2025 Avoca State of the Industry Report

Understanding Adoption & Implementation of ICH E6(R3)

June 2025

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What We Did

Background & Learning Goals

20+ YEARS

For more than 20 years, Avoca, a WCG company, has surveyed the industry to gain an understanding of **key trends affecting clinical development** to provide insights that can **strengthen relationships** and **enhance R&D quality and productivity**.

Situation

In 2024, Avoca's survey explored awareness of impending ICH E6(R3) guidelines and reaction to draft guidance about roles, data governance, and documentation.

With the finalization of Annex 1 guidance in January, Avoca's goal for 2025 was to understand industry actions toward adoption and implementation, as well as impact on clinical trial design and execution.

Objectives

- Understand reactions to finalized guidelines in terms of impact, adoption/implementation, and any perceived challenges.
- Track high-level metrics on familiarity and impact against 2024 results to understand any shifts.
- Identify information and support needs that will foster collaboration and implementation.

Research Overview

Sample

Note: The total sample has been weighted to achieve equal representation of sponsors, providers and sites.

Approach

15-minute online survey.

Key topics included:

- Familiarity with ICH E6(R3).
- Reaction to ICH E6(R3) guidelines.
- Perceived impact of ICH E6(R3) on dimensions of clinical trial design and execution.

Fieldwork was conducted between March and May of 2025.

Recruitment

Survey recruitment channels included:

- WCG sponsor and site networks.
- The Avoca Quality Consortium (AQC).
- Social networks (e.g., LinkedIn).

Sample Composition

	Sponsors		Providers		Sites	
Type	**Top 20 Biopharma**	**30%**	**Large CRO**	**27%**	**Academic Medical Center**	**32%**
	Top 50/Mid-sized Biopharma	13%	**Mid-sized CRO**	**22%**	**Independent Research Site**	**20%**
	Other Mid-sized Biopharma	14%	Small/Specialty CRO	5%	Physician Practice	14%
	Small/Specialty Biopharma	13%	**Consulting Company**	**20%**	Community Hospital	13%
	Pre-Revenue Biopharma	**23%**	Non-CRO Clinical Service Provider	7%	Site Network	12%
	Medical Device Company	2%	Academic Research Organization	7%	Integrated HC Delivery System	8%
	Other	5%	Other	12%	Other	1%
Role/Function	**Quality Assurance/Control**	**45%**	**Clinical Development/Ops**	**38%**	**CRC/CRN**	**26%**
	Clinical Development/Ops	**38%**	**Quality Assurance/Control**	**38%**	**Regulatory/Compliance**	**22%**
	Clinical Data Management	5%	Regulatory Affairs	8%	**Site Leadership/Owner**	**20%**
	Executive Management	4%	Executive Management	7%	Physician/PI	12%
	Regulatory Affairs	3%	Medical/Scientific	3%	Research Admin Staff	11%
	Other	5%	Alliance Management/Partnerships	3%	IRB	4%
			Other	3%	Other	5%

Sample: Sponsors=112, Providers=60, Sites=85

What We Learned

Key Insights on Industry Understanding of ICH E6(R3)

Key Insights: Where Does the Industry Stand Today?

We've learned that…

IT'S EARLY IN THE GAME

- ICH E6(R3) is officially **on everyone's radar** – 87% of all survey respondents have at least some familiarity with the new guidance.
- "Risk-Based Approach" requirements that seek to achieve proportionality and "fit for purpose" are **a top priority area** due to the level of education and change management needed to properly apply these principles.
- Today, industry stakeholders are **actively reviewing processes and procedures** to determine what implementation will look in like in terms of roles and responsibilities, staffing and technology needs.

> *[We are fostering] a process and an environment that **focus much more on mindset and adoption of risk-based principles**.*
> – SPONSOR

> ***[We are] trying to build our processes thoughtfully**, with the results and critical items in mind from the very beginning.*
> – PROVIDER

Key Insights: How Will ICH E6(R3) Impact Clinical Trials?

We've learned that…

POSITIVE POTENTIAL IS CLEAR

- **Increased quality** is an anticipated outcome of ICH E6(R3) – 4 out of 5 survey respondents say they think quality will improve with implementation of new guidance.
- "Quality by Design" (QbD) principles are expected to **contribute significant positive impact**, notably having potential to reduce burden for sites and participants alike.
- In addition, **improved relationships** between sponsors, providers, and sites are possible with increased collaboration throughout the study design and execution process.

> *The **ability to think outside the box and not have massive regulatory hurdles creating barriers to new ideas** just because they're new is a potential game changer. If the industry takes advantage of this opening in an intelligent way, things could get easier, faster, ideally less expensive.*
> – SPONSOR

> *QbD forces companies to **focus on quality earlier rather than later in development programs**. In doing so, material errors should be reduced and risks mitigated sooner. QbD is the solution to the speed vs. cost vs. quality paradigm.*
> – SPONSOR

Key Insights: What Are Considerations for Achieving Success?

We've learned that…

THERE IS WORK TO BE DONE TO ENSURE SUCCESS

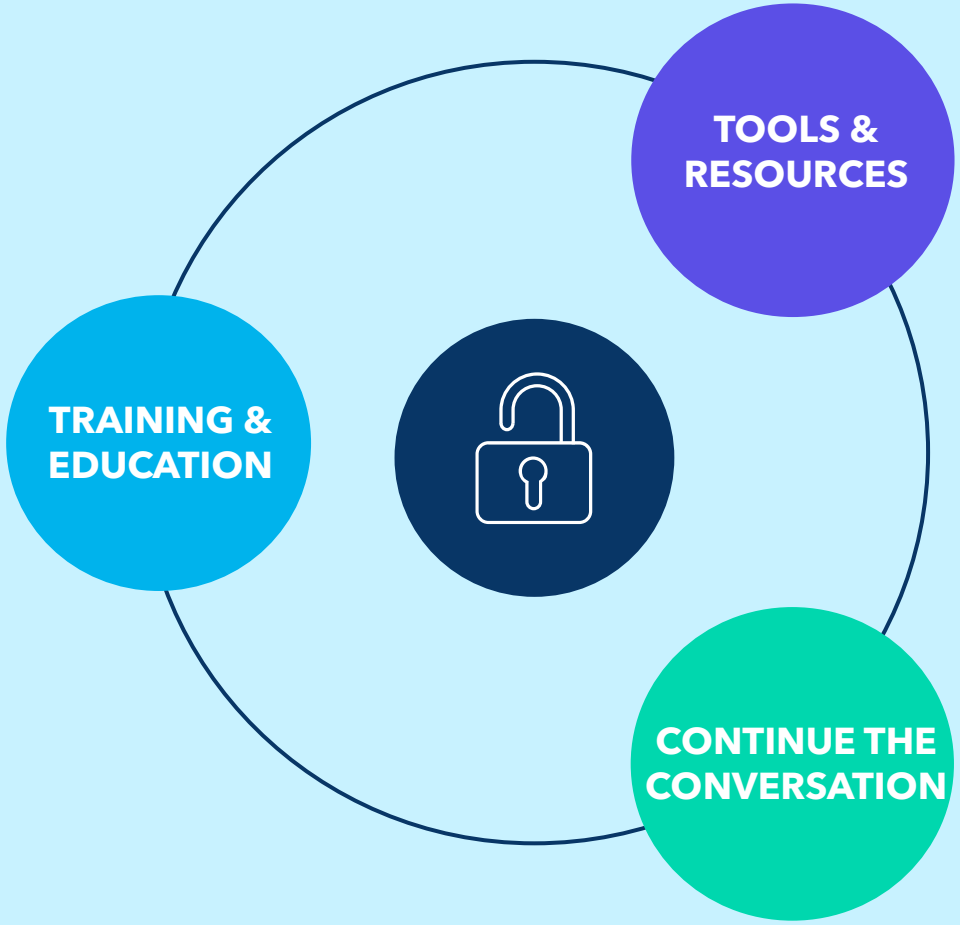
- "Innovative Trial Design & Technologies" is **seen as a challenging area** of ICH E6(R3) guidance to bring to life – requires significant investment of time and money, presents complexity around integration and regulatory acceptance, and has potential to increase site burden.
- There remains concern that ICH E6(R3) – and technology implementation, specifically – **could mean incremental work for sites**, who are already burdened with a heavy workload.
- Protocol complexity and study timelines are **areas of uncertainty** – survey respondents are not clear on the extent to which ICH E6(R3) will bring positive or negative change.

> ***Technology has advanced much faster than humans*** *and being able to implement some of these technologies to improve data collection and ultimately data analyses has not kept pace.* ***There is much to figure out before implementing a technology*** *including validation, training, etc.*
> – SPONSOR

> *The cost of onboarding some of these technologies is significant and takes times to get consensus internally prior to moving forward.* ***Implementation is also very challenging, particularly at the site level****. Sites are saturated with various technologies and adding another to the mix could increase burden.*
> – SPONSOR

Unlocking Success with ICH E6(R3) Implementation & Execution

- Role-specific and audience-specific detail on responsibilities and training.
- Understanding regulatory requirements.
- Defining key terminology and expectations (e.g., for proportionality, fit for purpose).
- Guidance on how to achieve change under resource constraints.
- Collaboration between stakeholder audiences.



- Gap assessments
- Change management and implementation tools
- Roadmaps
- Checklists
- Comparisons between ICH E6(R2) and (R3)
- Case studies

- Knowledge share for processes and best practices.
- Collaboration between stakeholder audiences.
- Continue to assess, anticipate, and respond.

