

Performance Metrics

Assessment of Clinical Trial Authorisation Applications and Substantial Amendments

Overview

We have provided metrics for clinical trials assessment performance, as follows.

- Average timelines for assessment of initial clinical trial authorisation (CTA) applications (by month) for Phase 1 healthy volunteer trials (HVT), initial CTA applications for Phase 1–4 patient trials, and substantial amendments. Since December 2021, applicants have had the flexibility to request additional time to respond to grounds for non-acceptance (GNA); therefore; the average assessment timeline for CTA applications has been divided into 'first review' (from receipt of valid application to first opinion letter) and 'second review' (from receipt of GNA response to final opinion letter). Before December 2021, applicants were required to respond to all GNA within 14 days.
- The number of CTA applications received and assessed by month.
- The number of substantial amendment applications received and assessed by month.
- The number of CTA applications assessed, by month, for the following trial categories: first in human; early phase (Phase 1/2); Phase 1 (healthy volunteers and patients); Phase 2 and 3; and Phase 4.
- The number of CTA applications assessed by sponsor type (non-commercial or commercial).
- The number of CTA applications and substantial amendments assessed, by month, for novel trials designs (e.g. umbrella, platform, modular, basket).

Summary of changes

Review times for clinical trials applications

In April 2023, the average times for MHRA assessment of clinical trials applications were as follows:

- For an initial clinical trial authorisation (CTA) application, divided into 'first review' (time from receipt of valid application to initial opinion letter) and 'second review' (the time from receipt of GNA response to final opinion) the average time was:
 - 62.17 and 17 days, respectively, for Phase 1 healthy volunteer trials; and
 - 92.91 and 19.74 days, respectively, for Phase 1–4 patient trials.
- The average time for assessment of a substantial amendment was 64.15 days.

Number of applications

The number of initial CTA applications received in April 2023 increased compared with March 2023 (from 63 to 76 applications), while the overall number of CTA applications assessed decreased (from 49 to 32 applications). In April 2023, the number of substantial amendments received and assessed (407 and 210 amendments, respectively) decreased compared with March 2023 (451 and 298 amendments, respectively).

Figure 1. Average timeline (calendar days) for assessment of clinical trial applications: initial clinical trial authorisation (CTA) application first review (from receipt of valid application to first opinion issued); initial CTA application second review (time from receipt of GNA response to final opinion); and substantial amendments

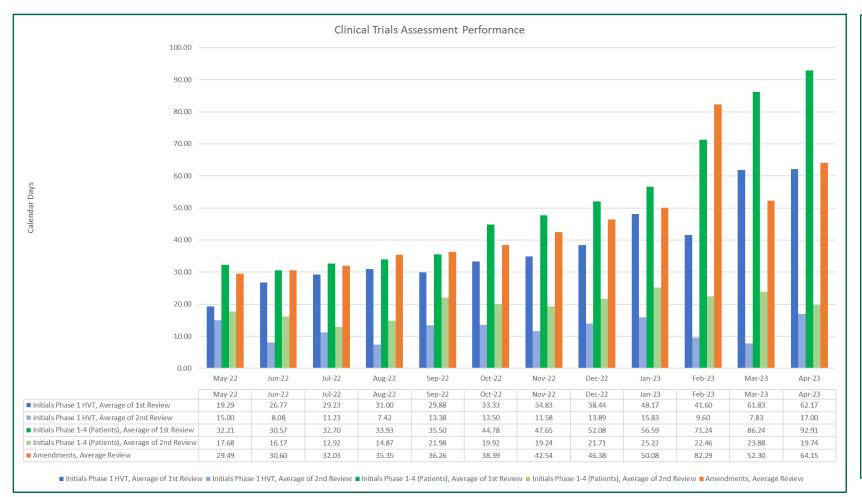


Figure 1 shows the average time taken for MHRA assessment of clinical trial applications, divided into the following categories: initial clinical trial authorisation (CTA) applications for Phase 1 healthy volunteer trials (HVT); initial CTA applications for Phase 1–4 patient trials; and substantial amendments. Since December 2021. applicants have had the flexibility to request additional time to respond to grounds for non-acceptance (GNA); therefore, the data in Figure 1 are further categorised into: 'first review' – time from receipt of valid CTA application to initial opinion letter; and 'second review' - time from receipt of GNA response to final opinion. The monthly average for each category represents clinical trials for which the final opinion letter was issued in that month (ie outright approval, approval with conditions, or approval of amended request further to a GNA response).

