



Clarity and Openness in Reporting: E3-based

News Summary

November 2025

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CORE Reference Project Webinar January 2026

Our **next webinar** is scheduled for **Friday 16 January 2026 (12.30-13.30 CET/11.30-12.30 UK time)**. External speaker Mirjana Miric from Worldwide Clinical Trials will present a webinar on the topic “CTIS and Clinical Trial Transparency: Strategies, Challenges, and CRO Insights.” The webinar will cover the protection of personal data and commercially confidential information in clinical trial information submitted to Clinical Trials Information System. To register for our upcoming webinar please email EMWA Head Office directly at info@emwa.org.

MEDICINES AND VACCINES

ICH

A report from the ICH Assembly Meeting held in Singapore, November 2025 notes that “The M11 Guideline on Clinical Electronic Structured Harmonized Protocol (CeSHarP), M11 Clinical Implementation Template and M11 Technical Specification was adopted and has now entered the implementation phase.” Access the full press release from the meeting [here](#).

CTR and CTIS

1. [The first 6-month report on the dedicated helpdesk for non-commercial sponsors has been published](#). The helpdesk offers tailored regulatory and technical support during clinical trial application submissions. It is a centralised support system that provides assistance to users requiring technical support and service requests while using CTIS.

2. From early 2026, new Annual Safety Reports (ASRs) will be submitted via the new safety module in CTIS. For 2 months, the old and new systems will run in parallel to allow ongoing ASR assessments to be finalised. A [presentation](#) from EMA’s recent system demo provides details.

3. EMA is conducting a survey on [CTIS - Change Management activities follow up](#). The aim is to assess the effectiveness of communication, engagement and training activities supporting the implementation of the CTR. The survey is open until 11 December 2025.
4. The [CTIS sponsor handbook has been updated \(dated 7 Nov 2025, v6.1\)](#) to reflect recent enhancements on the submission of non-substantial modifications in CTIS. The handbook serves as the definitive reference document for sponsors using CTIS.
5. [CTIS transparency materials](#) have been updated (dated 7 Nov 2025) to reflect recent enhancements in the submission of non-substantial modifications (NSM) in CTIS. For historical trials, a NSM part I now triggers the publication of all part I documents that are 'for publication'.
6. The latest issue of [Clinical Trials Highlights issue 27 - November 2025](#) is now available and includes news on the joint Accelerating Clinical Trials in the EU initiative and on the Clinical Trials Information System. Highlights include:
 - A public-facing Trial Map tool was launched. It is translated in all official EU/EEA languages, supporting the transparency goal of making trial access more equitable across member states.
 - The first module of interactive training materials is available. This module covers the revised principles and foundational GCP concepts.
 - ACT EU published a revised recommendation paper on Decentralized Elements in Clinical Trials which includes specific clarifications on cross-border trials and an updated overview of national provisions, addressing legal hurdles that have previously complicated multi-country DCTs.

EU Regulatory

1. New document published 30 October 2026 - [Recommendations on criteria regarding the selection of a reporting Member State](#). The scope of this document is to provide Member States with recommendations on criteria for the selection of the Reporting Member State (RMS).
2. The 03 Nov 25 EMA workshop on 'External controls in clinical evidence generation' gave rise to key takeaways including:
 - The research question should always drive the choice of evidence generation. For the primary demonstration of efficacy of a medicine the gold standard remains the randomised controlled trial (RCT).
 - In certain situations an RCT is not possible (very rare diseases or difficult to recruit populations or very serious diseases where there are no current effective therapies).
 - Studies with external controls can provide clinical evidence in these situations. Comparisons must be pre-planned and defined; vigorous methods to address bias and minimise uncertainty must be applied
 - Under the leadership of the CHMP Methodology Working Party, a reflection paper on external controls will now be developed.

Note: The above information point is to raise awareness only and there are no external links.

