

PDCO perspectives & proposals Enpr-EMA coordinating group

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PDCO needs for input from Enpr-EMA/networks

GENERAL ISSUES

- Changing/emerging paediatric therapeutic needs
- Positioning among several ongoing/upcoming developments
 - Prioritisation
 - Strategic planning for similar drugs to address different indications
- Methodological expertise
 - Study designs, outcome parameters, novel approaches, scientific basis of extrapolation.
- National restrictions/requirements : CTAs / ETs
- Feasibility (in the context of above)
- Input on Regulatory Guidelines

Meaningful PIPs → relevance + acceptability



Examples of interaction

- Rheumatology : Old vs. new -> networks input needed?
 - change of SoC since many biols now approved in children.
 - New emerging class(es) (for example JAKs)
 - Still withdrawal trial design is use of placebo possible?
 - extrapolation could be an option but when?

 PDCO appreciates dialogue with networks (currently one network at PDCO every other month)



Ways of interaction

- Increase network capacities: invite regulators for training with the aim of better understanding of licensing requirements.
- Streamline PDCO feedback for specific products within strict PIP timelines
 - consolidated "independent" network feedback within timely manner
 - If network identifies serious issues with a PIP trial -> encourage sponsor/PIP applicant to feedback to PDCO promptly, including network perspective on solutions.
- More information and transparence on Networks' conflict of interests.



Ways of interaction

- International research collaborative approach.
 - Strategic collaboration of PDCO with on going network initiatives
 - Networks working collaboratively with other networks: e.g. infectious disease network PENTAi with existing neonatology networks for antibiotic studies in neonates
- Therapeutic areas where Enpr-EMA networks are still missing (for example CV)