

Event Recap

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

March 2026

## Contents

Overview of the new requirements	3
Dealing with deferrals	5
Assigning accountability	6
Choosing registries	6
Sharing results	7
Operationalizing transparency	8
Audience Q&A	9
Roadmap and ongoing compliance	12

## Overview of the new requirements

On 28 April 2026, the UK's [\*Medicines for Human Use Clinical Trials Amendment\*](#) regulations come into force, and trial registration, results publication, and participant summaries will become legal requirements. A recent Citeline-sponsored webinar for the Regulatory Affairs Professional Society (RAPS), "Countdown to Compliance: New UK Clinical Trial Transparency Requirements," brought together an expert panel covering the practical steps that sponsors, registries, and CROs need to take to meet those requirements. The panel

represented key stakeholder perspectives across policy, registry operations, and industry practice.

The panelists focused on five themes: what's changing; why it matters; how registration works in practice; what's required for results, publication, and participant summaries; how the deferrals and waivers framework operates; and how organizations can build sustainable ongoing compliance.

## What, When, Where, and Why: Overview

### WHAT to Register

- All **CTIMPs** across **all phases (I–IV)** submitted on/after **April 28, 2026** – including drugs, biologics, vaccines, gene therapies, and cell therapies
- **Interventional trials only** – observational and non-interventional studies **exempt** from statutory requirements (though registration remains good practice)
- **Full protocol registration** required (design, population, interventions, endpoints) – minimal records only permitted **during approved deferral periods**

### WHEN to Disclose

Critical deadline, the **earlier** of:

- Before first participant recruitment, OR
- Within 90 days of approval

#### Example scenario:

- Trial approved July 1, 2026; first participant recruited Sept. 15, 2026 – **Register by Sept. 14, 2026**
- Trial approved July 1, 2026; recruitment delayed – **Register by Sept. 29, 2026 (90 days)**

### WHERE to Register

**Public Registry** – Sponsors must register in a qualifying WHO ICTRP primary or partner registry, or data provider, that facilitates public access to UK trial information; **CTIS does not meet this requirement**

- **ISRCTN** – Example of a qualifying registry; HRA encourages use – allows lay summaries, plain language results, minimal records for deferrals; HRA auto-registration for Combined Review
- **ClinicalTrials.gov** – Example of a qualifying registry; recommended where an FDA requirement exists

- **Offence** for failure to register or publish results
- MHRA graduated enforcement approach: infringement notices – prosecution (last resort)
- MHRA may consider sponsor's compliance history across multiple trials

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

“Registration becomes a statutory obligation,” explained moderator Ben Evans, “triggered by the earliest of first participant recruitment or 90 days from approval. Results must be published within 12 months of trial conclusion in every public registry where the trial was registered. Sponsors must also offer plain language summaries to participants for all new-rules trials,” said Evans, Manager, Clinical Trial Disclosure Regulations, Citeline. “Additionally, for the first time, failure to register or publish results becomes an offense, for ongoing trials that are unregistered as of 28 April 2026, and for results of trials concluding on or after that date, regardless of when they were submitted.” He said the UK’s Medicines and Healthcare products Regulatory Agency (MHRA) has indicated a graduated enforcement approach.

Evans also noted that the participant summary obligation does not extend to transitional trials; it applies only to those submitted on or after 28 April 2026. “And a key transitional deadline to flag,” he noted, “is the 27th of July, 2026, 90 days from implementation, which is the backstop by which all unregistered ongoing trials must be registered.”

Clive Collett, Head of Policy & Engagement at the UK’s Health Research Authority (HRA), added: “For a trial approved on the 1st of July, 2026, the 90-day backstop is on the 29th of September 2026. But if the first participant is recruited on, say, the 15th of September 2026, registration must precede that date.”

He further clarified the new requirements: “Studies would need to be registered within 90 days of approval or before the recruitment of the first participant, whichever is the soonest. So there is a change there that currently it is within six weeks of recruitment, but that will shift for clinical trials of medicines to before the recruitment of the participant. There will not be that sort of six-week period to register. ... So those are the main changes.”

Collett also recommended that sponsors register as early as possible following approval rather than waiting until the 90-day deadline, noting that delays can arise in the registration process and that there is no benefit to deferring registration unnecessarily. Where the protocol is subsequently amended, the sponsor’s responsibility is to update the registry accordingly.



