



**Report on the Pilot European Medicines Agency –  
US Food and Drug Administration  
Good Clinical Practice Initiative  
Frequently Asked Questions and Answers**

**Q1. What does the report cover?**

This report contains the results of the 18-month pilot European Medicines Agency (EMA) – US Food and Drug Administration (FDA) Good Clinical Practice (GCP) Initiative which was launched in September 2009 under the framework of the confidentiality arrangements established between the European Commission, the EMA and the US FDA.

The main objectives of the initiative were to share information on inspections and GCP-related documents of common interest and to conduct collaborative inspections. The pilot addressed those products submitted as new drug applications (NDAs) and biologics license applications (BLAs) regulated by the Center for Drug Evaluation and Research (CDER) in the US FDA and the same products submitted as marketing authorisation applications to the EMA. The pilot concluded March 2011.

More background information regarding the initiative can be found at:  
<http://www.fda.gov/InternationalPrograms/FDABeyondOurBordersForeignOffices/EuropeanUnion/EuropeanUnion/EuropeanCommission/ucm189508.htm>

or

[http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general\\_content\\_000072.jsp&murl=menus/regulations/regulations.jsp&mid=WC0b01ac05800268ad](http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000072.jsp&murl=menus/regulations/regulations.jsp&mid=WC0b01ac05800268ad)

**Q2. Now that the 18-month pilot EMA – FDA GCP Initiative has completed, what has been concluded?**

The pilot GCP initiative has met its intended objectives and has been judged by both agencies to be extremely successful and very productive, and it has further strengthened the confidence in inspections between the



partner organizations. This lays the foundation for a more efficient use of limited resources, improved inspectional coverage and better understanding of each agency's inspection procedures. It demonstrates how the agencies can work together to improve human subject protection and better ensure the integrity of data submitted as the basis for drug approvals.

**Q3. What have been some successful accomplishments?**

The results presented are reported according to the key objectives of the EMA–FDA GCP Initiative.

- More than 250 documents were exchanged during the pilot phase. Of these, more than 50% were product-specific documents. The processes of information exchange were developed and refined. This communication has facilitated improvements in the agencies' inspection coverage and decision-making processes.
- The pilot phase included 23 teleconferences, including 6 product-specific teleconferences concerning 4 different products. This information has been very useful in identifying potential inspection reports available for exchange and also in identifying applications submitted to both agencies in parallel, with the aim of identifying candidates for joint inspections, sequential inspections, or parallel inspections.
- Thirteen collaborative inspections were conducted under the initiative, which have contributed greatly to each agency's understanding of the other's inspection procedures; they have also led to the identification of potential improvements to these procedures.
- The EMA and US FDA have attended each other's training meetings involving over 50 presentations to increase each agency's knowledge of the other's procedures and to share best practices.

**Q4: How many applications were involved with the collaboration?**

Information was exchanged involving 54 different products. There was no set limit on the number of applications that would be handled during the pilot phase. Information sharing on inspections occurred on most



NDA/BLAs and MAAs submitted to CDER and the EMA, respectively during the time frame covered by the pilot phase. For the collaborative inspections, a total of 7 joint inspections, concerning 3 different applications and a total of 6 observed inspections related to 3 different applications were carried out as part of this initiative.

**Q5: What types of sites were inspected?**

Clinical investigator and sponsor/contract research organization (CRO) sites located in the European Union (EU) and the United States (US). There was also one joint inspection that involved a CRO in Canada.

**Q6: What benefits developed out of this initiative?**

Although risk-based approaches to inspections were not included as a formal part of this initiative, the initiative contributed to more harmonized and more consistent approaches in the agencies' risk-based site selection. It allowed duplicative inspections to be avoided thus improving the range of sites being inspected with the available resources and has also opened the door to leveraging of finite inspectional resources.

The initiative has introduced an extraordinary opportunity for FDA staff and the EU inspectors to discuss their own inspection experiences when they have been involved with the collaborative inspections and through participation in meetings and training programs. There have been many in-depth discussions on best practices, collaborating on interpretation of good clinical practice and enhanced knowledge of evolving policies and guidances.

**Q7: Has there been any feedback from those inspectees that underwent joint inspection?**

Feedback from inspected parties was obtained informally from a number of sponsor personnel. They were asked to provide comments on the joint inspection process following the close-out meeting. All said that it increased their understanding of what the FDA and the European Medicines Agency expect in the clinical trials. There were also comments that the joint inspection saved resources and staff time compared to having two separate inspections at different times by both regulatory agencies for the same application.



The agencies are presently exploring appropriate mechanisms for obtaining written feedback from inspectees subject to upcoming joint inspections and a more formal process will be implemented in the future.

**Q8: What does the FDA/European Medicines Agency expect the effect of the collaboration to be, in terms of how many more sites, or what larger proportion of sites, can be monitored?**

The FDA/European Medicines Agency have been able to expand the coverage of inspections by avoiding duplication and using resources to widen inspection coverage to additional sites/countries but the agencies have not determined at this time how many more sites or what proportion that will be. The extent to which each agency can utilize information on the other's inspections in regulatory decision making is still being determined.

**Q9: What are the next steps?**

Based on the experience with the pilot, it is the wish of both parties to continue with the initiative. Both agencies will carry out more inspections together in order to identify the gaps in each agency's inspection processes and to fill in those gaps—with the broader aim of moving from “confidence building” to “confidence in,” with mutual acceptance of inspectional findings in the near future.

The initiative will be expanding to sites outside the US and EU and will focus the joint inspections on sponsors and CROs instead of investigator sites in order to work towards developing a truly harmonized quality-systems approach to sponsor/CRO inspections. It is also hoped to begin to focus on triggered inspections if opportunities arise.

Next steps also include exploring the expansion of the initiative to other areas like bioequivalence (BE) trials in generic applications and also to explore the possibility of expanding the initiative to the FDA's Center for Biologics Evaluation and Research (CBER).