



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Supporting orphan medicines development and addressing significant benefit requirements through protocol assistance

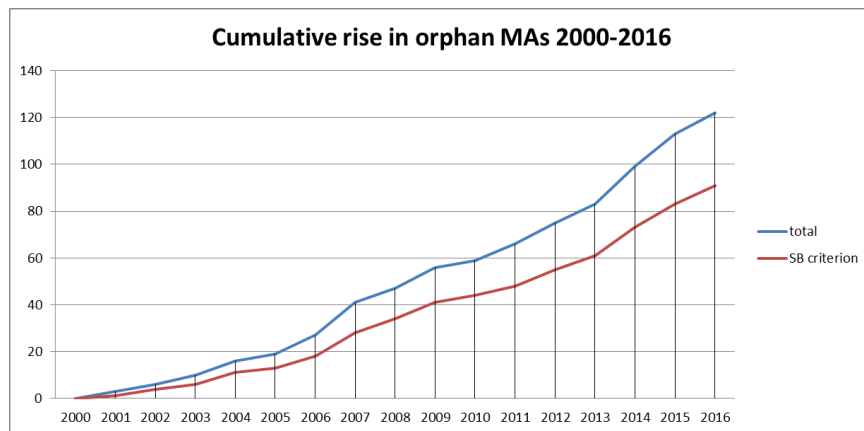
SME Info Day

Presented by Matthias Hofer on 17 November 2017
Scientific Officer, Orphan Medicines Office

An agency of the European Union



Orphan environment after 16 years of EU orphan legislation



- Success of EU orphan legislation
- 128 orphan MAs until 2016 and rising
- ~ 75% require demonstration of SB
- Crowded areas, e.g. oncology, haematology, pulmonology



SMEs* develop a large proportion of orphan medicinal products

TABLE 1				
Differences in characteristics between orphan and non-orphan medicines marketing authorisations ^a				
Independent variables	Non-orphan (n=475)	Orphan (n=157)	Non vs Orphan	All MAA
MAA outcome				
Negative	101 (21%)	53 (34%)	$P = 0.0017$	154 (24%)
Positive	374 (79%)	104 (66%)		478 (76%)
Exceptional circumstances				
No	457 (96%)	127 (81%)	$P < 0.001$	584 (92%)
Yes	18 (4%)	30 (19%)		48 (8%)
Conditional approval				
No	461 (97%)	139 (89%)	$P < 0.0001$	600 (95%)
Yes	14 (3%)	18 (11%)		32 (5%)
Product type				
Biologic	159 (33%)	37 (24%)	$P = 0.0058$	196 (31%)
Known substance	95 (20%)	49 (31%)		144 (23%)
New chemical entity (NCE)	221 (47%)	71 (45%)		292 (46%)
Therapeutic area				
Endocrine and metabolic disorders	61 (13%)	12 (8%)	$P < 0.0001$	73 (12%)
Infectious diseases	100 (21%)	9 (6%)		109 (17%)
Neurologic and psychiatric disorders	65 (14%)	9 (6%)		74 (12%)
Oncology	56 (12%)	62 (39%)		118 (19%)
Other	193 (41%)	65 (41%)		230 (36%)
Company size				
Large	234 (49%)	43 (27%)	$P < 0.0001$	277 (44%)
Medium	129 (27%)	38 (24%)		167 (26%)
Small	112 (24%)	76 (48%)		188 (30%)

* small, medium and large enterprises were categorised based on Scrips rankings

Outline




- Protocol assistance with SB answer
- EMA support on orphan criteria
- Incentives
- Orphan legislation & EC Notice 2016

Legal background

1. Regulation (EC) No 141/2000 of the European Parliament and of the Council on Orphan Medicinal Products of 16 December 1999
 - COMP
 - Criteria for designation,
 - Incentives and procedure
2. Commission Regulation (EC) No 847/2000 of 27 April 2000
3. Commission notice on the application of Articles 3, 5 and 7 of Regulation (EC) No 141/2000 on orphan medicinal products ([2016/C 424/03](#))

