

Activities of the Research Ethics Committees 2016

**Summary Report of the Coordination Office
for Human Research (kofam)**



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

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Foreword

The Coordination Office for Human Research (kofam) of the Federal Office of Public Health (FOPH) has two key responsibilities – coordinating the supervisory authorities' activities and informing the public about human research. With this report for 2016, kofam is fulfilling its duty to provide information, in summary form, on the activities of the cantonal research ethics committees and other supervisory authorities.

The aim is to provide the public with a comprehensible account of the ethics committees' activities, thus ensuring the transparency of human research, as required by the law¹.

The main functions of the cantonal ethics committees are the assessment and approval of research projects involving human beings. They review and evaluate, for example, clinical trials on new therapeutic products, surgical methods or other health-related applications, thus helping to ensure the protection of patients and the utility of human research.

For the first time, the committees' annual reporting to the FOPH has been conducted in accordance with the "Guidelines on preparation of ethics committee reports", which came into effect in 2017². In particular, the reports provide details of the number and type of applications assessed, as well as processing times. They also cover various internal matters, such as the committees' organisation and structure.

The original versions of the seven ethics committees' annual reports, on which the present report is based, can be found on the committees' websites (cf. the links in the "List of ethics committees") and on the kofam website³.

kofam is grateful to the cantonal ethics committees for their work and for their constructive contributions to this report. Thanks are also due to the other supervisory authorities and to swissethics (the ethics committees' umbrella organisation).

1 Art. 1 para. 2 let. c HRA.

2 www.kofam.ch/en/downloads/

3 www.kofam.ch

Summary

Across all the committees, the year under review (2016) was marked by efforts to harmonise research practice and further professionalise exchanges with researchers and authorities. In this connection, all the committees report on progress in authorisation practice. Here, a central aspect has been the introduction of the online portal BASEC (Business Administration System for Ethics Committees). According to the ethics committees, BASEC has markedly enhanced the efficiency of authorisation procedures.

Since 1 January 2016, submission of applications via BASEC has been obligatory. The electronic submissions system facilitates not only processing by the responsible ethics committee but also project-related exchanges between the various committees. The increase in efficiency is reflected by the fact that the specified processing periods are generally being met: the majority of committees complied with the legal time frame despite an increase in the number of submissions.

In 2016, a total of 2223 research projects were submitted, including 283 multicentre and 1940 monocentre projects. Research projects are classified as multicentre if they are conducted in a number of different cantons. Responsibility for reviewing and approving such projects lies with the lead ethics committee. A breakdown according to type of application shows the following: 585 projects (26.3%) related to clinical trials, 778 (35%) related to human research projects not classified as clinical trials (such as observational studies) and 837 (37.7%) involved further use of biological material and/or health-related personal data, and 23 projects (1%) related to applications for approval of mono- or multicentre research projects involving deceased persons or embryos and fetuses from abortions and miscarriages, including stillbirths.

In addition, efforts to promote further harmonisation of research practice are being pursued. In cooperation with the Swiss Academy of Medical Sciences (SAMS), swissethics has developed a template for general consent (GC).⁴ This is designed to standardise informed consent practice and regulate the use of data and biological material from patients in Swiss hospitals, so as to improve the framework for biomedical research.

Reference is made by all the ethics committees to developments and possible regulatory measures in the areas of big data and biobanks.

In their discussion of the outlook, the committees are largely confident with regard to the future fulfilment of their duties. However, to ensure that the legal requirements are fully met, they identify a need for additional harmonisation measures and guidelines. The committees will also continue their efforts to strengthen cooperation both with each other and with other authorities and stakeholders in order to ensure the protection of human beings and the quality of human research.

4 www.samw.ch/de/Ethik/Forschungsethik/Vorlage-GK.html

List of ethics committees

At the end of 2016, Switzerland had a total of seven cantonal ethics committees – two fewer than in the previous year. Firstly, with effect from 1 June 2016, the Cantonal Ethics Committee of St Gallen merged with that of Thurgau to form the new Ethics Committee of Eastern Switzerland (EKOS). Secondly, since the dissolution of the Valais committee on 1 January 2016, the Vaud committee has been responsible for dealing with submissions from the canton of Valais.

Below, the cantonal ethics committees are listed by number of applications received, in ascending order.

CE-TI – Cantonal Ethics Committee, Ticino

Comitato etico cantonale
c/o Ufficio di sanità
Via Orico 5
CH-6501 Bellinzona
dss-ce@ti.ch
www.ti.ch/ce
Chair: Giovan Maria Zanini

Region covered: Canton of Ticino

Relevant cantonal regulations

- By-Laws of the Ethics Committee, 2 July 2002

EKOS – Ethics Committee of Eastern Switzerland (EK-SG and EK-TG prior to merger on 1 June 2016)

Ethikkommission Ostschweiz
Kantonsspital
Haus 37
CH-9007 St. Gallen
sekretariat.ekos@kssg.ch
www.sg.ch/home/gesundheit/ethikkommission.html
Chair: Dr Susanne Driessen

Region covered: Cantons of St Gallen, Thurgau, Appenzell Ausserrhoden and Appenzell Innerrhoden

Relevant cantonal regulations

By-Laws of the Ethics Committee of Eastern Switzerland (EKOS), 10 May 2016

CCER – Cantonal Research Ethics Committee, Geneva

Commission cantonale d'éthique de la recherche (CCER)
Rue Adrien-Lachenal 8
CH-1207 Geneva
ccer@etat.ge.ch
www.ge.ch/ccer
Chair: Professor Bernard Hirschel

Region covered: Canton of Geneva

Relevant cantonal regulations

Regulations for implementation of the Federal Act on Research involving Human Beings (RaLRH; K 4 06.02)

KEK-BE – Cantonal Ethics Committee, Bern

Kantonale Ethikkommission Bern (KEK-BE)
Postfach 56
CH-3010 Bern
kek@kek.unibe.ch
www.be.ch/kek
Chair: Professor Christian Seiler

Region covered: Canton of Bern; cantons of Fribourg and Valais for German-language submissions from 2017

Relevant cantonal regulations

- By-Laws of the Cantonal Research Ethics Committee, Bern (KEK Bern), 21 February 2017

CER-VD – Cantonal Research Ethics Committee, Vaud

Commission cantonale d'éthique de la recherche sur l'être humain (CER-VD)
Avenue de Chailly 23
CH-1012 Lausanne
secretariat.cer@vd.ch
www.cer-vd.ch
Chair: Professor Patrick Francioli, médecin

Region covered: Cantons of Vaud, Fribourg, Neuchâtel and Valais

Relevant cantonal regulations

- Cantonal Public Health Act, 29 May 1985 (consultation)
- By-Laws of the Ethics Committee, Vaud, 20 May 2014 (under revision)

EKNZ – Ethics Committee of Northwestern and Central Switzerland

Ethikkommission Nordwest- und Zentralschweiz (EKNZ)
Hebelstrasse 53
CH-4056 Basel
eknz@bs.ch
www.eknz.ch
Chair: Professor André P. Perruchoud

Region covered: Cantons of Aargau, Basel-Landschaft, Basel-Stadt, Jura, Lucerne, Nidwalden, Obwalden, Solothurn, Schwyz, Uri and Zug.

Relevant cantonal regulations

- Agreement of 6 September 2013 on the appointment of a joint ethics committee for Northwestern and Central Switzerland (EKNZ)

KEK-ZH – Cantonal Ethics Committee, Zurich

Kantonale Ethikkommission Zürich (KEK-ZH)
Stampfenbachstrasse 121
CH-8090 Zurich
info.kek@kek.zh.ch
www.kek.zh.ch
Chair: Professor Peter Meier-Abt

Region covered: Cantons of Zurich, Glarus, Graubünden and Schaffhausen, and the Principality of Liechtenstein

Relevant cantonal regulations

- By-Laws of the Cantonal Ethics Committee of 31 July 2015 in accordance with Art. 54 para. 4 HRA and §§ 1, 35–38 of the Cantonal Therapeutic Products Ordinance

1 Organisation of the ethics committees

Section 1 of this report focuses on internal organisational aspects, such as the size and composition of the committees. Other topics covered are internal training, the running of secretariats, finances, management of conflicts of interest and the introduction of the BASEC portal. All the information given is based on details provided by the individual committees.⁵

Most of the committees are administratively attached to cantonal departments of health or social services. The Northwestern and Central Switzerland committee is overseen by an intercantonal supervisory body comprising members of the cantonal health directorates. Some of the committees (Bern, Geneva and Ticino) are administratively attached to the Cantonal Pharmacist's Office.

