EMA/155893/2024

European Medicines Agency decision

P/0148/2024

of 6 May 2024

on the acceptance of a modification of an agreed paediatric investigation plan for olaparib (Lynparza), (EMEA-002269-PIP01-17-M03) 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 Union procedures for the authorisation and supervision of medicinal products for human use and establishing a European Medicines Agency[2],

Having regard to the European Medicines Agency's decision P/0262/2018 issued on 15 August 2018, the decision P/0250/2020 issued on 15 July 2020 and the decision P/0321/2023 issued on 11 August 2023,

Having regard to the application submitted by AstraZeneca AB on 18 December 2023 under Article 22 of Regulation (EC) No 1901/2006 proposing changes to the agreed paediatric investigation plan with a deferral and a waiver,

Having regard to the opinion of the Paediatric Committee of the European Medicines Agency, issued on 22 March 2024, in accordance with Article 22 of Regulation (EC) No 1901/2006,

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 acceptance of changes to the agreed paediatric investigation plan and to the deferral.

(2) It is therefore appropriate to adopt a decision on the acceptance of changes to the agreed paediatric investigation plan, including changes to the deferral.

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

Has adopted this decision:

Article 1

Changes to the agreed paediatric investigation plan for olaparib (Lynparza), film-coated tablet, age appropriate oral solid dosage form, oral use, including changes to the deferral, are hereby accepted in the scope set out in the opinion of the Paediatric Committee of the European Medicines Agency annexed hereto, together with its appendices.

Article 2

This decision is addressed to AstraZeneca AB, 18 Forskargatan, SE-151-85 – Södertälje, Sweden.

EMA/PDCO/3889/2024
Amsterdam, 22 March 2024

Opinion of the Paediatric Committee on the acceptance of a modification of an agreed Paediatric Investigation Plan

EMEA-002269-PIP01-17-M03

Scope of the application

Active substance(s):

Olaparib

Invented name and authorisation status:

See Annex II

Condition(s):

Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue neoplasms)

Pharmaceutical form(s):

Film-coated tablet

Age appropriate oral solid dosage form

Route(s) of administration:

Oral use

Name/corporate name of the PIP applicant:

AstraZeneca AB

Basis for opinion

Pursuant to Article 22 of Regulation (EC) No 1901/2006 as amended, AstraZeneca AB submitted to the European Medicines Agency on 18 December 2023 an application for modification of the agreed paediatric investigation plan with a deferral and a waiver as set out in the European Medicines Agency's decision P/0262/2018 issued on 15 August 2018, the decision P/0250/2020 issued on 15 July 2020 and the decision P/0321/2023 issued on 11 August 2023.

The application for modification proposed changes to the agreed paediatric investigation plan and to the deferral.

The procedure started on 22 January 2024.

Scope of the modification

Some measures and timelines of the Paediatric Investigation Plan have been modified.

Opinion

1. The Paediatric Committee, having assessed the application in accordance with Article 22 of Regulation (EC) No 1901/2006 as amended, recommends as set out in the appended summary report:

   - to agree to changes to the paediatric investigation plan and to the deferral in the scope set out in the Annex I of this opinion.

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

2. The measures and timelines of the 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 annexes 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 all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue neoplasms)

The waiver applies to:

- the paediatric population from birth to less than 6 months;
- film-coated tablet, age appropriate oral solid dosage form, oral use;
- on the grounds that the specific medicinal product does not represent a significant therapeutic benefit over existing treatments.

