

Clinical electronic Structured Harmonised Protocols – How is ICH M11 supporting trial design and reporting?

CDISC EU Interchange 2025 – 14 May 2025

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Medicines Agency



Disclaimer and Acknowledgements

Disclaimer

The views expressed here are my personal views, and may not be understood or quoted as being made on behalf of the EMA, or its scientific committees, or reflecting the position of the EMA. In addition, I am not presenting on behalf of ICH.

Acknowledgements

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M11 EWG

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- What is M11 about? Motivation, content and operational considerations.
- Links to CDISC, HL7 Vulcan & CTIS

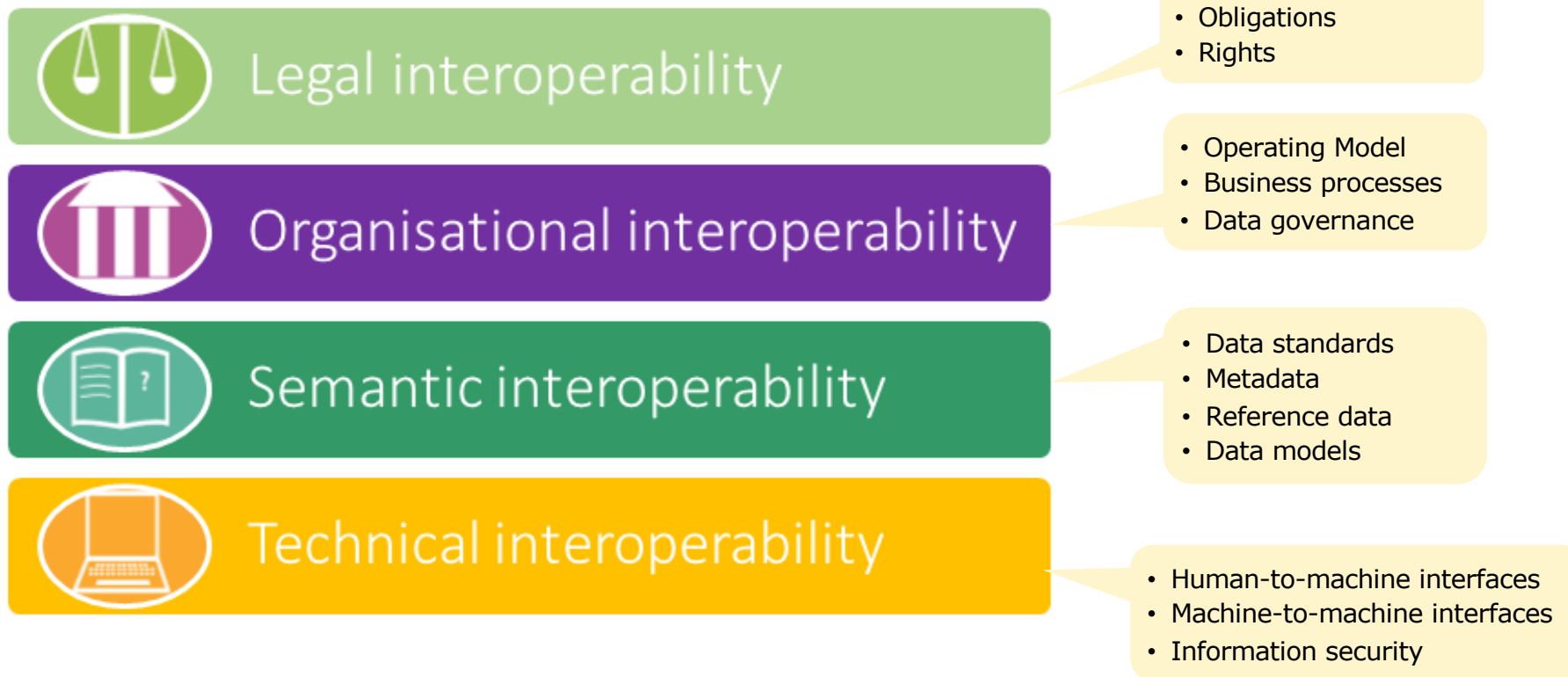


European Interoperability Framework

-

A common approach for interoperability

EIF - 4 inter-linked interoperability layers

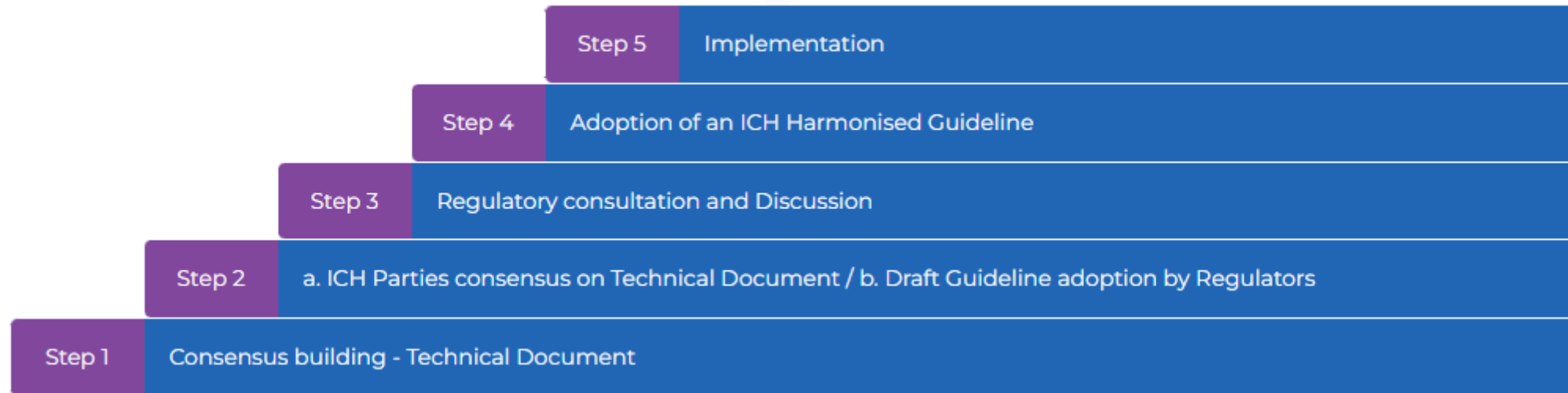


International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use

About ICH

- Bringing together the regulatory authorities and pharmaceutical industry to discuss scientific and technical aspects of pharmaceuticals and develop ICH Guidelines.
- **ICH's mission** is to achieve greater harmonisation worldwide to ensure that safe, effective and high- quality medicines are developed, and registered and maintained in the most resource efficient manner whilst meeting high standards
- As of November 2021, **67 state-of-the-art technical ICH Guidelines** and standards have been produced spanning the pharmaceutical products lifecycle, with further guidelines under development

Formal ICH Procedure



Source: <https://www.ich.org/page/formal-ich-procedure>

ICH Work Products

Guidelines / standards

Quality Guidelines

Harmonisation achievements in the Quality area include pivotal milestones such as the conduct of stability studies, defining relevant thresholds for impurities testing and a more flexible approach to pharmaceutical quality based on Good Manufacturing Practice (GMP) risk management.

Efficacy Guidelines

The work carried out by ICH under the Efficacy heading is concerned with the design, conduct, safety and reporting of clinical trials. It also covers novel types of medicines derived from biotechnological processes and the use of pharmacogenetics/genomics techniques to produce better targeted medicines.

Safety Guidelines

ICH has produced a comprehensive set of safety Guidelines to uncover potential risks like carcinogenicity, genotoxicity and reprotoxicity. A recent breakthrough has been a non-clinical testing strategy for assessing the QT interval prolongation liability: the single most important cause of drug withdrawals in recent years.

