CTD General Questions and Answers

Date of Approval		Questions	Answers
1	Sept. 2002	**Format or Content?** Will a dossier using the CTD format (Modules 2 to 5) be identical for all regions?	Not necessarily. The CTD provides a common format for the submission of information to regulatory authorities in the three ICH regions. However, the CTD does not address the content of submissions. There are many regional requirements, as well as applicants' preferences, that could affect the contents of dossiers submitted in each region.
2	Sept. 2002	**Expert Reports** Are expert reports still required for submissions under the CTD format?	No. Expert Reports are replaced by Module 2. (N.B. For specific European requirements regarding experts' signatures, please refer to the European Commission Web Site.)
3	Sept. 2002	**Tables of Contents and Pagination** For a paper CTD submission, the guideline states that, for the comprehensive Table of Contents in module 1, no page numbers should be used. Does this apply only to the TOC in module 1, or for all TOCs in every module? Also, besides the volume numbers and tab identifiers, should the module numbers also be included? For modules 3, 4, and 5, should the volume number be part of the Table of Contents?	There are no specific guidelines for the page numbers of the TOC. Module numbers, volume numbers, and tab dividers should be part of all TOC's.
4	Sept. 2002	**How to paginate Literature References** When provided, how should literature references be paginated in a paper CTD? Should each reference start with page 1, or should the page number from the source (journal, abstract, etc) be the only page number included?	Literature References should be paginated according to the page numbering of the source (journal, abstract, etc).

CTD General Questions and Answers

	Date of	Questions	Answers
5	Sept. 2002	**Sub-Heading Numbering, or Numbering Within Sections** How should sub-numbering within a document be organised? Some documents can be up to 50 pages in length with no defined CTD guideline heading, and potentially therefore no TOC entries or bookmarks (in the electronic version). Some guidance would be welcome to avoid regional interpretations on what is considered acceptable.	Within the document, the applicant can use section numbers at a lower level than those specified in the CTD guideline. However, there should be no other headings appearing in the overall TOC going below the numbering given in the CTD guideline. *For example, for section 3.2.P.3.3 it would be possible to use subsequent numbers (3.2.P.3.3.1, 3.2.P.3.3.2, etc.) to provide further navigation within the document. These should not appear in the overall TOC but can be included as bookmarks within the PDF files.*
6	Sept. 2002	**Titles of Documents Within Sections (e.g. reports etc.)** In the header or footer of each document in a dossier the appropriate TOC title entry should be included. In case of e.g. a clinical report the TOC entry is the title of the report and this can be really long. Would the use of the report number (alone) be considered sufficient? In other words, can the layout of the pages throughout the dossier be different: one page layout for reports and another one for Quality sections?	It is recommended that a distinct identifier be put in headers/footers on every page. However, it does not need to be the full title. An abbreviation would suffice.
7	*Rev Nov. 2003	**Cross references / Cross Strings (in Paper Submissions)** It is stated in the CTD that the section should be indicated in cross strings. What is meant here: The section number, or the section number and section name? (The section name is in many cases too long to indicate in a cross string.)	Providing the section header in addition to the section number improves the clarity of the reference, particularly for the uninitiated reader. To reduce the length of the cross string while maintaining the ease of use, it is recommended to include only the section number in the cross string and write the text so the

* Rev. = Revised

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			reader will also know the section content. For example, "…as seen in the population PK study 101 (5.3.3.5)" helps the reader to find the referenced study report under the Population PK Study Reports section. The text "…no safety problems were noted in the uncontrolled pneumonia study 101A (5.3.5.2)" helps the reader find the referenced study report under the section Study Reports of Uncontrolled Clinical Studies for the Pneumonia indication.
8	**Sept. 2002**	**General Glossary of Terms** Will there be a general glossary of recommended terminology for use in the CTD?	No glossary of terms is planned at this time.
9	**Sept. 2002**	**Location of the Information on Biological Comparability** A combined comparability section might be beneficial to the review process. Is it possible to consider a modification to the CTD to provide for such a section for Biological products? *N.B. Currently, comparability data should be included under 2.3.S.2/3; preclinically as proposed; and clinically under 2.5.2 and 2.5.6. Each part should summarise briefly the conclusions from the other sections.* - *in the clinical summary, antigenicity should go under either 2.7.4.3 or 2.7.4.4* - *in the clinical summary, "AEs of special interest" and "Mortality and Hospital Re-admission" should go under 2.7.4.2.1.4 (Other significant AEs).*	No, for the moment the CTD does not foresee any separate section combining all the comparability data.

