







## **GLOBAL INVOLVEMENT OF THE DHMA, GUIDANCE & SUPPORT**

- DHMA initiated a for cause inspection to a PV vendor in Europe (ex Nordic)
- DHMA joined the local EU agency in the inspection of the PV vendor (ex Nordic)
- DHMA (on behalf of EMA) conducted a joint inspection with the FDA of the sponsor in the US
- Sponsor is working with both agencies to resolve all findings
- The DHMA is very cooperative providing direct access, continuous guidance and support to the sponsor on acceptable resolutions applicable for EU



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## **Running Clinical Studies in Nordic Countries - Advantages**

Regulatory: knowledge and accessible rapporteurs

• Timelines: short regulatory timelines of 5 weeks

Sites: well known and highly active clinical sites

Language: most PIs and study teams speak and understand English fluently

· Centralized oncology treatment:

large catchment areas by a small, well defined number of sites

Investigators: very experienced Investigators and site stuff

• Ethics: relatively on time and cooperating ethic committees



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## **Running Clinical Studies in Nordic Countries - Challenges**

• Geography: sizable distances between sites

• Population: later phase studies (≥Ph2b) usually need to include regions outside of

the Nordic countries

• Budget perception: on the high side

• Enrolment statistics: can be improved



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