Figure 2. Number of clinical trial authorisation (CTA) applications ('initials') received and assessed by month (May 2022–April 2023)

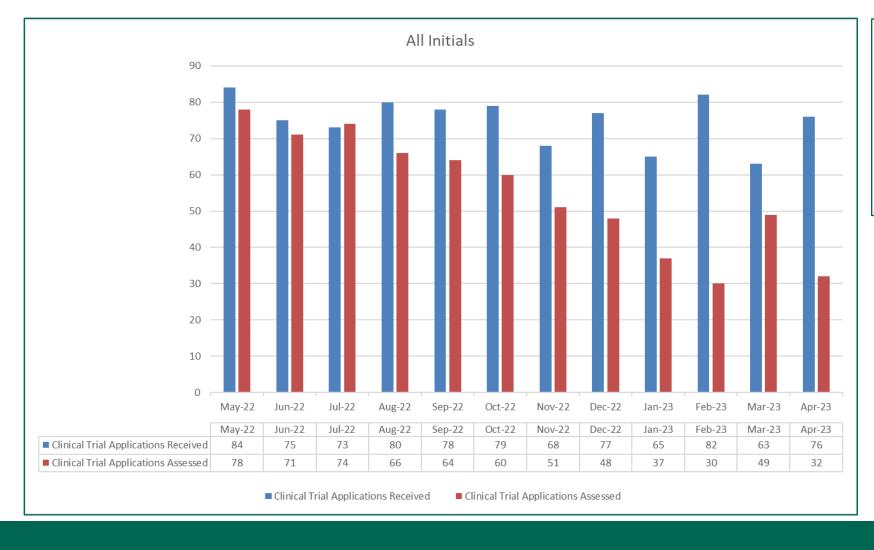


Figure 2 shows the number of valid clinical trial authorisation (CTA) applications received and the number of CTA applications assessed in any given month. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

Figure 3. Number of substantial amendments received and assessed by month (May 2022–April 2023)

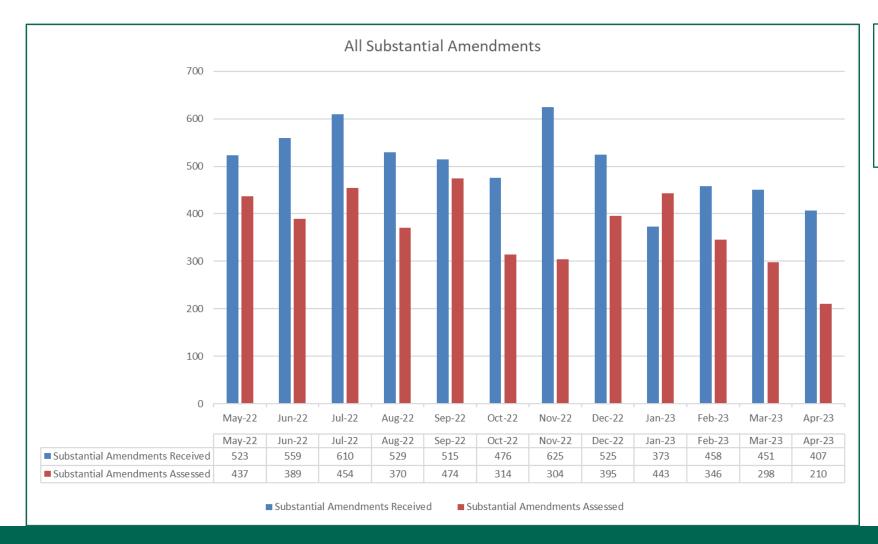


Figure 3 shows the number of substantial amendments received and the number assessed in any given month. The number of amendments assessed for any given month is the number for which an opinion letter was issued in that month.