**Ben Evans**

Manager, Clinical Trial Disclosure Regulations, Citeline



**Amy Joint**

Programme Manager, ISRCTN Registry, BMC



**Dr. Kate Darwin**

VP of Regulatory Affairs, Quotient Sciences



**Clive Collett**

Head of Policy & Engagement, Health Research Authority

## Dealing with deferrals

Collett was closely involved with the production of the forthcoming clinical trials regulations, including the amendments to them, particularly around the aspects of research transparency. He added that there are automatic deferrals for Phase I early research trials and transitional arrangements for studies that are ongoing or might be submitted and approved before the 28th of April, 2026. “All studies that are ongoing, if you have recruited a participant but not registered, you must register within 90 days,” he reiterated, adding, “In the time that we have been running the deferrals process, we have not turned down a deferrable request for a Phase I study.”

Regarding minimal records for deferrals, Amy Joint, Program Manager for the ISRCTN Registry at BMC, said, “ISRCTN is the only registry compliant with the new regulations that allows for the publication of a minimal record.”

Where a deferral is in place, Evans said, a full registration is replaced by a minimal record in a publicly accessible registry covering key identifying information such as the registry number, integrated research application system ID, chief investigator and sponsor, research ethics committee decision, and date.

“When you decide whether to defer or not,” Joint said, “the key thing to keep in mind is that balance between the sort of confidentiality mindset and the transparency mindset. So, considering whether you will benefit more from the commercial sensitivity protection or whether you would benefit more from the potential participants being made aware of the study.”

Collett said that when a 30-month deferral expires, “technically, there is no grace period, and I would recommend that sponsors and others acting on their behalf ensure that their

procedures are in place to request extensions to the deferrals well in advance of the time that it comes to an end. And that is an onus that sits with them.”

In 2021, Kate Darwin, VP of Regulatory Affairs at Quotient Sciences, worked with the HRA, the MHRA, and ISRCTN to devise the current UK deferral process for trial registration.

Darwin also noted that the implementation of the new framework brings a mix of simplifications and added complexities. On the simpler side, tracking initial deferrals will improve under the new regime: the current system requires deferral renewals every 12 months during the trial, again at the end of the trial, and once more 12 months later, whereas from the 28 April, 2026, a single deferral runs through to 30 months post-conclusion. On the more complex side, the new flexibility around results publication deferrals, including upfront extension requests and multiple extension tiers, requires a redesigned tracking approach and updated team training.



## Assigning accountability

Speaking from the CRO perspective, Darwin said, “I think the biggest operational challenge is that while we know what the predicted dates are that our trials are going to end on, we do not know the actual end date until the trial is finished. We are having to keep a very close eye on the trials that are ongoing right now and make sure that the sponsors are aware of the implications ... discuss the rules with the sponsors and make sure that they are fully aware of all their new obligations.”

“It is the sponsor or the CRO’s responsibility at the end of the day,” Joint said, “to make sure

that the submissions are scientifically accurate.” Amy also emphasized that editorial staff at registries are there to support sponsors and CROs in creating a clear and accurate record.

Darwin said that since 2022, Quotient Sciences has been registering all of its trials prospectively, either in ISRCTN or ClinicalTrials.gov, to make sure that the trial data will be suitable to be included in EU clinical trial applications because that is a requirement of the EU regulations. The biggest surprise, she said, was how straightforward it is to register trials in ISRCTN.

## Choosing registries

Addressing other registry-related issues, Joint said: “If a trial is already registered, as long as it is in a [World Health Organization] WHO primary or partner registry [International Clinical Trial Registry Platform/ICTRP Registry], they do not need to do anything until a year after their study completes, which is when their results and their plain language summary are due.” BMC is an open-access publisher that runs the day-to-day operations of the ISRCTN, which is owned by an independent not-for-profit company. “Getting their results into a registry within a year of the study completing was actually the WHO recommendation and has been for years,” she said.

Anticipating a glut of registrations once the regulations go into effect, Joint said, “I think if anyone has not yet registered an ongoing trial, and if you do need to before July 2026, and if you are planning to do this with ISRCTN, we would definitely be grateful if you did register

early enough just from the perspective of our sanity...” Joint explained that ISRCTN receives trial data at the point of combined review submission via IRAS but holds it until combined approval is granted, and the sponsor confirms readiness. While data quality is generally high, around six or seven WHO-required fields are not currently captured in IRAS, including a contact for public and scientific queries, interventions and outcomes, and individual participant data-sharing intentions, and ISRCTN follows up with sponsors ahead of publication, while the HRA works to incorporate these fields into a future IRAS overhaul.

