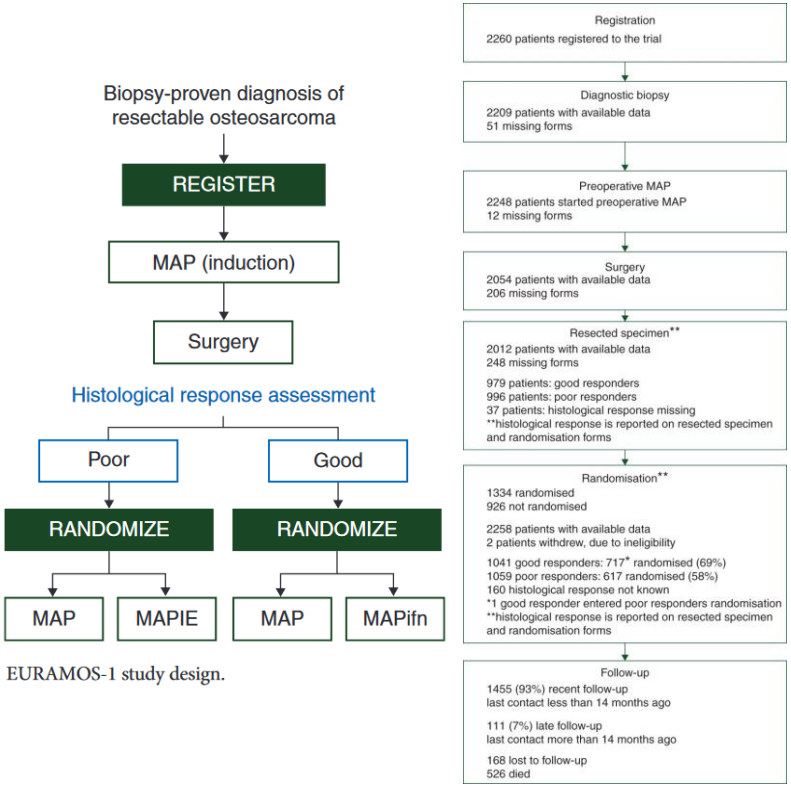
EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA regulatory framework for rare diseases

How can we develop new treatments in ultra-rare sarcomas, as a model for ultra-rare tumours?

12 January 2024

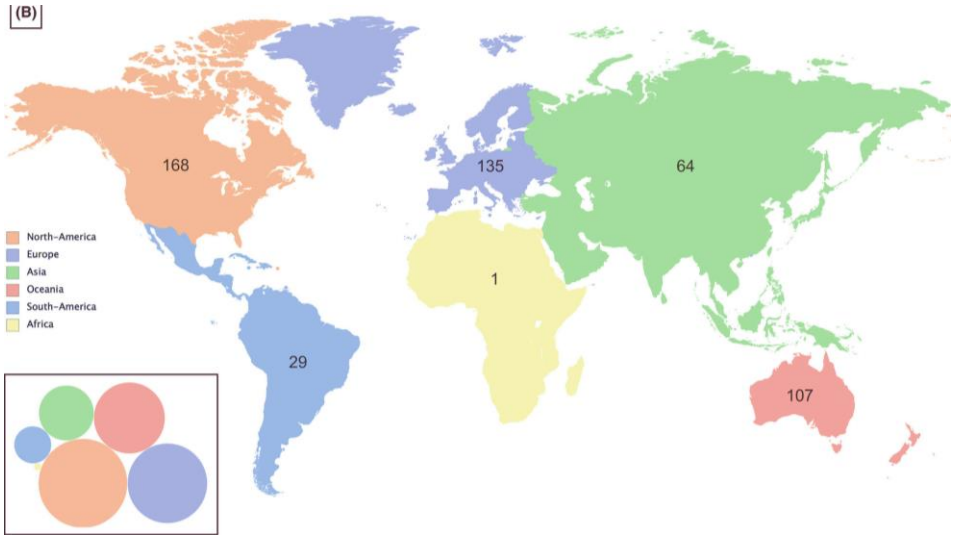
Presented by Ralf Herold, Regulatory Science & Academia Workstream (TRS-ACD), Regulatory Science and Innovation Task Force (TRS)



EURAMOS-1 study design.

