21 June 2021
EMA/314725/2021
Stakeholders and Communication Division

Meeting summary - PCWP/HCPWP joint virtual meeting

1 June 2021, 12:45 to 16:15 and 2 June 2021, 09:45 to 13:15 CET

Co-Chairs: J. Garcia Burgos (EMA), K. Immonen (PCWP), U. Jäger (HCPWP) via WebEx

1. Welcome and introduction

1.1 Opening remarks

Juan Garcia-Burgos opened the meeting and welcomed all the participants.

Juan highlighted the focus of the meeting; extension of EMA's mandate, communication and stakeholder engagement, scientific advisory groups, regulatory science research agenda, and updates on COVID-19, Big Data related activities and electronic product information.

The co-chairs; Ulrich Jäger and Kaisa Immonen introduced themselves and welcomed the participants.

2. Extension of EMA's mandate

2.1 EC's legal proposal for EMA's reinforced role in crisis preparedness and how it fits with other EC strategic initiatives

Andrzej Rys (European Commission), explained how in its first proposal on a European Health Union, the Commission focused on crisis preparedness and response measures which included revising EMA's mandate (and ECDC's) to provide stronger surveillance, scientific analysis and guidance before and during a crisis. In parallel, it also launched the pharmaceutical strategy aiming to modernise the regulatory framework and support research and technologies that reach patients. This strategy rests on four pillars: 1) fulfilling unmet medical needs; 2) supporting a competitive and innovative European pharmaceutical industry; 3) enhancing resilience through diversified supply chains, environmental sustainability, and crisis preparedness; and 4) promoting high standards for medical products globally (see presentation).

Dr Rys further detailed the context leading to the proposed extension of EMA's mandate, highlighting the importance of the experience gained during the COVID-19 pandemic and how shortages of medicines and medical devices were critical for addressing the pandemic. In addition, the introduction of expert panels under the revised Medical Devices legislative framework had to be considered as part of the overall proposal for EMA's extended mandate. Experience with the operation of the Extended mandate will provide opportunities to further finetuning of measures to be taken up as part of the Pharmaceutical Strategy both in terms of preparedness and response to public health emergencies.

The legislative proposal is currently under discussion by the Council Working Party and the aim is to have an agreed compromise text by end of the Portuguese presidency. The European Parliament is expected to have a plenary vote on 21 June on whether to start negotiations with the Council.

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2.2 How is EMA preparing for an extended mandate

Noël Wathion (Deputy Executive Director) and Zaide Frias (Head of Digital Business Transformation Taskforce) presented on what the current draft text is proposing to give the Agency as its extended legal mandate and what actions are being undertaken by EMA following the publication of the EC legal proposal (see presentation).

Whilst the proposed strengthening of EMA's role in crisis preparedness and management of public health threats is welcomed and is expected to demonstrate added value for patients, HCPs and other stakeholders, they underlined that working in parallel as the legal text goes through its legislative process poses challenges but is necessary considering the very tight deadline of 21 days given for implementation following its coming into force. EMA's preliminary view is that if the final legal provisions for extending the current EMA mandate cannot include a more realistic deadline to allow for adequate implementation, then minimum deliverables will largely build on what EMA has put in place since the COVID-19 pandemic started and act as the foundations for a future proofed operation in terms of objectives, processes and tools. Any activities that are not covered in the final legislation could then be considered or undertaken in the context of strategic initiatives such as the EMANS to 2025 and the EC Pharmaceutical Strategy.

From the Q&A session that followed it became clear it is relevant to further explain and communicate on what is the foreseen interaction with the European Health Emergency Preparedness and Response Authority (HERA), what will be defined as a health emergency, what medical devices will be covered by the expert panels, and how the EMA-coordinated flow of information will be used for taking meaningful actions.

PCWP/HCPWP will be kept informed of progress and this topic will return to an upcoming meeting once the legislative process has been finalised.

3. Communication and stakeholder engagement

3.1 Feedback from EMA 2020 communication perception survey

Marie-Agnes Heine (Head of Communication), presented some core results of the EMA 2020 communication perception survey. The survey was conducted between 10 August to 13 September 2020 to measure the perception of EMA's communication activities, identify communication challenges and opportunities, support continuous improvement and adapt and inform communication strategies. Findings were compared to those gathered through the previous survey carried out in 2017. 487 people responded, about one quarter less than in 2017, probably due to the pandemic.

