EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

05 March 2020
EMA/527554/2019
Stakeholders and Communication Division

Meeting summary - PCWP/HCPWP joint meeting

3 March 2020, 08:30hrs to 17:30hrs – meeting room: 2C
4 March 2020, 09:00hrs to 16:00hrs – meeting room: 2C

Co-Chairs: Kaisa Immonen (PCWP), Ulrich Jäger (HCPWP)

Joint PCWP/HCPWP meeting

Welcome

M. Carr (EMA) opened the meeting, welcoming participants to the new EMA building and providing health & safety information. She introduced new members and observers, including eligible organisations' observers nominated for 2020 and new organisations receiving eligibility since the last meeting. Melanie then gave an overview of the agenda for the day.

1. Strategies for future activities

1.1 EMA recommendations from the Regulatory Science Strategy to 2025 – implications for patients and healthcare professionals

A. Humphreys (EMA) presented a summary of the strategy and its consultation process with stakeholders, as well as the main feedback received from patients and healthcare professionals on certain key core recommendations impacting on these collectives (see presentation). He highlighted how some of the feedback from stakeholders would be incorporated into the final strategy, in areas such as reinforcing patient relevance in evidence generation and contributing to HTA preparedness. He concluded by presenting the next steps for endorsement of the strategy by EMA management and highlighted the need for a continued stakeholder engagement to deliver the actionable areas identified in the strategy.

https://www.ema.europa.eu/en/about-us/how-we-work/regulatory-science-2025

1.2 European Medicines Regulatory Network Strategy (EMRN) to 2025 – introduction on the route to joint strategy, stakeholder consultation process, timelines

M. Carr introduced how the Heads of Medicines Agencies (HMA) and EMA are developing an overarching Network strategy for the coming 5 years, building on the previous HMA/EMA strategy to 2020 (see presentation). The strategy addresses 6 main themes identifying high-level goals and supporting recommendations for each of them. These will shape and feed into the detailed workplans of the Network's members in the coming years.

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The draft strategy is being developed in consultation with the European Commission and stakeholder groups. Melanie emphasised that the early discussion with PCWP/HCPWP was the very first step in early engagement with stakeholders and that this was an opportunity for HMA and EMA to capture initial views for each theme of the strategy from a patient and healthcare professional perspectives.

Each theme was presented individually to describe a high-level environmental analysis and a summary of drivers influencing the Network; a brief outline of the challenges and opportunities within the strategic area over the next five years; to discuss the likely impacts on the Network and the key trends and issues in need of attention; and to list ongoing plans, initiatives and related activities:

- Theme 1: Availability and accessibility of medicines, M. Berntgen (EMA)
- Theme 2: Data analytics, digital tools and digital transformation, P. Arlett (EMA)
- Theme 3: Innovation, A. Humphreys (EMA)
- Theme 4: Antimicrobial resistance (AMR), M. Cavaleri (EMA)
- Theme 5: Supply Chain Challenges, B. Cuddy (EMA)
- Theme 6: Sustainability of the Network and Operational Excellence, M. Lenihan (EMA)

The discussion that followed focussed on whether all key challenges had been identified and if there were any further gaps to be addressed. There was broad acknowledgement of the relevance of all 6 themes. Participants highlighted the following elements as important to consider in the further drafting of the EMRN strategy:

- Clarify what is meant with availability vs accessibility, given that in the end they both lead to the same issues.
- Need to address patient access to medicines during development / licensing under compassionate use (CU) programmes; in particular, how to further promotion of use of Art 83, align patient access across member states, and better use the data from CU programmes in later decision making.
- Need to ensure that activities addressing the root cause of shortages are not duplicated and delay attention on the needed groundwork.
- Reflect on how the approach by payers with tenders for delivery, e.g. short-term contracts or dependency from an individual company, impact the supply chain.
- Need for the strategy to continue regulatory efforts into improving clinical trials (including pragmatic trials) and that clinical trials should remain the foundation of evidence generation with real-world evidence as complementary;
- Use of modelling tools and synthetic data.

More detailed input is expected at the time of the public consultation period.

Actions:

- Any additional suggestions regarding gaps identified to be sent to the PCWP/HCPWP secretariat by 16 March.
- Face-to-face meeting to launch the public consultation on the draft EMRN strategy to 2025 to be organised on 4 May 2020 (subject to further developments on COVID-19).

