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Review Article

REVIEW ON PHASES OF CLINICAL TRIAL

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ABSTRACT

Developers of drugs, biological, and medical devices must ensure product safety, demonstrate medical benefit in people, and mass produce the product. Preclinical development starts before clinical trials and the main goals are to determine safety and effectiveness of the intervention. If preclinical studies show that the therapy is safe and effective, clinical trials are started. Clinical trial phases are steps in the research to determine if an intervention would be beneficial or detrimental to humans and include Phases 0, I, II, III, IV, and V clinical studies. Understanding the basis of clinical trial phases will help researchers plan and implement clinical study protocols and, by doing so, improve the number of therapies coming to market for patients. ^[1]

KEYWORDS: Clinical Phases, Clinical Phase Trials, Preclinical Trials, Federal Drug Administration **INTRODUCTION**

Clinical trials are defined as interactions designed to determine the safety and efficacy of a specific medication or device on humans. Preclinical development begins before clinical trials, with the primary goal of determining the intervention's safety and effectiveness. A clinical preliminary is an investigation study that tests a substitute clinical therapy or a substitute method of utilising a current therapy to discover whether it will be a much better because of avoidance and screening to analyse or disease treatmentmen World Journal of Pharmaceutical Science & Technology Jan-Feb 2022 Issue 1 147 Pharmacodynamics, pharmacokinetics, absorption, distribution, metabolism, and excretion studies, as well as toxicity testing, may all be part of the research. Both in vitro and in vivo testing are used in preclinical studies. All new medicines should go through clinical trials before being approved by the Food and Drug Administration^{.[2]}

In vitro (for example, test-chamber or Exploration focus) research and primers on animal masses are remembered in preclinical tests. Two types of animals are used in the majority of drug research trials. The animal chosen is the one that has the strongest link to human research. To get preliminary suitability, toxicity, and pharmacokinetic information, a wide range of estimations of the assessment medicine is administered to animal subjects or an in-vitro substrate. To get preliminary suitability, toxicity, and pharmacokinetic, pharmacokinetics, osmosis, course, processing, and release investigations, and hurtfulness testing, a wide range of estimations of the evaluation medication is supplied to animal subjects or an in-vitro and in-vivo testing are carried out during preclinical investigations.

. Clinical trials in phases 0, I, II, III, IV, and V determine whether an intervention is beneficial or harmful to humans During Phase 0, pharmacodynamics and pharmacokinetics are determined. Safety is assessed in Phase I studies, efficacy is assessed in Phase II studies, and safety and efficacy are confirmed in Phase III studies^[3]

PHASES OF CLINICAL TRIAL

Generally, clinical preliminaries are frequently partitioned into five stages, for example 0, I, II, III, IV, and V preliminaries dependent on explicit conditions and requirements.

PHASE 0 CLINICAL TRIALS

Phase 0 studies usually include a small number of participants and use a very low dose of a medication. Although the drug's dose is insufficient to treat your cancer, you are less likely to experience negative effects.Phase 0 trials are used to determine whether or not a medication reaches cancer cells.what happens to the drug in the body and how the drug affects cancer cells in the body. shorten time to market. In the 1980s, the concept of exploratory investigational new drug (IND) research was developed. Exploratory IND studies (also known as Phase 0 studies) are conducted early in the clinical phase of research and involve limited human exposure with no therapeutic or diagnostic intent. Doses are subtherapeutic, and patients are monitored by a clinical researcher. There are approximately ten study patients. A patient's participation usually lasts less than a week. Pharmacodynamics and pharmacokinetics are being researched.^[4]

PHASE I CLINICAL TRIAL

This is the first time the new drug will be given to a small group of volunteers, a minimum of two healthy, informed volunteers for each dose, under the close supervision of a doctor. The goal is to see if the new compound is tolerated by the patient's body and behaves as expected.^[5]

Phase 1 studies are designed to determine how much of a drug is safe to administer, what adverse effects there are, and what happens to the drug in the body if the treatment shrinks the tumour.Patients are enrolled in phase 1 trials at a glacial pace. So, even if they don't have a large number of recruits, they can take a long time to

finish. Trials A Phase I clinical study evaluates the best way to administer a treatment, as well as the frequency and dose, maximum tolerated dose (MTD), and side effects. The drug's tolerability, pharmacokinetics, and pharmacodynamics are evaluated.^[6]

The clinical researcher is in charge of trials involving 20 to 100 people. Patients are monitored to see if they are responding to therapy, and doses are increased if no serious side effects occur. In a phase 1 study, you might have a lot of blood tests because the researchers want to see how your body reacts to the medicine and how it gets rid of it. They keep meticulous records of any and all negative effects you may experience, as well as when they occur.Phase 1 trials are designed to learn about dosing and negative effects. Before they can test the prospective new treatment to determine if it works, they must first complete this task. Some participants may benefit from the new treatment, but the majority will not. Phase 2 is often referred to as phase II^{.[7]}

