

Pharmaceutical research in developing and threshold countries

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German Ethics Council's Annual Meeting: Medical progress, but at whose expense? Pharmaceutical research in a global context Berlin, Germany, 23 May 2013

Prime Concern :

Ethical Integrity in clinical research in developing countries

IMPORTANT POINTERS

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Year 2003	Approved Indication	Unapproved Indication	Impact
Letrozole	Breast Cancer in Post menopausal women	Induce ovulation in women	
		400 women	
		No informed consent	unethical
		No information that it is a clinical trial	unethical

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Year 2003	Approved Indication	Unethical conduct	Impact
Streptokinase	Acute evolving transmural myocardial infarction	Regulatory Approval from GEAC not taken	8 deaths
		Ethical Review Not done	unethical
		No informed consent	unethical
		No information that it is a clinical trial	unethical

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Year 2003	Approved Indication	Unethical conduct	Impact
Ragaglitazar	Diabetes	ICMR Requirements not met the results of toxicity studies on drugs for chronic diseases had to be available before phase III clinical trials begin. In the EU and the US, this is not required.	Trials suspended mouse (and several rats) treated with the drug had developed urinary bladder tumours. In India, 130 people from eight centres participated in the trials. Half of them received the experimental drug.

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1.EVOLUTION	<u>How it has evolved in India ?</u>
2.CLINICAL PERSPECTIVE	<u>Of all stakeholders, whose perspective should/must be given higher weightage ?</u>
3.ACTIONS	<u>What Action steps are necessary to ensure Ethical Integrity ?</u>

Ethical Integrity in clinical research in developing countries

1. How it has evolved in India ?



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Year	
1947	ICMR
1980	Policy Statement on Ethical Considerations involved in research on Human Subjects²
1996	Central Ethics Committee on Human Research (CECHR) comprised of 27 members, and 5 Sub-committees of experts, was set up for drawing up the guidelines in respective areas.
2000	"Ethical Guidelines for biomedical research on human subjects". ICMR Code
2006	ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH ON HUMAN PARTICIPANTS.

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ICMR CODE

Essentiality

Voluntarism, Informed consent, Community Agreement

Non-exploitation

Privacy and Confidentiality

Precaution & Risk minimisation

Professional Competence

Accountability and Transparency

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ICMR CODE

Accountability and Transparency

Maximisation of public interest and distributive justice

Institutional arrangements

Public domain

Totality of responsibility

Compliance.

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Indian GCP (2001)

[Good Clinical Practices for Clinical Research in India (2001):
<http://cdsco.nic.in/html/GCP.htm>]

❖ WHO

❖ ICH

❖ USFDA

❖ European GCP guidelines

❖ Ethical Guidelines for Biomedical research on Human Subjects issued by the Indian Council of Medical Research. (2006)

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Clinical Trial (Clinical Study) as per Indian GCP(2001) is defined as:

A systematic study of pharmaceutical products

On human subjects – (whether patients or non-patient volunteers)