CTD General Questions and Answers

Date of		Questions	Answers
10	Sept. 2002	**Information for Generic Drug Applications** Should the preclinical and clinical summary sections of the CTD be included in applications for generic drug approvals? More specifically, are Module 4 and 5 of the CTD applicable to Abbreviated New Drug Applications (ANDA) in the US and Abridged Marketing Authorization applications in the EU? Both categories of applications apply to generic drug applications, which ordinarily provide preclinical and clinical data based on available literature.	The CTD provides a format for the submission of information to regulatory authorities. It does not define content. Please refer to region-specific requirements to determine content requirements for the specific submission type.
11	June 2003	**Font style** On the basis of corporate identity we use the font style "Arial" for all of our documents. Can we use the font style "Arial" for CTD´s, or do we have to use "Times New Roman" style to match the recommendation for narrative texts according to the Guidance for Industry "Organisation of the CTD"?	"Times New Roman 12 point" is recommended for use in the CTD. This corresponds to MS Mincho, 10.5 point for the text written in Japanese.
12	June 2003	**Language** Can the CTD be in any language (e.g. Japanese, German, French, English)? Is it limited to a single language?	The CTD does not address this issue. Please refer to regional guidance.
13	June 2003	**Changes of numbering and section headers** With regard to the changes regarding numbering and section headers (September 11-12,2002), are the details in brackets (e.g. name, manufacturer or name, dosage form) only for use in eCTD format or for paper files also?	These changes in recommendation apply to all CTD/eCTD submissions.

CTD General Questions and Answers

	Date of	Questions	Answers
		Headers and page numbering What is your guidance for externally produced documents e.g. chromatograms, CTD format DMF, regarding page numbering and appropriate headers? Are there allowances regarding these documents with regard to pagination and headers i.e. are we allowed to submit them in the relevant document without a header or page number? **Tab** Do Tabs have to be printed? Do we have to use the full title with the number string on the tab? This is very difficult if the title is long.	Please refer to the CTD General Q&As No. 5 on the ICH Web site. Tabs should be printed for a paper submission. Tab abbreviations are acceptable.
14	**July 2003**	Is there a difference in the level of analysis in the non-clinical overview and the clinical overview in Module 2? Is there a difference between "critical analysis" (non-clinical overview) and "critical assessment" (clinical overview).	Please refer to the general guidance for both the non-clinical and clinical overviews. The level of analysis does not differ between these two overviews. The guidance describes the information that should be included in the "critical and integral" assessment/analysis in both overviews.
15	**July 2003**	Is the term, "section", defined in the CTD? Is there a different use of the term in Module 2 and 3? Do the ICH regions define sections differently?	Each section in the CTD is identified by a number and a heading Please refer to the Granularity Document Annex for a description documents to be provided in each section. The annex delineates when multiple documents per heading may be provided. Also, refer to regional guidance as to when one or multiple documents should be provided per heading.
16	**July 2003**	Does the deadline for mandatory submission of the CTD in Japan, the EU and the US (highly recommended in the US) also refer to the eCTD? Has ICH considered planning a seminar to help with CTD and eCTD submissions?	The deadline does not refer to the eCTD although the regulatory authorities are accepting eCTD submissions. Please refer to regional guidance for specific guidance on eCTD submissions. Currently the ICH is not planning to conduct a CTD seminar. However, the ICH6 Conference, November 2003 in Osaka Japan, will focus on the CTD and eCTD.

