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European Federation of Pharmaceutical Industries and Associations

Paediatric Trials

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Version: FINAL






ACT EU workshop on methodology

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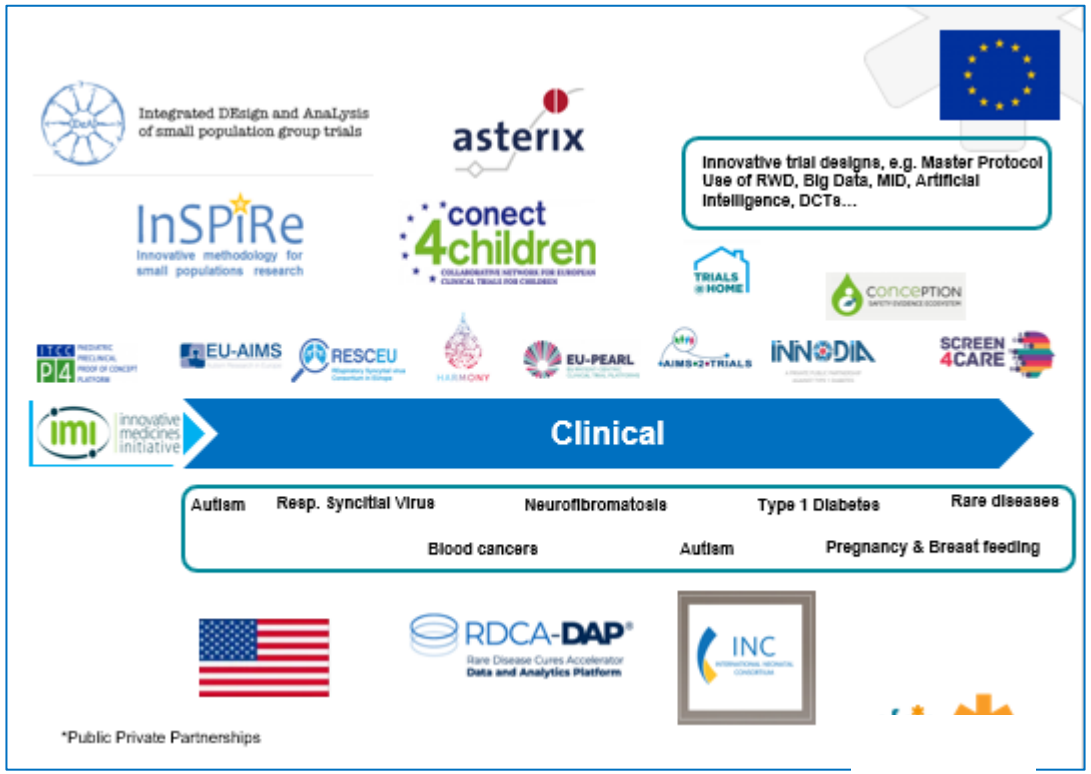
Background

Some PPPs to advance Paediatric Research



Multi-stakeholders' collaboration is more than ever important, with the need to select fit for purpose tools and methods to appropriately design studies to address research questions.

* conditions for which there is no approved treatment option and where development is not currently commercially viable.

What is the current situation?

The Paediatric Regulation has led to a notable increase in paediatric studies submitted to HAs, resulting in new information in product labelling. However, there is still the need to reduce the time between approval and labelling of a new medicine for adults and children.

Neonatal information in labelling is even scarcer because neonates comprise a vulnerable subpopulation for which endpoint development is lagging and studies are more challenging.

For **Rare Diseases**, challenges are beyond those seen in common conditions; hence the need for holistic and inclusive solutions to unlock science and develop capabilities in RD white spot* areas

Adolescent trials are typically not initiated until after the benefit-risk of a new medicine has been established in adults; where appropriate, **inclusion of adolescents in disease- and/or target-appropriate adult trials** may facilitate earlier adolescent access to effective therapies.

