



Federal Institute
for Drugs
and Medical Devices



Significant benefit of oncology products at MA: the COMP experience

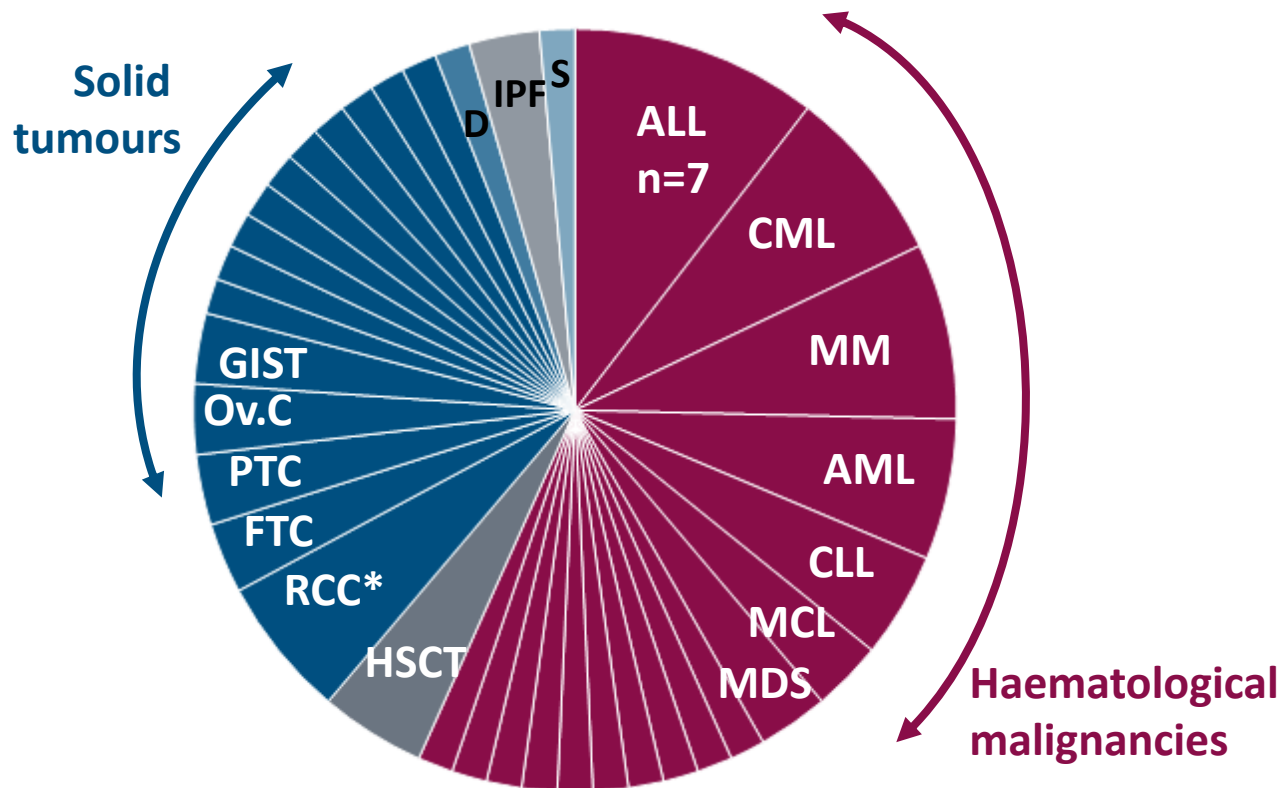
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Oncology OMPs by orphan condition (2000-2015)