– in order to discover or verify

❖ The Clinical,

**❖ Pharmacological (including pharmacodynamics / pharmacokinetics),
and / or**

❖ Adverse effects,

with the object of determining their safety and / or efficacy

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**CLINICAL
RESEARCH**

**ICMR
1947**

**RESEARCH REVIEW
PROCEDURES BY
IRB/IEC/DMB**

**ICF
CONFLICT OF
INTEREST
COMPENSATION
RESEARCH
RELATED INJURY**

**SPECIAL TOPICS
HUMAN GENETICS & GENOMICS
ORGAN TRANSPLANTATION
ART**

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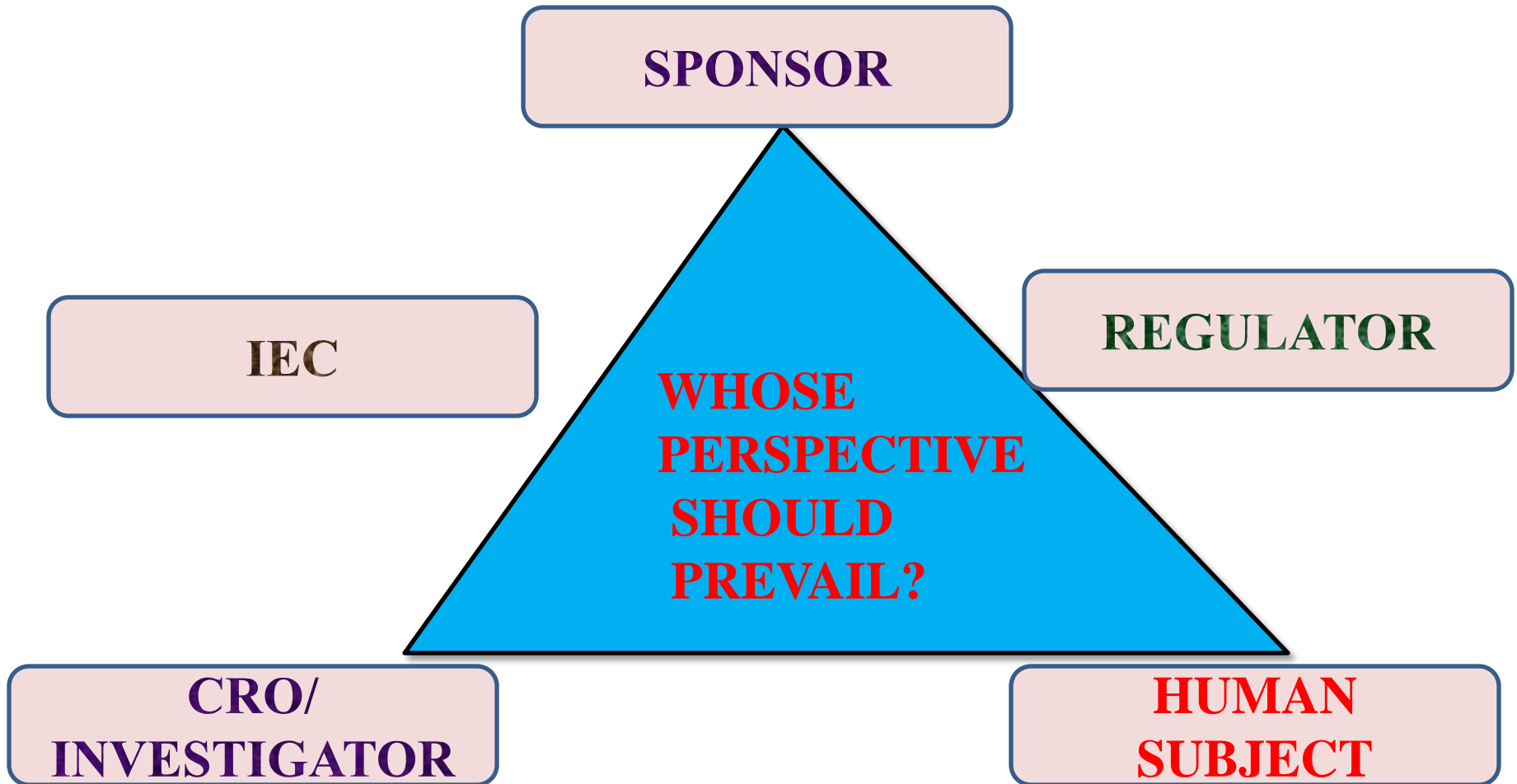
The main ethical issues involved in the Ethical Review Procedure are:

- **The Informed Consent Process,**
- **Compensation for participation,**
- **Selection of Special Groups as research Subjects,**
- **Essential Information on Confidentiality for Prospective Research Subjects,**
- **Compensation for Accidental Injury,**
- **International Collaboration,**
- **Relations with Media & Publication Practices.**

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2. Of all stakeholders whose perspective should/must be given higher weightage ?

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POINTS FOR CONSIDERATION

**VULNERABILITY IS
DIRECTLY
PROPORTIONAL TO
VARIABILITY**

POINTS FOR CONSIDERATION

VARIABILITY DETERMINANTS

1. Level of literacy

2. Level of Socio-economic Status : political will & geo-strategy

3. Level of Awareness

4. Level of Autonomy

AREAS OF CONCERN

	Sponsor	CRO investigator	IEC	Regulator	Human subject
Literacy	√	√	√	√	?
Socio-Economic Status	√	√	√	√	?
Awareness	√ ? MONITORING	√ ? AUDITING	√ ? REVIEW	√ ? APPROVAL PROCEDURES ENFORCEMENT	?
Autonomy	√	√	√	√ LEGISLATIVE RECOMMENDATION GUIDELINES	?