Opportunities to optimize paediatric drug development

Inclusion of adolescents in adult trials

ACCELERATE FAIR initiative

EFGCP decision tree

EFGCP Study: using a qualitative analysis approach, FDA and EMA guidance documents were assessed for their recommendations about this topic.
32% of FDA and **15% of EMA guidance documents include recommendations** supporting adolescent inclusion in adult CTs
14% and 21% respectively, were found to be **exclusionary**
In both regions, **more than half of all guidance documents were silent**
FDA guidance for infectious diseases and **EMA guidelines for conditions requiring blood products** are **the most permissive;** a more inclusive approach in the 2019 FDA Oncology guidance and in the ICH E11(R1) and ICH E11A guideline.
Publication in 2022 ➔ **CALL FOR ACTION**

RARE DISEASES

➢ **The RD Moonshot Initiative**
IHI Call 4 – Topic 4 - PPP

- Playbooks, to be also used for education/ training; co-created with and validated by regulators, HTA bodies and patients
- Project launched by IHI at the end of July

➔ **5 proposals received**
➔ Full proposal submission: 23 April 2024

In collaboration with other initiatives wherever possible, such as the EU Rare Disease Partnership

ERDERA
EUROPEAN RARE DISEASES RESEARCH ALLIANCE

innovative health initiative

➢ M&S to address regulatory needs (HORIZON-HLTH-2023-IND-06-04)

NEONATES

It has been even more challenging to develop innovative products to treat or prevent disease in neonates (including medicines, advanced therapies such as gene or cell therapies, devices, and medical technology).
Product development for neonates may have been avoided e.g., because of ethical concerns and/or a lack of key methodologies.

Clinical pharmacology considerations:

- Defining neonatal subpopulations that can be used for study design and study results reporting
- Extrapolation methods, considerations for neonates
- Innovative approaches to study design and analysis to address unique challenges in performing clinical trials in neonates

Tools & Methods to address research questions

Existing FDA, EMA, HTA and ICH guidelines e.g., E11(R1); E111 paediatric extrapolation; E20 Adaptive designs; M15 MIDD
Pre-competitive collaboration including synergies with existing initiatives such as EJP RD, IRDiRC, C-Path, ERNs, INC
Use of RWD, EU RD Registry Infrastructure (ERDRI)
Developing and qualifying new biomarkers or PROs as 'fit for purpose', or designing trials using e.g., master protocols to evaluate multiple treatments more efficiently, or remote elements to facilitate patients' recruitment and retention
Data Sharing (RDCA –DAP)

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Some proposals to close the gaps

Guidance and optimizations that could simplify this challenging environment

Revision of existing guidelines

To include recommendations to facilitate where appropriate

- the inclusion of adolescents in adult trials.
- the use of Digital Health Technologies, decentralised elements, Model-Informed or Bayesian approaches, or RWD/Registries to complement for example single arm trials.

Guidance on how best to conduct a long-term follow up portion of paediatric studies

What is the ideal height collection interval depending on age?
How should delayed puberty be defined for boys and girls?
Which growth and development parameters are to be selected/collected, including recommended analyses for different age groups?

Ecosystem optimization and acceleration

To enable collaboration (EMA; NCAs; Ethics Committees; HTA bodies) for paediatric drug development and children access to innovative medicines.

To avoid divergent agency's feedback (e.g., open-label vs double-blind, clinical endpoints vs surrogate endpoints, sample size requirements, use of extrapolation approach) with the need of back-and-forth regulatory procedures to align to a global study/clinical development cross-regions.

- This will also imply using and improving existing tools, or methods (e.g., M&S, registries, Bayesian or extrapolation approaches) and regulatory processes (e.g., conditional approvals, scientific advice) to optimise drug development pathway and support early patient access to innovative medicines
- Benefit to seek regulators' early feedback
- Collaborations, share learnings, patients' involvement, training & education, and best practices are key
- Workshop's follow-up activities to keep the momentum

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Thank you

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