Of those responding to the 2020 survey, 9% were individual patients and healthcare professionals. Overall, these groups continue to see the information provided by EMA as either indispensable (~30%) or important (~70%). The use of EMA communication tools and materials seems to have decreased compared to 2017. However, as several participants pointed out in the discussion, it is difficult to compare 2017 and 2020, as both, healthcare professionals and patients have been heavily impacted by the COVID-19 pandemic. In addition, since 2017, EMA has introduced new communication tools and materials for which no baseline had been established.

A large majority (70%) rate EMA's overall communication to the public positively. Only a small minority (5%) of the respondents rate it very negatively (5%). Usefulness and clarity are very highly rated amongst both patients and healthcare professionals while there is room for improvement regarding accessibility and translations. In particular patients would appreciate to receive more information in other languages than English is insufficient and also point out that they cannot easily

find the information they are looking for on the EMA website.

In relation to translations, some participants suggested to prioritise the translation of key messages and invest in artificial intelligence to accelerate translations.

Results also showed that most patients and healthcare professionals continue to see EMA as open and transparent in relation to its activities as well as sufficiently engaging with stakeholders. Nevertheless, there is an increased demand from both groups to engage even further.

Participants were also interested to learn more about EMA's engagement with journalists and about the Agency's use of active listening including social media monitoring and the organisation of public meetings.

3.2 Framework strategy for external communication and stakeholder engagement

Marie-Agnes Heine (Head of Communication), provided a high-level overview of the purpose, principles, and communication and engagement goals detailed in the new framework strategy that will cover the period 2021-2025. The results of the perception survey have helped to develop this strategy which will be presented to EMA's Management Board on 17 June.

The framework strategy is intended to support EMA on its goals to better respond to external challenges, prepare for the implementation of an expanded remit, future-proof Agency operations and responses, and embrace opportunities brought on by disruption.

Participants praised and welcomed this development and expect PCWP and HCPWP to be fully involved in the implementation of this strategy.

One particular area that was identified for future discussion is how to best acknowledge organisations' and working parties' involvement in EMA policies and strategies.

The working parties will be kept informed of progress and further discussion will take place after endorsement of the document.

Post-meeting note: the framework strategy was adopted by EMA's Management Board on 17 June 2021.

4. COVID-19 update

4.1 Update on vaccines and therapeutics

Marco Cavaleri (Head of Biological Health Threats and Vaccine Strategy), gave an update on COVID-19 vaccines and treatments since the last working party meeting in March (see presentation).

In terms of therapeutics, four monoclonal antibodies with antiviral activity have received a scientific opinion for emergency use (prior to full authorisation). They are undergoing rolling review and we hope to have at least one or two authorised by 3Q 2021. They showed efficacy in the early treatment of COVID-19 in patients not requiring supplementary oxygen but at risk of progressing to more severe disease.

There are also other products under assessment, for example Alumiant, a repurposed medicine, which has showed some early signs of efficacy, the data is currently under review. Remdesivir, already approved under conditional marketing authorisation recently received a renewal.

Other immune modulating agents have been in trials, for example Tocilizumab, which has been widely used and which showed some limited benefit for some patients but is difficult to conclude when results from several clinical trials which show conflicting results.

Another important aspect is looking at repurposed medicines; one is Ivermectin – however we cannot recommend this as treatment option due to a lack of sufficient supporting data for the time being.

Inhaled steroids have also attracted a lot of interest; a recent study published in the Lancet showed some promise with budesonide, but again not enough evidence for a marketing authorisation approval, and in fact use of steroids could potentially be detrimental in early stage COVID-19.

Studies into long COVID-19 have mainly looked at those who have experienced acute COVID, however those having mild COVID-19 could also be affected by long COVID, so we need to have better grasp of the effects.

A large population-level study conducted in Denmark in 2020 assessed protection against re-infection with SARS-CoV-2 among 3 million PCR-tested individuals. Its results will inform further decisions on EU vaccination.

Four vaccines have been authorised so far in Europe, with several more under rolling review..

Regarding the vaccine's effectiveness against the current variants: important data from the BioNTech/Pfizer vaccine showed a response to all variants. In addition, data from Moderna, 6 months after vaccination, showed that at the peak of response to the second dose, all subjects had robust responses to all variants, which persisted for most, albeit at low levels, for 6 months after the primary series of the vaccine. We will need some additional data, including real-world evidence to confirm these preliminary findings.

Companies are working on variant vaccines to maintain good protection against the variants that are more distant from an immunological point of view.