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3. What Action steps are necessary ?

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CLINICAL RESEARCH PROCESS

**ACTION
2:CLINICAL
TRIAL REGISTRY
20TH JULY 2007
15JUNE 2009**

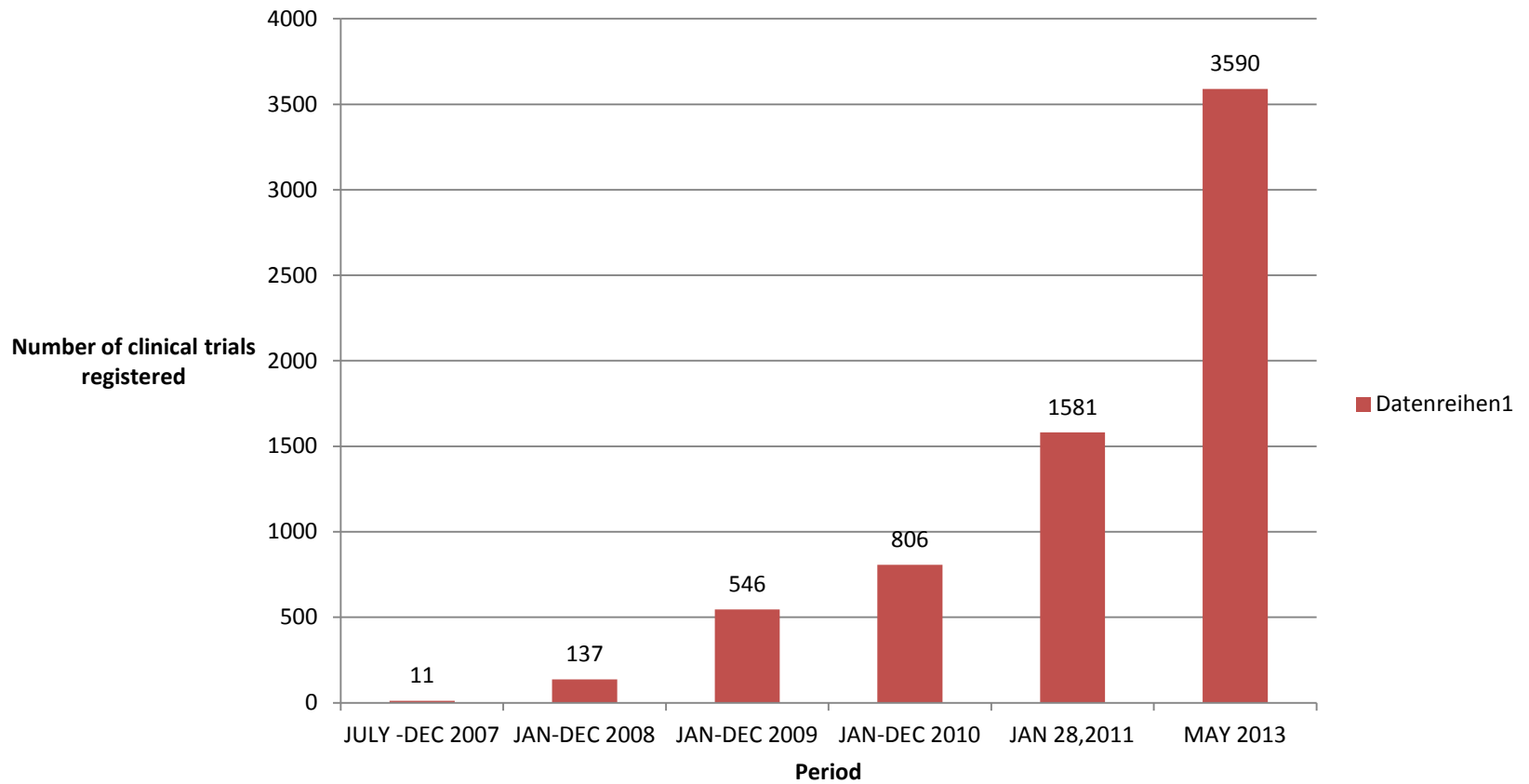
**CONSORT
STATEMENT
REQUIREMENTS**

**CONTEMPLATED
RESEARCH &
MEDICAL
PUBLICATIONS**

**UPDATED
HELSINKI
DECLARATIONS**

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Clinical Trial Registry India



