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PHUSE DATA TRANSPARENCY WORKING GROUP

# Protecting Commercially Confidential Information (CCI) While Complying with the European Union Clinical Trials Regulation 536/2014

EU CTR Implementation Working Group — White Paper Community Update

**White Paper Coming Soon**

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# Agenda

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| | |
|---|---|
| 01 | Overview and purpose of the white paper |
| 02 | EU CTR and CTIS: background and the revised transparency rules |
| 03 | Redaction, operational challenges, and what qualifies as CCI |
| 04 | Solutions: drafting, redaction process, CCI library, and AI |
| 05 | **Conclusion: six strategic approaches** |
| 06 | **Questions and discussion** |
| 07 | White paper available via the PHUSE Data Transparency Working Group |

# Overview and Purpose

Why this white paper, and what it covers

# Purpose of the White Paper

THE CHALLENGE

## Transparency vs. confidentiality

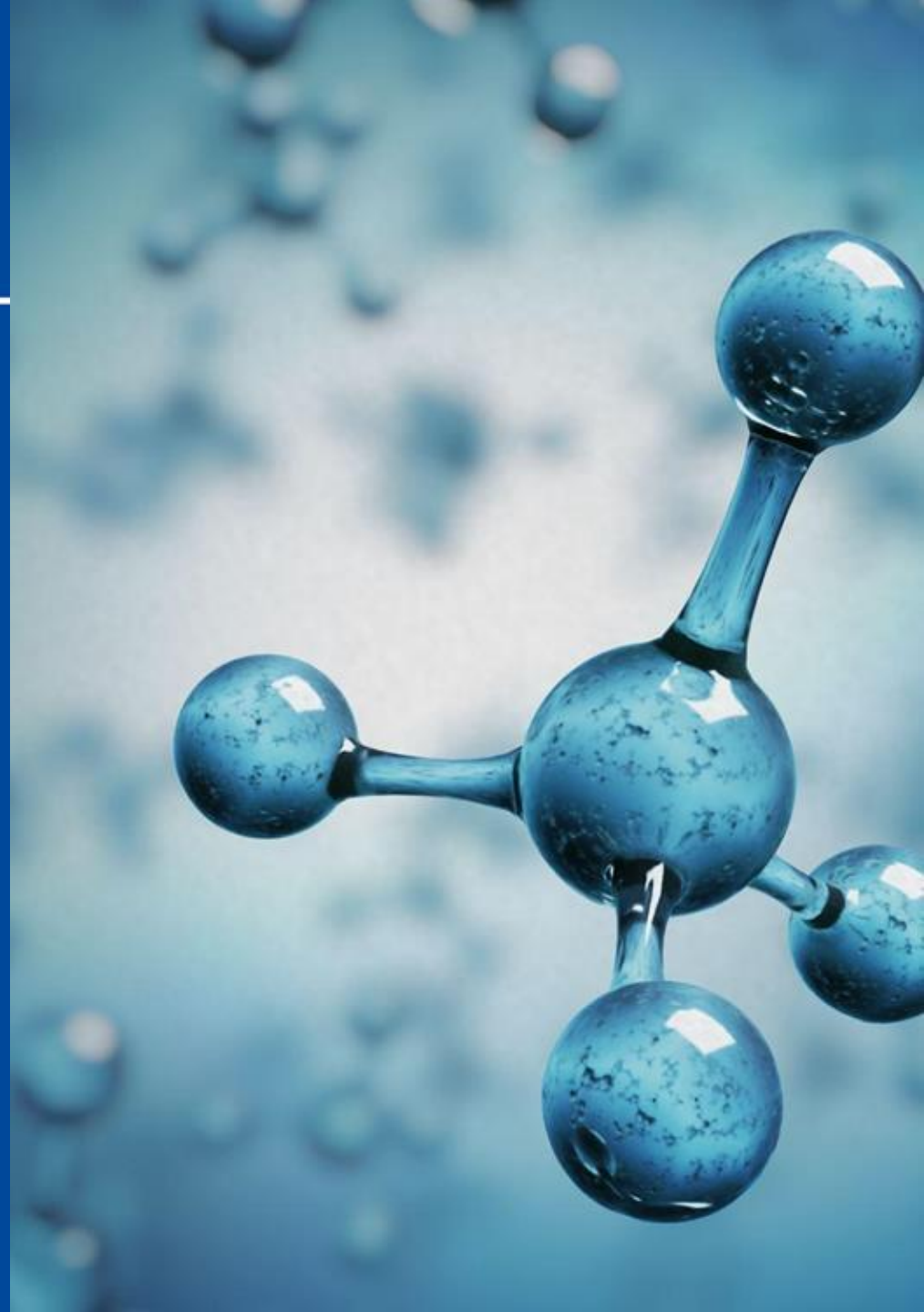
Under EU CTR 536/2014, specific CTA documents are published through CTIS when sponsors initiate a study within the EU/EEA. This transparency obligation creates a multifaceted challenge for sponsors who must simultaneously fulfill these transparency obligations while protecting Commercially Confidential Information (CCI) contained in those documents.

