



Third meeting of the CIOMS Working Group XII:
Benefit-Risk Balance for Medicinal Products – Update of CIOMS IV
8 September 2020, virtual meeting, hosted by CIOMS

Meeting Minutes

Participants

Guacira Corrêa de Matos (Anvisa), Scott Evans (GWSPH), Stephen Evans (LSHTM), Richard Forshee (US FDA CBER), Stewart Geary (Eisai), Luther Gwaza (WHO)*, Sanna Hill (CIOMS), Vicky Hogan (Health Canada), Sara Khosrovani (MEB), Leila Lackey (US FDA CBER), Kitami Noriaki (PMDA), Leo Plouffe (Bayer), George Quartey (Roche), Qun-Ying Yue (UMC), Lembit Rägo (CIOMS), Kateriina Rannula (CIOMS), Cheryl Renz (AbbVie), Sabine Straus (MEB, Chair of PRAC), Stephanie Tcherny-Lessenot (Sanofi), Steffen Thirstrup (CORS), Panos Tsintis (CIOMS Senior Adviser), Mariko Tsukuda (PMDA), Sebastian Vulcu (BI), Julie Williams (MHRA), Hong Yang (US FDA CBER), and Xi Sherry Zhang (Gilead).

Apologies: Patrick Caubel (Pfizer), Sergei Glagolev (Ministry of Health of Russia), Takahiro Goto (WHO), Shahrul Mt-Isa (MSD), Shanthi Pal (WHO), Tomas Salmonson (former Chair CHMP), Stephanie Storre (Swissmedic), and Hervé Le Louët (CIOMS).

Alternates did not attend: Karen Kaplan (MSD) and Hussein Laljee (Gilead).

* New to the working group since 1st in-person meeting.

Prior to the meeting

- The minutes of the 2nd WG virtual meeting held in 29-30 April 2020, hosted by Pfizer were approved by absence of comments.

Welcome and opening of the meeting

- Lembit Rägo, CIOMS Secretary-General, welcomed the members and thanked everybody for joining the meeting. He acknowledged that some of the members are extremely busy and for some members the time of the meeting is rather uncomfortable due to the time difference. He continued to introduce the agenda which is to listen to the brief updates from all the subgroups and commended them for making good progress. Following the briefing from the subgroups, the agenda continues with a planned discussion on the new work approach with the aim to find solutions to the excessive workload and perhaps put more emphasis on the groups, who have capacity to carry out. At the end of the meeting, all members are invited to participate in short discussion on the topic of challenges and experiences as well as lessons learned from COVID-19

and also challenges of making the vaccines available to the global population in the light of balancing benefits and risks and how the thinking on the topic has generally developed.

- The agenda and the working mode were adopted.
- Sanna Hill had requested consent to record the meeting for the benefit of taking minutes prior to the meeting and informed the subgroup leaders of having the document they had for subgroup 1 and subgroup 3 ready to be shared, when needed.
- Stephen Evans commented on a time discrepancy as he had received two different times of starting the meeting, with one being an hour later. Sanna Hill explained that Outlook incompatibilities sometimes change the time.
- Panos Tsintis added a suggestion that everyone who is not talking to mute their microphones, which was approved by Lembit Rägo.

[Subgroup 1: METHODS, Leo Plouffe \(Bayer\) and Richard Forshee \(US FDA CBER\), presented by Leo Plouffe](#)

The Subgroup 1 documents are available at the CIOMS website for WG XII, under password-protection.

