



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Scientific Advice delivers planning during development

Tenth Stakeholder forum on the Pharmacovigilance legislation. September 21, 2016

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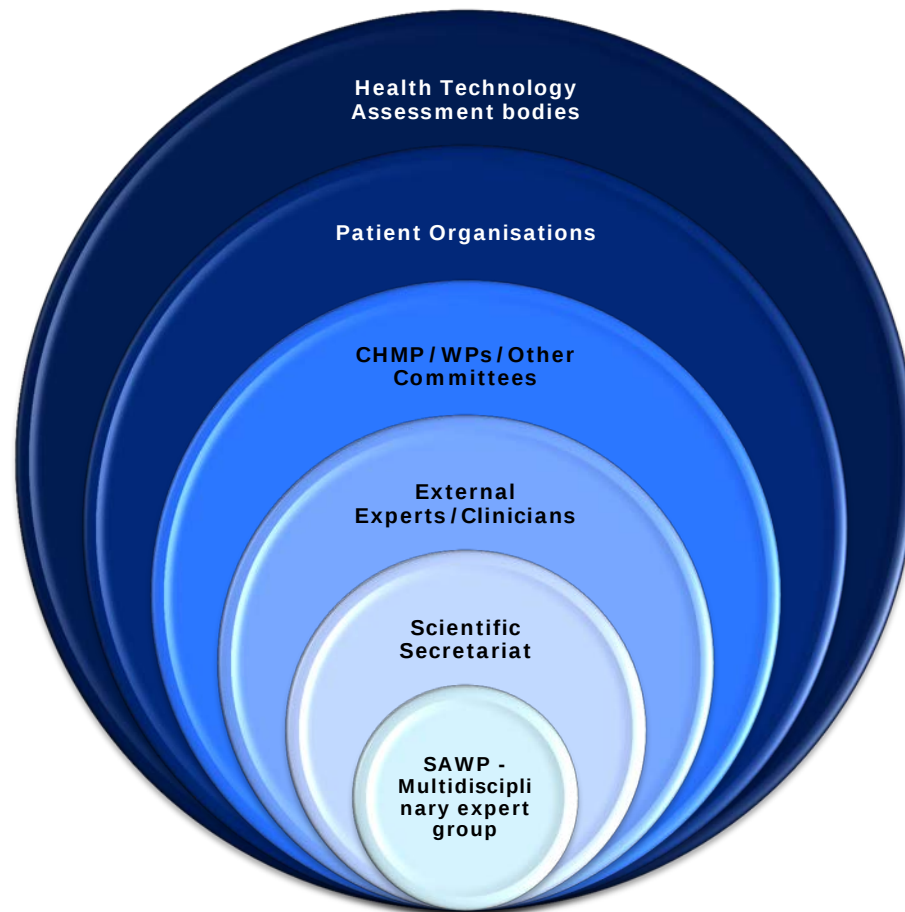
Scientific Advice

Advising Applicants on the scientific requirements for marketing authorisation :

- Before the first marketing authorisation (MA): companies ask questions on manufacturing, non-clinical and clinical trials, risk-management plans, ways to develop generics and biosimilars; significant benefit for orphan medicines; development in children.
- Post-MA: extension of indication to different age groups and stages of the disease; different conditions; & safety aspects.