The COM-COV study which is a randomised study investigating vaccination schemes mixing and matching different COVID-19 vaccines (preliminary results are expected shortly). Once sufficiently robust data are available, which may be as soon as the end of June, EMA will review them and consider whether advice can be provided on this approach. We are also continuing to look into what could be the mechanism behind the thrombosis with thrombocytopenia and understand if it is an event to be expected for all adeno vaccines.

In summary, almost 200 therapeutics have been discussed with EMA, with 56 vaccines identified for interaction. Many rapid scientific advices have been given (89 completed – 15 in the pipeline) to foster development. There are also several second-generation vaccines in the pipeline.

We are also supporting working on the setting up of clinical networks for vaccines (e.g. Vaccelarate and therapeutics, EU Response) to try and get the best clinical trial data as soon as possible.

4.2 Safety surveillance

Georgy Genov (Head of Pharmacovigilance) presented an overview of safety surveillance for COVID-19 Vaccines (see presentation). A range of measures have been put in place for pharmacovigilance of COVID-19 Vaccines, such as enhanced monitoring activities, new tools and methods to support rapid detection and evaluation, reduced timeframe for COVID-19 related signals, additional transparency measures (e.g. COVID19 monthly updates, ARs etc.) and intense international collaboration with MHRA, FDA, WHO, NITAGs and ICMRA to share information, knowledge and experience.

A number of different mechanisms have been put in place; monthly safety updates from companies are published, additional PRAC meetings have taken place to accommodate the additional safety assesment required for to ensure public health protection.

The numbers of safety reports received have increased significantly since the rollout of the vaccines;

ADR reports recorded in Eudravigilance increased almost 12 fold, with reporting from patients increased by 146% compared to Q1 2020, and the number of 'hits' on adrreports.eu increased to 2.8 million in Q1 2021 (2.5 million for the all of 2020).

There is still limited safety data for pregnant women. There is an EMA funded initiative to look into the effects of treatments and vaccines in pregnant women, called CONSIGN; Covid-19 infectiON and medicineS in pregnancy. One study showed reassuring preliminary results on the use of mRNA Covid-19 vaccine in 35,000 pregnant women.

COVID-19 pandemic presents a major public health challenge but working together we have risen to the challenge and put systems in place to rapidly detect any safety issues and minimise serious risks to patients with timely exchange of information, transparency and communication being critical.

Catherine Cohet (Data Methods & Analytics Task Force) presented how the Agency has been using real-world data in an unprecedented way during the pandemic (see presentation); starting in March 2020 with the ACCESS project aimed at preparedness, to 'set the scene' and generate among other deliverables background rates of adverse events of special interest, which is very useful for risk contextualisation. Starting in February 2021, an early study engaged directly with vaccinated persons who are asked to contribute via their smart phones and report any ARs after vaccination. The second part of the study is routine monitoring using large healthcare databases to monitor these adverse reactions, COVID-19 infection and exposure to vaccines. Another study is generating incidence rates of embolic and thrombotic events following COVID-19 infection, later supplemented by data in a cohort of vaccinated patients. This study also collects risk factors and will provide some initial data in June.

A new study has just been launched to quantify the association between thrombosis with thrombocytopenia syndrome (TTS) or thromboembolic events, and COVID-19 vaccines, as well as further identifying risk factors which are not yet well characterised. Data is expected early 2022.

There is a joint ECDC/EMA COVID-19 vaccine monitoring platform under the new mandate of the two agencies to enhance collaboration in this respect. The kick-off meeting was held end of April. Under this initiative there will be substantial funding to conduct further monitoring: we are just launching a 2-year vaccine safety monitoring study, similar to the early study, to explore potential longer-term effects of the vaccines, and compare, for example, to non-vaccinated persons or other suitable comparator groups, as well as monitor special populations e.g. children, pregnant women. Secondly, the study will include readiness & rapid signal assessment with pharmacoepidemiological analyses to characterise emerging safety concerns and support signal management.

Overall there have been some key challenges such as the difficulties to collect background incidence rates of adverse events, the need to quantify associations between vaccines and adverse events using existing databases (data on vaccines, case validation, data source heterogeneity, time needed to obtain data, availability of lab data), however, there have also been important learnings and opportunities; early preparation was key and we now have prospective monitoring: apps, near-real time surveillance, and the large healthcare databases are being improved and this is also supported by continued international exchange with other regulators.