Discussion

- Leo Plouffe introduced the latest table of content:
 - He proposed to go into the modified way of working as to get some further feedback on the team and further fine-tuning or adding to the topics;
 - he added that a topic worth considering given the prominence of COVID-19 is the collaboration between the UK NHS and DSRU;
 - next focus was on the major regulatory agencies: the US FDA approach EMA, PMDA, he also added that it would be welcome if anyone proposed any further affirmation;
 - he mentioned the need to align on the nomenclature, the concept of the patient-level integrated B-R assessment- how to best the label it, so that everybody is clear on it what it means;
 - he drew attention to having identified a number of Special Situations and stated, that it had been interesting reviewing the initial thought about urgent, emergent situation and Ebola as the example for that, he commented that with COVID-19 there is a fresher example present.
- He concluded that he is looking forward to the feedback and discussion from the other two groups, so they can make sure there is no duplicate work and that everybody is clear on what the focus is from one area to the other.
- Leo Plouffe also introduced the sub-teams for September – December 2020 and explained the work process behind that. Everyone was asked how much time they would realistically be able to dedicate to working on the project with the idea of people to choose one topic from the table of content and develop it into an advanced draft to be shared with the broader group, after which they can continue and choose another topic. He continued to list the names in the pairings and respective future work hours: Scott Evans & Qun-Ying Yue & Richard Forshee 8 hours in total, Luther Gwaza & Sharul Mt-Isa & Stephanie Tcherny-Lessenot about 24-48 hours in total, Patrick Caubel and Leo Plouffe about 24-48 hours in total. Stephen Evans would act as an overarching reviewer for the work of the three groups. He concluded by adding that the current proposal is based on everyone's replies with a possibility of further adjustments to be made.

- Leo Plouffe thanked everyone and added that the idea for the moment would be to start work on selected topics that people would pick from the list.
- Richard Forshee thanked Leo Plouffe for preparing and explaining their work and expressed his appreciation for everyone trying to find time to continue with the topics during these difficult times during the pandemics. He expressed hope for everyone to keep some of the momentum going and agreed with Leo's suggestions.
- Stephen Evans suggested everyone to use something other than the initials in the name as participants. He added that he was satisfied with the suggestions from subgroup 1.

[Subgroup 2: Structured Descriptive Assessment Chapter, Cheryl Renz \(AbbVie\) and Hong Yang \(US FDA CBER\), presented by Cheryl Renz.](#)

The Subgroup 2 materials are available at the CIOMS website for WG XII, under password-protection.

Discussion

- Cheryl Renz stated that they have been connecting with and serving the team members across the outline of topics in the chapter - what particular topics they would be most interested in providing information about. Followed by that they undertook an exercise similar to subgroup 1, which was to get an understanding of the team members availability over the next three to six months. The assemblance of that information was compiled deciding who is going to focus on what topic, and according to that a three-month and a six-month plan was devised. Generally, for the three-month plan and for some topics people will be able to start writing, and for other topics in the first three months it will be rather exploring what would be included under that particular topic. Experts within this group will be consulted and likely there will be connecting with others across the wider working group in order to avoid duplication. The six-month plan is about getting into more involvement and actually starting writing of the different topics in the chapter.
- Cheryl Renz added that in the light of what Leo Plouffe said, she agrees that there may be some areas where there is some risk for duplication, and suggested for some of the team members to connect and speak more specifically about what they envision is behind their topics in order to avoid any duplication.
- She also stated that with the structured approach to B-R chapter their ultimate goal is to describe to the reader, what it would be like to undertake this effort either in an industry or regulatory setting, and assemble the information – who is involved, what they do, what kind of general framework they could follow. Following that they aim to not speak to the details when it comes to visualization or patient preference, but to show in the structured approach where those efforts, where that methodology could best be used.
- Cheryl Renz suggested an offline meeting with Leo to share what is included in the work of subgroup I versus theirs.
- Leo Plouffe fully agreed with Cheryl Renz and proposed to set up a meeting in the short future to sort that out. Cheryl Renz agreed.
- Vicky Hogan commented on the fact that she is very pleased to see that there is a plan for the next three to six months, so that we can keep the momentum going with the work that is getting done.
- She added that it is necessary at some point for all subgroup co-leads to gather in the next couple of months as they start to work through their three and six month plans in order to discuss more to avoid any overlap, which is the biggest challenge with this particular

guidance document. She asked Cheryl Renz to let her know if and when she wanted to have the sub-group co-leads meeting and she would get all the groups together on the phone. Discussing directly with subgroups is welcomed, but a larger group discussion would be useful as well.

