From: OC GCP Questions
To: [redacted]
Subject: RE: Questions about collection of data from pregnant subjects and pregnant partners
Date: Friday, June 20, 2014 3:47:00 PM
Attachments:

Hi [redacted],

Thank you for your questions. As is commonly the case, a complete response to such questions is often dependent upon the particular details of a given protocol such as whether the protocol includes plans related to pregnancy during the study. From a scientific and ethical standpoint, the population of pregnant women participating in clinical research is complex based on the interdependency of maternal and fetal well-being, and the need to take into consideration the risks and benefits of drug therapy on both women and fetus (and the breast feeding infant, if applicable). The inclusion of pregnant women in clinical trials is guided by human subject protection regulations and involves complex risk-benefit assessments that vary dependent on the seriousness of the disease, the availability of other treatments, the trial design, and whether the proposed investigation will occur in the premarketing or postmarketing setting. Despite these concerns, FDA does encourage sponsors to appropriately evaluate the safety and benefits of drugs in pregnant and lactating women and suggests they consider meeting with the appropriate review division early in the development phase to discuss when and how to include pregnant and lactating women in the drug development plan. Additionally, because of the complex ethical issue involved in designing clinical trials for pregnant women, sponsors should consider including an ethicist in planning their drug development programs.

With respect to the two scenarios you describe, the key principles to keep in mind are how the FDA regulations define a "clinical investigation" and "human subject." FDA regulations at 312.3(b) defines a clinical investigation as "any experiment in which a drug is administered or dispensed to, or used involving, one or more human subjects." FDA regulations at 21 CFR 50.3(g) defines a "human subject" as "an individual who is or becomes a participant in research, either as a recipient of the test article or as a control."

In scenario 1; whether the collection of data related to the pregnancy is part of the clinical investigation would depend upon the specifics of the protocol. If a pregnancy has been identified during a clinical trial, and no specific plans for handling such a pregnancy are included in the protocol, unblinding should occur so that counseling may be offered based on whether the fetus has been exposed to the investigational drug, placebo, or control. The risks and benefits of continuing versus stopping investigational treatment can be reviewed with the pregnant woman. Pregnant women who choose to continue in the clinical trial should undergo a second informed consent process that reflects these additional risk-benefit considerations. Given that fetal exposure has already occurred, women who become pregnant while enrolled in a clinical trial should be allowed to continue on the investigational drug if the potential benefits of continued treatment for the woman outweigh the risks of ongoing fetal exposure to the investigational drug, of discontinuing maternal therapy, and/or of exposing the fetus to additional drugs if placed on an alternative therapy. In the situation where the decision is for the pregnant woman to continue in the trial, FDA would consider all subsequent collection of data related to the pregnancy as part of the clinical investigation. Whereas, if the decision is for the pregnant woman to discontinue participating in the trial, FDA would not consider subsequent collection of data related to the pregnancy, and the resulting child, as part of the clinical investigation; however, the Agency expects that any safety information that might be obtained regarding the pregnancy or the child that results from the pregnancy would be reported to FDA by the study sponsor as part of important safety surveillance activity. The child resulting from the pregnancy would not be a human subject unless the woman's participation in the research continues after the child is born and the child is exposed to or may be exposed to the test article via breast milk (e.g., in a clinical lactation substudy). As before, we would expect any appropriate follow-up information be reported to FDA.

In the second scenario you describe, neither the pregnant partner of a male subject, nor the child resulting from the pregnancy, is participating in the research "as a recipient of the test article or as a control"; therefore, from FDA's perspective, neither the pregnant partner of a male subject nor the child resulting from the pregnancy would be considered a human subject. Likewise, the collection of data about the pregnancy and the child resulting from the pregnancy would not be considered part of the clinical investigation. However, as in scenario 1, FDA would expect appropriate follow-up information be reported to the FDA as an important safety surveillance activity. This is not to imply that the female partner should not be asked for her permission to provide private health information about the pregnancy to a sponsor. On both ethical and pragmatic (obtaining medically valid information would likely involve the pregnant woman/her medical records as a source) grounds asking for her permission would be appropriate.

I hope this information is useful. If you need further information and/or have additional questions, please feel free to contact us at the official GCP mailbox, gcp.questions@fda.hhs.gov. You may also find it useful to access the set of redacted GCP e-mails found at http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/RepliestoInquiriestoFDAonGoodClinicalPractice/default.htm since we find that many questions and concerns are repeated over time.

Best Regards,

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This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [redacted]
Sent: Friday, June 13, 2014 6:01 PM
To: OC GCP Questions
Subject: Questions about collection of data from pregnant subjects and pregnant partners

Janet,

I tried to find this on the FDA Website because I am sure this question has been asked many times, but I could not find the answer. I apologize if I missed something already posted.

Scenario 1: A subject of an FDA-regulated clinical investiga ion becomes pregnant. At the request of the sponsor, the local site investigator provides the sponsor safety information about the pregnancy and the child resulting from the pregnancy.

Per FDA regulations:

- Is the collection of data about the pregnancy part of he clinical investigation?
- Is the collection of data about the child resulting from the pregnancy part of the clinical investigation?
- Is the child a human subject?

Scenario 2: The partner of a subject of an FDA-regulated clinical investigation becomes pregnant. At the request of he sponsor, the local site investigator provides the sponsor safety information about the pregnancy and the child resulting from the pregnancy.

Per FDA regulations:

- Is the collection of data about the pregnancy part of he clinical investigation?
- Is the collection of data about the child resulting from the pregnancy part of the clinical investigation?
- Is the partner a human subject?
- Is the child a human subject?

Thank you,
[redacted]