17 May 2023
EMA/COMP/200366/2023
Human Medicines Division

Committee for Orphan Medicinal Products (COMP)

Minutes for the meeting on 18-20 April 2023

Chair: Violeta Stoyanova-Beninska – Vice-Chair: Armando Magrelli

Disclaimers

Some of the information contained in this set of minutes is considered commercially confidential or sensitive and therefore not disclosed. With regard to intended therapeutic indications or procedure scopes listed against products, it must be noted that these may not reflect the full wording proposed by applicants and may also vary during the course of the review. Additional details on some of these procedures will be published in the COMP meeting reports once the procedures are finalised.

Of note, this set of minutes is a working document primarily designed for COMP members and the work the Committee undertakes.

Note on access to documents

Some documents mentioned in the minutes cannot be released at present following a request for access to documents within the framework of Regulation (EC) No 1049/2001 as they are subject to on-going procedures for which a final decision has not yet been adopted. They will become public when adopted or considered public according to the principles stated in the Agency policy on access to documents (EMA/127362/2006).

Official address Domenico Scarlattilaan 6 ● 1083 HS Amsterdam ● The Netherlands
Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us
Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000

Table of contents

1. Introduction

1.1. Welcome and declarations of interest of members and experts

The Chair opened the meeting by welcoming all participants. The meeting was held remotely.

In accordance with the Agency's policy on handling of declarations of interests of scientific Committees' members and experts, based on the declarations of interest submitted by the Committee members and experts and based on the topics in the agenda of the current meeting, the Committee Secretariat announced that no restriction in the involvement of meeting participants in upcoming discussions was identified.

Participants were asked to declare any changes, omissions or errors to their declared interests and/or additional restrictions concerning the matters for discussion. No new or additional interests or restrictions were declared.

Restrictions applicable to this meeting are captured in the List of participants included in the minutes.

Discussions, deliberations and voting took place in full respect of the restricted involvement of Committee members and experts in line with the relevant provisions of the Rules of Procedure and as included in the list of participants. All decisions taken at this meeting were made in the presence of a quorum of members. All decisions, recommendations and advice were agreed by consensus, unless otherwise specified.

1.2. Adoption of agenda

The agenda for 18-20 April 2023 was adopted with no amendments.

1.3. Adoption of the minutes

The minutes for 21-23 March 2023 were adopted with no amendments and will be published on the EMA website.

2. Applications for orphan medicinal product designation

2.1. For opinion

2.1.1. humanised IgG1 kappa fragment antibody targeting TfR1 conjugated to P125 oligonucleotide - EMA/OD/0000118693

Pharma Gateway AB; Treatment of myotonic disorders

COMP Rapporteur: Gloria Maria Palomo Carrasco

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor was asked to clarify the following issues:

- Number of people affected

The sponsor was requested to re-calculate the prevalence estimate based on epidemiologic data from EU/EEA countries only or justify why the data outside the EU/EEA can be used.

For the estimation and presentation of the prevalence estimate the sponsor is advised to refer to the "Points to Consider on the Estimation and Reporting of a Prevalence of a Condition for Orphan Designation".

In the written response, the sponsor refined the references included in the prevalence estimate. References from non-EU/EEA members were removed because there are already high-quality prevalence estimates from the EU and EEA. The DM1 and DM2 estimates reported in Muller et al, 2021, were combined and were presented as consolidated DM prevalence. Similarly, a new prevalence for myotonic congenital (MC) was included (from Husebye et al, 2020) in order to have more sources for NDM prevalence and some cases of what the sponsor refers as "double counting" were removed to avoid repetition (from the reference Lindberg et al, 2017, only DM1 for the Västra Götaland Region (VGR) of Western Sweden was included).

The sponsor indicated a prevalence range for myotonic dystrophies (DMs) of 0.68-3.62 per 10,000 people with a mean prevalence of 2.15 and for non-dystrophic myotonia (NDM), the reported prevalence range is 0.05-1.14 per 10,000 people with a mean prevalence of 0.41. The revised estimated prevalence for the overarching condition of myotonic disorders is thus approximately 2.6 per 10,000 in the EU/EEA counties.

The COMP considered this revised prevalence estimate of 2.6 per 10,000 persons in the EU acceptable.

The Committee agreed that the condition, myotonic disorders, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing humanised IgG1 kappa fragment antibody targeting TfR1 conjugated to P125 oligonucleotide was considered justified based on the totality of data from two valid non-clinical in vivo models using either the proposed product or a surrogate product, and demonstrating reductions in target DMPK RNA levels, improvement in spliceopathy and reduction in myotonia.

