



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Update on the implementation of the Consultation procedure on Companion Diagnostic (CDx)

R&D platform – 4th June 2021

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An agency of the European Union



Overview of steps taken to collaborate with NBs

- ➔ In 2019, established informal dialogue with IVD Notified Body CDx Working Group (Team NB)
 - Held 1 meeting but then no further dialogue due to capacity constraints of NBs and lack of designation according to IVDR
- ➔ September 2020 - re-vitalisation of IVD Notified Body CDx Working Group
 - To continue the work on the role of Notified Bodies in the CDx conformity assessment and interface between NBs and the EMA/Competent Authorities
 - Discussions of CDx-related questions on procedural process
 - Regular TCs
- ➔ March 2021 - set up of the CDx consultation Working Group
 - 1st Meeting in April 2021: setting the scene
 - 2nd Meeting in May 2021: case studies
 - 3rd Meeting in June 2021 and further steps



CDx consultation Working Group - Composition

EMA/CHMP/CAT experts

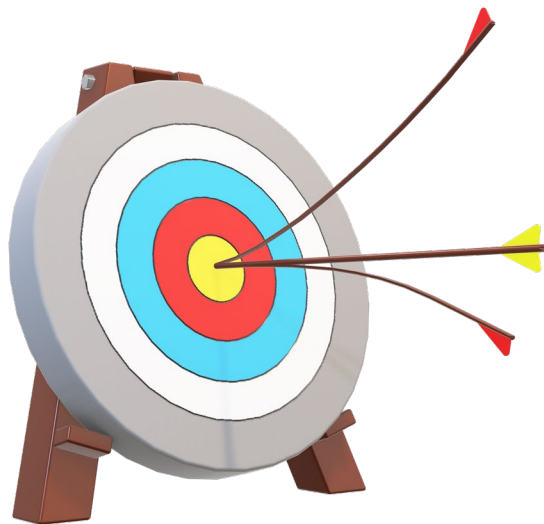
NB subgroup

EC

Device NCAs



CDx consultation Working Group - Objectives



- Opportunity to have two-way dialogue on data requirements for IVD (CDx) conformity assessment and NB review and scope of CHMP scientific opinion on CDx suitability with medicinal product
- Develop a EMA/CHMP/CAT procedural guidance on the consultation of CHMP by NB on CDx
- Aim to prepare for first applications on legacy IVD-CDx (pilot of real cases)



Legacy IVD-CDx already on the market

- CDx currently on the market will have to conform to IVDR by 26 May 2022 or can no longer be placed on the market
- NB provided estimates of number of manufacturers who are planning to submit applications for conformity assessment in 2021



Procedural steps for CDx consultation – under discussion

1) NB's letter of intention to submit to EMA

- Letter of intention preferably at least 3 months before the expected date of submission

2) Pre-submission meeting with the EMA, NB and device manufacturer (?)

