From: OC GCP Questions
To: [redacted]
Subject: IWRS as unblinding mechanism
Date: Wednesday, October 22, 2014 2:21:54 PM

Good afternoon --

The ICH E-6 Good Clinical Practice Consolidated Guidance, an FDA official guidance, addresses Randomization Procedures and Unblinding in Section 4.7

http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf

4.7 Randomization Procedures and Unblinding

The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product(s).

I cannot specifically comment on your email as my office is not familiar with an IWRS system. It is best to obtain advice from the sponsor of the study or the FDA regulatory project manager that is overseeing the IND.

I hope this information is helpful. Please contact us again at gcp.question@fda.hhs.gov should you have additional questions.

Kind regards,

Doreen M. Kezer, MSN
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Office of Good Clinical Practice
Office of the Commissioner, FDA

This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [redacted]
Sent: Tuesday, October 21, 2014 1:27 PM
To: OC GCP Questions
Subject: IWRS as unblinding mechanism

Good afternoon,

An investigator under our IRB's review recently provided a copy of a 483 issued to him on a different study he conducted. The observation related to the investigator's "failure to maintain sealed blinding codes to adequately identify the coded drug products provided for use in study…;" no specific regulatory provision was cited. In his response to the 483, the investigator noted that an earlier protocol version provided that each investigator maintain sealed envelopes to allow for code breaking if necessary, but a protocol revision provided that the randomization list be populated by an IWRS and

that the randomization codes be stored within IWRS until unmasking was requested.

Based on this exchange, could FDA please provide guidance on the following?

1. If an investigator has access to unblinding codes via IWRS only (no physical unblinding envelopes) and the protocol provides for unblinding via the IWRS system, does this satisfy GCP requirements for rapid product identification in cases of medical emergency?
2. In cases where IWRS (as opposed to physical unblinding envelopes) is used as an unblinding mechanism for emergencies, for what period of time following an investigator's completion of the trial should IWRS access remain available to the investigator?

Thank you for your consideration of these questions.

Best regards,
[redacted]