Multidisciplinary Guidelines

Those are the cross-cutting topics which do not fit uniquely into one of the Quality, Safety and Efficacy categories. It includes the ICH medical terminology (MedDRA), the Common Technical Document (CTD) and the development of Electronic Standards for the Transfer of Regulatory Information (ESTRI).



Benefits of a structured, harmonized document

- Difference between a PDF (electronic paper) vs. a truly electronic document, where important data elements can be captured automatically.
- Some advantages...
 - Efficient searching of information
 - Searchable content and metadata
 - Machine-readable
 - Content reuse
 - Makes documents easily accessible for years to come

Regulators receiving documents...



Chemist Lee Geismer looking over an NDA in the 1960s. Source: <https://www.fda.gov/about-fda/histories-fda-regulated-products/summary-nda-approvals-receipts-1938-present>



EMA archives

Why Clinical electronic Structured Harmonised Protocol (CeSHarP)?

Protocols

- The clinical protocol is an important document that describes the processes and procedures directing the conduct and analysis of a clinical study.
- Format and core content of study protocols vary from sponsor to sponsor, making interpretation difficult for:
 - Medical Writers,
 - Study Sites,
 - IRBs,
 - Regulators,...
- Regulators receive protocols in many different formats
- Approx. 4900 unique protocols received by FDA*

Problem

- No internationally harmonized standard template for the format and content to support **consistency** across sponsors and **exchange of protocol information**.
- Lack of harmonization contributes to **inefficiencies** and **difficulties** in reviewing and assessing clinical protocols by regulators, sponsors, ethical oversight bodies, investigators, and other stakeholders.

M11 is not just *one* document

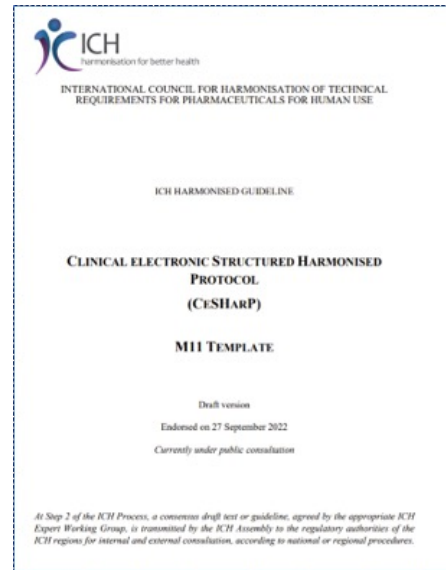
Guideline

Provides background, purpose, and scope as a guideline



Template

Provides written format for the Interventional Clinical Trial Protocol Template



Technical Specifications

Provides technical representation aligned with the guideline and template



Guideline

- Explains the need, outlines development

Template

- Specifies headers, common text, instructions, data fields, and terminologies.

Technical Specification

- open, nonproprietary standard to enable electronic exchange of clinical protocol information

ICH M11 Protocol Template

Structure

- Preamble to the TOC
 - Conventions
 - General header & structure guidance
 - Flexibility
 - Abbreviations
- Explanation of terms
- Document has more than 50 pages

Preamble

Example Heading	Heading Level	Typeface in this Template	Modification or Deletion	Addition
1.1.1.1	Level 4 (L4)		Delete heading or modify as needed	Insert where needed
Additional Non-Numbered Heading	Non-numbered heading			

22

23 Table and Figure Numbering

24 Tables and figures should be numbered and include a title or caption, respectively. No
25 numbering convention is specified by this template, but a consistent approach should be
26 applied throughout the document.