The condition is chronically debilitating due to muscle weakness, pain with stiffness which can be associated with falls and serious injury, cognitive and behavioral problems. Certain subtypes of the condition are life-threatening due to cardiac and pulmonary complications.

The condition was estimated to be affecting approximately 2.6 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing humanised IgG1 kappa fragment antibody targeting TfR1 conjugated to P125 oligonucleotide will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical in vivo data that suggests that the proposed product may be of benefit in a patient subset of the condition, myotonic dystrophy type 1, for which the currently authorised product is not indicated. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for humanised IgG1 kappa fragment antibody targeting TfR1 conjugated to P125 oligonucleotide, for treatment of myotonic disorders, was adopted by consensus.

2.1.2. - EMA/OD/0000114003

Treatment of sarcoidosis

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor formally withdrew the application for orphan designation, on 5 April 2023, prior to responding to the list of issues.

2.1.3. - EMA/OD/0000119243

Treatment of paediatric osteosarcoma (melatonin monotherapy and/or in combination with cisplatin and/or doxorubicin)

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor formally withdrew the application for orphan designation, on 4 April 2023, prior to responding to the list of issues.

2.1.4. - EMA/OD/0000098523

Treatment of adrenal insufficiency

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor formally withdrew the application for orphan designation, on 29 March 2023, prior to responding to the list of issues.

2.1.5. govorestat - EMA/OD/0000120667

Veristat Spain S.L.; Treatment of Charcot-Marie-Tooth disease (CMT)

COMP Rapporteur: Zsofia Gyulai

As agreed during the previous meeting, a list of issues was sent to the sponsor for response. The sponsor was asked to clarify the following issues:

- Intention to diagnose, prevent or treat

To establish correctly whether there exists a scientific rationale for the development of the proposed product for treatment of Charcot-Marie-Tooth disease the sponsor should further elaborate on:

- the relevance of the drosophila non-clinical model (in terms of face value and predictive potential for the human disease) used for the treatment of Charcot-Marie-Tooth disease, and the interpretation of the results obtained in the experiments,
- the clinical relevance of the PD observations regarding the reported effects on sorbitol levels, in treated patients affected by the proposed condition.

In the written response, the sponsor clarified that the non-clinical model and results with govorestat are not relevant to the broader disease class of Charcot-Marie-Tooth disease but only that the action of govorestat are relevant to the very specific subtype of CMT, Sorbitol Dehydrogenase Deficiency (SORD Deficiency) which the sponsor is targeting with their product. From a pathology and functional perspective, the non-clinical model demonstrates a similar phenotype to humans and the sponsor was able to address these symptoms as well as lower the sorbitol levels after administration of their product.

The COMP accepted the justification submitted by the sponsor and concluded that the non-clinical model used was suitable for SORD deficiency. The clinical data was considered to be premature at this stage and the medical plausibility was based on the non-clinical data only. The oral explanation was cancelled.

The Committee agreed that the condition, Charcot-Marie-Tooth disease, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing govorestat was considered justified based on non-clinical data in a sorbitol dehydrogenase deficient model, in which treatment with the product prevented deterioration of locomotor function.

The condition is chronically debilitating due to the progressive deterioration of peripheral motor and sensory nerves which leads to functional impairment, pain, progressive disability and a reduction in the quality of life.

The condition was estimated to be affecting approximately 4 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for govorestat, for treatment of Charcot-Marie-Tooth disease, was adopted by consensus.

2.2. For discussion / preparation for an opinion

2.2.1. fingolimod - EMA/OD/0000061333

Consorcio Centro De Investigacion Biomedica En Red; Treatment of hypomyelinating leukodystrophy-18

COMP Rapporteur: Enrico Costa

The Committee agreed that the condition, hypomyelinating leukodystrophy-18, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing fingolimod was considered justified based on non-clinical data in a relevant model of the condition showing improvement in disease related biomarkers and locomotor functions.

The condition is life-threatening and chronically debilitating in particular due to delayed psychomotor development, dystonia, spasticity, seizures and a shorter life expectancy.

The condition was estimated to be affecting less than 0.1 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for fingolimod, for treatment of hypomyelinating leukodystrophy-18, was adopted by consensus.

2.2.2. autologous blood-derived tumour and hypoxia educated macrophages - EMA/OD/0000093914

Hemera S.r.l.; Treatment of spinal cord injury

COMP Rapporteur: Robert Nistico

The Committee agreed that the condition, spinal cord injury, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing autologous blood-derived tumour and hypoxia educated macrophages was considered justified based on non-clinical data in a model of the proposed condition showing improvements in mobility.