PHASE II CLINICAL TRIAL

A phase 1 trial does not guarantee that a treatment will advance to a phase 2 trial. The quality and adequacy of Phase I research determines the Phase II design. In both phases, the type of patient enrolled is a risk factor. In Phase II trials, the exclusion criteria are usually more strict than in Phase III trials. Phase 2 trials are used to see if a novel treatment is effective enough to be evaluated in a bigger phase 3 study, as well as to learn more about side effects and how to control them.more information on how to deliver the optimal doseThese medicines have only been studied in phase 1 studies, so there's still a chance they'll work for you^{-[8]} Adaptive clinical trial designs based on interim data have also been used in Phase II clinical studies due to their flexibility and efficiency. The researcher may be able to change or redesign the experiment while it is still running using this design^[9]

PHASE III CLINICAL TRIAL

Phase 3 is often referred to as phase III. These studies compare novel medicines to the best treatment already available (the standard treatment). Phase III studies are large-scale therapy evaluations in which the efficacy of a novel treatment is compared to the efficacy of the present treatment. These are the most complete and exhaustive scientific clinical trials of a new drug.^[10] Phase 3 studies are designed to determine which treatment is most effective for a certain kind of cancer.further information on the negative impacts the impact of the treatment on people's quality of life. It is possible that the trials will be difficult to design and carry out. Randomized controlled trials (parallel design), uncontrolled trials (single treatment), historical controls, norandomized concurrent trials, factorial designs, and group sequential designs have all been used to enrol large groups (100 to 3000 people). The clinical researcher and personal physician keep an eye on the patients. Phase III clinical studies are classified into two types: Phase IIIA trials and Phase III trials.^[11] They may compare conventional treatment to: an entirely new treatment; different doses of the same treatment; the same treatment given more or less frequently; and, in some cases, a new technique of providing a standard treatment (radiotherapy for example) Efficacy should be evidenced by life extension, better health-related quality of life, or an established surrogate for one of these during the 1980s, according to FDA guidance standards. Phase 3

trials often include a much larger number of patients than phase 1 or 2. Because the disparities in success rates may be minor, this is the case. As a result, the experiment will require a large number of patients to demonstrate a difference^{.[12]}

PHASE IV CLINICAL TRIAL

After receiving FDA approval, therapies that have been determined to have proven safety, efficacy, and quality may be made available to the general public. Thousands of patients can be included in phase 3 studies, which can take place in a variety of facilities and even nations. Randomization is used in the majority of phase 3 trials. This means that participants are assigned to treatment groups at random. Phase 4 is often referred to as phase IV. These tests are carried out after a drug has been proven to work and has been granted a licence^{-[13]} Therapies that have been determined to have proven safety, efficacy, and quality may be made available to the general public after getting FDA approval. However, not all aspects of safety and effectiveness have been determined. Phase 4 trials are designed to learn more about the drug's adverse effects and safety, as well as the long-term dangers and advantages of using it more extensively. Safety signals that may alter the benefitrisk ratio must be assessed after release, according to the FDA. "All investigations (other than normal surveillance) done following medication approval and linked to the drug" are included in these Phase IV trials. The list of objectives now includes evaluating specific pharmacological effects, determining the incidence of adverse reactions, determining the effects of long-term administration of a therapy, establishing a new clinical indication for the therapy.^[14]

PHASE V CLINICAL TRIALS

This translational study seeks to "advance from the bench to the bedside." There are two types of Phase V clinical trials: comparative effectiveness research and community. A post-registration clinical trial that is not required as a condition to, or for the maintenance of, any Marketing Approval, Pricing and/or Reimbursement Approval for a Licensed Product is referred to as a Phase 5 Clinical Trial. "Post-marketing clinical trials" is how Phase 5 Clinical Trials are frequently referred to. based study On the basis of the data acquired, research is carried out. Every reported usage is thoroughly examined. The patients aren't being watched over. Its main purpose is to figure out how to incorporate a novel therapy into routine clinical practise. Cornell Cooperative Extension, evidence-based living, policy, and the Learning Center are all filed under this category.^[15]

CONCLUSION:

A clinical trial is required for a drug or device before it can be used in humans to ensure its safety and efficacy. Clinical trials can provide answers about whether or not to use a therapeutic agent that could benefit millions of patients around the world. Although the clinical trial application filing process in India involves many committees such as NDAC, Technical review committee, Apex Committee, and Ethics Committee, clinical trials in India have undergone many changes since 2008. still morphing As a result of these changes, India has become a global hub for clinical trials. As the world's second most populous country, India can make a significant contribution to development programmes.