27 Page orientation can be modified from portrait to landscape as needed.

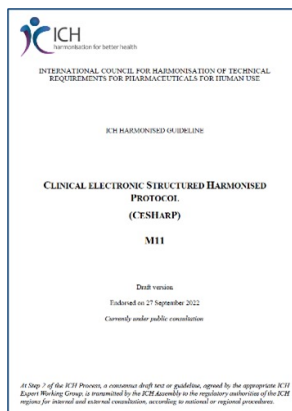
28 Terminology

29 The following terminology has been selected for use within this template and is considered to
30 be appropriate for all phases, trial populations, and therapeutic areas:

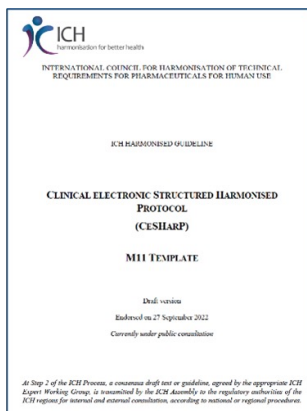
- 31 • Because the scope of this protocol template is focused on interventional clinical trials,
32 the term *clinical trials* is used rather than clinical studies when referring to
33 interventional clinical trials.
- 34 • *Participant* is used rather than subject, healthy volunteer, or patient when referring to
35 an individual who has consented to participate in the clinical trial. Patient or individual is
36 used to distinguish the population represented by the trial participants, when
37 necessary.
- 38 • *Trial intervention* refers to any therapeutic, prophylactic, or diagnostic agent including
39 pharmaceuticals, biologics, vaccines, cell or gene therapy products (when applicable),

M11 interdependencies

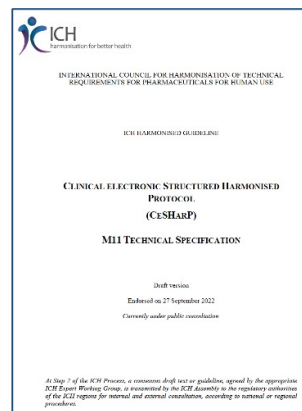
- M11 artefacts



Provides background, purpose, and scope as a guideline



Provides the written format for the Interventional Clinical Trial Protocol Template



Provides the technical representation aligned with the guideline and protocol template

