From: Beers Block, Patricia on behalf of OC GCP Questions
Sent: Thursday, December 01, 2005 10:11 AM
To: **[redacted]**
Subject: RE: Guidance for Industry: Computerized Systems used in Clinical Trials

Dear [redacted],

Thank you for your inquiry. Before I answer your specific questions about the status of the draft guidance on computerized systems used in clinical trials, I think it might be helpful to discuss some of the finer points in the (final) FDA Guidance for Industry entitled "Part 11 Electronic Records; Electronic Signatures - Scope and Application" (see http://www.fda.gov/ohrms/dockets/98fr/5667fnl.pdf for an e-copy of this guidance) that was published in August 2003. This is because many of the ideas/concepts what were incorporated into the computerized systems draft guidance was extracted from information contained in the Part 11 Scope and Application (S/A) guidance.

The Part 11 S/A guidance explains the agency's current thinking on methods firms can use to meet the regulatory requirements of 21 CFR 11. The section that might be of most interest to you is section C.5 that addresses recommended record retention practices. This section notes that FDA intends to exercise enforcement discretion with regard to the part 11 requirements for the protection of records to enable their accurate and ready retrieval throughout the records retention period [21 CFR 11.10(c)] and any corresponding requirement in 21 CFR 11.30]. It goes on to state:

> "FDA does not intend to object if you decide to archive required records in electronic format to nonelectronic media such as microfilm, microfiche, and paper, or to a standard electronic file format (examples of such formats include, but are not limited to, PDF, XML, or SGML). Persons must still comply with all predicate rule requirements, and the records themselves and any copies of the required records should preserve their content and meaning. As long as predicate rule requirements are fully satisfied and the content and meaning of the records are preserved and archived, you can delete the electronic version of the records. In addition, paper and electronic record and signature components can co-exist (i.e., a hybrid situation) as long as predicate rule requirements are met and the content and meaning of those records are preserved."

As the guidance explains, hybrid situations can include combinations of paper records (or other nonelectronic media) and electronic records, paper records and electronic signatures, or handwritten signatures executed to electronic records.

We hope the Part 11 S/A guidance now provides helpful information to companies on how records that need to be preserved to meet predicate rule requirements might be successfully retained and preserved. The information about record retention from the Part 11 S/A guidance is reflected in the draft guidance on the use of computerized systems. As you mention, section VI.D of the former guidance was revised. This revision was done in an effort to better reflect the agency's intentions with regard to record retention practices that are currently recommended in the Part 11 S/A guidance.

Now to answer your specific questions about the draft guidance on computerized systems used in clinical trials.

1) When the revised Guidance will be issued

Answer: The agency invited public comments on this draft guidance and the comment period ended January 4, 2005. A number of comments were submitted to the FDA docket that we are in the process of evaluating in terms of their impact on the wording of the draft guidance. I cannot specifically state when the draft guidance will be finalized but we are hopeful to have something

ready for publication by mid to late 2006.

2) Will an archive of just the data (with full audit trail) meet the FDA's requirement once the trial database has been locked? We would obvious still maintain a method of reading the archived data, but not the system (database app and hardware) that created it.

Answer: Your proposal seems reasonable as long as the *content and meaning* (emphasis added) of the records are preserved and archived. One caution about databases that you might want to make note of is the need to preserve records that capture all of the ways in which the data were used. For example, if the database was searchable and data were presented using various search protocols, the records would need to be preserved in such a manner to capture all of these searches. FDA must be able to review study records and be able to reconstruct the study through its review of study records/data.

I hope this information is helpful to you. Please let me know if I can be of any further assistance.

Sincerely,

Patricia M. Beers Block
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Good Clinical Practice Program (HF-34)
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-----Original Message-----
From:[redacted]
Sent: Wednesday, November 23, 2005 7:58 AM
To: [redacted]
Subject: Guidance for Industry: Computerized Systems used in Clinical Trials

Hi Patricia

I'm reviewing the archive procedures for our Clinical Database Management System and have noted differences in the FDA's archive requirements between the current issue of the above Guidance document (dated April 1999) and the revised DRAFT (of Sept 2004).

In particular I note that the need to be able to Reconstruct a Study (section VI(D) of the former) has been removed and replaced by a statement at the end of section VII(B) saying it is not necessary to retain the system needed to process the archived data.

So I'm really trying to find out:

1) When the revised Guidance will be issued.
2) Will an archive of just the data (with full audit trail) meet the FDA's requirement once the trial database has been locked? We would obvious still maintain a method of reading the archived data, but not the system (database app and hardware) that created it.

Your answers to the above, or a pointer to the current status on these issues, would greatly help in planning our future strategy and processes.

Regards

[redacted]