



**ASSESSMENT OF THE PAEDIATRIC NEEDS  
CHEMOTHERAPY PRODUCTS (PART I)**

**DISCLAIMER**

**The Paediatric Working Party (PEG) is working to identify the needs in the different therapeutic areas where there should be research and development of medicinal products for children, either old (i.e. off patent) or new ones (including those under development). Products on the list are not in any order of priority.**

**The lists should not be viewed as a prescription tool nor as recommendations for treatment. Accuracy of data including in particular authorised doses cannot be guaranteed.**

**Information on existing marketing authorisations is very limited and therefore information under “authorised” includes the indication in broad term (only related to chemotherapy), the lower age group authorised in at least one Member State, the authorised dose(s) (if authorised for use in patients less than 18 years of age) and formulation(s) in at least in one Member State.**

**Please refer to the EMEA/PEG procedure for identifying the paediatric needs for further information.**

**Comments from third parties are expected especially to complete and or update the list as necessary.**

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If not stated separately, the need for availability in all Member States of the Community applies to all medicinal products included in this list.

<b>ALKYLATING AGENTS</b>	
<b>MELPHALAN</b>	
<i>Authorised indication</i>	Lymphoma (HD; NHL; AL), neuroblastoma
<i>Authorised age group</i>	No lower age limit mentioned
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Powder and solvent for solution for IV injection 50 mg/10 ml, tablets 2 mg
<i>Needs</i>	Age appropriate formulation, Update of information in the Summary of Product Characteristics (SPC) to include existing data on pharmacokinetics and data from existing studies AL + neuroblastoma: Data > 3 months
<b>CYCLOPHOSPHAMIDE</b>	
<i>Authorised indication</i>	Seminomas and testicular embryonic carcinomas, solid tumours, sarcomas, neuroblastoma, HD, NHL, AL (varies by Member States)
<i>Authorised age group</i>	No lower age limit mentioned
<i>Authorised dose</i>	100-200 mg/m <sup>2</sup> /day (i.e. 2.5-5 mg/kg/day) up to 4g/m <sup>2</sup> (in haemopoietic stem cell)
<i>Authorised formulation</i>	Powder and solvent for solution for IV injection, tablets 500 mg, 1000 mg and film coated tablets 50 mg
<i>Needs</i>	Indications to be made available in all Member States Age appropriate formulation, Data on pharmacokinetics (PK), efficacy and safety in children < 1 year needed
<b>CHLORAMBUCIL</b>	
<i>Authorised indication</i>	HD; NHL in some Member States (e.g. France and UK)
<i>Authorised age group</i>	>3 years
<i>Authorised dose</i>	Dosing per kg bodyweight , doses similar to adults
<i>Authorised formulation</i>	2 mg film-coated tablets
<i>Needs</i>	Indications to be made available in all Member States Data on long tem safety in children needed Age appropriate formulation
<b>ACTINOMYCIN D</b>	
<i>Authorised indication</i>	Wilms, Rhabdomyosarcoma, Ewing sarcoma, non-seminomatous testicular carcinoma
<i>Authorised age group</i>	> 6 month (Spain)
<i>Authorised dose</i>	Varies by indication
<i>Authorised formulation</i>	Lyophilized powder
<i>Needs</i>	Efficacy and Safety in children < 6 month
<b>IFOSFAMIDE</b>	
<i>Authorised indication</i>	Soft tissue sarcomas, osteogenic sarcoma, NHL, relapsed testicular carcinoma, relapsed AL
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	Varies by indication
<i>Authorised formulation</i>	Powder for solution for IV infusion 0.5, 1g, 2g vials
<i>Needs</i>	Define lower age limit based on data on efficacy and safety and investigate where needed

