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SCIENCE MEDICINES HEALTH

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3 Endocrinology and Cardiovascular Office  
4 Human Medicines Division

5 **Consolidated 3-year rolling work plan for the**  
6 **Cardiovascular Working Party/Clinical Domain – Priorities**  
7 **2025**

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**Chair: Alar Irs**

**Vice-Chair: Patrick Vrijlandt**

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10 Work plan period: January 2025 – December 2027 (with a first review point after one year)

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## 33 1. Strategic goals

### 34 1.1. Main strategic goals

35 Cardiovascular diseases (CVD) remain a leading cause of death globally and the number one cause of  
36 death in the EU. They account for 45% and 39% of fatalities in females and males, respectively  
37 according to 2021 report from the ESC Atlas Project<sup>1</sup>.

38 The Cardiovascular Working Party (CVS WP) aims at playing a role in the prevention and reduction of  
39 CVD, diabetes and obesity through supporting the development of new medicinal products in these  
40 fields.

41 The following are the main strategic goals:

- 42 • Provide the requested and **state-of-the-art support** to the EMA Committees regarding the  
43 CVD, diabetes and obesity fields.
- 44 • Deliver appropriate **guidance** documents to support and improve the development and  
45 authorisation of medicines regarding the CVD, diabetes and obesity fields based on the most  
46 recent scientific insights.
- 47 • Review **the need** for development of new guidelines/position papers in CVS, diabetes and  
48 obesity fields based on EMA scientific advice (SA)/protocol assistance (PA), qualification  
49 procedures and also based on pipeline forecasts in this field.
- 50 • Raise the understanding of all aspects of CVD, diabetes and obesity fields and ensure transfer  
51 of experience to EU NTC network through developing appropriate **training**.
- 52 • Develop systematic and structured Stakeholder engagement (Industry, Academia, Healthcare  
53 Professionals, Patients and International (including national) Regulators at domain level.
- 54 • Maintain and expand the collaboration with learned societies in CVD, diabetes and obesity  
55 fields.
- 56 • Build knowledge regarding new methodologies to measure and define clinical endpoints in the  
57 field and ensure that the innovative methods of outcome measurement are adequately  
58 described in guidelines in the field of CVS, diabetes and obesity (including gene-therapy,  
59 artificial intelligence (AI)-based methods and novel methods to measure outcome in rare  
60 diseases) to increase patient-centricity.
- 61 • Develop and expand connections and links to assessors from national agencies, academic and  
62 clinical experts specialising in the CVD, diabetes and obesity fields via the European Specialised  
63 Expert Community Cardiovascular Diseases (ESEC CVD) and to provide oversight for the  
64 activities of the ESEC CVD including communication and training.
- 65 • Maintain and expand the collaboration with international regulators.

66 The following are the short and long term strategic goals in terms of guidelines development:

### 67 1.2. Short-term strategic goals

- 68 (1) To release a **Draft** *Guideline updating the Note on clinical investigation of medicinal products*  
69 *for the treatment of peripheral arterial occlusive disease (CPMP/EWP/714/98 rev.2)* for public  
70 consultation.

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<sup>1</sup> European Heart Journal, Volume 43, Issue 8, 21 February 2022, Pages 716–799,  
<https://doi.org/10.1093/eurheartj/ehab892>

71 In the field of peripheral arterial disease (PAD) the CVS WP will aim to ensure that the EMA  
72 updated Guideline tackles the following areas: new clinical classifications to describe the  
73 symptomatic severity of the disease; endpoints to establish efficacy in different settings to add  
74 clarity, to reflect the value of preventing major adverse limb events when pharmacological therapy  
75 in conjunction with other treatment modalities, to discuss the acceptable ways of establishing  
76 symptomatic benefit or to base the efficacy demonstration on complete ulcer healing or other local  
77 endpoints. The concept of estimands will be briefly contextualised in the field of PAD trials. Issues  
78 specific to ATMP development for PAD will be covered (vasculogenesis, angiogenesis,  
79 arteriogenesis and immunomodulation and limb salvage in addition to symptomatic benefit).

80 (2) To release the **Draft** revised Paediatric addendum to CHMP Guidelines on the clinical  
81 investigations of medicinal products for the treatment of pulmonary arterial hypertension  
82 (CHMP/EWP/213972/10 Rev. 1) for public consultation.

83 An EMA/FDA workshop was organised on 12 June 2017 to discuss the requirements for the  
84 development of medicines for pulmonary arterial hypertension (PAH) that address the high unmet  
85 medical needs in children. The objectives were to analyse the problems related to the conduct of  
86 clinical trials in children with PAH, to refine endpoints and study design, to address the challenges  
87 identified, to set priorities for future research, to provide medicine developers with more guidance  
88 specific to global product development taking into account current limitations in the development,  
89 to investigate potential compatible agreements between regulators and to identify remaining points  
90 to be addressed in the next steps. In this context the revision of the Paediatric Addendum for PAH  
91 is proposed.

92 (3) To release the **Draft** revised Paediatric addendum on weight control in children  
93 (EMA/CHMP/EWP/517497/2007 Rev. 1) for public consultation.

