Newsletter
Ethics Committee Research UZ/KU Leuven
Number 16 – December 2021

Dear researchers and teams

With this newsletter we would like to assist you in doing high-quality clinical and translational research with respect for the well-being and privacy of each patient and participant.

We wish you all and your loved ones a Merry Christmas and a happy 2022!

Ethics Committee Research UZ/KU Leuven

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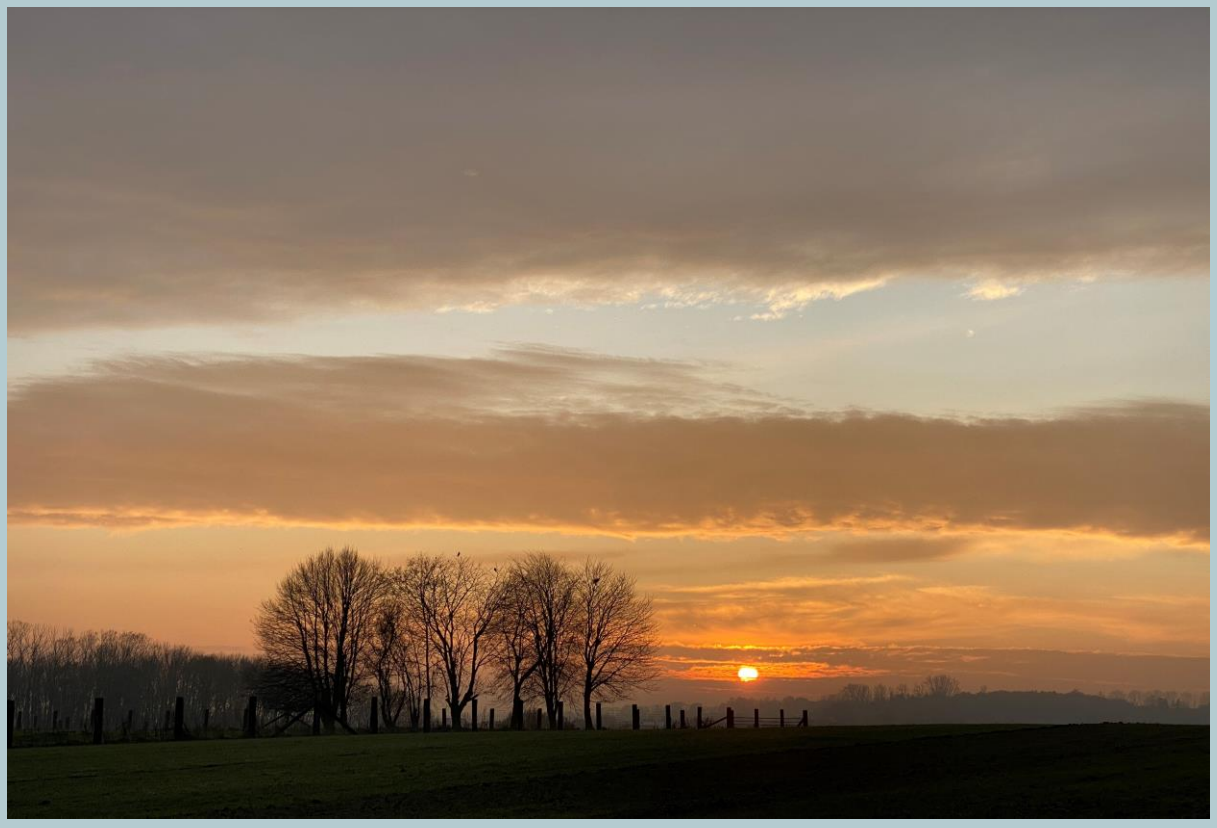

1. Lottery as compensation

As communicated before, one should be cautious with incentives or financial inducements to participate in a study. Compensation for cost or effort/time investment can be made but the compensation should in no way be excessive.

We sometimes see the use of a lottery proposed as compensation for study participants. In accordance with the Lotteries Act of December 31, 1851, lotteries are prohibited in Belgium unless organised according to the applicable law and if a license has been obtained.
A lottery is characterized by the determining role of chance. The chances of winning a prize do not depend on the (physical or intellectual) abilities of the participants, but solely on the lottery ticket, and this is not allowed in Belgium. This means that the random drawing of winners from a pool of participants is, in principle, prohibited, since the element of coincidence is fully and solely present here. In order to avoid the application of the criminal law, one can make the chance of winning dependent on the participant's skill (thus taking into account the intellectual or physical capacity of the participant and not purely determining the result by chance), for example, by asking match questions or shifting questions. Therefore, please do not refer to it as a "lottery" in that case.
An important nuance here is that one may not frame that skill or question in such a way that everyone would know the answer. One may not bypass the requirements of the lottery laws by asking a (too simple) question that everyone knows the answer to.

2. Storage essential documents

According to ICH-GCP, the investigator/institution is responsible to maintain the essential trial documents. The investigator/institution should also take measures to prevent accidental or premature destruction of these documents.
Essential Documents are those documents which individually and collectively permit evaluation of the conduct of a trial and the quality of the data produced. These documents serve to demonstrate the compliance of the investigator, sponsor and monitor with the standards of Good Clinical Practice and with all applicable regulatory requirements.
Essential documents are also the ones which are usually audited by the sponsor's independent audit function and inspected by the regulatory authority(ies) as part of the process to confirm the validity of the trial conduct and the integrity of data collected. We refer to ICH-GCP for a minimum list of essential documents (see 8.).

The content of the clinical trial master file shall be archived by the sponsor and the investigator for at least 25 years after the end of the clinical trial; this is according to article 58 of the Clinical Trial Regulation (CTR), 536/2014. The medical files of the trial subjects shall be archived in accordance with national law. In Belgium, this is 30 years.

