07 November 2024
EMA/COMP/489105/2024
Human Medicines Division

Committee for Orphan Medicinal Products (COMP)

Minutes for the meeting on 08-10 October 2024

Chair: Tim Leest – Vice-Chair: Frauke Naumann-Winter

Disclaimers

Some of the information contained in this set of minutes is considered commercially confidential or sensitive and therefore not disclosed. With regard to intended therapeutic indications or procedure scopes listed against products, it must be noted that these may not reflect the full wording proposed by applicants and may also vary during the course of the review. Additional details on some of these procedures will be published in the COMP meeting reports once the procedures are finalised.

Of note, this agenda is a working document primarily designed for COMP members and the work the Committee undertakes.

Note on access to documents

Some documents mentioned in the minutes cannot be released at present following a request for access to documents within the framework of Regulation (EC) No 1049/2001 as they are subject to on-going procedures for which a final decision has not yet been adopted. They will become public when adopted or considered public according to the principles stated in the Agency policy on access to documents (EMA/127362/2006).

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Table of contents

1. Introduction

1.1. Welcome and declarations of interest of members and experts

The Chair opened the meeting by welcoming all participants. The meeting was held remotely.

In accordance with the Agency's policy on handling of declarations of interests of scientific Committees' members and experts, based on the declarations of interest submitted by the Committee members and experts and based on the topics in the agenda of the meeting, the Committee Secretariat announced the restricted involvement of some meeting participants in upcoming discussions.

Participants were asked to declare any changes, omissions or errors to their declared interests concerning the matters for discussion. No new or additional interests or restrictions were declared as included in the pre-meeting list of participants and restrictions.

Restrictions applicable to this meeting are captured in the List of participants included in the minutes.

Discussions, deliberations and voting took place in full respect of the restricted involvement of Committee members and experts in line with the relevant provisions of the Rules of Procedure. All decisions taken at this meeting were made in the presence of a quorum of members. All decisions, recommendations and advice were agreed by consensus, unless otherwise specified.

The Chair thanked the departing member for her contribution to the Committee.

The EMA Secretariat announced the names of the Committee members who delegated their vote via proxy and the Committee members who received such proxy.

1.2. Adoption of agenda

The agenda for 08-10 October 2024 was adopted with no amendments.

1.3. Adoption of the minutes

The minutes for 10-12 September 2024 were adopted with no amendments and will be published on the EMA website.

2. Applications for orphan medicinal product designation

2.1. For opinion

2.1.1. coramitug - EMA/OD/0000179978

Novo Nordisk A/S; Treatment of ATTR amyloidosis

COMP Rapporteur: Enrico Costa

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor was asked to clarify the following issues:

- Significant benefit

The arguments on significant benefit are based on the new mechanism of action and the potential improved efficacy in the condition.

The sponsor was requested to further discuss the arguments provided for significant benefit and to elaborate on the results from the non-clinical and clinical studies to directly or indirectly justify the assumption of significant benefit over the authorised medicinal products, in particular tafamidis, which is authorised for patients with polyneuropathy and cardiomyopathy.

Additionally, the sponsor was invited to clarify the background treatments administered to patients assessed for safety and tolerability, as well as those in the efficacy-evaluable population, and to provide the outcomes of the proposed product when used as an add-on therapy to authorised treatments for the condition.

In the written response, the sponsor argued that coramitug offers significant benefit over existing treatments for ATTR cardiomyopathy (ATTR-CM) and polyneuropathy (ATTR-PN), particularly in comparison to tafamidis. Their argument focused on three key areas: clinical data, non-clinical data supporting the mechanism of action, and results from patients treated with both coramitug and tafamidis.

In terms of clinical data, the sponsor highlighted findings from a Phase 1 study showing that coramitug improved cardiac function and slowed the progression of neuropathy more effectively than reported for tafamidis. Patients treated with coramitug showed improvement in cardiac function, whereas tafamidis-treated patients showed deterioration. Neuropathy progression was also slower in coramitug-treated patients compared to historical data for untreated patients, suggesting a potential significant benefit.

The sponsor also emphasised non-clinical data, which demonstrated that coramitug can bind and reduce misfolded transthyretin (mis-TTR), a key driver of ATTR disease progression. Coramitug's mechanism therefore directly targets the underlying pathology of ATTR.