3. The [European Data Union Strategy](#) (download the 21-page document from the bottom of the page in the external link) was adopted by the EC on 19 Nov 25 and was published as a "Communication From The Commission to The European Parliament and The Council: Data Union Strategy Unlocking Data for AI". Much is about AI. Also of interest are the planned 3 "flagship actions" boxes.

UK and MHRA News

1. One of the ways to stay on top of the UK's [amended clinical trials regulations](#), subscribe to [Clinical Trials Update](#), a regular round-up of the latest news on the upcoming changes to the UK's clinical trials regulations. The 28 October 2025 issue is available [here](#). Past issues can also be found [here](#).

2. Cancer Research UK has published a new evidence review which explores [how to strengthen UK clinical research at a system-level](#), including four fundamental shifts to explore to strengthen clinical research across the UK.
3. On 2 November 2025 the MHRA published a policy paper entitled “[Rare therapies and UK regulatory considerations](#).” For this programme, rare therapies are defined as “medicinal products intended to treat rare diseases – specifically, conditions with a prevalence of no more than 5 in 10,000, where significant barriers exist to conducting standard clinical development programmes or regulatory approvals.”
4. Webinar entitled “Clinical Trial Transparency in the UK: What is Changing and Why It Matters” to be held on 4 Dec 2025 by Krystelis. Registration information [here](#).
5. The UK government has a [Regulators Dashboard](#) where KPI reports from the likes of HSE, ICO, MHRA, NICE, and many others are stored. Could be useful generally.
6. UK government has published a [policy statement outlining its strategy for supporting the development, validation, and uptake of alternatives to animal testing in science](#).
7. The [UK’s Clinical Study Registry](#) has refreshed its website, including enhancements to the application form and the update your record form, the aim being to make the registration process quicker and easier, helping sponsors “submit and manage their study information more efficiently”.
8. UK HRA in collaboration with the UK Medicines and Healthcare products Regulatory Agency, have published an article in DIA Global Forum, entitled “[Addressing Inequity: Embedding Inclusion and Diversity in UK Clinical Trials](#).”
9. NHS Clinical trials regulations reform last updated 6 Nov 2025 can be accessed [here](#).

FDA Guidance and News

1. In case you missed it last month, on 23 October 2025, US FDA published filing checklists in the Manual of Policies and Procedures “[Good Review Practice: Refuse To File](#)”, used internally by CDER staff to determine if a submitted NDA/BLA application is complete and reviewable. This act aims to increase transparency into FDA filing procedures and reduce the prevalence of filing deficiencies, which consume resources and delay promising treatments. The checklists are included in Appendix C of the document.
2. The FDA has outlined a path to market entry for products where a randomised trial is not feasible. A perspective published in the [New England Journal of Medicine](#) (behind a paywall) provides an outline of the FDA proposals. A summary of the proposals can be accessed via a [Regulatory Focus](#) online article or a [Reuters article](#).
3. The latest [release notes](#) for [ClinicalTrials.gov](#) and Modernised PRS have been posted. It is now possible to use an XMLfile to upload the Protocol Section, instead of manually entering the data for each module. In addition, within the Results Section, the validations for Baseline Characteristics, Outcome Measures, and the AE modules have been fine-tuned.
4. On 18 November 2025, FDA released “[Patient-Focused Drug Development: Selecting, Developing, or Modifying Fit-for-Purpose Clinical Outcome Assessments \(Guidance 3\)](#)”, replacing the 2022 draft. It provides the definitive framework for how stakeholders should collect and submit patient experience data.