Appointment of members

For most of the committees, members are appointed by the cantonal executive authorities – in the case of the Bern, Zurich and Geneva committees by the cantonal government. The membership of the Eastern Switzerland committee is determined by the Canton St Gallen Health Department and the Canton Thurgau Department of Finance and Social Affairs. In the canton of Ticino, the Health Directorate is responsible for appointing committee members; in Vaud, the departmental head. Members of the Northwestern and Central Switzerland committee are appointed by the intercantonal supervisory body. In Bern, four physicians may be proposed for membership by the Medical Faculty of Bern University, and one psychologist by the Faculty of Human Sciences. In Northwestern and Central Switzerland, rights to propose members are held by the individual cantons.

Except in Vaud, where membership is limited to two years, committee members generally serve for a period of four years. In Ticino, the maximum term is twelve years. In Geneva, no limit is prescribed, but appointments have to be renewed every five years. Members of the Eastern Switzerland and Zurich committees can be reappointed up to the age of 70. No age limits are specified by the ethics committees of Ticino, Geneva, Bern, Vaud or Northwestern and Central Switzerland.

Training for new committee members

The Ticino committee reports that five new members (an increase of 25% compared to the previous year) attended an introductory course in 2016. The Geneva committee reports that new members initially participate in meetings only as passive listeners, so that they can receive a practical introduction to the issues and learn from experienced members. The

Northwestern and Central Switzerland committee held an internal half-day induction course at the secretariat for a newly appointed member. Zurich held a training event for one new committee member. One new member each from the Eastern Switzerland, Northwestern and Central Switzerland, and Zurich committees attended the annual swissethics training event on ethics, law and scientific practice in human research.

Further training events

In Eastern Switzerland 9 committee members took part in the local training events, and in Geneva 28. In both cases, this represented 75% of the total number of members. The Ticino committee's two events were attended by 17 and all 19 members, respectively. In Eastern Switzerland and in Geneva, 9 and 28 committee members (75%) took part in training events. Attendance at the two training presentations organised by the

Table 1: Number of ethics committee members and disciplines represented

| Details of ethics committee composition: number of members for each discipline represented (more than one discipline possible per member) | Total | | CE-TI | | EKOS | | CCER | | KEK-BE | | CER-VD | | EKNZ | | KEK-ZH | |
|---|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|
| | Number (N) | Per cent (row %) |
| Medicine | 89 | 43.2 | 9 | 10.1 | 4 | 4.5 | 22 | 24.7 | 11 | 12.4 | 9 | 10.1 | 13 | 14.6 | 21 | 23.6 |
| Psychology | 12 | 5.8 | 1 | 8.3 | 1 | 8.3 | 1 | 8.3 | 2 | 16.7 | 1 | 8.3 | 2 | 16.7 | 4 | 33.3 |
| Biology | 13 | 6.3 | 1 | 7.7 | 2 | 15.4 | 4 | 30.8 | 2 | 15.4 | 2 | 15.4 | 0 | 0.0 | 2 | 15.4 |
| Law | 19 | 9.2 | 2 | 10.5 | 2 | 10.5 | 3 | 15.8 | 2 | 10.5 | 3 | 15.8 | 4 | 21.1 | 3 | 15.8 |
| Ethics | 16 | 7.8 | 2 | 12.5 | 3 | 18.8 | 2 | 12.5 | 1 | 6.3 | 3 | 18.8 | 3 | 18.8 | 2 | 12.5 |
| Pharmaceutics or pharmaceutical medicine | 18 | 8.7 | 2 | 11.1 | 2 | 11.1 | 3 | 16.7 | 1 | 5.6 | 4 | 22.2 | 1 | 5.6 | 5 | 27.8 |
| Epidemiology or biostatistics | 13 | 6.3 | 2 | 15.4 | 1 | 7.7 | 2 | 15.4 | 1 | 7.7 | 2 | 15.4 | 3 | 23.1 | 2 | 15.4 |
| Patient advocacy | 4 | 1.9 | 0 | 0.0 | 0 | 0.0 | 2 | 50.0 | 0 | 0.0 | 0 | 0.0 | 1 | 25.0 | 1 | 25.0 |
| Nursing | 18 | 8.7 | 2 | 11.1 | 2 | 11.1 | 3 | 16.7 | 1 | 5.6 | 2 | 11.1 | 3 | 16.7 | 5 | 27.8 |
| Other | 4 | 1.9 | 0 | 0.0 | 0 | 0.0 | 2 | 50.0 | 1 | 25.0 | 1 | 25.0 | 0 | 0.0 | 0 | 0.0 |
| Total: disciplines represented | 206 | 100.0 | 21 | 10.2 | 17 | 8.3 | 44 | 21.4 | 22 | 10.7 | 27 | 13.1 | 30 | 14.6 | 45 | 21.8 |
| Total: members | 183 | 100.0 | 19 | 10.4 | 12 | 6.6 | 37 | 20.2 | 21 | 11.5 | 24 | 13.1 | 30 | 16.4 | 40 | 21.9 |

⁵ The annual reports and additional information can be found on the committees' websites or at www.kofam.ch

Northwestern and Central Switzerland committee was 80%. The Vaud committee's training event was attended by 13 members (54%). The Zurich committee held a series of presentations and courses in 2016 – both for members and for staff – which were attended by around 35% (14) of committee members.

Continuing education offered by swissethics

In November 2016, swissethics organised an event entitled "Patient-oriented assessment of benefits and risks – but how?". This was attended by 39 committee members from German-speaking Switzerland and Ticino, representing 21% of the total number of ethics committee members (183). Support for this event was provided by the Northwestern and Central Switzerland committee.

Secretariats

All the ethics committees have an administrative and a scientific secretariat (the latter being a legal requirement). However, the number of employees and full-time equivalents varies widely, as Table 2 shows. In many of the committees, the scientific secretariats are staffed by biologists. In the Vaud committee, a six-month internship was held by a life sciences graduate. The Zurich committee provided internships for two people. It should also be mentioned that, in certain cases, the ethics committee chair also holds a formal position.

Finances

All seven committees include financial data in their reports. Certain committees receive additional financial contributions from the canton (integrated into "Total income" in the table). The ethics committees' income, expenditure and cost coverage level are shown in Table 3.

The Ticino ethics committee notes that expenses for the secretariat and for training are integrated into Health Office expenditures and do not have to be covered by fee income. For the Vaud committee, cantonal subsidies (CHF 450,000) are included in the total income. The Geneva committee notes that the difference between income and expenditure is covered by the canton.

Interests, independence in fulfilment of duties, non-participation

In the event of any conflict of interests, members of ethics committees must recuse themselves and are thus excluded from review and assessment of the research project in ques-

tion, in accordance with Art. 52 para. 3 HRA and Art. 4 OrgO-HRA. To ensure transparency, each committee has published a register of members' interests on its website.

In a non-exhaustive list, the Zurich committee specifies situations in which a conflict of interest arises:

- If a committee member or close relative has a property interest in a business enterprise (e.g. Board membership, shareholding, etc.).
- If there is a financial interest in relation to an enterprise, which may be based on third-party funding, sponsorship, grants or permanent consulting activities.
- If there is a personal interest in a research project.
- If a close, competitive or otherwise problematic relationship exists with applicants.

The Zurich committee is currently revising its regulations; the updated regulations will be completed in 2017. The Geneva and Vaud committees additionally report how often members withdrew from procedures. In Geneva, for example, the non-participation rule was invoked around 10 times, although the person concerned was not systematically excluded from the discussion preceding the decision, but abstained when the vote was taken. The most frequent reason was a professional connection to the project. In other committees, the non-participation rule is handled more strictly, so that the member concerned does not participate in the meeting. On three occasions, the chair or vice-chair was affected; for these items of business, the meeting was chaired by a neutral person. In the Vaud committee, two members withdrew from procedures. This committee also refers to efforts to prevent members from being exposed to conflicts of interest or granted access to dossiers in which they have an interest.

Introduction of BASEC

On 1 January 2016, the new electronic submissions portal BASEC (Business Administration System for Ethics Committees) came into operation. Overall, the changeover to this online system for the submission of applications went smoothly. All the committees report that they received a lot of positive feedback and that they are pleased how rapidly BASEC has been successfully established; in a number of areas, however, the system could still be adapted and improved.