Finally, the sponsor presented clinical outcomes from patients treated with both coramitug and tafamidis, showing that coramitug was effective in improving both cardiac and neuropathy measures regardless of whether tafamidis was used concurrently. These results support coramitug's potential as an add-on therapy.

Based on the totality of the data, including the improvements in cardiac function, slowing of neuropathy progression, and direct action on mis-TTR, the COMP concluded that there is sufficient evidence for the assumption of significant benefit for coramitug at the time of initial orphan designation. As a result, the oral explanation was cancelled, and the COMP adopted a positive opinion. The sponsor was advised to seek protocol assistance to prepare for further comparisons at the time of marketing authorisation.

The Committee agreed that the condition, ATTR amyloidosis, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing coramitug was considered justified based on clinical data in patients with the condition demonstrating that treatment with the proposed product either as monotherapy or as add-on resulted in a dose-dependent decrease in mis-TTR, decrease in neurological deterioration, and improvement in cardiac systolic function.

The condition is life-threatening and chronically debilitating in particular due to the development of neuropathy and cardiomyopathy.

The condition was estimated to be affecting approximately 2 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing coramitug will be of significant benefit to those affected by the condition. The sponsor has provided clinical data suggesting a decrease in amyloid deposition, a decrease in neurological deterioration, and cardiac improvement with the proposed product when used in combination with standard TTR stabilising background treatment. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for coramitug, for treatment of ATTR amyloidosis, was adopted by consensus.

2.1.2. - EMA/OD/0000175157

Treatment of idiopathic pulmonary fibrosis

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor was asked to clarify the following issues:

- Significant benefit

The sponsor was asked to explain the lack of correlation between lung fibrosis improvement and lung function outcomes and to explain how the results from the studies are supportive for the significant benefit.

In the written response, and during an oral explanation before the Committee on 8 October 2024, the sponsor mainly focused on providing additional information to support the significant benefit of their product vs nintedanib, based on a claim of improved efficacy. However, the sponsor presented additional arguments in support of a benefit based on improved safety/tolerability and also included arguments in support of a claim based on a major contribution to patient care (MCPC).

In support of a claim on improved efficacy, the COMP agreed with the sponsor's view that the Ashcroft Score (AS) was the most relevant efficacy endpoint in the bleomycin induced model of idiopathic pulmonary fibrosis (IPF). A significant benefit of the sponsor's product vs the authorised drug nintedanib but not vs pirfenidone was observed on this endpoint.

The sponsor also presented new data from biochemical and transcriptomics assays which showed that their product represses clinically relevant inflammatory biomarkers involved in IPF progression to a higher degree than nintedanib in the bleomycin model. The sponsor also showed that the combination of their product with nintedanib shows an additive effect in the attenuation of extracellular matrix (ECM) related genes in this model.

The COMP considered that the data presented by the sponsor could be sufficient to support a significant benefit claim of the sponsor's product vs the authorised drug nintedanib but not vs pirfenidone.

In support of a claim on improved safety, the sponsor stressed again the better tolerability of their product compared to nintedanib in the bleomycin model. Furthermore, the sponsor presented a list of frequent adverse effects, contraindications and warnings and precautions

for nintedanib and pirfenidone, as per their respective product labels. The COMP is of the opinion that improved tolerability/safety of the sponsor's product vs the authorised drugs nintedanib and pirfenidone cannot be established based on the non-clinical and preliminary clinical data in a few patients with a different condition.

In support of major contribution to patient case (MCPC), the sponsor pointed out compliance challenges for the orally administered products nintedanib and pirfenidone. In their view, a parenteral administration, likely once every 2 or 3 weeks potentially as a subcutaneous injection for self-administration, would offer a more convenient schedule to the patients, more reliable systemic exposure, and a reduction of the gastro-intestinal tolerability. The COMP does not consider that the data presented by the sponsor is sufficient to support a claim for MCPC.

In communicating to the sponsor, the outcome of the discussion, the sponsor formally withdrew the application for orphan designation, on 8 October 2024, prior to final opinion.

2.1.3. 7-ethyl-10-hydroxycamptothecin - EMA/OD/0000175107

Gate2brain S.L.; Treatment of glioma

COMP Rapporteur: Brigitte Schwarzer-Daum

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor was asked to clarify the following issues:

- Significant benefit

The arguments on significant benefit are based on an alternative mechanism of action and the potential improved efficacy in the condition.