“We are working on a project,” Joint said, “that is going to bring all UK studies to be displayed on our ISRCTN regardless of where they were originally registered.” The project is expected to be completed by June 2026. “The first phase will be ISRCTN displaying all UK recruiting studies originally registered on ClinicalTrials.

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

gov. And then the second phase will be ISRCTN displaying all UK recruiting studies in all other WHO-recognized registries. This means that sponsors, funders, and regulatory bodies will be able to see all the relevant studies in one place and check compliance.”

Darwin offered a bit of advice for sponsors who wish to prospectively fully register trials – take advantage of the automatic registration service provided by the UK trial submission portal, [Integrated Research Application System \(IRAS\)](#): “We recommend choosing in IRAS, the option ‘no deferral is requested for registration’, because then you can use the automatic process to fully register your trial, and that is more efficient than manually entering all the data into the ISRCTN website.

“I think probably for later phase trials where the US is involved,” she added, “then it will be easier for sponsors probably just to register at ClinicalTrials.gov because it would meet both FDA and UK requirements.”

When the data are submitted, she explained, it goes through editorial review at ISRCTN, which usually takes only a few hours to a couple of days. She said ISRCTN publishes records promptly once cleared to do so, usually the same day. “We have been able to get the whole process done, start to finish, within 24 hours with ISRCTN,” she said.

Darwin also recommended two specific best practices for CROs and sponsors. First, trial registration should be incorporated as a formal checkpoint in the green light process before trial initiation, ensuring the operational team confirms that registration has been completed before the trial begins. Second, sponsors should keep the trial end date current in ISRCTN throughout the deferral period, as ISRCTN sends reminder notifications as the end date approaches; an out-of-date end date that has been extended through protocol amendments can otherwise generate premature alerts.

## Sharing results

Turning the discussion to trial results, Evans provided details on who counts as a relevant person beyond the participants themselves. The regulations also cover those who gave informed consent on behalf of any participant, a carer, legal representative or next of kin, who was a minor, lacked capacity at the time of the trial, or a participant who has died.

Collett, however, offered a caveat around GDPR and data protection. “The sponsor should not necessarily confirm whether a specific individual

was a participant in a trial or not, as doing so could result in personal and confidential information about the participant being shared, particularly around, say, a medical diagnosis, and that may be inappropriate.”

Regarding plain language summaries of protocols, Joint said an API feed transfers those summary records to the UK’s [Be Part of Research](#), a public-facing online clinical trial resource, where they are fully searchable.

## Operationalizing transparency

Evans advised that key success factors include starting early, aligning teams, automating deadline tracking, investing in plain language capacity, applying proactive deferral strategies, and building systems that can adapt as the framework evolves. *“The best time to register your trials was before recruitment. The second-best time is now.”*

“I think people need to start performing a stock-take, look in their portfolio studies ... work out which of your studies are likely to be transitional studies, which will be ending before the regulations come in and those who are planning that will be submitted after the 28th of April

2026 and will need to comply with all of the new regulations,” Collett said. “So, conduct an audit of your portfolio and transparency compliance. Identify those old rules, clinical trials, and their expected end dates. Ensure that they are all appropriately registered. Do not wait if you have not registered them.”

Joint chimed in with tips: “The first being educating your team members, making sure everyone is comfortable and confident with the registries that they will be using. And then the second thing ... making sure that everything is initially registered” and in a suitable registry from the start.

## Existing vs. New Requirements: Overview

	Current Landscape (pre-April 28, 2026)		New Legal Requirements (from April 28, 2026)
<b>Registration</b>	Policy requirement via REC approval conditions (within 6 weeks of first participant)	▶	Statutory obligation – before first participant recruitment OR within 90 days of approval (whichever is sooner)
<b>Results</b>	Good practice expectation (within 12 months)	▶	Legal requirement – within 12 months of trial conclusion in ALL public registries where trial was registered
<b>Plain language summary</b>	Information “should be available” to participants	▶	Mandatory obligation – offer plain language summary to all participants/relevant persons within 12 months
<b>Enforcement</b>	REC approval conditions; no criminal penalties	▶	An offence for non-compliance with registration and results publication

