MINUTES OF THE 10th MEETING OF TECHNICAL COMMITTEE HELD ON 28-11-2013 UNDER THE CHAIRMANSHIP OF DGHS FOR SUPERVISING CLINICAL TRIALS ON NEW CHEMICAL ENTITIES IN THE LIGHT OF DIRECTIONS OF THE HON'BLE SUPREME COURT OF INDIA ON 03.01.2013

Present:

1.	Dr. Jagdish Prasad, Director General of Health Services.	Chairman
2.	Dr.Ranjit Roy Chaudhury, National Professor of Pharmacology, Former Member, BOG-MCI, New Delhi.	Member
3.	Dr. Vinod Raina, Fortis Memorial Research Institute, SCO-44, Gurgaon.	Member
4.	Dr. Nandini Kumar, Former Dy. Director (Sr. Grade) National Institute of Epidemiology, ICMR, Delhi.	Member
5.	Dr. Ashok Kumar Das, Director – Professor of Medicine & Medical Superintendent, JIPMER, Puduchery	Member
6.	Dr. Yash Paul Sharma, Prof. & Head, Dept. of Cardiology, PGIMER, Chandigarh	Member
7.	Dr. KamlakarTripathi, Prof., Dept. of Medicine, Institute of Medical Sciences, Banaras Hindu University, Varanasi	Member
8.	Dr. P.K. Dalal, HOD, Dept. of Psychiatry, CSMU Medical College, Lucknow.	Member
9.	Dr.RajutitusChacko, Prof. & Head, Dept. of Medical oncology, CMC, Vellore.	Member

From CDSCO:

1.	Dr. G.N. Singh, Drugs Controller General (India)
2.	Sh. A.K. Pradhan, Deputy Drugs Controller (India)

3. Sh. S.P.Shani,
Deputy Drugs Controller (India)

4. Ms. A Vishala
Deputy Drugs Controller (India)

Dr. Jagdish Prasad, DGHS welcomed the members and briefed them about the outcome of the ninth meeting of the Technical Committee which was held on 29.10.13. The minutes of the ninth meeting approved by the Chairman were already circulated to the members.

The Committee was apprised that in light of the Hon'ble Supreme court order dated 21.10.13, and based on recommendation of Apex Committee, it has been made mandatory vide order of DCGI dated 19.11.13 with the approval of the Ministry of Health and Family Welfare, that in all clinical trials, in addition to the requirements of obtaining written informed consent, audio-visual recording of the informed consent process of each trial subjects, including the procedure of providing the information to the subjects & his/her understanding on such consent is required to be done while adhering to the principles of confidentiality. Such audio-visual recording and relate documentation would be preserved. This is applicable to the new subjects to be enrolled in all clinical trials including Global Clinical Trials.

All the sponsors /investigators/institutes/organizations and other stake holders involved in conduct of clinical trials in the country are required to adhere to the above requirement of audio-visual recording of the inform consent process of trial subjects.

The Committee in its 9th meeting held on 29-10-2013, evaluated the proposal of CSIR for the conduct of Phase II clinical study with PA-824 and opined that study can't be approved in its present form and recommended that the protocol of the study should be modified by deleting first arm of the study in which the trial participants will not receive the standard treatment. This is because, in a scenario if experimental drug is not effective it will not only harm the participants of the arm but also it could lead to develop XDR. Accordingly, the protocol should be modified and submitted to the committee for review. The Apex committee also agreed on the recommendation of the Technical committee.

However, the DG, CSIR requested the Secretary, Ministry of Health & Family Welfare, to hear the experts on TB from CSIR, before arriving at a decision.

Accordingly, experts on TB from CSIR presented their case before the Committee.

The Committee observed the following:

- The treatment duration in the proposed study of PA- 824 is only two months. The patients in first arm will not receive the standard care only

for two months. After the end of two months these patients will receive the standard of care as part of their routine treatment. Therefore, the chance of development of XDR is very less.