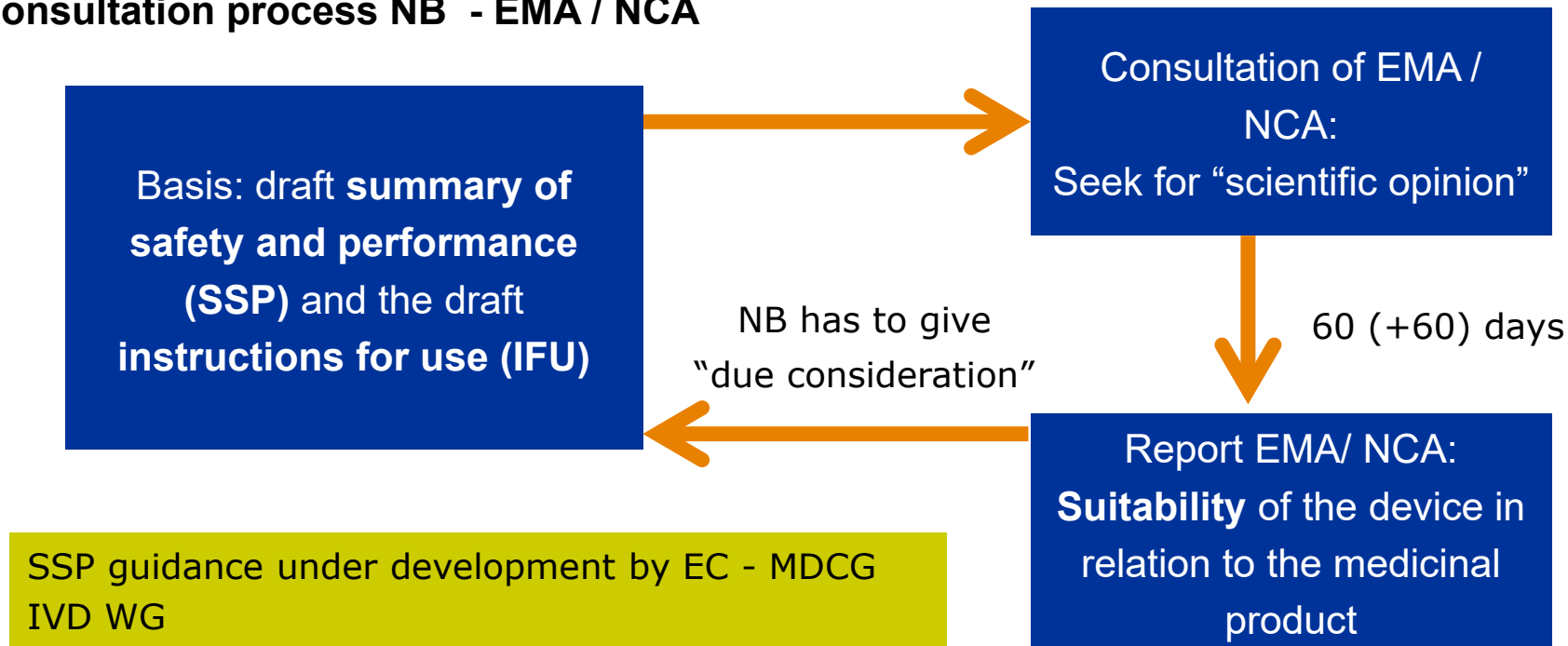
- Pre-submission meeting preferably 3-6 months before the expected date of submission

3) NB plan to start consultation procedure only when NB's positive decision on compliance of technical dossier



