ACRP Regulatory Affairs Committee Review of FDA's Request for Comments

Using Technologies and Innovative Methods to Conduct Food and Drug Administration-Regulated Clinical Investigations of Investigational Drugs

What is the document?
The FDA established a public docket to solicit input from stakeholders regarding the use of technology in current and future clinical trials regulated by the FDA.

Who does it impact & how?
There is the potential for impact to Sponsors, Investigators and trial participants depending on the feedback provided to the FDA and the Agency's next steps with the information solicited.

What did ACRP RAC have to say about it?
ACRP's RAC provided input on many specific questions posed by the Agency and overall supports the Agency's endeavor and outreach to stakeholders in order to better understand current and future technology use and potential barriers to their use. The Committee raised some concerns and suggestions for FDA to take into consideration for future guidance documents and inspections, specifically with respect to the various definitions and types of technology platforms and the Agency's plans for "enforcement discretion" as well as concerns over validation and compliance with 21 CFR Part 11in a 'bring your own device' model.

When were the RAC's comments sent to the agency?
December 21, 2015

Where can I access this document?
http://www.regulations.gov/#!documentDetail;D=FDA-2015-N-3579-0001

ACRP
ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS

MISSION:
ACRP promotes excellence in clinical research.

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December 21, 2015

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, rm. 1061
Rockville, MD 20852

In reference to docket number: **FDA-2015-N-3579**

The Association of Clinical Research Professionals (ACRP) is the primary resource for clinical research professionals in the pharmaceutical, biotechnology and medical device industries, and those in hospital, academic medical centers and physician office settings. ACRP was founded in 1976 to address the educational and networking needs of research nurses and others who supported the work of clinical investigations. Almost 40 years later, ACRP is a global association comprised of individuals dedicated to clinical research and development. Our mission is "ACRP promotes excellence in clinical research." The Academy of Physicians in Clinical Research (APCR) is an affiliate of ACRP and is the leading professional organization, exclusive to physicians, that supports and addresses these unique issues and challenges of all physicians involved in clinical research.

ACRP appreciates the opportunity to provide the FDA with our comments toward Using Technologies and Innovative Methods to Conduct Food and Drug Administration-Regulated Clinical Investigations of Investigational Drugs as this issue has a significant impact on our membership. The attached document provides detailed comments/suggestions/recommendations in response to many of FDA's specific questions posed. Additionally, we want to reiterate that we appreciate and support the Agency for starting this dialogue now and for seeking input from a wide variety of stakeholders. We agree that the challenges of subject recruitment, participation and retention contribute to the cost and complexity of conducting research and can be greatly improved with the use of innovative technology methods. However with the various 'unknowns' and unclear expectations, many Sponsors may be slow to add such new technologies to their studies.

We applaud the FDA's efforts on this important issue and hope that our feedback helps improve the final version of the document. Please let me know if you have any questions regarding our comments, or if we may otherwise serve as a resource on issues related to clinical research.

Sincerely,

Jim Kremidas
Executive Director

FDA-2015-N-3579 : Using Technologies and Innovative Methods to Conduct Food and Drug Administration-Regulated Clinical Investigations of Investigational Drugs	
Issue for Comment	**Comments**
Background, 4	The concept of web based eligibility screening seems to be a 'low hanging fruit'. This appears to present the lowest level of risk to potential subjects and to sponsors of research since it would enable potential subjects to consider participation and limit unnecessary study interventions/visits if it appears they are not eligible. We think this would be readily accepted by the public, particularly as our general population, both young and old use computer technology more and more. As the non-computer generation becomes a thing of the past, this could be even more acceptable and appealing over time. Since verification of eligibility would still be required, the risk of misinterpretation of information or incorrect interpretation by a potential subject would still be "caught" if you will by study staff.
2, 3a	The current Mobile Medical Application guidance document clearly defines and differentiates mobile medical platform, mobile application, mobile medical application, regulated medical device. It also indicates that "enforcement discretion" will be used by the Agency with regard to some Mobile Medical Apps. We request that FDA clarify whether the use of enforcement discretion is likely to change if these Mobile Medical Apps are used in the context of a clinical trial.
3b , 4d	From a potential subject perspective, the use of e-consent could be very beneficial to ensuring their understanding of the information. The use of hyperlinks to provide additional information on disease terms, procedure descriptions, etc. better enable a subject to fully understand the study activities. Those already familiar with the terminology are not burdened reading through an overly long document which provides details on many things they already know. However, authenticating the identity of one consenting remotely and electronically and the security/privacy risks are considerable and industry has not yet determined how best to address these concerns.
4b	The use of remote sensor technology also appears to be a promising near term opportunity. If the sensors/devices are provided by the researchers, data gathered in real time with minimal need for the subject to actively do anything should provide much more reliable data. It would also perhaps permit gathering of data that hasn't been reasonably possible before, such as data automatically generated while a subject sleeps in their own home. The challenges would be in regards to proper validation of the technology. By ensuring that the device transmits data using a

