Kent Innovation Centre
Millennium Way
Broadstairs
Kent
CT10 2QQ

Reference: PHUSE Data Transparency Working Group's Response to the Medicines and Healthcare products Regulatory Agency's (MHRA) new guidance to accompany The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025

Attention: Health Research Authority (HRA)

10 September 2025

We would like to thank the MHRA for the opportunity to review and provide feedback on the new guidance. The feedback was developed by a diverse group of experts from the PHUSE Data Transparency Working Group. Please see below a summary of our comments based on the HRA survey sections.

Definitions and terminology

New definitions:

- The guidance should include more terminologies related to the clinical trials. For example: clinical trials, study start date, abandon a clinical trial (withdrawn).

Updates to existing definitions:

- The updated terminology is appropriate, but a full list of relevant terms should be included – ideally within the guidance or as an appendix – to support clarity and consistent interpretation.

Updates to 'amendment' terminology:

- The updates to the amendment terminology are appropriate, and the categorised list of changes is comprehensive, covering most anticipated scenarios.

Research transparency requirements for clinical trials

Registering a clinical trial:

- No issue. Public registration on ClinicalTrials.gov or auto registered on the International Standard Randomised Controlled Trial Number registry is clear before the first patient enrolled is clear.

- 1. Scope: The guidance covers only clinical trials of investigational medicinal products and does not address registration requirements for non-interventional, device, diagnostic, or supportive care trials.

  2. Registration Timeline: It is unclear whether the requirement to register before first participant recruitment refers to global recruitment or recruitment in the UK. This should be clarified.

Kent Innovation Centre
Millennium Way
Broadstairs
Kent
CT10 2QQ

3. Ongoing Clinical Trials: The phrase "an end date at any point from this date" suggests that clinical trials completing after 28 April 2026 are in scope, while those completing on that date are not. This interpretation should be confirmed.

- In addition to the above, the regulation says: "Register a clinical trial in a public registry before the recruitment of the first participant or within 90 days of approval of the clinical trial (whichever is sooner)"; whereas, on the transparency page, the HRA mentions: "For clinical trials (clinical trials of investigational medicinal products, clinical investigations of medical devices, clinical trials of novel interventions or randomised clinical trials to compare interventions in clinical practice), not registering within six weeks of recruiting the first patient is a breach of approval conditions, unless a deferral has been agreed by or on behalf of the Research Ethics Committee." This should be clarified.

Publishing trial results:

- No issue. Summary of results on ClinicalTrials.gov within 12 months at the end of the clinical trial is clear.

- 1. The first bullet point regarding clinical trial registration appears to apply equally to the posting of results and should be clarified as such.

  2. The guidance does not specify the required structure or content of the results to be submitted. Further detail would support consistent reporting.

  3. If a study is registered only on ClinicalTrials.gov and the sponsor submits a delayed results certification (extending the reporting timeline by two years), it is unclear how this aligns with the new UK requirements. Clarification on how such cases are handled under the regulation is needed.

- 1. The regulation says that "if the sponsor registered a trial with more than 1 registry, they will need to publish a summary of the trial results in all those registries." While this is a recommendation, clarification is needed. Is this entirely the responsibility of the sponsor, or would the MHRA ensure confirmation from the sponsor?

  2. It would be good to have a format for results posting.

- For Phase I healthy volunteer studies, initial deferral is 30 months post end of the clinical trial, though this can be extended. What is the process for this extension?

Kent Innovation Centre
Millennium Way
Broadstairs
Kent
CT10 2QQ

Offering to share a summary of results with participants:

- Technical Summary results are posted. Plain Language Trial Summaries can be linked to ClinicalTrials.gov through the links option, but there is not a specific place to upload them if you use ClinicalTrials.gov to register.

- 1. The first bullet point regarding clinical trial registration appears to apply equally to the posting of results and should be clarified as such.

  2. It is unclear whether the summary of results must be made available in participants' native languages.

  3. What is the approach if a paediatric participant turns adult and becomes legally responsible – do they need to reconsent to receive results?

  4. What if a participant is uncontactable at the end of the clinical trial? There is no mention of how long or how many attempts should be made before considering someone unreachable.

- It seems one of the methods of informing participants of plain language summary of results is by verbal communication. Need confirmation/clarification. How will this sharing be documented?

Deferrals:

- When a deferral is granted, is the sponsor exempt from submitting the registration and results, or is it only publication that is deferred? This should be clarified.

Deferrals in Phase I trials:

- No issue. Phase I healthy volunteer studies are auto deferred for 30 months post end of the clinical trial. Limited data published, but prefer no data to be posted at all on healthy volunteer studies.

Waivers:

- The current guidance does not provide details on the timelines or procedures for handling waiver request rejections. Clarification on the appeals or resubmission process would be useful.

