EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

5 May 2010
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Human Medicines Development and Evaluation

European network of paediatric research (EnprEMA)

Recognition criteria for self assessment

The European Medicines Agency is tasked with developing a European paediatric network of existing national and European networks, investigators and centers with specific expertise in the performance of studies in the paediatric population.

Following a test pilot phase, public consultation and the outcome of the second workshop with participants of 28 networks and/or clinical trial centres in March 2010, recognition criteria have been finalised which will have to be fulfilled by existing networks to become a member of the European paediatric network. All networks wishing to become a member of EnprEMA are invited to perform self-assessment and to send the filled-in document to the European Medicines Agency.

The document should be sent to Merja.Heikkurinen@ema.europa.eu

END OF SELF-ASSESSMENT PERIOD	31 July 2010

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EnprEMA

European network of paediatric research at the European Medicines Agency

Recognition criteria for self-assessment

The European Paediatric Regulation (EC) No 1901/2006, as amended, calls for the fostering of high-quality ethical research on medicinal products for use in children. This should be achieved through efficient inter-network and stakeholder collaboration. To meet this objective, a European paediatric research network is to be formed of national and European networks, investigators and centres with specific expertise in performing drug trials in the paediatric population. General information can be found at:

http://www.emea.europa.eu/htms/human/paediatrics/network.htm

Minimum criteria that have to be fulfilled to be recognised as a member of the EnprEMA

This document defines 6 criteria with several subcategories (items) for self-assessment. The criteria and their items have been set up in a public process. Minimum criteria were defined that networks should fulfil to be recognised as a member of the EnprEMA. The defined minimum criteria are flagged with a superscript "**M**".

Irrespective of whether or not only minimum criteria / items are fulfilled, the full list of the criteria and items as well as the network identification should be completed to the extent possible.

Use of the document and application of the recognition criteria

The criteria should be reported for the highest level that the network currently attains. Networks should report on the status of the network, not on individual investigators or sites. For the purpose of this document, the highest level is called the reporting party.

The document should be filled in by the reporting party (once only per network), taking into account the guidance text provided for the various items within the respective criterion. For transparency in general and to permit public scrutiny of the self-assessment, the completed document should be made public by the reporting party, for example, on their website.

For the same purpose, the reporting party should also make publicly accessible the actual data on which the statements are based. For example, if numbers of paediatric trials are provided, references to clinical trial registration numbers could be made publicly accessible.

The self-assessment should be updated annually.

This document should be sent to the European Medicines Agency; it will be published on the EMA webpage.

Criteria for the recognition of an investigator, site* or network as a member of the EnprEMA*

* only when the investigator or the site is not part of a network

Identification M

Name	Pediatric Rheumatology International Trials Organisation (PRINTO)	Include legal address, define acronyms
Type	Pediatric Rheumatology specialty network The Paediatric Rheumatology INternational Trials Organisation (PRINTO) is a not for profit, non governmental, international research network founded by Alberto Martini and Nicolino Ruperto in 1996, and initially included 14 European countries (now more than 50 and 396 centres worldwide), with the goal to foster, facilitate and co-ordinate the development, conduct, analysis, and reporting of multi-centres, international clinical trials and/or outcome standardisation studies in children with paediatric rheumatic diseases (PRD).	Indicate type of reporting party, e.g. national or speciality network. May include short mission statement
Street	c/o IRCCS Istituto G. Gaslini Pediatria II, PRINTO Largo Gaslini, 5	
Postal code	16147	
Town	Genoa	
Country	Italy	
Telephone 1	+39-010-38-28-54	
Telephone 2	+39-010-39-34-25	
Mobile phone		
Fax	+390104211018 or +39-010-393324 or +39-010-393619	
Web site	http://www.printo.it or www.pediatric-rheumatology.printo.it	If available (see criterion 4)
Email for general enquiries	printo@ospedale-gaslini.ge.it	If available (see criterion 4)
Representative (main) contact	---	Include first and second name, email, telephone, address, as far as available
First name	Nicolino	
Second name	Ruperto	
Telephone	+39-010-38-28-54	
Mobile phone		

