EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

PDCO current approach

Medicines for Paediatric IBD

Presented by Chrissi Pallidis on 29 June 2015

Paediatric IBD

- Incidence rising 9.4/100,000 children in 1994 to 13.2 /100,000 in 2009 (Benchimol EI et al, 2014)
- Need for effective and safe treatments

  Paediatric IBD more severe phenotype than adult disease (Aloi M et al, 2014)
- New medicines in the pipeline

- How can we optimise development in children?

Approved paediatric medicines

Biological treatments

Infliximab

Adalimumab (Crohn's only)

Conventional treatments

Aminosalicylates

Corticosteroids

Immunosuppressants

Agreed Paediatric Investigation Plans

Crohn's disease

- Ustekinumab
- Adalimumab
- Infliximab
- Vedolizumab
- Vercirnon
- Etrolizumab

Ulcerative colitis

- Golimumab
- Adalimumab
- Infliximab
- Tofacitinib
- Vedolizumab
- Prednisolone/mesalazine
- Etrolizumab

Guidelines for UC and CD

Both currently being revised

CD (CPMP/EWP/2284/99 Rev. 1)

As Crohn's disease occurs in a relatively young population, often diagnosed during childhood and adolescence, separate studies in these patients are encouraged,

For measurement of efficacy, it is recommended to use the paediatric CDAI score (PCDAI).

Primary endpoint should be steroid-free remission. For measurement of quality of life, scales validated for use in children should be used.

Guidelines for UC and CD

UC (CHMP/EWP/18463/2006)

Studies in children and adolescents are encouraged. For the youngest children, the development of a suitable oral and rectal formulation is encouraged as well. Appropriate lower age-limit for inclusion into paediatric trials would be from the age of 2 to 18 years

In the refractory paediatric population, steroid withdrawal (while maintaining remission) is an important outcome and would be acceptable as a primary endpoint.

PDCO current approach - CD

Waivers:

most below 4 years, some below 6 years

Quality:

If first PIP age appropriate strength

NC:

juvenile toxicity studies

PDCO current approach – CD

Clinical

- Open label PK study if first PIP (no pre-existing PIP for other condition)
- Main study: placebo-controlled, double-blind, randomised withdrawal design with an open label induction phase
- Primary endpoints: PCDAI ≤ 10 and/or mucosal healing (endoscopy)
- Deferrals generally accepted to not delay MA in adults and/or to establish risk/benefit in adults first

PDCO current approach - UC

Waivers

Below 2 and below 4

Quality and NC

As with CD, if no pre-existing PIP, age appropriate strength, juvenile toxicity study

PDCO current approach - UC

Clinical

- PK/PD open label studies if no previous PIP

- Main study: placebo-controlled, double-blind, randomised withdrawal design with an open label induction phase

- Primary endpoint: Mayo score ≤ 2 or PUCAI < 10

In the pipeline

under validation

1 PIP for UC and CD

On clock stop

1 PIP for UC and CD

1 PIP for CD

3 PIPs for UC

Issues for discussion

- Endpoints – is there a need for endoscopy?
- Placebo controlled trials – necessary?
- Extrapolation – do we need efficacy trials in children?

Thank you for your attention

Further information

[chrissi.pallidis@ema.europa.eu]

European Medicines Agency
30 Churchill Place • Canary Wharf • London E14 5EU • United Kingdom
Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5555
Send a question via our website www.ema.europa.eu/contact

Follow us on **@EMA_News**