Kent Innovation Centre
Millennium Way
Broadstairs
Kent
CT10 2QQ

The approval process for clinical trials

- For approved clinical trials, the regulation says that if no patient has been recruited within 24 months of approval, it would lapse. The sponsor can request an extension. The guidance says: the authorities may, where they consider appropriate, agree to extend the period for up to 36 months beginning with the day after the expiry of the period specified in paragraph (1), for example, where the clinical trial involves the study of a rare disease or the clinical trial is in anticipation of a disease causing a pandemic.
  1. The number of extensions a sponsor can request should be clarified.
  2. The example given is for rare diseases/an expected pandemic. The rules should be clarified – in what scenarios the extension can be requested.

Additional Points and Discussions

Consolidation of Guidance Materials: The information provided calls out that you must submit the results to the participants, and many inferred this to be a return of results to the individual study participants. But a corresponding link clarifies it is a return of summaries. Suggestion would be to submit a plain language summary of results or similar. It would be helpful to have all the information in one place. Currently, end users must go to many links to interpret a single requirement. Suggestion to consolidate all related guidance and associated web pages into a single, easily accessible location to improve usability.

Clarifications on Clinical Trial Approval and Extensions: Regulations for clinical trial approval lapses and extension requests require clearer guidance.

Clinical Trial Approval Lapse Rules: The regulation mentions if a clinical trial was approved and no patient has been recruited within 24 months of approval, the clinical trial approval would lapse. Certain examples are given where the clinical trial involves the study population of a rare disease or anticipation of a disease which causes a pandemic. However, it does not specify how many extensions a sponsor can request. If these are unlimited, we are not sure to what extent the sponsor would be working towards it. Clarification is required regarding the scenarios they would expect to be more specific.

Request for Scenario Clarification: The guidance should specify scenarios beyond rare diseases and pandemics where extensions might be accepted.

Deferrals in Phase 1 Clinical Trials: The EU regulations are for Phase I deferral. However, the UK regulation specifies Phase I healthy volunteers. We are unsure if that was intentional. We have studies that are Phase I healthy volunteer and not healthy volunteer, so we are trying to determine whether it would still apply. In the guidance, we would like to clarify whether deferral can be requested only to Phase I healthy volunteer studies or also to other Phase I studies (i.e. it will not be a blanket auto deferred study).

Kent Innovation Centre
Millennium Way
Broadstairs
Kent
CT10 2QQ

International Standard Randomised Controlled Trial Number Registry Postings: Currently, it states the requirement to post results in each registry where you registered the clinical trial. What if a registry does not require the results to be posted? Would this also be a requirement if posting on the International Standard Randomised Controlled Trial Number registry? Even if it is a non-applicable clinical trial on ClinicalTrials.gov? Our understanding is ClinicalTrials.gov does not require non-applicable clinical trials to be posted.

Recognition and Use of Registries: Suggestion to include the EU Clinical Trials Information System as a recognised registry by the World Health Organization (https://www.who.int/tools/clinical-trials-registry-platform/network/primary-registries).

Scope of Guidance: The guidance focuses on clinical trials of investigational medicinal products but does not address observational or non-interventional clinical trials, which raises questions about the applicability of transparency requirements to these study types. Are they completely out of scope and no transparency requirements are applicable?

Non-Interventional Trials and Plain Language Summaries: Right now, we are not sharing results for most non-interventional clinical trials unless specified, therefore we are curious to know whether there is a requirement to share the results for cases such as being registered on the European post-authorisation study register, or in the catalogue of real-world data. For non-interventional clinical trials in the UK, if they are registered in the catalogue for real-world data, would a plain language summary of results also be required?

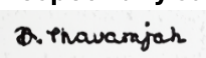
Research Transparency and Results Posting Requirements: Due to the International Standard Randomised Controlled Trial Number registry's fees, most sponsors now register only on ClinicalTrials.gov unless policy states otherwise. Will sponsors continue to be charged a fee if they choose to go to the International Standard Randomised Controlled Trial Number registry voluntarily?

Medicinal Trial Algorithm: We also have a query regarding the medicinal trial algorithm (please see attached PDF). The document helps determine whether the study is a non-interventional clinical trial. Will this document be updated in light of the new regulations, or will all the points outlined remain the same?

Definitions and Terminology: Very few of the terminologies have been included in the guidance document and when we work or read through the regulation and try to see the practical implementation of those regulations, we do come across questions. For example, there is ambiguity around "recruitment of first subject", and whether enrolment or first subject recruitment should be the signing of the informed consent form date or the date of randomisation. Also, do the registration timelines refer to global or UK-only enrolment?

Many thanks.

Respectfully submitted on behalf of the PHUSE Data Transparency Working Group



Devaki Thavarajah
PHUSE Data Transparency Working Group Lead