The condition is chronically debilitating and life-threatening due to sensory and motor loss of function in the limbs and reduced life expectancy.

The condition was estimated to be affecting approximately 4.3 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing autologous blood-derived tumour and hypoxia educated macrophages will be of significant benefit to those affected by the condition. The sponsor has provided data in an in vivo model of the condition, showing benefits in the motor function when administered in a subacute phase of the injury. This is in contrast to the authorised product which is indicated for use in the acute phase. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for autologous blood-derived tumour and hypoxia educated macrophages, for treatment of spinal cord injury, was adopted by consensus.

2.2.3. idronoxil - EMA/OD/0000106321

CATS Consultants GmbH; Treatment of soft tissue sarcoma

COMP Rapporteur: Bozenna Dembowska-Baginska

The Committee agreed that the condition, soft tissue sarcoma, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing idronoxil was considered justified based on non-clinical data in a model of the condition showing a reduction in tumour volume and improvement in body weight following treatment.

The condition is chronically debilitating due to a risk of amputation of limbs and life-threatening with a high recurrence and metastasis rate resulting in reduced life expectancy.

The condition was estimated to be affecting approximately 4.8 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing idronoxil will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical in vivo data that demonstrate a reduction in tumour volume in two different models of the condition when the sponsor’s product was

used in combination with doxorubicin as compared to doxorubicin alone. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for idronoxil, for treatment of soft tissue sarcoma, was adopted by consensus.

2.2.4. - EMA/OD/0000112308

Treatment of moderate and severe closed traumatic brain injury

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.5. 2-((2-fluoro-4-iodophenyl)amino)-N-(2-hydroxyethoxy)-1-methyl-1H-pyrrolo[2,3-b]pyridine-3-carboxamide - EMA/OD/0000114445

CATS Consultants GmbH; Treatment of neurofibromatosis type 1

COMP Rapporteur: Bozenna Dembowska-Baginska

The Committee agreed that the condition, neurofibromatosis type 1, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing 2-((2-fluoro-4-iodophenyl)amino)-N-(2-hydroxyethoxy)-1-methyl-1H-pyrrolo[2,3-b]pyridine-3-carboxamide was considered justified based on preliminary clinical data showing a dose dependent reduction in dermatological tumour volume.

The condition is chronically debilitating due to cognitive deficits and learning disabilities, scoliosis, seizures, osseous dysplasia, developments of dermal and plexiform neurofibroma and life-threatening due to an increased risk of malignant neoplasms.

The condition was estimated to be affecting approximately 3 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing 2-((2-fluoro-4-iodophenyl)amino)-N-(2-hydroxyethoxy)-1-methyl-1H-pyrrolo[2,3-b]pyridine-3-carboxamide will be of significant benefit to those affected by the condition. The sponsor has provided preliminary clinical data that demonstrate a reduction in the size of dermal tumours which are currently not treated by the authorised medicine for the condition. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for 2-((2-fluoro-4-iodophenyl)amino)-N-(2-hydroxyethoxy)-1-methyl-1H-pyrrolo[2,3-b]pyridine-3-carboxamide, for treatment of neurofibromatosis type 1, was adopted by consensus.

2.2.6. - EMA/OD/0000116156

Treatment of prosthetic joint infection

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

[Post-meeting note: The sponsor withdrew the application for orphan designation on 27 April 2023].

2.2.7. - EMA/OD/0000117653

Treatment of pouchitis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.8. - EMA/OD/0000117747

Treatment of pouchitis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.9. - EMA/OD/0000117752

Treatment of pouchitis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.10. adeno-associated virus serotype 9 expressing a transcription factor for the *SCN1A* gene - EMA/OD/0000118613

Pharma Gateway AB; Treatment of Dravet syndrome

COMP Rapporteur: Gloria Maria Palomo Carrasco, Giuseppe Capovilla

The Committee agreed that the condition, Dravet syndrome, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing adeno-associated virus serotype 9 expressing a transcription factor for the *SCN1A* gene was considered justified based on data in a valid non-clinical in vivo model of the condition demonstrating prolonged survival and reduction in seizure frequency and severity.

The condition is chronically debilitating due to psychomotor and cognitive impairment and the occurrence of seizures, and life-threatening due to sudden unexpected death in epilepsy.