The sponsor was requested to further discuss the arguments provided for significant benefit and to elaborate on the results from their non-clinical studies to justify the assumption of significant benefit over authorised medicinal products for the proposed orphan condition.

In the written response, and during an oral explanation before the Committee on 9 October 2024, the sponsor has not presented new data in their written response but further elaborated on the challenges faced in treating paediatric forms of glioma. In their oral explanation it was highlighted that the paediatric gliomas target by their product were primarily hybrid gliomas which represent 10-15% of those found in this setting. It was noted that no authorised medicines have any significant therapeutic impact on these tumours. Spexotras and Finlee target BRAF V600 antigenic markers which are not present in this subset. Carmustin is not authorised for use in the paediatric setting. Comparative data to lomustine was not available but in the discussions during and after the oral explanation it was noted that this particular medicine has little effect in these tumours.

The COMP noted that there was an urgent need for alternative products in the treatment of paediatric hybrid gliomas. Irinotecan has been reported to cross the blood brain barrier, but the sponsor indicated that its toxicity has limited its use in the treatment of gliomas. The new formulation proposed by the sponsor offers the possibility of crossing this barrier thereby reducing the dose of irinotecan with a similar or improved efficacy. It was noted that the recommended broad treatment algorithms which currently exists are not applicable to this subset of patients and that alternative approaches are often used. This proposed formulation of irinotecan potentially offers lower toxicity to current formulations of irinotecan for a similar efficacy in reducing paediatric hybrid glioma tumours. It was agreed

that there was a need for more effective medicines for this subset of gliomas and that the sponsor's product could offer an alternative treatment.

The COMP agreed to recommend granting the orphan designation and communicated this to the sponsor following the oral explanation.

The Committee agreed that the condition, glioma, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing 7-ethyl-10-hydroxycamptothecin was considered justified based on non-clinical in vivo data in a model of the condition showing an improvement in survival and a reduction in tumour volume.

The condition is chronically debilitating due to symptoms caused by the tumour compressing the surrounding brain tissue including headache, anorexia, nausea, vomiting, seizures, neurological deficits, personality changes and cognitive decline. The condition is also life-threatening, with a limited median overall survival.

The condition was estimated to be affecting approximately 2.6 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition have been authorised in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing 7-ethyl-10-hydroxycamptothecin will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical in vivo data in a valid disease model suggesting a positive effect on survival. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for 7-ethyl-10-hydroxycamptothecin, for treatment of glioma, was adopted by majority (22 out of 26 votes).

The COMP member of Norway agreed with the above-mentioned recommendation of the COMP. The COMP member of Iceland is vacant, and the COMP member of Liechtenstein did not participate in the meeting.

The divergent positions (Brigitte Schwarzer-Daum, Enrico Costa, Darius Matusevicius and Ines Alves) were appended to this opinion.

2.2. For discussion / preparation for an opinion

2.2.1. - EMA/OD/0000175548

Treatment of focal segmental glomerulosclerosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.2. - EMA/OD/0000175842

Treatment of Duchenne muscular dystrophy

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.3. - EMA/OD/0000177828

Treatment of cystic fibrosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.4. avenciguat - EMA/OD/0000178220

Boehringer Ingelheim International GmbH; Treatment of systemic sclerosis

COMP Rapporteur: Joao Rocha

The Committee agreed that the condition, systemic sclerosis, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing avenciguat was considered justified based on non-clinical data in a relevant model showing a reduction in skin fibrosis and dermal thickness as well as in lung fibrosis.

The condition is chronically debilitating and life-threatening due to the deposition of collagen in the skin leading to skin ulcers and in internal organs such as kidneys, heart, lungs and gastrointestinal tract, which may lead to severe complications such as pulmonary arterial hypertension, interstitial lung disease, progressive dysphagia, renal crisis and cardiac failure.

The condition was estimated to be affecting approximately 3.4 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing avenciguat will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical data that demonstrate a reduction in skin fibrosis and dermal thickness which currently is not treated with authorised medicines. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for avenciguat, for treatment of systemic sclerosis, was adopted by consensus.