Table 2: Staffing levels in the scientific and administrative secretariats

| Committee | Scientific secretariat | Administrative secretariat | Total no. / percentage |
|--------------------------------------|---|---|------------------------|
| Ticino | 2 persons / 150% | 1 person / 70% | 3 persons / 220% |
| Eastern Switzerland | 1 person / 80% | 1 person / 70% | 2 persons / 150% |
| Geneva | 1 person / 70% plus approx. 20% external | 3 persons / 210% 1 lawyer / 20% | 5 persons / 300% |
| Bern | 4 persons / n.a. | 3 persons / n.a. | 7 persons / 490% |
| Vaud | 2 persons / n.a. | 4 persons / n.a. | 6 persons / 430% |
| Northwestern and Central Switzerland | 4 persons / 230% plus four students hired on an hourly basis | 1 person / 100% | 5 persons / 330% |
| Zurich | 5 persons / 365% | 4 persons (340%) Legal secretariat: 1 person (50%) | 10 persons / 755% |

Table 3: Financing of ethics committees

| Committee | Fee income / Total income | Expenditure | Level of cost coverage from fees / from total income |
|--------------------------------------|-----------------------------|---------------|--|
| Ticino | CHF 341,650/n.a. | CHF 290,000 | 117% |
| Eastern Switzerland | CHF 338,000/n.a. | CHF 398,000 | 85% |
| Geneva | CHF 414,220/n.a. | CHF 514,760 | 80% |
| Bern | CHF 803,277/n.a. | CHF 922,314 | 87% |
| Vaud | CHF 567,000/CHF 1,018,000 | CHF 929,000 | 61% / 109% |
| Northwestern and Central Switzerland | CHF 1,011,025/CHF 1,141,025 | CHF 830,344 | 122% / 137% |
| Zurich | CHF 1,435,541/CHF 1,446,210 | CHF 1,753,979 | 82% / 82% |

BASEC is not only a component of the harmonisation process, but has also become the most important source of data for all submissions – and optimises the registration of research projects in the Swiss National Clinical Trials Portal (SNCTP). In 2016, the costs for maintenance of BASEC – including the development of new applications where required – amounted to CHF 130,000. These costs were fully covered by cantonal contributions.

2 Activities

Before a research project falling within the scope of the Human Research Act can be conducted, it must be assessed and approved by the responsible supervisory authorities, i.e. the cantonal ethics committees, and also, for certain projects, Swissmedic and the Federal Office of Public Health.⁶ The committees' main task is to assess the project documentation submitted. Here, the primary goal is to protect the dignity, privacy and health of human beings involved in research. In addition, after authorisation has been granted, the committees receive from researchers specific notifications and information on ongoing research projects.

In this section, as well as reporting on their activities in connection with authorisation and assessment procedures, the committees provide information on notable events, such as the "Langerhans islets affair" in Geneva, the whistle-blower case in Northwestern and Central Switzerland, and a legal case involving a researcher in Zurich.

All the information given below on the authorisation procedures (2.1) and the assessment of the conduct of projects (2.2) is taken from the ethics committees' reports. The Eastern Switzerland committee draws attention to the fact that its report covers the activities of the St Gallen committee for the first five months of 2016 and, from 1 June, the activities of the Eastern Switzerland committee.

Authorisation procedures

For 2016, as for the two previous years, the ethics committees reported to the FOPH on the number and type of applications submitted. For the first time, the data is derived exclusively from BASEC (Business Administration System for Ethics Committees), the online portal whose use is obligatory for all researchers submitting applications.

Mono- and multicentre research projects

A distinction needs to be made between mono- and multicentre research projects. Monocentre projects are assessed and approved by a single ethics committee. In the case of multicentre research projects, a number of committees are involved, as the project is to be conducted in several different cantons.

The lead role is taken by the ethics committee which is responsible at the site where the coordinating investigator is based. This committee seeks opinions from the other ethics committees concerned and provides a definitive assessment of the research project for all sites.

To calculate the total number of research projects submitted for approval in Switzerland, the number of applications for monocentre projects is added to the number of applications for multicentre projects submitted to the lead ethics committee (cf. Table 4).

Over 2200 research projects

In 2016, a total of 2223 research projects were submitted for approval. Of these, 283 (9.8%) were multicentre research projects. The average number of cantonal ethics committees involved in the assessment of multicentre project applications was between three and four. The ethics committees concerned were responsible for assessing the local conditions.

If the 672 opinions from local ethics committees are added to the above total, then the total number of project assessment procedures carried out in 2016 was 2895. Of these, 1940 (67%) concerned monocentre project applications; the other 955 (33%) were multicentre assessment procedures.

Table 4: Total number of applications submitted to all the ethics committees, broken down by type of research project and by mono-/multicentre research project

| | Number (N) | Per cent (%) |
|---|------------|--------------|
| No. of applications received for approval of a mono- or multicentre research project (multicentre only as the lead ethics committee) | 2223 | 100.0 |
| Applications for approval of a mono- or multicentre clinical trial (multicentre only as the lead ethics committee) | 585 | 26.3 |
| Applications for approval of a mono- or multicentre research project involving measures for sampling of biological material or collection of health-related personal data from persons (HRO, Chapter 2) | 778 | 35.0 |
| Applications for approval of a mono- or multicentre research project involving biological material and/or health-related data (HRO, Chapter 3, incl. research projects approved in accordance with Art. 34 HRA) | 837 | 37.7 |
| Applications for approval of a mono- or multi-centre research project involving deceased persons or embryos and fetuses from abortions and miscarriages, including stillbirths (HRO, Chapters 4 and 5) | 23 | 1 |

| | Number (N) | Per cent (%) |
|--|------------|--------------|
| No. of applications received for assessment of a research project | 2895 | 100.0 |
| Applications for approval of a monocentre research project | 1940 | 67.0 |
| Applications for approval of a multicentre research project received as the lead ethics committee | 283 | 9.8 |
| Applications for assessment of a multicentre research project received as a local ethics committee | 672 | 23.2 |

⁶ Cf. Section 4

Table 5: Research project types, broken down by risk category

| | Number (N) | Per cent (row %) |
|---|------------|------------------|------------|------------------|------------|------------------|------------|------------------|
| No. of applications received for approval of a mono- or multicentre clinical trial (multicentre only as lead ethics committee) | 585 | 100.0 | | | | | | |
| | | | Category A | | Category B | | Category C | |
| Applications for approval of a mono- or multicentre clinical trial of medicinal products | 237 | 40.5 | 27 | 11.4 | 63 | 26.6 | 147 | 62.0 |
| Applications for approval of a mono- or multicentre clinical trial of medical devices | 148 | 25.3 | 113 | 76.4 | –* | –* | 35 | 23.6 |
| Applications for approval of a mono- or multicentre clinical trial of transplant products | 7 | 1.2 | 0 | 0.0 | 1 | 14.3 | 6 | 85.7 |
| Applications for approval of a mono- or multicentre clinical trial of gene therapy, or of genetically modified or pathogenic organisms | 1 | 0.2 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 |
| Applications for approval of a mono- or multicentre clinical trial of transplantation, in accordance with Chapter 3 ClinO | 0 | 0.0 | 0 | 0.0 | –* | –* | 0 | 0.0 |
| *Applications for approval of a mono- or multicentre clinical trial of another kind, in accordance with Chapter 4 ClinO | 192 | 32.8 | 172 | 89.6 | 20 | 10.4 | –* | –* |
| Number of applications received for approval of a mono- or multicentre research project involving measures for sampling of biological material or collection of health-related personal data from persons | 778 | 100.0 | 756 | 97.2 | 22 | 2.8 | –* | –* |

* not applicable

Types of project

Of the 2223 research projects submitted, 585 (26.3%) were clinical trials, 778 (35%) were non-clinical trial projects, and 837 (37.7%) were projects involving further use of biological material and/or health-related personal data. 23 applications (1%) related to research projects with deceased persons or embryos and fetuses from abortions and miscarriages, including stillbirths according to chapters 4 and 5 HRO.

In Table 5, the various types of research project are broken down by risk category. For example, of the 237 applications for clinical trials on medicinal products, 27 (11.4%) were assigned to Category A, 63 (26.6%) to Category B and 147 (62%) to Category C. In the case of clinical trials on medical devices, 113 (76.4%) of the 148 applications were assigned to Category A and 35 (23.6%) to Category C.

In Table 6, the applications received by each committee are broken down by type of research project. The committees are listed by the number of applications received, in ascending order. From this table, it is evident that the largest number of applications (837) concerned research projects involving biological material and/or health-related data (Chapter 3 of the Ordinance of 20 September 2013 on Human Research – HRO). The second-largest number (778) concerned research projects involving measures for sampling of biological material or collection of health-related personal data.

In the case of clinical trials, the largest number of applications (237) related to medicinal products. A much less significant role was played by applications concerning clinical trials on gene therapy, or transplantation in accordance with Chapter 3 ClinO. Applications for clinical trials of another kind totalled 192.