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Trials registered in clinicaltrials.gov :

	All countries	% Growth	India	% Growth	China	% Growth	Korea	% Growth
2005	10480		137		119		114	
2006	8665	-17.3	203	48.2	157	31.9	205	79.8
2007	9711	12.1	218	7.4	202	28.7	268	30.7
2008	11525	18.7	272	24.8	274	35.6	329	22.8
2009	11173	-3.1	246	-9.6	316	15.3	397	20.7
CAGR %	1.6		15.8		27.7		36.6	

SOURCE: *Confederation of Indian Industries White Paper Potential of and Challenges faced by Clinical Research Industry in India February 13, 2013*

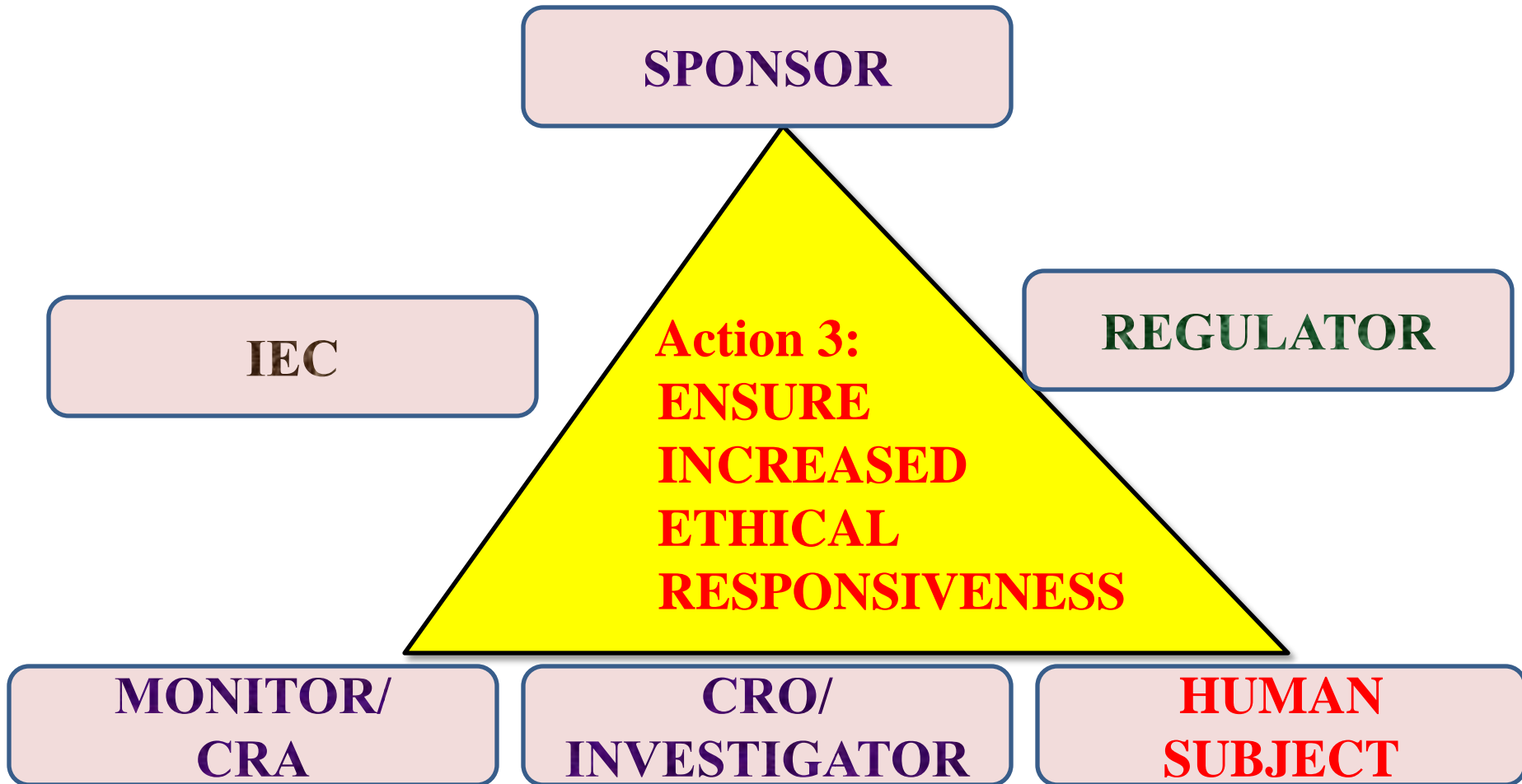
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Industry trials registered in clinicaltrials.gov :