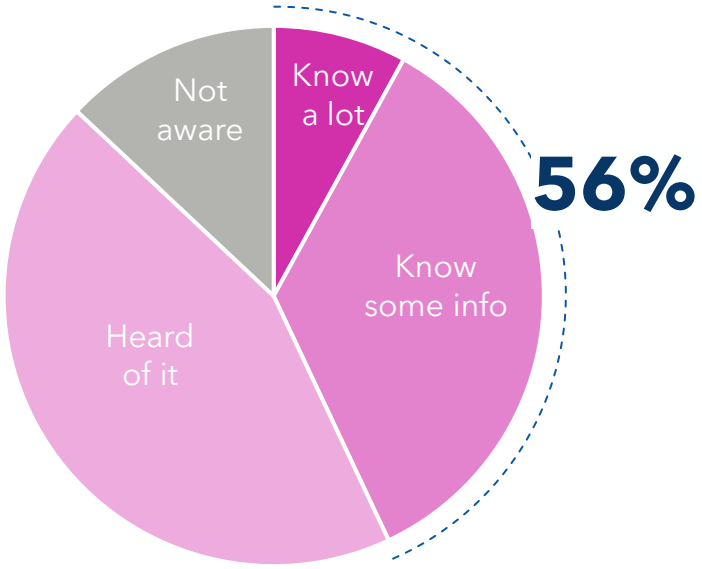
What We Learned

Current Perceptions of ICH E6(R3)

Familiarity with ICH E6(R3) Guidance Has Shown a Substantial Increase Since Release of the 2024 Draft

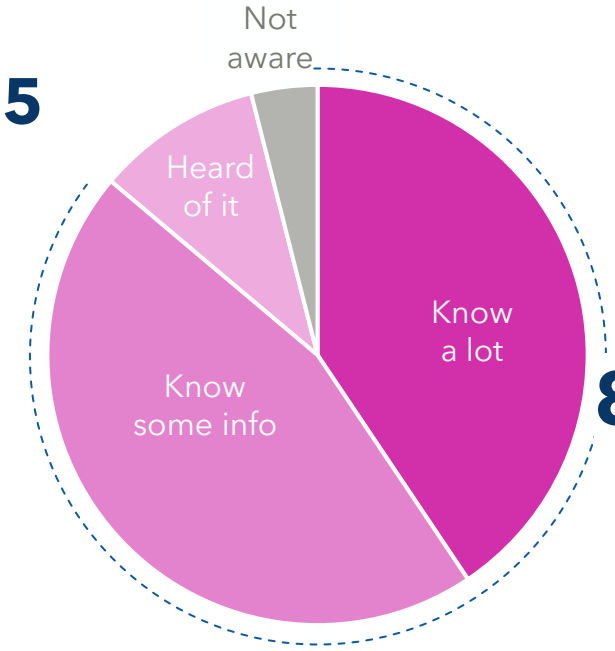
HOW FAMILIAR ARE YOU WITH ICH E6(R3) GUIDANCE?

2024



56%

2025



87%

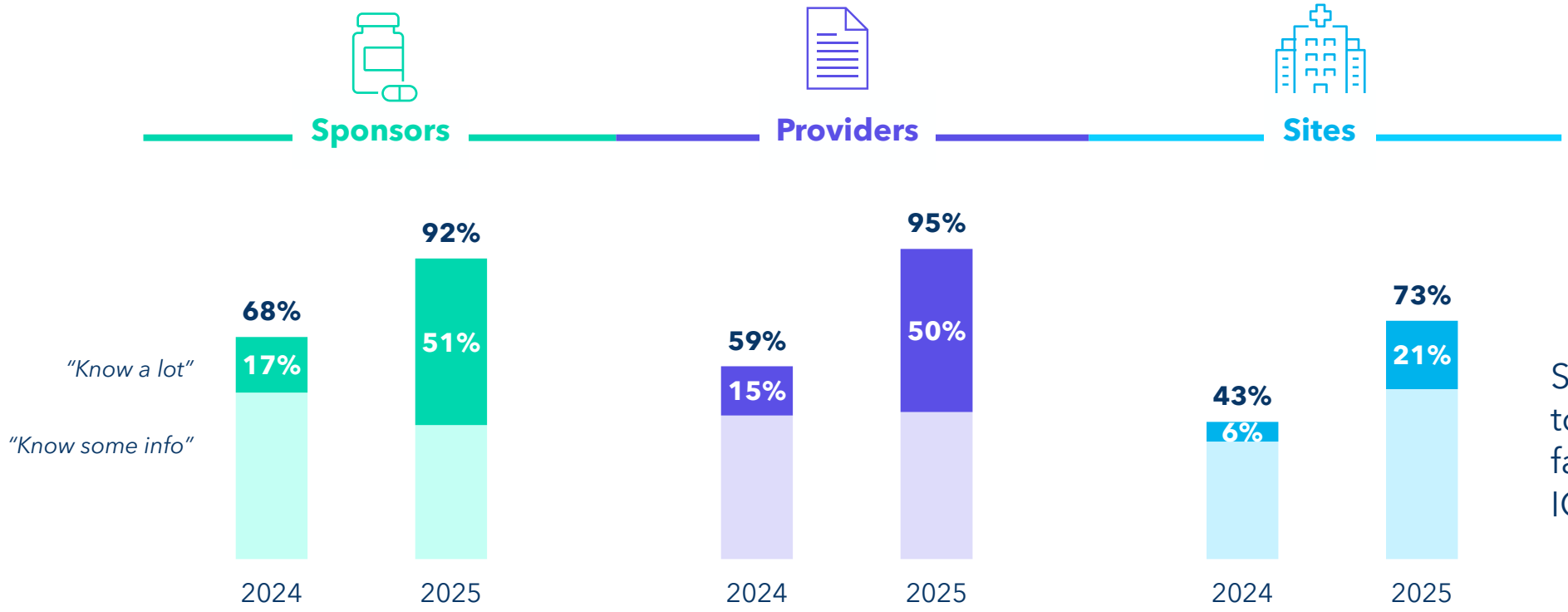
+31 *ppt*

vs. 2024

Sample: Total=257

This is True of All Industry Stakeholders

HOW FAMILIAR ARE YOU WITH ICH E6(R3) GUIDANCE?

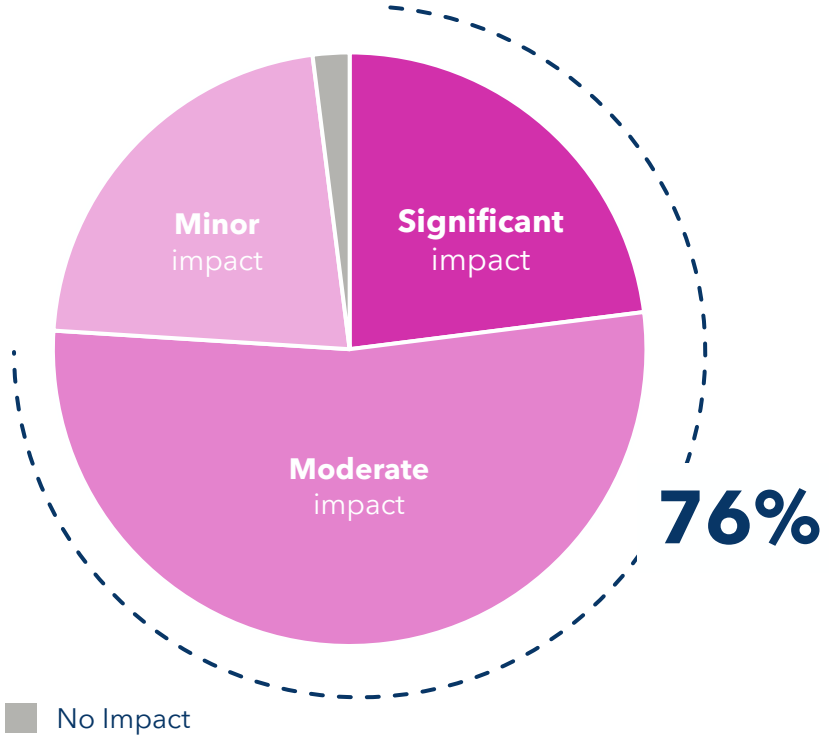


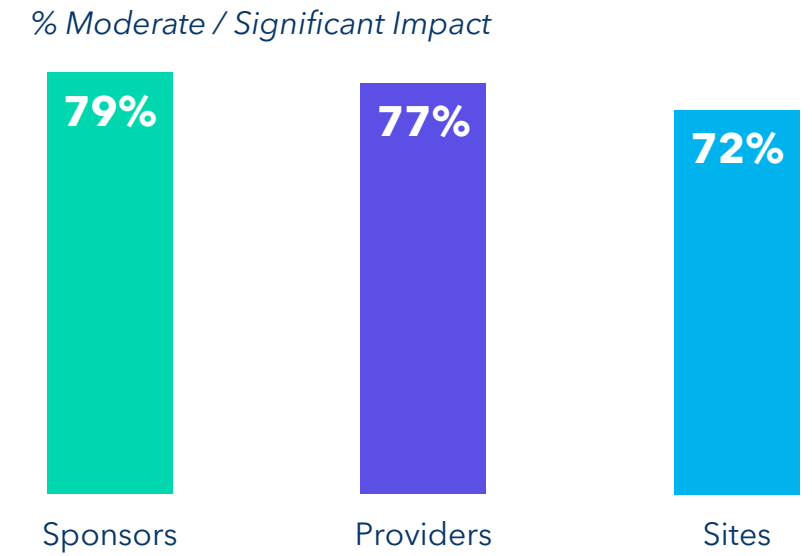
Sites continue to have less familiarity with ICH E6(R3)

Sample: Sponsors=112, Providers=60, Sites=85

Based On What They Know Today, Three-Quarters of Respondents Expect Moderate to Significant Impact to How Their Work Gets Done

HOW MUCH IMPACT WILL ICH E6(R3) HAVE ON HOW YOU DESIGN/CONDUCT CLINICAL TRIALS?





