EMA/104958/2017

# European Medicines Agency decision

P/0077/2017

of 17 March 2017

on the agreement of a paediatric investigation plan and on the granting of a waiver for autologous CD34+ hematopoietic stem cells transduced ex vivo with EFS lentiviral vector encoding for the human adenosine deaminase gene (EMEA-001974-PIP01-16) in accordance with Regulation (EC) No 1901/2006 of the European Parliament and of the Council

**Disclaimer**

This decision does not constitute entitlement to the rewards and incentives referred to in Title V of Regulation (EC) No 1901/2006.

**Only the English text is authentic.**

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The European Medicines Agency,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EC) No 1901/2006 of the European Parliament and of the Council of 12 December 2006 on medicinal products for paediatric use and amending Regulation (EEC) No. 1768/92, Directive 2001/20/EC, Directive 2001/83/EC and Regulation (EC) No 726/2004[1],

Having regard to Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency[2],

Having regard to the application submitted by Pr Bobby Gaspar on 17 May 2016 under Article 16(1) of Regulation (EC) No 1901/2006 also requesting a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 27 January 2017, in accordance with Article 18 of Regulation (EC) No 1901/2006 and Article 13 of said Regulation,

Having regard to Article 25 of Regulation (EC) No 1901/2006,

Whereas:

(1) The Paediatric Committee of the European Medicines Agency has given an opinion on the agreement of a paediatric investigation plan and on the granting of a waiver.

(2) It is therefore appropriate to adopt a decision agreeing a paediatric investigation plan.

(3) It is therefore appropriate to adopt a decision granting a waiver.

[1] OJ L 378, 27.12.2006, p.1.
[2] OJ L 136, 30.4.2004, p. 1.

Has adopted this decision:

***Article 1***

A paediatric investigation plan for autologous CD34+ hematopoietic stem cells transduced ex vivo with EFS lentiviral vector encoding for the human adenosine deaminase gene, dispersion for infusion, intravenous use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby agreed.

***Article 2***

A waiver for autologous CD34+ hematopoietic stem cells transduced ex vivo with EFS lentiviral vector encoding for the human adenosine deaminase gene, dispersion for infusion, intravenous use, the details of which are set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices, is hereby granted.

***Article 3***

This decision is addressed to Pr Bobby Gaspar, UCL Institute of Child Health - 30 Guilford Street, WC1N 1EH - London, United Kingdom.

EMA/PDCO/740418/2016
London, 27 January 2017

# Opinion of the Paediatric Committee on the agreement of a Paediatric Investigation Plan and a waiver

EMEA-001974-PIP01-16

## Scope of the application

**Active substance(s):**

Autologous CD34+ hematopoietic stem cells transduced ex vivo with EFS lentiviral vector encoding for the human adenosine deaminase gene

**Condition(s):**

Treatment of severe combined immunodeficiency due to adenosine deaminase deficiency

**Pharmaceutical form(s):**

Dispersion for infusion

**Route(s) of administration:**

Intravenous use

**Name/corporate name of the PIP applicant:**

Pr Bobby Gaspar

## Basis for opinion

Pursuant to Article 16(1) of Regulation (EC) No 1901/2006 as amended, Pr Bobby Gaspar submitted for agreement to the European Medicines Agency on 17 May 2016 an application for a paediatric investigation plan for the above mentioned medicinal product and a deferral under Article 20 of said Regulation and a waiver under Article 13 of said Regulation.

The procedure started on 21 June 2016.

Supplementary information was provided by the applicant on 7 November 2016. The applicant proposed modifications to the paediatric investigation plan and withdrew its request for a deferral.

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## Opinion

1. The Paediatric Committee, having assessed the proposed paediatric investigation plan in accordance with Article 17 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:

- to agree the paediatric investigation plan in accordance with Article 18 of said Regulation;
- to grant a waiver for one or more subsets of the paediatric population in accordance with Article 13 of said Regulation and concluded in accordance with Article 11(1)(c) of said Regulation, on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments for paediatric patients.

The Norwegian Paediatric Committee member agrees with the above-mentioned recommendation of the Paediatric Committee.

2. The measures and timelines of the agreed paediatric investigation plan and the subset(s) of the paediatric population and condition(s) covered by the waiver are set out in the Annex I.

This opinion is forwarded to the applicant and the Executive Director of the European Medicines Agency, together with its annex and appendix.

# Annex I

# The subset(s) of the paediatric population and condition(s) covered by the waiver and the measures and timelines of the agreed paediatric investigation plan (PIP)

# 1. Waiver

## *1.1. Condition:*

Treatment of severe combined immunodeficiency due to adenosine deaminase deficiency

The waiver applies to:

- the paediatric population from birth to less than 1 month;
- dispersion for infusion, intravenous use;
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit as clinical studies(s) are not feasible.

# 2. Paediatric investigation plan

## *2.1. Condition:*

Treatment of severe combined immunodeficiency due to adenosine deaminase deficiency.

### 2.1.1. Indication(s) targeted by the PIP

Treatment of patients diagnosed with adenosine deaminase deficient severe combined immunodeficiency (ADA-SCID).

### 2.1.2. Subset(s) of the paediatric population concerned by the paediatric development

From 1 month to less than 18 years of age.

### 2.1.3. Pharmaceutical form(s)

Dispersion for infusion.

### 2.1.4. Measures

| Area | Number of measures | Description |
|---|---|---|
| Quality-related studies | 1 | **Study 1**<br>Development of a cryopreserved dispersion for infusion formulation. |
| Non-clinical studies | 0 | Not applicable. |
| Clinical studies | 3 | **Study 2**<br>Open-label, non-randomised, single-centre, historically controlled trial to evaluate safety and efficacy of autologous CD34+ hematopoietic stem cells transduced *ex vivo* with EFS lentiviral vector encoding for the human adenosine deaminase gene in children from 1 month to less |

| | | |
|---|---|---|
| | | than 18 years of age with adenosine deaminase deficiency severe combined immunodeficiency (ADA-SCID).<br><br>**Study 3**<br><br>Open-label, non-randomised, historically controlled trial to evaluate safety and efficacy of autologous CD34+ hematopoietic stem cells transduced *ex vivo* with EFS lentiviral vector encoding for the human adenosine deaminase gene in children from 1 month to less than 18 years of age with adenosine deaminase deficiency severe combined immunodeficiency (ADA-SCID).<br><br>**Study 4**<br><br>Open-label, non-randomised, single centre, uncontrolled trial to evaluate activity (overall survival and event-free survival) and safety of a cryopreserved formulation of autologous CD34+ hematopoietic stem cells transduced *ex vivo* with EFS lentiviral vector encoding for the human adenosine deaminase gene in children from 1 month to less than 18 years of age with adenosine deaminase deficiency severe combined immunodeficiency (ADA-SCID). |
| Extrapolation, modelling and simulation studies | 0 | Not applicable. |
| Other studies | 0 | Not applicable. |
| Other measures | 0 | Not applicable. |

# 3. Follow-up, completion and deferral of PIP

| | |
|---|---|
| Concerns on potential long term safety/efficacy issues in relation to paediatric use: | Yes |
| Date of completion of the paediatric investigation plan: | By January 2021 |
| Deferral for one or more measures contained in the paediatric investigation plan: | No |