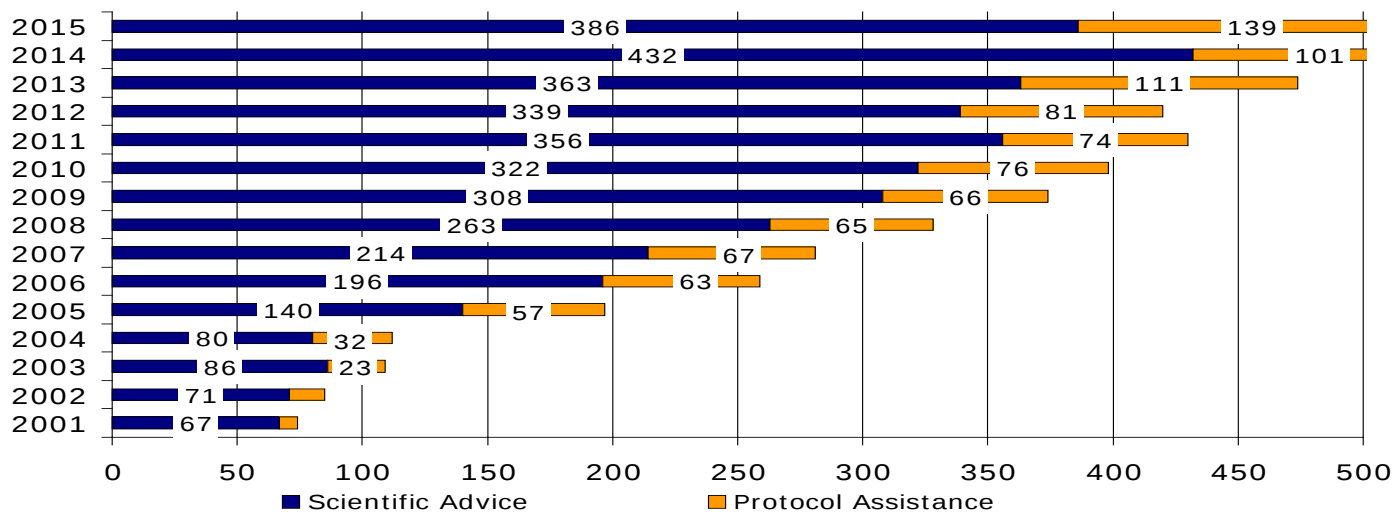


Scientific Advice Network



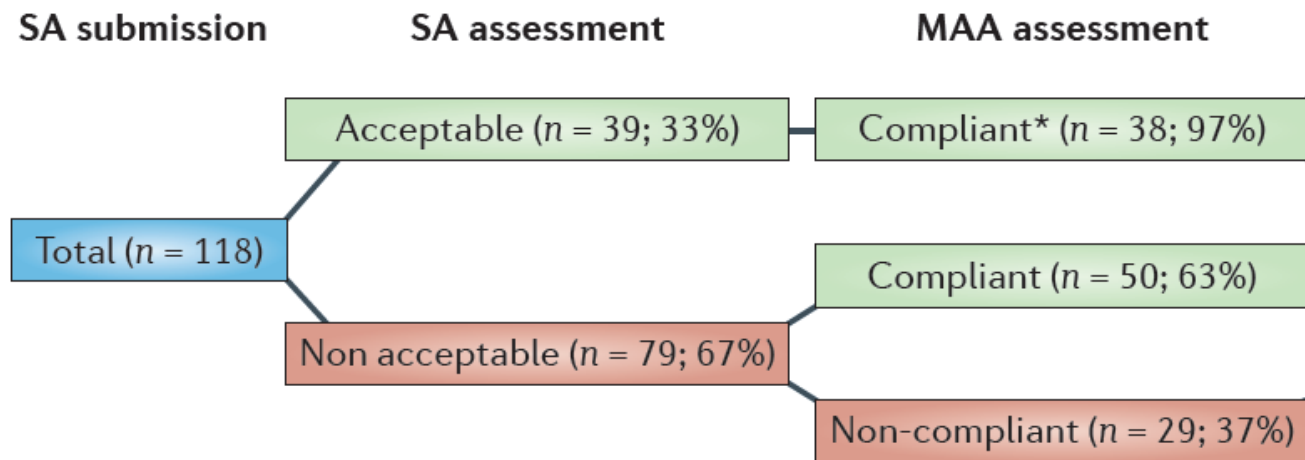


Scientific Advice main activity so far: scientific advice and protocol assistance for orphan drugs