Sample: Total=235, Sponsors=108, Providers=56, Sites=71

Three Key Areas of Impact Were Universally Top-of-Mind: Implementation of Risk-Based Approaches, QbD, and Data Governance Guidance

WHAT DO YOU EXPECT TO BE THE MOST SIGNIFICANT IMPACT TO YOUR ORGANIZATION?
(Among respondents expecting moderate to significant impact)

Risk-Based Approaches:
Shifting from traditional approaches to a more proactive and systematic evaluation.

Quality by Design Integration:
Proactively building quality into trial design and execution.

Data Governance Requirements:
Implementing systems to ensure proper documentation, security and integrity of study data that is in compliance with regulatory requirements.

> *Technology implementation, and process creation to allow for flexibility and risk-based guidance, while still ensuring compliance and protection of participants.*
> – PROVIDER

> *Data Governance and oversight will have an impact. It is of course already in place overall, but a connecting structure between processes, systems and locations is required.*
> – *SPONSOR*

Additionally, Sponsors and Sites Both Called-Out *Incremental Responsibilities* That Will Come With ICH E6(R3) Implementation

WHAT DO YOU EXPECT TO BE THE MOST SIGNIFICANT IMPACT TO YOUR ORGANIZATION?
(Among respondents expecting moderate to significant impact)

Sponsors commented on increased **oversight responsibilities.**

> ***Increased attention to the need for systematic sponsor oversight*** *and the implications for our QMS.*

> *It has more to do with vendors we manage than what we keep in-house. It* ***adds a layer*** *to ensure they are adopting the updates. Much of ICH E6(R3) was already in place or required minimal updates internally.*

Sites made note of **new PI responsibilities as well as training** that will be required.

> ***Requesting investigators document study risk assessment*** *during initial study discussions and at study start-up.*

> *Expect a* ***great impact on training*** *for principal investigators, research coordinators, and other research personnel.*

> *PI training and* ***extra time of PIs to oversee local vendors*** *used.*

Key Take-Aways

Current Perceptions of ICH E6(R3)

- **Engagement with ICH E6(R3) Principles & Annex 1 has clearly intensified**, and there is a shared understanding across industry stakeholders that **this guidance comes with significant change**.

- **Risk-Based Approaches, Quality by Design, and Data Governance are universally recognized as areas of notable impact** in terms of how business gets done.

- Additionally, **sponsors and sites make note of increased responsibilities**:
  - Oversight will require more time from sponsors.
  - Sites anticipate greater investment to allow for training on new processes and systems, overseeing vendors, and documenting risk assessments.

What We Learned

Reaction to Select ICH E6(R3) Guidance

Three Excerpts from ICH E6(R3) Guidance Were Shared With Respondents for Reactions and Opinions

Quality by Design (QbD)

Guidance intended to foster a quality culture by proactively designing quality into clinical trials and drug development planning.

(Adapted from ICH E6(R3): Principle 6, Principle 6.2, Principle 7.4, Sponsor 3.1.4)

Risk-Based Approaches

Guidance that encourages a risk-based and proportionate approach to the conduct of clinical trials.

(Adapted from ICH E6(R3): R3 Introduction, Sponsor Introduction, 2.3.1, 3.9.5, 3.16.1(d), 3.16.1(vi), 3.16.1(ii), 4.2.3)

Innovative Trial Design & Technologies

Guidance intended to facilitate the use of innovations in clinical trial design, technology, and operational approaches.

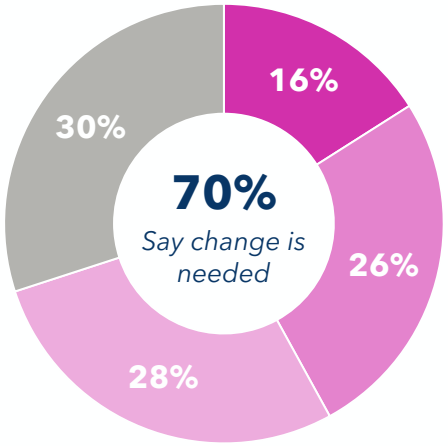
(Adapted from ICH E6(R3): Principles Intro, Principle 9.2, 9.3)

Full text of guidance shown to respondents found in the appendix of this report.

Respondents Recognize that Internal Change Will Be Required to Meet ICH E6(R3) Requirements

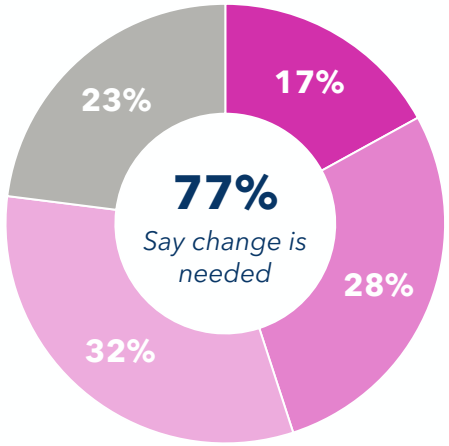
TO WHAT EXTENT DOES THIS GUIDANCE REQUIRE CHANGE WITHIN YOUR ORGANIZATION IN ORDER TO BE COMPLIANT?

Quality by Design (QbD)



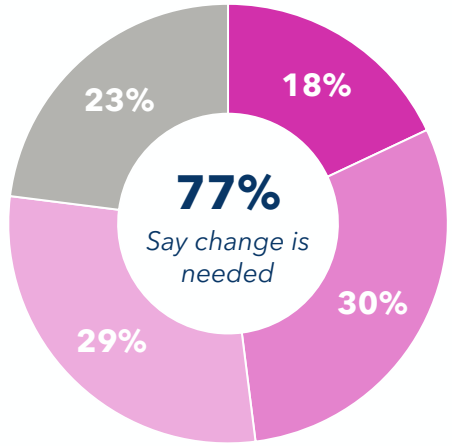
■ Significant change ■ Modest change
■ Minor change ■ No change

Risk-Based Approaches



■ Significant change ■ Modest change
■ Minor change ■ No change

Innovative Trial Design & Technologies



■ Significant change ■ Modest change
■ Minor change ■ No change

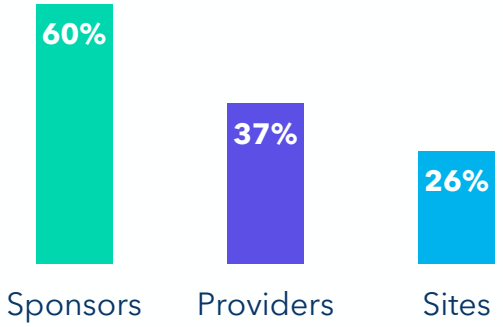
Sample: Total=234-239

Sponsors Are More Likely to Report Needing a Greater Degree of Change than are Providers and Sites

TO WHAT EXTENT DOES THIS GUIDANCE REQUIRE CHANGE WITHIN YOUR ORGANIZATION IN ORDER TO BE COMPLIANT?

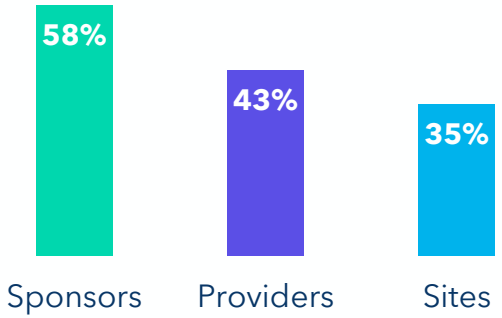
Quality by Design (QbD)

