EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

17 December 2015
EMA/3782/2016
Committee for Medicinal Products for Human Use (CHMP)

Assessment report for paediatric studies submitted according to Article 46 of the Regulation (EC) No 1901/2006

Xolair

International non-proprietary name: omalizumab

Procedure No. EMEA/H/C/000606/P46 048

Note

Assessment report as adopted by the CHMP with all information of a commercially confidential nature deleted.

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Introduction

On 21 Sept 2015, the MAH submitted a report for a completed paediatric study (CIGE025BIN01) for Xolair, in accordance with Article 46 of Regulation (EC) No1901/2006, as amended.

A clinical overview has been provided.

1. Scientific discussion

1.1. Information on the development program

The MAH stated that CIGE025BIN01 is stand alone study.

1.2. Information on the pharmaceutical formulation used in the study<ies>

Xolair, as approved in India was used in this study.

1.3. Clinical aspects

1.3.1. Introduction

Study CIGE025BIN01 was an open-label, non-comparative, clinical decision based post marketing surveillance study that evaluated the efficacy and safety of omalizumab in IgE mediated asthma in paediatric patients. This study was conducted at one centre in India and planned to enrol male and female patients ≥6 - ≤18 years of age. The trial was terminated early due to very slow patient accrual and logistic reasons. The last patient last visit occurred on 10-May-2014.

1.3.2. Clinical study CIGE025BIN01

Description

Methods

Objective(s)

The purpose of this study was to evaluate the efficacy and safety of omalizumab in IgE mediated asthma in paediatric patients.

Primary objectives

- Evaluation of clinically significant asthma exacerbations in paediatric patients with severe persistent allergic asthma at the end of 16 weeks. Clinically significant asthma exacerbations was defined as

o Worsening of asthma symptoms requiring treatment with systemic corticosteroids meeting at least one criteria:

- 2 out of 3 consecutive night awakening
- ≥20% drop in peak expiratory flow (PEF) in 2 out of 3 days
- >50% increase in use of rescue medication in 2 out of 3 days

Secondary objectives

- Reduction in OCS use in patients at baseline and at week 16
- Number of days missed in work or college, at baseline and at week 16
- Use of other asthma maintenance medication / rescue medication at baseline and at week 16
- Worsening of asthma symptoms at week 16, i.e. hospitalization, emergency room visits and unscheduled doctor visits.
- Improvement in Paediatric Asthma Quality of Life Questionnaire (PAQOLQ). (all visits)
- Safety parameters along with serious adverse events. (all visits)
- Global assessment by physicians and patients conducted at week 16.

Study design

This study was planned to include male and females, 6 - 18 years old with inadequately controlled moderate-to-severe persistent allergic asthma (GINA stage IV) with a patient follow up after study entry of 16 weeks. However, the study was implemented at only 1 of 10 planned practices across India, with an enrolment goal of 50 patients and was terminated prematurely.

Results

Recruitment / Number analysed

A total of 6 patients (5 males, 1 female) were enrolled in this trial. These patients were between the ages of 6-13 (mean age 10 years). All 6 patients completed the 16 week study period.

Efficacy results

None of the children had clinically significant asthma exacerbations during the study period.
A responder was defined as a patient meeting any one of the criteria listed below. Based on these criteria all 6 had a response to therapy.

Responder (16 wks.)	*No.*	*% (n=6)*
Responder	6	100.00
Responder criteria		
1. A change of 0.5 on the ACQ score from baseline	1	16.67
2. Global assessment by physician & patient	5	83.33
3. Reduced requirement of OCS compared to baseline	1	16.67
4. Lesser number of days missed at work or college compared to baseline	4	66.67
5. Decrease in requirement of asthma medication & rescue medication compared to baseline	1	16.67
6. Decrease incidence of exacerbations as compared to baseline	6	100.00
7. Decrease incidence of unscheduled hospitalization as compared to baseline	2	33.33

CHMP comment:

It is somewhat unclear what the primary objective of this study is as the compiled responder analysis presented above was not listed among the objectives. The inclusion criteria included a history of > 2 exacerbations during the previous year and the evaluation period in the study was 16 weeks. Thus the study was too short to allow conclusion on reduced number of exacerbations even if it appears convincing that no such episode was recorded for any of the six enrolled patients.

Safety results

The evaluation for safety and tolerability included all patients who are exposed to omalizumab therapy, during course of this survey. Safety assessment was carried out first follow-up visit onwards up to the end of all the study visits. Proportion of patients experiencing an adverse event and a list of these experienced adverse events, serious or non-serious are described in terms of their frequency, percentage for each event (the basis of percentage being the number of patients who provided data) and the number of missing data.

No AEs were reported.

1.3.3. Discussion on clinical aspects

The study was planned to recruit 50 children in 10 centres but ended up with only one centre and 6 recruited patients before it was prematurely ended. The study is not found conclusive, partly because of the low number of patients, partly as the evaluation period is short. Nevertheless, no unexpected findings noted. The performance of Xolair was as expected with no recorded adverse events.

2. CHMP overall conclusion and recommendation

Overall conclusion

The study report has been provided as requested according to Article 46 of Regulation (EC) No1901/2006, as amended. There were no unexpected findings.

Recommendation

☒ Fulfilled:

No regulatory action required.