CTD General Questions and Answers

Date of Approval		Questions	Answers
17	July 2003	Has the DTD reached its final stage of approval in the ICH process?	The eCTD DTD has reached step 5 in the ICH process, which is the implementation step.
18	July 2003	Is there a definition of which attachments should be included in the CTD?	It is not suggested that additional attachments be included in the CTD.
19	Nov. 2003	**CTD training** Does ICH recommend any particular comprehensive training course on the implementation of the CTD?	No, there are no general ICH recommendations for training on CTD implementation.
20	Nov. 2003	**Applicant's Logo** Is it allowed to add the Applicant's Logo either on top of the CTD, or in the titles of CTD sections.	The applicant is free to put his logo on top of the CTD. However, logos are not acceptable in CTD sections' titles. (The latter have been harmonized internationally; therefore applicants are not allowed to modify them.)
21	Nov. 2003	**Herbal CTD** Will a Herbal Products version of the CTD be published and how much will it vary from the pharmaceutical CTD.	ICH does not plan to issue any specific version of the CTD for Herbal Products.
22	Nov. 2003	**Granularity: section headings and numbers, documents location/hierarchy, documents pagination** The CTD specifies many section headings and numbers. Could guidance be provided for all modules on headings in relation to document location and the section headings within those documents? Could guidance also be provided on where in the CTD and eCTD multiple documents can be located in the hierarchy? As a consequence of this definition could guidance be given on how documents should be paginated and on what the module Table of Contents should therefore include?	Please refer to the Annex of the Organisation of the Common Technical Document: "Granularity Document".

CTD-Safety Questions and Answers

	Date of Approval	Questions	Answers
1	May 2001	**Kinetics in Pregnant Animals and Neonates** Kinetics in pregnant animals and neonates are included in the PK section. Is it expected that these data will come from PK studies, or can they be from kinetics in the Segment 2 studies?	The CTD-S guideline is not intended to indicate what studies are required. It merely indicates an appropriate format for the nonclinical data that have been acquired.
2	Sept 2002	**Conduct/Non-Conduct of Specific Studies** If a particular category of toxicology studies (e.g. carcinogenicity) is not conducted for a drug because of the nature of the drug (e.g. oncology agent), should the section heading be maintained in the CTD document with an explanation provided as to why these studies were not conducted, or should the heading section be deleted and subsequent sections renumbered?	Section headings should be maintained in the CTD document and a brief explanation provided as to why these studies were not conducted.
3	Sept 2002	**Pivotal Studies** Would a 3-month toxicity study that was needed to support clinical studies of 3-month's duration, that was later replaced with a 9-month toxicity study, be considered "pivotal" and tabulated as in Table 2.6.7.7?	Yes. There should be one table for each of the repeat-dose toxicity studies specified by ICH Guideline M3, as well as any other repeat-dose toxicity studies that could be considered pivotal.
4	Sept 2002	**Tabulated Summary** Are only toxicologically significant changes, as considered by applicants, to be tabulated in CTD?	Only noteworthy findings should be tabulated in CTD. These might include statistically significant differences from controls, as well as noteworthy findings that are not statistically significant.