Tabelle 6: Type and number of applications for authorisation of a research project per ethics committee

| Number and type of applications received in 2016 | Total | | CE-TI | | EKOS | | CCER | | KEK-BE | | CER-VD | | EKNZ | | KEK-ZH | |
|---|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|
| | Number (N) | Per cent (row %) |
| No. of applications received for assessment of a research project | 2895 | 100.0 | 134 | 4.6 | 173 | 6.0 | 344 | 11.9 | 427 | 14.7 | 493 | 17.0 | 588 | 20.3 | 736 | 25.4 |
| Applications for approval of a monocentre research project | 1940 | 67.0 | 59 | 3.0 | 62 | 3.2 | 231 | 11.9 | 273 | 14.1 | 366 | 18.9 | 402 | 20.7 | 547 | 28.2 |
| Applications for approval of a multicentre research project received as the lead ethics committee | 283 | 9.8 | 17 | 6.0 | 28 | 9.9 | 26 | 9.2 | 59 | 20.8 | 30 | 10.6 | 59 | 20.8 | 64 | 22.6 |
| Applications for approval of a multicentre research project received as a local ethics committee | 672 | 23.2 | 58 | 8.6 | 83 | 12.4 | 87 | 12.9 | 95 | 14.1 | 97 | 14.4 | 127 | 18.9 | 125 | 18.6 |
| No. of applications received for approval of a mono- or multicentre research project (multicentre only as the lead ethics committee) | 2223 | 100.0 | 76 | 3.4 | 90 | 4.0 | 257 | 11.6 | 332 | 14.9 | 396 | 17.8 | 461 | 20.7 | 611 | 27.5 |
| Applications for approval of a mono- or multicentre clinical trial (multicentre only as the lead ethics committee) | 585 | 26.3 | 34 | 5.8 | 36 | 6.2 | 62 | 10.6 | 99 | 16.9 | 62 | 10.6 | 128 | 21.9 | 164 | 28.0 |
| Applications for approval of a mono- or multicentre clinical trial of medicinal products | 237 | 40.5 | 18 | 7.6 | 16 | 6.8 | 16 | 6.8 | 41 | 17.3 | 27 | 11.4 | 61 | 25.7 | 58 | 24.5 |
| Category A | 27 | 11.4 | 0 | 0.0 | 4 | 14.8 | 4 | 14.8 | 6 | 22.2 | 5 | 18.5 | 4 | 14.8 | 4 | 14.8 |
| Category B | 63 | 26.6 | 4 | 6.3 | 1 | 1.6 | 6 | 9.5 | 12 | 19.0 | 7 | 11.1 | 20 | 31.7 | 13 | 20.6 |
| Category C | 147 | 62.0 | 14 | 9.5 | 11 | 7.5 | 6 | 4.1 | 23 | 15.6 | 15 | 10.2 | 37 | 25.2 | 41 | 27.9 |
| Applications for approval of a mono- or multicentre clinical trial of medical devices | 148 | 25.3 | 5 | 3.4 | 8 | 5.4 | 17 | 11.5 | 33 | 22.3 | 10 | 6.8 | 24 | 16.2 | 51 | 34.5 |
| Category A | 113 | 76.4 | 5 | 4.4 | 7 | 6.2 | 15 | 13.3 | 23 | 20.4 | 8 | 7.1 | 18 | 15.9 | 37 | 32.7 |
| Category C | 35 | 23.6 | 0 | 0.0 | 1 | 2.9 | 2 | 5.7 | 10 | 28.6 | 2 | 5.7 | 6 | 17.1 | 14 | 40.0 |
| Applications for approval of a mono- or multicentre clinical trial of transplant products | 7 | 1.2 | 1 | 14.3 | 0 | 0.0 | 1 | 14.3 | 0 | 0.0 | 3 | 42.9 | 0 | 0.0 | 2 | 28.6 |
| Category A | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category B | 1 | 14.3 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category C | 6 | 85.7 | 1 | 16.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 3 | 50.0 | 0 | 0.0 | 2 | 33.3 |
| Applications for approval of a mono- or multicentre clinical trial of gene therapy, or of genetically modified or pathogenic organisms | 1 | 0.2 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category A | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category B | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category C | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Applications for approval of a mono- or multicentre clinical trial of transplantation, in accordance with Chapter 3 ClinO | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category A | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Category C | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Applications for approval of a mono- or multicentre clinical trial of another kind, in accordance with Chapter 4 ClinO | 192 | 32.8 | 10 | 5.2 | 12 | 6.3 | 28 | 14.6 | 24 | 12.5 | 22 | 11.5 | 43 | 22.4 | 53 | 27.6 |
| Category A | 172 | 89.6 | 9 | 5.2 | 11 | 6.4 | 26 | 15.1 | 19 | 11.0 | 20 | 11.6 | 39 | 22.7 | 48 | 27.9 |
| Category B | 20 | 10.4 | 1 | 5.0 | 1 | 5.0 | 2 | 10.0 | 5 | 25.0 | 2 | 10.0 | 4 | 20.0 | 5 | 25.0 |
| Number of applications received for approval of a mono- or multicentre research project involving measures for sampling of biological material or collection of health-related personal data from persons | 778 | 35.0 | 23 | 3.0 | 31 | 4.0 | 112 | 14.4 | 109 | 14.0 | 176 | 22.6 | 155 | 19.9 | 172 | 22.1 |
| Category A | 756 | 97.2 | 23 | 3.0 | 31 | 4.1 | 109 | 14.4 | 107 | 14.2 | 171 | 22.6 | 150 | 19.8 | 165 | 21.8 |
| Category B | 22 | 2.8 | 0 | 0.0 | 0 | 0.0 | 3 | 13.6 | 2 | 9.1 | 5 | 22.7 | 5 | 22.7 | 7 | 31.8 |
| Applications for approval of a mono- or multicentre research project involving biological material and/or health-related data (Chapter 4 HRO, incl. research projects approved in accordance with Art. 34 HRA) | 837 | 37.7 | 19 | 2.3 | 23 | 2.7 | 75 | 9.0 | 123 | 14.7 | 156 | 18.6 | 170 | 20.3 | 271 | 32.4 |
| Applications for approval of a mono- or multicentre research project involving deceased persons or embryos and fetuses from induced abortions and from spontaneous abortions including stillbirths, in accordance with Chapters 4 and 5 HRO | 23 | 1.0 | 0 | 0.0 | 0 | 0.0 | 8 | 34.8 | 1 | 4.3 | 2 | 8.7 | 8 | 34.8 | 4 | 17.4 |

Table 7: Number of decisions per procedure type and ethics committee

| Details of procedures | Total | | CE-TI | | EKOS | | CCER | | KEK-BE | | CER-VD | | EKNZ | | KEK-ZH | |
|--|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|
| | Number (N) | Per cent (row %) |
| Number of plenary committee meetings | 109 | 100.0 | 12 | 11.0 | 9 | 8.3 | 12 | 11.0 | 22 | 20.2 | 17 | 15.6 | 12 | 11.0 | 25 | 22.9 |
| No. of decisions made under the regular procedure (Art. 5 OrgO-HRA) | 380 | 14.9 | 68 | 51.1 | 15 | 9.4 | 26 | 10.4 | 65 | 20.4 | 52 | 10.5 | 72 | 15.6 | 82 | 11.1 |
| No. of decisions made under the simplified procedure (Art. 6 OrgO-HRA) | 1647 | 64.6 | 53 | 39.8 | 57 | 35.8 | 212 | 84.8 | 239 | 74.9 | 310 | 62.9 | 343 | 74.4 | 433 | 58.8 |
| No. of decisions made by the chair (Art. 7 OrgO-HRA) | 524 | 20.5 | 12 | 9.0 | 87 | 54.7 | 12 | 4.8 | 15 | 4.7 | 131 | 26.6 | 46 | 10.0 | 221 | 30.0 |
| Total no. of initial decisions made | 2551 | 100.0 | 133 | 100.0 | 159 | 100.0 | 250 | 100.0 | 319 | 100.0 | 493 | 100.0 | 461 | 100.0 | 736 | 100.0 |

Table 8: Median processing time per procedure and ethics committee (incl. number of days needed by applicant to comply with any subsequent requests)

| | Total | CE-TI | EKOS | CCER | KEK-BE | CER-VD | EKNZ | KEK-ZH |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| Processing times for applications in 2016 (median no. of days) | Median |
| Time from receipt of application to confirmation of completeness | 7 | 7 | 3 | 5 | 5 | 5 | 6 | 36 |
| Time from confirmation of completeness to initial decision (approval, approval subject to conditions/requirements or rejection) for monocentre studies | 17 | 24 | 15 | 24 | 16 | 20 | 19 | 13 |
| Time from confirmation of completeness to initial decision (approval, approval subject to conditions/requirements or rejection) for multicentre studies (only as lead EC) | 22 | 40 | 23 | 27 | 22 | 25 | 22 | 15 |

Types of procedure

Depending on the particular research project, the ethics committees use different types of assessment procedure – the regular (plenary), simplified (three-member subcommittee), or presidential procedure (decision made by the chair alone).