For the latest updates on COVID-19 go to: https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/covid-19-latest-updates

5. Scientific Advisory Groups (SAGs)

5.1 Patient satisfaction survey

Sophie Groeneveld (Public and Stakeholders Engagement) gave an overview of the survey results of feedback spanning several years of participation in Scientific Advisory Group (SAG) and Ad Hoc Expert Meetings (see presentation). Sophie gave some background on SAGs and ad-hoc expert meetings, then explained the rationale and methodology of the online questionnaire which is sent to all patient representatives who participate in a SAG / Ad-hoc expert meeting, to gather important feedback on their experience and understand positive aspects as well as what could be improved.

143 responses were received between 2010-2017 and analysis of the results showed areas of success including: having a good and enjoyable experience, receiving clear background information and being given adequate opportunities to speak. Some areas of concern include unclear expectations of participation, timing of documents, some hesitancy to speak and difficult terminology.

Following the survey results, EMA will look how to improve the survey itself, for example using the EUSurvey Tool, introducing a defined 5-point Likert scale and to increase the response rate by informing on the length of the survey, how long it takes to complete, what web browser to use and the importance of their feedback. We will also look at ways to improve the patient experience in these meetings, such as ensuring they are aware that documents are sometimes only available a few days before the meeting, explore ways to create a less intimidating space/experience and also to update the current information sheet which is sent to participants. In this respect there will be a call for volunteers to review the updated info-sheet for patients.

5.2 Open call for experts

Francesco Pignatti (Head of Oncology and Haematology) presented the call for core members of EMA's scientific advisory groups (SAGs) (see presentation). The call is for 6 therapeutic SAG in Cardiovascular, Anti-infective HIV / Viral Diseases, Neurology, Oncology and Vaccines. Up to 12 core members per SAG will be nominated based on their clinical/technical expertise and independence for a period of 3 years. Nominations can be received from the scientific committees and the public.

Members were invited to disseminate information about EMA's public call for expression of interest for experts to become members of scientific advisory (SAG) – application deadline 4 June 2021

https://www.ema.europa.eu/en/documents/other/public-call-expression-interest-experts-become-members-european-medicines-agencys-scientific_en.pdf

6. Update on Big Data

6.1 Recent progress on data and analytics and looking to the future

Peter Arlett (Head of Data Analytics and Methods Taskforce) gave an update on progress on Big Data as well as what is coming up in the future (see presentation).

Peter reminded the group of the Big Data Steering Group workplan 2020-21 and the 2020 Report which summarises the achievements of last year.

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Peter reminded the group of the Big Data Steering Group workplan 2020-21 and the 2020 Report which summarises the achievements of last year.

A workshop was held on real-world metadata to collect stakeholders' feedback on a preliminary list of

metadata and their definitions, the process to collect them and a proof-of-concept (sign-posting) catalogue that is currently being developed. We are in line to deliver a set of metadata by the end of this year. This was followed in mid-April by a workshop on Artificial Intelligence (AI) in medicines regulation with presentations on state-of-the-art AI applications as well as on current and possible use of AI in medicines regulation. The views of the various stakeholders on prioritization of AI specific recommendations were collected and the overall outcome was that we need a framework to assess and validate AI algorithms that are used in the development and regulation of medicines, and a framework of guidelines to support this. Finally, in May a workshop on Data Standardisation was held to present the current status of the draft Data Standards Strategy, the stakeholder survey results and to gather stakeholders' perspectives and use cases.

There was also an update on DARWIN EU, the federated network of data holders and expertise using a common governance, set of standards and service levels for conducting studies and analysis of data. A coordination centre will be the entry point to this network and managed on behalf of EU regulatory network by EMA. EMA will have oversight of operations and will provide the link between coordinating centre and the analysis and committees. DARWIN EU will deliver real-world evidence from across Europe on diseases, populations and the uses and performance of medicines and will enable EMA and national competent authorities to use these data whenever needed throughout the lifecycle of a medicine. DARWIN EU will support regulatory decision-making by:

- establishing and expanding a catalogue of observational data sources for use in medicines regulation;
- providing a source of high-quality, validated real world data on the uses, safety and efficacy of medicines;
- addressing specific questions by carrying out high-quality, non-interventional studies, including developing scientific protocols, interrogating relevant data sources and interpreting and reporting study results.

The range of approved healthcare databases enabling distributed data access via DARWIN EU will evolve and expand over time particularly with the establishment of the European Health Data Space.

The focus of DARWIN EU with be on medicines regulation all along the lifecycle, and ultimately beyond to studies and evidence for HTA's, payers and delivery of healthcare, and ultimately deliver better evidence and decision-making fast access to safe and effective medicines.