CTD-Safety Questions and Answers

	Date of	Questions	Answers
5	Sept 2002	**Impurity Data Table in CTD-Safety – 1** Generally speaking, it is unlikely to have the finalized specification for related substances and their analytical method throughout drug development. Therefore, direct comparison of related-substance data between different stages of development would be very difficult, because of analytical method changes.	One purpose of the "Drug Substance" table is to facilitate a review of the qualification of the specified impurities. If the analytical methods have changed, information on early batches may not be applicable for qualification of impurities. In this case, it is recommended to use footnotes in the "Drug Substance" table to identify the batches that are relevant to qualification of impurities.
6	Sept 2002	**Impurity Data Table in CTD-Safety – 2** Should impurity-specification test results of test articles used in early-stage toxicology studies be included in CTD tables? Do test articles of non-GLP studies in the CTD need to have specification test data?	There is no requirement to analyze the drug substance used in non-GLP studies. However, if such analyses have been conducted, the results should be included in the "Drug Substance" table.
7	Sept 2002	**Nonclinical Tabulated Summaries Templates** Are the templates for the nonclinical tabulated summaries (module 2.6) a suggested or a required format?	It is recommended that summary tables for the nonclinical information in the Common Technical Document be provided in the format outlined. Applicants can modify the format if needed to provide the best possible presentation of the information and to facilitate the understanding and evaluation of the results.
8	Sept 2002	**List of References** A section for list of references of the nonclinical summary (2.6.8 or 2.6.2.8 plus 2.6.4.11 plus 2.6.6.11) is not covered in the guidance, unlike for the clinical summary and both nonclinical and clinical overview. Could you please provide clarity where in these summaries lists of references should be included?	Applicants can place the list of references in the most appropriate location and create new subsection numbers as far as it facilitates the best possible understanding by the regulatory reviewers.

CTD-Safety Questions and Answers

	Date of Approval	Questions	Answers
9	**Feb 2003**	**Nonclinical pharmacokinetics** A number of studies in nonclinical pharmacokinetics could appear more than one place in this section. Should we add nonclinical pharmacokinetic studies to all Pharmacokinetics sections?	In such a case, the sponsor could either put that study report in the first place in the CTD module (i.e., Absorption section) and then cross reference to this study report in the remaining sections, or place the full study report in each adequate section. If submitting an e-CTD, a sponsor needs not submit multiple files are not required. References to the one file should be provided.
10	***Rev. Nov 2003**	**Microbiology data** The microbiology data will include both in vitro and in vivo studies. Where should the microbiology summary, overview and study reports be included?	The Microbiology data from both in vitro and in vivo studies should be included with the Efficacy information. The summary information should be provided in the appropriate section 2.7 Clinical Summary and the reports should be filed in section 5.3.5.4 Other Study Reports. In addition, the microbiology information can be described in the Nonclinical sections as appropriate.
11	**July 2003**	The template for local tolerances (2.6.7.16) in M4S does not provide an example of a tabulated summary of a local tolerance. Is there one available?	The template for 2.6.7.16 is the same as the template for 2.6.7.17. Therefore for an example of 2.6.7.16, please refer to the example of 2.6.7.17.
12	**July 2003**	In the development of human monoclonal antibodies, part of the nonclinical development is to perform 2 cross reactivity studies; 1) animal species cross reactivity study and 2) human tissue cross reactivity study. The animal species cross reactivity test is not really a toxicity study, and the human tissue cross reactivity study is not a study generally performed. We are in doubt where to place these in module 4. Where should these studies be placed in module 4? Under 4.2.3.7 Other toxicity studies?	Applicants can place such studies in the most appropriate location in Module 4 in order to facilitate the best possible understanding by the regulatory reviewers. *(This can be the similar answer to the Question #8)*

CTD-Efficacy Questions and Answers

Date of Approval		Questions	Answers
1	Feb 2002	Clinical study reports contained in Module 5 are cited in the Clinical Overview and/or the Clinical Summary in Module 2. Each clinical study report may be given a unique short name when cited. **Does the method of citing and naming have to be uniform throughout all modules?**	We recommend that each study have a unique short identifier that is used consistently throughout the application. The applicant can select the identifier. The full title of the study is provided in the Tabular Listing of All Clinical Studies (Section 5.2).
2	Sept 2002	**Definitions/Terminology** What is the definition of 'Common Adverse Events' as used in the CTD?	Guidance is provided by ICH E3 Guideline.
3	Sept 2002	**Section Numbering/Title (in Module 5)** In the module 5 of the CTD, is it necessary to have a section number for each clinical study report in a certain section, or is it enough just to mention the title: 5.3.5 Reports of Efficacy... 5.3.5.1 Study Reports.... 5.3.5.1.1 Placebo Controlled.... Study XXX	See ICH Granularity document.
4	Feb 2002	**How many pages should a Clinical Summary be for an application that contains multiple indications? (Section 2.7)**	The estimated size of this document is 50-400 pages, assuming one indication. Applications that include multiple indications will be larger, reflecting the submission of multiple efficacy sections.

