

How to define high-risk medicinal products?

- Difficulty: Find the balance!
 - Definitions should be suitable to classify products like TGN1412 as high-risk
 - Definitions should on the other hand not classify conventional products as high-risk
- => Matter of extensive debate!



How to define „high risk“?

- „Medicinal products are potential high-risk medicinal products when there are concerns that serious adverse reactions in first-in-man trials may occur.“
- Operational definition: Concerns may arise from knowledge or also lack of knowledge regarding ...
 1. ... the mode of action
 2. ... the nature of the target
 3. ... the relevance of the animal model(s)
- Regulatory consequence:
Classification according to the definition criteria to be put to the IMPD / protocol by the Sponsor.

How to define „high risk“?

- Important:
Guideline repeatedly states that not every novel medicinal product is high-risk, and clearly states that for many new medicinal products the conventional non-clinical programme provides an acceptable safety estimate.

How to define „high risk“?

(1) MODE OF ACTION

- **Novelty, plausibility, extent of knowledge**
(again: either particular knowledge that there is a higher risk, or particular lack of knowledge)
(e.g., newly discovered signalling pathways)
- **Nature and intensity of the effect**
(extent, amplification, duration (!), reversibility (!))
- **Type of dose response**
(linear, non-linear, U-shaped, bell-shaped)

How to define „high risk“?

(2) NATURE OF THE TARGET, irrespective of the mode of action

- **Nature of the target itself might pose a higher risk, even if there is extensive knowledge on the mechanism of action**
(example: Mechanism is an enhanced cytotoxic effect in tumour cells expressing the target. However, target is expressed in physiological tissues.)
- **Extent of knowledge on structure, tissue distribution, cell specificity,...**

How to define „high risk“?

(3) RELEVANCE OF ANIMAL MODEL



- **Central: How reliable is the target species for non-clinical toxicology testing?**
- **Comparison should include functional data** (binding alone not sufficient, see talk Prof. Silva-Lima).
- **Limited relevance might lead to „high risk“ classification.**

Comments on section 4.1 of the guideline

- **Repeatedly stated that section is too broad**
 - virtually every new compound would be considered a potential high-risk compound
 - Fear of non-harmonized interpretation by NCAs
- **Various proposals to narrow to more specific classes, e.g.**
 - Monoclonal antibodies or even only full-length mAbs
 - Agonistic compounds

(as suggested by Duff Report, which appears more specific)
- **Request for specific examples**
- **Define „non-high risk“ in addition**
- **Request to re-define the focus on „serious adverse reactions“ as basis for the „general“ definition**
- **Proposal to change the scope from a definition to criteria for risk mitigation strategy**
including the request to avoid „black and white“ („high-risk“ vs. „non-high-risk“)