- The study will be conducted at Govt. Hospital i.e Lala Ram Swarup Institute of Tuberculosis & Respiratory Diseases (upgraded as National Institute of Tuberculosis and Respiratory Diseases), Mehrauli, New Delhi, which have adequate facilities for conducting such studies.
- All the subjects enrolled in the study will be admitted in the hospital for two months during the treatment period. Therefore, they will be under close supervision of the Investigator and Co-Investigator and there will be rescue management in case of any emergency.

In view of above, after detailed deliberation, the Committee recommended for the grant of permission for the proposed clinical trial as per the protocol submitted.

The Committee then discussed the issue of evaluation of 157 cases of global clinical trials approved by DCGI based on NDACs recommendations, as per order of Hon'ble Supreme court dated 21.10.13.

In this regard, as desired by the Technical Committee in its 9th meeting, the status of 157 cases of Global Clinical Trials (GCT) were placed before the Committee. Out of 157 cases, status of 148 cases have been received so far, which is as under:

Ongoing	64
Completed	35
Not initiated	19
Terminated / Suspended	11
Discontinued	19

Out of 64 cases of ongoing global clinical trials, detailed information of 50 cases were already circulated to the members of the Committee through e-mail. List of these proposals are as under:

Sr. No.	Drug	Names of the Applicant
1	Daclizumab high yield process (DAC HYP)	Biogen Idec
2	Xprenor(buprenorphine oral lyophilisate)	Clinigene
3	Asenapine	PAREXEL
4	PF-03049423	Pfizer
5	RO4917838	Quintiles
6	RO4917828	Quintiles
7	Cariprazine	Quintiles

8	Recombinant Human Coagulation Factor IX Fusion Protein (rFIXFc)	Biogen Idec
9	Recombinant Human Coagulation Factor VIII Fusion Protein (rFVIIIFc)	Biogen Idec
10	VGX-3100	Max Neeman
11	Factor VIII	Max Neeman
12	Nilotinib	Novartis
13	Pertuzumab	Roche
14	SUNITINIB MALEATE (Tyrosine Kinase inhibitor)	Pfizer
15	PF-00299804	Pfizer
16	Crizotinib Capsules 200 mg and 250 mg	Pfizer
17	AFATINIB	Boehringer
18	Panitumumab	Amgen
19	Denosumab	Amgen
20	Axitinib	Quintiles
21	Symbicort - Budesonide + Formoterol	AstraZeneca
22	QVA149	Novartis
23	Fluticasone Furoate /Vilanterol Inhalational powder 100/25 mcg	Parexel
24	Nintedanib (BIBF 1120)	Boehringer
25	Tiotropium + olodaterol fixed dose combination	Boehringer
26	Fixed dose combination of Tiotropium + Olodaterol solution for inhalation	Boehringer
27	BIBF 1120	Boehringer
28	BIBF 1120	Boehringer
29	Sifalimumab	AstraZeneca
30	PF-04171327 (5mg / 10 mg / 25 mg) Tablets.	Pfizer
31	DEB025 (alisporivir)	Novartis
32	NVC-422	Quintiles
33	Vildagliptin	Novartis
34	Mipomersen	Sanofi
35	Velaglucerase Alfa	Quintiles
36	Saxagliptin	BMS
37	Denosumab	Amgen
38	NT 201	Kendle
39	Doxorubicin-EMCH	GVK/INC Research
40	Estradiol valerate (EV) / Dienogest (DNG) (Qlaira)	Bayer
41	CXA-201 (CXA-101/ tazobactam) for Injection	PRA
42	AMR101	Pharmant
43	Tasquinimod	PPD
44	GP2013	PPD
45	Ceftazidimeavibactam	PPD
46	Topiramate (USL 255)	PPD

47	STAVUDINE (app. In INDIA)	PPD
48	Adjunctive Perampanel	PPD
49	BOCEPREVIR	MSD
50	Lapatinib	GSK

The Committee evaluated these 50 cases in detail one by one keeping in view all relevant aspects of safety and efficacy particularly in terms of assessment of risk versus benefit to the patients, innovation vis-a-vis existing therapeutic option and unmet medical need in the country.