- Cheryl Renz agreed and added that the intended purpose of any similar entries might be very different. There is perhaps a need for subgroups to talk about what is the intended purpose for various topics and it might be that some renaming for the sake of clarity is in order.
- Vicky Hogan agreed as well and added stated that the most important thing is not to state any disparate things under similar topics.
- Richard Forshee felt that it would be good to mention the notion of multidisciplinary teams a few times in the document, as to his mind it is a really important concept that sometimes gets forgotten. If there is a way to reinforce that message but with different themes and different parts of it, that might be really useful.
- Vicky Hogan agreed with Richard Forshee and added that coordination would be the real benefit at that point.
- Stephen Evans commented that in relation to what he has seen over COVID-19 and when thinking about development programs, where most of the evidence was randomized, it is very often that if you're putting forward a new drug, it has randomized trials, and systematic reviews of randomized trials are relatively easy, but as it has been evident in COVID-19, there is an incredible amount of information from really quite variable quality observational data, and it seems that in terms of multidisciplinary, there are also trialists, epidemiologists, and as some of us cover both, we are often quite disappointed in the quality of both areas. He emphasizes the need to have some consideration on how to bring in benefit and risk from both observational and randomized data. Also, how to introduce different perspectives in disciplines that might be thought to be the same, because epidemiologists and trialist both deal in numbers and risks but they often have quite different approaches and quite different knowledge. He feels that it is something we need to bear in mind.
- Stephen Evans went on to elaborate that there is often quite different theoretical knowledge underpinning of what is being assessed, again evident in COVID-19 example. In his opinion we have quite a lot of knowledge about convalescent plasma, because we've used convalescent plasma in many areas, and so he would accept weaker evidence for efficacy of convalescent plasma in terms of statistical power than he would for a new drug in that area, because his theoretical basis for saying that is that convalescent plasma has almost undoubtedly got antibodies in it and it would then work. He is unsure whether the amount of theory can be captured. He feels that sometimes our clinical pharmacology knowledge is really quite considerable in an area and in other areas it is really quite weak. It may be that the knowledge is very strong in one indication but actually weak in another.
- Vicky Hogan added that perhaps this is something that could be captured eventually in the examples - the use of convalescent plasma and what level of evidence would be needed to determine the favourable B-R balance.
- Stephen Evans mentioned that the risk benefit of convalescent plasma was quite negative, whereas he would have been much more positive towards it, because of the theoretical knowledge, whereas general knowledge of Remdesivir would be much more limited in terms of having the theoretical basis for it. As his personal view, it would require stronger evidence for the efficacy of Remdesivir than it would for convalescent plasma. He added that the groups might be able to capture it in the examples, but it needs to be in a form of a discussion, without definite answers.
- Panos Tsintis asked a question from workgroup members working in FDA: having read the publication that Leila circulated, has FDA used the framework mentioned during the

pandemic treatment, plasma or other new drugs or anything else? Because if so, there would be some good examples in the line of what Stephen was saying.

- Leila Lackey responded that she does not possess information whether they have examples for COVID-19 therapeutics or treatments yet, but if she were to advise an FDA reviewer about how to handle this kind of situation, she would come to incorporate it into discussion of the context of the decision, i.e. what is known about the disease, maybe regulatory history or scientific history, because she feels that it is the context that informs of the tolerance for uncertainty, which is the present topic of discussion. The idea is that for certain situations one wants a narrow statistical bound on the results and in other situations more uncertainty can be tolerated. There are rare diseases of which FDA had many examples where different types of evidence are accepted: uncontrolled trials, unrandomized trials, because of perhaps the difficulty of running control trials or what is known about the product. Leila addresses Richard for additional comments and concludes by saying that it is something that could be treated systematically in the approach through discussion.
- Richard Forshee agreed with Leila Lackey. With regard to COVID-19 convalescent plasma - FDA did issue an emergency use authorization for COVID-19 convalescent plasma a couple of weeks ago, the review memo for which is available. He shared the documents with the team and added that B-R was an important part of the discussion concerning COVID-19 and the use of convalescent plasma.
 - <https://www.fda.gov/science-research/science-and-research-special-topics/real-world-evidence>
 - FDA Clinical Memo for COVID-19 convalescent plasma: <https://www.fda.gov/media/141480/download>
- Richard Forshee appreciated Stephen Evan's comments regarding to what the prior knowledge is, and added that at least in the case of convalescent plasma there was a very robust safety database on it, and while convalescent plasma is not without risk, there are some of the same risks as other transfusion procedures, those risks are very well characterized and low, something that is visible in the memo and which was an important consideration in that review.
- Richard Forshee added that in their section they are planning on discussing the use of real-world evidence and B-R assessment as a part of that chapter. He feels that the B-R assessment tools for quantifying uncertainty are very helpful when trying to integrate real-world evidence into B-R decisions.
- Cheryl Renz returned to chapter 2, relating Stephen Evans' comments to their intended work in subgroup II and said that they were also intending to highlight the various data sources, that can form a structured B-R approach and certainly decision-making, and this is also an example of where they want to avoid duplication.
- Cheryl Renz continued with highlighting the multidisciplinary team, as they would bring forth comments about the clinical development trialists, the epidemiologists, the statisticians, the safety contributors, so that each of their roles would be highlighted of why they need to be part of that multidisciplinary team, she adds that she really appreciated the comments about data.
- She added that similarly to Leila Lackey's words - a key part also for working group II will be to highlight uncertainty, which is part of the structured approach, ensuring that the decision makers are aware of the uncertainties, are able to share what they believe the uncertainties are and how that is factored into their decision making. She added that if there could be examples of challenging B-R decisions and the uncertainties that played into that, it would be really informative to the reviewers and the readers.