Real World Evidence has been extremely important since the outbreak of COVID-19, high quality data, knowing its provenance, robust methods and high levels of transparency are critical. In 2020 EMA proactively put in place contracts with academic to understand the epidemiology of COVID-19 and the context of use of vaccines so when they were rolled out already had some background data were rapidly available to interpret the safety reports in Eudravigilance database. DARWIN EU will allow such important public health work for future health crises and across all medicines and vaccines.

EMA will soon be publishing tender in official journal for a third-party coordination centre. The aim is to sign contract by the end 2021.

Lots of upcoming opportunities for engagement with patients, consumers and healthcare professionals; upcoming kick off meeting of the DARWIN EU advisory board; Elizabeth Vroom (UPPMD/EPF) and Aldo Maggioni (ESC) have been selected as the patient and healthcare professional representatives. Regarding data quality, a workshop will be held in early 2022 (PCWP and HCPWP will be invited). In Q4 2021 EMA will organise a workshop on learning about big data from regulatory submissions and assessments (PCWP and HCPWP will be invited). Q&A on secondary use of health care

data and data protection currently on hold waiting for opinion of the EU data protection board. Finally, will have Stakeholder forum December 2021 (PCWP and HCPWP invited).

Members to be kept informed of progress with EMA's Big Data work and DARWIN

7. Regulatory science research agenda

7.1 Principles for the research agenda

Lifang Liu (Regulatory Science and Innovation Taskforce) provided a first high-level overview of the rationale, principles, and development methodology for EMA's regulatory science research agenda (see presentation). Examples of concrete questions per core recommendation of the regulatory science strategy (RSS2025) were also illustrated.

This agenda aims to support preparedness for future challenges and respond to the opportunities offered by advances in science and technology. It is a tool to deliver on activities identified in EMA strategic plans and is also intended to identify research needs that can then be delivered by EMA or external research groups.

As part of the development process, EMA is seeking early input from PCWP/HCPWP and will then launch a public consultation in October/November 2021.

PCWP/HCPWP is invited to share their views on the following questions:

- Would you consider the proposed methodology appropriate for developing the Research Agenda?
- Would you think the 14 core recommendations cover your research interests and needs?
- What funding mechanisms you think would facilitate implementation of the Agenda?
- Any other considerations?

Participants welcomed the initiative and the opportunity to comment, emphasizing the need to contextualize it within the broader EU funding mechanisms.

Members will be kept informed about the expected public consultation and this topic will return to an upcoming PCWP/HCPWP meeting later in the year to discuss how to communicate about the final research agenda to maximise its impact.

8. Electronic product information (ePI)

8.1 Developing a common electronic standard for ePI: update on the ePI set-up project agenda

Elizabeth Scanlan (Medical and Health Information) provided an update on the ongoing work towards electronic solutions for product information (see presentation). Product information refers to the summary of product characteristics, package leaflet and labelling for a medicine. With the overall vision to have ePI seamlessly integrated with all EMA/NCA systems supporting medicines assessment, EMA is working on the following deliverables in 2021:

- Create an EU Common Standard for ePI based on *Fast Healthcare Interoperability Resources* (FHIR) to support harmonisation across the EU and collaboration across the network;
- Provide a proof-of-concept prototype using the EU common standard. The prototype will be used for a design and technical feasibility study to generate example FHIR-based documents associated with product data to publish on a website;
- Provide a realistic medium-term vision and road map towards achieving the benefits for stakeholders, HMA, EC, EMA as outlined in the Key Principles for ePI in the EU.

By end 2021 it is envisaged to have the proof-of-concept prototype completed and the EU Common Standard and roadmap adopted. This will be followed by a pilot phase amongst EMA and NCAs during 2022 with a transition to implementation depending on the pilot outcome.

As part of this process, a consultation phase is underway in July, including an information workshop to introduce all participants to the draft EU Common Standard for ePI, and exploratory workshops to provide technical scenarios on how to use the API and to receive input from developers.

Members are invited to register for the information workshop on 5 July and this topic will return to a PCWP/HCPWP meeting for an update towards the end of the year.

Some participants commented on the need to continue to provide printed information and it was clarified that the ePI vision remains a complement to what is already in place.

9. AOB

9.1 PCWP/PEC joint meeting

Nathalie Bere (Patient Relations coordinator) informed about the first joint meeting of FDA's equivalent of the PCWP, called PEC, to be held on 1 July – PCWP members to be sent details in the next few days.