FOR CONDUCTING OF CLINICAL TRIAL

To carry out a specific contingency plan in each project, the impact of the COVID-19 must be evaluated in the following terms:

- RISKS; The COVID-19 disease creates risks for clinical trial in:
 - Subject safety:
Subject can't have study visit at site or on time, Staff can't get there or Site is closed
 - Data integrity and quality
Maintaining GCP compliance and trial integrity

- Situation in each country (SP- IT- PT) where the project is ongoing or will be performed:
 - Government stance; recommendation, duration, site with high risks
 - Outside travel allowed
 - Local travel allowed
 - Activities

- Situation at sites:
 - Contact
 - Open site
 - Measures implemented in the sites: Information about the site and location, and contact from sites
 - Study Staff may not be available to conduct study visit
 - Back up in the study staff.

- Measures implemented by CRO / Sponsor / Sites
 - Implementation
 - Communication to third parties, to EC/CA
 - Follow up
 - Assessment

Overview of important topics to be considered for creating of Contingency plan or Action Plan, for the mitigation of potential risk on the projects, associated to the COVID-19, in the different possible scenarios and taking into account the guidelines to manage the clinical trial during COVID-19 that have been emitted by the different Competent Authorities :

- ***Sites in start-up phase***
 - Submission new projects; check if the EC/CA
 - Submission of clinical trials and substantial amendments
 - Ethics Committees evaluations of clinical trials/substantial amendments
 - Evaluation of Clinical Trials of New Drugs for Covid-19

- **Sites in recruitment phase**
 - Recruitment of new patients
 - Scheduled in-person visits for clinical trial patients
 - Patient visits at sites
 - Clinical examination

- **Sites with patients ongoing, recruitment closed**
 - Schedule monitoring visit
 - Monitoring visit and reports
 - Protocol deviation notification
 - Communication with site staff and EC
 - Management of clinical trial activities outside investigational sites
 - IMP and shipments
 - Materials for participants and / or patients
 - Site closing: Transfer of patients from one site to another
 - Exceptional expenses reimbursement
 - Study's Patient infected with COVID-19

- **Sites in database cleaning/close out phase**
 - CRF /EDC
 - Queries

This format could be used by monitor and could be adapted and updated for each project.

Study title							Study code	
Sites in starting-up phase								
Site name and location	Regulatory status: EC/CA delays expected?	Contract status?	Site staff availability	SIV planned /postponed?	Impact expected on milestones	Other	Monitor comments	
Sites in recruitment phase								
Site name and location	Recruiting expected? Paralised?	Travel restrictions?	Site staff availability	Patient availability	PDs expected?	IMP availability, dispensing	Monitor comments	
Sites with patients ongoing, recruitment closed								
Site name and location	Travel restrictions	Site staff availability	Number of patients ongoing	Patient availability	PD expected (visits missed, labs ass. Missed...)	IMP availability, dispensing	Monitor comments	
Sites in database cleaning/close out phase								
Site name and location	Travel restrictions	Site staff availability	Number of patients	SDV expected SDV done	Remote monitoring availability	Impact on database closure	Monitor comments	