WHAT THIS PAPER PROVIDES

## Practical, actionable guidance

It gives sponsors practical strategies to identify, manage and protect CCI in documents disclosed via CTIS — helping teams balance regulatory transparency with the protection of legitimate commercial interests.

*CTIS disclosure promotes transparency, protects public health, and fosters innovation — this paper helps sponsors navigate it.*



# Scope of the White Paper

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## IN SCOPE

- Identification, management and protection of CCI in clinical study documents submitted in Part I or Part II of and EU CTA
- Protocols, ICFs, and other patient facing documents subject to public disclosure through EU CTIS
- Transparency at the CTA phase and the principles governing CCI protection
- Practical drafting, redaction, library and technology approaches for sponsors

## OUT OF SCOPE

- Results documents submitted through CTIS
- Protection of Personal Protected Data (PPD) — covered by separate PHUSE resources
- Downstream data reuse or secondary research access is not addressed
- Transparency requirements following the marketing authorisation review process (e.g. EMA Policy 0070)
- This paper is guidance only — not a data standard or regulator-approved content
- CCI should always be assessed on a case-by-case basis by the sponsor

*PHUSE offers separate resources on PPD protection, de-identification and GDPR compliance.*

# A Global Transparency Ecosystem

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### 1 EMA — European Union

CTIS disclosure under EU CTR; Policy 0043 (access to documents) and Policy 0070 (clinical data publication) post-authorisation.

### 2 FDA — United States

FDA Amendment Act (2007), 42 CFR Part 11 and the NIH Final Rule; protocol, SAP and trial results disclosure.

### 3 PMDA — Japan

Access to Information framework; publication of CTD Module 1 and Module 2 content and PMDA assessment reports.

### 4 Health Canada

Public Release of Clinical Information (PRCI); Module 2 summaries and Module 5 clinical study reports.

*Journals increasingly require protocols and SAPs as supplementary material. Documents across all of these frameworks often contain CCI.*

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# EU CTR and CTIS Background