% Modest / Significant Change



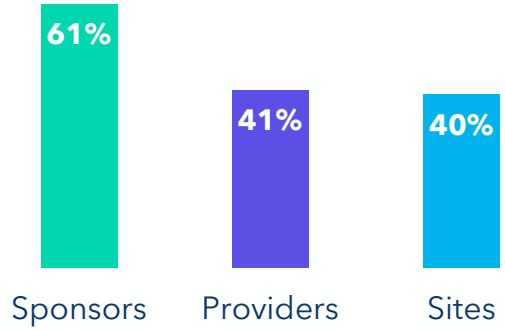
Risk-Based Approaches

% Modest / Significant Change



Innovative Trial Design & Technologies

% Modest / Significant Change

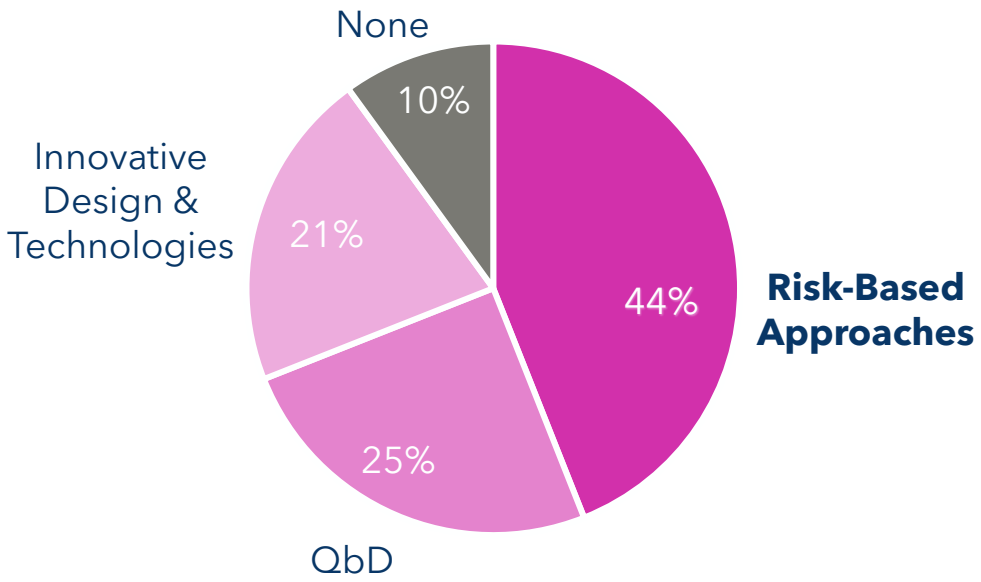


> ***Changing the way we work is difficult because it impacts not just the sponsor company but also investigator sites and service providers***. *Aligning everyone on the value of new technologies and processes takes time and resources.* – SPONSOR

Sample: Sponsors=105-106, Providers=54-57, Sites=73-77

At This Time, the Industry is Most Likely to be Prioritizing Implementation of Risk-Based Approaches

THINKING ABOUT THE DIFFERENT AREAS OF GUIDANCE, WHICH ONE WOULD YOU SAY IS THE HIGHEST PRIORITY AT YOUR COMPANY…



Sample: Total=234

> *Many stakeholders are engaged and aligning on the proportionate approach to risk and determining fitness for purpose is harder than one would think.*
> – PROVIDER

> *This is the most tangible of the three elements and can radically change clinical trials and how they have been designed in these past years.*
> – SITE

Risk-Based Approach is the Least Understood of the Three Areas, Requiring Education – and a Paradigm Shift – from the Top Down

Select Commentary on Risk-Based Approaches

> *The company doesn't understand that RBM isn't QbD...it is a part of it. Senior leaders need to understand ICH E6(R3), which is a VERY tall ask.*

> *I don't believe anyone truly understands this and is not willing to "take the chance" at risk-based anything. For instance, RBM has been encouraged by FDA for well over a decade now and not one single study at this sponsor has approved less than 100% SDV in the initial design…so, to apply that concept more generally across the platforms, design, and operations does not feel attainable today.*

> *From a change management perspective, it is extremely difficult to have people changing the way of working.*

– SPONSORS

> *Because [we] need to change mindset and talent teams.*

– PROVIDER

> *Clinical monitoring is the area that has seen the most change and that continues to be examined for change, particularly around source data verification. There seems to be reluctance to embrace reduced monitoring in favor of risk-based approaches.*

> *Many research staff are not well-versed with these concepts and find it difficult to comprehend.*

– SITES

There is Also Discussion of the Ambiguity of "Proportionality of Risk"

Select Commentary on Risk-Based Approaches

> *It is such a generic statement, in reality, and so many ways you could address risk.*

> *Great concept but lacking clear expectations and practical implementation.*
> – SPONSORS

> *How to measure fit for purpose and proportionality is vague. Tools to help make these determinations would be helpful.*

> *It seems very high-level, so it's difficult to really comprehend the real-life implications.*

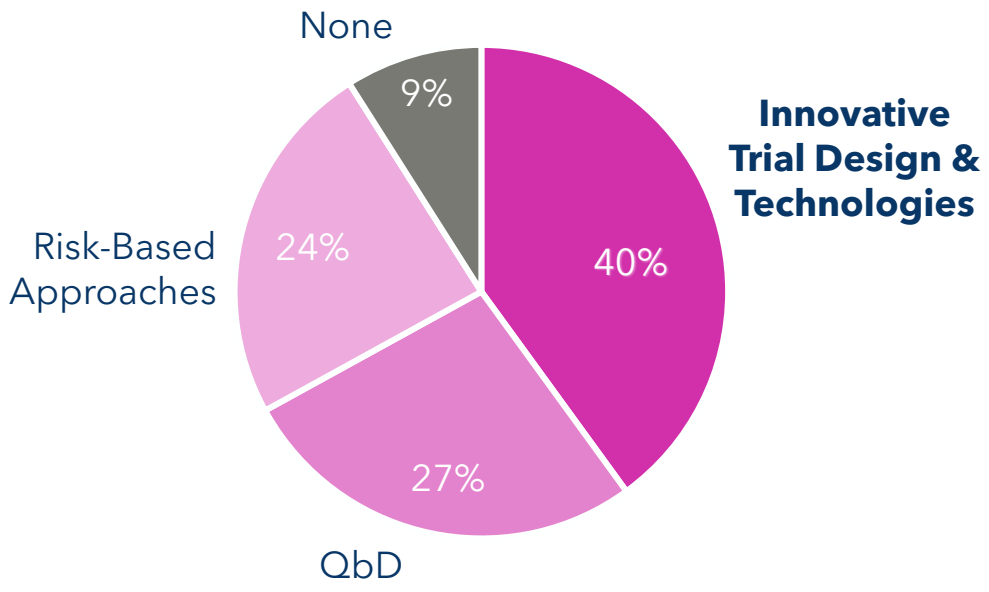
> *Who determines [the] importance of data?*
> – SITES

> *[We need] clarity on risk-based management, thresholds, etc. It's been around for a while but not consistently implemented.*

> *How to prove in future audit/inspection that the projects have adopted adequate and most appropriate risk-based management measures.*
> – PROVIDERS

Guidance on Innovative Design & Technologies is Seen as Most Challenging from an Implementation Perspective

THINKING ABOUT THE DIFFERENT AREAS OF GUIDANCE, WHICH *ONE* WOULD YOU SAY IS *MOST CHALLENGING* TO IMPLEMENT…



Sample: Total=231

> *There are multiple considerations when working with technology from the site level, sponsor level, and study conduct. Ensuring that these technologies work together to protect subjects' data, provide quality, and are all risk proportionate takes time and analysis to comply to guidelines.*
>
> – SITE

Respondents Express a Myriad of Concerns Related to Guidance on Innovative Approaches

THINKING ABOUT THE DIFFERENT AREAS OF GUIDANCE, WHICH *ONE* WOULD YOU SAY IS MOST CHALLENGING TO IMPLEMENT…

Innovative Design & Technologies

Significant Financial Investment:
Vetting options, implementation costs, technical support.

Resource Intense:
Requires time, staffing, and training.

Integration:
Ensuring all systems "talk to each other."

Regulatory Compliance:
Uncertainty around current requirements.

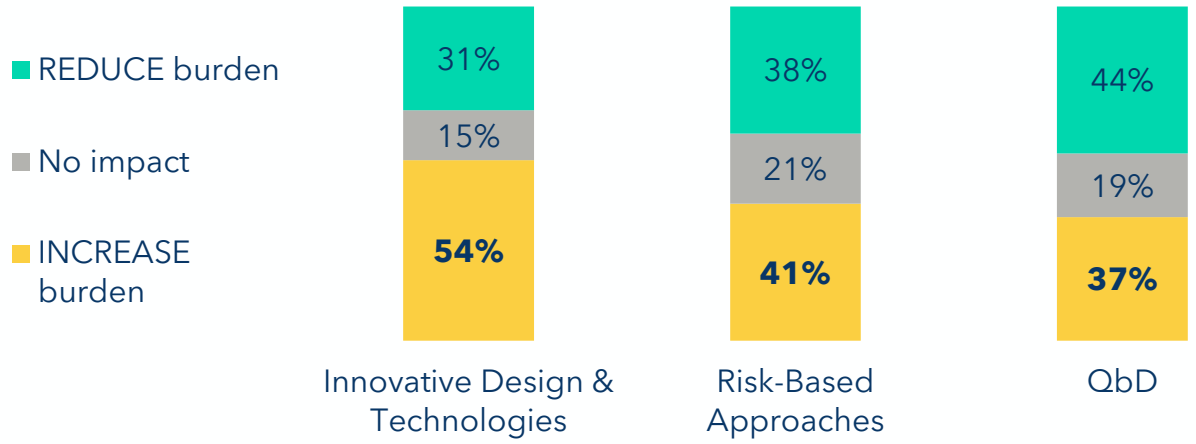
> *It requires **greater investment in training and resources** for system validation, oversight and technical support. It also needs to be fit for purpose for specific patient populations when used for PRO-type capture.*
> – SPONSOR

> *There seems to be some **difficulties in having various systems speak to each other to be efficient and effective**. System errors, updates, and issues will become more frequent so we will need to consider safeguarding these technologies more effectively.*
> – PROVIDER

Further, the Potential for Increased Site Burden Associated with Technology Contributes to Perceived Challenges

In fact, across all three areas of guidance that were evaluated, Innovative Design & Technologies was rated the highest for potential to *increase* site burden – a feeling equally shared by all audiences.

