European Medicines Agency

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Questions and answers on the recommendation for the refusal of the marketing authorisation for Oncophage

International non-proprietary name (INN): ***vitespen***

On 19 November 2009, the Committee for Medicinal Products for Human Use (CHMP) adopted a negative opinion, recommending the refusal of the marketing authorisation for the medicinal product Oncophage, intended as an add-on treatment after surgery for localised renal cell carcinoma at high risk of coming back.
The company that applied for authorisation is Antigenics Therapeutics Limited. It may request a re-examination of the opinion within 15 days of receipt of notification of this negative opinion.

What is Oncophage?
Oncophage is a solution for injection that contains the active substance vitespen (20 micrograms).

What was Oncophage expected to be used for?
Oncophage was expected to be used in patients with renal cell carcinoma (a type of kidney cancer) that had not yet spread to other parts of the body (localised). It was to be used when there is a high risk of the cancer coming back after the patient has had surgery to remove the tumour.
Oncophage was designated as an 'orphan medicine' (a medicine to be used in rare diseases) on 11 April 2005 for renal cell carcinoma.

How was Oncophage expected to work?
Oncophage is an autologous immunotherapy product. Autologous means that it is derived from the cells in the patient's own body. The active substance in oncophage, vitespen, is made up of proteins ('heat shock protein-peptide complex-96') that have been extracted from the patient's cancer cells. When Oncophage is given to the patient, the body's defence system (immune system) learns to recognize the proteins in vitespen as foreign and triggers an immune response. Since the proteins in vitespen are similar to proteins on the cancer cells, it was expected that the immune system would also attack the cancer cells, preventing the recurrence or the spread of the original tumour.

What documentation did the company present to support its application to the CHMP?
The effects of Oncophage were first tested in experimental models before being studied in humans. The company presented results of a study involving 818 adults with localised renal cell carcinoma that had been surgically removed and who had a high risk of the cancer coming back. The study compared the patients who were given Oncophage with those who were not. The main measure of effectiveness was how long the patients lived without the cancer coming back.

What were the major concerns that led the CHMP to recommend the refusal of the marketing authorisation?
The CHMP was of the opinion that the main study did not show that Oncophage was effective at prolonging the length patients lived without the cancer coming back. The Commitee also noted that the company had provided insufficient information on the contents of the medicine and on the

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manufacturing process. There was also not enough information to clarify the way Oncophage works in renal cell carcinoma and to determine the appropriate dose of the medicine.
Therefore, at that point in time, the CHMP was of the opinion that the benefits of Oncophage did not outweigh its risks. Hence, the CHMP recommended that Oncophage be refused marketing authorisation.

What are the consequences of the refusal for patients in clinical trials or compassionate use programmes using Oncophage?
The company informed the CHMP that there are no patients in the European Union currently receiving Oncophage as part of a clinical trial or a formal compassionate use or named patient programme.

The summary of opinion of the Committee for Orphan Medicinal Products for Oncophage is available here.