

## **VolREthics 3rd plenary meeting report**

**April 18-19, 2024**

Académie Nationale de Médecine, Paris

### **Key take-away messages :**

- Overall, attendees acknowledged the improvements made with the April 12 “pre-final version” of the Charter compared with the initial version.
- Still need to clarify what are the Charter’s:
  - o Purpose: is it primarily a communication and advocacy tool
  - o Structure: a set of principles, supported by position papers that list and explain good practices’ pros and cons
  - o Positioning vs. other reference documents.
  - o Name to fit its purpose: Charter? Good practices? Declaration? Manifesto?
- Eight healthy volunteers attended the meeting (from India, France, Malaysia, Uganda, UK, USA). Their testimonies during the closing session were very appreciated. This is an encouragement for a stronger involvement of healthy volunteers in future meetings, in communication activities, articles, etc.

### **Proposals made on the Charter**

- General recommendations
  - o Make clearer statements regarding the Charter’s positioning vis a vis the DoH, CIOMS and other reference texts.
  - o Frame the Charter more as a partnership with healthy volunteers, including their involvement in early phases of trials design.
  - o Insist on the absence of direct health benefit prospect to characterize better “healthy volunteers”
  - o Add recommendations on need for stronger scientific justification of studies (as is done for CHIM studies),
  - o Sponsors play decisive roles. Highlight more the sponsors’ responsibilities.
- Specific articles
  - o Consider revisiting issue of post-trial information sharing (article removed in latest revision),
  - o Article 1: can we be more specific on accountabilities?
  - o Article 9: be more precise on what is specific to HVs
  - o Article 13:
    - Better explain the rationale for recommending modest bonuses.
    - Looking at compensation provided for clinical trial participation, it may be important in resource-limited settings to consider what is available routinely at home vs. what is provided within the trial facility, for instance in terms of food quantity and quality, amenities, etc.
  - o Article 14: explain what is special for HVs
  - o Add an article on data sharing with volunteers,
  - o Add an article recommending that all countries abide by most advanced regulations about first-in-man studies’ design (dose progression, number of treated subjects, etc.),

- Contacts to help improve the Charters' logo and layout, and its wording will be proposed by D Schroeder.

### **Proposals to facilitate the Charter's adoption:**

- Develop tools to promote the Charter using lay language
- Think about specific steps:
  1. Awareness
  2. Guidance list
  3. Endorsement
  4. Adopters
- Consider synergies with other initiatives:
  - o PREPARED (meeting scheduled in May in Amsterdam)
  - o AccessAfrica2 supported by the University of Oslo
  - o Launch of "MedEthicsEU" initiative of DG Santé may offer collaboration opportunities.
- To implement recommendations, some countries will require new laws while other may only require guidelines,
- There is a tension between the need to harmonise regulations and practices between countries and the notion of adapting the Charter to local situations and needs. Pharma partners fear increased administrative burden,
- Journals would benefit from a short list of criteria to assess ethical issues in studies with healthy volunteers.
- When the Charter is launched:
  - o Gather data on situations where Charter recommendations are not implemented, and the rationale for this.
  - o Set up metrics to assess the Charter's impact
- Information on selected countries
  - o Israel does not require ethical review for academic studies.
  - o Representation of healthy volunteers on RECs is mandatory in Belgium.
  - o Uganda is in the process of developing guidelines for clinical research, might consider specificities of healthy volunteers. Would need support to develop capacity e.g. for ethics review, infrastructures, etc. East African countries' seminar could be organised.
  - o Interest for future collaborations also expressed by colleagues from Vietnam and Sri Lanka.

### **Selected comments:**

- Unlike EMA, FDA accepts that (some) drug-drug interaction studies are not performed in healthy volunteers but replaced by modelisation data.
- Should data gathered through unethical ways be published (science without ethics is not good science, but publication can be a tribute to people who were unfairly treated) ?
- Expanding our scope:
  - o Consider looking at regulations protecting military personnel, aerospace people, athletes, etc. considering level of risks they may be exposed to, and their ability to freely decide to participate when they are in a chain of command, risk affecting their professional career, etc. Suggestion was made to consider them as vulnerable people.

- How to expand our scope beyond biomedical research when there are multiple and diverse fields and no or limited regulations: e.g. non-interventional research performed by GAFAM? More and more facets of society involve some kind of research.
- Is ethical review before a study starts sufficient?
- Phase I data publication in scientific journals should be encouraged.
- Explain more about the “global risk index” idea
- Who is representative of healthy volunteers? Risk of under-representation of the most vulnerable persons.
- Sense of “shame” and stigmatisation of healthy volunteers to be borne in mind. Conversely, perception of heroism may develop in emergency situations (Covid 19, Ebola)
- Specific issues related with emergency situations: access to effective intervention (e.g. vaccine) when trial is ongoing on experimental intervention and effective intervention becomes publicly available.

**Next steps to be discussed with VolREthics coordinating committee and international steering committee:**

1. Issue final version of the Charter,
2. Build publication plans based on the launch date of the Charter and the position papers under finalisation.
3. Consider ways to get financial support for next steps,
4. Plan communication activities on VolREthics,
5. Support the creation of groups of healthy volunteers,
6. Encourage and support countries/regions initiatives and webinars,
7. Consider thematic groups to support work on other types of “healthy volunteers” participating in research that those in the Charter’s scope.