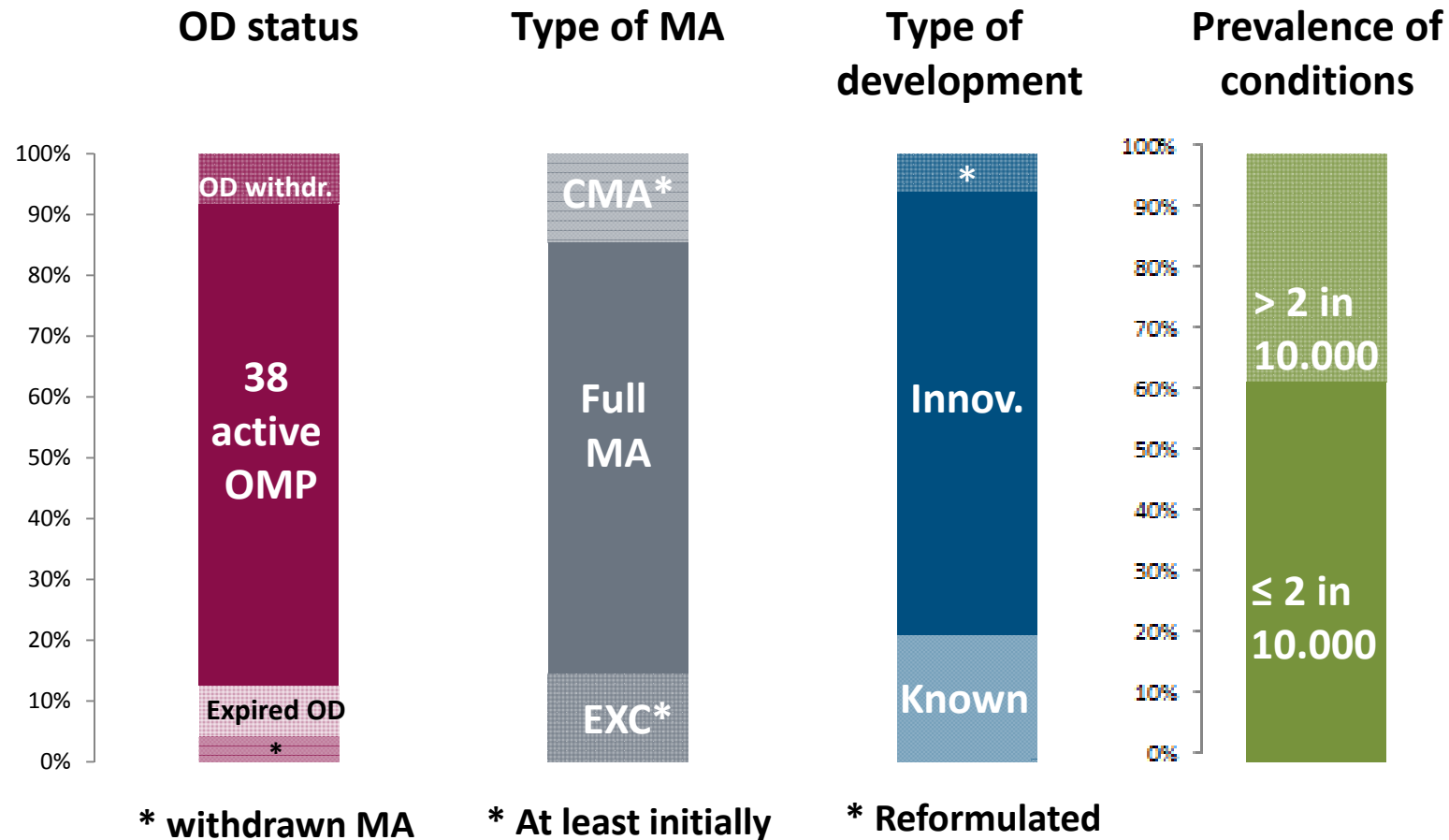
48 Orphan medicinal products (OMP) for **37** different conditions

