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# RWANDA FOOD AND DRUGS AUTHORITY STANDARD OPERATING PROCEDURE (SOP) ON REVIEW OF APPLICATION FOR AMENDMENT OF AN APPROVED CLINICAL TRIAL

	Author		Checked by		Authorized by	
Title	Clinical Trial Specialist	Division Manager PV-SM	Head od Department of FDISM	Quality Management Systems	Director General	Page 1 of 19
Signature & Date		- 1 33.2		, 200333		

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#### 1.0 PURPOSE

- 1.1 This standard operating procedures(SOPs) describe the procedures for review of application for amendment of an approved clinical trial submitted to Rwanda FDA
- 1.2 Ensure the overall consistency in the norms and standards applied throughout the review of Clinical Trial Amendments
- 1.3 Ensure that the claimed amendments for an approved clinical trial are consistent with the provisions of Rwanda FDA regulations and requirements.

#### 2.0 SCOPE

The SOP is applicable to the applications for amendment of an already approved clinical trial (substantial and non-substantial amendments) submitted to Rwanda FDA, additional data provided in response to deficiency or query letters for **Clinical Trial amendments**. It doesn't apply to the amendment made during the review of new application

#### 4.0 DEFINITIONS AND ABBREVIATIONS

#### 4.1 **DEFINITIONS**

- **4.1.1. Amendments:** A written description of a change(s) to or formal clarification of a Clinical Trial protocol that has already approved by the authority
- 4.1.2. **Substantial: amendment**: changes to the terms of the protocol or any other trial supporting documentation that is likely to have significant impact and affect the safety and integrity of trial participants, the scientific value of the research, the conduct or

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management of the research, and the quality or safety of any investigational medicinal product used in research.

4.1.3. **An-substantial amendments**: changes to the details of a trial study which have no significant implications for the study participants, conduct, management and scientific value of the research

#### **4.2 ABBREVIATIONS:**

**CTAA**: Clinical Trial Application for Amendment

**FIFO**: First in First Out

**SOPs**: Standards Operating Procedures

Rwanda FDA: Rwanda Food and Drugs Authority

#### 5.0 **RESPONSIBILITY**

## 5.1 The Director General is responsible for the overall approval or rejection it specifying of Clinical Trials

## 5.2 Head of department of Food & Drugs Inspection and Safety Monitoring are responsible for:

- a) Ensuring that this SOP is correctly and consistently implemented during the process of review of application for amendment of an approved clinical trial and related additional information
- b) Reviewing and providing regulatory guidance on draft feedbacks (additional data requests, approval letters) according to the outcome of the assessment
- c) Monitoring and evaluation of Clinical Trial Oversight
- d) Ensuring that this SOP is regularly updated.

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#### 5.3 Clinical Trial Analyst and Clinical Trial Specialists are responsible for:

- a) Becoming fully familiar with assessment procedures for Clinical trial Applications , including trial amendments
- b) Complying with this SOP whenever carrying out assessment/ review of application for amendment of an approved clinical trial (CTAA) and related additional information
- c) Singing the declaration of interest (DOI) and Confidentiality Agreement (COA)
- d) review of the submitted Clinical Trial Applications according to the first in First out (FIFO) rules
- e) Writing assessment/review report of application for amendment of an approved clinical trial
- f) Preparing draft feedbacks ( additional data requests, approval letters) according to the outcome of the assessment
- g) Ensuring that this SOP is regularly updated.

#### 6.0 DISTRIBUTION

- **6.1** Director General
- **6.2** Heads of Department of Food and Drugs Inspection and Safety Monitoring
- **6.3** Division Manager of Pharmacovigilance & Safety Monitoring,
- **6.4** Clinical Trial Analyst
- **6.5** Clinical Trial specialists
- **6.6** In charge of Quality Management System

#### 7.0 REFERENCE

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#### 8.0 SAFETY PRECAUTIONS

NA

#### 9.0 MATERIALS AND EQUIPMENT

- 9.1 An electronic copy of the Clinical Trial Application for amendments
- 9.2 Guidelines No DIS/GDL/033 Rev N° 0 for Clinical Trial Application and its annexes
- 9.3 Rwanda FDA regulations No CBD/TRG/015 Rev 0 governing Clinical Trials in Rwanda
- 9.4 Regulations No CBD/TRG/004 Rev No 1: Related to the regulatory services tariff/fees and fines
- 9.5 Clinical Trial Approval No DIS/FMT/050 Rev No: 0
- 9.6 Screening and Assessment templates

