

02 July 2015
EMA/318230/2015
Human Medicines Research and Development Support Division

Public summary of the evaluation of a proposed paediatric investigation plan

Canakinumab for the treatment of familial Mediterranean fever (FMF) and treatment of hyperimmunoglobulin D syndrome

On 13 February 2015, the Paediatric Committee of the European Medicines Agency agreed a Paediatric Investigation Plan* (PIP) for canakinumab for the treatment of familial Mediterranean fever (FMF) and the treatment of hyperimmunoglobulin D syndrome (EMEA-000060-PIP04-14).

What is Ilaris (canakinumab) and how is it expected to work?

Ilaris (canakinumab) is a medicine currently authorised for the indications:

- treatment of Cryopyrin-Associated Periodic Syndromes (CAPS) in adults, adolescents and children aged 2 years and older with body weight of 7.5 kg or above;
- treatment of active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged 2 years and older who have responded inadequately to previous therapy with non-steroidal anti-inflammatory drugs (NSAIDs) and systemic corticosteroids;
- symptomatic treatment of adult patients with frequent gouty arthritis attacks.

This medicine is proposed in adults for the treatment of colchicine resistant familial Mediterranean Fever (crFMF) and the treatment of hyperimmunoglobulin D syndrome.

This medicine is monoclonal antibody. A monoclonal antibody is an antibody (a type of protein) that has been designed to recognise and attach to a specific structure (called an antigen) in the body. Canakinumab is designed to attach to interleukin-1 beta, which is substance produced in high levels in patients with FMF and hyperimmunoglobulin D syndrome, causing inflammation. By attaching to interleukin-1 beta, canakinumab blocks its activity, helping to relieve the symptoms of the diseases.

What was the proposal from the applicant?

For children, the applicant proposed:

to study the medicine in children from 2 years to less than 18 years of age affected by FMF and hyperimmunoglobulin D syndrome, in a paediatric investigation plan*.

The future indication proposed for children was: treatment of colchicine resistant familial Mediterranean fever (crFMF) and treatment of hyperimmunoglobulin D syndrome.

The plan included a proposal to show efficacy and safety of the medicine in clinical studies.

The applicant proposed a deferral* for the completion of the paediatric clinical studies.

Is there a need to treat children affected by familial Mediterranean fever (FMF) and by hyperimmunoglobulin D syndrome?

Taking into account the proposed indication in adults, and the characteristics of the medicine, the Paediatric Committee considered this medicine of potential use for the treatment of FMF and hyperimmunoglobulin D syndrome.

FMF occurs also in children, and affects in particular toddlers, preadolescent children and adolescents, 5-10% of patients with FMF are older than 20 years at onset.

Hyperimmunoglobulin D syndrome occurs also in children, and affects in particular infants and toddlers, preadolescent children and adolescents. The disease occurs generally within the first year of life, or in any case within the first 5 years of life.

What did the Paediatric Committee conclude on the potential use of this medicine in children?

At present, no treatment is authorised for the treatment of FMF in children in the European Union.

Therefore, the Committee considered that new data are required to decide whether the use of this medicine will bring a benefit to children from 28 days to less than 18 years affected by the condition, and to understand any potential risks.

Regarding hyperimmunoglobulin D syndrome, at present, no treatment is authorised for the treatment of this condition in children in the European Union.

Therefore, the Committee considered that new data are required to decide whether the use of this medicine will bring a benefit to children from 28 days to less than 18 years affected by the condition, and to understand any potential risks.

Because there is a need for more medicines for the treatment of FMF and hyperimmunoglobulin D syndrome in children, and this medicine has a potential interest for children, the Committee considered that clinical studies were necessary.

The Committee considered that the condition is serious enough in children, and that there are no treatments available for children yet. Consequently, studies with children should start without waiting for all the results of studies in adults.

What is the content of the Plan after evaluation?

The Paediatric Committee considered that:

- Studies are not necessary in neonates (newborn infants from birth to less than 28 days) with FMF because the disease does not occur in this paediatric age subset.
- Studies are not necessary in neonates (newborn infants from birth to less than 28 days) with hyperimmunoglobulin D syndrome because canakinumab does not represent a significant therapeutic benefit as clinical studies are not feasible in this paediatric age subset.