The condition was estimated to be affecting less than 0.5 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing adeno-associated virus serotype 9 expressing a transcription factor for the *SCN1A* gene will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical in vivo data that demonstrate that the proposed product has the potential to address the disease manifestations linked to the haploinsufficiency of the *SCN1A* gene in Dravet syndrome which cannot be expected from

currently authorised anti-seizure medications. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for adeno-associated virus serotype 9 expressing a transcription factor for the *SCN1A* gene, for treatment of Dravet syndrome, was adopted by consensus.

2.2.11. aspacytarabine - EMA/OD/0000119638

Granzer Regulatory Consulting & Services GmbH; Treatment of myelodysplastic syndromes (MDS)

COMP Rapporteur: Frauke Naumann-Winter

The Committee agreed that the condition, myelodysplastic syndromes, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing aspacytarabine was considered justified based on in vivo non-clinical data which showed reduction of the mean tumour volume and in preliminary clinical data which showed responses in patients with relapsed or refractory myelodysplastic syndromes.

The condition is life-threatening and chronically debilitating in particular due to anaemia, thrombocytopenia, and neutropenia, as well as transformation into acute myeloid leukaemia.

The condition was estimated to be affecting approximately 2 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing aspacytarabine will be of significant benefit to those affected by the condition. The sponsor has provided preliminary clinical data that demonstrate that patients with relapsed or refractory myelodysplastic syndromes who had failed prior treatment with hypomethylating agents responded to the treatment with aspacytarabine. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for aspacytarabine, for treatment of myelodysplastic syndromes, was adopted by consensus.

2.2.12. - EMA/OD/0000122073

Treatment of glioma

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.13. humanised IgG4 monoclonal antibody against active complement component 1, subcomponent s - EMA/OD/0000126177

Sanofi Winthrop Industrie; Treatment of chronic inflammatory demyelinating polyneuropathy (CIDP)

COMP Rapporteur: Michel Hoffmann

The Committee agreed that the condition, chronic inflammatory demyelinating polyneuropathy, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing humanised IgG4 monoclonal antibody against active complement component 1, subcomponent s was considered justified based on preliminary clinical observations in patients who responded to treatment with the product as assessed by disability scoring.

The condition is chronically debilitating and life threatening due to an impairment of motor and sensory functions, resulting in inability to walk without help in the majority of patients.

The condition was estimated to be affecting approximately 1 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of treatment of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing humanised IgG4 monoclonal antibody against active complement component 1, subcomponent s will be of significant benefit to those affected by the condition. The sponsor has provided clinical data that demonstrate improvements in disability score in patients previously refractory to standard of care. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for humanised IgG4 monoclonal antibody against active complement component 1, subcomponent s, for treatment of chronic inflammatory demyelinating polyneuropathy, was adopted by consensus.

2.2.14. - EMA/OD/0000126335

Treatment of systemic sclerosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.15. - EMA/OD/0000126745

Treatment of myelodysplastic syndrome

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.2.16. - EMA/OD/0000127495

Treatment of idiopathic pulmonary fibrosis

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

[Post-meeting note: The sponsor withdrew the application for orphan designation on 27 April 2023].

2.2.17. doruxapapogene ralaplasmid - EMA/OD/0000127702

PHARA; Treatment of recurrent respiratory papillomatosis

COMP Rapporteur: Eva Malikova

The Committee agreed that the condition, recurrent respiratory papillomatosis, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing doruxapapogene ralaplasmid was considered justified based on preliminary clinical data which showed that repeated treatment reduced the median number of surgical procedures in patients.

The condition is chronically debilitating and life threatening due to airway obstruction, widespread of the disease and dysplastic changes leading to development of malignancy.

The condition was estimated to be affecting less than 1 in 10,000 persons in the European Union, at the time the application was made.

The sponsor has also established that there exists no satisfactory method of treatment in the European Union for patients affected by the condition.

A positive opinion for doruxapapogene ralaplasmid, for treatment of recurrent respiratory papillomatosis, was adopted by consensus.

2.2.18. - EMA/OD/0000128546

Treatment of pemphigus

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

2.3. Revision of the COMP opinions

None

2.4. Amendment of existing orphan designations

None

2.5. Appeal

None

2.6. Nominations

2.6.1. New applications for orphan medicinal product designation - Appointment of COMP rapporteurs

COMP rapporteurs were appointed for 32 applications.

2.7. Evaluation on-going

The Committee noted that evaluation was on-going for 15 applications for orphan designation.

