

The landscape for ATMPs in Europe 15 years after the initial introduction of the Regulation

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The conception & birth: 2007 - 2009



Regulation 1394/2007 of 13.11.2007

- In operation since 30.12.2008:
 - Establishment of the Committee for Advanced Therapies (CAT)
 - Provides definitions & procedures for ATMPs
 - Incentives for developers

First CAT meeting: January 2009

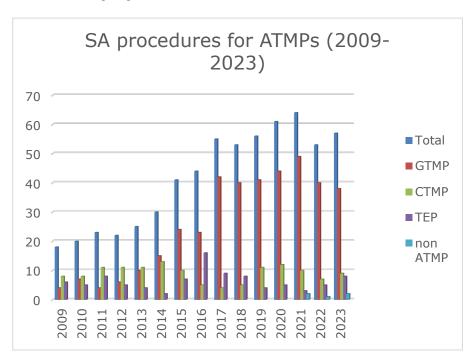


Challenges with ATMPs

- Complex products to develop, manufacture, characterise, test
- Evolving technological and scientific breakthroughs
- Tailored non-clinical development programmes developed prior to FIH studies
- Concomitant therapies, e.g. conditioning therapy, immune suppression
- Novel toxicities with potential unknown risk e.g. insertional mutagenesis events
- Specific post-authorization obligations to address remaining uncertainties and to build regulatory knowledge base
- Lack of precedent cases for regulatory decision making



ATMP pipeline



Predicted submission rate 10/year.

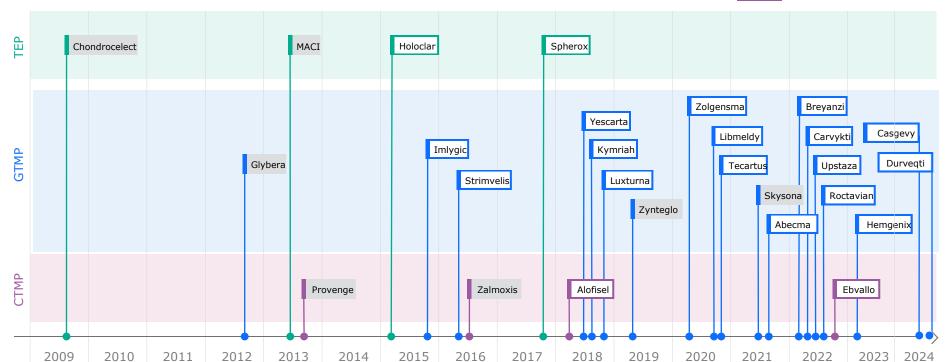
- Lots of activity (SA, PRIME, classifications)
- Most gene therapies
- Great mix (academic, SMEs, large pharma...)
- Similar forecast to FDA

but:

- COVID-19 impact on clinical trials
- Attrition rate high
- Development delays very frequent

Approved ATMPs (2009- 07.2024)







EMA initiatives to facilitate ATMP development

- Innovation Task Force (ITF)
- Scientific advice (SAWP)
- Guideline publication
- PRIME scheme
- Accelerated assessment
- ATMP pilot for academia and non-profit organisations
 - Up to five ATMPs addressing unmet medical needs





The **PRI**ority MEdicines (PRIME) programme



Medicinal products of major public health interest and in particular from the viewpoint of therapeutic innovation.

Potential to address to a significant extent an unmet medical need



Reinforce scientific and regulatory advice

- Foster and facilitate early interaction
- Raise awareness of requirements earlier in development



Optimise development for robust data generation

- Focus efficient development
- Promote generation of robust and high-quality data

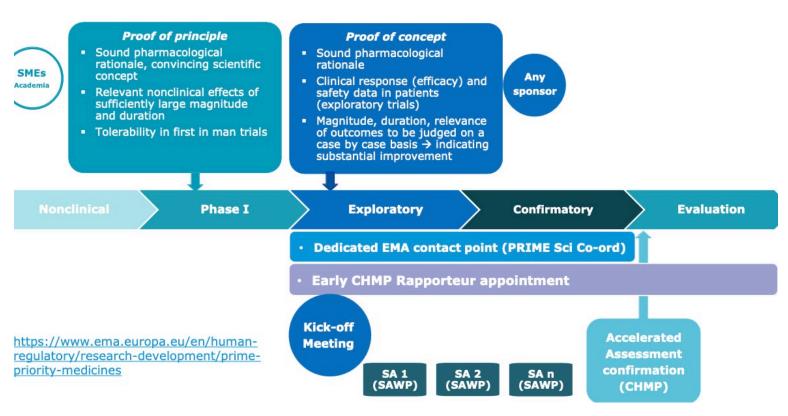


Enable accelerated assessment

- Promote generation of high-quality data
- Facilitated by knowledge gained throughout development