IMPACT OF INNOVATIVE DESIGN & TECHNOLOGY GUIDANCE ON INVESTIGATOR / SITE BURDEN



> *[This guidance is challenging because of…] requirements around system data flows, even for investigator site and ensuring access to systems, even after trial is closed.* ***New technologies can create challenges in operationalizing in trial****.*
> – SPONSOR

> *Investigators have challenges with the time involved in learning new systems, some patients have difficulties as well with innovative technologies.*
> – SITE

Sample: Total=233-237

Key Take-Aways

Reaction to Select ICH E6(R3) Guidance

- **Sponsors, providers, and sites all expect to take on *at least* some change** to achieve compliance with ICH E6(R3); sponsors believe they will experience the *most significant* level of transformation in terms of how business is done.

- **Risk-Based Approach is an area of high priority** because it requires more heavy-lifting in terms of educating stakeholders and adopting a change in mindset, which may be compounded by uncertainty about how to interpret "proportionality" and "fit for purpose" guidance.

- Finally, **Innovative Trial Design & Technologies guidance comes with some concern**, as it is felt to be challenging from an implementation perspective – requires significant invest of time and money, presents complexity around integration and regulatory acceptance, and has potential to increase site burden.

What We Learned

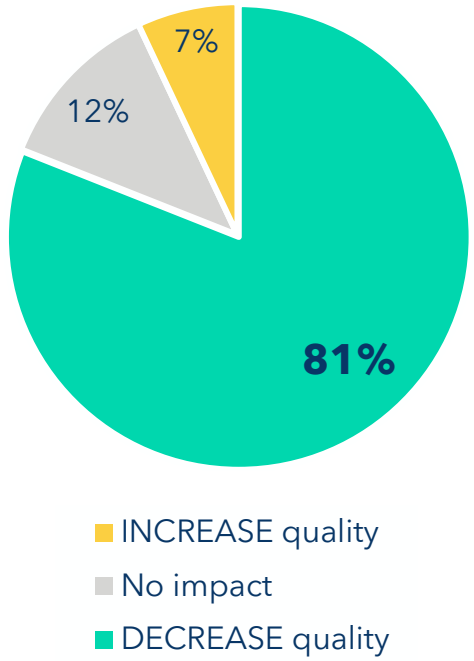
Potential Impacts of ICH E6(R3)

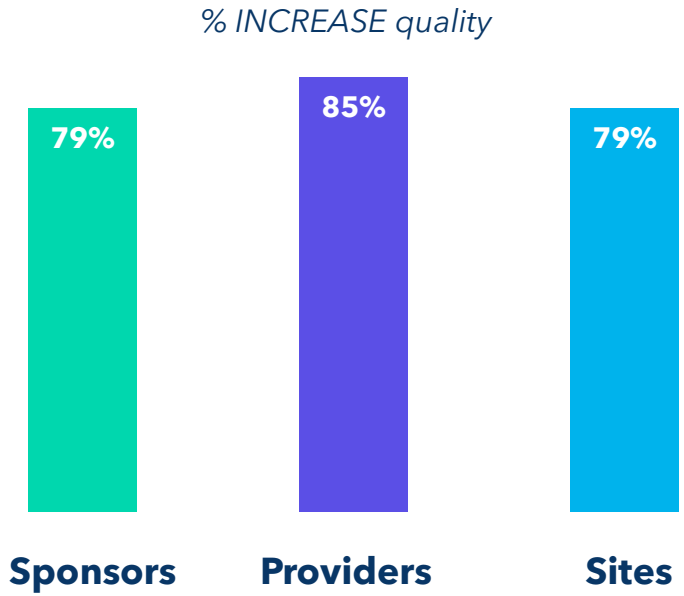
4 out of 5 Respondents Feel That Quality Will be Improved via Adoption of ICH E6(R3)

> ***Enforces investment of time and effort into better design and planning of trials**, thus reducing risks for participants and improving quality of trial outputs.*
> – SPONSOR

> *I think the encouraged proactive approach and engagement with all stakeholders can support a **clear and more pressure-tested program from the beginning**.*
> – PROVIDER

IMPACT OF ICH E6(R3) ON QUALITY IN CLINICAL TRIALS

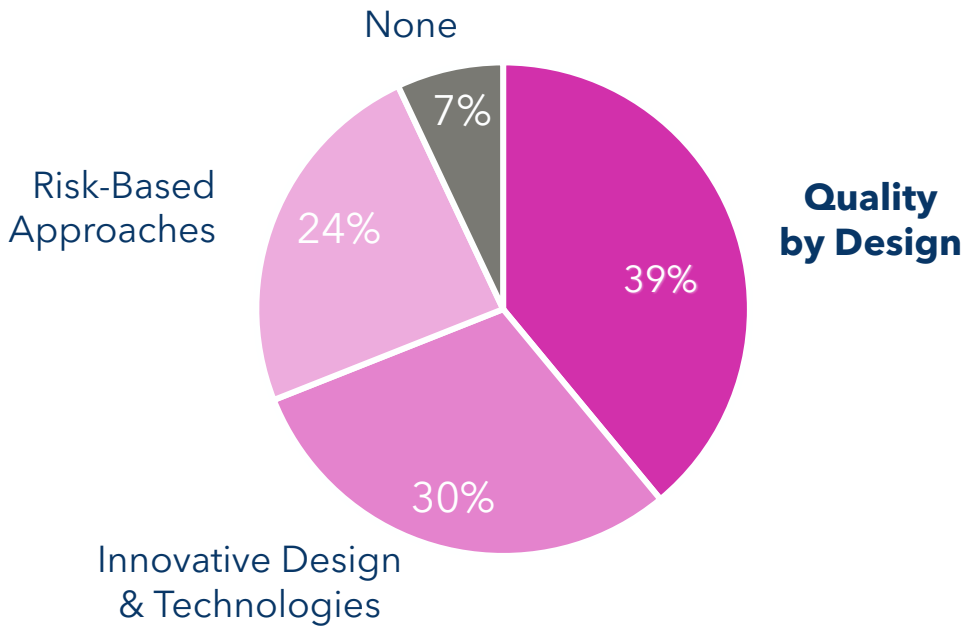




Sample: Sponsors=101, Providers=53, Sites=78

...and, Quality by Design Principles, Specifically, are Expected to Bring the Most Significant Positive Impact to the Industry

THINKING ABOUT THE DIFFERENT AREAS OF GUIDANCE, WHICH ONE WOULD YOU SAY WILL HAVE THE MOST POSITIVE IMPACT ON THE INDUSTRY...

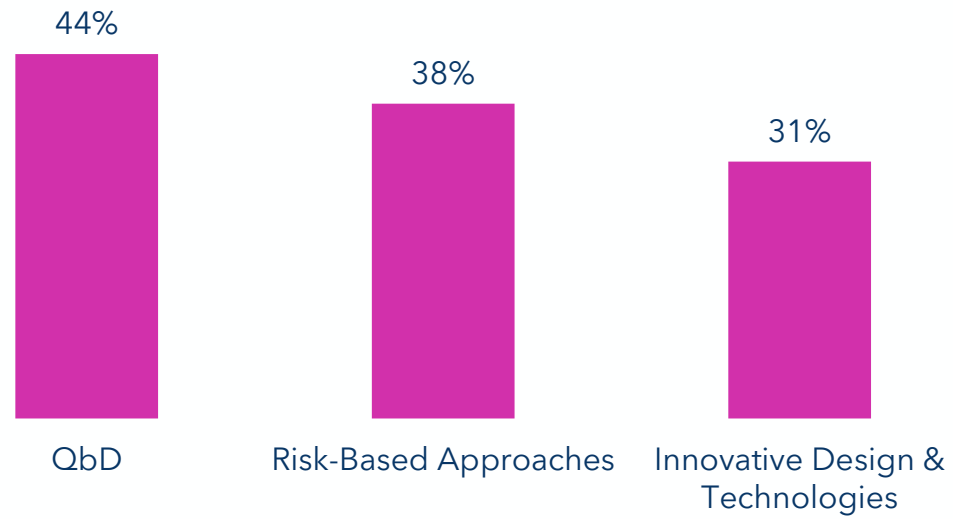


Sample: Total=234

> *Quality by Design encapsulates the result of good risk management and tech advances together. By focusing on the critical to quality data and processes, while also engaging in the innovative technologies available, we can de-risk protocols, bring the trials to the patients, minimizing both investigator and participant burden, while still ensuring patient safety and data integrity.*
>
> – PROVIDER

Further, QbD is Also Most Strongly Associated with the Potential to Reduce Site burden… If It Can be Executed Well

