Module 4.2 Transcript

Interpretation and Application of ICH E6(R3):

GOOD CLINICAL PRACTICE (GCP)

Welcome back to Module 4: Informed Consent.

In Module 4.1, we discussed:

- Who is involved in the informed consent process?
- And what are the key elements that should be included in the informed consent materials and the informed consent discussion?

Now, in Module 4.2, we'll discuss:

- What are the key considerations of an informed consent process?

This module will also provide some practical considerations for obtaining and documenting informed consent.

As discussed in Module 1 of this training, ICH E6(R3) puts an increased focus on engagement with interested parties, including patients, in the design and conduct of the trial. This is especially true when developing the informed consent materials and any other participant-facing materials.

Let's look more closely at the informed consent process.

The informed consent process should involve the potential participant and the investigator and/or appropriately qualified and delegated investigator site staff.

The requirement for the investigator to sign the informed consent form varies by local regulatory requirements, including whether delegated site staff may sign on the investigator's behalf.

In cases where the participant is unable to provide informed consent themselves, the participant's legally acceptable representative should be involved in the informed consent process and should receive the same information that would be provided to a potential participant with capacity to consent.

If the legally acceptable representative decides that participation in the trial is in the potential participant's best interest, they should provide their consent on behalf of the participant.

Examples of situations where a legally acceptable representative would be required include: when the potential participant is a child or minor, or a patient with severely-impaired decision-making capacity.

In this module, any reference to the participant will also apply to the participant's legally acceptable representative, where applicable.

If a participant is unable to read a written language, an impartial witness should be present, remotely or in person, during the entire informed consent discussion.

The role of the impartial witness is to attest that consent information was accurately explained to and understood by the participant and that informed consent was freely-given.

The impartial witness should be independent of the trial and not unfairly influenced by people involved with the trial, for example, the sponsor or investigator.

The informed consent form and any other information may be read or shown to the participant using other media. The participant should orally provide consent and, if capable, sign and date the informed consent form.

Participants should be given the opportunity to ask any questions they have and ample time to consider their decision. They may consider discussing it with their primary physician, family, friends, or other people as necessary.

A variety of approaches may be used in the informed consent process to enhance the participants' understanding. For example, a text-based information sheet, images depicting trial-related procedures, or other media, including video or interactive websites may be used.

The characteristics of the potential trial population and the suitability of the informed consent materials should be taken into consideration when developing the informed consent materials and process.

When computerised systems are used to support the informed consent process, trial participants may be given the option to use a paper-based approach as an alternative.

The investigator and the investigator site staff should ensure they are using the most recently approved version of the informed consent materials in all informed consent discussions.

The informed consent process may take place in person or remotely. Obtaining consent remotely may be considered where appropriate. This is trial-dependent, and the IRB or IEC should approve any remote informed consent processes.

Because requirements for remote consent may differ across regions, applicable regulatory requirements should also be consulted and followed.

Informed consent should be obtained from an individual participant prior to participating in any trial-related activities or the collection of any participant data.

As described in Module 4.1, the process of informed consent should enable each participant to understand and evaluate the potential benefits, risks, and burdens of participating in the trial before participating in the trial.

Whether the informed consent process takes place in person or remotely, the investigator should assure themselves of the identity of the participant. Because requirements for remote consent and verification of the participant's identity may differ across regions, applicable regulatory requirements should be consulted and followed.

For example, this may be done via verification of an official identification document.

This is stated in Annex 1, Section 2.8.1(e).

The informed consent form should be signed and dated by the participant and an impartial witness where appropriate, as well as by the investigator or delegated investigator site staff in accordance with applicable regulatory requirements.

Informed consent may be documented on paper or electronically, for example, using electronic signature. Regardless of the methods used, the method of obtaining informed consent should be approved by the IRB or IEC.

Prior to participation, the participant should receive a copy of the signed and dated informed consent form and other consent materials.

Please note that in certain regions, the copy provided to the participants can be an unsigned version. Therefore, applicable regulatory requirements should be consulted and followed.

By signing the informed consent form, the investigator or delegated investigator site staff attests that the informed consent was freely given by the participant. Signing the consent form also attests that the consent information was accurately explained to and apparently understood by the participant.

Some participants may be more vulnerable to coercion or undue influence, or may have diminished ability to make an informed decision about trial participation. For that reason, additional safeguards should be in place to protect these vulnerable participants.

There are different and intersecting ways in which a person may be considered vulnerable. Please refer to the E6(R3) Glossary for the definition and examples of vulnerable participants.

You may access the full guideline, including the glossary, at any time during this module using the Resources tab.

We will briefly look at additional considerations for obtaining consent from two different vulnerable populations: minors, and those in emergency situations incapable of giving consent.

Additional safeguards are required to protect minors participating in clinical trials, as they do not have the capacity to give consent. Therefore, their legally acceptable representative, usually a parent or legal guardian, should provide informed consent on their behalf.

Age-appropriate assent should also be obtained from the minor. Assent is the affirmative agreement of a minor to participate in the trial.

The IRB or IEC should review and approve the assent information considering the age, maturity, and psychological state of the minor population intended to be enrolled.

Because requirements for who may be the legally acceptable representative for a minor and for attaining assent from minors may vary across regions, applicable regulatory requirements should be consulted and followed.

In some emergency situations, it may not be possible to obtain informed consent from the participant or their legally acceptable representative prior to their trial participation.

For example, in cases where participants are facing a life-threatening situation and are unable to provide consent due to their medical condition, it may not be feasible to obtain consent from the participant or their legally acceptable representative within a reasonable timeframe.

Specific examples may include clinical trials involving participants with traumatic brain injury or cardiac arrest, where the investigational product must be administered within a narrow therapeutic window.

For such trials, the IRB or IEC should approve a process where the participant can be enrolled in the trial, even if informed consent is not obtained. In this case, informed consent should be obtained from the participant as soon as possible.

The IRB or IEC should determine that the proposed protocol and/or other documents adequately address relevant ethical concerns.

Because there may be specific regional requirements for clinical trials in emergency situations, IRB or IEC review for such trials should also follow applicable regulatory requirements.

If the participant does not give their consent for continued participation in the trial, they should be allowed to cease participation without penalty or impact to their care.

For any clinical trial, it is common for new information to emerge during the trial. As new information that is relevant to participants' willingness to continue trial participation emerges, the participant or their legally acceptable representative should promptly be informed.

Examples of such new information may include accumulating safety related information, including an unexpectedly high rate of serious adverse events, new results from non-clinical studies, or results of other trials indicating lack of efficacy, and others.

Further, new information that could impact a participant's willingness to continue participation should be assessed to determine if re-consent is required.

New information should be clearly identified in the revised informed consent materials. Revised informed consent materials and the re-consent process should receive the IRB or IEC's approval or favourable opinion in advance of use.

A sample of informed consent materials, including all applicable translations, and the completed, signed and dated informed consent forms are essential records that should be retained by the investigator or institution.

Because the required retention period and expectations of retention to the investigator and institution may differ among regions, applicable regulatory requirements should be consulted and followed.

The informed consent forms may be retained in paper format or electronic format, depending on how informed consent has been obtained and in accordance with the protocol.

That brings us to the end of Module 4 on informed consent. In this module, you learned:

- Who is involved in the informed consent process?
- What are the key elements that should be included in the informed consent materials and the informed consent discussion?
- And, what are the key considerations of an informed consent process?

Thank you for completing this module.

The Multi-Regional Clinical Trials (MRCT) Center of Brigham and Women's Hospital and Harvard is an ICH training associate. The MRCT Center designed and developed this training module in collaboration with ICH.