Criteria for EMA orphan designation



1. Product intended for diagnosis, prevention or treatment
2. Serious condition (life threatening or chronically debilitating)
3. Affecting not more than 5 in 10,000 **or** insufficient return on investment
4. No satisfactory treatments **or** significant benefit over satisfactory methods ()



Commission notice on the application of Articles 3, 5 and 7 of Regulation (EC) No 141/2000 on orphan medicinal products

Commission notice on the application of Articles 3, 5 and 7 of Regulation (EC) No 141/2000 on orphan medicinal products

(2016/C 424/03)

A. INTRODUCTION

Regulation (EC) No 141/2000 ⁽¹⁾ on orphan medicinal products aims to stimulate medicinal product research in the area of rare diseases. It lays down a Union procedure for the designation of orphan medicinal products and provides incentives for research and development on such products and placing them on the market.

In accordance with Articles 3(2) and 8(4) of the Regulation, the Commission adopted Commission Regulation (EC) No 847/2000 ⁽²⁾, which governs application of the criteria for designating orphan medicinal products and defines the concepts 'similar medicinal product' and 'clinical superiority'.

On 29 July 2003, the Commission issued a Communication on Regulation (EC) No 141/2000 ⁽³⁾ which considered points in relation to its Articles 3 (criteria for designation), 5 (procedure for designation and removal from the register) and 7 (Union marketing authorisation).

- » Prevalence can equal 0
- » Re-assessment of orphan criteria at time of variation may be requested
- » Significant benefit discussion versus hospital preparations (magistral/officinal) of the same active substance

EMA and EU incentives



Pre marketing authorisation

- Fee reductions for regulatory procedures, extended for SMEs
- Access to centralised EU wide marketing authorisation
- Access to national and EU incentive programs (Horizon 2020)

Post marketing authorisation

- 10 (+2) year market exclusivity: protection against similar products
- Fee reductions for regulatory procedures

European regulatory input along drug life cycle



Clinical development



ATMP Certification & Classification procedures

Scientific Advice/Protocol Assistance

Orphan Drug Designation

Review




Variation 

Paediatric Investigational Plan

MAA

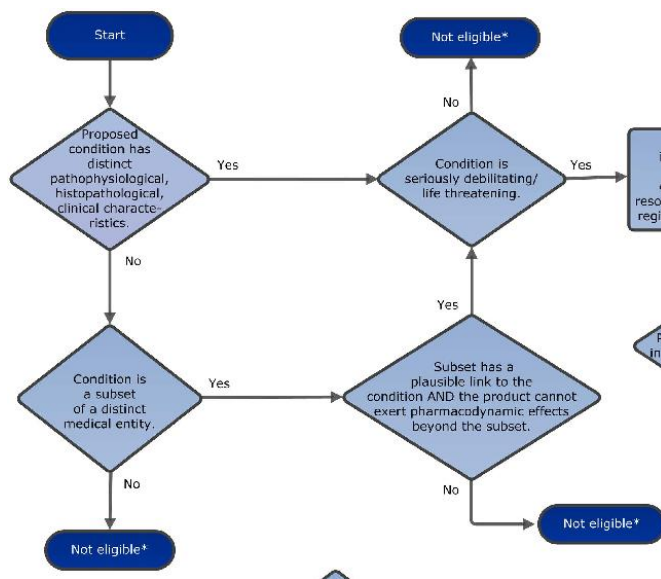
PhV & PSE

EMA support for orphan designation and maintenance

- ✓ EMA orphan designation website
- ✓ Pre-submission meetings (designation) and pre-validation meetings (review) 
- ✓ COMP minutes (monthly on EMA website)
- ✓ OMAR – **O**rphan **M**aintenance **A**ssessment **R**eport (published with EPAR) 
- ✓ Scientific publications 
- ✓ Orphan designation queries via orphandrugs@ema.europa.eu / AskEMA system
- ✓ Protocol assistance queries via scientificadvice@ema.europa.eu / AskEMA system