% INDICATING AREA OF GUIDANCE WILL *REDUCE* INVESTIGATOR / SITE BURDEN



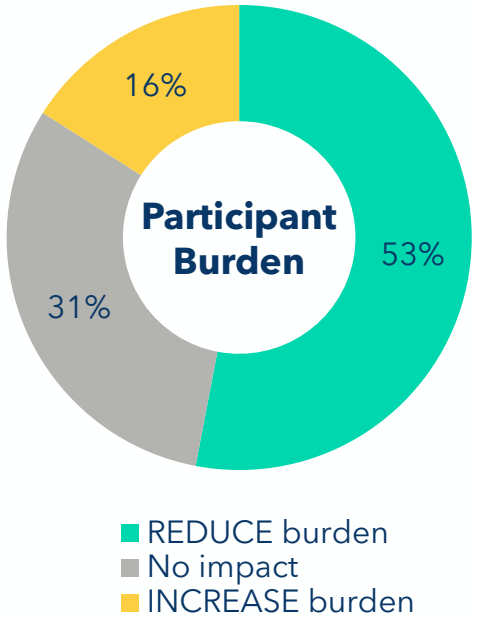
Sample: Total=233-237

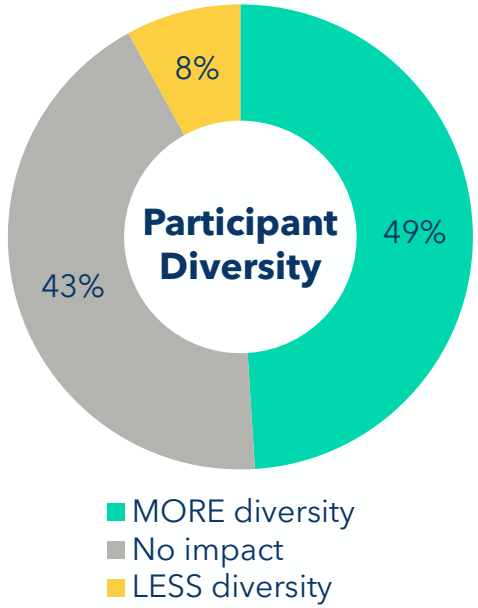
> ***If really done properly, [QbD] should have the best impact on patients and investigator sites which is a win-win all around**. I also feel a true QBD will reduce deviations and result in better data integrity.*
>
> – SPONSOR

> *While it will take time to implement risk-based management, when implemented correctly, **site resources will be able to focus on critical-to-quality factors, proactively identify potential issues, [resulting in] higher data quality, reduced deviations, increased time to recruit and see participants**, etc.*
>
> – SITE

The Participant Experience is Another Area Where Positive Impact is Expected – Both in Terms of Reduced Burden and Diversity

IMPACT OF ICH E6(R3) ON PARTICIPANT DIVERSITY & BURDEN





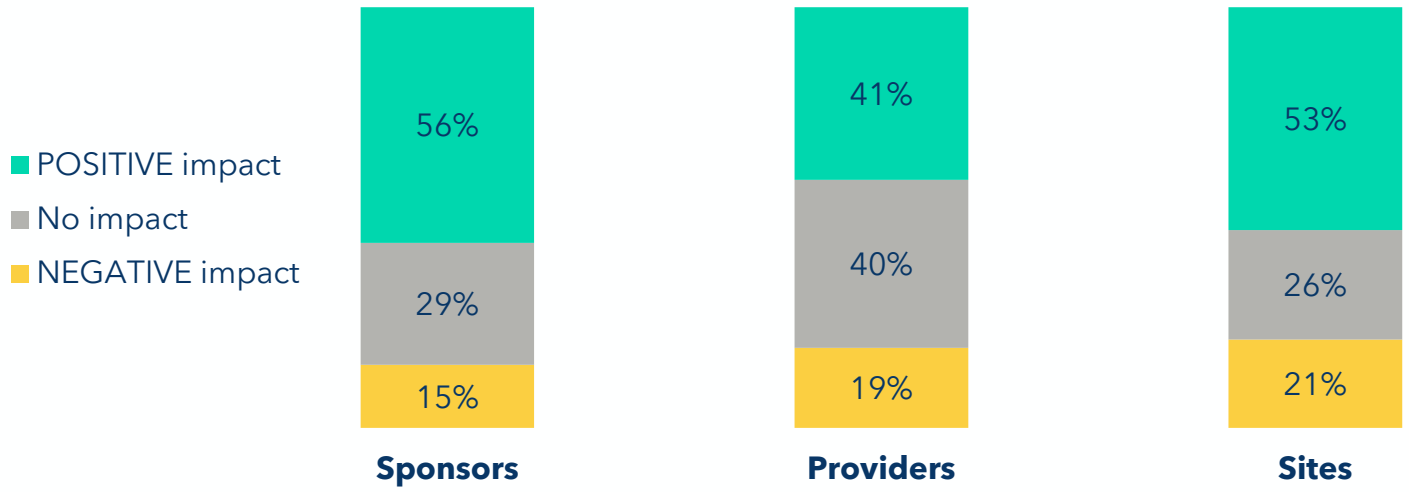
> *If sponsors are held to it, then **reduced site and patient burden due to unnecessarily complex trial designs would be a huge positive** for the industry at a site and participant level.*
> – SITE

> *I think that **less burden on the participant will greatly increase satisfaction. Over time this will increase participation**.*
> – SITE

Sample: Total=214-226

Improved Relationships Are Also Seen as a Potential Outcome, Though Providers Appear Somewhat Less Convinced

IMPACT OF ICH E6(R3) ON RELATIONSHIPS BETWEEN SPONSORS, PROVIDERS & SITES



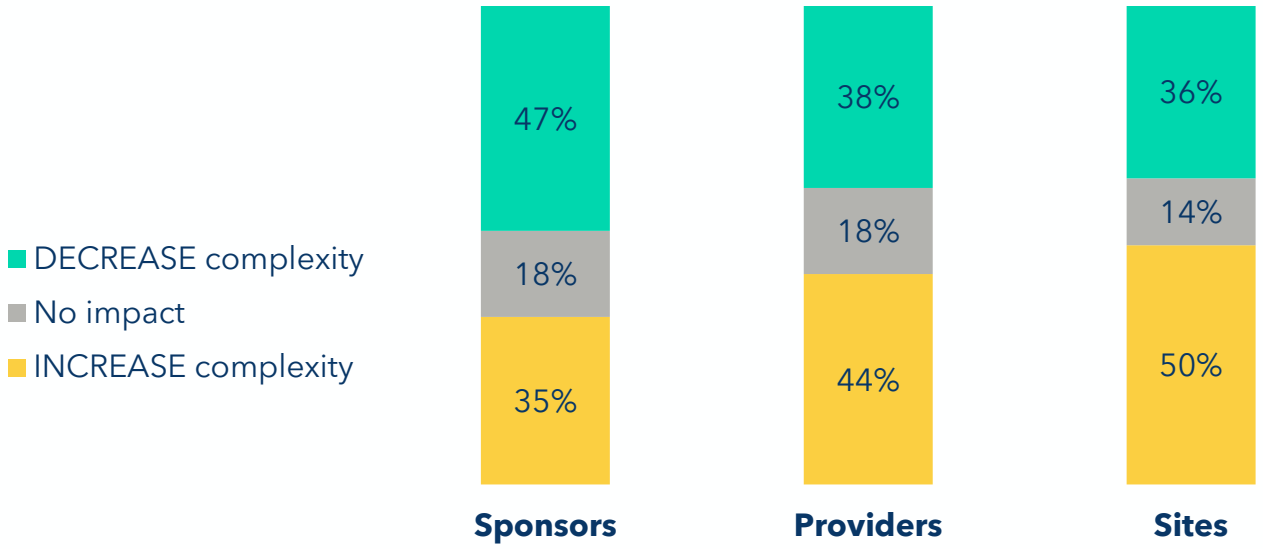
> *Improving the design of studies will help [the] site to produce higher quality data, higher compliance with the protocol, and positively impact the relationship with the site and sponsor. Therefore, this would also be better for the subjects.*
> – SITE

> *Being a CRO, we depend upon the two big interested parties – sponsors and investigators – to fulfil the requirements when it comes to ensuring compliance in the CT design aspects and in the source DAT systems. So, the controls are outside the CRO, but the CRO is often held accountable to make the trial work pragmatically without the complete buy-in on all these aspects from sponsors and investigators.*
> – PROVIDER

Sample: Sponsors=98, Providers=52, Sites=74

The Jury is Out When it Comes to Impact on Protocol Complexity, Where Opinions are Polarized

IMPACT OF ICH E6(R3) ON PROTOCOL COMPLEXITY



> *Over the last 40 years,* ***study complexity has increased exponentially and I don't think that will ever change****!*
> – PROVIDER

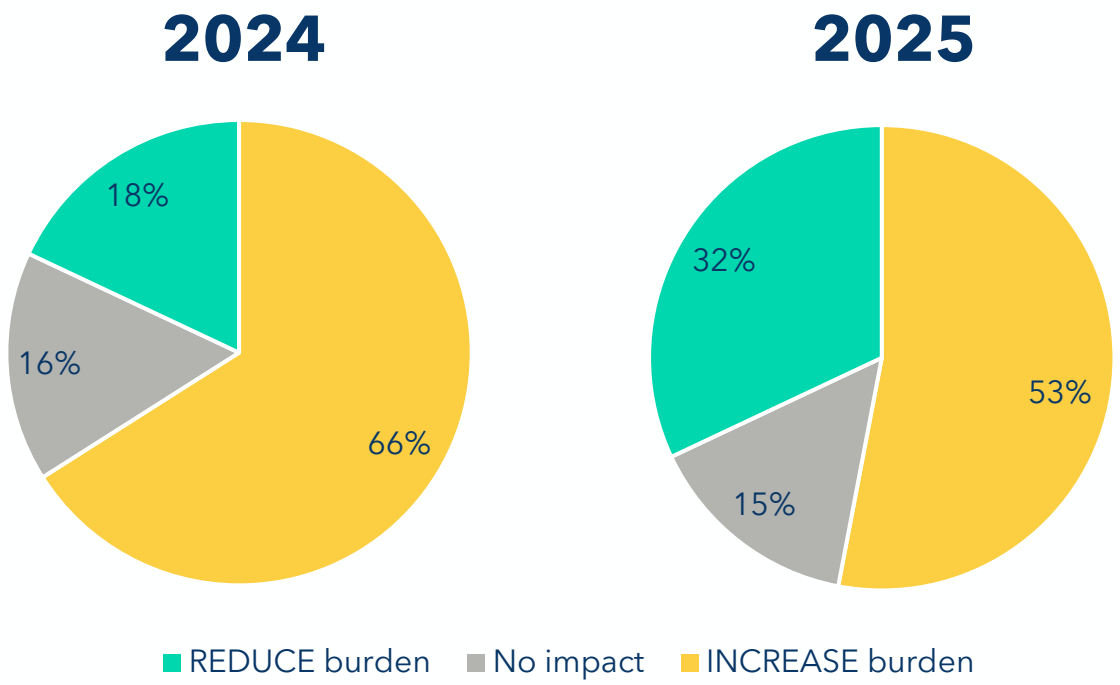
> ***Sites often have no means of holding sponsors accountable*** *for study protocol and study operational designs.*
> – SITE

Sample: Sponsors=91, Providers=53, Sites=72

And, the Net Impact on Sites Still Raises Some Concern

While perceptions have become more favorable since 2024, half of respondents still feel that ICH E6(R3) will place greater burden on sites.