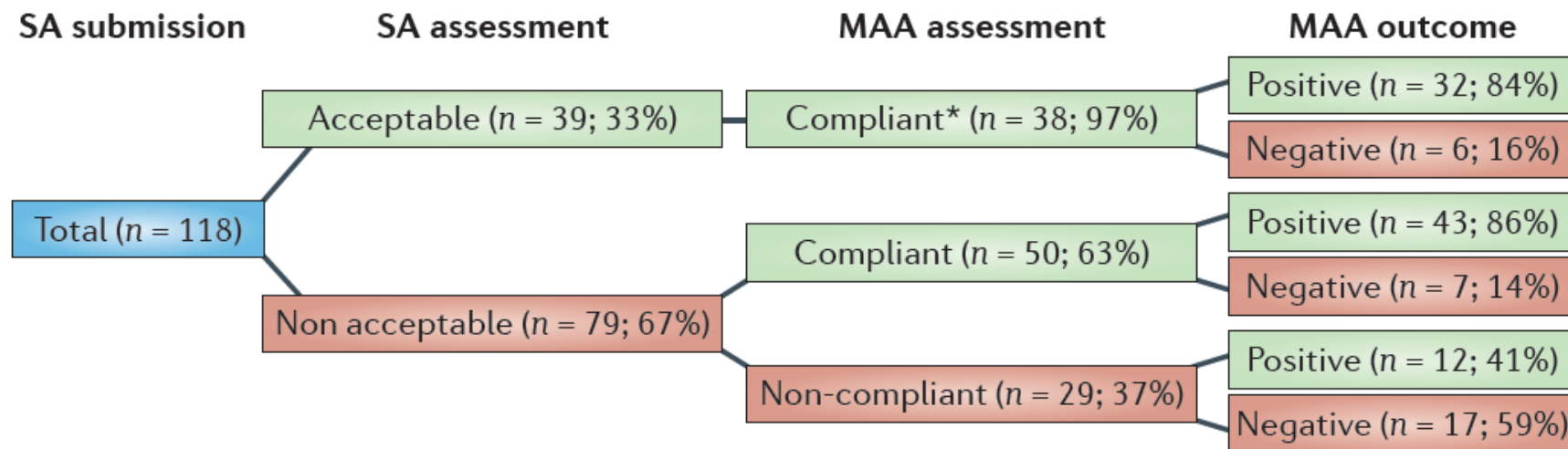




SA can help to guide changes in the pivotal clinical development...

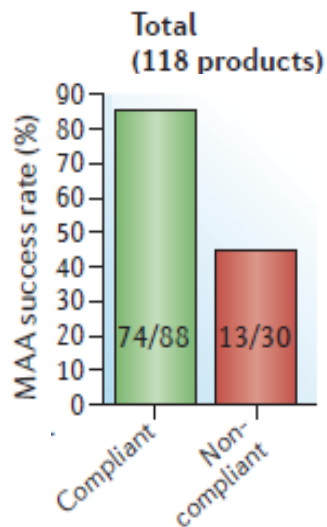


SA can help to guide changes in the pivotal clinical development towards improved regulatory acceptability



Positive impact of SA adherence on MAA procedure and outcome

MAA success



MAA procedural aspects

	MAA procedure	Total MO*			
	average days	Quality/Pre-Clinical	Clin. Efficacy	Clin. Safety	Total
Compliance	367	1.64	2.66	0.86	5.16
Non- Compliance	428	4.25	3.91	1.42	9.58

Rationale

- Facilitating life-cycle advice on medicines
- Fostering inter-disciplinary / committee thinking

Bring in PRAC expertise - outputs richer and better advice

Ongoing activities

PASS pilot

- Requests for EMA scientific advice to Post Authorisation Safety Studies (PASS) protocols, with focus on non-imposed studies.

Scientific advice requests with PRAC consultation

- Proactive pharmacovigilance planning, e.g. pre-authorisation advice on Risk Management Plans.

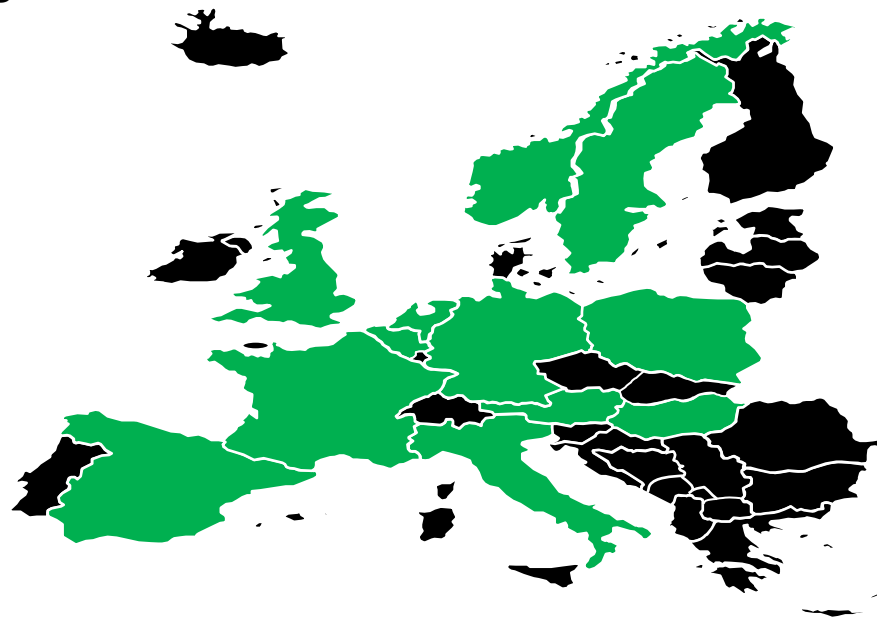
Scientific advice on PASS protocols / PRAC endorsement