The type of procedure thus depends on the type of project and the risk category. Table 7 provides a comparative overview of the number of decisions made by each ethics committee, broken down by type of procedure: altogether, 1647 (64.6%) decisions were made under the simplified procedure, 524 (20.5%) by the chair, and 380 (14.9%) under the regular procedure.

The total number of assessment procedures triggered within local or lead committees in 2016 (2895) differs from the number of decisions made in that year (2551) since the period from submission of an application to decision may extend over two calendar years (submission in 2015, decision in 2016/submission in 2016, decision in 2017).

The median time taken by each ethics committee to process applications is shown in Table 8.

Assessment of the conduct of research projects

The conduct of research projects is regulated in particular with regard to researchers' obligations to notify and inform the ethics committees and other supervisory bodies. In addition, the legislation provides for measures for the protection of persons participating in research projects. Significant changes to ongoing projects must be submitted to the ethics committees for approval before they can be implemented. If the safety or health of the persons concerned is at risk, the ethics committee may revoke or suspend the authorisation granted.

Participation in Swissmedic inspections

Apart from the Ticino committee, all the committees participated in at least one inspection of research institutions performed by Swissmedic. The Vaud committee was involved in one, Geneva in three and Zurich in eleven inspections. The Eastern Switzerland committee took part in three inspections, including the initial and final discussions. The Bern committee and the Northwestern and Central Switzerland committee were each involved on one occasion in the discussions concluding an inspection.

During one inspection, the Zurich committee was invited to express an opinion concerning compensation for patients in a Phase I study. In Eastern Switzerland, additional exchanges concerning specific ethical aspects were required in the course of a Phase I study.

Other monitoring measures

The Northwestern and Central Switzerland committee, as in previous years, carried out six audits of research projects selected at random. In each case, the audits, involving two members of the ethics committee, lasted half a day. A report was subsequently sent to the principal investigator, with a copy to the hospital director. The committee notes that these audits – irrespective of the outcome – lead to an improved understanding between the investigator and the ethics committee.

The Geneva committee, as in the 2015 annual report, notes the lack of resources available for monitoring ongoing research projects. In the year under review, there was no improvement in this situation, as demonstrated by the “Langerhans islets affair”.⁷ The committee fulfils its primary duty of assessing the projects submitted; however, it lacks the resources that would be required to monitor the conduct of authorised projects. To support its claims, the committee points out that – with around 600 projects ongoing in Geneva – if each project had to be inspected by the committee every three years, then 200 inspections would be required per year. Experience has shown that inspections of this kind involve two to three days’ work – i.e. a total of roughly 500 working days. This would correspond to 2.5 full-time equivalents, in addition to the current total of 3.4 FTEs. Thus, given the lack of personnel, the Geneva committee cannot fully discharge its legal mandate.

Researchers are obliged to report to ethics committees any unusual security and protective measures that become necessary during a project for the purpose of immediately averting danger. If the safety or health of persons involved is at risk, the ethics committee may revoke or suspend the previously granted authorisation or impose additional conditions for the continuation of the research project.

All seven committees indicated that they had not received any reports regarding any unusual security or protective measures in 2016. The Vaud ethics committee has, however, ordered corrective measures following a protocol deviation that was reported by the sponsor.

Within the scope of its review obligation, the ethics committee for Northwestern and Central Switzerland suspended a study with immediate effect (see chapter “Unusual incidents”, below). The other committees stated that they had not revoked or suspended any approvals or made continuation of any research project contingent on certain conditions.

Ethics committees’ comments

Ticino

For the year under review, the Ticino committee reports a slight increase in the number of applications, with 134 submitted in 2016 compared to 133 the previous year. In 57% of all applications, several ethics committees were involved. For 17 projects, the Ticino committee served as the lead ethics committee. All applications were processed within the legally specified periods.

Particular mention is made of the assessment of research projects in which human cells are implanted in animals. As the donation of biological material is not generally associated with animal experiments, special information requirements apply in such cases. Accordingly, research projects of this kind should be subjected to an in-depth assessment.

The committee welcomes the development of general consent at the national level under the aegis of swissethics and the Swiss Academy of Medical Sciences (SAMS). However, this will not be implemented at the hospital level until a final document is available.

Eastern Switzerland

A total of 173 projects were submitted in 2016; the numbers of projects assessed and approved were thus largely unchanged from the previous years. The slight decrease in clinical trials is within the range of normal variation. One application had to be rejected as a result of scientific/statistical deficiencies and inadequate qualifications on the part of the investigators. In addition, there were seven determinations of responsibility.

All applications were processed within the prescribed periods, with processing times similar to those in the previous year. In 2016, there were also discussions with an investigator and the sponsor’s representative concerning the need to address recurrent issues with the submission of applications for studies. Thanks to closer supervision, this problem was resolved to the satisfaction of all parties.

Geneva

Altogether, 344 applications were submitted in 2016, representing an increase of 11% over 2015 and around 20% over 2014. The committee points out that these figures should not, however, be overinterpreted, as there have also been improvements in the data with the introduction of BASEC. But there is no question that the volume of work has increased – with no change in personnel resources. The median processing time was 24 days. In some cases, the legal limit of 30 days was exceeded. This was mostly due to holiday-related absences in the summer and winter.

Bern

The number of applications processed by the Bern committee (427) was slightly higher than in the previous year. Two applications were rejected on account of inadequate scientific quality and inappropriate methods; 18 did not fall within the scope of the Human Research Act. With meeting frequency and staff numbers remaining constant, applications – with the exception of multicentre studies – were processed as quickly in 2016 as in the previous year. The decision period in the case of multicentre studies was longer because – in contrast to the previous year – decisions were not taken until all opinions were available from the ethics committees concerned. A special feature of studies involving children at the Inselspital is that they have to be assessed in advance by the Children’s Hospital Ethics Committee. This committee’s decisions have the character of recommendations.

Vaud

In 2016, the number of applications was largely unchanged from the previous year, with a slight drop in applications for clinical trials on therapeutic products. Of all the projects submitted, two were rejected, owing to an inadequate scientific basis and ethical concerns, respectively. Applications were processed within the specified period and with the same average time as in 2015 – partly thanks to the newly introduced BASEC portal.

The most striking difference compared to the previous year was the increase in the number of projects for which the application was dismissed following an initial assessment. An increase was also noted in the number of determinations of responsibility. In total, the scientific secretariat dealt with 300 telephone enquiries and twice that number of e-mails in 2016; these were frequently enquiries concerning responsibility.

Northwestern and Central Switzerland

The number of projects assessed and approved has risen substantially in the last two years. The ratio of clinical/non-clinical trial applications does not vary to a significant degree. Altogether, the committee made 461 decisions on applications for research projects. These included two rejections, which were not challenged. The reasons for rejection of projects were, in one case, inadequate scientific quality and, in the other, an unacceptable risk/benefit ratio. Overall, processing times were successively reduced compared to previous years, and the median times are within the legally specified periods. This gratifying trend is attributed to improvements in the allocation of work and dedicated efforts by all parties.

The committee notes that the effort involved in processing an application can vary considerably and is very difficult to estimate. However, the total workload has clearly increased and staffing levels are barely adequate; additional staff are thus urgently required both in the administrative and in the scientific area.

Zurich

Altogether, 736 applications were received in 2016, representing a marked increase (nine per cent) over the previous year. This increase can be attributed to the higher year-on-year number of research projects in accordance with the Human Research Ordinance (HRO; collection of data/sampling of biological material or further use thereof). The number of clinical trials remained at a comparable level. A total of 14 projects were rejected; of the two which were re-examined, one was ultimately approved. Of the 13 projects for which authorisation was not granted, 12 were rejected on account of serious methodological deficiencies.

⁷ Cf. Section 2.3.1

While the period specified for the processing of multicentre projects was complied with, the limit for assessments of monocentre projects was exceeded. This was due primarily to a reorganisation of the committee's office and positions remaining unfilled in the scientific secretariat, leading to a temporary backlog in the processing of applications. The backlog had been eliminated by the end of the year, and since the fourth quarter of 2016 all applications have again been processed within the specified period.