IMPACT OF ICH E6(R3) ON SITE BURDEN



> *I think based on final ICH E6(R3), we have new ideas and considerations for clinical trial design.* ***We can use QbD concepts in trial design so that the trial protocol and processes are more scientific, flexible, operational, and more pragmatic, thereby reducing the burden on investigators*** *and improving the quality of critical trial data.*
> – SPONSOR

> *Emphasis of investigator oversight.* ***PIs are already stretched very thin and are declining trials at higher rates than previously seen****.*
> – SPONSOR

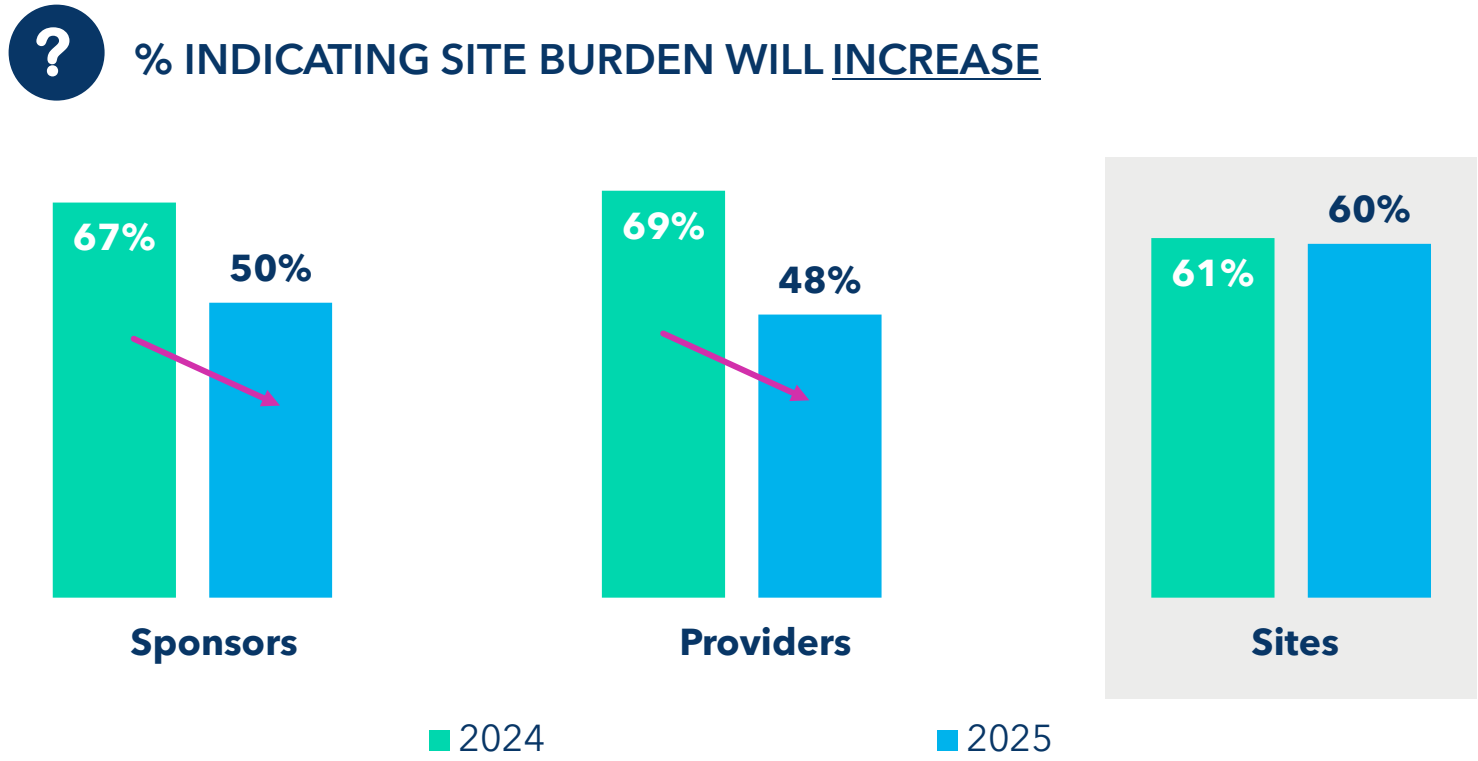
Sample: Total=230

Notably, while Sponsors and Providers Have Become More Favorable, Sites Have Not Changed Their Opinions vs. 2024

> *The impact on sponsors to conduct additional analysis, update their procedures and invest in new technologies* ***will require additional effort on our end with no cost reimbursement****. I am assuming there will be additional training, sign off on training, and so on.*

> ***Resources spent on documentation of tasks already in process will increase significantly****, probably taking toll on site ability to actually conduct trials in a quality manner.*

> *Our site feels like the consenting process is an ongoing conversation with the patient which in turn allows us to be proactive in identifying risks to the patient. I assume that the* ***sponsor will require that we submit more adverse event reports, which will impact the amount of time and effort required****.*
> – SITES



Sample: Sponsors=91, Providers=53, Sites=72

Key Take-Aways

Potential Impacts of ICH E6(R3)

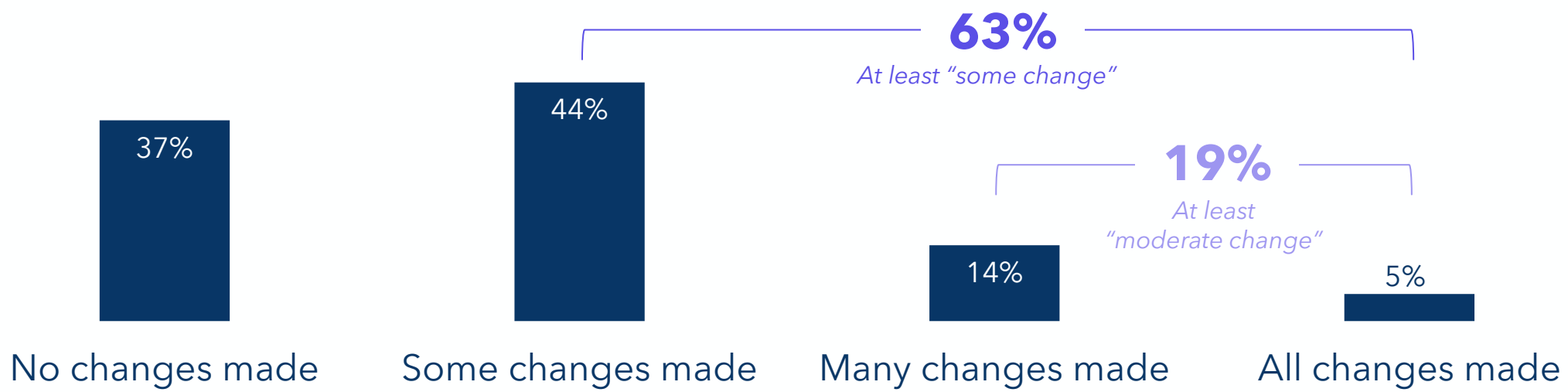
- **Increased quality is an anticipated outcome of ICH E6(R3)** – 4 out of 5 survey respondents say they think quality will improve with implementation of new guidance.
- **Quality by Design principles are expected to contribute significant positive impact because they "force" a forward-looking point of view** in the early stages of trial design. This proactive approach- *if implemented well* - can have a domino effect on quality throughout the trial by helping to focus on what matters most and reducing amendments than can negatively effect stakeholders by creating extra cost and required effort, jeopardizing data integrity, burdening patients, and/or lengthening study timelines.
- **The participant experience and stakeholder relationships are two other areas where positive impact is anticipated**, while protocol complexity and study timelines are areas of uncertainty today.
- **Site burden remains very top-of-mind as ICH E6(R3) adoption progresses**; site respondents, specifically, are most likely to foresee added work as new responsibilities fall within the purview of Investigators and other staff.