Whelan-JS, Bielack-S et al.
https://doi.org/10.1093/annonc/mdu526

Multi-regional trials with children with a cancer



"Over the last 10 years [2010-2020], 295 (8.7%) of 3383 therapeutic pediatric cancer trials were international and 182 (5.4%) were intercontinental. Most intercontinental trials were phase-1 or 2, with 25% late-phase, 65% were sponsored by industry, and North America was involved in 92%."
ACCELERATE https://doi.org/10.1002/cam4.4356

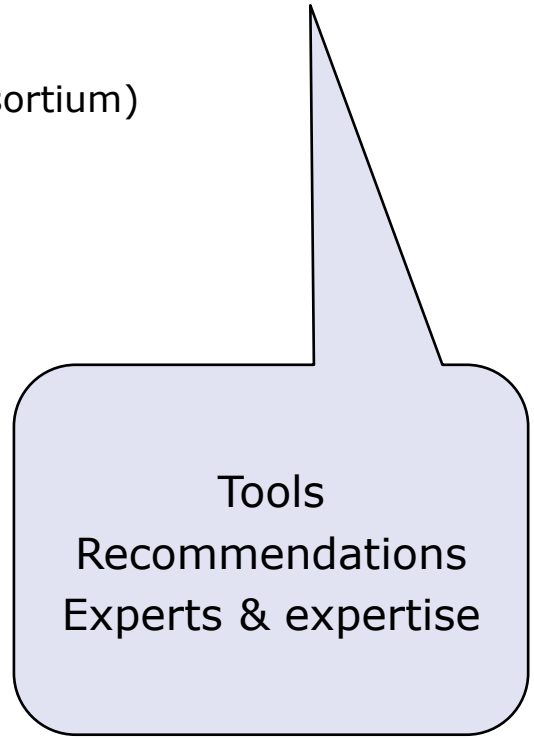
Support for new treatments for rare cancers

- PRIME scheme: intensive support to so-called priority medicines (in-depth scientific advice, continuity of interactions)
- Orphan designation: additional targeted support to medicine developers
- Conditional marketing authorization: when preliminary clinical evidence shows positive benefit/risk for new medicine that addresses an unmet medical need or represents a major contribution to patient care
- Optimise research effort by ensuring access to clinical trials and facilitating participation in trials when considered the best option
- Bring trials closer to EU patients by promoting and enlarging the development of competences and trial readiness
- Clinical development does not stop with approval or reimbursement

Dr Emer Cooke, hearing of the Special Committee on Beating Cancer (BECA), 2021-01-29
https://www.europarl.europa.eu/committees/en/public-hearing-mind-the-gap-for-equal-ac/product-details/20210119CHE08124

Collaboration results & partnering offers need to be leveraged

- EU PEARL (Innovative Patient Centric Clinical Trial Platforms consortium)
- EATRIS (European infrastructure for translational medicine)
- EP PerMed (Partnership personalised medicines)
- EJPRD, ERDERA (Rare diseases partnership)
- Repo4EU, Remedi4all, … (repurposing PPPs)
- Sustained structures (i.e., following PPPs)
- …