<b>DACARBAZINE</b>	
<i>Authorised indication</i>	Metastatic Melanoma, HD, Sarcoma
<i>Authorised age group</i>	No lower age limit mentioned
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Powder and solvent for solution for IV and intra-arterial infusion - 100 mg, 200 mg, 500 mg, 1 g vials
<i>Needs</i>	In HD, define lower age limit based on data on efficacy and safety and investigate where needed
<b>TEMOZOLOMIDE</b>	
<i>Authorised indication</i>	Glioblastoma multiforms, anaplastic astrocytoma
<i>Authorised age group</i>	> 3 years
<i>Authorised dose</i>	200 mg/m <sup>2</sup> (Dosing as adults)
<i>Authorised formulation</i>	5 mg, 20 mg, 100 mg and 250 mg capsules
<i>Needs</i>	Age appropriate formulation Data for efficacy and safety children < 3 years
<b>CARMUSTINE</b>	
<i>Authorised indication</i>	Brain tumours, multiple myeloma, NHL, HD, melanoma (in some Member States)
<i>Authorised age group</i>	> 5 years, ( <i>Note contraindicated &lt; 5 years in France</i> )
<i>Authorised dose</i>	No recommendation
<i>Authorised formulation</i>	Powder and solvent for solution for IV infusion 100 mg, implantate 7.7 mg
<i>Needs</i>	Indication and age appropriate formulation to be made available in all MSs
<b>LOMUSTINE</b>	
<i>Authorised indication</i>	Brain tumours (in some Member States)
<i>Authorised age group</i>	No lower age limit mentioned
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Capsules 40 mg
<i>Needs</i>	Define lower age limit based on data on efficacy and safety and investigate where needed Age appropriate formulation
<b>CISPLATIN</b>	
<i>Authorised indication</i>	Testicular carcinoma (pediatrics) and in adults various other solid tumours
<i>Authorised age group</i>	> 6 months
<i>Authorised dose</i>	50 à 120 mg/m <sup>2</sup>
<i>Authorised formulation</i>	Dry powder solution for IV infusion 10 mg, 50 mg, 100 mg
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>CARBOPLATIN</b>	
<i>Authorised indication</i>	Advanced ovarian carcinoma, lung carcinoma, advanced bladder carcinoma.
<i>Authorised age group</i>	
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Solution for IV infusion 10mg/ml solution vial sizes: 5 ml, 15 ml, 45ml, 60 ml
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety PK data in children

<b>OXALIPLATIN</b>	
<i>Authorised indication</i>	Colon carcinoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	
<i>Authorised formulation</i>	Powder for solution for IV infusion 50 mg, 100 mg vials
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>DNA CLEAVING AGENTS</b>	
<b>BLEOMYCIN</b>	
<i>Authorised indication</i>	Squamous cell carcinoma, HD, NHL, testicular carcinoma (in some Member States)
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	The dosage should be based on that recommended for adults and adjusted to body surface area or body weight
<i>Authorised formulation</i>	Powder for solution for SC or IV injection and for IV infusion 15,000 iv/vial
<i>Needs</i>	Define lower age limit based on data on efficacy and safety and investigate efficacy and safety where needed
<b>ANTIMETABOLITES (ANTIFOLATES, PURINE ANALOGUES, PYRIMIDINE ANALOGUES)</b>	
<b>METHOTREXATE</b>	
<i>Authorised indication</i>	AL, Choriocarcinoma, NHL, T-cell NHL, OS
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	Varies by indication
<i>Authorised formulation</i>	Solution for injection 2.5 mg/ml, 25 mg/ml (2-200 ml vials), 1g/10 ml, 5g/50 ml, tablets 2.5 mg, 10 mg
<i>Needs</i>	Age appropriate oral formulation Data on PK, efficacy and safety in infants below 6 months Update SPC (specify lower age limit for OS)
<b>THIOTEPA</b>	
<i>Authorised indication</i>	Pre-BMT (High-dose therapy)
<i>Authorised age group</i>	> 12 years
<i>Authorised dose</i>	Not specified
<i>Authorised formulation</i>	Solution for injection 15mg/ml
<i>Needs</i>	Data on PK, efficacy and safety in neuroblastoma, brain tumours, also in children < 12 years
<b>FLUDARABINE</b>	
<i>Authorised indication</i>	B-cell chronic lymphocytic leukaemia (CLL)
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV injection and for IV infusion 50 mg vial; 10 mg tablet
<i>Needs</i>	Data on PK, efficacy and safety in children (for relapsed leukemias), allogeneic stem cell transplantation