In addition, the Zurich committee received 230 enquiries concerning the need for authorisation and issued 208 declarations of non-responsibility or acceptability. In 2016, the committee also granted the University Children's Hospital seven authorisations for bone marrow donations under Art. 13 para. 2 of the Transplantation Act.

Notable events

Langerhans islets affair

In its annual report, the Geneva committee refers to the "Langerhans islets affair".⁸ This relates to the transplantation of insulin-producing pancreatic islet cells, which are obtained from donors and transplanted to patients with severe diabetes for therapeutic purposes. Sometimes, however, after being isolated, islet cells prove to be unsuitable for transplantation. In such cases, the laboratory responsible for islet transplantation at Geneva University Hospital made the islet cells available to its researchers. In 2005, this practice was approved for a period of three years by the ethics committee responsible at that time for the Department of Surgery; however, this restriction was not observed, either by the original committee or by the researchers.

In 2016, doubts were expressed about the legitimacy of this procedure: donors or relatives consented to the transplantation of islet cells, but not to their use for research purposes. The responsible State Councillor ordered that the procedure should be suspended. In addition, the Head of the Transplantation Division was accused of financial irregularities and destruction of evidence. A criminal investigation is underway.

In its report, the Geneva committee notes that it does not generally review authorisations granted at an earlier date, as it lacks both the resources and the legal basis to do so. In addi-

tion, financial monitoring is not part of its supervisory function. An application submitted at the end of November 2016 for a reassessment of the use of islet cells for research purposes was discussed at two meetings of the ethics committee (held on 6 and 20 December 2016) and was approved, as the ethical, legal and scientific requirements of the HRA were deemed to be met.

According to the Geneva committee, this case highlights two problems: firstly, for lack of resources, it is not possible for all research projects to be monitored by the ethics committee; secondly, the authorisation originally granted in 2005 for a three-year period by the then-responsible ethics committee was never extended. Within the legal framework of the HRA, it remains unclear who is to assume responsibility for a research project authorised by an ethics committee that no longer exists. It may be assumed, however, that thanks to BASEC, it will no longer be possible for a time limit placed on an authorisation to be overlooked, as in the present case.

Whistle-blower case

The Northwestern and Central Switzerland committee refers to a whistleblower case – based on an internal Medical Faculty report – which triggered an investigation conducted in cooperation with the University authorities. In this connection, a study was subsequently suspended with immediate effect. The investigation has been completed, and the report has been forwarded to the State Councillor and the University. At the time of writing, their decisions were outstanding.

Researcher reported to criminal investigation authorities

In 2016, the Zurich committee reported a researcher to the criminal investigation authorities. However, the case was not pursued by the Zurich Public Prosecutor's Office, as it did not involve a specific danger to health.

Other activities

While assessment and authorisation procedures are the ethics committees' main activities, they also provide other services. As noted in the committees' reports, demand for advisory services in particular has increased in recent years. Appeals procedures, external training and mutual exchanges are also discussed in this section.

Appeals procedures

Most of the committees report that no appeals occurred in 2016. In Bern, an appeal was lodged against the committee's fees, but this was rejected in March. This committee also reports a general decline in appeals; for this reason, the KEK Sounding Board, which was established in January 2014, no longer meets on a quarterly basis. In Zurich, a procedure appealing against the revocation of a project authorisation was completed in April 2016. The researcher's appeal was accepted by a decision of the State Council.

Advice for researchers

The ethics committees report an increase in advisory activities compared to the previous year. Telephone and e-mail enquiries and personal consultations accounted for a greater proportion of their workload; frequently, enquiries concerned the practicalities of submitting and revising applications. The committees also reported numerous determinations of responsibility, received via BASEC. The Vaud committee reports around twenty discussions with researchers concerning ongoing and planned projects. These are appreciated by both sides as a way of identifying and avoiding common problems in advance.

Enquiries addressed to the Zurich committee mainly concerned the design of research projects, documentation requirements, clinical trials in emergency situations, the assessment of various institutions' general consent and biobank regulations, as well as the procedure to be adopted following the rejection of applications. The Northwestern and Central Switzerland committee notes that discussions with researchers rarely focus on ethical questions, and that any contentious matters can be rapidly resolved.

Events

Each year, a number of ethics committees organise local training events for interested researchers, where topical research issues are discussed both with committee members and with researchers. In 2016, Aysim Yilmaz of the Swiss National Science Foundation gave a presentation on "Academic clinical research" for the Ethics Committee of Eastern Switzerland. The Vaud committee holds monthly "HRA Lunch" events, providing an opportunity for informal discussions. These one-hour events are attended by around 20 people. The chair is also involved in the University Hospital's GCP course. Zurich committee staff were invited to give presentations on ethical questions at ten externally organised events for researchers. The Northwestern and Central Switzerland committee regularly assumes responsibility for the "Ethics" module of the Basel CTU's GCP courses. In St Gallen, these courses are also led by experts from the Eastern Switzerland committee.

Other areas

The cantonal committees maintain close mutual contacts, which were further intensified in 2016. There are also regular meetings of the scientific secretariats and committee chairs. Effective exchanges also take place with the umbrella organisation swissethics, and with partners such as the Federal Office of Public Health, universities, hospitals and the Swiss Academy of Medical Sciences. The committees thus believe that good progress is being made with their harmonisation.

The Ticino committee, together with the Cantonal Pharmacist, maintains Switzerland's only cantonal registry of healthy subjects participating in research projects. In 2016, a total of 346 people took part in studies offering no direct therapeutic benefit, of whom just 50 (14.5%) took part in two studies and 2 (0.6%) in three. According to the committee, these figures do not support the idea of a "professional volunteering" trend.

The Zurich committee supported one student writing his medical Master's thesis. The Vaud committee supervised a Master's thesis investigating the reasons for termination of drug trials.

8 http://ge.ch/sante/media/site_sante/files/imce/ccer/doc/2017_02_01_bulletin_5_ilots.pdf

3 Ethics committees' conclusions and outlook

This section reproduces the seven ethics committees' reflections on the year 2016, including any difficulties encountered and the extent to which their goals were achieved. The extracts from the various committees' conclusions and outlook make no claim to completeness and are not reproduced verbatim.

Ticino

In 2016, the requirements of the Human Research Act, which has been in force since 2014, were met without any difficulty. All the prescribed time limits were complied with, and there were no complaints from researchers or other stakeholders. The introduction of the BASEC portal was well received by all partners.

With regard to the further use of biological material and health-related personal data, efforts should continue to be made to ensure that researchers do not benefit at the expense of patients. Accordingly, the Ticino ethics committee recommends that general consent for research projects involving samples and data should be adopted in the near future.

Eastern Switzerland

The year under review saw the establishment of the Ethics Committee of Eastern Switzerland (EKOS), which commenced operations on 1 June 2016. The focus initially was on ensuring an appropriate distribution of the required disciplines and reducing the number of members. By the end of the year, positive results had been achieved. Since the new Human Research Act came into force three years ago, the required processes and framework have been well established. The core team is functioning effectively and operations are largely running smoothly.

As well as stabilising processes and operating procedures, the EKOS will continue to address the tensions existing between regulation and legal requirements, and promote human research with due consideration for ethical aspects. The aim is to facilitate what is right and make good decisions. Another priority is the education and training of members – so as to ensure the long-term quality of the committee's work. Lastly, national harmonisation will remain a key aspect in 2017: the decisions of all Switzerland's cantonal ethics committees are to become increasingly comparable and transparent.

Geneva

For the Geneva ethics committee, the introduction of BASEC was a key milestone in 2016. Aside from the occasional outage, the system facilitates cooperation and optimises administrative activities, and the project can be judged a success. In 2016, as in 2015, the volume of applications again rose, which was particularly noticeable in connection with multicentre projects, where several ethics committees are involved. The increased workload resulting from the higher number of applications was partly offset by the increased efficiency of the secretariat. In addition, regular surveys indicate that contacts with the secretariat are very highly rated.

Bern

In the third year after the introduction of the Human Research Act, the committee's activities have become routine. While the number of applications rose slightly compared to 2015, this did not significantly affect the effort required – despite staff levels, the number of committee members and meeting frequency all remaining unchanged. Prescribed processing periods were also complied with. In addition, as mentioned above, the number of Sounding Board meetings was reduced following a decrease in appeals from applicants. The Sounding Board was established in January 2014 to deal with the feedback expected at that time.

From April 2017, the Bern committee will be assuming responsibility for German-language applications from the cantons of Fribourg and Valais; this should be readily manageable, given the expected number of additional applications.