- Cheryl Renz concludes by appreciating Stephen Evans' comments and expressed her wish to share where they were already starting to think of layering that in and that they will certainly strive to do more.
- Vicky Hogan thanked Cheryl Renz and added that she had been thinking, that perhaps in the discussion about uncertainty there should be some input into at least one of the three sections work on tolerance of risk, as brought up by Stephen Evans and Richard Forshee, because tolerance of risk really does play into the development of a B-R assessment.

[Subgroup 3: Introductory chapter. Benefit-risk landscape. Leila Lackey \(US FDA CBER\), Steffen Thirstrup \(CORS\), Tomas Salmonson \(former chair CHMP\), presented by Leila Lackey \(US FDA CBER\)](#)

The Subgroup 3 materials are available at the CIOMS website for WG XII, under password-protection.

Discussion

- Leila Lackey commented on having had some discussion within their subgroup about the shift in approach and people's capacity and there were two volunteers to work on some examples. George Quartey had volunteered to work on Zelnorm and Sara Khosrovani and Sabine Straus volunteered to work on Neratanibe. She added that as they were thinking of examples the thought was to highlight cases, where there were different decisions made either in different regions or the view of the B-R changed over time, so that they could highlight the nuances of the B-R assessment. The fact is that it does change based on the specific context was the rationale behind the focus and behind the selection of examples.
- Leila Lackey mentioned that their group had been farther along in terms of writing than other groups as they had a very different starting point from everybody else, so she had proposed to do some more work on talking about the shift to the lifecycle approach. She started to wonder if there are pieces from what people are producing that need to be drawn in into the introductory chapter but she is unsure about the order of operations for doing that.
- Stephen Evans asked: is the document on a share point or just circulated to your group?
- Leila Lackey responded that this is on the coworking section of the CIOMS website, maybe just without her notes.
- Vicky Hogan added that it would be nice to share the documents with each of the other subgroups. This is where it becomes visible what the other group is going to cover. Then have discussions internally about what aspect of that topic each group is going to zoom in on versus what aspect of different subgroup is. She added that these discussions will save a lot of time in the end, if everybody understands what the other groups are doing, and there is discussion about the areas where there is overlap.
- Vicky Hogan suggests that the co-leads send the materials to the other subgroups.
- Vicky Hogan also asked Sanna Hill to circulate the materials.

[Plenary discussion on new work approach. Proposal for a standardized format for the CIOMS WG XII report case studies. Presented by Vicky Hogan \(Health Canada\).](#)

Document is available at the CIOMS website for WG XII, under password-protection.

- Vicky Hogan suggested an agenda item to discuss the first draft of the proposal for a structured approach on developing the examples.