<b>MERCAPTOPURINE</b>	
<i>Authorised indication</i>	ALL
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	Initial dose 2.5 mg/kg
<i>Authorised formulation</i>	10 (FI), 50 mg tablets
<b>Needs</b>	Define lower age limit based on data on efficacy and safety Age appropriate formulation Need for pharmacogenetic data, prospective evaluation of value of the TPMT genotype
<b>THIOGUANINE</b>	
<i>Authorised indication</i>	AML, ALL, CML
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	100-200 mg/m <sup>2</sup> (possibly 60-75 mg can be tried)
<i>Authorised formulation</i>	40 mg scored tablets
<b>Needs</b>	Age appropriate formulation Define lower age limit based on data on efficacy and safety Need for pharmacogenetic data, prospective evaluation of value of the TPMT genotype
<b>CYTARABINE</b>	
<i>Authorised indication</i>	AML, ALL (acute transformation of CML and myelodysplasia)
<i>Authorised age group</i>	> 3 years
<i>Authorised dose</i>	100 mg/m <sup>2</sup> /day
<i>Authorised formulation</i>	For IV infusion 100 mg, 500 mg, 1g
<b>Needs</b>	Update of SPC (dose) Data on efficacy and safety from birth to 3 years
<b>LIPOSOMAL CYTARABINE</b>	
<i>Authorised indication</i>	Meningiosis carcinomatosa
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	
<i>Authorised formulation</i>	Intrathecal 50 mg/vial
<b>Needs</b>	Data on PK, efficacy and safety in children
<b>5-FLUOROURACIL</b>	
<i>Authorised indication</i>	Gastro-intestinal carcinoma, breast carcinoma, ovarian carcinoma, head and neck squamous cell carcinoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	
<i>Authorised formulation</i>	For infusion 25 mg/ml: 10 ml, 20 ml, 100 ml
<b>Needs</b>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>CAPECITABINE</b>	
<i>Authorised indication</i>	Colon, breast carcinoma
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	
<i>Authorised formulation</i>	Coated tablets 150 mg, 500 mg
<b>Needs</b>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety

<b>TOPOISOMERASE 1 INHIBITORS</b>	
<b>IRINOTECAN</b>	
<i>Authorised indication</i>	Advanced colorectal carcinoma
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV infusion 40 mg, 100mg vials
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>TOPOTECAN</b>	
<i>Authorised indication</i>	Metastatic ovarian carcinoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV infusion 1 mg, 4 mg vials
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>TOPOISOMERASE II INHIBITORS</b>	
<b>DOXORUBICIN</b>	
<i>Authorised indication</i>	Breast carcinoma, HD, NHL, lung carcinoma, CLL, carcinoma of the bladder, ovarian and stomach, AL, "childhood solid tumour",
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	No mention of dose
<i>Authorised formulation</i>	For IV infusion 10 mg, 50 mg
<i>Needs</i>	Define dose and lower age limit based on data on efficacy and safety and investigate where needed, including newborns.
<b>LIPOSOMAL DOXORUBICIN</b>	
<i>Authorised indication</i>	Breast carcinoma, Ovarian carcinoma, Kaposi sarcoma
<i>Authorised age group</i>	>18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV infusion 20 mg, 50 mg
<i>Needs</i>	Data on efficacy and safety in same indications as doxorubicin
<b>DAUNORUBICIN</b>	
<i>Authorised indication</i>	HD and NHL, AL, CML
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	Dose in mg/kg
<i>Authorised formulation</i>	For IV infusion 20 mg
<i>Needs</i>	Define dose and lower age limit based on data on efficacy and safety and investigate where needed, including newborns.
<b>EPIRUBICIN</b>	
<i>Authorised indication</i>	Various solid tumours in adults
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV infusion 10 mg 50 mg vials
<i>Needs</i>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>IDARUBICIN</b>	
<i>Authorised indication</i>	AML, ALL

<i>Authorised age group</i>	Children
<i>Authorised dose</i>	10 mg/m <sup>2</sup> daily for 2 days
<i>Authorised formulation</i>	IV infusion 5 mg; 10 mg, capsules 5 mg; 10 mg; 25 mg
<b>Needs</b>	Define dose and lower age limit based on data on efficacy and safety, and investigate where needed
<b>MITOXANTRONE</b>	
<i>Authorised indication</i>	Breast carcinoma, AML, NHL
<i>Authorised age group</i>	> 0 years ( <i>Spain</i> )
<i>Authorised dose</i>	Information not available
<i>Authorised formulation</i>	For IV infusion 20 mg, 30 mg vial
<b>Needs</b>	Age appropriate formulation
<b>ETOPOSIDE</b>	
<i>Authorised indication</i>	Small cell lung carcinoma, AML, germcell carcinoma
<i>Authorised age group</i>	> 2 years
<i>Authorised dose</i>	100-200 mg/m <sup>2</sup>
<i>Authorised formulation</i>	for IV infusion 100 mg; capsules 25, 50 and 100 mg
<b>Needs</b>	Age appropriate formulation Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>MITOTIC SPINDLE POISONS (VINCA ALKALOIDS AND TAXANES)</b>	
<b>VINCRIStINE</b>	
<i>Authorised indication</i>	ALL, HD, NHL, lung carcinoma, breast carcinoma and cervical carcinoma, myeloma, rhabdomyosarcoma, neuroblastoma, nephroblastoma, embryonic tumours of childhood, Ewing's sarcoma, osteosarcoma, idiopathic thrombocytopenic purpura
<i>Authorised age group</i>	< 10 kg
<i>Authorised dose</i>	1 to 2 mg/m <sup>2</sup> and for those < 10 kg starting dose 0.05 mg/kg once a week
<i>Authorised formulation</i>	For IV injection 2 mg, 1 mg vials
<b>Needs</b>	Define dose and lower age limit based on data on efficacy and safety, and investigate where needed
<b>VINBLASTINE</b>	
<i>Authorised indication</i>	HD, NHL, testicular carcinoma, Kaposi's sarcoma, choriocarcinomas, carcinoma of the ovarian, breast, kidney and bladder, certain types of histiocytosis
<i>Authorised age group</i>	> 0 years ( <i>Spain</i> )
<i>Authorised dose</i>	6 mg/m <sup>2</sup> average dose; Paediatric indication: dose 2.5 mg/m <sup>2</sup> week 1, 3.75 week 2, 5 week 3, 6.25 week 4, 7.5 week 5 and 12.5 week 6
<i>Authorised formulation</i>	For IV injection 10 mg vial
<b>Needs</b>	Data on efficacy and safety in brain tumours