3. Requests for protocol assistance with significant benefit question

3.1. Ongoing procedures

3.1.1. -

Treatment of homocystinuria

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

3.1.2. -

Treatment of creatine deficiency syndromes

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

3.1.3. -

Treatment of multiple myeloma

The Committee was briefed on the significant benefit issues. The COMP adopted the proposed answers on the significant benefit issues.

4. Review of orphan designation for orphan medicinal products at time of initial marketing authorisation

4.1. Orphan designated products for which CHMP opinions have been adopted

None

4.2. Orphan designated products for discussion prior to adoption of CHMP opinion

4.2.1. - futibatinib - EMEA/H/C/005627/0000, EU/3/19/2146, EMA/OD/0000122904

Taiho Pharma Netherlands B.V.; Treatment of biliary tract cancer

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

4.2.2. - pirtobrutinib - EMEA/H/C/005863, EU/3/21/2450, EMA/OD/0000124200

Eli Lilly Nederland B.V.; Treatment of mantle cell lymphoma

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

4.2.3. - ganaxolone - EMEA/H/C/005825, EU/3/19/2224, EMA/OD/0000071368

Marinus Pharmaceuticals Emerald Limited; Treatment of CDKL5 deficiency disorder

The status of the procedure at CHMP was noted.

4.2.4. Lumevoq - lenadogene nolparvovec - EMEA/H/C/005047, EU/3/11/860, EMA/OD/0000053128

GenSight Biologics S.A.; Treatment of Leber's hereditary optic neuropathy

The status of the procedure at CHMP was noted.

[Post-meeting note: The applicant formally withdrew the marketing authorisation application for Lumevoq at the CHMP April meeting.]

4.2.5. – glofitamab - EMEA/H/C/005751, EU/3/21/2497, EMA/OD/0000091986

Roche Registration GmbH; Treatment of diffuse large B-cell lymphoma

The COMP adopted a list of issues that will be sent to the sponsor. The sponsor will be invited to an oral explanation before the Committee at the May meeting.

4.3. Appeal

None

4.4. On-going procedures

COMP co-ordinators were appointed for 3 applications.

4.5. Orphan Maintenance Reports

Documents were tabled for information.

5. Review of orphan designation for authorised orphan medicinal products at time marketing authorisation extension

5.1. After adoption of CHMP opinion

None

5.2. Prior to adoption of CHMP opinion

5.2.1. AYVAKYT - avapritinib - EMEA/H/C/005208/II/0023, EU/3/18/2074, EMA/OD/0000127063

Blueprint Medicines (Netherlands) B.V.; Treatment of mastocytosis

CHMP Rapporteur: Blanca Garcia-Ochoa

The discussion was postponed.

5.2.2. Abecma - idecabtagene vicleucel - EMEA/H/C/004662/II/0031, EU/3/17/1863, EMA/OD/0000132929

Bristol-Myers Squibb; Treatment of multiple myeloma

CAT Rapporteur: Rune Kjeken; CAT Co-Rapporteur: Heli Suila

The COMP agreed that a formal review of the maintenance of the orphan designation for the applied indication is needed.

5.2.3. Adcetris - brentuximab vedotin- EMEA/H/C/002455/II/0107, EU/3/08/596, EMA/OD/0000136638

Takeda Pharma A/S; Treatment of Hodgkin lymphoma

CHMP Rapporteur: Johann Lodewijk Hillege; CHMP Co-Rapporteur: Jan Mueller-Berghaus

The COMP agreed that a formal review of the maintenance of the orphan designation for the applied indication is needed.

5.2.4. Prevymis – letermovir - EMEA/H/C/004536/II/0033/G, EU/3/11/849, EMA/OD/0000133054

Merck Sharp & Dohme B.V.; Prevention of cytomegalovirus disease in patients with impaired cell-mediated immunity deemed at risk

CHMP Rapporteur: Filip Josephson; CHMP Co-Rapporteur: Aaron Sosa Mejia

The COMP agreed that a formal review of the maintenance of the orphan designation for the applied indication is needed.

5.2.5. Reblozyl – luspatercept - EMEA/H/C/004444/II/0021, EU/3/14/1331, EMA/OD/0000134295

Bristol-Myers Squibb Pharma EEIG; Treatment of myelodysplastic syndromes

CHMP Rapporteur: Daniela Philadelphy; CHMP Co-Rapporteur: Ewa Balkowiec Iskra

The COMP agreed that a formal review of the maintenance of the orphan designation for the applied indication is needed.

5.3. Appeal

None

5.4. On-going procedures

COMP co-ordinators were appointed for 4 applications.