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REFRENCES

1.Browne, L.H. and Graham, P.H. (2014) Good Intentions and ICU-GCP: Trial Conduct Training Needs to Go beyond the ICH-GCP Document and include the Intention-to-Treat Principle. Clinical Trials, 11, 629-634. http://dx.doi.org/10.1177/1740774514542620 [Citation Time(s):1]

2.Ohmann, C., Kuchinke, W., Canham, S., Lauritsen, J., Salas, N., Schade-Brittinger, C., et al. (2011) Standard Requirements for GCP-Compliant Data Management in Multinational Clinical Trials. Trials, 12, 85. http://dx.doi.org/10.1186/1745-6215-12-85

3.Rock, E.P., Molloy, V.J. and Humphrey, J.S. (2010) GCP Data Quality for Early Clinical Development. Clinical Cancer Research, 16, 1756-1763. http://dx.doi.org/10.1158/1078-0432.CCR-09-3267

4.Switula, D. (2000) Principles of Good Clinical Practice (GCP) in Clinical Research. Science and Engineering Ethics, 6, 71-77. http://dx.doi.org/10.1007/s11948-000-0025-z

5.Vijayananthan, A. and Nawawi, O. (2008) The Importance of Good Clinical Practice Guidelines and Its Role in Clinical Trials. Biomedical Imaging and Intervention Journal, 4, e5. http://dx.doi.org/10.2349/biij.4.1.e5 [Citation Time(s):1]

6.Chalmers, T.C., Smith, H., Blackburn, B., Silverman, B., Schroeder, B., Reitman, D., et al. (1981) A Method for Assessing the Quality of a Randomized Control Trial. Controlled Clinical Trials, 2, 31-49. http://dx.doi.org/10.1016/0197-2456(81)90056-8 [Citation Time(s):1]

7.Haahr, M.T. and Hróbjartsson, A. (2006) Who Is Blinded in Randomized Clinical Trials? A Study of 200 Trials and a Survey of Authors. Clinical Trials, 3, 360-365.

8.Jadad, A.R., Moore, R.A., Carroll, D., Jenkinson, C., Reynolds, J.M., Gavaghan, D.J., et al. (1996) Assessing the Quality of Reports of Randomizing Clinical Trials: Is Blinding Necessary? Controlled Clinical Trials, 17, 1-12. http://dx.doi.org/10.1016/0197-2456(95)00134-4

9.Moher, D., Jadad, A.R., Nichol, G., Penman, M., Tugwell, P. and Walsh, S. (1995) Assessing the Quality of Randomized Controlled Trials: An Annotated Bibliography of Scales and Checklists. Controlled Clinical Trials, 16, 62-73.

10.Torgerson, D.J. and Roland, M. (1998) What Is Zelen's Design. British Medical Journal, 316, 606-608. http://dx.doi.org/10.1136/bmj.316.7131.606 [Citation Time(s):1]

11.E-Source Behavioral & Social Sciences Research. Clinical Trials. www.esourceresearch.org [Citation Time(s):1]

12.Stanley, K. (2007) Design of Randomized Controlled Trials. Circulation, 115, 1164-1169. http://dx.doi.org/10.1161/CIRCULATIONAHA.105.594945 [Citation Time(s):1]

13.Avins, A.L. (1998) Can Unequal Be More Fail? Ethics, Subject Allocation, and Randomised Clinical Trials. Journal of Medical Ethics, 24, 401-408. http://dx.doi.org/10.1136/jme.24.6.401 [Citation Time(s):1] 14.Lachin, J.M., Matts, J.P. and Wei, L.J. (1988) Randomization in Clinical Trials: Conclusions and Recommendations. Controlled Clinical Trials, 9, 365-374. http://dx.doi.org/10.1016/0197-2456(88)90049-9 15.Schulz, K.F. and Grimes, D.A. (2002) Generation of Allocation Sequences in Randomised Trials: Chances, Not Choice. The Lancet, 359, 515-519. http://dx.doi.org/10.1016/S0140-6736(02)07683-3

16.Sibbald, B. and Roland, M. (1998) Understanding Controlled Trials: Why Are Randomised Controlled Trials Important? BMJ, 316, 201-203. http://dx.doi.org/10.1136/bmj.316.7126.201

17.Thall, P.F. and Wathen, J.K. (2007) Practical Bayesian Adaptive Randomization in Clinical Trials. European Journal of Cancer, 43, 859-866. http://dx.doi.org/10.1016/j.ejca.2007.01.006 [Citation Time(s):1] 18.DeMets, D., Friedman, L. and Furberg, C. (2010) Fundamentals of Clinical Trials. 4th Edition, Springer, Berlin. [Citation Time(s):1]

19.Rogers, M.A. (2009) What Are the Phases of Intervention Research? American Speech-Language-Hearing Association, Rockville. [Citation Time(s):1]

20.Becich, M.J. (2007) Lessons Learned from the Shared Pathology Informatics Network (SPIN): A Scalable Network for Tanslational Research and Public Health. Journal of the American Medical Informatics Association, 14, 534-535. http://dx.doi.org/10.1197/jamia.M2477 [Citation Time(s):1]