- She continued that the proposal was developed after evaluating the examples included in CIOMS IX WG, titled “Practical Approaches to Risk Minimization for Medicinal Products”
- She found that the CIOMS IX examples:
 - follow a loose structure and have very little commonality between the examples, also, it was more difficult to follow the examples.
 - many of the case study examples had different approaches to risk minimization and they compared often the EU and the US but no other countries;
 - did not follow any structured approach, some information on the examples was provided in narrative text while in others in bullet point form;
 - sometimes provided a summary table of published papers on drugs, the table would be better to add into a reference section or bibliography rather than put in the examples.
- Vicky Hogan stated that the goal of the proposal is not to come to a definite conclusion but to find out if the group agrees to at least trying to structure the approach or the format of the examples that were included in the guidance. If yes, she suggested that everybody provide her with comments on the document and it would be refined over the next couple of months rather than discussed immediately.
- She appreciated and proposed to use the summary table at the beginning of each of the CIOMS XII examples as it makes finding the information very easy. It needs further discussion, what kind of detailed information should be summarized in the table.
- She mentioned that the proposal might need some more additions as it might not accommodate everybody’s examples.
- She added that in CIOMS IX focus was not on doing B-R assessment, but on risk minimization, so they summarize the risk minimization tools that were used for that particular drug and proposed on adding the examples, no matter what drug was being highlighted, and include an introduction and background or both. Add information about the purpose of the B-R assessment and add any relevant information that is unique to the drug, Risk minimization strategies employed if applicable, exposure estimates, alternative treatment options and other information that is deemed relevant to introduce the drug and the rationale for why it is included as an example.
- Stephen Evans responded by saying that the proposal is great, and although he was not on CIOMS IX, he was on CIOMS X, and he thinks that they should have done something similar for CIOMS X, but they worked too much individually, so that is suspectedly what happened with CIOMS IX - the consistency was not there, because people did not set this out at the beginning.
- Stephen Evans asked whether it would be possible to share the proposal with some of his colleagues to discuss if there is a need to add or subtract something.
- Vicky Hogan agreed on sharing the document with anybody as it is just the structure of benefit risk assessment with some suggestions on the type of information to include under each topic, she added that she would find it very useful to have other people providing their comments.
- Stephen Evans agreed and added that some of his clinical colleagues would have a better feel for some of the information.
- Cheryl Renz offered a few points for consideration:
 - Having a structured way of presenting cases is always helpful and it certainly helps a reader know what to anticipate when they are reading through case examples;
 - when thinking about what kind of template to use for examples, we must bear in mind what is the purpose of the example is because the structure may vary if, for example, whether we are using a case to demonstrate the merits of quantitative methodology or we are using it as an example from visualizations or if we are using it as an example to express how uncertainty was managed;

- it would be advisable to be thoughtful about how we structure the example because it may need to actually follow what we are saying in in working group II - if structured approach is being provided and we are going to be sharing a general framework by which a B-R decision makers can structure their benefit risk information, we should probably use the same structure in our example that were putting in Chapter II.
- Vicky Hogan agreed.
- Panos Tsintis welcomed Vicky's proposal and added that as he was part of CIOMS IX, they actually wanted to have this kind of activity that is being done now and to have a common way of presenting the examples, they had had several meetings trying to get to it but they never did, so the individuals developed their examples on their own.
- Panos Tsintis commended the use of bullet points and the idea of adding a summary at the beginning. He also suggested to aim for shortness and to bear in mind that many things could be fixed in the tutorial and if there is enough information even to restructure the information slightly if it is a little bit different than the template that the group is advocating for. He added that the group would definitely be able to work with this approach.
- Vicky Hogan elaborated on Cheryl Renz's last point saying that in the structured descriptive assessment there is a methodology, that your examples need to follow, but she feels that it still can be done in this structure. Under methodology, although summarizing alike information under other topics, e.g. what were the benefits, what were the risks, etc., it can be said that the method followed was the structured descriptive assessment and then the example can be presented in that particular section, using the structured descriptive assessment. Then the rest of the information provided, e.g. the results in the conclusion and the reference, still follow the same structured format as the rest of the examples. She added that this is just a thought and not a decision, and that brevity is going to be a challenge for examples, so it is worth to the extent possible try to follow a similar look.
- Scott Evans added his comments, saying that perhaps there are missing topics as Vicky Hogan had suggested, and expressed his opinion that they can and should do more. He continued that for him the biggest step forward would be to make the point that B-R is not just the sum of benefits and harms, and that B-R should come into design and conduct of studies as well as into development programs. A trial protocol has an efficacy section and a safety section and efficacy endpoints and safety endpoints - there should be essentially a third section on B-R that should have integrated B-R endpoints, and they should be part of protocols.
He agreed that structured approach is great, but it needs to be modified to address some of the limitations which to him mean using the outcomes to describe, what is happening to the patient, rather than using the patient to describe what happens to the outcomes. He worries about reinforcing existing approaches that have holes and limitations without improving them and effort should be made doing that. Describing structured approaches is just not describing what's been published for 20 years, they need to be adjusted, otherwise it is just a literature review.
- Vicky Hogan agreed with Scott Evans that there was no reason in stating what has been done in the past. She is still giving some thought to how to address that, but perhaps there is a requirement within the methodology section or somewhere else to discuss the limitations of the method, where it can be included that this is the way the B-R assessment was done in this particular case example, but then have a discussion on how that might have been limited in terms of the approach.
- Panos Tsintis added that during the face-to-face meeting it was discussed that if any of the examples of sufficient data to be dealt in this new way of looking at the outcomes and then looking at the patient, we would not know, until we see what they look like and what the