	subject identifier that would mask the true identity (similar to how data collection is now performed) one virtually eliminates the security/privacy concerns.
3, 4i	A down side to using advanced technologies which must be considered is the potential for exclusion of elderly, economically disadvantaged and intellectually challenged persons from participation due to inability to use the technology or inability to pay for the supporting services (such as an internet connection by which a device might communicate the data collected), etc.
4a, 4d	One specific group that might benefit from use of the proposed technologies and methods might be pediatric populations. Anything that could enable a family to permit a child to participate in a study that they otherwise would not consider due to the need to be at a clinic, perhaps with their other children, perhaps when their other children have a need for parental support to engage in activities (thus influencing a parent not to enroll a child in a research study) could all be reduced or eliminated with some of these technological advances.
4a, 4d	Individuals suffering from debilitating pain, limited mobility, etc could also benefit from the use of the proposed technologies and methods. Reducing the need to obtain support to transport to/from appointments, or limiting trips from the supportive home environment that helps them stabilize their pain or other debilitating symptoms could enable more of such individuals the opportunity to participate in research.
4c, 4h Overarching challenges to the industry?	Concerns about validation and compliance with 21 CFR Part 11 and how the agency will enforce these requirements, particularly in regards to 'bring your own devices' (BYOD) approaches and mid-study BYOD changes. Risks for data privacy or other types of security breaches (viruses, hacking). Potentially costs for providing devices if that is the only way that proper security and validation can be assured.

TABLE 3—ESTIMATED ANNUAL THIRD-PARTY DISCLOSURE BURDEN [1]

21 CFR Section	Number of respondents	Number of disclosures per respondent	Total annual disclosures	Average burden per disclosure	Total hours
54.4(b)—Clinical Investigators	7,106	1	7,106	0.17 (10 minutes)	1,208

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Dated: *October 23, 2015.*

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015–27559 Filed 10–28–15; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–D–0286]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Guidance for Industry on Formal Meetings Between the Food and Drug Administration and Biosimilar Biological Product Sponsors or Applicants

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled ''Guidance for Industry on Formal Meetings Between the Food and Drug Administration and Biosimilar Biological Product Sponsors or Applicant'' has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: On June 25, 2015, the Agency submitted a proposed collection of information entitled ''Guidance for Industry on Formal Meetings Between the Food and Drug Administration and Biosimilar Biological Product Sponsors or Applicant'' to OMB for review and clearance under 44 U.S.C. 3507. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0802. The approval expires on September 30, 2018. A copy of the supporting statement for this information collection is available on the Internet at *http://www.reginfo.gov/public/do/PRAMain.*

Dated: October 23, 2015.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015–27558 Filed 10–28–15; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2015–N–3579]

Using Technologies and Innovative Methods To Conduct Food and Drug Administration-Regulated Clinical Investigations of Investigational Drugs; Establishment of a Public Docket

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; establishment of docket; request for comments.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the establishment of a public docket to solicit input from a broad group of stakeholders on the scope and direction of the use of technologies and innovative methods in the conduct of clinical investigations. Specifically, FDA seeks information to understand individual and industry experiences with the use of such technologies to more efficiently conduct clinical research. FDA also seeks stakeholder perspectives on possible barriers to implementing these technologies and methods to conduct clinical investigations.