#### 10.0 PROCEDURES

#### 10.1. FIRST REVIEW/ASSESSMENT OF CLINICAL TRIAL AMENDMENTS

- 10.1.1 Access the screened Clinical Trial Application for amendment (CTAA) and Screening Report
- **10.1.2** Open a folder on your PC and give it a name corresponding to the CTAA file number, e.g. for **XX-CTAA-2021-RwandaFDA**.
- 10.1.3 Copy the Screening Report, rename and save as R1.
  e.g.XX-CTAA-2021-RwandaFDA-R1
- 10.1.4 Copy the Protocol from the CTAA and paste it at the end of the Screening Report
- 10.1.5 Perform your assessment in line with Rwanda FDA regulations and requirements in clear unambiguous language referring to deficiencies or lack of data submitted

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- 10.1.6 Compare the newly submitted information in Clinical Trial amendment with the previous submitted information.
- 10.1.7 In the assessment report, the comments should be typed with "Times New Roman 12" fonts and 1<sup>st</sup> assessor's (R1) comments should be introduced in RED font.
- 10.1.8 The proposed points to be communicated with the applicant shall be highlighted in YELLOW.
- 10.1.9 Ensure that all points to be communicated to the applicant (questions) are properly phrased so as to be easily understood to facilitate proper responses.
- 10.1.10A good communication to the applicant shall have three components:
  - a) State the problem that you have identified;
  - b) Identify the section of the relevant guideline that has not been complied with; and
  - c) State what information the applicant shall submit to the Rwanda FDA
- 10.1.11 Save the final Clinical Trial Amendment Review Report as modified in 3, 4 and 5 above in the folder in 2 above

#### 10.2 SECOND REVIEW/ASSESSMENT OF CLINICAL TRIAL AMENDMENTS

- 10.2.1 The second reviewer shall obtain a folder containing the first assessor's report. No XX-CTAA-2021-RwandaFDA-R1
- 10.2.2 Rename the first assessor's report as R2 e.g.: XX-CTA-2021-RwandaFDA-R2
- 10.2.3 Review the first assessor's report and enter your comment notes as second reviewer notes in the report using  $2^{nd}$  assessor's (R2) comments should be written in BLUE.
- 10.2.4 Deficiencies confirmed by the second assessor/reviewer should be highlighted in YELLOW or BLUE (in either RED or BLUE text depending) in the body of the report.

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- 10.2.5 The second assessor (R2) should not delete the comments and questions raised by the first assessor (R1). They may instead strikethrough the text accompanied by the second assessor's comments.
- 10.2.6 Discuss with the first assessor any areas of contention and arrive at a common position.

  The clinical trial analyst or Division Manager may be contacted if necessary for resolution of contentious matters and further guidance
- 10.2.7 At end the end of second Assessment report (R2), take all agreed points to be communicated with the Applicant to the appropriate section" point to be communicated with the applicant" CTA assessment template
- 10.2.8 List issues identified during the assessment for the follow up assessment, such as information to be confirmed, to be verified under the section "General remarks to next assessors" of the CTAA assessment template.
- 10.2.9 List all issues identified during the CT assessment that require verification during a GCP inspection under section' Recommendations to GCP Inspectors" of the CTA assessment template
- Save the final Report of Clinical Trial Amendment (R2) as modified in 10.2.2

#### 10.3 COMMUNICATION OF CLINICAL TRIAL AMENDMENT DEFICIENCIES

- 10.3.1 After consolidation of the deficiencies queries to be communicated to the applicant in assessment report, draft the letter to the applicant, specifying a request for any representations within 30days of receipt of the letter. Unless the applicant requested for extension
- 10.3.2 Submit the draft letter with second assessment report to the Division Manager of Pharmacovigilance and Safety Monitoring for review and further action.