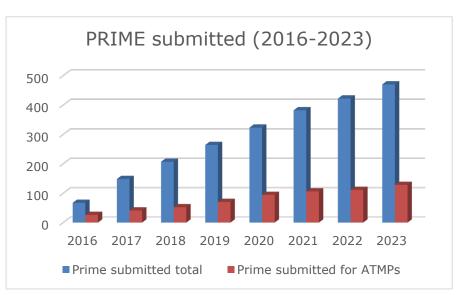


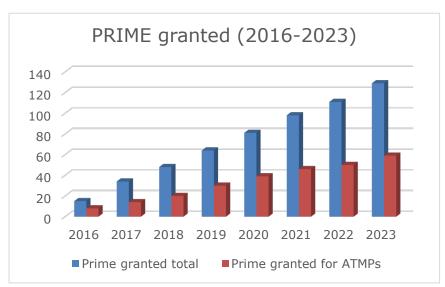
The **PRI**ority **ME**dicines (**PRIME**) programme





ATMP PRIME: submissions and successes (2016-2023)



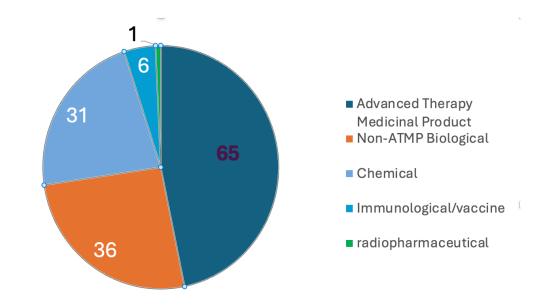


https://www.ema.europa.eu/en/human-regulatory/research-development/prime-priority-medicines



PRIME - ATMPs 27% of applications, 47% of products granted

Total	139
Radiopharmaceutical	1
Immunological/ vaccine	6
Chemical	31
Non-ATMP Biological	36
ATMP	65



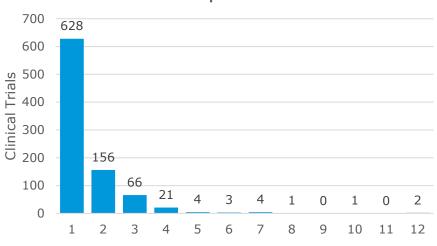


ATMPs in development - Clinical trial submissions in the EU 2016-23

Submissions per member state



Number of MSs per trial submission



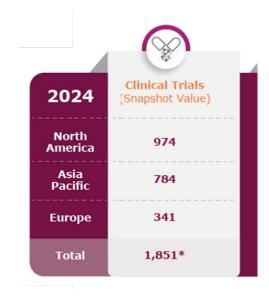
Preliminary curated analysis (EudraCT **and** CTIS) submissions and number of member states concerned Follow-on from

CTs 2009-2016 - Boran et al. DOI: 10.1089/humc.2016.193 (from IG Reischl 2024)



Some future challenges for ATMPs in Europe

- Rapid pace of science (e.g. gene editing & platform technologies) will increase product complexity and challenge regulation
- Increase in global access to ATMPs will be facilitated by regulatory convergence (e.g. between EMA, FDA etc)
- Requirement for sustained long-term follow-up for more ATMPs
 - Potential use of combined registries for data collection and monitoring (e.g. World Federation of Haemophilia registry)
- Implementation of EU Pharma Legislation
- Opportunity to increase innovation and R&D investment in the EU



Source EFPIA Oct 2024



ATMP future development in Europe

- This is an ever-evolving complex field
- ATMPs are medicinal products and their quality, safety and efficacy needs to be demonstrated on a product-specific basis
- Robust and reproducible data are required
- Clinical trial procedures and interface aspects need to be clear from the start
- **Exemptions** for individual needs, when implemented, need to be clearly defined
- Complexities including combined products and companion diagnostics need to be considered
- Need for close interaction with **patients** the CAT is unique with patient representatives
- Patient access needs to be facilitated with the implementation of the HTA regulations



Thank you!

Further information

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