Email	nicolaruperto@ospedale-gaslini.ge.it	
Further contact(s)	---	Include first and second name, email, telephone, address, as far as available
First name	Alberto	
Second name	Martini	
Telephone	+39-010-5636386	
Mobile phone		
Email	albertomartini@ospedale-gaslini.ge.it	
The data in this document are 'current' as of	16/07/2010	Provide the date when the criteria were last updated
State how this document can be accessed by the public	http://www.printo.it or www.pediatric-rheumatology.printo.it	This should be a link to a webpage, but other means and formats to make public are possible

Description M

Year of foundation	1996	Of the network, or of the investigator's or site's specific paediatric research activities
Paediatric age ranges of study participants covered by the network		
Preterm and / or term newborn	☐ Yes ☒ No	Newborn: from birth to less than 28 days of age
Infants from 1 month to less 24 months of age	☒ Yes ☐ No	
Children from 2 years to less than 12 years of age	☒ Yes ☐ No	
Adolescents from 12 years to less than 18 years	☒ Yes ☐ No	
Specialities / Conditions covered	Pediatric Rheumatology	ENPREMA will cover a range of different networks, from single speciality trials groups to those covering all paediatrics. If not all areas within one speciality are covered, specify conditions
Multispeciality? Specify		For example, oncology or infectious diseases
Speciality or disease specific? Specify	Pediatric Rheumatology	For example, cardiology only

Conditions covered? Specify	JUVENILE IDIOPATHIC ARTHRITIS SYSTEMIC LUPUS ERYTHEMATOSUS JUVENILE DERMATOMYOSITIS SCLERODERMA JUVENILE SPONDYLOARTHROPATHIES KAWASAKI DISEASE HENOCH- SCHOENLEIN PURPURA RARE JUVENILE PRIMARY SYSTEMIC VASCULITIS Polyarteritis nodosa, Takayasu, Wegener's granulomatosis, Other vasculitides RHEUMATIC FEVER AND POST-STREPTOCOCCAL REACTIVE ARTHRITIS AUTOINFLAMMATORY DISEASES Blau's disease/Juvenile Sarcoidosis Cryopyrin associated periodic syndromes (CAPS)(CINCA/ Muckle Wells/ FCAS) Chronic non bacterial osteomyelitis/osteitis (or CRMO) Deficiency of IL-1 receptor antagonist (DIRA) Familial Mediterranean Fever (FMF) Mevalonate kinase Deficiency (MKD) (or Hyper IgD syndrome) NALP12-related disease PAPA syndrome (pyoderma gangrenosum, acne, pyogenic arthritis) PFAPA (Marshall' s syndrome) TNF receptor associated periodic syndrome (TRAPS) BEHCET'S DISEASE LYME ARTHRITIS PAIN SYNDROMES	E.g. hypertension (within cardiology) or asthma (within respiratory diseases)
Procedure / intervention specific? Specify		For example, surgery, organ or stem cell transplantation

Number of collaborating countries	53 List all collaborating countries: Argentina, Armenia, Australia, Austria, Belgium, Brazil, Bulgaria, Chile, China, Colombia, Costa Rica, Croatia, Cuba, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, India, Iran, Israel, Italy, Japan, Korea (South), Latvia, Lithuania, Mexico, Netherlands, New Zealand, Norway, Oman, Peru, Portugal, Romania, Russian Federation, Saudi Arabia, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Tunisia, Turkey, United Kingdom, Venezuela	State the number of collaborating countries. Indicate "1" if national; Indicate if Europe, outside of Europe, other……. (describe)
Number of collaborating centres	396 List all collaborating centres: see attachment	State the number of collaborating centres and provide a list of all collaborating centres (attachment or link possible)
Type of activity/studies		
Clinical studies	☒ Yes ☐ No	
Experimental research	☒ Yes ☐ No	
Other activity	Educational activity for foreign doctors attending our Unit for academic purposes	Describe type of activities other than clinical and/or non-clinical studies

Evidence for each criterion

How to provide evidence

1. The evidence for this self-assessment document should be based only on the activity of the network during in the last 5 years.
2. Evidence used in this document should have a reference (e.g., publication, annual or periodic report or internal network document).
3. The self-assessment document is to cover a range of different network types. It is recognised that some networks may not be able to accurately respond to every item. In such circumstances, state why it is not possible to respond.
4. The network is referred to as the "reporting party".

Criterion 1: Research experience and ability

Do not include planned trials, but only ongoing and completed trials.