How disclosure works, and how the rules evolved

# Key Dates: EU CTR and CTIS

**31 Jan 2022**

## EU CTR takes effect

CTR 536/2014 replaces the Clinical Trials Directive 2001/20/EC

**May–Jun 2023**

## Public consultation on transparency rules

Stakeholders flag complexity, short timelines and administrative burden

**Oct 2023**

## Revised transparency rules adopted

Deferral mechanism removed; publication simplified and rebalanced

**18 Jun 2024**

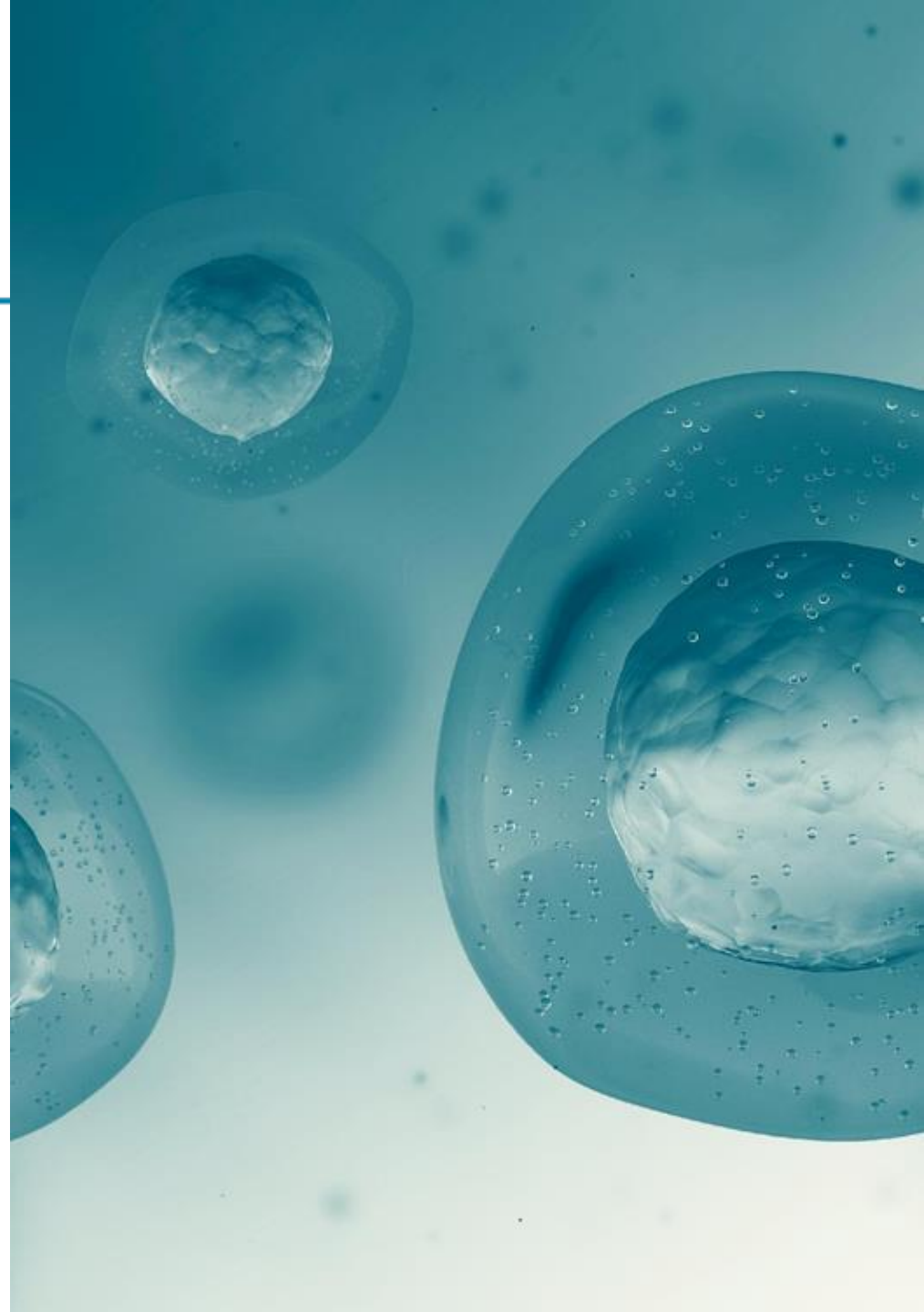
## Revamped CTIS portal launches

New portal enables smoother submission and access workflows

**31 Jan 2025**

## Full CTR compliance required

All ongoing EU trials must comply with CTR and be registered in CTIS



# Initial vs. Revised Transparency Rules

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INITIAL RULES (from 31 Jan 2022)

### Deferral mechanism available

Sponsors could defer publication of certain documents by trial category; deferral was the preferred tool to protect CCI.

REVISED RULES (adopted Oct 2023)

### Redaction is the primary tool

Deferral removed; redaction becomes the main safeguard for CCI. Fewer documents are published, reducing redaction workload.

**Net effect — key participant-relevant documents (protocol, synopsis, country-level ICFs) are now public much earlier in the trial lifecycle**

### Earlier public access

Protocol, protocol synopsis and patient-facing documents are accessible at trial onset, not after a deferral window.

### Fewer structured data fields

Fewer structured data fields are published than under the initial rules, and the submission process is simplified for sponsors.