CTD-Efficacy Questions and Answers

	Date of	Questions	Answers
5	Feb 2002	**Section "2.7.3.3" Comparisons and Analyses of Results Across Studies** The Guideline provides "This section should also cross-reference important evidence from Section 2, such as data that supports the dosage and administration section of the labeling." However, this Guideline also provides a Section, "2.7.3.4. Analysis of Clinical Information Relevant to Recommended Dose." Please specify how to differentiate the two sections "2.7.3.3" and "2.7.3.4".	Section 2.7.3.3 summarizes the data across all studies that characterize efficacy of the drug; Section 2.7.3.4 provides an integrated summary of the dose-response or blood concentration-response relationships of effectiveness. In both cases, supportive data from Section 2.7.2 can also be incorporated.
6	Feb 2002	**Overall Extent of Exposure (Section 2.7)** In the Guideline, a table is required to be generated to present the overall extent of drug exposure in all phases of the clinical development. Should the table include "patients alone" or "patients and healthy subjects"?	The table should refer to all subjects exposed to at least one dose of the drug product. Appropriate subsets of subjects relevant to the proposed indications should also be identified and considered.
7	Feb 2002	**Summary of Clinical Safety (Section 2.7)** Where should information be described concerning the validity of extrapolation of foreign clinical safety data to a new region?	Summaries of any bridging studies using clinical endpoints (i.e., certain studies intended to evaluate the ability to extrapolate certain types of foreign clinical data to the new region (see ICH E5)) should be included in Section 2.7.3.2. Where appropriate, such information should also be described in the summarization of safety data as related to intrinsic and extrinsic ethnic factors (ICH E5), in Sections 2.7.4.5.1 and 2.7.4.5.2. Finally, some applications might include in Section 5.3.5.3 a detailed analysis of bridging, considering formal bridging studies, other relevant clinical studies, and other appropriate information. Such information should be included in that detailed analysis of bridging.

CTD-Efficacy Questions and Answers

	Date of	Questions	Answers
8	Sept 2002	**Bioavailability/Bioequivalence Study Data (Module 5)** Where should the information on bioequivalence studies for a generic application be included?	Bioavailability study reports should be included in Module 5 (Clinical documentation), under section 5.3.1 "Reports of Biopharmaceutical Studies". More specifically, reports of comparative Bioavailability/Bioequivalence studies should go under section 5.3.1.2.
9	Sept 2002	**Tabular Listing of Clinical Studies in Paper CTD** In module 5, 5.2 is denoted as the 'Tabular Listing of all Clinical Studies'. Is this section for a summary listing of all clinical studies in the submission, or it is for the listings of the individual study reports? In other words, should the listings from the appendices of the individual study reports be included here, rather than as an appendix to the CSR, or are these only listings that summarize all studies?	The tabular listing described in section 5.2 is a listing of all clinical studies in the submission. An example of such a listing is given in Table 5.1.
10	Feb 2003	**ISS/ISE** Does the CTD section on safety in Module 2 replace the section under 21 CFR 314.50(d)(5)(v, vi) calling for integrated summary of safety and effectiveness (ISS/ISE)?	The ISS/ISE are critical components of the safety and effectiveness submission and are expected to be submitted in the application in accordance with the regulation. FDA's Guideline for the Format and Content of Clinical and Statistical Sections of Application gives advice on how to construct these summaries. Note that, despite the name, these are integrated analyses of all relevant data, not summaries. The Clinical Safety sections of the CTD follow approximately the outline of the sections of the ISS/ISE, although they are somewhat modified by experience with ICH E-3 (Structure and Content of Clinical Study Reports). The CTD Clinical Overview and Summary in Module 2 will not usually contain the