data looks like but obviously if some of them would be suitable for that, it was agreed that the methodology group would look at those examples.

- Cheryl Renz agreed that what Scott Evans had summarized would be something to add to the methodology chapter, to state what we believe is the right way or optimized way of looking at the data and that would be a really key part of the chapter I group.
- Leo Plouffe confirmed that this is indeed an element for considerations.
- Vicky Hogan continued by saying that she would appreciate the comments with respect to agreeing to try and standardize the approach to examples to the extent possible. If a separate section is needed to discuss the limitations of the methodology, it can be added. She said that she is open to suggestions on how to make it work and respond to any comments received to make this better. She suggested to go through the document and decide the type of examples that should be to present in the document. The main thing is for everything to flow in the same direction.
- Vicky Hogan agrees that there are many differences between the different qualitative and quantitative methods and the structured descriptive assessment, the main thing to consider is that the reader, when looking at examples, can still quickly find the information.
- If the groups consensus opinion is to try and see if we can make this happen because we all agree it would be beneficial in the end, she will incorporate the comments received and bring it back to the group for another look.
- Stephen Evans agreed and suggested to minimize the amount on risk minimization, as risk minimization is not the topic of this CIOMS group. That would give more space for Scott Evans' proposal although the reality will be that we will not find many examples that follow Scott Evans' paradigm and therefore the limitation section and an indication of how it could be improved should be done.
- Vicky Hogan appreciated the comments and agreed. The risk minimization topic was in a way a residual remained from the examples that were reviewed, but it is not the topic of our working group so it could be easily removed and added in a section on limitations as a discussion on how to improve the B-R assessment following this methodology. She concludes by saying that she is looking forward to receiving more comments from the rest of the group.
- Richard Forshee commented that he is not sure if we completely want to eliminate risk minimization, because sometimes that can change the B-R balance and get a product to the point where with appropriate risk minimization the benefits outweigh the risks, so it may just be a question of the emphasis, on how much space we want to add, but my vote is not to eliminate that entirely.
- Stephen Evans accepted that.
- Vicky Hogan responded that maybe it should not have its own topic heading but if it is relevant to the example, there should be a place for that.
- Panos Tsintis agreed with Richard Forshee saying that in some formal frameworks, e.g. FDA, risk management is certainly mentioned. Even though it should not take the emphasis, it should be there.
- Vicky Hogan agreed by saying that in the structured approach there would be a section about risk management which would include risk minimization to the points just stated.
- Cheryl Renz agreed with Vicky Hogan's suggestion to have a structure and urges everybody to keep their minds open for considerations as we build out what we think other parts of the guidance are going to include, and this debate about the risk minimization just exemplifies that.
- Vicky Hogan agreed with everybody's comments and added that only the information that needs to be highlighted for the particular example being presented, should be highlighted. It needs some consideration of how to include everything which may be relevant to some examples and not to the other, without limiting anybody from putting in what is really

important about their particular example. She added that it had been a good start, all comments are welcome, and she tries to take them into consideration and structure the approach based on those comments to be further discussed during the next co-chair subgroup meetings.