Orphan condition



Tsigkos et al. *Orphanet Journal of Rare Diseases* 2014, **9**:13
<http://www.ojrd.com/content/9/1/13>



RESEARCH

Open Access

Use of biomarkers in the context of orphan medicines designation in the European Union

Stelios Tsigkos^{1*}, Jordi Llinares¹, Segundo Mariz¹, Stiina Aarum¹, Laura Fregonese¹, Bozena Dembowska-Baginska², Rembert Elbers⁴, Pauline Evers², Tatiana Foltanova³, Andre Lhoir², Ana Corrêa-Nunes², Daniel O'Connor², Albertha Voordouw⁵, Kerstin Westermark² and Bruno Sepodes^{2,6}

Abstract

The use of biomarkers within the procedures of the Committee of Orphan Medicinal Products (COMP) of the European Medicines Agency (EMA) is discussed herein. The applications for Orphan Medicinal Product designation in the EU are evaluated at two stages. At the time of orphan designation application, the file undergoes an assessment to establish whether the proposed condition is a distinct and serious condition affecting not more than 5 in 10,000 people in the EU, and whether the product is plausible as a therapy for that condition. In cases where therapies already exist, the

Medical plausibility



- Nonclinical or preliminary clinical data
- Relevant models
- Data with the proposed product
- Relevant outcomes

Prevalence



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REVIEW

ELSEVIER

POST SCREEN

Establishing rarity in the context of orphan medicinal product designation in the European Union

LETTER TO THE EDITOR

Open Access

Stelios Tsigos¹, Matthias Philipp Segundo Mariz¹, Kristina Larsson Laura Fregonese¹ and Bruno Sepodes¹

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Benedetta Polsinelli¹, Stelios Tsigos¹, Frauke Naumann-Winter², Segundo Mariz¹ and Bruno Sepodes^{3*}

Abstract

The Committee for Orphan Medicinal Products (COMP) evaluates prevalence of rare conditions as one of the criteria for granting an orphan designation with a prevalence threshold of 5 in 10,000. At the time of Marketing Authorisation (MA) these criteria are reassessed to ensure they are still met. The COMP has noted discordance between the prevalence of certain haematological malignancies at the time of Orphan Designation and at the time of Marketing Authorisation. Consequently, we conducted a retrospective assessment of Chronic Lymphocytic Leukemia and Multiple Myeloma/Plasma cell Myeloma as well as several other haematological rare aetiologies frequently subject of orphan designation. These were: Diffuse large B-Cell Lymphoma (DLBCL), Follicular Lymphoma (FL), Cutaneous T-Cell Lymphoma (CTCL), Mantle Cell Lymphoma (MCL) and Chronic Myeloid Leukemia (CML). The review used submissions as well as recent publications and results from external and EMA databases. As a first step

- Clear case definition and consideration of duration
- Treatment indications: full point prevalence unless duration <12m
- Diagnosis and Prevention: annual number of eligible population



Significant benefit I

- DATA to support a comparative discussion
- Discuss your orphan product vis a vis the satisfactory products to show improved effects, add-on effects, targeting different aspects or populations, major contribution to patient care



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Available online 9 October 2017
In Press, Corrected Proof

Review
Keynote

Demonstrating significant benefit of orphan medicines: analysis of 15 years of experience in Europe

Laura Fregonese¹ , Lesley Greene², Matthias Hofer¹, Armando Magrelli³, Frauke Naumann-Winter⁴, Kristina Larsson¹, Maria Sheean¹, Violeta Stoyanova-Beninska⁵, Stelios Tsigkos¹, Kerstin Westermark⁶, Bruno Sepodes⁷