2.2.5. mesenchymal stem cells-derived small extracellular vesicles loaded with siRNA against phosphatase and tensin homolog - EMA/OD/0000178363

Scendea (NL) B.V.; Treatment of spinal cord injury

COMP Rapporteur: Elisabeth Johanne Rook

The Committee agreed that the condition, spinal cord injury, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing mesenchymal stem cells-derived small extracellular vesicles loaded with siRNA against phosphatase and tensin homolog was considered justified based on non-clinical data in a model of the proposed condition showing improvements in motor and sensory function.

The condition is chronically debilitating and life-threatening due to sensory and motor loss of function in the limbs and reduced life expectancy.

The condition was estimated to be affecting approximately 4.3 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing mesenchymal stem cells-derived small extracellular vesicles loaded with siRNA against phosphatase and tensin homolog will be of significant benefit to those affected by the condition. The sponsor has provided data in a non-clinical model of the condition, showing benefits in restoration of the motor and sensory function. These results have not been conclusively demonstrated for the authorised product. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for mesenchymal stem cells-derived small extracellular vesicles loaded with siRNA against phosphatase and tensin homolog, for treatment of spinal cord injury, was adopted by consensus.

2.2.6. - EMA/OD/0000179368

Treatment of soft tissue sarcoma

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.7. 3-chloro-4-fluorophenyl-(4-fluoro-4-(((5-methylpyrimidin-2-ylmethyl)amino)methyl)piperidin-1yl)methanone - EMA/OD/0000180034

Neurolixis; Treatment of fragile X syndrome

COMP Rapporteur: Cécile Dop

The Committee agreed that the condition, fragile X syndrome, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing 3-chloro-4-fluorophenyl-(4-fluoro-4-(((5-methylpyrimidin-2-ylmethyl)amino)methyl)piperidin-1yl)methanone was considered justified based on non-clinical in vivo data which showed improvement on behavioural and cognitive parameters, as compared to the control groups.

The condition is chronically debilitating due to developmental delay as well as a range of behavioural and cognitive deficits.

The condition was estimated to be affecting approximately 3 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for 3-chloro-4-fluorophenyl-(4-fluoro-4-(((5-methylpyrimidin-2-ylmethyl)amino)methyl)piperidin-1yl)methanone, for treatment of fragile X syndrome, was adopted by consensus.

2.2.8. 4-[[(4-methoxyphenyl)thio]methyl]-N,N-dimethyl-1H-1,2,3-triazole-1-ethanamine - EMA/OD/0000180913

Miramoon Pharma S.L.; Treatment of non-syndromic inherited retinal dystrophies with a rod-dominant phenotype

COMP Rapporteur: Darius Matusevicius

The Committee agreed that the condition, non-syndromic inherited retinal dystrophies with a rod-dominant phenotype, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing 4-[[(4-methoxyphenyl)thio]methyl]-N,N-dimethyl-1H-1,2,3-triazole-1-ethanamine was considered justified based on in vivo non-clinical data which showed visual function improvement.

The condition is chronically debilitating due to visual impairment progressing to blindness.

The condition was estimated to be affecting approximately 3.1 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for 4-[[(4-methoxyphenyl)thio]methyl]-N,N-dimethyl-1H-1,2,3-triazole-1-ethanamine, for treatment of non-syndromic inherited retinal dystrophies with a rod-dominant phenotype, was adopted by consensus.

2.2.9. - EMA/OD/0000182883

Treatment of AL amyloidosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.10. - EMA/OD/0000182940

Treatment of sickle cell disease

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.11. - EMA/OD/0000183952

Treatment of Duchenne muscular dystrophy

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.12. - EMA/OD/0000222144

Treatment in solid organ transplantation

The COMP adopted a list of issues that will be sent to the sponsor. The Committee will discuss the submitted answers to the list of issues at the November meeting.

2.2.13. felzartamab - EMA/OD/0000222236

Human Immunology Biosciences Ireland Limited; Treatment of primary IgA nephropathy

COMP Rapporteur: Elisabeth Johanne Rook

Following review of the application by the Committee, it was agreed to broaden/rename the indication to treatment of primary IgA nephropathy (IgAN).

The Committee agreed that the condition, primary IgA nephropathy, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing felzartamab was considered justified based on clinical data showing a durable and clinically relevant reduction in proteinuria and improved renal function.

The condition is life-threatening and chronically debilitating due to progressive loss of kidney function leading to kidney failure requiring dialysis and transplantation.