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10.3.3 If it is a deficiency letter, dispatch the queries via email, to the local national Principal investigator with copy to sponsor and official of Rwanda FDA hierarchy

#### 10.4 ASSESSMENT OF REPONSES ON DEFICIENCIES /QUERIES

- 10.4.1 Access the Clinical Trial Amendment query responses and Assessment template Report
- 10.4.3 Copy the question raised by previous assessors from assessment report (**R2**) and paste in the additional data assessment report template under section of "QUESTION FROM PREVIOUS ASSESSOR"
- 10.4.4 Copy or take snapshot of the proposed applicant response to the raised query responses and paste in the additional data assessment report template under section of "REPONSE FROM APPLICANT"
- 10.4.5 Perform your assessment in line with Rwanda FDA regulations and requirements in clear unambiguous language referring to deficiencies or lack of data submitted in the additional data assessment report template under section of "COMMENT FROM ASSESSOR"
- 10.4.6 In the assessment report, the comments should be typed with "Times New Roman 12" fonts and the 1st assessor's (R1) comments should be introduced in RED font.
- 10.4.7 If the responses are unsatisfactory or partially responded to, the query may be raised again or clarifications are needed. The proposed points to be communicated with the applicant shall be highlighted in <u>YELLOW</u>.
- 10.4.8 Save the final additional data assessment report as above modified in section 10.4.2

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10.4.9 In case the applicant repeatedly provides unsatisfactorily query responses, a face to face meeting shall be convened and final decisions will be taken according to the provisions of the regulation governing clinical trial in Rwanda.

#### 10.5 APPROVAL OF CLINICAL TRIAL AMENDMENTS

- 10.5.1 After completion of the Clinical trial Application review (first or second) without outstanding issues, invite the Principal investigator for face to face or virtual presentation to Rwanda FDA Team as part of approval process.
- 10.5.2 Submit the folder containing Draft Clinical Trial Amendment Approval, Second assessment report (R2), Application letter, Copy of Protocol, Approval from National Ethics Committee and evidence of Payment of non-refundable fees to Rwanda FDA as a zipped folder to the Division Manager of Pharmacovigilance and Safety Monitoring for further action.

#### 11.0 Document Revision History

Date of revision	Revision number	Author(s)	Changes made	and/or
			reasons for revision	
16/11/2020	0	Clinical Trial Specialist	First issue	

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#### Annexes

#### TEMPLATE FOR ASSESSMENT OF CLINICAL TRIAL APPLICATIONS

Date of the submission (covering letter)	
Date of receipt (Rwanda FDA stamp)	
<b>Application Reference Number</b>	XX/CTA/2021RwandaFDA.
Date of Application Screening	
Date of 1st assessment	
Date of 2 <sup>nd</sup> assessment	
Type CT Application	
	☐ New Application
	☐ Amendment Application
	☐ Additional Information
Title of Clinical Trial Application	
Protocol Reference Number	
Protocol Version Number (where	
applicable)	
Name and complete address of CT Applicant	
1 Applicant	

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Names of Principal Investigator		
Names of Co-Investigator		
Names of Sponsor (If applicable)		
Name and address of the Contract research Organisation (s) (CRO) where the clinical studies proving efficacy and safety of the product were conducted. Phase of Trial (if applicable)		
Number of Participants (Trial subjects)		
Number of Clinical Trial Site.		
List of Clinical Trial Sites		
Duration of Clinical Trial		
First assessor	Name	Signature
Second assessor	Name	Signature
Name of Investigational Product (IP) Proprietary Product Name (if relevant)		
International Non-proprietary Name (INN) of the Active Pharmaceutical Ingredient (API), strength, pharmaceutical form.		

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Name (s) and complete address (es) of the manufacturer (s) of the Investigational product (s), including the final product release if different from the manufacturer.  IP Therapeutic Classification	
1	
IP Route of Administration	
IP storage Information	
Conclusion of the CT Assessment	
	☐ ACCEPTED
	☐ ADDITIONAL DATA REQUESTED
	□ REJECTED
Points to be communicated with the Clinical Trial Applicant:	
Please copy all relevant information to be communicated to the CT applicant in the corresponding letter and save it accordingly	
Clinical Trial Commitments (if any )	
General remarks to next assessors:	
List issues identified during the assessment for the follow up assessment, such as information to be confirmed, to be verified, etc.	
Recommendations to GCP Inspectors:	

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List issues identified during the CT
assessment phase that require verification
during a GCP inspection

The Clinical trial assessment report should be written in clear unambiguous language referring to deficiencies or lack of data submitted, as communication with the manufacturer may result from the assessment.

- The assessment report should be typed with "Times New Roman 12" fonts. The format of tables must not be changed.
- The 1st assessor's (R1) comments should be introduced in red.
- The 2nd assessor's (R2) comments should be written in **blue**.
- Deficiencies should be highlighted in yellow (in either red or blue text depending) in the body of the report. The assessor should write the deficiencies in the form of a question to the applicant. The question should be written such that it can be understood without reading the assessment report.
- The R2s should not delete the comments and questions raised by the R1s. They may instead strikethrough the text. In case of a disagreement, this should be clearly indicated and a justification for the disagreement should be provided by the R2.
- At end the end of R2 reports, take all agreed points to be communicated with the Clinical Trial Applicant to the appropriate section" point to be communicated with the applicant".