2. Paediatric investigation plan

2.1. Condition:

Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue neoplasms)

2.1.1. Indication(s) targeted by the PIP

Treatment of paediatric patients from 6 months to less than 18 years old with homologous recombination repair (HRR) mutated solid tumours

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

From 6 months to less than 18 years of age

2.1.3. Pharmaceutical form(s)

Film-coated tablet

Age appropriate oral solid dosage form

2.1.4. Measures

Area	Description
Quality-related studies	**Study 1** Development of an age-appropriate oral solid dosage form.
Non-clinical studies	Not applicable
Clinical studies	**Study 2** Open-label, multicentre study to evaluate the safety, tolerability, pharmacokinetics (PK), pharmacodynamics (PD) and preliminary efficacy of olaparib monotherapy in paediatric patients with relapsed

	or refractory solid tumours (non-CNS and primary CNS tumours) with a homologous recombination repair (HRR) deficiency for whom there are no standard treatment options. **Study 3** Open-label, multicentre study to evaluate the safety, tolerability and efficacy of olaparib monotherapy in paediatric patients with relapsed or refractory non-CNS solid tumours for whom there are no standard treatment options and have Homologous recombination repair (HRR) mutations demonstrated by tumour tissue or ctDNA testing. **Study 4** Randomised, controlled study to evaluate the safety, tolerability and efficacy of olaparib monotherapy in paediatric patients with relapsed or refractory non-CNS solid tumours for whom there are no standard treatment options who have Homologous recombination repair (HRR) mutations demonstrated by tumour tissue or ctDNA testing.
Extrapolation, modelling and simulation studies	Not applicable
Other studies	Not applicable
Other measures	Not applicable

3. Follow-up, completion and deferral of PIP

Concerns on potential long term safety/efficacy issues in relation to paediatric use:	No
Date of completion of the paediatric investigation plan:	By December 2035
Deferral for one or more measures contained in the paediatric investigation plan:	Yes

Annex II

Information about the authorised medicinal product

Information provided by the applicant:

Condition(s) and authorised indication(s)

1. Treatment of all conditions included in the category of malignant neoplasms (except haematopoietic and lymphoid tissue neoplasms)

Authorised indication(s):

- Lynparza is indicated as monotherapy for the maintenance treatment of adult patients with advanced (FIGO stages III and IV) BRCA1/2-mutated (germline and/or somatic) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza is indicated as monotherapy for the maintenance treatment of adult patients with platinum-sensitive relapsed high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in response (complete or partial) to platinum-based chemotherapy.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza in combination with bevacizumab is indicated for the maintenance treatment of adult patients with advanced (FIGO stages III and IV) high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer who are in response (complete or partial) following completion of first-line platinum-based chemotherapy in combination with bevacizumab and whose cancer is associated with homologous recombination deficiency (HRD) positive status defined by either a BRCA1/2 mutation and/or genomic instability.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza is indicated as monotherapy or in combination with endocrine therapy for the adjuvant treatment of adult patients with germline BRCA1/2-mutations who have HER2-negative, high risk early breast cancer previously treated with neoadjuvant or adjuvant chemotherapy.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure

- Lynparza is indicated as monotherapy for the treatment of adult patients with germline BRCA1/2-mutations, who have HER2 negative locally advanced or metastatic breast cancer. Patients should have previously been treated with an anthracycline and a taxane in the (neo)adjuvant or metastatic setting unless patients were not suitable for these treatments. Patients with hormone receptor (HR)-positive breast cancer should also have progressed on or after prior endocrine therapy, or be considered unsuitable for endocrine therapy.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza is indicated as monotherapy for the maintenance treatment of adult patients with germline BRCA1/2-mutations who have metastatic adenocarcinoma of the pancreas and have not progressed after a minimum of 16 weeks of platinum treatment within a first-line chemotherapy regimen.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza is indicated as monotherapy for the treatment of adult patients with metastatic castration-resistant prostate cancer (mCRPC) and BRCA1/2-mutations (germline and/or somatic) who have progressed following prior therapy that included a new hormonal agent.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure
- Lynparza is indicated in combination with abiraterone and prednisone or prednisolone for the treatment of adult patients with mCRPC in whom chemotherapy is not clinically indicated.
  - Invented name(s): Lynparza
  - Authorised pharmaceutical form(s): Film-coated tablet
  - Authorised route(s) of administration: Oral use
  - Authorised via centralised procedure