### Requirements DO NOT apply to

- Trials that ended before **April 28, 2026**
- Ongoing trials submitted before April 28, 2026, regarding participant summary requirement (old rules exception)
- Trials with approved deferrals (temporarily reduced obligations during deferral period only)

### Requirements DO apply to

- All CTIMPs submitted **on or after April 28, 2026** (the “in force” date)
- Ongoing trials (not yet recruited first participant) – **register by July 27, 2026** (90 days from April 28, 2026)
- Ongoing trials (already recruited) – **register by July 27, 2026**, (90 days from April 28, 2026), if not already registered

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

*The following questions from the audience were submitted during the live webinar but were answered afterwards by the panellists due to time constraints and for more accurate responses.*

## Audience Q&A

### Scope of the regulations

#### **Q. Do the transparency requirements apply to non-interventional studies?**

**A.** SI 2025/538 and its transparency obligations apply solely to clinical trials of investigational medicinal products (CTIMPs) under Regulation 25. Non-interventional studies, including observational, epidemiological, and retrospective chart reviews, fall outside the statutory scope, though registration remains good practice for such studies. Any registration or publication obligations for these studies arise from funder requirements, journal policies, or institutional policies and should be assessed accordingly.

#### **Q. Does failure to implement changes requested by the Research Ethics Committee (REC) constitute a statutory offence?**

**A.** The criminal offenses under Regulation 49 relate specifically to failures to comply with the registration obligation in Regulation 25(1) and the results publication obligation in Regulation 25(2)(a). Failure to implement REC-requested changes is a breach of the ethics committee's favorable opinion conditions, a separate matter managed through REC and MHRA oversight, not the transparency offense provisions.

### Registration requirements

#### **Q. Which registries are acceptable for UK trial registration and results publication?**

**A.** A qualifying "public registry" under Regulation 25(12) is a primary or partner registry of, or data provider to, the WHO ICTRP that provides public access to information about the trial in the UK. For example, ISRCTN and ClinicalTrials.gov meet this requirement, whereas CTIS and EudraCT would not qualify as they do not facilitate UK public access to trial information.

#### **Q. How can sponsors prevent automatic registration on ISRCTN?**

**A.** Sponsors intending to register on ClinicalTrials.gov should indicate this in Section C of the Study Information section of their IRAS application. The HRA will not pass trial details to ISRCTN where this preference is specified. Should a sponsor accidentally opt into automatic registration, the ISRCTN editorial team will confirm by email before publishing the record, giving sponsors the opportunity to ask for their submission to be withdrawn. Where registration is completed on ClinicalTrials.gov, sponsors should notify the HRA by emailing [study.registration@hra.nhs.uk](mailto:study.registration@hra.nhs.uk), unless ClinicalTrials.gov was already specified in the original IRAS submission, in which case no follow-up is required.

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

## Q. Is ISRCTN the only acceptable registry for UK trials?

**A.** ISRCTN is not the only qualifying registry; ClinicalTrials.gov also meets the definition under Regulation 25(12) and is commonly used by sponsors to satisfy global FDA requirements. However, ISRCTN is currently the only qualifying public registry that supports minimal record publication for trials with an approved deferral. While other registries may develop this capability in the future, ISRCTN has an established process with the HRA and remains the recognized route for deferred trials.

## Q. Does the compliance date refer to the date of submission to the registry or the date of public posting?

**A.** SI 2025/538 specifies the deadline but does not address the scenario where a registry delays publication after timely submission. HRA guidance indicates that timely submission to the registry is the key requirement: If a sponsor submits within the required timeframe but the registry delays publication, the sponsor should notify the HRA at [study.registration@hra.nhs.uk](mailto:study.registration@hra.nhs.uk), providing evidence of submission (e.g., a confirmation email). Sponsors should retain timestamped submission records and proactively notify the HRA if registry publication is delayed beyond the deadline.

## Q. How is “first participant recruitment” defined, and does it apply globally or only in the UK?

**A.** Registration must occur before the first UK participant is recruited (i.e. the first participant signs the trial consent form) or within 90 days of UK combined approval (MHRA and REC), whichever comes first. The pre-recruitment deadline and the 90-day backstop operate together, with the earlier date determining compliance. The trigger is UK-based; recruitment of participants at non-UK sites does not activate the obligation. Sponsors should document the date of first UK participant recruitment and seek clarification from the relevant authorities if the applicable trigger point is uncertain for their specific trial design.