EMA Guidance and News

1. A video recording of the ACT EU multi-stakeholder platform annual meeting held on 29 October 2025 is available to view [here](#). According to the Nov 2025 issue of Clinical Trials Highlights “Discussions focused on patient-centred research, methodologies, biotechnology, AI, digitalisation and ethics. Participants agreed on the need for early and meaningful patient engagement, the potential of the European Health Data Space to link trials with routine care data, the need to integrate innovative trial design into everyday practice, and the central role of ethical reflection in innovation.”
2. The [meeting report from the workshop held on 14 and 15 July 2025](#) for assessors from National Competent Authorities and ethics committees exploring different assessment approaches to paediatric clinical trials is now published. The workshop discussed real cases of paediatric clinical trial applications which used different assessment approaches across EU/EEA.
3. EMA/HMA annual data forum will be held on 9 Dec 2025. Agenda and registration details [here](#).
4. On 29 Sep 25, EMA released a Patient Experience Data [draft reflection paper](#) that could reshape how patient input throughout the medicines lifecycle is approached. The paper is now open for consultation until 31 Jan 26. It defines Patient Experience Data (PED) as data that directly reflects patient or carer experiences—without interpretation by healthcare professionals or third parties.
5. A new [EMA guideline on non-inferiority and equivalence comparisons in clinical trials](#) is published and is [open for comments](#) until 31 May 2026. The new draft guideline combines, updates and extends the 'Guideline on the choice of the non-inferiority margin' and 'Points to consider on switching between superiority and non-inferiority'.

Note from the CORE team: Why is this important for MWs? The development of the estimand framework as outlined in the ICH E9 (R1) Addendum revealed the necessity of specific recommendations about the application of the estimand framework to the non-inferiority and therapeutic equivalence settings.

6. EMA has published an overview of comments received on [ICH E21 Guideline on Inclusion of Pregnant and Breastfeeding Individuals in Clinical Trials](#). This overview compiles stakeholder feedback on the draft ICH E21 guideline. Comments address ethical, scientific, and safety considerations, proposing refinements to trial design, risk-benefit assessment, and data collection to improve evidence-based medicine use during pregnancy and lactation.
7. National Competent Authorities (NCAs) and Ethics Committees have agreed to pilot FAST-EU, a coordinated fast-track approach for evaluating multinational clinical trials starting January 2026. Facilitating and Accelerating Strategic Trials (FAST-EU) is part of the overall EU drive to strengthen clinical research in Europe. The statement can be read [here](#).

Health Canada Guidance and News

Health Canada released a draft “[Guidance on preparing and submitting summary reports for marketed drugs and natural health products](#)” for public consultation from 24 October to 23 December 2025. It provides information on how to comply with the Food and Drugs Act (FDA), the Food and Drug Regulations (FDR), and the Natural Health Products Regulations (NHPR) with respect to the preparation and submission of summary reports for marketed health products.

Real-World Data

MHRA guidance on the use of Real World Data in clinical studies to support regulatory decisions is available to download [here](#) (updated July 2025).

Transparency and Disclosure Resources and News

1. CISCRP's Perceptions & Insights Study is the largest global survey of public and patient views, motivations, and experiences with clinical research. Conducted every 2 years, the latest results were shared in a webinar last month, featuring a discussion with the professionals who collected and analyzed the data. You can access the recording [here](#).
2. An on-demand webinar led by Citeline (dated 24 Sept 2025) entitled "Navigating Disclosure Complexity: The Power of Human-Centered AI" is available from [here](#).
3. Are you interested in contributing to strengthening transparency in clinical trials? PHUSE is recruiting volunteers to join its Value of Plain Language Summaries of Trial Results team. Find out more [here](#), and apply to join until 19 January 2026 [here](#). The Kick-Off Meeting will be held on 20 January at 08:00 (EST)/13:00 (GMT)/14:00 (CET).
4. [WHO Trial Registration Data Set \(Version 1.3.1\)](#): The minimum amount of trial information that must appear in a register in order for a given trial to be considered fully registered. There are currently 24 items in the WHO Trial Registration Data Set. It is sometimes referred to as the TRDS.
5. Free webinar entitled "Deploying, scaling and documenting de-ID that stands up to scrutiny" to be held on 3 Dec 2025 by Khaled El Emam. Registration details [here](#).
6. Publication by Pilgram et al. "Protecting patient privacy in tabular synthetic health data: a regulatory perspective." npj Digit. Med. 8, 732 (2025). <https://doi.org/10.1038/s41746-025-02112-0> The authors analyse published synthetic tabular data generation (SDG) regulatory guidelines from United Kingdom, Singapore, and South Korea.