The condition was estimated to be affecting approximately 4 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing felzartamab will be of significant benefit to those affected by the condition. The sponsor has provided clinical data which has shown that felzartamab can provide a benefit in IgAN patient subsets, not currently covered by the authorised treatment ciclosporin. Furthermore, felzartamab has demonstrated a clinical benefit when used in addition to optimised background therapy with renin-angiotensin-aldosterone inhibitors (RAASi), as compared to treatment with RAASi alone. Moreover, felzartamab has shown a durable and clinically relevant reduction in proteinuria, which compares favourably to budesonide. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for felzartamab, for treatment of primary IgA nephropathy, was adopted by consensus.

2.2.14. - EMA/OD/0000222362

Treatment of pulmonary arterial hypertension

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.15. - EMA/OD/0000222517

Treatment of autoimmune haemolytic anaemia

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

2.2.16. curcumin, resveratrol - EMA/OD/0000222707

ICON Clinical Research Limited; Treatment of Dercum disease

COMP Rapporteur: Vallo Tillmann

The Committee agreed that the condition, Dercum disease, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing curcumin, resveratrol delivered via local administration was considered justified based on preliminary clinical data showing a reduction in the size of lipomas and pain.

The condition is chronically debilitating due to pain which can be severe, chronic (> 3 months) and is disabling.

The condition was estimated to be affecting approximately 0.6 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for curcumin, resveratrol, for treatment of Dercum disease, was adopted by consensus.

2.3. Revision of the COMP opinions

None

2.4. Amendment of existing orphan designations

None

2.5. Appeal

None

2.6. Nominations

2.6.1. New applications for orphan medicinal product designation - Appointment of COMP rapporteurs

COMP rapporteurs were appointed for 12 applications submitted.

2.7. Evaluation on-going

The Committee noted that evaluation was on-going for 1 application for orphan designation.

3. Requests for protocol assistance with significant benefit question

3.1. Ongoing procedures

3.1.1. -

Treatment of hyperphenylalaninemia

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

3.1.2. -

Treatment of acute myeloid leukaemia

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

[Post-meeting note: The COMP adopted the proposed answers by written procedure following its October 2024 meeting.]

3.1.3. -

Treatment of hereditary angioedema

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

4. Review of orphan designation for orphan medicinal products at time of initial marketing authorisation

4.1. Orphan designated products for which CHMP opinions have been adopted

4.1.1. Elahere - mirvetuximab soravtansine - EMEA/H/C/005036, EU/3/15/1458, EMA/OD/0000178274

Abbvie Deutschland GmbH & Co. KG; Treatment of ovarian cancer

COMP Rapporteur: Brigitte Schwarzer-Daum; COMP Co-Rapporteur: Jana Mazelova

A list of issues was adopted on 10 September 2024.

The oral explanation scheduled on 09 October 2024, was cancelled.

An opinion recommending not to remove Elahere, mirvetuximab soravtansine, EU/3/15/1458 from the EC Register of Orphan Medicinal Products was adopted by consensus.

The orphan maintenance assessment report will be publicly available on the EMA website.

4.1.2. Hympavzi - marstacimab - EMEA/H/C/006240

Pfizer Europe MA EEIG

COMP Rapporteur: Boje Kvorning Pires Ehmsen; COMP Co-Rapporteur: Karri Penttila

a) Treatment of haemophilia B, EU/3/23/2866, EMA/OD/0000179102

b) Treatment of haemophilia A, EU/3/16/1752, EMA/OD/0000179103

A list of issues was adopted on 10 September 2024.

An oral explanation was held on 09 October 2024.

In communicating to the sponsor, the outcome of the discussion, the sponsor formally withdrew the orphan designation from the register of orphan medicinal products, on 10 October 2024, prior to final opinion.

The orphan designation withdrawal assessment report will be publicly available on the EMA website.

4.1.3. Hetronifly - serplulimab - EMEA/H/C/006170, EU/3/22/2731, EMA/OD/0000155775

Henlius Europe GmbH; Treatment of small cell lung cancer

COMP Rapporteur: Frauke Naumann-Winter; COMP Co-Rapporteur: Brigitte Schwarzer-Daum

A list of issues was adopted on 10 September 2024.

An oral explanation was held on 09 October 2024.