CTD-Efficacy Questions and Answers

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			level of detail expected for an ISS. It may contain the level of detail needed for an ISE, but this would need to be determined on a case-by-case basis. If, the requirements of 21 CFR 314.50 can be met for a particular application by what is in the CTD Module 2 summary, then the CTD Module 2 section would fulfill the need for an ISS/ISE. In some cases it will be convenient to write much of what is needed in the CTD Module 2 with appropriate appendices in Module 5. In other cases, the ISS/ISE would be summarized in Module 2, with detailed reports in Module 5. Any questions about these matters can be raised with the reviewing division.
11	**Nov. 2003**	**Microbiology data** The microbiology data will include both in vitro and in vivo studies. Where should the microbiology summary, overview and study reports be included?	The Microbiology data from both in vitro and in vivo studies should be included with the Efficacy information. The summary information should be provided in the appropriate section 2.7 Clinical Summary and the reports should be filed in section 5.3.5.4 Other Study Reports. In addition, the microbiology information can be described in the Nonclinical sections as appropriate.
12	**Nov. 2003**	**Clinical variation** For a clinical variation application, is it mandatory to submit a clinical overview and a clinical summary, or is it acceptable to submit either only an overview or only a summary? What are the parameters/conditions to be taken into account for choosing one or the other approach?	Since variation is a term from the EU regulations, the answer should be provided by the EMEA.

CTD-Efficacy Questions and Answers

	Date of	Questions	Answers
13	Nov. 2003	**Integrated analysis of efficacy (ISE) - Section 2.7 Clinical Summary – Statistical Listings** What approach should applicants take for the formatting and presentation of their integrated analyses when they have large amounts of statistical output to present (several thousands of pages)?	As stated in section Reports of Analyses From More Than One Study 5.3.5.3, where the details of the analysis are too extensive to be reported in a summary document, for example, section Clinical Summary 2.7, they should be presented in a separate report. Such report should be placed in section 5.3.5.3.
14	Nov. 2003	**Cross references / Cross Strings (in Paper Submissions)** It is stated in the CTD that the section should be indicated in cross strings. What is meant here: The section number, or the section number and section name? (The section name is in many cases too long to indicate in a cross string.)	Providing the section header in addition to the section number improves the clarity of the reference, particularly for the uninitiated reader. To reduce the length of the cross string while maintaining the ease of use, it is recommended to include only the section number in the cross string and write the text so the reader will also know the section content. For example, "…as seen in the population PK study 101 (5.3.3.5)" helps the reader to find the referenced study report under the Population PK Study Reports section. The text "…no safety problems were noted in the uncontrolled pneumonia study 101A (5.3.5.2)" helps the reader find the referenced study report under the section Study Reports of Uncontrolled Clinical Studies for the Pneumonia indication.
15	Nov. 2003	**Limitations of the Safety Database and Potential Implications** Section 2.5 Clinical Overview and section 2.5.5 Overview of Safety both refer to an assessment of the limitations of the safety database but give few details on how to describe them. How should these limitations be described? In addition, there is no specific reference to any postmarketing steps the applicant can take to remedy those limitations. Where should a discussion of any postmarketing pharmacovigilance and other postmarketing study plans go?	A fuller discussion of how to describe in the CTD the limitations of the safety database and the potential implications for the safety of the drug when marketed is as follows: • Nonclinical toxicology and safety pharmacology concerns, such as those arising from reproductive / developmental toxicity, carcinogenicity, hepatic injury, central nervous system injury, or effects on cardiac repolarization that are not fully resolved by available human data, or that arise from