*The shift to early disclosure means CCI must be identified and protected before initial CTA submission — not deferred.*

# When Documents Are Published (Revised Rules for Adult Trials)

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| Document | Cat 1 Adult | Cat 2 & 3 |
|---|---|---|
| **Protocol, synopsis, patient-facing** | 30 months after end of trial | At first MSC decision |
| **Informed consent / subject info** | Not published | At respective MSC decision |
| **SmPC** | Not published | At first MSC decision |
| **Summary results, layperson summary, CSR** | 30 months after end of trial | As soon as submitted |
| **Recruitment / advertising materials** | Not published | At respective MSC decision |

**KEY POINTS-** revised rules for adult trial

- Deferral mechanism has been removed entirely
- Results must be submitted to CTIS within 12 months of end of trial
- Category 1 adult trials retain a 30-month publication delay — a safeguard for CCI

**NOTE**

Timelines summarise the revised CTIS transparency rules. Categories 1–3 reflect trial type and phase as defined in the EU CTR. See the white paper appendices for the full comparison of initial vs. revised rules.

# Operational Challenges Sponsors May Face While Fulfilling EU CTR Transparency Obligations and Protecting CCI

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The revised transparency rules have established an unprecedented level of transparency in clinical document disclosure. For the first time, the study protocol and country-level ICF are publicly accessible at trial onset in the EU. This shift requires sponsors to reassess CCI strategies before CTA submission.

| | | |
|---|---|---|
| 1 | **Identification of CCI** | Lack of common understanding of what information may be CCI at the time of CTA submission |
| 2 | **Extensive redaction of protocols** | Protocols and corresponding documents must be extensively reviewed to identify CCI and redact it prior to CTA submission |
| 3 | **Country-specific Part II documents** | Country-level documents such as ICFs must be translated and redacted separately |
| 4 | **No established redaction process** | Many sponsors lack a defined CCI redaction process at trial initiation and during the RFI period |
| 5 | **No CCI library or governance** | Absence of a CCI library and processes for maintaining it leads to inconsistent decisions over time |
| 6 | **Limited redaction technology** | Few robust, technology-enabled redaction tools are in place to support consistency and scale |

# CCI in the Context of the EU CTR and the Revised Transparency Rules

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## Types of CCI and Potential Examples Relevant to Initial CTA Submission

| Patentable Information | Information That May Jeopardize Competitive Advantage if Disclosed |
|---|---|
| Details of investigational product chemical name, molecular formula, molecular mass | Future development plans (planned studies, analysis, strategies) |
| Information on dosage and treatment regime | Detailed information on innovative analytical methods, novel biomarkers |
| Details of medicines: release properties (immediate release, sustained release etc.), method of manufacture (dry granulation, spray dried) | Specific vendor of interest (niche laboratory for exploratory end point analysis) |
| Novel approach designed by the applicants, including statistical and strategic information | Adaptive trial design (screening and retention dates, stopping criteria) |
| Information on exploratory endpoints and associated parameters | Future biomedical research that will be using the novel approach |

**It is recommended that CCI is assessed on a case-by-case basis. CCI classification varies by sponsor, by study, and throughout the dynamic lifecycle of a molecule, as the nature of CCI evolves with the progression of development stages.**

***For examples of information that are not considered CCI at the time of initial CTA submission and an example of a decision tree for assessing CCI, see full White Paper.***

# Solutions and Recommendations for Protecting CCI in EU CTA Submissions

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## 1 Draft with the end in mind

- Draft the Clinical Study Protocol, Informed Consent Form, and other patient-facing documents with disclosure as a foundational consideration and only include required information

## 2 Establish a redaction process

- Establish a systematic process for key stakeholders to identify CCI for redaction to ensure consistency and mitigate the risk of inadvertent disclosure, recognizing that complete exclusion of CCI is likely not possible

In practice, these approaches work together. Writing with disclosure in mind reduces redaction. A defined process and a living library keep redaction consistent. AI helps do the work faster.

## 3 Maintain a CCI library

- Develop a centralized library of CCI identified throughout the product and study lifecycle to support drafting and redaction

## 4 Use AI and LLMs with oversight

- Consider implementing LLMs for CCI identification to reduce manual redaction effort while maintaining human oversight

# Drafting CTA Documents With Disclosure in Mind

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Author documents assuming public disclosure from the start, rather than drafting in full and redacting CCI afterward.