94 In view of the fact that significant time passed since the PA was developed and that there are  
95 numerous developments in this field the revision of the PA is proposed. It is planned that the  
96 discussion in the updated PA will cover a run-in period and its adequate length, the inclusion  
97 criteria to match the end users population, the type of control needed for trials, the recommended  
98 primary and secondary endpoints. Safety section and the characteristics of the follow up period will  
99 be revised as well.

100 (4) To release the **Draft** Reflection Paper for evaluation of cardiovascular safety of oncology  
101 medicinal products for public consultation.

102 In view of growing interest and awareness regarding cardio-oncology field as well as increased  
103 number of patients surviving cancer, there is a need for use of harmonized definitions in collection  
104 of cardiovascular (CV) toxicity endpoints. Many studies have assessed CV toxicities in patients  
105 undergoing various types of cancer therapies; however, direct comparisons have proven difficult  
106 due to lack of uniformity in CV toxicity endpoints that are collected. CV toxicity sometimes only  
107 becomes evident after a large cumulative dose of a drug/metabolite has accumulated in the heart,  
108 or it is so rare that a safety signal requires thousands of patients exposed. In such cases, it will be  
109 difficult to delineate the CV safety profile of the new compound for rare events before  
110 authorization, and these uncertainties should be managed under the RMP. However, some CV  
111 events may be apparent in the short term and/or manifest with common frequency shortly after  
112 specific treatments. Therefore, there is a room for improvement in reporting and assessing CV  
113 safety outcomes in oncology trials.

114

115 **1.3. Long-term strategic goals**

- 116 • To release the **Final** Guideline updating the Note on clinical investigation of medicinal products for  
117 the treatment of peripheral arterial occlusive disease (CPMP/EWP/714/98 Rev.2).
- 118 • To release the **Final** revised Paediatric addendum to CHMP Guidelines on the clinical investigations  
119 of medicinal products for the treatment of pulmonary arterial hypertension (CHMP/EWP/213972/10  
120 Rev.1).
- 121 • To release the **Final** revised Paediatric addendum on weight control in children  
122 (EMA/CHMP/EWP/517497/2007 Rev. 1).
- 123 • To release the **Final** Reflection Paper for evaluation of cardiovascular safety of oncology medicinal  
124 products.

125

126 **2. Tactical goals**

127 **2.1. Guidance activities**

128 Guideline activities will be performed by one or two Rapporteurs supported by the Drafting Groups that  
129 report back to the CVS WP on a regular basis.

130

131 **(A) Activities ongoing/to be finalised in 2025**

132 **New EU Guidelines:**

133 **Action: Lead**

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134 **Reflection paper for evaluation of cardiovascular safety of oncology medicinal products.**

- Target date**
- Concept paper to be released for public consultation 3Q2024
  - **Draft** Reflection Paper to be released for 6 months public consultation  
**2Q2025**

**Comments** To be developed in collaboration with Oncology WP.

135

136 **Revision of existing EU Guidelines:**

137 **Action: Lead**

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138 Paediatric addendum to CHMP Guidelines on the clinical investigations of medicinal products for the  
139 treatment of pulmonary arterial hypertension (CHMP/EWP/213972/10)

- Target date**
- Concept paper was released for public consultation until 30 September  
2023;

- **Draft** Addendum to be released for 6 months public consultation in **4Q2024;**

**Comments**

Developed in collaboration with Paediatric Committee (PDCO).

Stakeholder consultation planned to enhance knowledge regarding PD endpoints that could support extrapolation plan and modelling and simulation approaches in this field.

140

141 **Action: Lead**

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142 Note on clinical investigation of medicinal products for the treatment of peripheral arterial occlusive  
143 disease (CPMP/EWP/714/98 rev.1)

**Target date**

- Concept paper released for public consultation until 30 June 2019;
- **Draft** Guideline to be released for 6 months public consultation **3Q2024;**

**Comments**

144

145 **Action: Lead**

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146 Paediatric addendum on weight control in children (EMA/CHMP/EWP/517497/2007)

**Target date**

- Concept paper to be released for public consultation in 3Q2024;
- **Draft** Guideline to be released for 6 months public **consultation 2Q2025**

**Comments**

To be developed in collaboration with PDCO.