CTD-Efficacy Questions and Answers

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			incomplete testing. • Limitations of human safety database, such as: o Patient selection criteria that excluded people who are likely to be candidates for treatment in medical practice. o Evaluations that were deficient for certain purposes (e.g., many drugs with sedative properties are not evaluated for effects on cognitive function in the elderly). o Limited exposure of demographic or other subgroups, such as children, women, the elderly, or patients with abnormal hepatic or renal function. • Identified adverse events and potential adverse events that require further characterization or evaluation with respect to frequency and/or seriousness in the general population or in specific subgroups. • Important potential risks (e.g., known risks of pharmacologically related drugs) that require further evaluation. • Drug-drug interactions that have not been assessed adequately. Such information should be described and discussed in section 2.5.5 Overview of Safety, with appropriate cross references to section 2.7.4 Summary of Clinical Safety and any other relevant sections. A discussion of any planned postmarketing activity or study to address the limitations of the premarketing safety database, should also be included in section 2.5.5 Overview of Safety, with any protocols for specific studies provided in section

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			5.3.5.4 Other Clinical Study Reports or other sections as appropriate (e.g., module 4 if the study is a nonclinical study). An ICH guideline (E2E Pharmacovigilance Planning) is being developed to further address the question of how to describe the safety data and its limitations and how to describe planned postmarketing activities and studies.
16	**Nov. 2003**	**Multiple Indications** When submitting one dossier for multiple indications, how should the applicant present them in the clinical part of the registration dossier, for example sections 2.5 Clinical Overview, 2.7.3 Summary of Clinical Efficacy and 5.3.5 Reports of Efficacy and Safety Studies?	One section 2.5 Clinical Overview is recommended for multiple indications to be registered along with development rationale and cross-referencing to the corresponding 2.7.3 and 5.3.5 sections; the "benefit/risk" conclusions should support corresponding claimed indications. For section 2.7.3 Summary of Clinical Efficacy, in the case of more than one indication, the following organization is recommended as applicable. The current CTD numbering should be retained with identification of the indication, for example: 2.7.3.UTI Summary of Clinical Efficacy 2.7.3.1.UTI Background 2.7.3.2. UTI Summary of Results of individual studies 2.7.3.3. UTI comparison and analysis 2.7.3.3.1. UTI study population 2.7.3.3.2. UTI Comparison of efficacy results 2.7.3. Pneumonia Summary of Clinical Efficacy 2.7.3.1. Pneumonia Background Other sections follow the same organization where applicable. For section 5.3.5 Reports of Efficacy and Safety Studies, in case of more than one indication, the following organization is recommended as applicable. The current CTD numbering should

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	Date of	Questions	Answers
			be retained with identification of the indications, for example: 5.3.5.UTI 5.3.5.1. UTI Controlled studies 5.3.5.2. UTI Uncontrolled studies 5.3.5. Pneumonia 5.3.5.1. Pneumonia Controlled studies 5.3.5.2. Pneumonia Uncontrolled studies Other sections follow the same organization, where applicable.
17	**Nov. 2003**	**Narrative descriptions** The CTD guidance for Section Overall Safety Evaluation Plan and Narratives of Safety Studies 2.7.4.1.1 states that narrative descriptions for studies that contributed both efficacy and safety should be included in Section Summary of Results of Individual Studies 2.7.3.2 and only referenced in the safety section. Please clarify whether the narrative to be included in 2.7.3.2 should include the safety results as well as "enough detail to allow the reviewer to understand the exposure… and how safety data were collected" or whether the results should be included in Section 2.7.4.1.1.	In general, safety results should be described in section 2.7.4.1.1, because section Summary of Clinical Efficacy 2.7.3 is devoted to efficacy. To avoid the need to describe the same study twice, section 2.7.3.2 asks for a reasonably complete description of studies pertinent to both safety and efficacy, including, in study narratives, information about the extent of exposure of study subjects to the test drug and how safety data were collected. This approach is confirmed in section 2.7.4.1.1, which notes that narratives for studies contributing both safety and efficacy data should be included in section 2.7.3.2. As noted in section Background and Overview of Clinical Efficacy 2.7.3.1, however, any results of these studies that are pertinent to evaluation of safety should be discussed in section Summary of Clinical Safety 2.7.4.