

Putting E11A into Practice: Extrapolation from Guideline to Application

EnprEMA Annual Conference 2025

Dominik Karres

Paediatric Medicines Office – Evidence Generation
Department – Human Medicines Division



27 August 2024
EMA/CHMP/ICH/205218/2022
Committee for Medicinal Products for Human Use



ICH E11A Guideline on pediatric extrapolation Step 5

Transmission to CHMP	8 March 2022
Adoption by CHMP	24 March 2022
Release for public consultation	06 April 2022
Deadline for comments	06 August 2022
Final adoption by CHMP	25 July 2024
Date for coming into effect	25 January 2025

Paediatric development scenario

Development plan proposal

Single arm trial using **extrapolation** approach; supported by M&S and Bayesian statistics

Clinical Foundation

What do we know about the disease in context of the MoA across populations; what are the differences and uncertainties - **extrapolation concept** - which we need to address in the **extrapolation plan**

Quantitative Tools

M&S, Bayesian statistics, and **RWD** leveraged to fill knowledge gaps and reduce uncertainties.

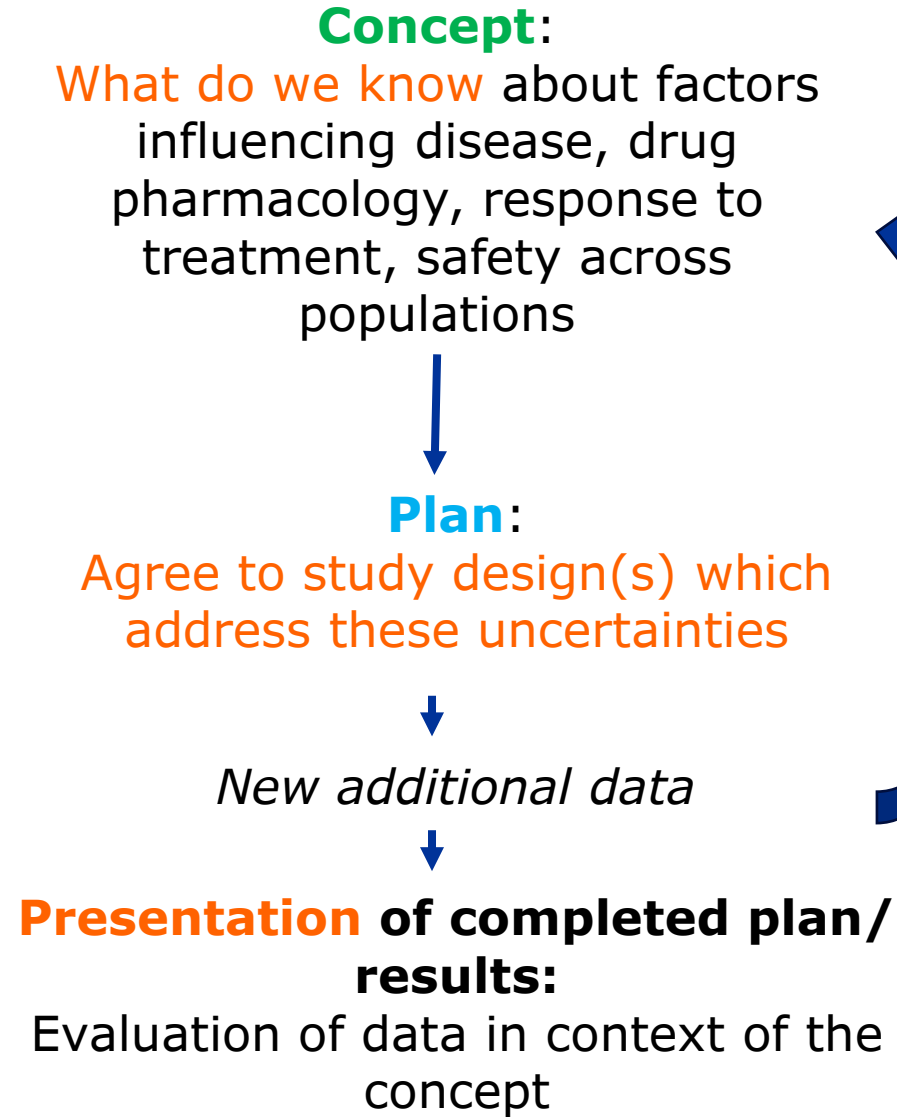
Regulatory Assessment

Starting point: Is disease similarity sufficiently established? Do we have clarity where we have differences/ i.e. uncertainties. Can we address those **remaining uncertainties** sufficiently by **single arm trial, supported by the proposed model and statistics**?