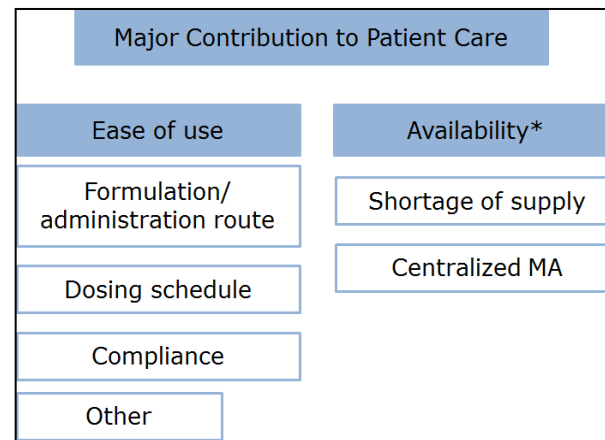
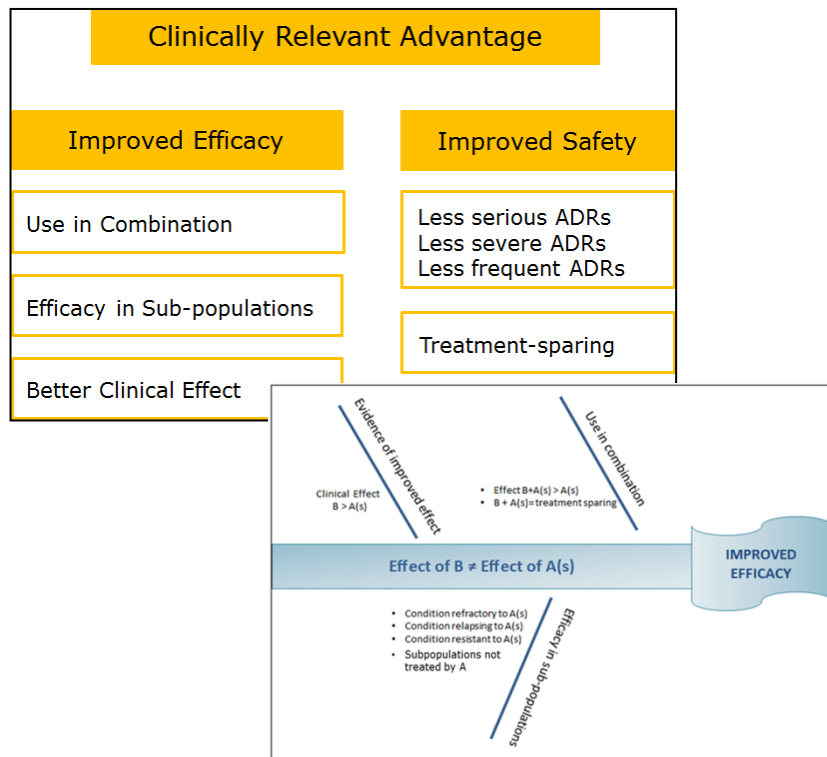
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Highlights

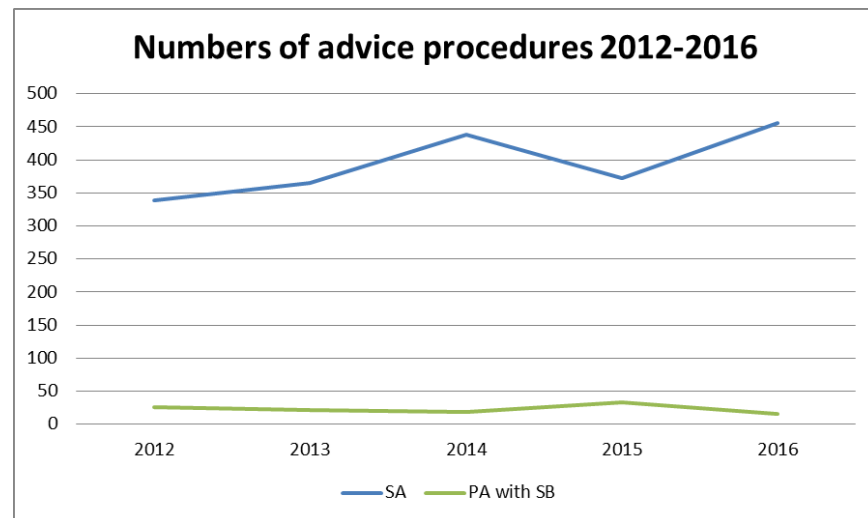
- The concept of significant benefit stems from the orphan regulation in Europe.
- Significant benefit is a clinical advantage and/or a major contribution to patient care.
- This is an analysis of the scientific grounds of significant benefit.