<b>VINDESINE</b>	
<i>Authorised indication</i>	ALL, lymphomas, certain solid tumours (e.g breast, oesophagus, head and neck, bronchopulmonary carcinoma)
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	4 mg/m <sup>2</sup> /week
<i>Authorised formulation</i>	For IV injection 5 mg vial
<b>Needs</b>	Define dose and lower age limit based on data on efficacy and safety, and investigate where needed To define the potential efficiency of the compound on different tumours in children responsive to treatment based on its mechanism of action
<b>PACLITAXEL</b>	
<i>Authorised indication</i>	Ovarian carcinoma, non-small cell lung carcinoma, breast carcinoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	For IV infusion, 30 mg, 150 mg, 300 mg vials
<b>Needs</b>	To define the potential efficiency of the compound on different tumours in children responsive to treatment based on its mechanism of action
<b>DOCETAXEL</b>	
<i>Authorised indication</i>	Non-small cell lung carcinoma, breast carcinoma, ovarian carcinoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	Dose per m <sup>2</sup>
<i>Authorised formulation</i>	For IV infusion 20 mg, 80 mg vials
<b>Needs</b>	Based on the mechanism of action, to define the potential effect of the product on various responsive tumours in children and where appropriate study its efficacy and safety
<b>MONOCLONAL ANTIBODIES AND TARGETED THERAPY</b>	
<b>RITUXIMAB</b>	
<i>Authorised indication</i>	Follicular lymphoma
<i>Authorised age group</i>	> 18 years
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Iv infusion
<b>Needs</b>	Data on PK, efficacy and safety in paediatric CD20+ NHL
<b>OTHERS</b>	
<b>L-ASPARAGINASE / PEG-ASPARAGINASE</b>	
<i>Authorised indication</i>	ALL
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	100 IU/kg/day
<i>Authorised formulation</i>	i.v. infusion
<b>Needs</b>	Make indication available in all Member States
<b>CRISANTASPASE</b>	
<i>Authorised indication</i>	ALL, other neoplastic conditions where depletion of asparagine likely to be useful
<i>Authorised age group</i>	Children
<i>Authorised dose</i>	200 IU/kg/day
<i>Authorised formulation</i>	Powder for reconstitution for injection
<b>Needs</b>	Define dose and lower age limit based on data on efficacy and safety, and investigate where needed Availability in all Member States



<b>PROCARBAZINE</b>	
<i>Authorised indication</i>	HD
<i>Authorised age group</i>	Children not mentioned
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	Capsules 50 mg
<b>Needs</b>	Define dose and lower age limit based on data on efficacy and safety, and investigate where needed Age appropriate formulation
<b>TRETIONIN (ALL-TRANS- RETINOIC ACID)</b>	
<i>Authorised indication</i>	Induction of remission in acute promyelocytic leukaemia.
<i>Authorised age group</i>	Children (age group not specified) ( <i>United Kingdom</i> )
<i>Authorised dose</i>	45/m <sup>2</sup>
<i>Authorised formulation</i>	Capsules
<b>Needs</b>	Based on the mechanism of action to define the effect of the product in various malignancies and where appropriate study its efficacy and safety Age appropriate formulation
<b>ISOTRETIONIN (13-CIS-RETIONIC ACID)</b>	
<i>Authorised indication</i>	Acne
<i>Authorised age group</i>	-
<i>Authorised dose</i>	-
<i>Authorised formulation</i>	-
<b>Needs</b>	Age appropriate formulation Based on the mechanism of action to define the effect of the product in neuroblastoma, juvenile myelomonocytic leukemia and where appropriate study its efficacy and safety