Research St. Joseph's – Hamilton (RSJ-H)		**Pages** 1 of 3	**Number** 012-RSJ-H
Policy Title Protocol for the Use of Investigational and Experimental Drugs in Women		**Date** 19 November 2015	
Supersedes New Policy	**Cross Reference** Health Canada: Clinical Trial Guidelines	**Issuing Authority** RSJ-H Board of Directors	
☑ Charlton Campus	☑ West 5th Campus	☑ King Campus	

Position responsible *for developing and maintaining the policy: RSJ-H Scientific Director*

1.0 INTRODUCTORY STATEMENT

The following guidelines for including women in clinical trials have been adapted from Health Canada: Clinical Trial Guidelines "Considerations for Inclusion of Women in Clinical Trials and Analysis of Sex Differences" May 29, 2013.

This guideline is directed principally toward new active substances (including biological products and radio pharmaceuticals), as well as new uses, new formulations, or combinations of approved drugs that are likely to be used by women. It acknowledges the importance of including women in clinical trials while at the same time reflecting a concern for potential fetal exposure or fetal damage.

The population of concern in this guideline includes women of child-bearing potential and post-menopausal women.

2.0 GUIDELINES

2.1 It is important to ensure that women are enrolled in clinical trials at all stages of drug development in order to define the risks and benefits associated with drug therapy in this segment of the population. Since physiological changes and hormonal levels during child-bearing years and menopause, as well as the use of oral contraceptives or hormone replacement therapy, may affect the efficacy and safety of a drug, the influence of these parameters should be studied during drug development.

2.2 A decision to enroll pregnant or lactating women in a specific trial must be individualized and based on a careful risk/benefit assessment taking into consideration the nature and severity of the disease, the availability and results of pre-clinical animal data, the availability and risks associated with alternative therapy, the stage of pregnancy and the potential for harm to the fetus or infant.

2.3 In accordance with good medical practice, clinical protocols should include measures that will minimize the possibility of fetal exposure to the investigational drug. These would ordinarily include providing for the use of a reliable method of contraception (or abstinence) for the duration of drug exposure (which may exceed the length of the study), and use of pregnancy testing prior to initiation of study treatment and at predetermined intervals during treatment, depending on the length of the study.

2.4 Further, it is expected that appropriate precautions against becoming pregnant and exposing a fetus to a potentially toxic agent during the course of the study will be taken by women participating in clinical trials. It is also expected that women will receive adequate counseling about the importance of utilizing a reliable method of contraception and will be fully informed about the current state of animal reproductive studies and any other information about the teratogenic potential of the drug. This is essential when a possibility exists that the new drug product may lessen the effectiveness of a hormonal contraceptive agent.

2.5 Despite precautionary measures to prevent pregnancy in clinical trials, pregnancies do occur, and can happen at any stage of a clinical trial. Clinical trial participants should report, immediately, to the Investigator a suspected or confirmed pregnancy that occurs during the course of a clinical trial (including any period of exposure that may exceed the length of the trial). If pregnancy occurs in the course of a clinical trial, treatment should generally be discontinued if this can be done safely and the pregnant subject withdrawn from the trial. However, exceptions may be considered on a case by case basis where the benefits to the subject continuing in the trial clearly outweigh the risks to the fetus. Follow-up is recommended throughout the pregnancy but is subject to the woman's consent. For live births, longer term follow-up of the child is recommended, when possible, appropriate, and the woman has consented. Results of any follow-up are to be fully communicated to the sponsor.

2.6 In all cases, the Informed Consent document and the Investigator's Brochure should include all available information regarding the potential risk of fetal toxicity. If animal reproductive toxicity studies are complete, the results should be presented with some explanation of their significance in humans. If these studies have not been completed other pertinent information should be provided, such as a general assessment of fetal toxicity in drugs with related structures or pharmacologic effects. If no relevant information is available, the informed consent should explicitly note the potential for fetal risk.

2.7 In general, it is expected that reproductive toxicity studies will be completed before women of childbearing potential are enrolled in large scale and/or long-term Phase II and III studies during which significant drug exposure may occur.

2.8 Where abnormalities of reproductive organs or their function (spermatogenesis or ovulation) have been observed in experimental animals, the decision to include patients of reproductive age in a clinical study should be based on a careful risk-benefit evaluation, taking into account the nature of the abnormalities, the dosage needed to induce them, the consistency of the findings in different species, the severity of the illness being treated, the potential importance of the drug, the availability of alternative therapy, and the duration of therapy.

2.9 Where patients of reproductive potential (this should apply to both sexes) are included in studies of drugs showing reproductive toxicity in animals, the clinical studies should include appropriate counseling on the utilization of reliable methods of contraception, monitoring, and/or laboratory studies to allow detection of these effects. Long-term follow-up will usually be needed to evaluate the effects of such drugs in humans. Patients should be made aware of the findings in animals, and the need for long-term follow-up, prior to study entry.

3.0 REFERENCES

Guidelines for including women in clinical trials have been adapted from Health Canada: Clinical Trial Guidelines "Considerations for Inclusion of Women in Clinical Trials and Analysis of Sex Differences" May 29, 2013.