1.1 Number of completed trials [M] Number of ongoing trials [M]	6 4	Any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Minimum requirement ([M]): one ongoing or one completed trial.
1.2 Total number of participants actually recruited each year Proportion of eligible participants actually recruited each year Describe way of screening and participant recruitment	896 1000 The number above refers to the total number of patients recruited for the trials from 2006 to 2010 (academic and industry sponsored). PRINTO performs a feasibility survey asking PRINTO centres to indicate the potential number of patients that might be eligible based on the inclusion/exclusion criteria. Once the trial is implemented a log of patients eligible and patient recruited is kept by PRINTO (for academic studies) or by the pharmaceutical industry.	Relevant to speciality specific networks. State total recruitment capacity for any interventional clinical trial, whether non-commercial, investigator-initiated, industry-sponsored or commercial, in which the reporting party actively took part. Which strategies or pathways are used to screen and recruit participants?
1.3 Total number of collaborating centres	396 (total number of centers affiliated to the network, altough not all of them actively enroll patients)	For completed and ongoing (open) paediatric trials. Do not include sites in set-up.
Academic (investigator) initiated studies	---	Studies conducted independently from pharmaceutical companies (no sponsorship and no funding). There is a separate category (below) for industry-funded studies.

1.4 Number of ongoing and completed clinical trials	Absolute number: 2 Proportion of all studies: 20% (2/10)	Paediatric interventional trials of any phase of the pharmaceutical development (phase I to IV, including therapy optimising trials if requiring authorisation by regulatory authority) (for other Paediatric trials unrelated to drug development see below)
1.5 Number of paediatric specialities covered by paediatric trials	1	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.6 Number of paediatric conditions covered by paediatric trials	2	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.7 Number of other ongoing research studies / programs	2	For example, epidemiological studies, outcome studies, translational research in which the reporting party is participating Include cohort studies but not audits. Research is defined as a project with a specific research question in which the participant/family provides formal consent.
1.8 Indicate the proportion of public funding	Proportion of academic initiated studies: 20% Proportion of budget: 100%	Indicate the proportion of the budget handled for completed and ongoing paediatric trials that is derived from public funding sources such as governmental programs, competitive public grants, university contributions
1.9 Number of registered study participants (all studies)	100	
Industry-sponsored trials	---	
1.10 Number of ongoing and	8	Paediatric interventional trials of any phase of the

completed trials		pharmaceutical development (phase I to IV, including therapy optimising trials if requiring authorisation)
1.11 Number of paediatric specialities covered by paediatric trials	1	Count specialities, without repetition, across all ongoing or completed paediatric trials
1.12 Number of paediatric conditions covered by paediatric trials	1	If not all areas within one speciality covered count conditions, without repetition, across all ongoing or completed paediatric trials
1.13 Number of registered study participants (all studies)	50	

Criterion 2: Network organisation and processes

2.1 Existence of an identified contact person for external enquiries [M]	☒ Yes ☐ No Comments: PRINTO international coordinating centre in Genoa (Italy) with PRINTO Senior Scientist plus 8 research assistants working full-time	Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.
2.2 Existence of an internal steering committee [M]	☒ Yes ☐ No Comments:	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.3 Existence of an external advisory / steering committee directing the reporting party [M]	☒ Yes ☐ No Comments: Committee are formed ad-hoc based on the specific study needs	Minimum requirement ([M]): either an internal steering committee (2.2) or an external advisory / steering committee (2.3).
2.4 Existence of a website	☒ Yes ☐ No Comments: www.printo.it or www.pediatric-rheumatology.printo.it	If available, mention in "identification" above
2.5 Existence of newsletter	☒ Yes ☐ No Comments: Usually one per year general newsletter plus several per year specific to each study	Newsletter of any format (electronic, surface mail), distributed actively to selected recipients.
2.6 Existence of an internal database(s) for disease, condition, treatment and / or outcome [M] If yes, please describe	☒ Yes ☐ No Comments / description: Ad-hoc web-based databases are created for the purposes of data collection of the specific trial	For example, data base or disease registry to facilitate planning or conducting future trials (may or may not contain individual patient data)
2.7 Provisions to ascertain data protection and data security [M]	☒ Yes ☐ No Comments: For the online data collection databases are put on an https platform with access restricted with username and password only to registered centres (e.g. centres with ethics committee approval)	Are provisions in place to ascertain patients' /study participants' data protection and data safety within network