3. Correct use e-mail addresses EC Research

May we remind you to use the e-mail address **ecstaf@uzleuven.be** only to send replies to comment letters. General questions, submissions of initial dossiers, amendments, annual reports,... should be sent to the general e-mail address **ec@uzleuven.be**.
Please do not send the same message to both e-mail addresses.
As a reminder: ecsubmission@uzleuven.be does not exist anymore.
For technical issues, strong preference is given to mail communication with reference to the S-number, rather than enquiries by phone.

4. CHMP Guideline on registry-based studies

The guideline on registry-based studies is published following its adoption by the EMA's cross-Committees Task Force on registries and the Committee for Medicinal Products for Human Use (CHMP).

The document provides pharmaceutical organisations with key methods and good regulatory practices on the planning and conduct of studies using patients registries' data collection infrastructure or population to inform on medicines' impact on public health. In complement, the Annex proposes aspects of good practice in the establishment and management of patient registries considered relevant to their use for registry-based studies and other possible regulatory purposes.

5. Remote source data verification

Please take note that following the position of the Belgian Federal Agency for Medicines & Health Products (FAMHP), UZ Leuven does not permit remote source data verification. As such, study teams are not permitted to remotely share (abstracts of) medical records with external parties.
The act of pseudonymizing records/reports involves a significant burden to our staff and carries an important risk of GDPR noncompliance/breach, which could result in significant fines for UZ Leuven. Moreover, as a hospital, UZ Leuven has a responsibility and obligation to protect its patients right to privacy.
If a clinical research sponsor requires verification of medical data, this can be done on-site at the premises of UZ Leuven. Alternatively, the pseudonymized data can be reviewed through data fields in the (e)CRF and/or through data/parameter entry into an IxR System.
Medical records cannot be shared outside UZ Leuven in any other format, with the exception of pseudonymized radiology images, provided that this is described in the protocol & ICF, and as such approved by the Ethics Committee.

Any deviations from the above requires the explicit approval from UZ Leuven's Board of Directors. Questions can be submitted to the Chief Medical Officer, Prof Dr G. Van Assche.

6. Contraception and pregnancy testing in clinical trials

The FAMHP regularly makes comments on insufficient attention and precautions in study applications and protocols regarding interactions (with food or other medicines) and contraception and pregnancy tests.

We refer to the corresponding guidelines:

- CTFG guidance "Recommendations related to contraception and pregnancy testing in clinical trials" (https://www.hma.eu/fileadmin/dateien/Human_Medicines/01-About_HMA/Working_Groups/CTFG/2020_09_HMA_CTFG_Contraception_guidance_Version_1.1.pdf)
- "Response from SWP to CMDh questions regarding Genotoxicity and Contraception" (EMA/CHMP/SWP/74077/2020, https://www.ema.europa.eu/en/documents/other/response-swp-cmdh-questions-regarding-genotoxicity-contraception_en.pdf)

Please take these guidelines into account in the submissions.

7. "Weak health studies can do more harm than good"

https://www.science.org/content/article/it-s-misinformation-worst-weak-health-studies-can-do-more-harm-good-scientists-say

8. Compliance with reporting to the EU trial registry

"……Among those KU Leuven (Belgium) reported 98% of all due trials……"

Cf. Dal-Ré, R., Goldacre, B., Mahillo-Fernández, I., & DeVito, N. J. (2021). European non-commercial sponsors showed substantial variation in results reporting to the EU trial registry. Journal of clinical epidemiology. https://www.sciencedirect.com/science/article/abs/pii/S0895435621003577

9. Cell lines

Human cell lines always fall under the Human Body Materials Act ("WMLM") and article 21 of this Act requires that every secondary use of human body material (including cell lines) requires the approval of an Ethics Committee. We also base this on the FAMHP Compendium.
We understand that preparing a protocol, including the prior definition of a specific research question or questions, is not evident for projects with commercial cell lines and for this reason EC and the Biobank propose a pragmatic approach to the different subprojects that fall under a protocol with secondary use of cell lines:

> For any new intended study (e.g. doctoral project), the specific protocol of such new study describing the scope and goal of the research, is submitted as an amendment to the current umbrella protocol to the extent of course that such new study falls within the scope of the overarching protocol. If the new study does not fit under the umbrella protocol a new submission will be required for such study.
> Also in case a third party (which was not yet identified in the umbrella protocol) is involved in the new study and is taking on the role of data controller, a new S-number will be required. Please take into account that in any new study where cell lines are received from or sent to a third party appropriate contractual arrangements need to be in place (see templates on CTC website) and BB will need to be informed as BB is responsible to ensure the traceability of such human body material. The need to update the GDPR questionnaire will always need to be considered, also when submitting an amendment.
> An annual progress report will also be submitted to EC after approval.

As you can read in our guideline, we agree that subprojects with the same sponsor can be submitted as amendments if there is no involvement of new third parties.
However, one should be aware that all co-investigators of a certain protocol receive all communication about the study and its amendments. If this is not considered desirable for a particular amendment, one can of course always decide to go for a new S-number.

10. Information about vaccinations disappear from KWS when a patient dies

The information about vaccination status is taken directly from Vaccinet and is linked to an active national registry number. Information about vaccinations disappears from KWS when a patient dies. The national registry number is switched to inactive upon the patient's death. Consequently, this information is no longer available in KWS. A possible suggestion is to include the information about vaccinations under “home medication” so that it is still documented in some place.
As you probably know, KWS is synchronised every night with the national registry, so that deceased patients are noted as such after a maximum of 24 hours.

11. Winter clock stop EC

Please be informed there will be a winter clock stop between 20/12/2021 and 03/01/2022. Submissions performed during this period, will have 03/01/2022 as a validation date.

info

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