  Post meeting note: the launch meeting is cancelled due to the COVID-19 pandemic.

2. Nitrosamine impurities

2.1 Update on activities related to presence of nitrosamine impurities in medicines

N. Wathion (EMA) gave an update regarding ongoing activities in relation to nitrosamine impurities.

Nitrosamine impurities were first identified in 2018 within certain blood pressure medicines ('sartans'). This led to product recalls and a regulatory review which introduced new manufacturing requirements. Impurities were later also detected in other medicines, including ranitidine (heartburn and stomach ulcers); ranitidine is currently under review by the CHMP.

Following a lessons learnt exercise on the detection of nitrosamine impurities in sartans, the European medicines regulatory network began an Art 5(3) review in September 2019 as per the request of the Executive Director to provide guidance to marketing authorisation holders (MAHs) on how to avoid nitrosamine impurities in medicines. As part of this review, the CHMP requested MAHs to review all medicines containing chemically synthesised active substances for the possible presence of nitrosamines and to test all products at risk. This is a huge endeavour as it includes 100,000's of medicines. The aim is to complete this exercise by 26 September 2022.

As part of this Art 5(3) review the CHMP is also looking into the effects and causes of the impurities and held a two-day ad-hoc expert meeting, including patients and healthcare professionals, at the end of February.

There have also been recent reports of impurities found in metformin-containing medicines (diabetes)**;** EMA and the national authorities are currently working closely with companies and medicines control laboratories to assess the impact and carry out further testing. Updates will be given when available.

New emerging scientific knowledge needs also to be taken into account. This is a global issue and EMA will try to have convergence with the different regions on implementation.

Some comments from the members included the need to have an appropriate timetable for implementation of any restrictions to avoid shortages, to communicate appropriately so that the risks are put into perspective so not to alarm patients, and to give advance warning of communications to healthcare professionals. N. Wathion replied that these elements will be part of the implementation plan once the Art5(3) review will have concluded.

Actions:

- WPs to be kept up to date on outcomes of the various ongoing assessments (EMA webpage: https://www.ema.europa.eu/en/news/update-nitrosamines-eu-medicines).

3. HMA/EMA Task Force on Availability of authorised medicines

3.1 Update on the activities of the HMA/EMA Task Force

J**.** Ferreira (EMA) gave an update on the taskforce (TF-AAM) (see presentation) which was established in 2016 with the aim to assess why authorised medicines are not marketed in MSs, establish definitions and metrics to enhance shortage management, improve sharing of information among EU regulatory authorities and develop communication strategies. The mandate of the TF-AAM was extended in December 2019 for a further 3 years. The extended scope covers medicines authorised but not marketed and medicines affected by supply disruptions.

The following has been achieved: multi-stakeholder November 2018 workshop report published in February 2019, publication of Guidance on detection and notification of shortages for MAHs in July 2019 (with implementation foreseen after Q2 2020), publication of Good practice guidance for EU authorities on public communication on availability issues (July 2019), pilot phase of the SPOC system for sharing of information among EU regulatory authorities started April 2019 (phase 1 (information

3. HMA/EMA Task Force on Availability of authorised medicines

sharing) finished August 2019 - phase 2 (EU coordinated actions on shortages) to start after Q2 2020), publication of the proposed metrics of shortage (December 2019) - to be tested in a pilot phase together with the guidance for MAHs (after Q2 2020).

A list of national shortage registers for all MSs is compiled in the EMA and HMA websites and an EU Regulator's manual is currently under development as a reference for all EU regulators (to be finalised end 2020).

A concept paper on best practices to prevent shortages is being drafted (started in Q1 2020); PCWP/HCPWP members involved.

Actions:

- Members to be kept up to date on progress and actions, the topic will be re-discussed during June PCWP/HCPWP meeting.

4. Renovation of ICH guidelines on general considerations for clinical trials and good clinical practice

4.1 What is changing and how is EMA contributing?

F. Sweeney (EMA) gave an overview of the 'renovation of the ICH guidelines' (see presentation).

The 'International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use' (ICH) brings together regulatory authorities and pharmaceutical industry to discuss scientific and technical aspects of pharmaceuticals and develop ICH guidelines. ICH guidelines E8 and E6 need modernising to prepare for future medicines, future trial designs and future data sources, with an emphasis on achieving quality by good design. The aim is to ensure that all parties are involved up front in study planning, i.e.: sponsor, patients, trial subjects, investigators, HCPs, regulatory agencies and to set the foundation for new study designs and data sources (RWE, etc.).