- Vicky Hogan asked everybody to send her further comments during the next three weeks, after which she can compile a second draft. Further comments are welcome for the second draft as well and in that way, it builds in the same way as the CIOMS statement, which worked out quite well, people responding with comments and then making the changes for the consensus opinion through comments.
- Vicky Hogan introduced the newest working group member, Luther Gwaza from WHO, who joined the group during the last meeting, April 29-30, and unfortunately was not introduced then. Luther is working in the WHO as a technical officer in the Regulation and Safety Unit, Regulation and Prequalification Department and Access to Medicines and Health Product Division of the WHO and he has joined subgroup I, Methodology's group. Vicky welcomed Luther and added that the working group is looking forward to his participation in CIOMS XII.
- Luther Gwaza thanked everyone and said that he is looking forward to working with all members of the group.
- To conclude the meeting, Lembit Rägo expressed gratitude to the working group for their work, their time and dedication, and agrees that it is a good idea that the heads or the co-leads of the sub-groups organize a meeting to discuss the topics in order to prevent overlapping. He also added that if the subgroups need any help from the secretariat, the secretariat will try to do what they can to help, organize a zoom conference or help in any other ways.
- Vicky Hogan agrees that at some point the group would want to have a zoom conference instead of a telecon and will let Sanna Hill know about preparing it in the future. Vicky Hogan reminded all working group members to give some thought to the proposal and provide her with comments sent directly to her within the 4-week period. She would then write a second draft after which Sanna Hill will be asked to organize another zoom conference for at least the co-leads.
- Vicky Hogan thanked everybody for attending, for their continued efforts and for all the hard work that the members are doing under various challenges.

General discussion

[challenges experience / lessons learned from COVID-19; challenges of making the COVID-19 vaccine available to the global population; how the views on balancing benefits and risks are evolving in light of COVID-19.](#)

- Cheryl Renz commented that it had certainly been a different working situation for everyone that has been on these calls, so if team members had maybe a lesson that they have learned working in a pandemic when B-R decision-making is paramount, it would be interesting to hear about it. She asked, whether there was anyone online working on vaccine or other new development product to address the pandemic or has had to face a different way of working within their respective company?
- Stephanie Tcherny-Lessenot shared her experience saying that they were working on a vaccine for COVID-19, and has been a very interesting challenge, in terms of real life and on the topic of B-R as well. They are expecting nice results and to be ready to launch the vaccine.
- Cheryl Renz asked about how the company would inform the public about the safety and effectiveness of the vaccine, as there will be suspicions about taking the vaccine because it got

developed so quickly and maybe there will be others that will be first in line, because they believe in the B-R of it. Have there been any conversations amongst the vaccine developers about how they may inform the public or maybe inform in a different way than they have done in the past?

- Stephanie Tcherny-Lessenot answered that the communication will be more transparent and the information communicated more regularly with each new evidence. Generally, a more conservative approach was used even if the development is much speedier than traditional development, but they are very careful on doing everything step-by-step. What can be seen so far is much more communication to scientific community and also to general public.
- Lembit Rāgo added that communication is always a little complicated business and asked whether they have sought how to link the communication, because it is also connected to what the regulators and authorities go out with? Effective coordination between different stakeholders is needed in terms of communication to be the most efficient. He asked whether they have sought for a communication plan where the other stakeholders, who are also important, when the vaccine is launched are involved?
- Stephanie Tcherny-Lessenot answered that actually there was no major change and they kept the traditional communication channels, what is new is perhaps more communication outside the traditional channels.
- Cheryl Renz added that just learning to work virtually has been a learning experience and that it will be interesting to see where various companies and agencies end up with regards to the balance of office based versus virtual working situations. It has certainly been a learning journey.
- Lembit Rāgo concluded the discussion by thanking everybody once again for their commitment and the progress made and added that if anybody feels that they could help in any way, the secretariat would be happy to assist.

Next steps

All members of the working group provide Vicky Hogan with comments on the proposal of structured approach during the next 4 weeks, after which she agreed to prepare a second draft which will be discussed with co-leads during the next zoom conference set up by Sanna.

Action items and conclusions

- All subgroups continue working according to their plans.

Chairwoman: Vicky

Co-Chair: Patrick

Co-Chair: Scott

Subgroups and Co-Leaders (Co-Leaders' names are underlined>)

Subgroup 1	Subgroup 2	Subgroup 3
Methods Including integrated B-R methodologies / patient level	SDA Structured descriptive assessment	Benefit-risk landscape
Shahrul <u>Leo</u>	Sherry Stewart	Guacira Takahiro

Panos
Scott
Stephen
Richard
Patrick
Qun-Ying
Stéphanie T

Cheryl
Stephanie S
Sebastian
Julie
Sergei
Hong
Kitami tbc
Mariko

Steffen
Tomas
Leila
Sabine
George
Shanthi
Stéphanie T

Vicky is currently not attached to a subgroup.