2.1 Existence of an identified contact person for external enquiries [M]	☒ Yes ☐ No Comments: PRINTO international coordinating centre in Genoa (Italy) with PRINTO Senior Scientist plus 8 research assistants working full-time	Enquiries from patients, parents, organisations, researchers, pharma-ceutical companies or regulatory authorities are co-ordinated or answered by a nominated contact person. Provide contact details in section "Identification" above.
2.8 Procedure(s) to access the database by third parties	☒ Yes ☐ No Comments: A request has to be done to the PRINTO Chairman and the request is then discussed for approval by the PRINTO Advisory Council	Are provisions in place that data can be shared for planning, conducting or analysing a trial(s)?
2.9 Access to external databases /registries	☐ Yes ☒ No Comments:	For example, national databases that are not publicly accessible but to which the reporting party has open or privileged access; database(s) immediately relevant to area and / or scope
2.10 Standardised process to access an external database(s)	☐ Yes ☒ No Comments:	Is a standardised process in place to access external/ national databases?

Criterion 3: Scientific competencies and capacity to provide expert advice

3.1 Number of peer-reviewed publications in the last 5 years Provide exact reference(s) Describe the network's contribution to publication(s)	35 see list attached For most of the publications (either academic or industry-sponsored) the paper is written by the PRINTO international coordinating centres. For academic studies also the analysis is done centrally for most of the studies	The publications should indicate that they are related to and reference the reporting party.
3.2 Number of competitive grants obtained in the last 5 years	3	Grants obtained by reporting party (exclusively or not).
3.3 Access to expert groups M	☒ Yes ☐ No Comments: The PRINTO Chairman is permanently in the Council of the Pediatric Rheumatology European Society (PRES)	Indicate if the reporting party has specific access to established expert groups, such as learned societies
3.4 Capacity to answer external scientific questions M	☒ Yes ☐ No Comments: The entire PRINTO staff (9 people) is working full-time to answer daily scientific questions. In particular, for 6 trials industry sponsored the PRINTO staff is evaluating, independently from company, the primary outcome of the trial. PRINTO staff receive via fax the case report forms related to the primary outcome and provide the assessment directly to the centre (see Ruperto et al Efficacy and safety of abatacept in children with juvenile idiopathic arthritis: A randomized, double-blind, placebo-controlled withdrawal trial. Lancet 2008;372(9636):383-391.)	Indicate if coordinated capacity (staff, process) is available to answer external scientific questions in relation to clinical trials during daily business.
Standardized procedures for assessment of:	---	

3.5 Site feasibility	☒ Yes ☐ No Comments: Feasibility is done for every specific study to evaluate the enrollment potential in relation to the inclusion/exclusion criteria. Feasibility is done both for academic studies or after request from a pharmaceutical company	This concerns the suitability of a site for conducting a given trial
3.6 Participant recruitment	☒ Yes ☐ No Comments: Data collection is done entirely by PRINTO online via PRINTO website for academic studies; monitoring for academic studies is done through the use of standardises and validated questionnaires (no local monitoring available). For pharma companies, we monitor the quality of the primary outcome data by receiving the related case report forms via fax; in addition we perform the evaluation of response to therapy on behalf of the company.	This concerns provisions to regularly monitor recruitment progress for a trial.
3.7 Budget calculation for studies	☒ Yes ☐ No Comments: For company sponsored studies PRINTO request centrally to all companies 2 provisions: 1) that the drug is provided for free to all children enrolled until the drug is labelled for the disease in the participating country or is beneficial to the child; 2) a minimum per patient fee, equal for all, is required to be given to all participating centres irrespective of the country of origin	This concerns, for example, quotes and prospective financial planning for a trial.