Structure & Content of Clinical Study Reports

Multi-regional Clinical Trials

Statistical Principles

General Considerations in Clinical Trials

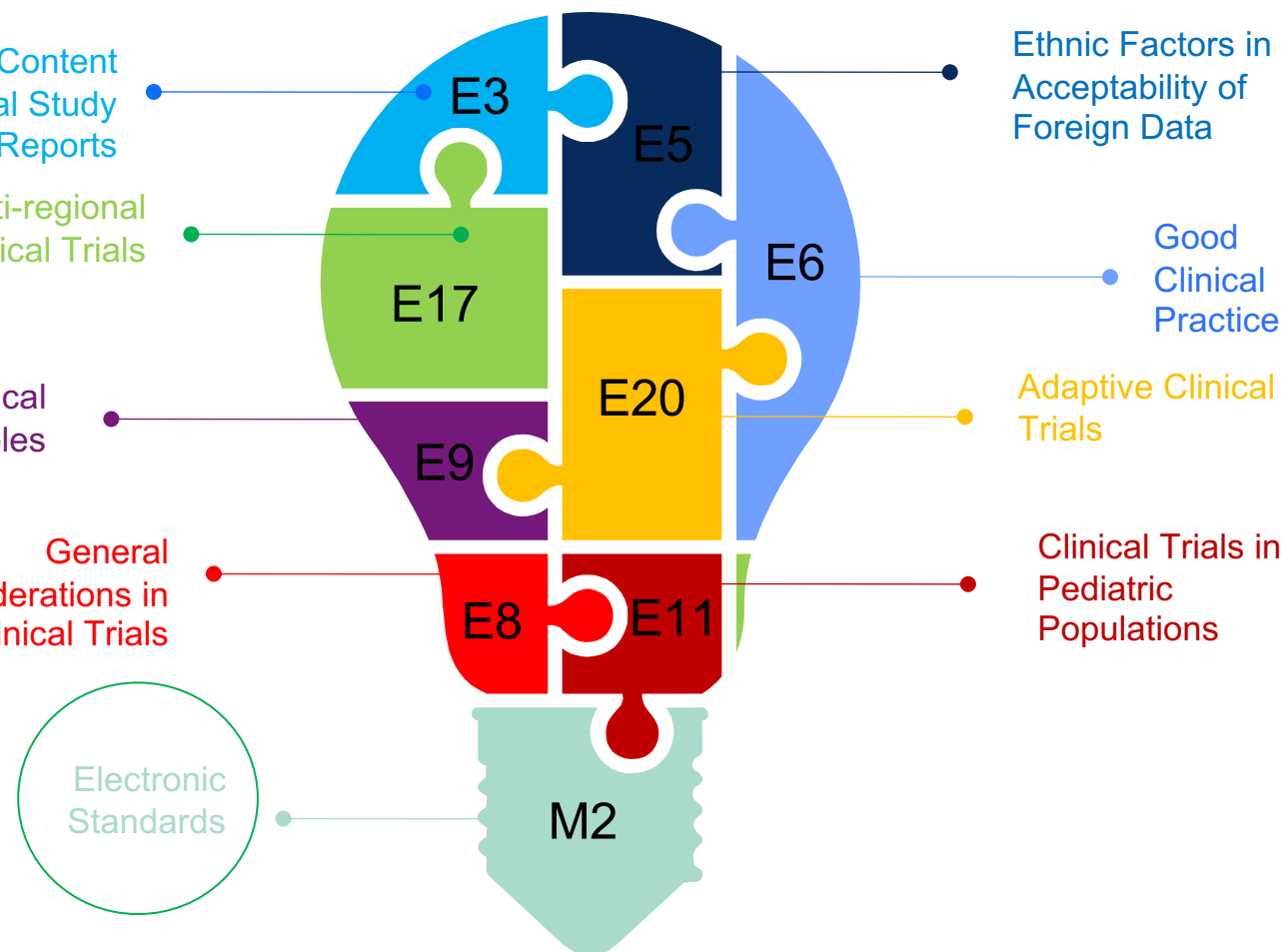
Electronic Standards

Ethnic Factors in Acceptability of Foreign Data

Good Clinical Practice

Adaptive Clinical Trials

Clinical Trials in Pediatric Populations



Complexity - Challenge 3: Models Over Time

2023-2025

2023

2024

2025

Document Centric View (Tech spec Visuals)

ICH M11 Conceptual Model

ICH M11 View in CDISC USDM

FHIR Transport Model

Finalize after
Pencils down
version

Technical
Specifications Phase

Document Centric View to
explain relationships to
authors /medical Writers

Begin review after
updates from pencils
down incorporated

Incorporate updates following
M11 working plan/reviews

Technical Implementation Guide Development Phase

**CDISC USDM accommodates
the M11 elements and their
semantics and create an ICH
M11 model specific view**

**FHIR Transport Model will
house everything required
for technical exchange,
storage and transport of the
protocol Information**

Conceptual model provides the
ability to store information in a
standardized fashion, useful for
technical and data personnel