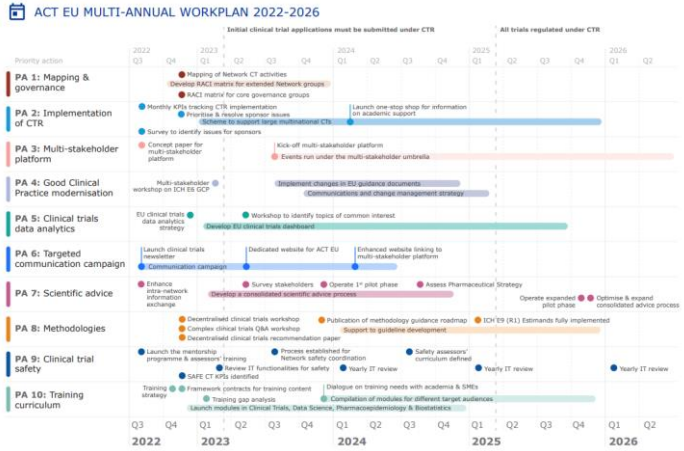
https://eu-pearl.eu/tools-and-templates-for-pt-operations/
PPP, public-private partnerships

What was new in 2023?

- ICH E20 **Adaptive trials** technical document https://database.ich.org/sites/default/files/E20_FinalConceptPaper_2019_1107_0.pdf
- EMA CP **Platform trials** https://www.ema.europa.eu/en/platform-trials-scientific-guideline
- HMA/EMA/EC Q&A **Complex clinical trials** https://health.ec.europa.eu/system/files/2022-06/medicinal_qa_complex_clinical-trials_en.pdf
- ICH E6(R3) **Good clinical practice** public consultation
- ICH E17 General principles … **Multi-regional clinical trials** 5 years in effect
- ICH E8(R1) General **principles for clinical studies** 1 year in effect

What's new in 2024?

- ACT EU support for non-commercial sponsors
- ACT EU multi-stakeholder platform and Advisory group
- ACT EU workshop on clinical trials data analytics
- Expanding Academia briefing offers for not-for-profit developers and innovators



- ICH E11A Paediatric extrapolation
- EMA Anticancer medicinal products guideline revision 6 = key reference for supporting efficient cancer drug development

https://accelerating-clinical-trials.europa.eu/

Mature and proven opportunities for exchange

- EMA and NCA experts can be invited to participate in externally funded consortia (Horizon Europe, transnational funding calls, Accelerate, C-Path, …)
- Pre-competitive space, advancing regulatory science, multi-stakeholder
- Health Professionals' WP (ESMO, EHA, ESR)

- Early point of contact
  - Academia briefing meetings
  - Innovation task force briefing meeting
- Orphan medicine designation
- EMA designation as PRIME
- EMA Scientific advice
  - Any aspect of medicine development
  - Broad advice (affecting multiple medicines)
  - Qualifying endpoints and other tools
- National and simultaneous scientific advice

https://doi.org/10.3389/fmed.2023.1181702

https://www.ema.europa.eu/en/documents/other/european-medicines-agency-process-engaging-externally-funded-regulatory-sciences-and-process-improvement-research-activities-public-and-animal-health_en.pdf

https://www.hma.eu/fileadmin/dateien/HMA_joint/00-_About_HMA/03-Working_Groups/EU-IN/2023_02_EU-IN_Involvement_of_competent_authorities_in_externally_funded_projects.pdf

How EMA seeks to support, and what EMA cannot do

- Can be engaged on projects (typically tools to advance regulatory science)
- Discuss regulatory pathways and options (medicinal product development)
- Responsive to explorative questions
- Convene stakeholders on specific issue
- Provide scientific advice that can be shared with existing & to attract new collaborators
- Occasionally EMA will be proactive

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- Lower standards
- Discuss general issues only for oncology
- Provide full consultancy
- Broker collaborations
- Professionalising
- Financing

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High quality of evidence

Fit for (a specific) purpose

Appropriate clinical and statistical methods

Minimise credible alternative explanations

Evidence that speaks to the efforts made

Can be inspected (incl. registries, RWD)

Conclusions

- Framework is largely in place
- Case work will be needed to advance medicines
- EMA very interested to leverage collaboration with academic researchers and developers
- Plan for quality and create common understanding across relevant stakeholders
- Scarcity of qualified new drug development tools - contribute to advance regulatory standards, address regulatory science research needs

Thank you for your attention

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