DATES: Submit electronic or written comments by December 28, 2015.

ADDRESSES: You may submit comments as follows:

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *http://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *http://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand delivery/Courier (for written/paper submissions):* Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Division of Dockets Management, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2015–N–3579 for ''Using Technologies and Innovative Methods to Conduct FDA-Regulated Clinical Investigations of Investigational Drugs.'' Please identify the specific question or issue that the comment addresses. Received comments will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *http://www.regulations.gov* or at the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

• Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *http://www.regulations.gov.* Submit both copies to the Division of Dockets Management. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *http://www.fda.gov/regulatoryinformation/dockets/default.htm.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *http://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Division of Dockets Management, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Nicole Silva, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 3341, Silver Spring, MD 20993–0002, 301–796–3419; Aaliyah K. Eaves, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 5431, Silver Spring, MD 20993–0002, 301–796–2948; or Stephen Ripley, Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 71, Rm. 7301, Silver Spring, MD 20993–0002, 240–402–7911.

SUPPLEMENTARY INFORMATION:

I. Background

Clinical investigations that ensure the protection of the rights, safety, and welfare of trial participants and that yield reliable data are critical to FDA's mission to ensure that medical products are safe and effective. The clinical trial enterprise continues to evolve and become more complex, and the scientific and infrastructure challenges of conducting clinical investigations affect the cost and timeliness of medical product development. Challenges in recruiting and retaining sufficient numbers of trial participants to conduct an adequately powered investigation in a reasonable amount of time may contribute to the cost and complexity. Creative uses of technology in conducting clinical investigations have emerged over the previous decade and include advances that have the potential to improve recruitment, participation, and retention of trial participants. New technology and communication infrastructure allow for collection of data and communication wherever the trial participant is located, including at his or her health care provider's location, creating opportunities to overcome geographical and logistical barriers that otherwise might prevent a potential trial participant from participating in a clinical investigation, as well as facilitating the integration of research with clinical care. In addition to potential convenience for the trial participant, these tools and technologies may present sponsors with the opportunity to capture data more frequently and efficiently than would be feasible if data collection were only conducted when the trial participant visited the study site. This may enhance the sponsor's ability to understand the safety and effectiveness of drugs, biologics, and medical devices; increase additional meaningful data gathering; minimize missing data; and maximize trial participation and retention.

Some of these technologies and methods may be used regardless of the trial participant's location and may include, for example, mobile health technology, telemedicine, and remote sensors. Use of these technologies and methods allows for more flexibility for the sponsor and clinical investigator in the oversight of clinical investigation conduct, data collection, and monitoring of trial participants and clinical sites. Other elements that may be incorporated into clinical investigations to improve trial participant recruitment include online/Web-based eligibility screening, informed consent, and communication between investigators and participants.

II. Purpose of the Docket

FDA is soliciting public input from a broad group of stakeholders regarding technologies and innovative methods for using technology to more efficiently conduct clinical research. FDA is interested in identifying new opportunities to study medical products, as well as receiving comments on barriers, challenges, and relevant considerations that may affect a medical product clinical investigation that uses these technologies and methods.

III. Issues for Comment

In addition to the general information requests in section II of this document, FDA is interested in obtaining information and public comment on the following specific issues:

1. What technologies, communication infrastructure, or innovative methods are being used to conduct clinical investigations? FDA is aware of several groups conducting and interested in conducting clinical investigations using mobile technology and remote methods for data collection. FDA requests feedback on experiences with implementing such methods or models (for example, lessons learned), as well as information supporting the use of any suggested technologies, methods, or models, including any characteristics that would make the technology more or less desirable for use in clinical trials.

2. What are ways FDA could encourage adoption of these technologies and innovative methods in the conduct of clinical investigations?

3. Identify any clinical, cultural, business, regulatory, or other barriers perceived by stakeholders that serve as a disincentive to the use of technology to facilitate the conduct of clinical investigations.

a. What challenges do stakeholders anticipate in adoption of these technologies or methods? Are there challenges in complying with regulatory requirements surrounding the conduct of clinical investigations that use such technologies or methods?

b. What are the perceived barriers or challenges to obtaining and documenting informed consent or obtaining institutional review board review, approval, and oversight for clinical investigations utilizing these technologies or methods?

