Our position on
Approach to Clinical Trials

What is this paper about?

Clinical trials are conducted on all new medicines and vaccines. Regulators will only approve a new medicine if these trials, together with other research data, demonstrate it has a favourable risk/benefit profile.

This paper describes GSK's approach to conducting clinical trials. It sets out the philosophy underpinning our approach and addresses issues including where we conduct our studies, the standard of care we apply and access to medicines post-trial. It also sets out how we may put in place additional measures in countries with less developed research infrastructure, to help ensure that the rights, safety, and wellbeing of trial subjects are protected no matter where in the world the trial is being conducted.

What is GSK's view?

All GSK clinical trials are conducted according to the same fundamental ethical principles. Our trials follow the standards of the International Conference on Harmonisation (ICH) Good Clinical Practice guidelines and the principles contained in the World Medical Association Declaration of Helsinki (DOH) on the Ethical Principles for Medical Research Involving Human Subjects. They also abide by local regulatory requirements.

Background

Ethical Review of Research Protocols

GSK will always seek formal approval for clinical trials of medicines from independent ethics committees and local regulatory authorities.

In some developing countries independent ethics committees do not exist, their membership is not in line with international regulatory requirements or they lack experience. In this scenario GSK will bolster their involvement by having the study overseen by another ethics committee in another country that meets international regulatory requirements. This is done in conjunction with the regulator and ensures from a regulatory perspective that GSK holds an approval from a regulatory-compliant ethics committee.

Informed Consent

Informed consent is the practice of ensuring that every trial participant enrolled in a clinical trial voluntarily confirms his or her willingness to participate in the trial, having been informed of all aspects of the trial that are relevant to their decision to participate. The purpose is to ensure the patient is aware of risks involved and has made an informed decision to participate. GSK recognises that informed consent in clinical trials is critical. In some circumstances, additional local cultural factors may be considered to ensure the informed consent is well understood. In this scenario, GSK may work with local healthcare professionals to facilitate the consent process according to local custom and culture.

Where formal *written* informed consent from the participant is not possible in a GSK sponsored trial (due, for example, to illiteracy) investigators will work with independent witnesses to document a verbal consent process. This is as per the standards of the ICH Good Clinical Practice guidelines.

Location of our clinical research programmes

We are committed to tackling some of the world's biggest health challenges, and as such we conduct clinical trials all over the world. There are regulatory and scientific/medical reasons to evaluate medicines in representative populations based on disease epidemiology, and some diseases for which we research medicines may occur primarily in certain populations or locations.

The main criteria we use for determining location is the medical need and intent to license. We also use operational criteria such as research infrastructure and the location's regulatory systems.

There are scientific and regulatory reasons why clinical trials are conducted in developing countries. For example:

- GSK has an ongoing commitment to target diseases that disproportionately affect developing countries, including HIV/AIDS, TB, and malaria. When investigational compounds for these diseases enter clinical development, clinical trials in developing countries are required.
- Due to changes in living standards many diseases previously associated with developed countries (e.g. hypertension, diabetes) are now global diseases. Including patients from all ethnic backgrounds therefore enables medicines to be evaluated more broadly in diverse populations.
- Patients in developing countries may be "drug naïve" i.e. have used fewer medicines compared with those in Western Europe and the US. This can make them good candidates for a clinical trial as in many circumstances the risks and benefits of the medicines being evaluated can be more accurately assessed.
- Some countries require the provision of local clinical trial data as a prerequisite for product registration. For example, China, Japan, Nigeria, South Korea, and India require data in local populations.

Capacity Building

Capacity building, either through training or equipment, can benefit the community by strengthening local research capacity.

However, when capacity building is provided, it is important that it does not constitute undue inducement for patients or investigators to participate in the study and it is sustainable by the local community after the research has concluded. In situations where a reasonable level of specialised equipment is needed to conduct a clinical trial solely sponsored by GSK, the value of the equipment will be fully and transparently included in the Study Agreement as part of the study compensation. Any equipment provided by GSK in the context of a clinical trial occurs on the understanding that it is appropriate to the local environment and is maintained by the local community on completion of the trial.

Payments and other Recompense

The type of reimbursement or other compensation provided to trial participants in a GSK-sponsored clinical trial must be appropriate to the local economy and submitted to independent ethics committees for approval.

Disclosure of payment plans is an obligatory part of the ethics committee's approval process. This ensures that any payments are appropriate to the local setting. The standard continues to be that participation in clinical trials is voluntary. Care must therefore be taken to avoid undue financial influence on participants' decisions.

Payments to investigators or their institutions reflect fair market value and are in line with local practices.

GSK discloses payments made to healthcare professionals and healthcare organisations involved in GSK-sponsored clinical trials in markets including Europe, USA, Japan, and Australia. More information on this, as well as our approach to transparency in publishing clinical trial data, is available in our policy position on public disclosure of clinical research, available on gsk.com.

Standard of Care

GSK designs and conducts clinical trials so that the care and treatment of participants during the trial is at least consistent with, and may be higher than, the standard of care available if they were not taking part. This includes the types and frequency of medical evaluations that are part of the trial. In addition, any comparators used in a trial will have at least equal benefit with those that patients would have received outside the clinical trial, i.e. the local standard of care.

Use of Placebo

Placebo controlled studies are conducted only when there are compelling and scientifically sound methodological reasons (including when there is no effective standard of care to use as a comparator), and when the risks to the study subjects who receive the placebo are minimised and are not an additional risk of serious or irreversible harm. As for all studies, GSK will ensure that subjects in placebo-controlled studies give their informed consent, without coercion or inducement, that precautions are in place to minimise risks and that there is appropriate oversight by the ethics committees and approval by regulatory agencies.

Access to medicines post-trial

- GSK supports the goal of improving access to medicines and we recognise our responsibility for helping to improve access to our products worldwide. The issue of post-trial treatment is, where appropriate, addressed in pre-trial agreements, the trial protocol and as part of the informed consent process.
- GSK is not, in general, responsible for the provision of nationally licensed medicines after a trial. This responsibility lies with governments as part of national healthcare programmes. For this reason, GSK-sponsored clinical trials in chronic conditions will not be carried out unless we are assured at the outset that subjects have access to necessary continued healthcare and that the healthcare system is able to provide for the continued care of trial participants.
- In exceptional circumstances and where there is a clear medical rationale, if a nationally licensed pharmaceutical medicine used during a trial is not funded through the normal healthcare infrastructure, post-trial provision of the medicine may be funded by GSK. Such circumstances include those in

which individual trial participants have received measurable medical benefits from the nationally licensed medicine during the study, and where they are unlikely to benefit from alternative nationally funded licensed medicines. This commitment is made pending the medicine being made available through the normal healthcare infrastructure, or until the trial participant no longer requires it.

- GSK recognises that there may be circumstances when clinical trial participants who have derived a measurable medical benefit from therapeutic investigational pharmaceutical medicine during a clinical trial, and who do not have alternative treatment options, should continue to receive the investigational medicine. Under such circumstances, GSK may extend access to the investigational medicine through a study extension or other available regulatory mechanisms, such as an expanded access programme or compassionate use. You can read more on this topic in our policy position on treatment use of unlicensed medicines, available on gsk.com.