Newsletter
Ethics Committee Research UZ/KU Leuven
Number 6 – June 2019

Dear researchers and teams

With this newsletter we wish to provide you information which can help you and us in optimally conducting and supporting high-quality clinical research with respect for the well-being and privacy of each patient and volunteer.

We wish you a beautiful summer!

Ethics Committee Research UZ/KU Leuven
Members: Ariel Alonso Abad, Dominique Bullens, Simon Brumagne, Pascal Borry, Xavier Bossuyt, Lut De Groote, Jan de Hoon, Hélène De Somer, Jean-Jacques Derèze, Ellen Goetstouwers, Lieve Goossens, Stefanie Goris, Kristof Muylaert, Ben Nemery, Katrin Roggeman, Miet Schetz, Karin Sipido, Anne Smits, Mathijs Swaak, Josse Thomas, José Thomas, Ben Van Calster, Jan Verhaegen, Gregor Verhoef, Minne Casteels

Staff: Valerie Alderweireldt, Eveline Claes, Britt Keyaert, Monique Leys, Lian Rijkers, Ruth Storme, Greet Verbeeck, Sofie Vervoort

1. Adverse events and "Patient-related incident reporting and management system" (PiMS)

EC highlights that it is the responsibility of the sponsor and the investigators to evaluate serious adverse events and to take the necessary actions (e.g. amendments, modification of patient information).

The sponsor should ensure that all relevant information on SUSARs shall be reported to EC as soon as possible and should take into account the legal deadlines.
Please be informed that adverse events should not only be reported to EC, but should, for events occurring within UZ Leuven, also be registered in PiMS. PiMS is the platform that gives every employee of UZ Leuven the opportunity to report patient-related (near) incidents. Every employee has the responsibility to contribute to the continuous improvement of patient safety and the quality of care by reporting incidents.

It is requested that 'sentinel events' be reported at the latest on the working day after the incident has been detected. A sentinel event is defined as an incident that meets at least one of the following criteria (cf. Muzlidoc procedure):

- unexpected death,
  - not related to the natural course of the illness or underlying disorder
  - of a full-term child
  - suicide
- severe permanent loss of function, unrelated to the natural course of the illness or underlying disorder;
- wrong-site/wrong-procedure/wrong-patient;
- transmission of a chronic or fatal disease, as a result of administering blood or transplanting infected organs or tissues
- child abduction, or a child given to the wrong parents.
- rape, violence on the work-floor, or manslaughter

Other incidents and near misses need to be reported within 72 hours.

More information about PiMS can be found on the Muzlidoc procedure.

2. ICF template

CT-College will publish a new national informed consent form (ICF) template soon. This template is intended for adult patients participating in an interventional clinical trial. The main differences are:

Trial at a glance

As ICF's are often very extensive and contain scientific and legal language which is not always easy for participants to understand, a short summary of a maximum of three A4 pages, drawn up in a question/answer concept, is to be included the ICF. This part is called 'The trial at a glance'.

Segmentation mandatory / trial specific text

In the template, text is foreseen that is mandatory and may only be adapted with a justified reason. A text that cannot be adapted is, for example, the insurance paragraph.

The sponsor must add to the submission file a statement which describes which version of the ICF template was used, and (if applicable) which changes were made to the mandatory text and for which reason. A template for this statement will soon be available on the website of the CT-College.

Costs and reimbursements

In Belgium, trial patients are not excluded from social security. It is prohibited to charge the participant or social security with additional trial related examinations. It should be clear which treatments/examinations/visits are trial specific (TS) (and therefore paid by the sponsor), and which ones belong to the standard of care. This can be indicated in a table provided in the ICF template.

If the discussions between sponsor and site are not yet finished at the time of submission of the dossier, the sponsor provides, at the time of submission, the annex without TS-indications. After the approval of the dossier and after finalization of the contract with the site, the annex(es) including the TS-indications, is/are provided as a notification to the central EC. The annex can only be used after it has been notified.

Confidentiality and GDPR

The section about confidentiality and data processing is revised according to the new GDPR regulation.

Once these national templates are available, they will also be published on our website and are to be used for all new studies for which this type of ICF is applicable.