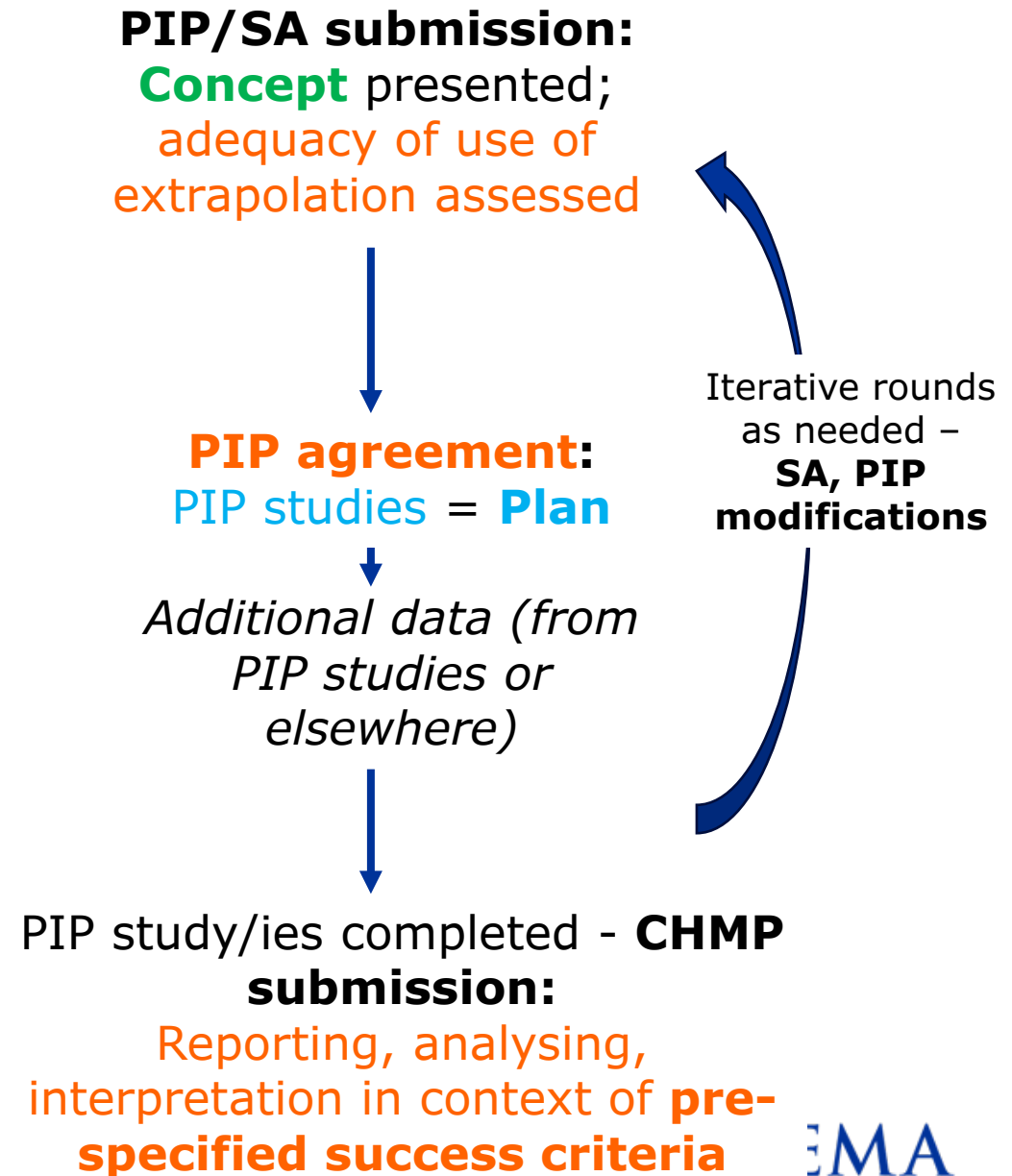
Understanding the context of use of the model and the Bayesian statistics is key!

This requires **multidisciplinary discussions**

E11A implementation



Assessment processes



Implementation activities – three pillars



Capacity Building

Build and strengthen **multi disciplinary** expertise across the **regulatory network** through a **temporary Operational Expert Group under MWP**

(PDCO/SAWP/MWP/CHMP).

Promoting **change management** and **avoiding silos** across disciplines and processes



Knowledge Dissemination

e.g. learning and experience sharing, Q&A development, EU NTC activities, publications *** and conference presentations.



Process Enhancement

Adequate **reflection** in **scientific documents** to support both industry and assessors, from preparation of **PIP, SA and MAA** submissions to their assessment, ensuring clarity and consistency throughout the process.

Building on:

- Published structured guidance *
- PIP scientific document (Q&A published on EMA website**)
- PIP opinion template



* https://www.ema.europa.eu/en/documents/scientific-guideline/structured-guidance-use-extrapolation_en.pdf

** <https://www.ema.europa.eu/en/human-regulatory-overview/research-development/paediatric-medicines-research-development/paediatric-investigation-plans/paediatric-investigation-plans-questions-answers>

*** <https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bph.17396>

Expert network input

Development plan proposal

Single arm trial using **extrapolation** approach; supported by M&S and Bayesian statistics

Clinical Foundation

What do we know about the disease in context of the MoA across populations; what are the differences and uncertainties - **extrapolation concept** – which we need to address in the **extrapolation plan**

Quantitative Tools

M&S, Bayesian statistics, and **RWD** leveraged to fill knowledge gaps and reduce uncertainties.

Starting point: Is disease similarity sufficiently established? Do we have clarity where we have differences/ i.e. uncertainties. Can we address those **remaining uncertainties** sufficiently by **single arm trial, supported by the proposed model and statistics**?

This requires **multidisciplinary discussions** and all experts involved to understand how regulators assess and implement use of extrapolation



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Thank you

Dominik.Karres@ema.europa.eu

Follow us