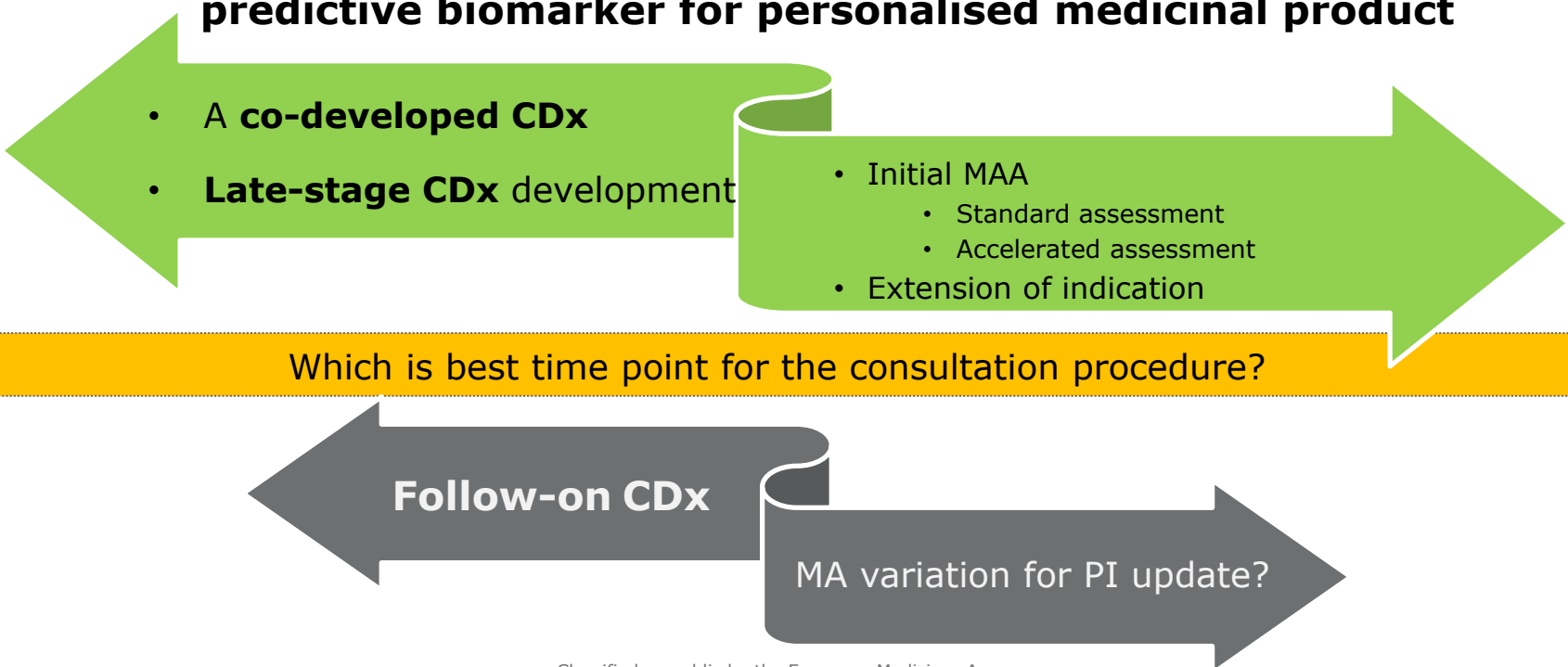
Conformity assessment and a scientific consultation (Annex IX, IVDR)

Consultation process NB - EMA / NCA



Time point for the CDx consultation procedure

Different scenario to consider regarding development of CDx for a new predictive biomarker for personalised medicinal product

- 
- A **co-developed CDx**
 - **Late-stage CDx** development

- Initial MAA
 - Standard assessment
 - Accelerated assessment
- Extension of indication

Which is best time point for the consultation procedure?

Follow-on CDx

MA variation for PI update?



Data package and scope for the CDx consultation

- Main scenarios for tests intended for CE marking as CDx acc. to the new IVDR:
 - **Test has been used in the clinical pivotal phase**
 - **Test used in the clinical pivotal phase is not CDx, CDx is developed subsequently**
 - **Follow-on CDx or Me-Too CDx**
 - **Legacy** scenario when switching from IVDD to IVDR:
 - (co-developed) test is already available but has to be classified under the IVDR as a CE-CDx
- What data package may be available depending whether part of the MAA/EoI or not ?
 - Scope of CHMP-CAT review?



CHMP-CAT D80 AR

3.5. *In vitro* biomarker test for patient selection for efficacy

Scientific rationale for the choice of the predictive in vitro biomarker test (e.g. prevalence, relation to disease mechanism).

Analytical method including assay platform, specimen, pre-analytical processing requirements and read-out method.

Analytical and clinical validation strategy:

- *Analytical validity: For verifying the suitability of an assay, robustness, accuracy, specificity, sensitivity and linearity should be considered depending on the analytical platform*
- *Clinical validity (sensitivity/specificity) should be described either by correlation with a clinical endpoint (for novel assays) or -if available- by concordance study with a clinically valid reference assay*
- *Cut-point selection should be described and discussed in detail since it is of particular importance for the benefit /risk assessment.*



Next steps

- Further meetings with NBs to consider the various scenarios and to discuss the scope of the EMA evaluation versus NB assessment

Targeted outputs

- Draft procedure for consultation between NB and EMA/NCA
- Draft CHMP opinion template + guidance to assessors
- Pilot of real cases

Others

- To clarify level of information about assay/CDx in the labelling of medicinal product



Any questions?

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