M11 Template can be exchanged using many formats

Guideline

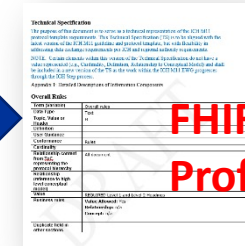
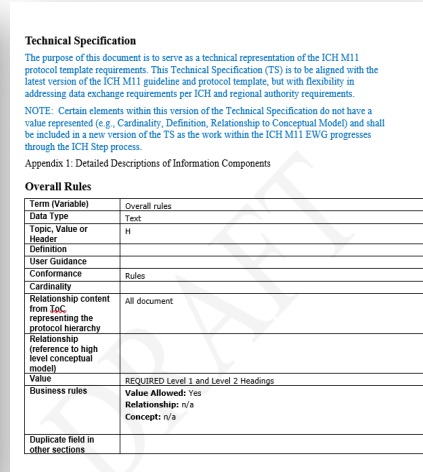
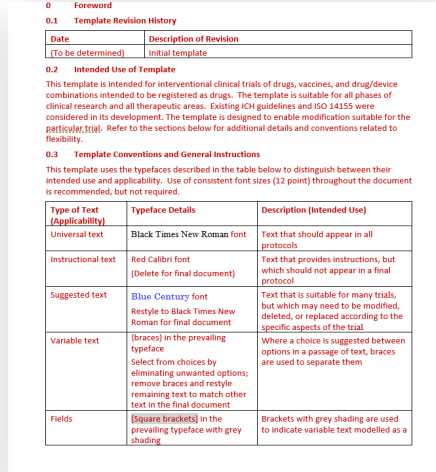
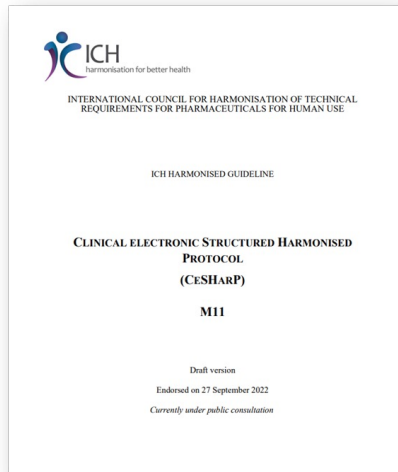
&

Template

Tech Spec

Technical
Implementation
Guide

FHIR
Profiles



Electronic Document
Human Readable Form



Standard Message Exchange Formats*



Machine - Readable
Form

Per ICH Regional
Requirements

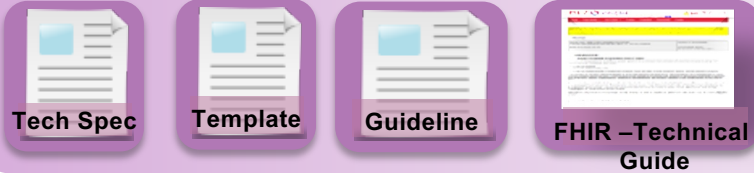
* Technical Implementation Guides may be needed for various use cases