Figure 4. Number of first-in-human CTA applications assessed by month (May 2022–April 2023)

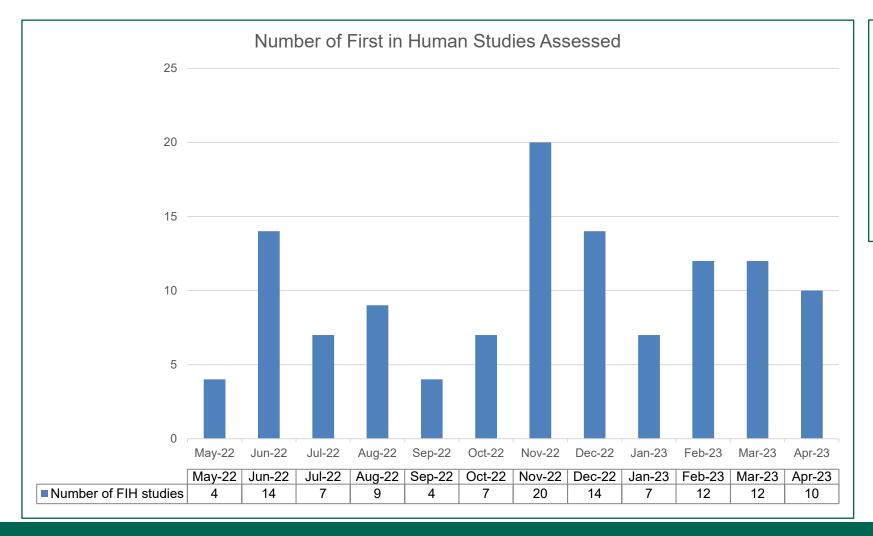


Figure 4 shows the number of first-inhuman clinical trial authorisation (CTA) applications assessed by month. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

(CTA = Clinical trial authorisation; FIH= First in Human)

Figure 5. Number of early phase CTA applications assessed by month (May 2022–April 2023)

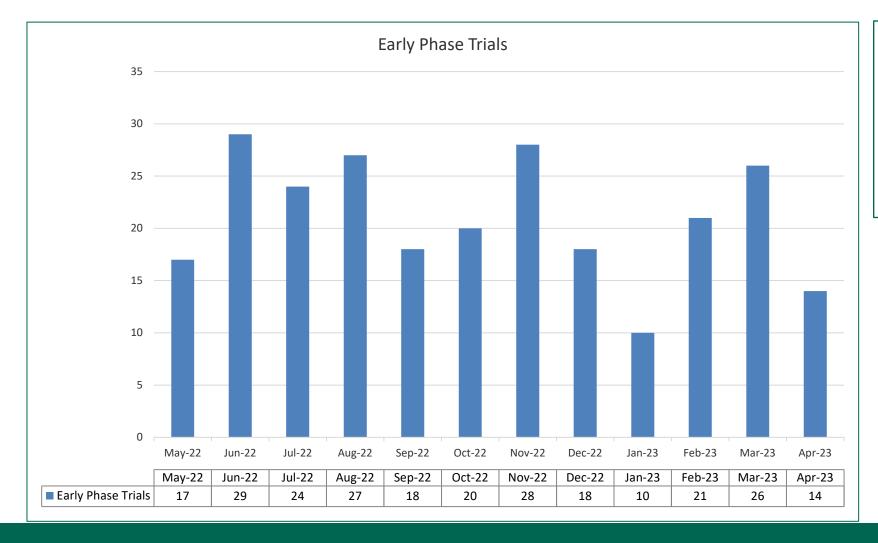


Figure 5 shows the number of clinical trial authorisation (CTA) applications assessed, by month, where the Sponsor has declared a Phase 1 element (e.g. Phase 1/2 trials). The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

Figure 6. Number of phase 1 CTA applications assessed by month (May 2022–April 2023)

