Glossary

Disclaimer: The terms used here have been defined or agreed upon within the context of this project. They should not be considered as exhaustive, finite or purposely exclusive of other considerations, but are representative of the specific focus of this project and its actions.

**Code of conduct:**
Collection of rules and regulations that include what is and is not acceptable or expected behaviour (PARADIGM)

**Community Advisory Board:**
Community Advisory Board (CAB) refers to a group of patients who offer their expertise to sponsors of clinical research and who advise several sponsors in their field. CABs are autonomous bodies, not related to the sponsor or chosen by them. (EURORDIS)

**Confidentiality Agreement (CA)/Non-disclosure agreement (NDA):**
Legal contract between at least two parties that outlines confidential material, knowledge, or information that the parties wish to share with one another for certain purposes but wish to restrict access to. ([https://en.wikipedia.org/wiki/Non-disclosure_agreement](https://en.wikipedia.org/wiki/Non-disclosure_agreement))

**Consultancy:**
Advice provided on company- or academia sponsored clinical trial protocols including related documents, regulatory documents or information about the products under discussion (e.g. medicinal products, biomarkers), strategic initiatives and other projects of commercial or academic relevance (PARADIGM)

**Design of clinical trials:**
Designing protocols, discussing patient burden, discussing patient related outcomes (PARADIGM)

**Early dialogues with regulators and Health Technology Assessment bodies:**
Early (multi-stakeholder) discussions between industry, HTA agencies and/or regulators (and in some contexts with payers) to discuss developmental plans for a medicinal product and to ensure they meet the requirements.

* Early dialogue is not a decision-making time for any party. In practice it more closely resembles consultation with the chance for feedback and input (two-way communication). (PARADIGM)
Health Technology Assessment (HTA):

Systematic evaluation of the properties and effects of a health technology, addressing the direct and intended effects of this technology, as well as its indirect and unintended consequences, and aimed mainly at informing decision making regarding health technologies. HTA is conducted by interdisciplinary groups that use explicit analytical frameworks drawing on a variety of methods. ([htaglossary.net/health+technology+assessment](http://htaglossary.net/health+technology+assessment))

Health technology assessment (HTA) body:

A body that undertakes or commissions health technology assessment to form recommendations or advice for healthcare funders and decision-makers on the use of health technologies (PARADIGM)

Healthcare professional (HCP):

This category of stakeholders is broad and heterogeneous as it encompasses general practitioners, nurses, clinical investigators/academics, pharmacologists, etc. (PARADIGM)

Medicine developer:

Includes any organisation involved in the research, development, manufacture, marketing and/or distribution of medicinal products and/or any other health products such as medical devices or digital solutions. Clinical/contract research organisations (CROs) or consultancy companies providing advice or services relating to the above activities, fall under the definition of medicines developers. Research organisations including universities and learned societies (i.e. an organisation that exists to promote an academic discipline, profession) are also included in the definition of medicines developers (PARADIGM)

Medicines development/medicines research and development (R&D)/ medicines lifecycle (in PARADIGM these terms are used interchangeably):

A medicines lifecycle comprises research and discovery, development (preclinical and clinical), marketing authorisation, post-approval, HTA, pricing and reimbursement, commercialization, lifecycle management and Pharmacovigilance until deregistration. (PARADIGM, adapted from: EUPATI; European Commission; EFPIA; Frontiers ‘The Life Cycle of Health Technologies. Challenges and Ways Forward, Iñaki Gutiérrez-Ibarluzea et. al. 2017)"

Memorandum of Understanding (MoU):

Type of agreement between two (bilateral) or more (multilateral) parties. It is not legally binding, but it expresses willingness between the parties to take forward a common line of action. ([https://www.investopedia.com/terms/m/mou.asp](https://www.investopedia.com/terms/m/mou.asp))
Participating organisation/engaging partner:

An organisation which is organising and/or participating in a PE activity (PARADIGM)

Patient covers the following definitions:

- **“Individual Patients”** are persons with personal experience of living with a disease. They may or may not have technical knowledge in R&D or regulatory processes, but their main role is to contribute with their subjective disease and treatment experience.
- **“Carers”** are persons supporting individual patients such as family members as well as paid or volunteer helpers.
- **“Patient Advocates”** are persons who have the insight and experience in supporting a larger population of patients living with a specific disease. They may or may not be affiliated with an organization.
- **“Patient Organization Representatives”** are persons who are mandated to represent and express the collective views of a patient organization on a specific issue or disease area.
- **“Patient Experts”**, in addition to disease-specific expertise, have the technical knowledge in R&D and/or regulatory affairs through training or experience, for example EUPATI Fellows who have been trained by EUPATI on the full spectrum of medicines R&D.

(The European Patients’ Academy on Therapeutic Innovation ([EUPATI](https://www.eupati.org))

Patient community:

Patients, patient representatives including their family and carers, patient advocates and patient organisations (PARADIGM)

Patient engagement:

The effective and active collaboration of patients, patient advocates, patient representatives and/or carers in the processes and decisions within the medicines lifecycle, along with all other relevant stakeholders when appropriate (PARADIGM)

Patient organisations:

Patient organisations are defined as not-for profit organisations which are [patient-]focused, and whereby patients and/or carers (the latter when patients are unable to represent themselves) represent a majority of members in governing bodies (EMA 2018a)

Payer:

Institution, organisation or individual paying for healthcare or health services (PARADIGM)
The pharmaceutical industry is comprised of many public and private organizations that discover, develop, manufacture and market medicines for human and animal health. In short, the term “industry” is used to refer to the pharmaceutical industry (PARADIGM).

**Policy-maker(s) (or policymaker(s)):**
A member of a government department, legislature, or other organization who is responsible for making new rules, laws, etc. ([https://dictionary.cambridge.org/dictionary/english/policymaker](https://dictionary.cambridge.org/dictionary/english/policymaker))

**Regulatory authority (or regulatory agency or in short ‘regulators’):**
A body that carries out regulatory activities relating to medicines, including the processing of marketing authorisations, the monitoring of side effects, inspections, quality testing and monitoring the use of medicines. (EMA)

**Representative for pharmaceutical industry:**
An employee of the pharmaceutical industry designated to represent the company position in project/consortium/body (PARADIGM)

**Research priority setting:**
Providing opinion, providing evidence and/or being part of a group that decides what is important to research. Design of clinical trials (PARADIGM)

**Three main decision-making points:**
The term, ‘decision-making points’ is defined as the key points in the development lifecycle of medicinal products. The three decision-making points relevant to PARADIGM are: research priority setting, design of clinical trials and early dialogues with regulators and Health Technology Assessment bodies (PARADIGM)

**Vulnerable / underrepresented groups:**
Children and young patients, people living with dementia and their carers. This definition can also include underrepresented groups (e.g. migrant and non-settled populations, substance users, incarcerated people and people with mental health disorders other than dementia). (PARADIGM)