Vaud

For the Vaud committee, 2016 was marked by the introduction of the BASEC portal. The new system functioned smoothly and optimised the processing of applications and collaboration with other ethics committees, in both qualitative and organisational terms. The launch was accompanied by a reallocation of tasks. In addition, the Vaud committee sought to promote the harmonisation of documents and procedures among the ethics committees.

As regards personnel changes, a second vice-chair and a new member of the scientific secretariat joined the committee on 1 January 2017. In the course of the year, the administrative secretariat's staff is to be reduced by half of a full-time position. The Vaud committee takes the view that the Human Research Act needs to be amended in order to safeguard the quality of Switzerland as a location for human research. It is thus supporting the efforts of swissethics and the relevant working group to secure amendments to the Act and the associated Ordinances.

Northwestern and Central Switzerland

Enforcement of the Human Research Act – which has been in effect for three years – was largely achieved by the Northwestern and Central Switzerland committee. The goal was to comply with all the legally specified time limits, which was achieved thanks to major efforts. However, this will continue to require substantial efforts and organisational measures. At the beginning of 2016, for quality assurance purposes, the committee conducted an anonymous survey of researchers, so as to evaluate the committee's activities. Here, the applicants were asked to rate their satisfaction with deadline compliance, availability, expertise, friendliness, communication, service quality, comprehensibility of decisions, and fees. Responses were received from 189 of 490 applicants – a response rate of around 39%. In general, the applicants' feedback was positive; however, fees – especially for HRO projects – were criticised by the respondents.

For 2017, the Northwestern and Central Switzerland committee has set itself the goal of consistently complying with legal time limits and developing the Standard Operating Procedures (SOP) which are still lacking. In addition, the committee will seek to raise awareness of topics such as big data and digitisation. Administrative/organisational tasks will also be addressed, such as the appointment of a new chair and the search for new premises to relieve the shortage of working space. At the national level, harmonisation will continue to be supported through existing projects. These include visits to cantonal ethics committees by swissethics and individual assessment of selected projects by all the ethics committees, to ensure quality assurance in accordance with the legal status of an authorisation authority.

Zurich

In 2016, the committee's office was reorganised, leading to changes in personnel. Although the vacancies were filled, a backlog arose in the processing of applications, which was eliminated by the end of the year. Newly introduced processes and operating standards facilitated consistent and risk-adapted assessment practices, contributing to a significant increase in efficiency in the year under review. A good example was the harmonised assessment of studies involving further use of data. In addition, the intranet has established itself as an important tool for committee members. The committee developed internal assessment guidelines on various topics (questions of demarcation, assessment of amendments, research involving healthy children, research involving deceased persons, etc.). Lastly, at the end of 2016, a cantonal ethics committee mission statement was developed, which was adopted at the beginning of 2017.

For 2017, the Zurich committee aims to consolidate its optimised deadline management and develop further ethically oriented assessment guidelines. In addition, standards are to be developed which are binding both for researchers and for the ethics committees. Within the committee, efforts to digitise working procedures will be vigorously pursued.

4 Other supervisory authorities

This section gives the other supervisory authorities an opportunity to report on the previous year and thus inform the public about their activities.

Swissmedic

Swissmedic – the Swiss Agency for Therapeutic Products (i.e. medicinal products and medical devices) – is based in Bern. Its responsibilities include authorising medicinal products, licensing manufacturing facilities and monitoring production operations. The following information on clinical trials with medicinal products and transplant products is taken from the 2016 Annual Report.⁹

Clinical trials with medicinal products

Clinical trials are used to systematically gather information on medicinal products when used in humans. Swissmedic verifies whether the quality and safety of the test product are guaranteed. For clinical trials on therapeutic products in category B or C, researchers must obtain authorisation from the responsible ethics committee and from Swissmedic.

Activities

- Swissmedic received 206 applications for clinical trials in 2016. Only 199 of these applications could be processed, as the rest were either incomplete or fell outside the remit of the Clinical Trials division. In total, 185 clinical trials were approved, including 45 in category B and 140 in category C. Five of the applications in the latter category concerned a first-in-human trial. Three clinical trials were rejected and four were withdrawn by the sponsor during evaluation. The other applications were still being processed at the end of 2016.
- In general, as products have become more complex, the time taken to process dossiers has also increased.
- Swissmedic processed 2990 other requests or notifications relating to clinical trials on medicinal products (amendments during the course of clinical trials, end-of-trial notifications, Annual Safety Reports, End-of-trial Reports), as well as 89 reports of suspected unexpected serious adverse reactions (SUSAR).
- Swissmedic continued to work with the Federal Office of Public Health and swissethics. It took part in four meetings organised by kofam. These mainly concerned efforts to coordinate and harmonise the interpretation of certain legal provisions.

Clinical trials with transplant products (TpP), medicinal products for gene therapy (GT) and genetically modified organisms (GMO)

- As regards TpP/GT/GMO products, nine applications for authorisation were submitted to Swissmedic, five of which concerned in vivo or ex vivo gene therapy-based products. Increasing complexity was noted not only in the products, but also in the severity of the intended indications, which included cancer and multiple sclerosis. The procedures for four of these applications were completed in 2016.
- In addition, 57 amendments to authorised clinical trials were submitted, 52 of which were completed. Most of these were substantial amendments requiring scientific assessment.
- Twelve scientific advice meetings were conducted with stakeholders in relation to TpP/GT/GMO clinical trials.
- There was a significant increase in the reporting of adverse reactions to TpP/GT/GMO products following an active information campaign aimed at the relevant stakeholders.

GCP and GVP inspections

Swissmedic inspects clinical trials carried out by sponsors and contract research organisations, as well as facilities and laboratories, on a random basis for compliance with the rules of Good Clinical Practice (GCP). The primary aim is to ensure the safety and privacy of study participants. Checks are also carried out to establish whether the clinical trials satisfy the scientific criteria for quality and integrity.

Pharmacovigilance inspections (Good Vigilance Practice, GVP) are designed to examine compliance with the legally prescribed mandatory reporting of adverse drug reactions in clinical trials, as well as spontaneous reports.

Activities

- In 2016, Swissmedic conducted 24 GCP inspections in connection with clinical trials on medicinal products in Switzerland.
- Swissmedic carried out eight GVP inspections in Switzerland.
- Within the framework of the Pharmaceutical Inspection Convention/Cooperation Scheme (PIC/S), Swissmedic participated in one GCP inspection programme and two GVP inspection programmes, accompanying three GVP inspections in Italy, Sweden and the UK. One of the 24 GCP inspections conducted in Switzerland was part of the PIC/S programme.
- Swissmedic's GCP/GVP inspectors again participated in the EMA's Inspectors Working Groups.
- One GCP/GVP inspector participated as the Swiss representative in the revision of the ICH (International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use) E6 GCP Guideline. The revised version, ICH E6(R2), was adopted by the ICH Assembly in November 2016.
- In the area of clinical trials with transplant products or gene therapy, four GCP inspections were conducted.

Clinical trials with medical devices

Swissmedic approves and monitors clinical investigations of medical devices for human use if the products or the intended uses are not yet CE certified. Planned investigations of this type have been subject to mandatory approval since 1 January 2014. During the investigations, Swissmedic monitors incidents for which reporting is mandatory, such as serious events and reports on the safety of the participants.

Swissmedic may inspect investigators, sponsors and contract research organisations throughout Switzerland, and records notifications and measures from Switzerland in EUDAMED. Swissmedic also takes part in the drafting of international guidelines and training events with a view to enhancing their implementation.

Activities

- The number of applications for investigations with medical devices that are not yet authorised for the market fell by around 10% to 34 in 2016.
- Six ongoing clinical investigations were inspected in 2016.

Performance indicator

Approval of clinical investigations: the proportion assessed within the prescribed 30- or 60-day period was 97% (exceeding the target of 95%).

FOPH: Transplantation and Reproductive Medicine

The FOPH Transplantation and Reproductive Medicine (TRM) Section is involved in the authorisation procedure for Category C clinical trials on transplantation (Art. 36 para. 1 Transplantation Act and Chapter 3 ClinO). In 2016, no new applications were submitted, and thus no new studies were authorised. In one ongoing study, three amendments not subject to mandatory authorisation were notified, and the opening of three centres was reported. As regards other notifications concerning ongoing projects, the TRM Section received one annual safety report for 2015 and two annual safety reports for 2016.

FOPH: Radiological Protection

The FOPH Radiological Protection Division is involved in the authorisation procedure in special cases, i.e. for Category C clinical trials on therapeutic products capable of emitting ionising radiation. In addition, the Division prepares an opinion for the ethics committee if, in the case of planned concomitant investigations involving radiation sources, the effective dose per person is more than 5 mSv per year and the interventions in question are not routine nuclear medical examinations using authorised radiopharmaceuticals.