Classified as public by the European Medicines Agency

Coordination efforts



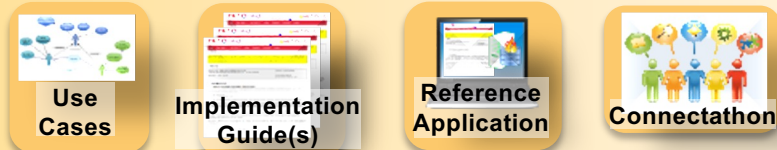
CeSHarP



USDM and Terminology



Utilizing the Digital Protocol – UDP



Shared



Maintenance Plan

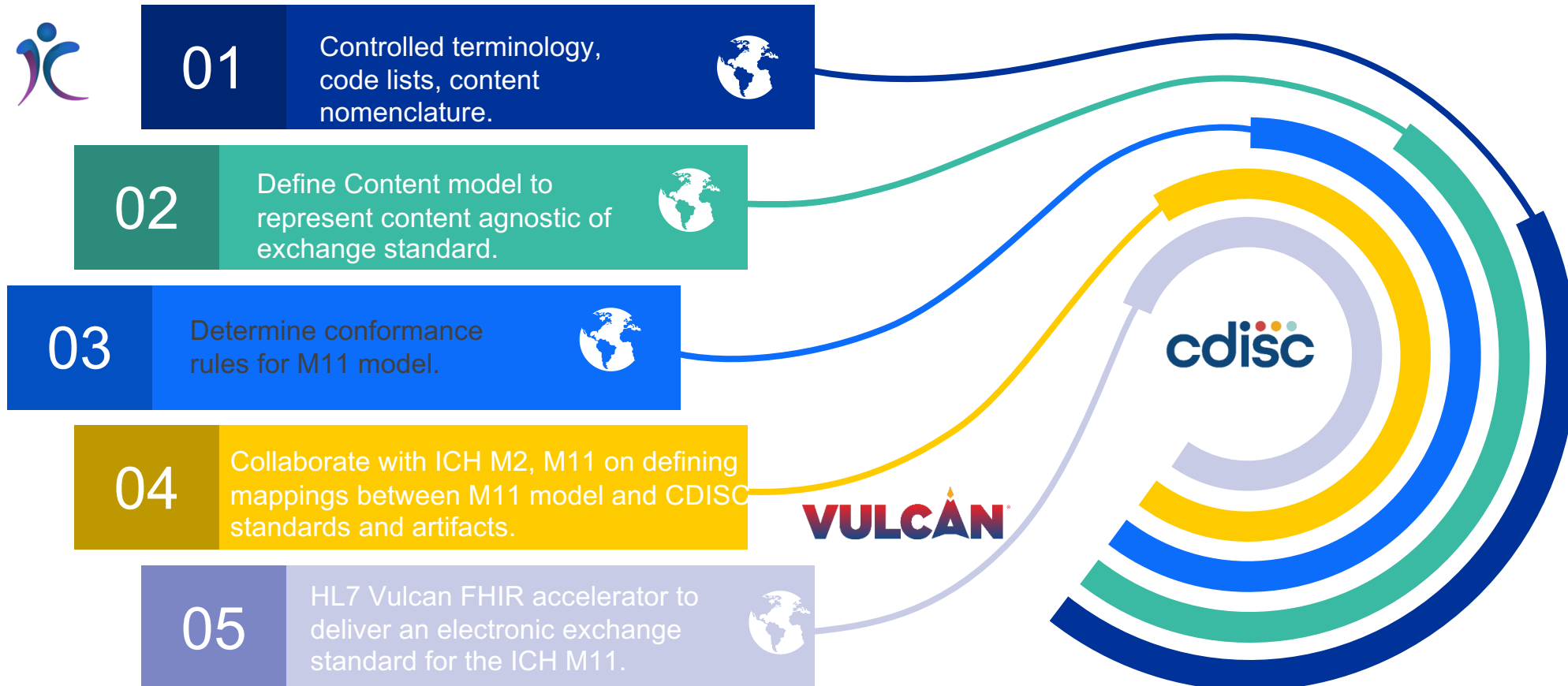


Communications Strategy

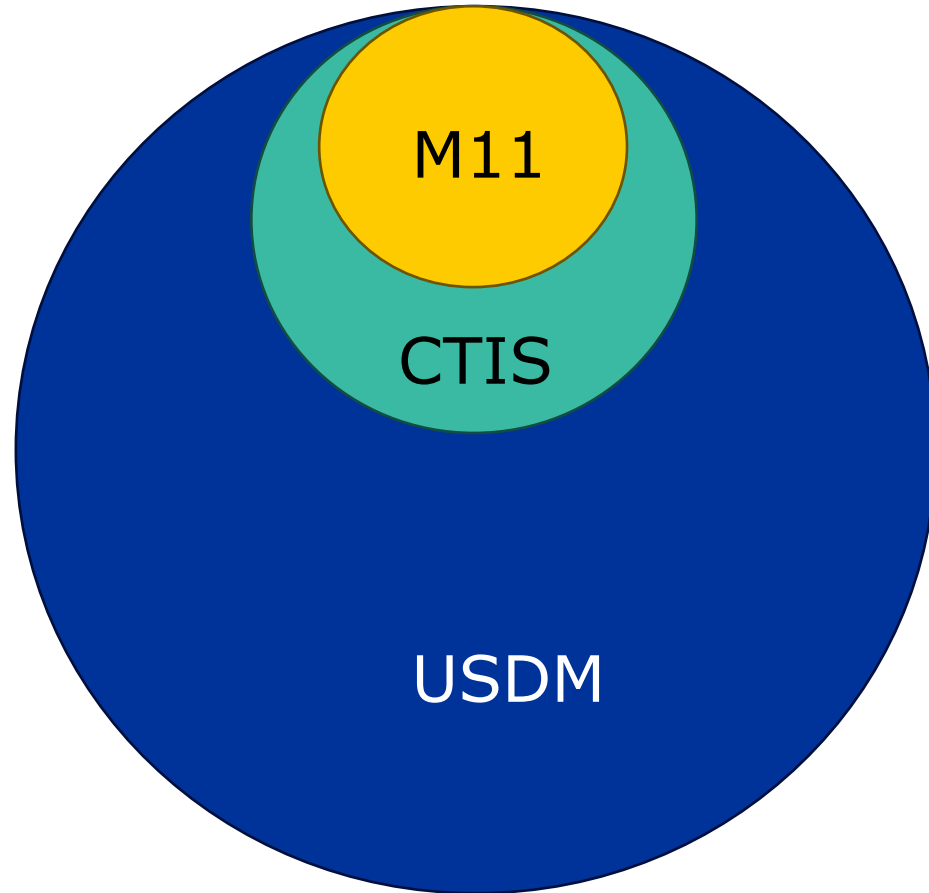
Key Points

- 4 Organizations
 - 3 Projects
 - 14 Deliverables
- Deliverables have interdependencies
- Inputs:
 - ICH M11 template
 - ICH M11 technical specification
 - Models, definitions
- Initial outputs:
 - FHIR IG will allow the exchange of ICH M11 protocols that leverage the M11 technical specification and will carry the CDISC CT and USDM to enable structured, digitized content.
- Expanded:
 - UDP will allow for Implementation Guides for additional use cases while maintaining the harmonization and connectivity.

ICH M2, M11, CDISC, HL7 Vulcan engagement (high level)



Link Between USDM, M11 & CTIS Data



- Areas to be aligned
 - Data elements
 - Definitions
 - Code lists
- EU CTIS has data requirements in addition to M11
- In the future structured study results

M11 - Next steps

1.c. Future anticipated key milestones

Expected future completion date	Milestone
<i>Feb. 2025</i>	<i>Step 2 approval of the draft updated Technical Specification</i>
