

ICH Good Clinical Practice

Review for

Computerized Systems Of the Revised E6

ICH - International Conference on Harmonisation

Daphna Spector - 2016

QA of Computerized Systems

Regulations & Guidelines

Guide	Year			
	2016			
Electronic Source Data in Clinical Investigations (FDA)				
EU guide to GMP (Annex 11, Annex 15 p II)				
A Risk Based Approach for Good Automated Manufacturing Practice (GAMP5)				
Computerized Systems used in Clinical Investigations (FDA)				
PIC/S PI011-2 Good Practices for Computer Systems in Regulated GxP Environment				
ICH Q9 Risk Management				
Good Automated Manufacturing Practice (GAMP4)				
Part 11, Electronic Records; Electronic Signatures — Scope and Application				
General Principles of SW Validation (FDA)				
Guidance for Industry: Off-the-Shelf Software used in Medical Devices				
FDA 21 CFR part 11				
E6 Good Clinical Practice: Consolidated Guidance				
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FDA 21 CFR Part 11

- FDA rule dealing with Electronic Records (ER) and Electronic Signatures (ES)
- Establishes the requirements under which records may be held in electronic form and electronic signatures may be used in place of handwritten signatures

The rule applies to all regulated records

Systems with Electronic Records



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"(184)....This guideline has been amended to encourage implementation of improved and more efficient approaches to clinical trial design, conduct, oversight, recording and reporting while continuing to ensure human subject protection and data integrity. Standards regarding electronic records and essential documents intended to increase clinical trial quality and efficiency have also been updated."

1. Glossary



1.11.1 Certified copy

A paper or **electronic copy** of the original record that has been verified (e.g. by a dated signature) or has been **generated through a validated process** to produce an exact copy having all of the same attributes and information as the original.

1.60.1. Validation of computerized systems

A process of establishing and documenting that **the specified requirements of a computerized system can be consistently fulfilled**. Validation should ensure accuracy, reliability and consistent intended performance, from design until decommissioning of the system or transition to a new system.

2. The principles of ICH GCP

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2.10.

All clinical trial information should be recorded, handled, and stored in a

way that allows its accurate reporting, interpretation and verification.

This principle applies to all records (paper or electronic) referenced in this guideline.

4. Investigator



4.9. Records and Reports

4.9.1

- The investigator should maintain adequate and accurate source documents and trial records that include all pertinent observations on each of the site's trial subjects.
- Source data should be attributable, legible, contemporaneous, original, accurate, and complete.
- Changes to source data should be traceable, should not obscure the original entry and should be explained if necessary (e.g. via an audit trail).

4. Investigator



4.9.4

- Any change or correction to a CRF should be dated, initialed, and explained (if necessary) and should not obscure the original entry (i.e. an audit trail should be maintained); this applies to both written and electronic changes or corrections (see 5.18.4 (n)).
- Sponsors should provide guidance to investigators and/or the investigators' designated representatives on making such corrections.
- Sponsors should have written procedures to assure that changes or corrections in CRFs made by sponsor's designated representatives are documented, are necessary, and are endorsed by the investigator.
- The investigator should retain records of the changes and corrections.

5. Sponsor – Quality Management (1)

5.1 Quality management

- The sponsor should implement a **system to manage quality** throughout the design, conduct, recording, evaluation, reporting and archiving of clinical trials.
- Sponsors should focus on trial activities essential to ensuring human subject protection and **the reliability** of trial results.
- Quality management includes the efficient design of clinical trial protocols, data collection tools and procedures, and the collection of information that is essential to decision making.

 The quality management system should use a risk-based approach as described below.

5. Sponsor – Quality Management (2)

5.1.1 Critical process and data identification

 During protocol development, the sponsor should identify those processes and data that are critical to assure human subject protection and the reliability of study results.

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5.1.2 Risk identification

- Risks to critical study processes and data should be identified.
- Risks should be considered at both the system level (e.g. facilities, standard operating procedures, computerized systems, personnel, vendors) and clinical trial level (e.g. investigational product, trial design, data collection and recording).

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Identify the Functional / ER-ES Criticality of an automated system using the six operational aspects of the manufacturing process

Analyze the automated system's vulnerability (Risk Priority) to deficient operation

Determine the validation strategy. Differing levels of

systems vulnerability require different levels of rigor validation activity

5. Sponsor – Quality Management (3)

5.1.3. Risk evaluation

The identified risks should be evaluated by considering:

- The likelihood of errors occurring, given existing risk controls.
- The **impact** of such errors on human subject protection and data integrity.
- The extent to which such errors would be **detectable**.

5.1.4. Risk control

5.1.5. Risk communication

5.1.6. Risk review

5.1.7. Risk reporting

5. Sponsor – Quality Management (4)

5.1.3. Risk evaluation

The identified risks should be evaluated by considering:

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5.1.4. Risk control

5.1.5. Risk communication

5.1.6. Risk review

5.1.7. Risk reporting

5. Sponsor - Trial management, data handling, and record keeping (1)

5.6. Trial management, data handling, and record keeping 5.6.1.

The sponsor should utilize **appropriately qualified individuals** to supervise the overall conduct of the trial, **to handle the data, to verify the data**, to conduct the statistical analyses, and to prepare the trial reports.