What Happens Next

The Path to Implementation

Today, the Industry is Early in ICH E6(R3) Implementation – Change Has Begun, but Only 1 in 5 Say "Significant" Change Has Happened

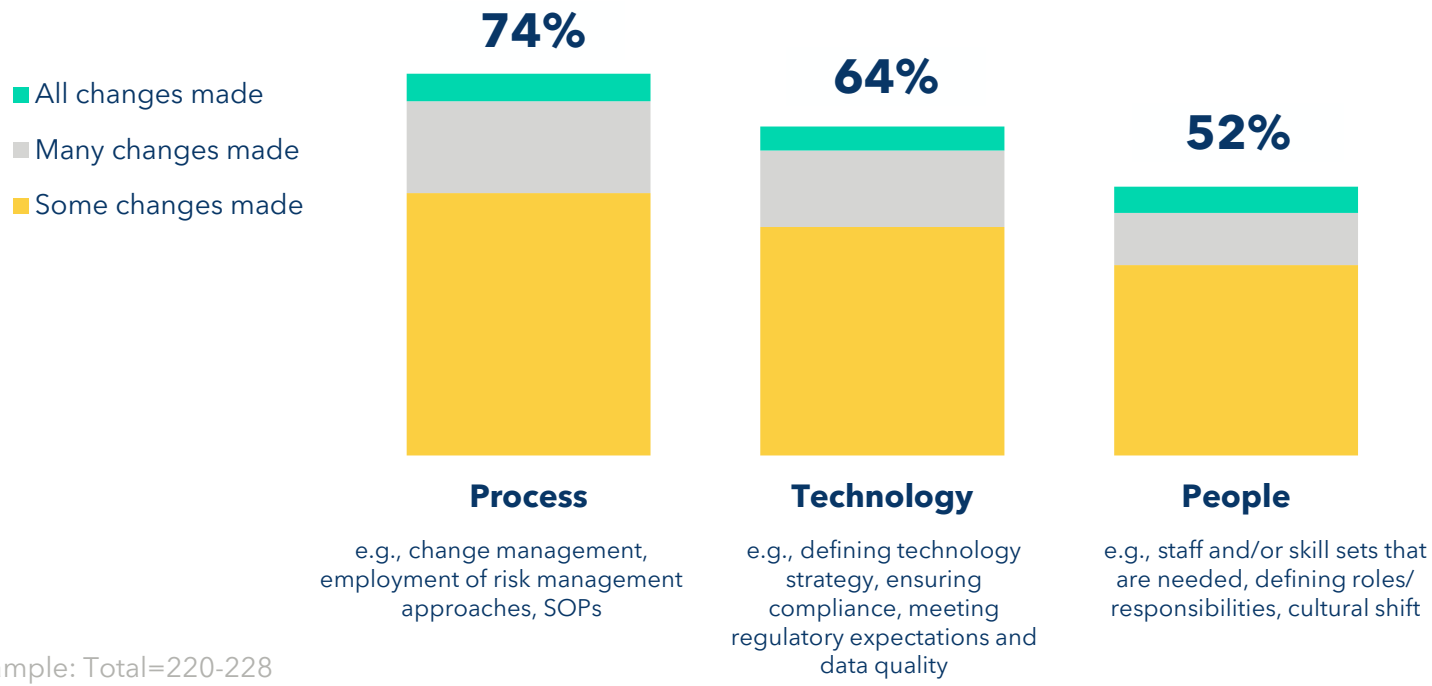
OVERALL PROGRESS TOWARDS IMPLEMENTING CHANGE



Sample: Total=220-228

Adoption is Starting with Review and Refinement of Processes; Technology and People Considerations Follow

IN WHICH AREAS HAS YOUR ORGANIZATION IMPLEMENTED CHANGES TO ADDRESS FINAL ICH E6(R3) GUIDANCE?



Sample: Total=220-228

> ***[We are] trying to build our processes thoughtfully**, with the results and critical items in mind from the very beginning.*
>
> – PROVIDER

As the Industry Looks to What Comes Next, Training and Education are of Particular Interest to Aid Implementation Efforts

WHAT ARE THE TOOLS OR RESOURCES YOUR COMPANY WOULD FIND VALUABLE TO IMPLEMENTATION EFFORTS?

Training & Education

- Role-specific and audience-specific detail on responsibilities and training.
- Understanding regulatory requirements.
- Defining key terminology and expectations (e.g., for proportionality, fit for purpose).
- Guidance on how to achieve change under resource constraints.
- Collaboration between stakeholder audiences.

> *A continuously updated repository/compilation of National HAs, EMA, FDA, PMDA, and other major regulators' guidance, training materials, Q&A on ICH E6(R3) interpretation and implementation – especially its novel aspects, and, where available, summaries of related inspection findings.*
> – SPONSOR

> *Any forums for companies to share how they are implementing these requirements. Opportunity to hear other experiences, successes, or failures.*
> – SPONSOR

> *Understanding the application for various sponsors small biotech vs. large pharma, small community sites vs. business-driven sites and large academic sites.*
> – PROVIDER

> *Very clear scenarios showing how the guidance is applicable to sites at a site level.*
> – SITE

Practical Change Management Tools and Resources are Also Needed

WHAT ARE THE TOOLS OR RESOURCES YOUR COMPANY WOULD FIND VALUABLE TO IMPLEMENTATION EFFORTS?

Change Management Tools

- Roadmaps.
- Checklists.
- Comparisons between ICH E6(R2) and (R3).
- Case studies.

> *Implementation support – changes mapped to other available resources and tools. How to run impact analysis and record and manage the change.*
> – SPONSOR

> *Case studies from various companies. Knowledge share for processes and best practices.*
> – SPONSOR

> *SOP templates with examples for investigative site use that incorporate Quality by Design and Risk-Based approaches in day-to-day protocol related standard activities.*
> – SITE

Unlocking Success

HOW THE AVOCA QUALITY CONSORTIUM IS SUPPORTING MEMBERS

Understanding the Impact

- Member Meeting: Unlocking Insights – Overview of ICH E6(R3) Final Guidance.
- ICH E6(R2) and (R3) Comparison Resource.

Continuing the Discussion

ICH E6(R3) Impact on:

- QbD/RBQM.
- Issue Management.
- Sites.
- Oversight.
- Sponsor and Investigator Collaboration.

Setting the Stage for Implementation

NEW! ICH E6(R3) Resource Page:

- QbD/RBQM Overview.
- CTQ Guidance.
- Risk-Based Provider Qualification and Oversight.
- Third-Party Subcontracted Provider Qualification and Oversight.
- Development of a Risk-Based Monitoring Plan.
- Guidance for Risk-Based TMF Review.
- RBQM in Data Management SOP and Data Management.

Appendix

Select ICH E6(R3) Guidance

Information Presented to Respondents During the Survey

QUALITY BY DESIGN

Final ICH E6(R3) guidance is intended to **foster a quality culture by proactively designing quality into clinical trials and drug development planning**, including:

- Sponsors are responsible for ensuring that all aspects of the trial are operationally feasible and avoid unnecessary complexity.
- Sponsors should identify factors critical to quality (related to the protection of participants and reliability of trial data) prospectively; quality by design should focus on the critical to quality factors and trial process should support key trial objectives

(Adapted from ICH E6(R3): Principle 6, Principle 6.2, Principle 7.4, Sponsor 3.1.4)

RISK-BASED APPROACHES: FITNESS FOR PURPOSE & PROPORTIONALITY

Final ICH E6(R3) guidance **encourages a risk-based and proportionate approach** to the conduct of clinical trials, including:

- Risk proportionate approaches should be implemented to ensure the rights, safety and well-being of trial participants and the reliability of trial results throughout the clinical trial lifecycle.
- Clinical trial processes and risk mitigation strategies implemented to support the conduct of the trial should be fit for purpose and proportionate to the importance of the data being collected, the risks to trial participant safety and the reliability of trial results. This includes (but is not limited to) the range and extent of oversight measures, assessment of systems (e.g., data acquisition tools or systems deployed by the investigator) and review of trial-specific data.

(Adapted from ICH E6(R3): R3 Introduction, Sponsor Introduction, 2.3.1, 3.9.5, 3.16.1(d), 3.16.1(vi), 3.16.1(ii), 4.2.3)

Select ICH E6(R3) Guidance

Information Presented to Respondents During the Survey

INNOVATIVE TRIAL DESIGN & TECHNOLOGIES

Final ICH E6(R3) guidance is intended to **facilitate the use of innovations in clinical trial design, technology and operational approaches,** including:

- Systems and processes that aid in data capture, management and analyses, as well as those that help ensure the quality of the information generated from the trial, should be fit for purpose, should capture the data required by the protocol and should be implemented in a way that is proportionate to the risks to participants and the importance of acquired data.
- Computerized systems used in clinical trials should be fit for purpose (e.g., through risk-based validation, if appropriate), and factors critical to their quality should be addressed in their design or adaptation for clinical trial purposes to ensure the integrity of relevant trial data.
- The use of technology in the conduct of clinical trials should be adapted to fit the participant characteristics and the particular trial design. This guideline is intended to be media neutral to enable the use of different technologies.
- The use of innovative trial designs and technologies may enable the inclusion of a wider and more diverse population of participants and thereby broaden the applicability of trial outcomes.

(Adapted from ICH E6(R3): Principles Intro, Principle 9.2, 9.3)

Learn More About Avoca's Industry Research

For more than 20 years, Avoca, a WCG company, has surveyed industry stakeholders to gain an understanding of key trends affecting clinical development.

Industry leaders rely on our insights to strengthen relationships and enhance R&D quality and productivity.

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The Avoca Quality Consortium

Knowledge Center

- 1,500+ leading practices, tools, templates, and metrics toolkits
- Conversations and Connections
- ICH E6(R2)/(R3) Side-by-Side Comparison eBook
- Meeting Recordings and Materials

Contact Us to Learn More →

Thank you!

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