The COMP did not reach a two-thirds majority in favour of finding significant benefit over other satisfactory methods to those affected by the orphan condition for Hetronifly. An opinion recommending the removal of Hetronifly, serplulimab, EU/3/22/2731 from the EC Register of Orphan Medicinal Products was adopted.

(Note: This is in line with the COMP Rules of Procedure which states that: "In the absence of a two-third-majority position in favour of the designation of a medicinal product as an orphan medicinal product, the Committee's opinion is deemed to be negative.")

The divergent positions were appended to this opinion.

The orphan maintenance assessment report will be publicly available on the EMA website.

4.2. Orphan designated products for discussion prior to adoption of CHMP opinion

4.2.1. Wainzua - eplontersen - EMEA/H/C/006295, EU/3/23/2828, EMA/OD/0000177780

AstraZeneca AB; Treatment of transthyretin-mediated amyloidosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the November meeting.

4.3. Appeal

None

4.4. On-going procedures

COMP co-ordinators were appointed for 2 applications.

4.5. Orphan Maintenance Reports

Documents were tabled for information.

5. Review of orphan designation for authorised orphan medicinal products at time marketing authorisation extension

5.1. After adoption of CHMP opinion

None

5.2. Prior to adoption of CHMP opinion

None

5.3. Appeal

None

5.4. On-going procedures

None

6. Application of Article 8(2) of the Orphan Regulation

None

7. Organisational, regulatory and methodological matters

7.1. Mandate and organisation of the COMP

7.1.1. COMP membership

The Chair thanked Emma Fagan for her contribution as the member for Ireland.

7.1.2. Vote by proxy

Ines Alves gave a proxy to Brigitte Schwarzer-Daum to vote on behalf of Ines Alves during the entire meeting.

7.1.3. Strategic Review & Learning meetings

The COMP noted the topics and draft agenda for the meeting to be held face-to-face on 29-30 October in Budapest, Hungary.

7.1.4. Protocol Assistance Working Group (PAWG)

The working group on Protocol Assistance met remotely on 04 October 2024 meeting.

7.1.5. COMP Decisions Database

The COMP acknowledged the importance of adding further topics to the database.

7.2. Coordination with EMA Scientific Committees or CMDh-v

7.2.1. Recommendation on eligibility to PRIME – report

None

7.3. Coordination with EMA Working Parties/Working Groups/Drafting Groups

7.3.1. Working Party with Patients' and Consumers' Organisations (PCWP) and Working Party with Healthcare Professionals' Organisations (HCPWP)

None

7.3.2. Innovation Task Force (ITF) meetings

The COMP noted the upcoming ITF meetings.

7.4. Cooperation within the EU regulatory network

7.4.1. European Commission

None

7.5. Cooperation with International Regulators

7.5.1. Food and Drug Administration (FDA)

None

7.5.2. Japanese Pharmaceuticals and Medical Devices Agency (PMDA)

None

7.5.3. Therapeutic Goods Administration (TGA), Australia

None

7.5.4. Health Canada

None

7.6. Contacts of the COMP with external parties and interaction with the Interested Parties to the Committee

None

7.7. COMP work plan

7.7.1. Draft COMP Work Plan for 2025

COMP Chair: Tim Leest

The draft COMP work plan for 2025 was discussed.

7.8. Planning and reporting

7.8.1. List of all applications submitted/expected and the COMP rapporteurship distribution of valid applications submitted in 2024

An updated list of all applications submitted/expected and the COMP rapporteurship distribution of valid applications submitted in 2024 were circulated.

7.8.2. Overview of orphan marketing authorisations/applications

None

8. Any other business

8.1. EMA business Pipeline activity

The business pipeline report for Q3/2024 was presented for information.

9. List of participants

List of participants including any restrictions with respect to involvement of members / experts following evaluation of declared interests for the 08-10 October 2024 COMP meeting, which was held remotely.