	Industry	% Growth	India	% Growth	China	% Growth	Korea	% Growth
2005	6485		101		78		109	
2006	4707	-27.4	156	54.5	123	57.7	163	49.5
2007	5452	15.8	183	17.3	132	7.3	191	17.2
2008	6707	23.0	220	20.2	146	10.6	241	26.2
2009	6109	-8.9	195	-11.4	107	-26.7	249	3.3
CAGR % 2005-8	1.1%		29.6		23.2		30.3	
CAGR % 2005-9	-1.5		17.9		8.2		22.9	

SOURCE: *Confederation of Indian Industries White Paper Potential of and Challenges faced by Clinical Research Industry in India February 13, 2013*

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Action 4:

Current Status:

Regulatory guidelines and oversight is minimal

Proactive Status: with Risk Avoidance and Risk Reduction Approach:

which should be facilitative rather than creating regulatory time consuming hurdles..

Drugs and devices are covered by legislative provision termed as “Revised Schedule Y of the Drugs & Cosmetics Act (2005)”

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Terms of Reference:

1. To formulate policy, guidelines, SOPs for approval of New drugs including Biologicals with special emphasis on the following:-
 - a) To plan a transparent, equitable system of clinical evaluation of new drugs.
 - b) Requirements of local clinical trial on Indian population for drugs approved in other countries.
 - c) Specific circumstances, if any, under which local clinical trial can be abbreviated, relaxed or omitted.
 - d) Types of local clinical trial, its design, sample size, sites and their distribution, inclusion of ethnic population etc. in the local clinical trial.
 - e) Requirements of Post Marketing (Phase IV) trial to assess safety of new drugs in Post Marketing scenario.

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2. To formulate policy, guidelines, SOPs for approval of clinical trials including global clinical trials of new drug substances discovered abroad and bioavailability and bioequivalence study for export with special emphasis on the following:-
 - a) Monitoring the functions of Ethics Committees.
 - b) Accreditation of clinical trial sites and Investigators.
 - c) Clinical trial inspections.
 - d) Participation of State Authorities in monitoring of clinical trials.

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3. To formulate policy, guidelines and procedures for examination of issues related to continued marketing of drugs not only due to safety or other reasons but also due to launch/availability of safer and more efficacious alternative drugs in the country.
4. To formulate guidelines, SOPs on the functioning of New Drug Advisory Committees (NDACs).
5. To formulate policy, procedures for identification of experts for advising CDSCO in its various matter.
6. To advise CDSCO in other matters referred to it for advice.

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Action 5:

Regulatory requirements must insist on **auditing** of studies

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Action 6:

Auditing of total research by independent trained auditors and/or trained regulatory personnel is required to determine ethical and scientific validity of study.

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Action 7:

Compensation for research injury should be **as per applicable regulatory requirements** and **International Guidelines**

Gazette Notification on Compensation published by the Ministry of Health & Family Welfare on January 30, 2013.

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	Deaths	Related	Unrelated	Compensation
2005				
2006				
2007				
2008				
2009				
2010	668	22		
2011	438	16		
2012	436	16		2
2013				
	2868	89		45

Source:Based upon Media Reports.

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SAE DEATH/OTHER THAN DEATH	IEC	SPONSOR	DCGI	EXPERT COMMITTEE
IMMEDIATE REPORT	24h	24 h	24h	
DETAILED REPORT [CAUSALITY]	10 DAYS			
OPINION [RELATED/UNRELATED]	21 DAYS			
COMPENSATION RECOMMENDATION				30 DAYS
COMPENSATION APPROVAL			30 DAYS	
COMPENSATION PAYMENT		30 DAYS		

Thanks for listening

When we listen

We feel.

Felt thinking reveals inherent truth

We are here to evolve better future like a thinking child