Examples of changes to study designs to better address safety concerns

- ❖ *Change from registry to open label extension study of a planned randomised clinical trial.*
- ❖ *Change from long term prospective cohort study with historical controls to long term, active controlled RCT.*
- ✓ **Enhanced dialogue between PRAC and SAWP results in improved study designs.**

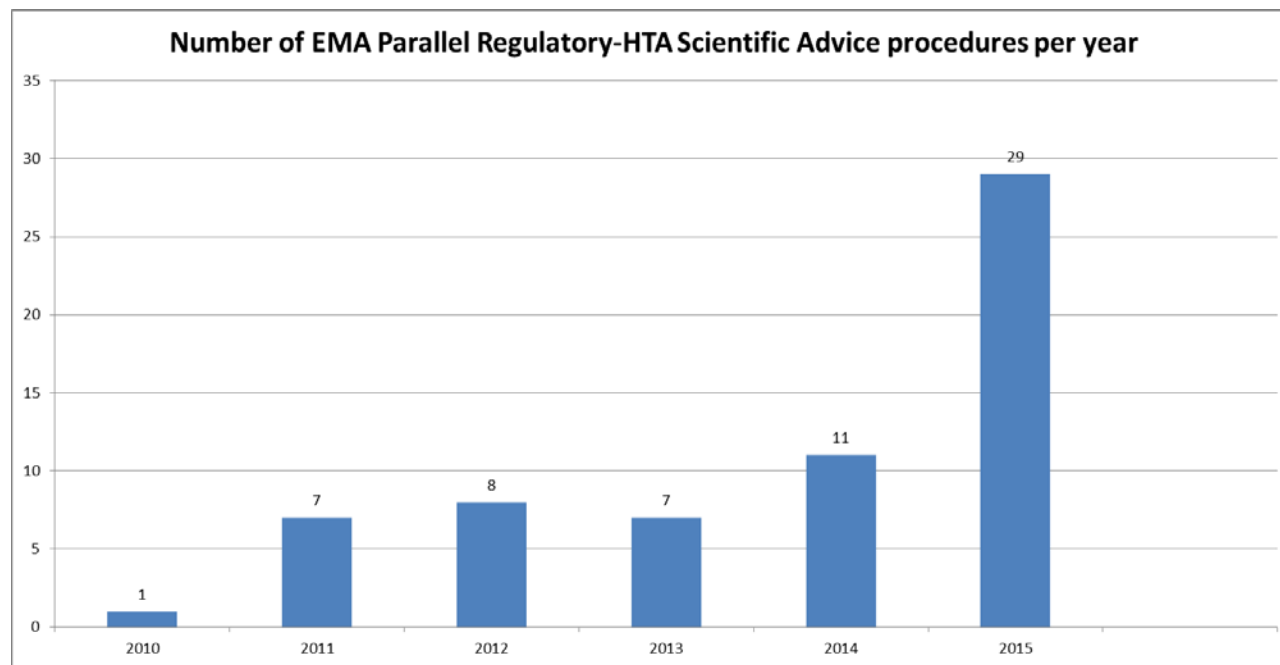
EMA HTA Parallel SA: Experience to date

- **80 parallel EMA – HTA SA procedures** with EU HTA bodies from UK, Italy, Germany, Sweden, France, Netherlands, Spain, Belgium, Austria, Poland, Norway, Hungary
- **Broad range of indications:** Lung cancer, Breast cancer, Pancreas cancer, Melanoma, Asthma, COPD, Diabetes, Heart Failure, RA, Depression, Alzheimer's, Migraine, Infections, Rare diseases, M. Gravis, Ophthalmology





EMA HTA Parallel SA: Completed procedures to date (Dec 2015)



Parallel HTA/EMA SA - Experience so far

Common discussions: Elements which are necessary for the benefit/risk assessment (Regulators) and added value (HTAs)

- Comparator: placebo, active comparator
- Clinical endpoints: Survival, quality of life
 - Duration of the trial
- Patient population to be included premarketing / post marketing
 - New: registries, Qualification of novel endpoints



Thank you for your attention

Further information

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