4. FDA is interested in obtaining information on potential trial participant acceptance, privacy, and human subject protection issues that may occur as a result of the use of technologies and innovative methods for the conduct of clinical investigations. In particular, FDA is

interested in assessing potential trial participants' interest, tolerance, concerns, and willingness to participate in clinical investigations that involve nontraditional settings or utilize new technologies. FDA is also interested in identifying the factors that affect trial participant awareness, acceptance, enrollment, and retention for these investigations.

a. Are there specific patient groups or therapeutic areas that could particularly benefit from these types of technologies or methods?

b. What new opportunities for the conduct of clinical investigations are created through the use of continuous or intermittent remote monitoring and data collection?

c. What are some of the anticipated risks to trial participants that may occur as a result of the use of these technologies or off-site methods in clinical investigations?

d. What are some of the anticipated benefits to trial participants that may occur as a result of the use of these technologies or off-site methods in clinical investigations?

e. Are there perceived challenges to participation in clinical investigations utilizing these types of technologies or methods because of concerns regarding inadvertent disclosure of trial participants' information or breach of privacy? Are there concerns relating to the integrity of data collection or encryption or the secure transmission of information?

f. Are there unique considerations for ensuring integrity of the source data, for example, authenticity and reliability?

g. How should validation of participant-operated mobile devices be addressed?

h. What are the challenges presented when data are collected using the Bring Your Own Device (BYOD) model? BYOD in clinical investigations refers to the practice of trial participants using their own devices, such as smartphones or tablets, for data collection. For example, participants in a clinical investigation may use their own computer devices to access and respond to study-related questionnaires. What are the perceived barriers to pooling data collected from different devices provided by individual trial participants, as well as pooling data from the BYOD model with data collected at the investigational site or on paper forms? How should situations such as mid-study user device switches be handled?

i. What are the challenges or special considerations with recruiting and/or retaining potential trial participants with low levels of computer literacy or individuals who may have limited or no access to mobile technologies, computer devices, or the Internet? How can these challenges or special considerations best be addressed?

Dated: October 26, 2015.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015–27581 Filed 10–28–15; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2014–D–2138]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Guidance for Industry on Adverse Event Reporting for Outsourcing Facilities

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled ''Guidance for Industry on Adverse Event Reporting for Outsourcing Facilities Under Section 503B of the Federal Food, Drug and Cosmetic Act'' has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: On August 4, 2015, the Agency submitted a proposed collection of information entitled ''Guidance for Industry on Adverse Event Reporting for Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act'' to OMB for review and clearance under 44 U.S.C. 3507. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0800. The approval expires on September 30, 2018. A copy of the supporting statement for this information collection is available on the Internet at *http://www.reginfo.gov/public/do/PRAMain.*

Dated: *October 23, 2015.*

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2015–27557 Filed 10–28–15; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 80 FR 44358 dated July 27, 2015).

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA), Office of Planning, Analysis, and Evaluation (RA5). Specifically, this notice: (1) Establishes the Office of Strategic Initiatives (RA59) within the Office of Planning, Analysis, and Evaluation.

Chapter RA5—Office of Planning, Analysis, and Evaluation

Section RA5—00, Mission

The Office of Planning, Analysis, and Evaluation (RA5) provide HRSA-wide leadership on cross-agency initiatives and Departmental priorities.

Section RA5–10, Organization

Delete the organization for the Office of Planning, Analysis, and Evaluation in its entirety and replace with the following:

The Office of Planning, Analysis, and Evaluation (RA5) is headed by the Director, who reports directly to the Administrator, Health Resources and Services Administration. The Office of Planning, Analysis, and Evaluation includes the following components:

(1) Office of the Director (RA5);

(2) Office of Policy Analysis (RA53);

(3) Office of Research and Evaluation (RA56);

(4) Office of External Engagement (RA57);

(5) Office of Performance and Quality Measurement (RA58); and

(6) Office of Strategic Initiatives (RA59).

Section RA5–20, Functions

This notice reflects organizational changes in the Health Resources and Services Administration (HRSA), Office