n=12 OMP
with >1 condition

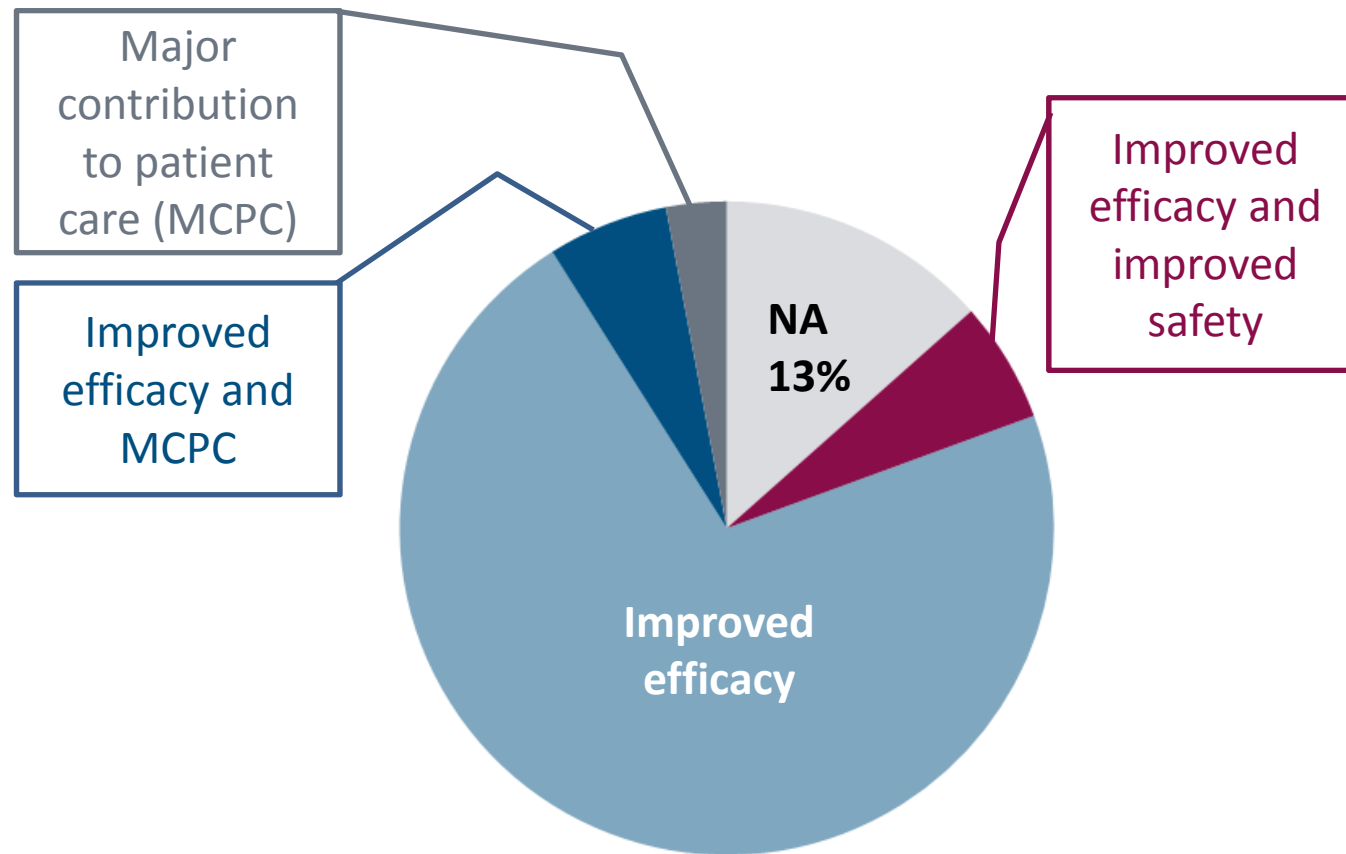
n=14 conditions
> 1 OMP

n = 67 decisions
by the COMP

Some statistics on oncology OMPs



Significant benefit in oncology OMPs



⇒ Combination of categories possible/necessary!

Hypothetical orphan at review - 1

Orphan condition X - 2. line	“Satisfactory Method “ (SM) 1-3	Product A - SB required!
Scientific evidence	SM1: SoC 1. line SM2: SoC 2. line SM3: limited efficacy, authorised beyond 2. line	Active-controlled trial vs SM2 Primary endpoint PFS HR=0.31 OS numerical benefit
Inclusion criteria		relapse after treatment with SM1
Significant benefit Product A	Clinically relevant advantage based on improved efficacy Qualitative: SM1 (add further line) Quantitative: stronger effect in PFS with OS support SM2 (direct comparison) and SM3 (indirect)	

Hypothetical orphan at review - 2

Cancer B relapse	TKI X (2010) parallel TKI Z SB required (2011)	TKI Z SB required (2011)
Scientific evidence	Placebo-controlled (mPFS of placebo group: 12 mo) Primary EP: PFS HR=0.5 OS not interpretable (cross-over) Subgroup with marker XY unresponsive	Placebo-controlled (mPFS of placebo group: 6 mo) Primary endpoint PFS HR=0.3 OS numerical benefit; Benefit in subgroup with marker XY
Pretreatment history		... relapsed after treatment with TKI X , n had durable responses when treated with TKI B
Significant benefit TKI B	Clinically relevant advantage based on improved efficacy Qualitative: improved efficacy in subgroup (molecular marker + relapse after TKI X) Quantitative: stronger effect in PFS with OS support	

Hypothetical orphan at review - 3

Cancer B relapse	TKI X (2010)	+ 2 years	TKI Z SB required (2011).
Scientific evidence	Placebo-controlled (mPFS of placebo group: 10 mo) Primary EP: PFS HR=0.7 OS not interpretable (cross-over) Subgroup with marker XY unresponsive		Uncontrolled or (mPFS of placebo group: 12 mo) Primary endpoint PFS HR=0.6 OS not interpretable (cross-over) Safety profile different (how?)
Pretreatment history			Exclusion criterion: pre-treatment with TKI

???

Lessons learned

- Protocol assistance highly recommended
- Demonstration of significant benefit over „all authorised products“
 - Pre-treatment history
 - Identify subgroups unresponsive to authorised treatment
 - Carefully consider exclusion of certain prior/control treatments
- Claim of improved safety especially difficult
 - Not theoretical, should allow prospective patient selection
 - Frequency and relevance of AE important
- Totality of the data is assessed in context
 - Endpoints should reflect tangible benefit

Challenges

- Uncertainties with small numbers and typically single pivotal trials
- (Real!) parallel developments
- „Competitive areas“
 - Increasing requirements for the demonstration of SB
 - Best-in-class vs first-in-class
- Quantitative aspects of significant benefit
 - Minimal effect size?
 - Time gained or Hazard Ratio?
 - Dependent on disease-related prognosis?
 - Further endpoints, esp. QoL?

Notice by EC
For public
consultation until
February 2016!

Conclusions

- Heterogeneity of oncologic conditions and pharmacological treatment require case-by-case approach for maintenance of orphan designation
- More oncology OMPs require the demonstration of SB at the time of MA compared to orphans overall
- Most frequent ground for SB is a „clinically relevant advantage“ via „improved efficacy“
- Direct and indirect approaches
- Combination of categories for SB is possible and sometimes necessary
- Protocol assistance highly recommended

Thank you very much
for your attention!

Thank the COMP and EMA orphan team and colleagues at BfArM for many
fruitful discussions!

Questions?