Final Business Plan

ICH E8(R1): Revision of General Considerations for Clinical Trials dated 14 November 2017

Endorsed by the Management Committee on 14 November 2017

1. The issue and its costs

- *What problem/issue is the proposal expected to tackle?*

  ICH E8 *General Considerations for Clinical Trials*, which sets out general principles on the conduct of clinical trials, was adopted in 1997 and has not undergone revision. Since its adoption, clinical trial design and conduct have become more complex, impacting the time and cost required to develop drugs. A wide range of both trial designs and data sources play a role in drug development and are not adequately addressed in the original E8 guideline. Approaches for optimizing trial quality, which promote the reliability, efficiency, and patient focus of clinical trials are needed. This involves identifying the factors that are critical to the quality of a clinical trial at the design stage and planning the trial conduct proportionate to the risks to these quality factors, thereby protecting human subjects and ensuring the reliability of trial results.

- *What are the costs (social/health and financial) to our stakeholders associated with the current situation or associated with "non action"?*

  The current version of E8 does not put emphasis on the importance of prospective determination of critical-to-quality factors and does not reflect the range of designs in use today. These limitations may lead to costly and inefficient trials, trials that are not of sufficient quality to provide meaningful and actionable evidence, trials not being undertaken, or drugs not being developed. The societal costs are discouraging innovation and reducing access to safe and effective therapies.

2. Planning

- *What are the main deliverables?*

  A revised guideline that puts emphasis on how design or planning considerations can optimize trial and data quality will be developed.

- *What resources (financial and human) would be required?*

  The Expert Working Group will include approximately 25-30 experts. We anticipate the need for 4-6 face-to-face meetings over the course of the revision.

- *What is the time frame of the project?*

  It is expected that the project will begin in September 2017 and be completed by 2021.

- *What will be the key milestones?*

  The final concept paper will be approved by the ICH Management Committee in November 2017. It is anticipated that the *Step 2b* Guideline will be completed by 1Q 2019 following face-to-face meetings of the EWG in November 2017, June 2018, and November 2018. A meeting with stakeholders will be held to discuss the step 2b document, possibly at the end of the public consultation period. We anticipate that *Step 5* will be reached by 2021.

3. The impacts of the project

- *What are the likely benefits (social, health and financial) to our key stakeholders of the fulfilment of the objective?*

  The proposed guideline will promote the conduct of well-planned clinical trials, increase efficiency of drug development, and increase the likelihood that the clinical trials will yield high quality and meaningful evidence on the safety and efficacy of therapies to support regulatory decisions.

- *What are the regulatory implications of the proposed work – is the topic feasible (implementable) from a regulatory standpoint?*

  The proposal is consistent with current laws and regulations of the ICH regions. This guideline may have impacts for revising regional guidelines.

4. Post-hoc evaluation

- *How and when will the results of the work be evaluated?*

  Not applicable