3. Contact point for students

Via the online application SCONE, each student within the Biomedical Sciences group has to determine, based on a number of questions, whether his/her master's thesis requires further ethical review. In any case (and also if no explicit ethical approval is required and the project can

be automatically approved), the master's thesis must be registered in SCONE and can only start after the appropriate approval has been given.

On its website, the Onderwijs-BegeleidingsCommissie (OBC) will emphasize even more that projects must not start without ethical approval and OBC will also develop a clear point of contact for students who have questions and doubts about their ethical approval.

4. Ethical approval required when using "historical" cell lines

Cell lines (= cells that are manipulated in such a way that their characteristics differ from the original cell, such as industrial preparations) fall within the scope of the Human Body Material Law dd 19.12.2008. Article 21 of this Law describes that any secondary use of human body material (including cell lines, regardless of the degree of their manipulation) requires EC approval before the start of the research.
In the past, some uncertainty existed whether "immortalized"/"immortal" (i.e. "historical") cell lines (either available commercially or generated locally) fall under the scope of said Law. This is clarified and confirmed at https://www.afmps.be/sites/default/files/content/compendium_20072018_0.pdf which states that "historical" cell lines fall within the scope of the Human Body Material Law. The same applies for "transformed" material (material that has been manipulated in such a manner that the genetic code has been substantially modified).

Consequently, historical cell lines and transformed material used for scientific research hence fall within the scope of the Human Body Materials Law and therefore require an EC approval before the start of research.

Please be informed that human biological material must be registered in the UZ-KU Leuven Biobank before it can be used for scientific research. More information can be found on its website.

5. Publication of results of clinical trials

Results of clinical trials are used by clinicians, patients, and policy makers to make informed choices about the benefits and safety of interventions. Sharing the methods and results of all trials has therefore long been recognized as an ethical and scientific imperative.

As of 21 July 2014, it is mandatory for sponsors to post clinical trial results in the European Clinical trials Database (EUCTR). Following the European Commission guideline 2012/c302/03, sponsors

must ensure that all trials registered on EUCTR (EMA) since 2004 disclose their results **within 12 months of trial completion.**

In the BMJ publication dd 16 July 2018 the compliance with requirement to report results on the EU Clinical Trials Register is discussed. This publication stipulates that compliance with the European Commission guideline has been poor. Half of all due trials have not yet reported results. Sponsors doing fewer trials, and non-commercial sponsors such as universities, have particularly low reporting rates.

We therefore invite you to:

- Inform EC of the end of the trial within 90 days (including annex III for EudraCT trials) cfr. Article 21 of the Belgian law of 7 May 2004 on experiments on the human person. If the clinical trial ends prematurely, that date should be considered the end of the trial;

- Submit a Clinical Study Report (CSR) to EC containing the results within one year after the study was completed. In case of a EudraCT trial, the results must be published in the EUCTR. That report in the EUCTR can be used as the CSR for EC.

6. ICF addendum versus adapted ICF in amendments

As already explained in the newsletter of EC in April 2019, EC strongly advises to use an **ICF addendum for ongoing participants** in case of amendments to the information provided to the participants (Informed Consent Form ("ICF")). An ICF addendum lists only the changes or new information which is clearer to the participant than an amended ICF where changes are highlighted.

If there is a change in the information provided to the patients, please always add an **accompanying letter** for EC explaining how the re-consent procedure will be conducted.

7. Database clinical trials of Federal Agency for Medicines and Health Products (FAMHP)

Via this publically accessible link of FAMHP, an overview can be found of the different clinical trials in Belgium that have been approved by the FAMHP and that have not yet been completed. Under "Town" you can specify "Leuven" for an overview of the ongoing studies in UZ Leuven.

8. Patient brochure "Deelnemen aan een klinische studie"

We would like you to inform that the patient brochure "Deelnemen aan een klinische studie" has been updated and is now available on the UZ Leuven website.
For the moment, the brochure is only accessible in Dutch, but a French and English version will shortly be available online.

A paper version of the Dutch brochure can be ordered decentralized via PeopleSoft. For all patients who are flagged in KWS, the link to the brochure is displayed via mynexuzhealth.

9. Contact EC Research UZ/KU Leuven

EC Research can be reached by telephone between 10 am and 11 am or preferably by email via ec@uzleuven.be.

Info

Information

ec@uzleuven.be
www.uzleuven.be/ethische-commissie/onderzoek
Telephone: 016 34 86 00 (between 10 am and 11 am)