Name	Role	Member State or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Tim Leest	Chair	Belgium	No interests declared	
Brigitte Schwarzer-Daum	Member	Austria	No restrictions applicable to this meeting	
Dinko Vitezic	Member	Croatia	No interests declared	
Ioannis Kkolos	Member	Cyprus	No interests declared	
Jana Mazelova	Member	Czechia	No interests declared	
Boje Kvorning Pires Ehmsen	Member	Denmark	No interests declared	
Vallo Tillmann	Member	Estonia	No interests declared	
Karri Penttila	Member	Finland	No interests declared	
Cecile Dop	Member	France	No interests declared	
Frauke Naumann-Winter	Member (Vice-Chair)	Germany	No interests declared	
Evangelia Giannaki	Member	Greece	No restrictions applicable to this meeting	
Zsofia Gyulai	Member	Hungary	No interests declared	
Enrico Costa	Member	Italy	No interests declared	
Irena Rogovska	Member	Latvia	No restrictions applicable to this meeting	
Michel Hoffmann	Member	Luxembourg	No interests declared	
Luana Mifsud Buhagiar	Member	Malta	No interests declared	

Name	Role	Member State or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Elisabeth Johanne Rook	Member	Netherlands	No interests declared	
Maria Elisabeth Kalland	Member	Norway	No interests declared	
Bożenna Dembowska-Baginska	Member	Poland	No restrictions applicable to this meeting	
Joao Rocha	Member	Portugal	No restrictions applicable to this meeting	
Olimpia Neagu	Member	Romania	No interests declared	
Gloria Maria Palomo Carrasco	Member	Spain	No interests declared	
Darius Matusevicius	Member	Sweden	No restrictions applicable to this meeting	
Julian Isla	Member	Patients' Organisation Representative	No interests declared	
Mariette Driessens	Member	Patients' Organisation Representative	No restrictions applicable to this meeting	
Fernando Mendez Hermida	Member	Expert recommended by EMA	No interests declared	
Ingeborg Barisic	Member	Expert recommended by EMA	No interests declared	
Maria Judit Molnar	Member	Expert recommended by EMA	No participation in discussion, final deliberations and voting on:	2.2.2.- EMA/OD/0000175842 2.2.11.- EMA/OD/0000183952
Maria Cavaller Bellaubi	Expert	Patients' Organisation Representative	No restrictions applicable to this meeting	
A representative from the European Commission attended the meeting				
Meeting run with support from relevant EMA staff				

Experts' declared interests were evaluated against the agenda topics or activities they participated in.

10. Explanatory notes

The notes below give a brief explanation of the main sections and headings in the COMP agenda and should be read in conjunction with the agenda or the minutes.

Abbreviations / Acronyms

CHMP: Committee for Medicinal Product for Human Use

COMP: Committee for Orphan Medicinal Products

EC: European Commission

OD: Orphan Designation

PA: Protocol Assistance

PDCO: Paediatric Committee

PRAC: Pharmacovigilance and Risk Assessment Committee

SA: Scientific Advice

SAWP: Scientific Advice Working Party

Orphan Designation *(section 2 Applications for orphan medicinal product designation)*

The orphan designation is the appellation given to certain medicinal products under development that are intended to diagnose, prevent or treat rare conditions when they meet a pre-defined set of criteria foreseen in the legislation. Medicinal products which get the orphan status benefit from several incentives (fee reductions for regulatory procedures (including protocol assistance), national incentives for research and development, 10-year market exclusivity) aiming at stimulating the development and availability of treatments for patients suffering from rare diseases.

Orphan Designations are granted by Decisions of the European Commission based on opinions from the COMP. Orphan designated medicinal products are entered in the Community Register of Orphan Medicinal Products.

Protocol Assistance *(section 3 Requests for protocol assistance with significant benefit question)*

The protocol assistance is the help provided by the Agency to the sponsor of an orphan medicinal product, on the conduct of the various tests and trials necessary to demonstrate the quality, safety and efficacy of the medicinal product in view of the submission of an application for marketing authorisation.

Sponsor

Any legal or physical person, established in the Community, seeking to obtain or having obtained the designation of a medicinal product as an orphan medicinal product.

Maintenance of Orphan Designation *(section 4 Review of orphan designation for orphan medicinal products for marketing authorisation).*

At the time of marketing authorisation, the COMP will check if all criteria for orphan designation are still met. The designated orphan medicinal product should be removed from

the Community Register of Orphan Medicinal Products if it is established that the criteria laid down in the legislation are no longer met.

For a list of acronyms and abbreviations, see:

Abbreviations used in EMA scientific committees & CMD documents and in relation to EMA's regulatory activities

More detailed information on the above terms can be found on the EMA website: www.ema.europa.eu/