ICH-E6 is an efficacy guideline that specifically addresses policies and procedures surrounding good clinical practice (GCP) and the protection of participants. ICH-E8 addresses general considerations for Clinical Trials and sets out general scientific principles for the conduct, performance and control of clinical trials.

Step 1: Revision to ICH E8 General Considerations for Clinical Trials - goal is to address broader concerns about the principles of study design and planning for an appropriate level of data quality, will provide comprehensive cross-referencing to the family of ICH guidance documents.

Step 2: Renovation of ICH E6 Good Clinical Practice - goal is to address flexibility concerns with respect to a broader range of study types and data sources, while retaining current focus on good clinical investigative site practices.

Actions:

- Members to be kept up to date on progress and any opportunities for input, including a workshop later in 2020

5. Big data, data sharing and data protection

5.1 Survey on rare disease patient perspectives on data sharing and data protection

S. Courbier (Eurordis) presented the results from a Rare Barometer Data Protection and Sharing survey which Eurordis carried out covering 66 countries and 664 diseases (see presentation).

5.2 Patient-managed registries; Health29

E. Vroom (UPPMD)/J. Isla (DSEF) gave an overview of patient managed registries, why they are needed and how patients feel about the use of their data (see presentation).

5.3 HMA/EMA Big data task force recommendations and future actions

P. Arlett and N. Brun (HMA) presented the Big Data Task Force, and its work carried during 2018 - 2019 that led to 10 key recommendations and also the proposed next steps and collaboration envisaged with PCWP-HCPWP (see presentation). There was a very rich discussion and very high level of engagement from patients and HCPs on this topic area; it was noted that lots of work has already been done on patient attitudes to data sharing and on data protection and this wok can be leveraged to advance the Big Data Task Force recommendations on data governance.

There was a request from some patient groups to focus on 'patient reported' and 'patient relevant' outcomes and a suggestion to reach out to the European Reference Networks.

https://www.ema.europa.eu/en/about-us/how-we-work/big-data

https://www.hma.eu/506.html?&L=0

Actions:

- Request to the organisations represented to share existing position statements and research on Data Sharing and/or Data protection.
- Call for expressions of interest for 1 PCWP and 1 HCPWP representative in the Big Data Steering Group, to provide PCO and HCP perspective into Big Data Task Force deliverables.
- Call for expression of interest for 1 PCWP and 1 HCPWP representative to join an expert topic group to provide PCO and PCP perspective on data protection needs on the secondary use of health data – project deliverable is a set of Q&As. This will consist of one TC to discuss use cases where HCPs and PCOs would be involved in handling and storing health data, as well as on questions relevant to patients and HCPs regarding the secondary use of healthcare data for research purposes and a round of review of the draft Q&As. This is part of the Health Policy Agencies Collaboration (HPAC) project called Electronic Health Records: access, share, expand.
- 2 June session on data protection at the next joint plenary of Patients and Consumers and Healthcare Professionals Working Parties, where the draft data protection Q&As will be discussed.
- 23 September dedicated all day session on data sharing at the plenary of Patients and Consumers and Healthcare Professionals Working Parties – the output could be 'good practice principles' agreed by the working parties.

6. Feedback from committee members

- COMP - T. Leest – presented update on medicines that received orphan designated and orphan medicines that received marketing authorisation. The COMP workplan was presented that emphasised more inter-committee cooperation (see presentation).
- PRAC - V. Hivert/R. Anderson – aspects of the PRAC workplan where patient and healthcare professional members are active were presented. Direct healthcare professional communications (DHPC) are now available on EMA website (see presentation).
- CAT - K. Breen – described committee initiative to publish position on unregulated medicinal products containing stem cells. This follows from previous CAT publications on the subject (see presentation)
- CHMP - C. Prieto/ F. Ventura – provided an update of authorised medicines as well as description of participation of patients in oral explanations as well as in written consultations (see presentation).

- PDCO - J. Taminiau – described specific role of healthcare professionals in PDCO and need for better inter-committee cooperation (see presentation).
- HMPC - S. Bager - explained how the committee is interacting with patients on herbal products and called for more patients to join pool of reviewers (see presentation).