## Global trials

### Q. For global trials, do the registration obligations apply only to UK participants and UK regulatory approval?

**A.** Both the 90-day clock and the pre-recruitment deadline are anchored to UK combined approval (MHRA and REC) and first UK participant recruitment. The obligations apply in respect of UK regulatory approval only; approval or recruitment activity at non-UK sites does not trigger the registration requirement.

### Q. Are trial start and end dates based on UK sites only, or across all global sites?

**A.** For results publication, Schedule 14 defines the end-of-trial date as the conclusion of the trial across all participating countries as specified in the protocol, regardless of when individual UK sites close. The 12-month results clock therefore runs from the global protocol-defined end date, not the UK close-out date or the date on which trial conclusion is formally notified to the authorities. Sponsors of global trials should ensure their results tracking accounts for this distinction.

## Results publication and participant summaries

### **Q. Is there a difference in the results publication deadline between pediatric and adult clinical trials of investigational medicinal products (CTIMPs)?**

**A.** The 12-month results publication deadline applies to all CTIMPs, regardless of trial population. Pediatric trials differ only in the scope of the participant summary requirement: For participants under 16, the summary must be provided to the parent or legal representative who gave consent. If a participant turns 16 before the summary is delivered, the obligation extends to both the participant and the original consent-giver, in accordance with Regulation 25(12).

### **Q. Is it acceptable to offer results to participants after the 12-month deadline?**

**A.** Under Regulation 25(2)(b), sponsors are required to make the offer of a plain language summary to all relevant persons within 12 months of trial completion; the obligation is to make the offer within that timeframe, not necessarily to have it received or responded to by that date. Where genuine contact attempts are made within the deadline, and a response is received slightly after 12 months, this would not constitute noncompliance. However, a deliberate policy of withholding the offer until after results are published does not satisfy the requirement. It should be noted that where a deferral is in place for results publication, it is acceptable to postpone the offer of a plain language summary for the corresponding deferral period.

### **Q. Does the obligation to offer a plain language summary apply to all participants in a global trial, or only UK participants?**

**A.** The definition of “relevant persons” in Regulation 25(12) is not limited to UK participants. The obligation is subject to a reasonableness test; actions that are operationally impractical in a large global trial are not expected. A pragmatic approach, aligned with existing participant engagement frameworks and UK GDPR obligations, is considered sufficient. Sponsors should document the efforts made and ensure that individual participation is not disclosed in a way that could breach confidentiality.

### **Q. Does the automatic Phase I deferral cover the obligation to offer a plain language summary to healthy volunteers?**

**A.** Regulation 25(10)(b) states that the automatic 30-month deferral for Phase I healthy volunteer CTIMPs applies to all obligations under Regulation 25(2), including both registry publication of summary results and the offer of a plain language summary to participants. This automatic deferral applies only to trials involving exclusively healthy volunteers; Phase I trials that include any patients must request a deferral through the standard process.

### **Q. Does the automatic Phase I deferral apply to trials already underway on the date the regulations come into force?**

**A.** Schedule 14, paragraph 2(8) provides that Regulation 25, including the automatic deferral under Regulation 25(10), applies to qualifying transitional trials in the same way as new trials, so no separate application is required for qualifying Phase I healthy volunteer trials ongoing on April 28, 2026. However, sponsors must still register the required minimum information in a qualifying public registry by the applicable deadline, which for transitional trials is the earlier of first UK participant recruitment or July 27, 2026. For ongoing Phase I trials that include patients and do not already have a deferral in place, a deferral can be requested through the standard process.

## Roadmap and ongoing compliance

*Due to time constraints, the following questions from the audience were not addressed during the live webinar. We include them here, along with the panelists' answers provided after the event.*

### Implementation Support: Clive Collett

**Q. What additional HRA guidance, templates, or support will be available to sponsors in the first six to 12 months following April 28, 2026?**

**A.** The HRA has finalized its guidance ahead of the implementation date. This guidance will continue to be updated and expanded in response to feedback received from sponsors and researchers as they gain practical experience of running trials under the new regulations, where that feedback identifies a gap or insufficient clarity. Sponsors and researchers with queries in the interim are encouraged to contact the HRA via its existing queries line at [queries@hra.nhs.uk](mailto:queries@hra.nhs.uk).