### Clinical Study Protocol

- Include only necessary information in the protocol; avoid exhaustive details that could be CCI
- Involve legal and CCI reviewers during drafting
- Minimise CMC content; cross-reference non-public results to the Investigator's Brochure; exclude COAs when they can be referenced
- Where CCI is unavoidable, state it once and use cross-references or generalized terms (e.g., dose 1, dose 2)
- Prepare or consider redaction justifications during drafting to support the RFI process with Member States
- Use protocol templates that flag public-disclosure requirements (e.g., TransCelerate)

### ICFs and Patient Facing Documents

- Exclude CCI entirely whenever possible
- Watch for CCI that resurfaces when protocol language is simplified for participants
- Run parallel CCI reviews across document types; a redaction in one document does not cover every instance
- Give medical writers distinct guidelines, standardized template language, and targeted training

*Consistency is difficult to achieve given the range of therapeutic areas, collaborators, and competing disclosure and scientific needs involved, so thoroughly training all impacted stakeholders is key.*

# Establish and Manage a CCI Redaction Process

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Even when drafting with disclosure in mind, complete exclusion of CCI is unlikely. A systematic redaction process is essential to protect CCI consistently and reduce the risk of inadvertent disclosure.

1

## Determine the Stakeholders

Identify the functions responsible for each step, from identifying documents for redaction to uploading redacted versions to CTIS. Note that more stakeholders may be needed for documents disclosed at study initiation than after completion.

2

## Involve Partners and Collaborators

Integrate partners and CROs as key stakeholders in CCI identification and redaction. Each collaboration may need a tailored approach, since SOPs and agreements differ between companies.

3

## Consider EU CTR Timelines

Establish internal timelines to prepare redacted documents for initial submissions and in response to an RFI to align with the EU CTR submission requirements and timeframes.

4

## Map and Monitor the Process

Document each step, stakeholder, tool, and timeline in a process map. Monitor with metrics and checkpoints and re-evaluate CCI as trials progress and information is no longer confidential.

# Example Redaction Process for Initial CTA Submission

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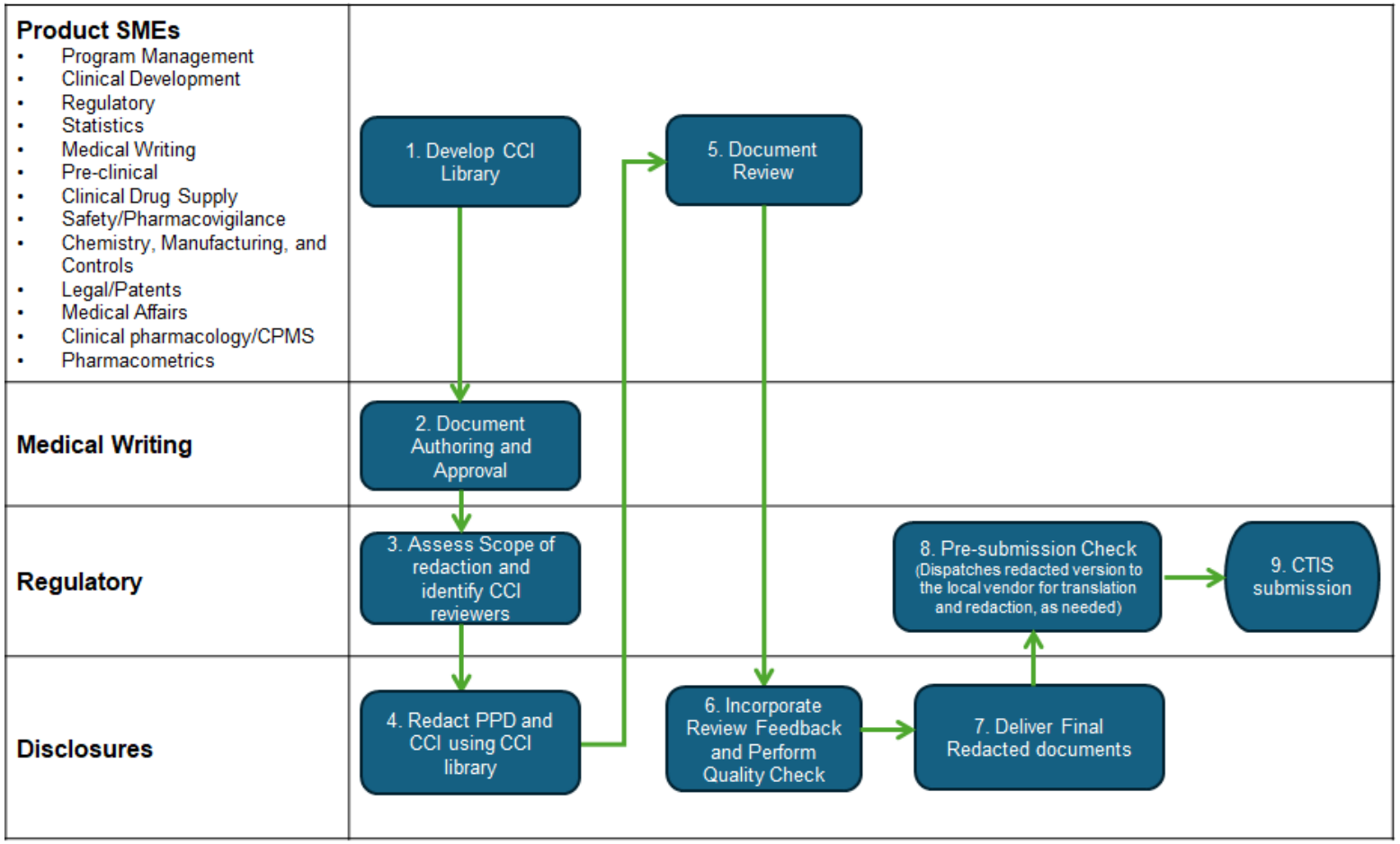