Actions:

- PCWP and HCPWP Members to receive link to DHPCs
- Contact N. Bere (EMA) if you are interested in being part of a pool of 'patients/consumers' involved in the review/assessment of herbal medicines.

7. Electronic product information (ePI)

7.1 Update on electronic product information for EU medicines

E. Scanlan (EMA) provided a brief update on the initiative to explore electronic product information for EU medicines (see presentation). After consultation period with stakeholders and EU partners, which led to the agreement of EU key principles for ePI, the network is now working on a roadmap to proceed with implementation. This includes setting up an ePI set up project to define common standard and tools needed for a pilot phase, as well as defining a pilot by EMA and some pioneer NCAs to test ePI from end-to-end and assesses impact on current processes.

Actions:

- Members to be kept informed of further developments

8. CIOMS guidelines on patient involvement in development and safe use of medicines

8.1. Global Guidance on patient involvement

L. Rägo (CIOMS) provided introductory overview of CIOMS membership, activities and publications. Specifically, he described the nine chapters of the draft guidance on patient involvement in the development and safe use of medicines under development by CIOMS Working Group XI. Once ready the final draft will be available for public consultation (see presentation).

8.2. Incorporating EMA and patient organisations' experience

F. Houyez (Eurordis) described the history and guiding principles of patient involvement and extended this to application of those principles throughout the lifecycle of medicines development (see presentation).

Actions:

- Members to be kept up to date on progress and any opportunities for input, including a workshop later in 2020

9. Shortages (*This session was broadcast to all EMA Eligible organisations)*

9.1 Summary of discussions related with developing a concept paper on best practices to prevent shortages

C. Roffiaen (EPHA) reported on the virtual meeting with PCWP and HCPWP members held on 24 February to introduce the HMA/EMA concept paper and discuss a working methodology for contributing to the drafting on such document (see presentation).

Further to a call for expressions of interest, it was agreed that C.Roffiaen (EPHA), F.Houyez (Eurordis), J.de Belie (PGEU), C.Keijzer (CPME) shall act as PCWP/HCPWP co-rapporteurs for this work.

9.2 Sharing real examples to identify specific areas where action is needed

J. de Belie (PGEU) illustrated several examples of good practice across Europe on solutions for medicine shortages received from some PCWP/HCPWP members (see presentation).

9.3 Discussion on revision of the common position between patients', consumers, and healthcare professionals' organisations on supply shortages of medicines

F. Houyez (Eurordis) presented some topics patients and healthcare professionals would like to focus on in the next five years in relation to medicines shortages, highlighting those areas where more work and reflection are needed (see presentation). These could feed the revision process of the common position between patients', consumers, and healthcare professionals' organisations on supply shortages of medicines.

9.4 Reflection on topics and timelines for a follow up multi-stakeholder workshop

Participants discussed a way forward for further engaging with EMA, HMA and other stakeholders in addressing the implementation of solutions for shortages of medicines, building upon the aspects raised in 9.1 to 9.3.

Following several suggestions and taking into account available resources and timelines, it was agreed that whilst holding a multi-stakeholder workshop as soon as possible would be the goal it would be important to align it with the outcomes of several ongoing work, including the concept paper on best practices to prevent shortages, the revised common position between patients', consumers, and healthcare professionals' organisations on supply shortages of medicines and the expected EC study on root causes of shortages. Therefore, it was proposed to discuss further in June, together with the TF AAM co-chairs.

Actions:

- Co-rapporteurs to contact WP members directly to coordinate collection of best practices and any other information members would like to share to feed the drafting process of the concept paper on best practices to prevent shortages
- Co-rapporteurs to contribute, on behalf of PCWP and HCPWP, in the drafting of the paper and feedback to the WPs at the next meeting in June
- Co-rapporteurs to coordinate collection of input for updating common position by organisations
- Draft concept paper and updated common position to be presented and discussed in June
- TF AAM co-chairs to be invited to discuss in June possible agenda for next workshop on shortages

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Coronavirus

N. Wathion gave an update on the Agency's activities in relation to COVID-19.

EMA's dedicated webpage provides up to date information: https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19 including EMA meetings with delegates and experts to be held virtually until end April 2020 (the latter as part of the EMA COVID-19 business continuity plan that is being implemented), developers of medicines or vaccines to benefit from free scientific advice, and advice given on the use of non-steroidal anti-inflammatories for COVID-19 patients.