

EMEA Performance Indicators Extensions of Indications

Manuel Haas EMEA-EFPIA Info Day 2009



Contents

- Methods
- Procedures
 - Overview
 - Requests for supplementary information & Major objections
 - Review times
 - Scientific Advisory Groups & ad-hoc expert groups
 - Outcome
- Questionnaires
 - Outcomes & relation with procedures outcome /assessment
- Conclusions



Methods

Study periods:

EFPIA Info Day 2009: 01/01/2007 - 31/12/2008

EFPIA Info Day 2007: 01/06/2005 - 31/09/2006

Includes:

All extension of indication procedures with outcome in study period (positive, negative, withdrawal)

Excludes:

Double-applications

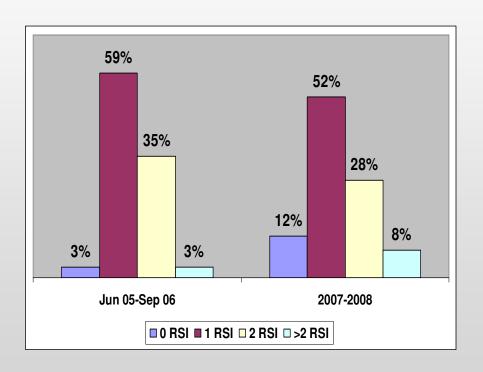


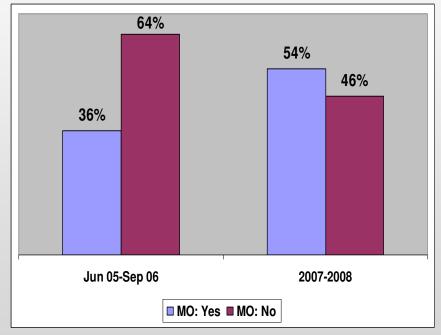
Overview

	Jun.05-Sep.06 (16 months)	2007-2008 (24 months)
Sample	39	85
EMEA SA	8 (21%)	13 (15%)
MO	14 (36%)	46 (54%)
OE	3 (8%)	10 (12%)
SAGs/ ad-hoc expert groups	1 (3%)	8 (9%)



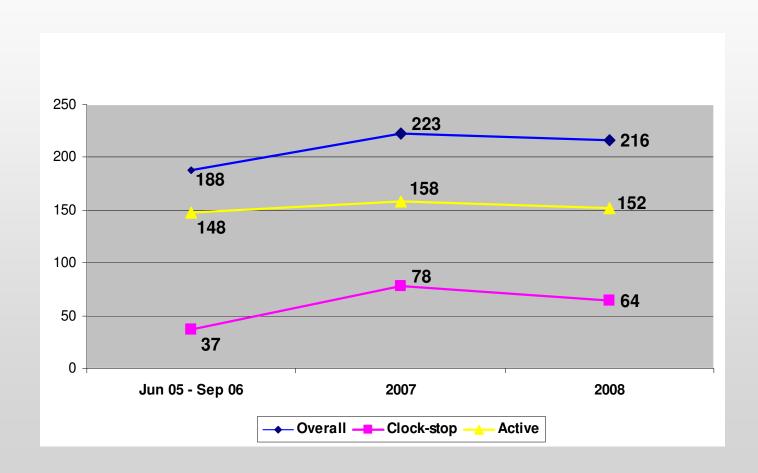
Requests for Supplementary Information and Major Objections





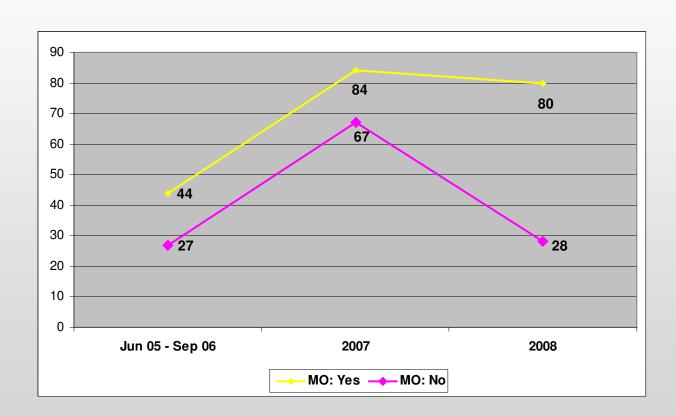


Median Review Times





Median clock-stop times with & without MO





Scientific Advisory Groups & ad-hoc expert groups

	SAG Cardiovascular	SAG Anti-inf.	SAG Diabetes/End.	SAG Oncology	Ad-hoc expert group	Total
Jun.05-Sep.06	0	0	0	0	1	1
2007-2008	3*	2	1	1	1	8
Total	3	2	1	1	2	9

^{* 3} SAGs for 2 procedures

SAGs / ad-hoc expert groups typically convened to assess the *clinical relevance* of data to the population applied for, or adequate sub-populations in the context of a concern relating to safety, methodology or effect size/consistency.