After detailed deliberation, the committee recommended that all these 50 cases of GCT meet the requirements of safety and efficacy aspects especially in terms of risk versus benefits to the patients, innovation vis-a-vis existing therapeutic options and unmet medical need in the country and these studies should be continued.

However, in case of proposal at Sr. No. 29, the Committee noted that at one of the clinical trial site, a case of pregnancy has been reported. The Committee recommended that this case of pregnancy should be followed-up and there should not be further patient enrollment at this site.

The Committee further recommended that in case of those proposals, out of 50 cases, where there is no Govt. Hospitals/ Medical Colleges/Institutions as sites, the DCG(I) should advise the applicants to include at least two Govt. Hospitals/ Medical Colleges/Institutions as sites in those trials.

Thereafter, the Committee evaluated following 8 fresh proposals of clinical trials of new drugs (including institutional, fixed dose combinations, subsequent new drugs, biological) details of which were forwarded through e-mail to the members as per the format.

Sr. No.	**Drug**	**Names of the Applicant**	**Division**
1	Platelet rich plasma	Dr.Aarti Sharma, KGMU, Lucknow	Institutional CT
2	Ambrisentan + Tadalafil	Dr. Saibal Mukhopadhyay, Associate Professor, Department of Cardiology, G B Pant Hospital, Delhi	Institutional CT
3	Cabazitaxel	M/s Sanofi-Synthelabo (India) Limited	NDA
4	Atorvastatin and vitamin D3 tablets (10 mg + 1000 IU) and (20 mg + 1000 IU)	M/s Sun Pharmaceutical Industries Ltd.	FDC Division
5	Losartan potassium, amlodipine and hydrochlorothiazide tablets (50 mg + 5 mg + 12.5 mg)	M/s Sun Pharmaceutical Industries Ltd.	FDC Division
6	Salbutamol Pressurised Inhalation	M/s Glenmark Pharmaceuticals Ltd	SND
7	Etanercept	M/s Lupin Limited	Biological (Recombinant)

	Panitumumab (Vectibix)	M/s Glaxosmith Kline Pharma. Ltd	Biological (Recombinant)

Out of these 8 cases, one case (S.No.1 above) was of Dr.Aarti Sharma, KGMU, Lucknow for conducting an institutional clinical trial study with Platelet rich plasma which was earlier deliberated by the committee in its 9th meeting wherein the committee recommended that detail information in respect of the proposal as per the format should be forwarded to the members for further review. Accordingly, the details were forwarded to the members of the Committee through e-mail. The committee deliberated on the proposal and recommended for the grant of permission to conduct the proposed study.

The remaining 7 cases were fresh proposals of clinical trials which have been recommended by NDAC for approval. The committee deliberated these 7 cases one by one in detail and recommended for the grant of permission to conduct the clinical trials.

The Committee was apprised that a representation has been received from M/s Glenmark Pharmaceuticals Ltd., in respect of the condition being laid while granting CT permissions for inclusion of at least 50% sites from Govt. Medical College/Hospitals. The firm has stated that majority of the sites (85%) in India are private medical college/multi-specialty Hospitals. Government Medical Colleges/Hospitals in fact contribute only 15% of total clinical trial sites. It is therefore impractical to suddenly insist on 50% sites to be from Government hospital/medical college pool. This number should be 15% or at best 20% of the overall sites pool.

The Committee was further informed that concerns have been raised that in all cases multispecialty hospital should not be made mandatory. There are certain clinical trials such as in ophthalmological, cancer etc. where study is proposed to be conducted in reputed ophthalmological centers e.g. Shankar Netralaya etc. In such cases multispecialty hospitals should not be insisted.

The Committee deliberated these issues in detail and noticed that in every case it might not be feasible to comply with these conditions for conducting clinical trials in multispecialty hospitals with at least 50% Govt. Medical College/Hospitals. The Committee therefore recommended that the decision in respect of percentage of inclusion of Govt. Medical College/Hospitals and nature of clinical trial sites will be taken on case by case basis.

The meeting ended with the vote thanks to the Chair.