147 **(B) Activities to be started in 2025**

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148 **New EU Guidelines:**

149 **Action: Lead**

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150 **Reflection paper for evaluation of cardiovascular safety of oncology medicinal products.**

**Target date**

- **Final** Reflection Paper to be drafted in 2025
- **Final** Reflection Paper to be released in 2026

**Comments** To be developed in collaboration with Oncology WP.

151 **Revision of existing EU Guidelines:**

152 *Action: Lead*

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153 Paediatric addendum to CHMP Guidelines on the clinical investigations of medicinal products for the  
154 treatment of pulmonary arterial hypertension (CHMP/EWP/213972/10)

- Target date**
- **Final** Addendum to be drafted in 2025
  - **Final** Addendum to be released in 4Q2025;

**Comments** Developed in collaboration with Paediatric Committee (PDCO).

155

156 *Action: Lead*

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157 Note on clinical investigation of medicinal products for the treatment of peripheral arterial occlusive  
158 disease (CPMP/EWP/714/98 rev.1)

- Target date**
- **Final** Guideline to be drafted in 2025 after the completion of the public consultation;
  - **Final** Guideline to be released in 3Q2025;

**Comments**

159

160 *Action: Lead*

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161 Paediatric addendum on weight control in children (EMA/CHMP/EWP/517497/2007)

- Target date**
- **Draft** Guideline to be released for 6 months public consultation 2Q2025
  - **Final** Guideline to be released in 2026

**Comments** To be developed in collaboration with PDCO.

162 **Input to work developed by other Groups**

163 Provide specialised input from CV, diabetes and obesity fields perspective on the Draft Reflection Paper  
164 on Patient Experience Data.

165 **(B) Activities to be started in 2026-27**

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166 To be determined based on progress of work in 2025.

167

168 **2.2. Training and workshop activities**

- 169 • Contribute to assessors trainings organised by the EU Network Training Centre (EU NTC). In this  
170 context to provide *Training on Guideline on clinical investigation of medicinal products in the*  
171 *treatment or prevention of diabetes mellitus (CPMP/EWP/1080/00 Rev. 2)*. The following three  
172 modules are to be developed: (1) Developing and licensing medicinal products for the treatment  
173 of type 2 diabetes (except insulin medicinal products); (2) Developing and licensing insulin  
174 preparations for the treatment of type 1 and type 2 diabetes; (3) Developing and licensing  
175 medicinal products for delaying the start/prevention of type 1 diabetes.
- 176 • Maintain awareness of issues arising in the field CVD, diabetes, obesity (via for example discussion  
177 with stakeholders and/or review of scientific advices provided by the EMA) in order to identify the  
178 need for review and update of guidelines and development of additional guidance documents.
- 179 • Contribution to the establishment and leadership for activities of European Specialised Expert  
180 Community (ESEC) - Cardiovascular Diseases in line with the mandate adopted by the CHMP.

181

182 **2.3. Communication and Stakeholder activities**

183 **2.3.1. European level**

- 184 • Introduce systematic and structured Stakeholder Consultation with regards to Guidelines under  
185 development.
- 186 • Continue to meet with interested parties to discuss general matters (e.g. emerging trends, horizon  
187 scanning, framework revisions) or specific scientific issues as foreseen in the 3-year rolling  
188 strategic plan and/or with the agreement of the relevant Committee(s)/Domains for emerging  
189 issues.
- 190 • Engagement and interactions with learned societies (e.g. European Society of Cardiology (ESC),  
191 Association for European Paediatric and Congenital Cardiology (AEPC), European Association for  
192 the Study of Diabetes [EASD], European Association for the Study of Obesity [EASO], The  
193 European Federation of Internal Medicine (EFIM), European Respiratory Society (ERS), European  
194 Association for Clinical Pharmacology and Therapeutic (EACPT) and other expert communities in  
195 the field of CVS, diabetes and obesity.
- 196 • Co-organise a workshop with the Cardiovascular Round Table (CRT) of the ESC related to  
197 understanding of patient benefit and benefit/risk in cardiovascular field.
- 198 • Participate in selected workshops organised by learned societies in the field (e.g. European Society  
199 of Cardiology (ESC) CVS Round Table (CRT) Workshops) on the topics relevant for the work of the  
200 WP.
- 201 • Contribution to IMI calls and projects.

202

203 **2.3.2. International level**

- 204 • Identify and maintain significant bilateral/multilateral interactions: regular teleconferences with  
205 regulators FDA, HC, Swiss Medic, PMDA to exchange experience in CVD, diabetes and obesity  
206 fields.
- 207 • Contribution to the development of the ICH Guidelines.  
208

209

210 **2.4. Multidisciplinary collaboration**

- 211 • Provide input in the field of CVD, diabetes or obesity on request of other EMA working party or  
212 Committee under supervision of the CHMP.

213

214 **3. Operational goals**

215 **3.1. Pre-submission activities**

- 216 • The CVSWP will provide product-related support in the field of CVD, diabetes or obesity upon  
217 request from the SAWP during pre-submission phase.

218 **3.2. Evaluation and supervision activities**

- 219 • The CVSWP will provide product-related support in the field of CVD, diabetes or obesity upon  
220 request from Committees during evaluation of medicinal products.

221

222 **4. List of Abbreviations**

<b>AEPC</b>	<b>Association for European Paediatric and Congenital Cardiology</b>
CP	Concept Paper
CVD	Cardiovascular diseases
EASD	European Association for the Study of Diabetes
EASO	- European Association for the Study of Obesity
ESEC CVD	European Specialized Expert Community - Cardiovascular Diseases
ESC	European Society of Cardiology
EU NTC	EU Network Training Centre

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224

IMI	Innovative Medicines Initiative
SAWP	Scientific Advice Working Party
PA	Paediatric Addendum

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