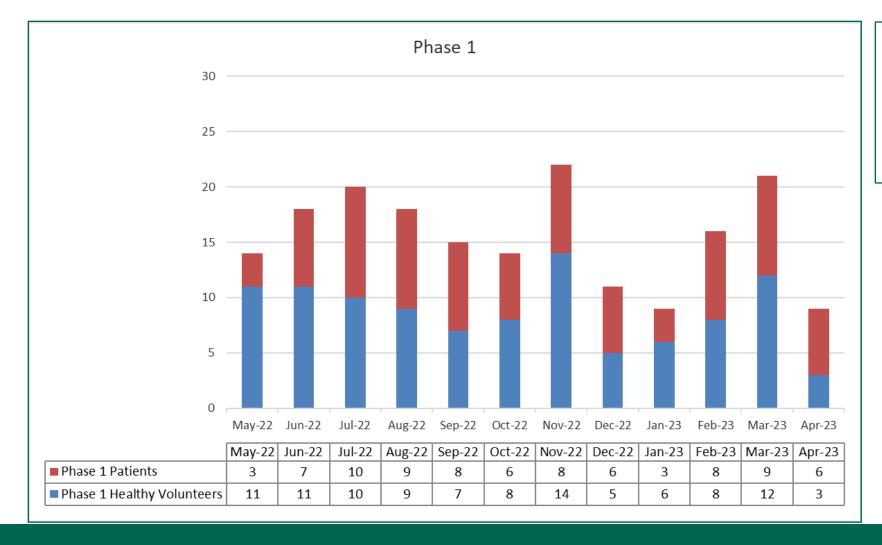


Figure 6 shows the number of Phase 1 clinical trial authorisation (CTA) applications assessed by month. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

Figure 7. Number of phase 2 and 3 CTA applications assessed by month (May 2022–April 2023)

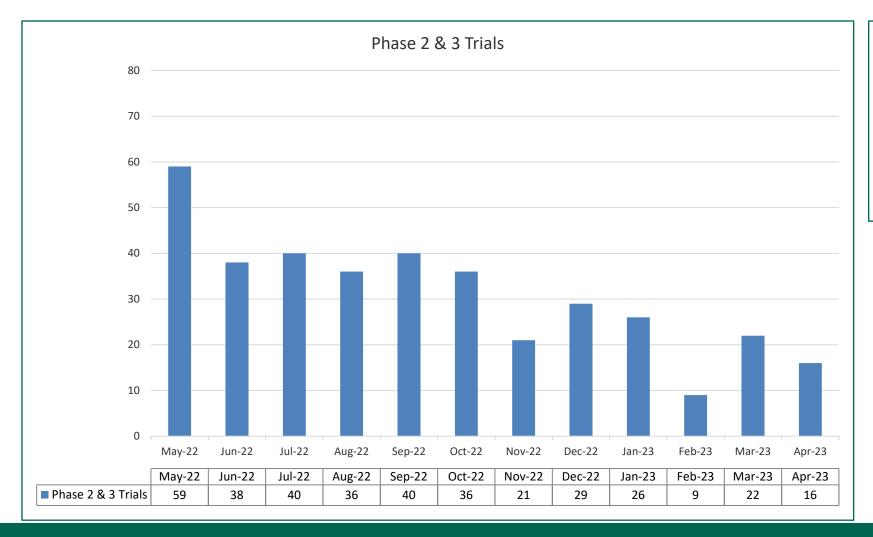


Figure 7 shows the number of clinical trial authorisation (CTA) applications assessed, by month, where the Sponsor has declared a Phase 2 or 3 element. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

Figure 8. Number of phase 2 and 3 CTA applications assessed by month (May 2022–April 2023)

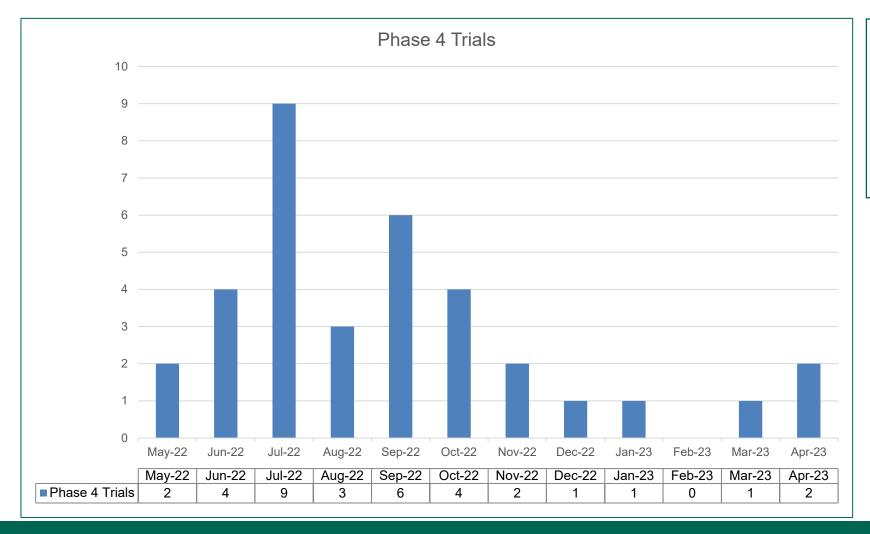


Figure 8 shows the number of clinical trial authorisation (CTA) applications assessed, by month, where the Sponsor has declared the trial to be Phase 4. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review).