When collaborating with partners, ensure alignment on responsibilities, process steps, CCI reviews, and resolution of comments.

*For an example redaction process for RFI responses, see full White Paper.*

# Create and Maintain a CCI Library

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- A centralized, governed CCI library facilitates writing with disclosure in mind, streamlines the redaction process, and keeps CCI determinations consistent across the product and study lifecycle
- Assign clear ownership, update responsibilities, and communication pathways so the library stays accurate and accessible across all functions
- Track publication dates and refine the CCI list as information becomes public

EXAMPLE CCI LIBRARY STRUCTURE:

| Document Name & Version | Section No./Heading | Page/Line No. | Proposed CCI | Published? (Y/N, Link) | Rationale | Responsible Function |
|---|---|---|---|---|---|---|
| Protocol v1.0 | Sec. X: Physical, Chemical and Pharmaceutical Properties of Formulation | Pg. 23, Line 17 | ABC | No | Assay method is in-house and unvalidated; data are exploratory. | CMC |

| Review/Discussion Date | Decision on CCI (Y/N) | Reviewer & Review Date | Approver & Approval Date | Remains CCI Until | Next Planned Review Date |
|---|---|---|---|---|---|
| 17-Mar-23 | Y | Name and Date | Name and Date | 15-Jun-26 | 15-Jul-24 |

# Leveraging Technology and AI to Streamline CCI Workflows

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## LLMs and generative AI can support CCI identification and redaction, but require security controls, validation, and human oversight

### WHAT LLMS ADD

- Contextual analysis of unstructured text, beyond simple keyword or pattern matching
- Potential detection of complex CCI patterns
- Advanced LLM implementations can be trained on domain-specific pharmaceutical language to recognise implicit references to proprietary information that might otherwise be missed by conventional methods

### IMPLEMENTATION PRINCIPLES

- Reduces manual redaction effort while preserving human oversight and final judgment
- Helps ensure consistency across varying document formats, writing styles, and scientific conventions
- Supports auditable decisions aligned with various transparency requirements
- AI and LLM tools offer meaningful efficiency gains, but their outputs are a starting point, not a substitute, for the judgment of experienced transparency professionals.