<i>Apr. 2025</i>	<i>Regional Public Consultation on the draft updated Technical Specification</i>
<i>Jul. 2025</i>	<i>Adjudication of Public Comments on the Technical Specification</i>
<i>Oct. 2025</i>	<i>Updated Guideline, Template and Technical Specification</i>
<i>Nov. 2025</i>	<i>Step 3 Sign-off & Step 4 adoption of the Guideline, Template and Technical Specification</i>
<i>Jan. 2026</i>	<i>Final versioned training materials</i>
<i>Feb. 2026</i>	<i>Step 2 (Testing) of the ICH Technical Implementation Guide for Fast Healthcare Interoperability Resources (FHIR)</i>
<i>May 2026</i>	<i>Step 4 adoption of ICH Technical Implementation Guide for FHIR</i>

[ICH_M11_EWG_WorkPlan_2025_0214.pdf](#)

Take-home messages

- M11 will provide a new structure for protocols (truly electronic and in terms of content)
- Better exchangeability and information retrieval
- Efficiency gains through harmonization

Next steps:

- Revised Protocol Template [published](#) 03/2025 (for reference only).
- Revised Technical Specifications for [public consultation](#) until 22/04/2025.
- Sign-off Step 3 in 2025 and move to ICH member adoption at Step 4





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Thank you

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