Figure 9. Number of clinical trial authorisation (CTA) applications ('initials') assessed by sponsor type by month (April 2022–March 2023)

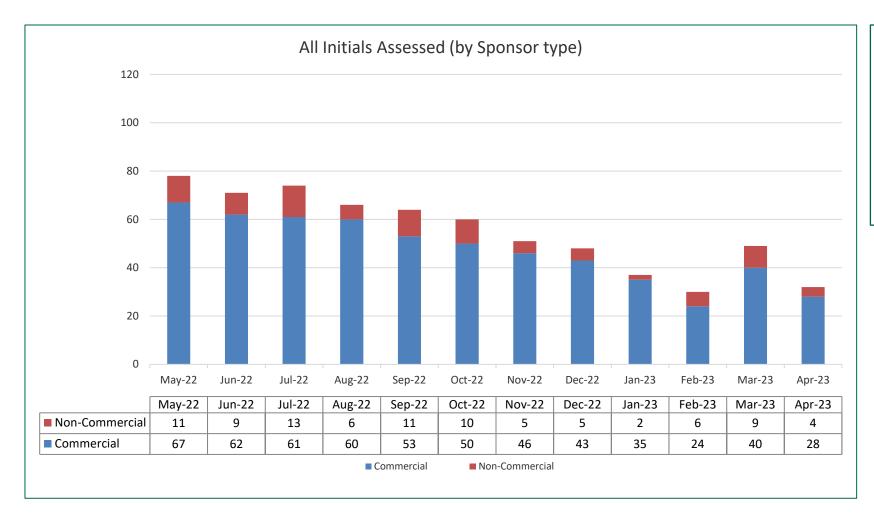


Figure 9 shows the number of clinical trial authorisation (CTA) applications assessed in any given month, spit by commercial and non-commercial sponsors. The number of applications assessed for any given month is the number of applications for which the first opinion letter was issued in that month (ie first review)

Figure 10. Number of novel trial designs assessed by month: initial clinical trial authorisation (CTA) applications and amendments (April 2022–March 2023)

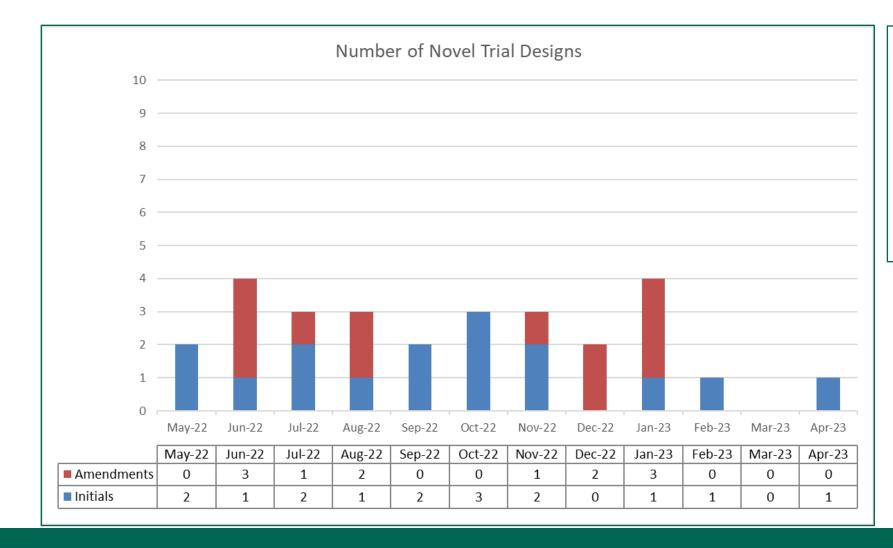


Figure 10 shows the number of clinical trial authorisation (CTA) applications ('initials') and the number of substantial amendments assessed for novel trial designs (eg umbrella, platform, modular, basket) by month. The data for initials assessed in any given month represent the number of CTA applications for which the first opinion letter was issued in that month. Figure 10 does not show the number of applications received.

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