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### CLINICAL TRIAL APPLICATION (CTA) SCREENING REPORT FORM

	Clinical Trial Application Number (CTA number):	
	Clinical Trial Application (CTA) Title	
#	CTA CHECKLIST OF REQUIRED DOCUME	ENTS
a.	Cover letter addressed to Director General of the Authority	☐ Provided ☐ Not Provided
	Comments:	
b.	A duly filled and signed clinical trial application form	$\square$ Provided $\square$ Not Provided
	obtained from Rwanda FDA	
	Comments:	
c.	General investigational plan	☐ Provided ☐ Not Provided
	Comments:	
d.	Clinical trial Protocol (detailed content Annex 2)	☐ Provided ☐ Not Provided
	Comments:	

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e.	Investigators' brochures	☐ Provided ☐ Not Provided
	Comments:	
f.	Capacity building plans including training and updating of staff involved in the trial	☐ Provided ☐ Not Provided
	Comments:	
g.	Clinical study reports (accomplished Clinical trial	
	phases):	☐ Provided ☐ Not Provided
	Comments:	
h.	National Ethics Committee Clearance	☐ Provided ☐ Not Provided
	Comments:	
i.	Participant Information Leaflet (PIL).	☐ Provided ☐ Not Provided

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	Comments:	
j.	Informed Consent Forms (English, French and Kinyarwanda)	☐ Provided ☐ Not Provided
	Comments:	
k.	Curriculum vitae (CVs) of Principal investigator and Co- investigators	☐ Provided ☐ Not Provided
	Comments:	
1.	Joint declaration by Sponsor (or representative) and National Principal Investigator in prescribed format (Annex 3)	☐ Provided ☐ Not Provided
	Comments:	
m •	Evidence of accreditation of the designated Laboratories or other evidence of Good Laboratory Practice (GLP) and assay validation	☐ Provided ☐ Not Provided
	Comments:	

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n.	Letters of Access (if applicable) authorizing the Authority to access related files (Drug master, Site Reference Files) must be submitted.	☐ Provided ☐ Not Provided
	Comments:	
0.	Filled in Quality Overall Summary – Chemical Entities Template. (Annex 4)	☐ Provided ☐ Not Provided
	Comments:	
р.	Declarations by Principal investigator and Co- investigators (Annex 5)	☐ Provided ☐ Not Provided
	Comments:	
q.	Evidence of agreement between the Sponsor and the Investigator.	☐ Provided ☐ Not Provided
	Comments:	
r.	Case Report Forms (CRFs)	☐ Provided ☐ Not Provided
	Comments:	
s.	Serious Adverse Events reporting form (Annex 6)	☐ Provided ☐ Not Provided

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	Comments:	
t.	Valid insurance policy cover of study participants	☐ Provided ☐ Not Provided
	Comments:	
u.	Certificate of Good Manufacturing Practice (GMP) for	☐ Provided ☐ Not Provided
	manufacture of the trial product and/or placebo	
	Comments:	
V.	Trial product labels and package Insert/s for other trial	☐ Provided ☐ Not Provided
	medicines.	
	Comments:	
W.	Mock up labels for the Investigational products.	☐ Provided ☐ Not Provided
	Comments:	

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X.	List and Charter of the Data Safety Monitoring	$\square$ Provided $\square$ Not Provided
	Board/Committee (DSMB).	
	Comments:	
y	Declaration of Conflict of Interest, Financial Disclosure	☐ Provided ☐ Not Provided
	by the investigator	
	Comments:	
Z	Evidence of payment of prescribed fees for CTA or CTA	☐ Provided ☐ Not Provided
	Comments:	

#### Note:

- 1. Certificate of Good Manufacturing Practice (GMP) for the investigational product or statement on GMP from the manufacturer/re-packer (whichever is more relevant) is required.
- 2. For local product, the manufacturing license is required.
- 3. For a comparator product, a valid GMP/ISO certificate is required. If not available, Approval letter from the competent regulatory authority or Package insert is required
- 4. EC approvals of study protocols should be submitted along with the CTA to the Authority