5.6.2.

5.6.3.

When using **electronic** trial data handling and/or remote **electronic** trial data systems, the sponsor should:

- Ensure and document that the electronic data processing system(s) conforms to the sponsor's established requirements for completeness, accuracy, reliability, and consistent intended performance (i.e. validation).
- Maintains SOPs for using these systems.

5. Sponsor - Trial management, data handling, and record keeping

5.6.3. (continued)

- Maintains SOPs for using these systems.
 - The SOPs should cover system setup, installation and use.
 - The SOPs should describe
 - o system validation
 - o functionality testing
 - o data collection and handling
 - o system maintenance
 - o system security measures
 - o change control
 - o data backup, recovery, contingency planning
 - System decommissioning
- The responsibilities of the sponsor, investigator and other parties with respect to the use of these computerized systems should be clear, and the users should be provided with training in the use of the systems.

5. Sponsor - Trial management, data handling, and record keeping [3]

5.6.3. (continued)

- Ensure that the systems are designed to permit data changes in such a way that the data changes are documented and that there is no deletion of entered data (i.e. maintain an audit trail, data trail, edit trail).
- Maintain a security system that prevents unauthorized access to the data. (e) Maintain a list of 1104 the individuals who are authorized to make data changes (see 4.1.5 and 4.9.3).
- Maintain adequate backup of the data.
- **Safeguard the blinding**, if any (e.g. maintain the blinding during data entry and processing).
- Ensure the integrity of the data including any data that describe the context, content and structure of the data. This is particularly important when making changes to the computerized systems, such as software upgrades or migration of data.

MAIN CRITERIA FOR DATA INTEGRITY

#	Term		Explanation
1	Accurate	דיוק	No errors or editing without documented amendments
2	Attributable	שניתן לייחסו למישהו	Who acquired the data or performed an action and when?
3	Available	זמין	For review and audit or inspection over the lifetime of the record
4	Complete	שלם	All data is present and available
5	Consistent	עיקבי	All elements of the record, such as the sequence of events, follow on and are dated or time stamped in expected sequence
6	Contemporane ous	בו-זמני	Documented at the time of the activity
7	Enduring	בר-קיום	On proven storage media (paper or electronic)
8	Legible	קריא	Can you read the data?
9	Original/Reliab le	מקורי\עותק אמין	Written printout or observation or a certified copy thereof
10	Trustworthy	אמין	The data and the record have not been tampered with
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5. Sponsor - Trial management, data handling, and record keeping

5.6.4.

Data transformed - possible to compare the original data with the processed data.

5.6.5.

Unambiguous subject identification code that allows identification of all the data reported for each subject.

5.6.6.

Retain all of the sponsor-specific essential documents pertaining to the trial.

5.6.7.

Retain all sponsor-specific essential documents in conformance with the applicable regulatory requirement(s)

5.6.8.

Trial discontinuation - maintain all sponsor specific essential documents for at least 2 years after formal discontinuation...

5. Sponsor - Trial management, data handling, and record keeping

5.6.9.

Trial discontinuation – notification to all the trial investigators/institutions and all the regulatory authorities.

5.6.10.

Transfer of data ownership - reporting to the appropriate authority(ies),

5.6.11.

Retained of Sponsor specific essential documents at least 2 years after the last approval...

5.6.12.

Inform the investigator(s)/institution(s) in writing of the need for record retention and should notify the investigator(s)/institution(s) in writing when the trial related records are no 1145 longer needed.



The sponsor should develop a systematic, prioritized, risk-based approach to monitoring clinical trials.

Centralized monitoring processes provide additional monitoring capabilities that can **complement and reduce the extent and/or frequency** of on-site monitoring by such methods as:

- Routine review of submitted data.
- Identification of missing data, inconsistent data, data outliers or unexpected lack of variability and protocol deviations that may be indicative of systematic or significant errors in data collection and reporting at a site or across sites, or may be indicative of potential data manipulation or data integrity problems.

5. Sponsor - Extent and nature of monitoring (2)



5.19.3. Extent and nature of monitoring (Continued)

- Using statistical analyses to identify **data trends** such as the range and consistency of data within and across sites.
- Analyzing site characteristics and **performance metrics**.
- Selection of sites and/or processes for targeted on-site monitoring.

5.19.6. Monitoring Report

Results of monitoring activities should be documented in sufficient detail to allow verification of compliance with the monitoring plan.

6. Clinical trial protocol and protocol amendment(s)

6.4. Trial design

...A description of the trial design, should include:

6.4.9.

• The **identification of any data to be recorded directly** on the CRFs (i.e. no prior written or electronic record of data), and to be considered to be source data.

What is Added in the Guide?

- The principles (2.10)
- (Electronic) Records & Reports (4.9.1)
- Quality Management Risk Based Approach (5.1)
- Trial management, data handling, and record keeping Validation of Computerized Systems and relevant SOPs (5.6.3)
- Data Integrity (5.6.3)
- Data Monitoring (5.19.3)



Thank You

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