# Conclusion: Six Strategic Approaches to Navigating the Evolving Disclosure Landscape

01

**Deploy a "disclosure-by-design" mindset when drafting CTA documents**

Minimise CCI from the onset

02

**Establish a systematic redaction process across document types**

Drive consistency, mitigate risk

03

**Build and maintain dynamic CCI libraries**

Evolve with the product lifecycle

04

**Invest in secure, AI-enabled redaction solutions**

Streamline workflows, keep oversight

05

**Educate and align cross-functional teams**

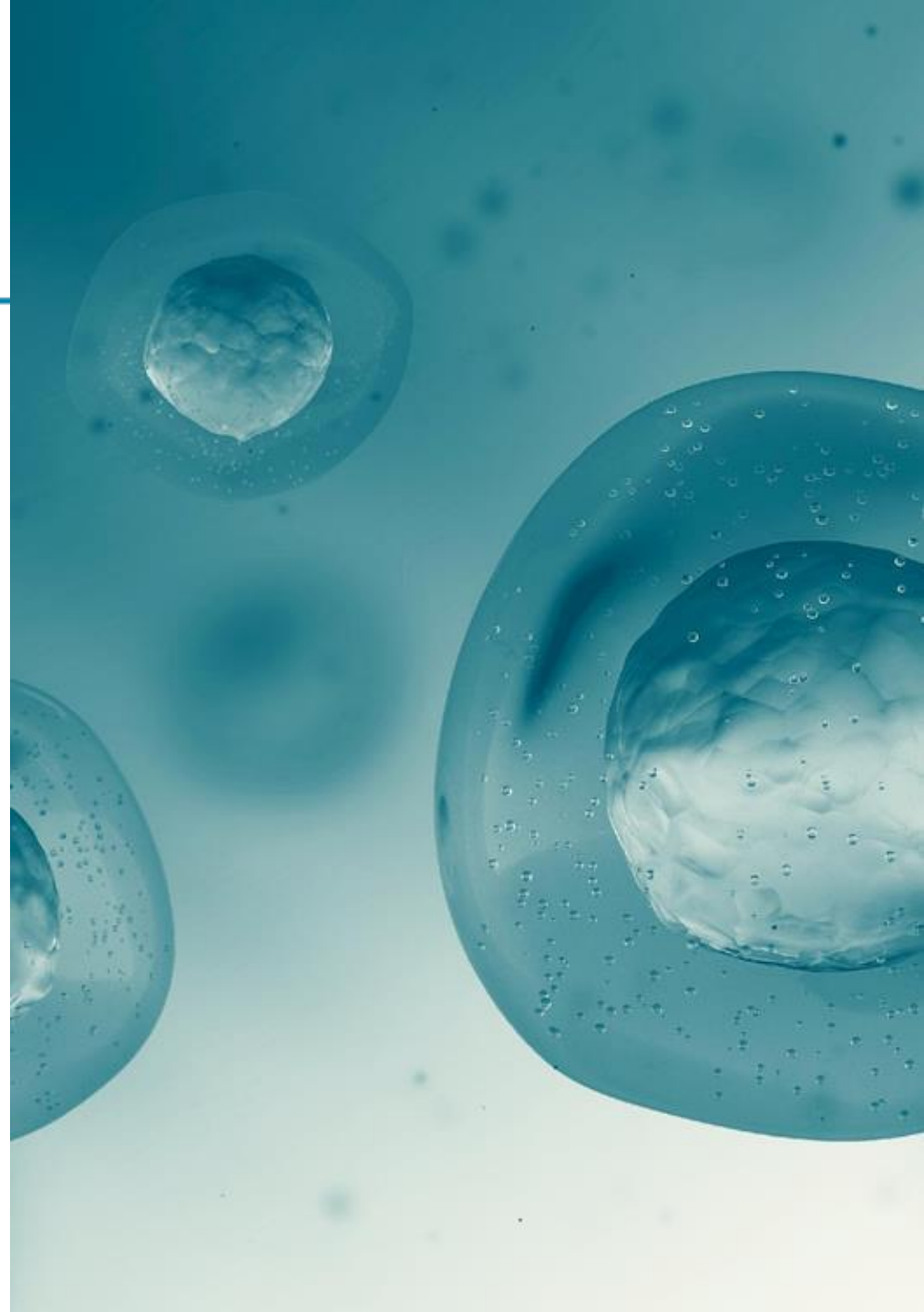
A unified transparency strategy

06

**Engage proactively with regulators and industry peers**

Help shape future standards

**With transparency expectations continuing to evolve, these practices enable organizations to protect commercial interests while reinforcing public trust in clinical research**



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# Thank You

With thanks to the working group and PHUSE Data Transparency

1. Read the full white paper via the PHUSE Data Transparency Working Group
2. Share it with colleagues in regulatory, medical writing, legal, and disclosure
3. Let us know of any feedback

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