VIA ELECTRONIC DELIVERY

EU Commissioner for Health and Food Safety, Stella Kyriakides

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Brussels, 17 March 2023

Multi-stakeholder open letter expressing concerns regarding the impact of IVDR implementation on patient access to clinical trials

Dear Commissioner Kyriakides,

We are writing to express the concerns of a multi-stakeholder community relating to the Regulation (EU) 2017/746, or the In Vitro Diagnostics Regulation (IVDR). Challenges associated with the implementation of this regulation experienced by industry stakeholders are hampering effective drug development to the ultimate detriment of European patients. These challenges are presently causing major delays in clinical research and are projected to cripple access to clinical trials for new, life-saving therapies for tens of thousands of EU patients over the next few years. **Decision-makers at the EU and national levels must work together to overcome the implementation challenges of the IVDR, and we request a meeting with you to discuss solutions to mitigate hurdles to clinical research in a timely manner and ensure patients maintain access to clinical trials.**

In vitro diagnostics (IVDs) are used for a variety of purposes including screening, diagnosis, assessments of predispositions, and health monitoring. The success of effective personalised medicine depends on accurate, reliable results from IVDs to determine whether a given therapeutic is appropriate for a particular patient. This is particularly true in oncology, in which the use of molecularly-guided therapies relies on IVDs (e.g., companion diagnostics (CDx)) to accurately determine the presence or absence of the alteration being targeted, or to monitor therapy response. IVDs are similarly critical in identifying biomarkers and aiding the development of targeted therapies for patients in other disease areas including neurological and rare genetic diseases.

Patients expect that the IVDR will not only ensure their safety and provide a more transparent regulatory framework for IVDs, but also uphold access to innovative medical technologies. It is imperative that regulatory resources around personnel and training necessary for review of IVDs be sufficient to avoid unnecessary barriers to getting IVDs to market and available for use by patients and clinicians.

Furthermore, patients must have access to novel life-saving therapies, which is currently threatened by a lack of infrastructure necessary to implement IVDR requirements pertaining to clinical trials using IVDs. Under the IVDR, if the results provided by a non CE-marked IVD are used for a medical purpose, i.e., patient medical management decisions or treatment guidance (e.g., identifying eligible trial participants) within a clinical trial, a performance study authorisation by all EU Member States in which the clinical trial is to be run is required prior to its use. The IVDR promotes harmonization of performance study protocol assessments across Member States by establishing a coordinated assessment of applications through a single database (EUDAMED). Through this process, a single Member State coordinates the review and approval of the performance study application to permit the study to proceed. However, this coordinated process will not be in place for several years, and guidance on how trial sponsors are to proceed until then is lacking. Currently, trial sponsors must submit applications separately to individual EU Member States which may vary in their capacity to review applications in a timely manner, as well as in their assessments and feedback. Furthermore, drug and diagnostics manufacturers lack clarity regarding their respective roles and responsibilities in this process.

The challenges posed by the lack of guidance and infrastructure necessary to execute these new requirements of the IVDR are leading to significant delays in clinical trial initiation in the EU, and thus, delayed access for patients to trials and innovative therapies. In a survey conducted by the European Federation of Pharmaceutical Industries and Associations (EFPIA), twenty-one large pharmaceutical companies reported current delays in 82 to 160 clinical trials due to the IVDR, with the most frequently reported delay being six to twelve months. The companies estimate potential subsequent delays in the launch of 89 products in therapeutic/disease areas including oncology, rare diseases, neuroscience, paediatrics, and others. Hundreds of trials are expected to be delayed over the next three years, which could impact tens of thousands of patients.

In the face of these hurdles, European trial sites are becoming less appealing to pharmaceutical companies, which may seek to conduct their trials elsewhere. Sixty-seven percent of companies surveyed indicated that they would consider reducing their use of EU trial sites if IVDR requirements remain as they are. As a result, patients across the EU, including those with life-threatening diseases, will lose access to innovative and transformative therapies.

The multi-stakeholder community supports the intent of the IVDR as a regulatory framework that establishes high standards for ensuring the safety and accuracy of IVDs in order to safeguard patients. However, the implementation of this framework must not hamper vital clinical research nor stifle innovation in the EU. **Decision-makers at the EU and national levels must cooperate in a timely manner to develop solutions that will ensure that access to clinical trials and novel therapies for patients is maintained during the implementation of the regulation.**

We appreciate your attention to our concerns. We stand ready to contribute and, therefore, **we kindly request a meeting with you to discuss possible solutions (e.g., delayed application of IVDR to clinical trials, needed guidance development, etc.) to the current implementation challenges, to realise the full benefits of the IVDR.**

Best regards,