Significant benefit II



Maintenance of orphan designation with significant benefit

- Observations on orphan MAAs in 2016
 - Products that received previous PA+SB kept orphan status
 - More important role for PA+SB
- The number of PA+ SB not rising



COMP priority is to foster early dialogue on SB via EMA PA procedure
Kind invitation for SME sponsors to use the tool of PA+SB



COMP raises their hands for Rare Disease Day 2017



Iterative PA



- Cumulative body of evidence over time
- Updates to clinical development
- Changes in regulatory environment, e.g. EC notice 2016/C 424/03
- Changes in authorised competitors



- PA with SME fee reductions allow for iterative PA process
- SB question has to be part of PA procedure with other questions
- Combination with other initiatives, e.g. PRIME, HTA parallel advice

Significant benefit question



Does the COMP agree with the proposed strategy to demonstrate significant benefit of xyz over currently authorised products?

- ✓ Link to clinical development plan discussed with SAWP/CHMP -> endpoints, comparators
- ✓ "clinically relevant advantage" or "major contribution to patient care"
- ✓ Target population/proposed therapeutic indication -> best standard of care outlining authorised products of relevance
- ✓ Planned methodology (direct/indirect/bibliographical etc)
- ✓ Major contribution to patient care: specify and discuss patient-centric measurements
- ✓ Mechanism of action/ nonclinical evidence/improved PK profile/ "self-evidence"

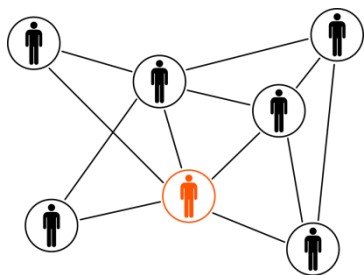
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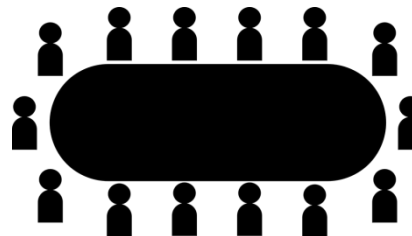
Who provides COMP SB answer?



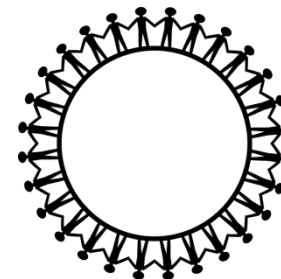
COMP-SAWP
coordinator
as link to EU network



COMP
peer review



COMP PA
working group



COMP

more expertise, better peer-review and more time for critical discussion

Take home messages

- ✓ Orphan designation can be requested for free at any stage of development
- ✓ Orphan legislation sets out criteria and incentives
- ✓ European Commission Decision gives access to incentives
- ✓ Concept of “significant benefit”
- ✓ Significant benefit must be demonstrated by data
- ✓ Invitation to seek early regulatory dialogue with COMP via protocol assistance procedure



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- [EMA Sponsor's guide to orphan designation](#) (EMA orphan designation homepage: "How to apply for orphan designation")
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Any questions?

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