Development Strategy News

1. [A roadmap for fostering timely regulatory and ethics approvals of international clinical trials in support of global health research systems](#) has been published. This is the sixth in a Series of six papers about clinical trials in global health. This paper summarises suggested areas of actions that will improve needed efficiencies in ethical and regulatory reviews.
2. Clinical Pharmacology & Therapeutics, review paper dated 05 Nov 25 [Evolving Standards: Good Clinical Practice Insights from US FDA, MHRA UK, and Health Canada](#). This paper explores recent revisions to the ICH GCP E6(R3) and the regulatory perspectives on adopting a risk-proportionate approach to trial design and conduct.
3. An article based on discussions from the Patient Involvement During the Lifecycle of Clinical Trials session at DIA Europe 2025 has been published and can be accessed [here](#).
4. On 4 November 2025, the MRCT Center released the [Toolkit for Supporting the Design, Conduct, and Reporting of Long-Term Follow-Up Studies](#), as a draft for public comment. The Toolkit provides practical guidance regarding best practices for LTFU studies for both investigational and approved gene therapies. MRCT also held a webinar on the same topic, the recording is now available on their [website](#).
5. Review article entitled "[The status quo of the development of decentralized clinical trials](#)" and published in Front. Med., (19 November 2025) presents a literature review examining the current landscape of DCTs.
6. Gregory Cuppan has a new book out titled [Authoring High-quality Clinical Research Protocols](#). This is a comprehensive guide by a well-known professional in our field.
7. A recent open access article published by Abbasi et al. entitled "[Systematic data capture reduces the need for source data verification: exploratory analysis from a phase 2 multicenter randomized controlled platform trial](#)". Commun Med 5, 444 (2025). <https://doi.org/10.1038/s43856-025-01126-9>.

The authors analysed data captured in a large, multicenter platform trial, I-SPY COVID, that used automated transfer of laboratory data, simplified electronic forms for clinical trial staff to complete and ongoing monitoring for safety by a committee of physicians.

Artificial Intelligence/Machine Learning

1. MHRA announced Phase 2 of the AI Airlock which will include seven additional technologies spanning AI-powered clinical note-taking, advanced cancer diagnostics, eye disease detection tools, and obesity treatment support systems. Candidates will test in the Airlock until March 2026 when the second phase will be finalised. Details are [here](#).
2. HMA/EMA multi-stakeholder workshop on artificial intelligence took place on 20-21 November 2025. A video recording will be made available after the event [here](#)
3. Presentations from the PHUSE 1 day event held in Shanghai, China on 7 November entitled “Human-AI Collaboration: Transforming Clinical Development Through Data-Driven Intelligent Automation and Human Insight” are available to view [here](#). Included is “Protocol Copilot: An AI-Powered Word Add-in for Streamlined Clinical Protocol Development” by Alex Goh.
4. Transcelerate webinar entitled “ICH M11 Adoption: Vulcan UDP Progress and 2026 Outlook” will be held on Wednesday 3 December 2025. Registration details [here](#).

News from US: Possible Impact on Clinical Trial Ecosystem

1. BMJ News article 07 Nov 25: [FDA drug chief resigns amid lawsuit claims of attempting to “extort and solicit a bribe”](#)
2. BMJ News article 07 Nov 25: [Trump strikes deal with Ozempic and Mounjaro makers to cut prices of obesity injections](#).
3. BMJ News article 10 Nov 25: [Paracetamol \(Tylenol\): No clear link between use in pregnancy and autism or ADHD in children, rapid review finds](#).
4. Stat10 ‘Health’ article [NEJM and public health group are launching rival to CDC’s MMWR publication](#).
5. Approximately 1 in 30 trials and more than 74,000 trial participants were affected by grant funding disruptions according to a report in JAMA Internal Medicine by Patel et al, 2025 entitled “[Clinical Trials Affected by Research Grant Terminations at the National Institutes of Health](#).”
6. BMJ Feature 21 Nov 25: [Will the new FDA fix the old FDA?](#)
7. A Reuters article (21 Nov 2025) reports that CDC website changed to align with the view of Health Secretary Robert F. Kennedy Jr. that childhood vaccines cause autism, countering decades of science showing them to be safe. Read the Reuters article [here](#).

