Working Group Agreed upon DEFINITIONS (as of March 2015)

MRCT Multi-Regional Clinical Trials
The MRCT Center at Harvard

"Post-trial responsibilities":
The term "post-trial responsibilities" is sometimes used to denote "post-trial access to an investigational drug", but should be interpreted to include more expansive responsibilities after the conclusion of a clinical trial. Post-trial responsibilities may include, for instance, transitioning research participants (patients) to other venues for obtaining clinical care and treatment, provision of counseling, and/or the obligation (if any) to provide benefits to the community and country in which the clinical trials were conducted.

"Post-trial access to an Investigational Drug"
The term "post-trial access" has varied meanings, often resulting in confusion and misunderstanding. For the purposes of this workgroup, post-trial access will be used to mean "continued access to an investigational drug for participants who have participated in a clinical trial." In contrast to expanded access that is directed to individuals who *cannot* participate in a clinical trial, post-trial access refers to individuals *who did participate* in a clinical trial. It is commonly the sponsor's provision of investigational product for clinical trial participants after their trial participation ends. Continued access options may include open-label trial extensions, rollover studies, separate protocols, or protocol amendments.

“Expanded Access” of an Investigational Drug:

The U.S. National Institutes of Health (NIH) defines expanded access[1] as “the means by which manufacturers make investigational new drugs available, under certain circumstances, to treat a patient(s) with a serious disease or condition *who cannot participate in a controlled clinical trial.[2]”* NIH further explains that “for patients who cannot participate in a clinical trial of an investigational drug, but have a serious disease or condition that may benefit from treatment with the drug, FDA regulations enable manufacturers of such drugs to provide those patients access to the drug under certain situations, known as ‘expanded access’”[3] alternatively termed “compassionate use.”

The U.S Food and Drug Administration (US FDA) guidelines include the requirement that such drugs “cannot expose patients to unreasonable risks given the severity of the disease to be treated and the patient does not have any other satisfactory therapeutic options (e.g., an approved drug that could be used to treat the patient's disease or condition). Further, the manufacturer must be willing to make the drug available for expanded access use. The primary intent of expanded access is to provide treatment for a patient’s disease or condition, rather than to collect data about the study drug.”[4]

[1]Expanded access is sometimes referred to as “compassionate use.”; [2]See: http://www.nlm.nih.gov/services/ctexpaccess.html (emphasis added); [3] Ibid; [4] Ibid.

"Expanded Access" of an Investigational Drug: (cont.)
Further, according to the USFDA, the drug must be under investigational use in at least one country in order to be considered for expanded access. If the drug is not marketed in the country in which the patient lives, however, the patient may seek access to the drug through an expanded access program.

Of note, the term "expanded access" has also been used to include "community access to a proven effective drug," or, more specifically, providing access to drugs that have been deemed safe and effective by a regulatory agency to the community (or country) – in addition to the trial participants—in which the clinical trials were conducted. Therefore, when using the term "expanded access" it is very important to delineate whether the term is referring to provision of an investigational drug not within the context of a clinical trial aka "off trial" or post-trial community access to a proven effective drug.

Although both off-trial access to an investigational drug provided to patients and community access to a proven effective drug are important issues, they will not be addressed with the scope of this project, but may be the subject(s) of subsequent MRCT Center efforts.