In 2016, the Radiological Protection Division delivered opinions to Swissmedic in the case of five Category C clinical trials. For seven ongoing clinical trials on radiopharmaceuticals, opinions on requested amendments were delivered to Swissmedic.

In addition, there were two opinions on concomitant investigations involving radiation sources, as well as around 30 enquiries concerning radiopharmaceuticals or medical devices which did not necessitate opinions. Most of these enquiries related to the regulations concerning concomitant investigations involving radiation sources in accordance with Art. 28 ClinO.

All opinions were delivered within the specified deadline.

⁹ <https://www.swissmedic.ch/ueber/00134/00441/00445/00568/index.html?lang=en>

5 swissethics

The Association of Swiss Ethics Committees on research involving humans (swissethics) is the ethics committees' national umbrella organisation. Organised as an association¹⁰, its members are all the cantonal/regional ethics committees recognised in Switzerland. Its core responsibilities include ensuring that the provisions of federal legislation on human research are consistently applied and representing its members vis-à-vis authorities, industry and other institutions involved in research.

In 2016, swissethics made further progress in its main areas of responsibility. Harmonisation efforts were boosted, in particular, by the use of the online BASEC portal. In addition, authorisation practice in human research was further harmonised. In this regard, the development of a standard decision letter marked an important advance. The revised letter is available in all the official languages.¹¹

In cooperation with the Swiss Academy of Medical Sciences (SAMS), swissethics has developed a template for general consent.¹² This should facilitate standard practice in obtaining consent from patients for further use of data and samples for future research projects. It will thus improve the framework for biomedical research projects involving further use of biological material and/or health-related personal data.

On 1 September 2016, swissethics was requested by the Federal Office of Public Health to develop a harmonised training and continuing education concept. In autumn 2016, as part of an analysis of the current situation, an online survey of members was conducted. In addition, swissethics is responsible for the recognition of Good Clinical Practice course providers: in 2016, 13 GCP courses were recognised, including seven investigator-level and five sponsorinvestigator-level courses.

Collaboration and finances

As regards organisational matters, the focus in 2016 was on the development of the new office in Bern. On 9 June 2016, revised by-laws were adopted by the members' assembly, regulating responsibilities for the activities of swissethics.

The swissethics office was fully financed by the cantons. The audit of the annual accounts confirmed that the accounts for 2016 had been correctly prepared.

Since December 2016, swissethics has represented the cantonal ethics committees at meetings with the Federal Office of Public Health and Swissmedic. swissethics is also represented on the advisory boards of the Swiss Clinical Trial Organisation (SCTO) and the Swiss Biobanking Platform (SBP), and in the ELSI (ethical, legal and social issues) Working Group of the Swiss Personalized Health Network (SPHN).

Conclusions and outlook

As far as the regulatory framework permits, swissethics has sought to make value-based and ethically sound decisions concerning human research. Under the heading of ELSI (ethical, legal and social issues), swissethics will continue to contribute to the national debate on the conflicting interests of individuals and society. Discussions on biobanks or personalised medicine, for example, reveal the existence of regulatory gaps which should be filled with the aid of an ethical dialogue.

In 2017, the main activities – besides further harmonisation efforts – will include the development of a process understanding of the members' working methods and the evaluation of the scope of enforcement of the Human Research Act (HRA). The HRA working group was established in 2016 with the aim of developing proposals for amendments to the HRA from the ethics committees' perspective. Further details on swissethics can be found in the Annual Report (available in French/German).¹³

6 Coordination Office for Human Research

The Coordination Office for Human Research (kofam) has two key responsibilities – firstly, informing the public about the work of the supervisory authorities and, secondly, coordinating their activities. It therefore holds regular meetings where enforcement issues can be discussed and solutions jointly sought. These meetings are attended by representatives of the ethics committees and Swissmedic, and, if necessary, by staff from the Radiological Protection Division or Transplantation Section of the FOPH. Three meetings of this kind took place in 2016.

Compared to the period immediately after the entry into force of the new Human Research Act, queries decreased in 2016 or were resolved bilaterally between the authorities concerned. This is one of the reasons why the format and programme for discussion meetings were adjusted from November 2016: at the request of swissethics, these meetings are now attended by fewer representatives of the individual ethics committees.

In 2016, kofam identified education and training as a priority area. This is essential for harmonised collaboration among the ethics committees and for the quality of the work done. To date, most courses have been organised at the cantonal or local level; kofam therefore requested swissethics to develop a national education and training concept.

Website and clinical trials registry

With its website www.kofam.ch, the Coordination Office has created a portal for human research in Switzerland. It is addressed both to researchers and to the general public and focuses deliberately on multimedia content. For example, researchers can use an interactive tool to determine whether their project is a clinical (or non-clinical) trial and how it is to be categorised.

In 2016, kofam answered numerous enquiries from researchers and laypeople. These frequently concerned procedures for the registration of trials and opportunities for participating in clinical trials.

The website also incorporates the Swiss National Clinical Trials Portal (SNCTP), where – for reasons of transparency – researchers are required to register and publish details of their clinical trials in advance. This public registry makes it possible to search for ongoing and completed clinical trials in Switzerland.

Since January 2014, around 1,000 clinical trials have been entered in the SNCTP. Thanks to the integration of the WHO's International Clinical Trials Registry Platform¹⁴ SNCTP users can search over 7,500 entries on clinical trials which are currently being or have been conducted in Switzerland.

Conclusions and outlook

In 2016, kofam's priorities were the organisation and adaptation of discussion meetings, the preparation of summary reports for 2014 and 2015, the development of guidelines for the preparation of ethics committee reports, and public information activities. Efforts to improve the SNCTP were also initiated in 2016.

Exchanges and meetings with swissethics were intensified, especially in order to demarcate the activities of swissethics and kofam, and to define the goals of the mandate for the education and training concept.

In the future, kofam will continue to focus on providing information for the public and for researchers. It has also set itself the goal of being able, in 2017, to provide data for the first time on the number and type of human research projects approved (or rejected) in Switzerland; the figures published to date have related only to applications submitted. In addition, kofam will be involved in the legally prescribed evaluation of the HRA. Here, the emphasis will increasingly be placed on discussions with research representatives and institutions, and kofam – as the supervisory authorities' coordination office – will itself be subject to evaluation.

¹⁰ By-laws (in German): swissethics.ch/doc/swissethics/StatutenSwissethics_d.pdf

¹¹ www.swissethics.ch/templates_e.html

¹² www.samw.ch/de/Ethik/Forschungsethik/Vorlage-GK.html

¹³ http://www.swissethics.ch/index_e.html

¹⁴ <http://www.who.int/ictrp/en/>

In 2017, the search function of the SNCTP will be further optimised so as to improve searches for ongoing and completed clinical trials, as well as the usability of the portal.

From the perspective of kofam, the application for the first time of the guidelines for the preparation of ethics committee reports¹⁵ has led to an increase in content and relevant information on the individual ethics committees. The process of actively requesting information on relevant topics means that ethics committee data can be collated and compared. The fact that all the ethics committees consider BASEC to be an effective and user-friendly tool, which also facilitates collaboration between the committees, is seen as a positive step in the harmonisation of authorisation processes. While kofam recognises that the ethics committees' communication and decision-making has been simplified by the creation of a swissethics office, this does not mean that there is no longer any need for direct exchanges with ethics committee members and staff. On the contrary, kofam wishes to continue addressing the specific concerns of individual committees. As key actors in relation to the HRA, the ethics committees will thus be closely involved in FOPH departmental research projects on the HRA¹⁶, and also in the evaluation of the HRA which is to take place in 2017/18. The latter should also enable the committees to contribute their accumulated enforcement knowledge.

kofam intends to offer the ethics committees project-related support in thematic areas. For example, a comprehensive education and training programme, for which a concept is being developed by swissethics in collaboration with kofam, should provide a standard level of basic training and continuing education for all committee members. To date, the individual committees have had the main responsibility for education and training of committee members, although – with the launch of an annual national education and training module – swissethics has already made a fundamental contribution to the standardisation process. In kofam's view, a national education and training concept specifying binding requirements for all committee members – just as researchers are required to attend GCP courses – is a prerequisite for evidence-based, harmonised decision-making on research applications.

¹⁵ <https://www.kofam.ch/en/downloads/>

¹⁶ <https://www.bag.admin.ch/bag/en/home/service/ressortforschung-evaluation/forschung-im-bag/forschung-biomedizin/ressortforschungsprojekte-humanforschung.html>

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