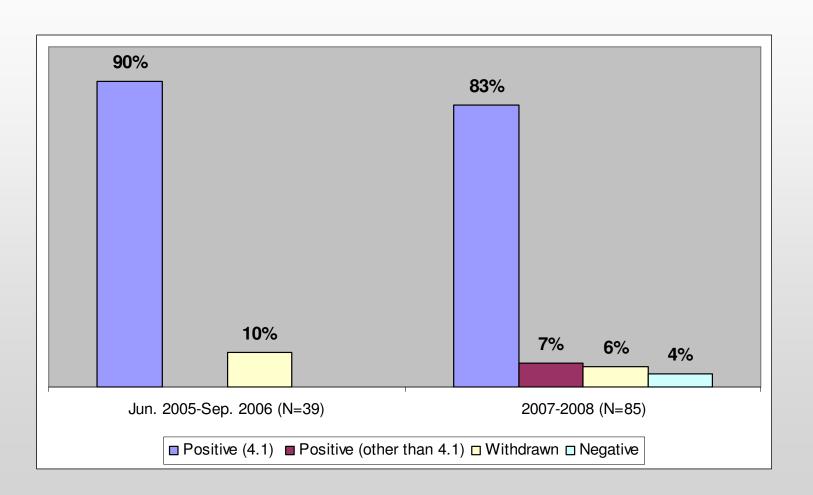


Scientific Advisory Groups & ad-hoc expert groups

- Of the 8 procedures with SAG / ad-hoc expert group:
 - 4 resulted in a new indication
 - 4 resulted in a negative opinion or a withdrawal
- Procedure outcome always consistent (except in one instance) with SAG recommendations in this sample

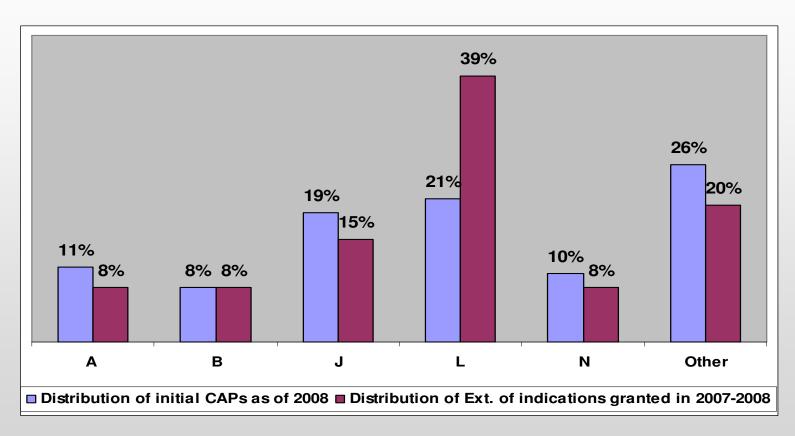


Procedure Outcomes





ATC Distribution: new indications vs. initial CAPs



A = Alimentary tract and metabolism; B = Blood and blood forming organs; J = Anti-infective for systemic use; L = Antineoplastic and immuno-modulating agents; N = Nervous system



Questionnaires

Question 1:

Was the dossier presented in a satisfactory way (layout, organisation of data, etc)?

Question 2:

Were all important data/analysis included in the dossier thereby making benefit risk assessment easy?

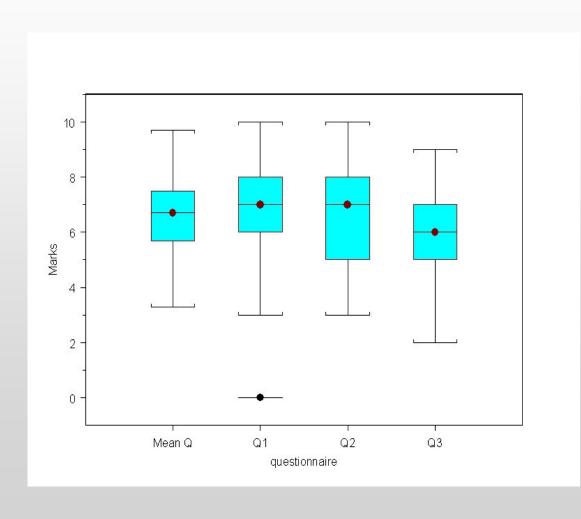
Question 3:

Was the "scientific overview" (expert report) sufficiently critical?

Percentage of procedures with (Co-)Rapporteurs' response: 62% (72% in 2005-06)



Questionnaires: outcome (means)



- Q1=6.9
- Q2=6.6
- Q3=6.1
- Global=6.6

Slightly better scores than in 2005-06



Questionnaires

- No clear relation between Question 2 score
 (≤5 or >5) and Major Objections (Yes/No)
 (Calculated χ2 value = 0.03 < tabled χ2 value (3.84), α = 0.05)
- No clear relation between Question 2 score (≤5 or >5) and outcome (new indication or not)

(Calculated χ 2 value = 1.20 < tabled χ 2 value (3.84), α = 0.05)



Conclusions

- Higher volume of procedures in 2007-08 compared to 2005-06.
- Longer review times in 2007-08 compared to 2005-06, with longest times in 2007.
- Stabilisation of review times in 2008, in particular due to decreasing clock-stops for procedures without MO.
- More procedures led to MO and required extra CHMP expertise (SAGs) than in 2005-06. Procedure outcomes consistent with SAG recommendations.
- High rate of success (i.e. granting of a new indication), although slightly inferior to that of 2005-06.
- Good level of Rapporteurs' satisfaction with dossier presentation/content. However, no clear relation with procedure outcome/complexity.