- It is necessary to study if the medicine is effective to treat the disease in children. This will be done in one study comparing the medicine to placebo. In the study will be included also adult patients with FMF and hyperimmunoglobulin D syndrome. This study includes also paediatric and adult patients with tumour necrosis factor receptor associated periodic syndrome (i.e. it is the same study proposed in PIP EMEA-000060-PIP05-14).
- In the long term, it would be necessary to study the potential side effects of the medicine, to prevent them or to reduce the consequences if they occur. The main concern identified by the PDCO is the potential toxicity of the medicine for the immune system.

What happens next?

The applicant has now received the EMA Decision (P/0057/2015)* on this medicine. The Decision itself is necessary for the applicant to request a new indication, a new route of administration* or a new pharmaceutical form*, as this medicine is already authorised and protected by a patent*.

The Decision* on the agreed Paediatric Investigation Plan means that the applicant is bound to perform the studies and trials with children in the next months or years. In case of difficulties, or a change in current knowledge or availability of new data, the applicant may request changes to the plan at a later stage. This can be done through a modification of the PIP.

The agreed completion of all the studies and trials included in the Paediatric Investigation Plan is March 2016.

Trials in the Paediatric Investigation Plan will be listed in the public EU Clinical Trials Register (<https://www.clinicaltrialsregister.eu/>) as soon as they have been authorised to be started, and their results will have to be listed in the register within 6 months after they have completed.

The results of the studies conducted in accordance with the agreed Paediatric Investigation Plan will be assessed, and any relevant information will be included in the Product Information (summary of product characteristics, package leaflet). If the medicine proves to be effective and safe to use in children, it can be authorised for paediatric use, with appropriate recommendations on the dose and on necessary precautions. The product information will also describe which adverse effects are expected with the medicine, and wherever possible, how to prevent or reduce these effects.

***Definitions:**

Applicant	The pharmaceutical company or person proposing the Paediatric Investigation Plan or requesting the Product-Specific Waiver
Children	All children, from birth to the day of the 18 th birthday.
Paediatric investigation plan (PIP)	Set of studies and measures, usually including clinical studies in children, to evaluate the benefits and the risks of the use of a medicine in children, for a given disease or condition. A PIP may include “partial” waivers (for example, for younger children) and/or a deferral (see below).
Waiver	An exemption from conducting studies in children, for a given disease or condition. This can be granted for all children (product-specific waiver), or in specific subsets (partial waiver): for example, in boys or in children below a given age.
Deferral	The possibility to request marketing authorisation for the use of the medicine in adults, before completing one or more of the studies /measures included in a PIP. The Paediatric Committee may grant a deferral to avoid a delay in the availability of the medicine for adults.
Opinion	The result of the evaluation by the Paediatric Committee of the European Medicines Agency. The opinion may grant a product-specific waiver, or agree a PIP.
Decision	The legal act issued by the European Medicines Agency, which puts into effect the Opinion of the Paediatric Committee.
Pharmaceutical form	The physical aspect of the medicine (the form in which it is presented), for example: a tablet, capsule, powder, solution for injection, etc. A medicine can have more than one pharmaceutical form.
Placebo	A substance that has no therapeutic effect, used as a control in testing new drugs.
Active control	A medicine with therapeutic effect, used as a control in testing new drugs.
Historical control	A group of patients with the same disease, treated in the past and used in a comparison with the patients treated with the new drug.
Route of administration	How a medicine is given to the patient. For example: for oral use, for intramuscular use, for intravenous use, etc. The same medicine, or the same pharmaceutical form, may be given through more than one route of administration.
Patent	A form of protection of intellectual property rights. If a medicinal product is protected by a patent, the patent holder has the sole right to make, use, and sell the product, for a limited period. In certain circumstances, a patent for a medicinal product may be extended for a variable period by a Supplementary Protection Certificate.
Marketing Authorisation	When a Marketing Authorisation is granted, the pharmaceutical company may start selling the medicine in the relevant country (in the whole European Union, if the procedure was a centralised one).