MEDICAL DEVICES

This subsection covers transparency in relation to medical devices, and the emerging intersection of the regulatory medical devices and the regulatory drugs spaces. Devices information or regulations that impact the reporting of device studies are also covered. Combination products, including pharmaceutical and medical device components, may need to be reported under pharmaceutical legislation, depending on what the product is, and how regulatory authorities in different global

regions assess combination products. Contextualisation is provided, where possible, to help readers navigate the information.

General Updates and News

1. A new call for applications (announced 10 Nov 2025) is open for sponsors interested in participating in the EU pilot coordinated assessment for both Medical Devices (MD) and In Vitro Diagnostics (IVD). This is the second call for expression of interest for a pilot coordinated assessment of clinical investigations (CI) and the first call for expression of interest for a pilot coordinated assessment of performance studies (PS). It will allow sponsors to submit a single application for pilot coordinated assessments or performance studies, ensuring harmonised interactions with the Member States involved in approving these studies. Details and instructions to take part are [here](#).

2. A suite of documents from British Standards Institution summarising best practices and processes such as data collection, clinical evaluations, conformity pathways and documentation to comply with current MDR regulatory requirements are available to download [here](#). The guidance documents provide insight into the requirements of the MDR, AI Act, and related EU regulations.

EUDAMED News

1. The European Commission has published a notice in the Official Journal of the EU that EUDAMED will be mandatory for new devices on 28 May 2026. Access the notice [here](#). Document 32025D2371 entitled “Commission Decision (EU) 2025/2371 of 26 November 2025 on the notice regarding the functionality and the fulfilment of the functional specifications of certain electronic systems included in the European Database on Medical Devices referred to in Article 34(1) of Regulation (EU) 2017/745 of the European Parliament and of the Council.”

2. The EUDAMED first four modules will be mandatory to use from 28 May 2026. News announcement [here](#). The Clinical Investigation and Vigilance modules are still pending confirmation. Updated Timeline - Current planning (as of 27 Nov 2025) for gradual roll out and modules’ functionality view can be accessed [here](#).

3. The European Commission is organising free hybrid workshops to support the onboarding of all concerned actors to EUDAMED, in preparation for the mandatory use of Actors, UDI/Devices, Notified bodies and Certificates and Market surveillance modules. Details of the hybrid Brussels (Belgium) – Wednesday, 3 December 2025 workshop [here](#).

4. The EUDAMED information centre can be accessed [here](#). It is the central point of support for EUDAMED users, presenting action steps and process logic from a wide range of documentation – including a detailed FAQ section and a library of all platform user guides

UK MHRA

1. MHRA has published Version 11.1 (October 2025) of [Clinical investigations of medical devices – guidance for manufacturers](#). According to the document revision history the main reasons for this new version were “Clarified EU MDR can be met for GB only studies (page 4). Updated point 5 on when application to MHRA is required and added links to where to find MHRA’s flow charts (page 6).”

2. Privacy Pulse article dated 17 Nov 25: [Regulatory Alert: UK MedTech’s Dual Mandate—Navigating the Clash Between New PMS Rules and UK GDPR](#). For MedTech manufacturers, the era of siloed compliance is over. Quality Assurance (QA) and Data Privacy departments can no longer operate in separate orbits. A unified strategy is an urgent necessity.

3. MHRA has updated (24 Nov 2025) [Clinical investigations for medical devices. How to notify the MHRA of your intention to carry out a clinical investigation for medical devices](#). Includes:

- Updates to Flow Chart for GB Clinical Investigations to greater align with UK MDR
- Updates/expansion of GB Flow Chart Accompanying Guidance, with examples
- Added link to Northern Ireland performance studies submission guidance
- Re-linking of CI biological safety guidance