Criterion 4: Quality management

4.1 Documented adherence to Good Clinical Practice (GCP) guideline [M]	☒ Yes ☐ No Comments: This is valid for studies with pharma industry while for academic studies funding are not sufficient for a proper local monitoring	Declare whether studies conducted comply with the EU Directive 2001/20/EC on Clinical Trials.
4.2 Documented adherence to the ethical considerations for clinical trials in children [M]	☒ Yes ☐ No Comments: all studies are approved by the local ethics committees according to the law of the participating country	Indicate if documented data / information are publicly available on implementation of / provisions for special ethical requirements for the paediatric trial(s) according to the document "Ethical considerations for clinical trials on medicinal products conducted with the paediatric population".
4.3 Documented adherence to ethical considerations	☒ Yes ☐ No Comments: Not all ethics committees have a declared pediatric expertise	Declare whether reporting party requests approval by an independent ethics committee with paediatric expertise for all studies conducted.
4.4 Availability of Standard Operation Procedures (SOP)	☒ Yes ☐ No If yes, provide reference to available SOPs PRINTO is in the process to obatain certification by ISO 9001. SOP are available in-house and they mainly relate to the assessment of response to therapy in JIA on behalf of pharmaceutical industries	Indicate existence of SOP e.g. for study management, adverse events reporting etc.
4.5 Capacity to monitor studies (academic trials, industry sponsored trials) [M]	☒ Yes ☐ No Comments: For academic studies monitoring is done through standardises questionnaires (no local monitoring available for funding issues). For pharma sponsored studies GCP monitoring is done by the companies	Indicate if the reporting party implements the monitoring of paediatric trials according to ICH 6 Good Clinical Practice Guideline.
4.6 Capacity to monitor performance of collaborating centres	☒ Yes ☐ No Comments: Performance is evaluated by the rate of recruitment in collaborative studies	Indicate if the reporting party implements the monitoring of performance of collaborating centres.

4.7 Quality control and quality assurance, traceability and data safety [M]	☒ Yes ☐ No Comments: Quality control for primary outcome assessment for pharma companies is done via fax by receiving related data. For academic studies monitoring for efficacy and safety is done entirely by PRINTO centrally with electronic methods (no local monitoring)	Indicate if this is implemented in the reporting party's remit.

Criterion 5: Training and educational capacity to build competences

5.1 Evidence of collaboration with regulatory authorities [M]	☒ Yes ☐ No Comments: EMA GUIDELINE ON CLINICAL INVESTIGATION OF MEDICINAL PRODUCTS FOR THE TREATMENT OF JUVENILE IDIOPATHIC ARTHRITIS	Indicate awareness of regulatory requirements for developing medicines; for example, implementation of guidelines from regulatory authorities.
5.2 Capacity to provide competent consultation to regulatory authorities	☒ Yes ☐ No Comments: EMA required our assistance for some trials	Indicate the capacity of the reporting party to provide expert advice to regulatory authorities. For example, nominations into standing scientific committees to regulatory authorities, registration(s) as authorities' external expert(s).
5.3 Formal meetings for clinical trials If yes, provide number	☒ Yes ☐ No Comments: For each pharma company-sponsored trial there is at least one dedicated investigators meeting. For academic studies meeting are done annually at the PRES conference where a PRINTO workshop is always held	For example, investigator meetings, trainings specific to a given ongoing or planned trial.
5.4 Training courses given over the last 2 years [M] If yes, provide number	☒ Yes ☐ No Comments: At each investigator meeting PRINTO provides some training (e.g. joint assessment procedures, evaluation of response to therapy)	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).
5.5 Training courses received over the last 2 years [M] If yes, provide number	☒ Yes ☐ No Comments: participation to investigator's meeting and scientific meetings	For example, training specific to a trial or in general for trial(s), with external participants or from the reporting party. Minimum requirement (M): training courses either given (5.4) or received (5.5).

5.6 Promotion of participation in clinical trials in countries with limited resources Provide list of countries	☒ Yes ☐ No Comments: Latin and Central America, Eastern Europe, India	Indicate if support for such trials is provided by the reporting party.

Criterion 6: Public involvement M

Minimum requirement (M): involvement in at least one of the below items.

6.1 Involvement of patients, parents or their organisations in the protocol design	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved
6.2 Involvement of patients, parents or their organisations in creating the protocol information package	☐ Yes ☒ No Comments:	Indicate if public stakeholders are /have been involved
6.3 Involvement of patients, parents or their organisations in the prioritisation of needs for clinical trials in children	☒ Yes ☐ No Comments: Patient's and parent's organisations have been identified through a specific project funded by the European Union that allowed the creationg of a website for families available on more than 50 languages (www.pediatric-rheumatology.printo.it). The website provides information on pediatric rheumatics diseases, the list of pediatric rheumatology centres and the list of family help association. In addition, organisations are invited to attend the annual PRINTO workshop held each year at the PRES scientific meeting	Indicate if public stakeholders are /have been involved