**Q. Noting that criminal enforcement under Regulation 49 sits with MHRA, what is the likely enforcement approach in the first six to 12 months, and will there be leniency for good-faith compliance efforts?**

**A.** Collett notes that he cannot speak for the MHRA, which holds the power to act where offenses are committed and identified. However, the MHRA operates a graduated compliance approach, utilizing a range of measures up to and including infringement notices and potential prosecution, with criminal prosecution reserved as a last resort. Where sponsors have made genuine good-faith efforts to meet the transparency requirements and an offense occurs for reasons outside their control, for example, delays encountered with a registry processing a timely submission, proportionate enforcement would be expected. The HRA and MHRA will work together to support and facilitate compliance with the new regulations.

### Registration and Resources: Amy Joint

**Q. For sponsors with large portfolios registering multiple trials by July 27, 2026, does ISRCTN offer bulk upload or API access?**

**A.** ISRCTN currently supports two semi-automated registration routes: an automated feed of CTIMP and combined product-device studies received from the HRA via IRAS, excluding those whose sponsors have opted out because they wish to register elsewhere or submit a minimal record for a deferred study, and a batch process available for certain [National Institute for Health and Care Research](#) (NIHR) portfolio studies. Beyond these, no bulk upload or API is currently available to sponsors and CROs. ISRCTN does not have the impression that there is a significant appetite for this kind of service; feedback from registrants and post-submission surveys consistently indicates the application form is straightforward to complete and the guidance provided makes it a relatively quick process, meaning a bulk mechanism would be unlikely to offer significant time savings given that the same information would need to be supplied regardless.

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

**Q. Will ISRCTN provide exemplar plain language summaries and training resources to support sponsor teams, and how can registries and sponsors collaborate to build compliance capability?**

**A.** ISRCTN does not currently hold a library of exemplar results summaries, though a collection of good examples could be built over time; exemplar protocol summaries already exist in greater number. The HRA has published guidance on writing plain language summaries, to which ISRCTN has recently added a link in its resources guide. ISRCTN's team is currently developing guidance on how registrants can meet the transparency requirements by uploading results directly on ISRCTN, which will be shared in due course. ISRCTN welcomes direct engagement with sponsors and CROs to identify where further support is needed.

## Technology and Governance: Kate Darwin

**Q. What systems are you using to track transparency obligations, and which functionalities have proven essential?**

**A.** Quotient Sciences currently uses a spreadsheet-based tracker with deadline alerts, reviewed monthly, which is used to notify sponsors in advance of expiring deferrals and registration deadlines. Looking ahead, the tracker will need to capture:

- whether a deferral is in place and any extensions
- the registration deadline and date of registration, specifying whether this was a full registration or a minimal dataset
- the trial end date
- the end-of-trial date plus 12 months, which, where no deferral is in place, is the deadline for publishing results or for obtaining a deferral for results publication
- the end-of-trial date plus 30 months, which is the deadline for full registration of a deferred trial, the deadline for results publication where a deferral is in place but no extension has been obtained, and also the deadline to apply for an extension to the initial 30-month deferral
- the expiry of any deferral extensions and the final deadline by which all results-related obligations must be met

Any requests to extend deferrals must be submitted at least 10 days before the current deferral expires. A further complexity arises when a molecule is transferred between sponsors, as the incoming sponsor must be made aware of all outstanding transparency obligations and deadlines associated with prior trials on that molecule.

# Countdown to Compliance: New UK Clinical Trial Transparency Requirements

## Q. How often do sponsors use the deferral option?

**A.** Approximately 60% of Phase I trials at Quotient Sciences currently have a deferral in place. Under the new legislative framework, the proportion of sponsors registering Phase I trials in full before the trial starts is not expected to change significantly, but the vast majority of sponsors are anticipated to seek a deferral to postpone publication of results. The new regulations permit deferral of results publication for up to 10 years after trial conclusion on grounds of commercial confidentiality, which is of particular importance for early phase trials where commercial sensitivity is high and the results are of negligible importance to patients, the general public, and prescribing physicians. The new legislative framework gives the UK a good balance between ethics and protection of commercial confidentiality: While sponsors are committed to making trial details public, the legislation allows them to choose the right time to do so based on commercial considerations.



The full webinar — including in-depth discussion on protocol amendments, transitional trials, deferrals, plain language summaries, and more — is available to watch on demand.

WEBINAR

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