6. Application of Article 8(2) of the Orphan Regulation

None

7. Organisational, regulatory and methodological matters

7.1. Mandate and organisation of the COMP

7.1.1. COMP membership

None

7.1.2. Vote by proxy

Pauline Evers gave a proxy to Elisabeth Rook to vote on behalf of Pauline Evers during part of the meeting.

Gloria Palomo Carrasco gave a proxy to Julian Isla to vote on behalf of Gloria Palomo Carrasco during part of the meeting.

Giuseppe Capovilla gave a proxy to Armando Magrelli to vote on behalf of Giuseppe Capovilla during part of the meeting.

Dinko Vitezic gave a proxy to Ingeborg Barisic to vote on behalf of Dinko Vitezic during the meeting.

7.1.3. Strategic Review & Learning meetings

The COMP noted the draft agenda of the COMP SRLM under the Swedish Presidency of the Council of the EU to be held on 3-4 May 2023 in Uppsala, Sweden.

7.1.4. Protocol Assistance Working Group (PAWG)

The working group on Protocol Assistance met remotely 17 April 2023.

7.1.5. COMP Decisions Database

The COMP acknowledged the importance of adding further topics to the database.

7.2. Coordination with EMA Scientific Committees or CMDh-v

7.2.1. Recommendation on eligibility to PRIME – report

Documents were tabled for information.

7.2.2. COMP members nominated on EMA's recommendation

Documents were tabled for information.

7.3. Coordination with EMA Working Parties/Working Groups/Drafting Groups

7.3.1. Working Party with Patients' and Consumers' Organisations (PCWP) and Working Party with Healthcare Professionals' Organisations (HCPWP)

Documents were tabled for information.

7.3.2. Upcoming ITF meetings

The COMP noted the upcoming ITF meetings.

7.4. Cooperation within the EU regulatory network

7.4.1. European Commission

None

7.5. Cooperation with International Regulators

7.5.1. Food and Drug Administration (FDA)

None

7.5.2. Japanese Pharmaceuticals and Medical Devices Agency (PMDA)

None

7.5.3. Therapeutic Goods Administration (TGA), Australia

None

7.5.4. Health Canada

None

7.6. Contacts of the COMP with external parties and interaction with the Interested Parties to the Committee

None

7.7. COMP work plan

None

7.8. Planning and reporting

7.8.1. List of all applications submitted/expected and the COMP rapporteurship distribution of valid applications submitted in 2023

An updated list of all applications submitted/expected and the COMP rapporteurship distribution of valid applications submitted in 2023 were circulated.

7.8.2. Overview of orphan marketing authorisations/applications

An updated overview of orphan applications for Marketing Authorisation was circulated.

8. Any other business

8.1. Revision of EMA policy 0044 on handling of competing interests of scientific committees' members and experts

The COMP noted the revision of EMA policy 0044 on handling of competing interests. The updated policy is effective from 1 January 2023. The revision relates to the implementation of the new Medical Device and in vitro Medical Device Regulation and also implementation of EMA's Extended Mandate Regulation.

8.2. EMA expert management systems update on the new Experts Management Tool

The COMP noted the presentation on the new Experts Management Tool. As of 29 March 2023, when EMA's new Experts Management Tool is available, all the committee members have to complete an updated DoI, including any medical devices related interests, in the tool.

Thereafter EMA will review the updated DoIs, notify the member/alternate/expert of the outcome. Restrictions apply as needed in line with the updated Policy 0044.

8.3. Discussion on Orphan Maintenance Assessment Reports (OMARs)

The COMP noted the discussion on OMARs. Furthermore it was agreed to come back to this topic next month.

9. List of participants

including any restrictions with respect to involvement of members / experts following evaluation of declared interests for the 18-20 April 2023 meeting.

Name	Role	Member State or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Violeta Stoyanova-Beninska	Chair	Netherlands	No interests declared	
Armando Magrelli	Vice-Chair	Expert recommended by EMA	No interests declared	
Brigitte Schwarzer-Daum	Member	Austria	No restrictions applicable to this meeting	
Tim Leest	Member	Belgium	No interests declared	
Lyubina Racheva Todorova	Member	Bulgaria	No interests declared	
Elli Loizidou	Member	Cyprus	No interests declared	
Jana Mazelova	Member	Czechia	No interests declared	
Elisabeth Penninga	Member	Denmark	No interests declared	
Vallo Tillmann	Member	Estonia	No interests declared	
Karri Penttila	Member	Finland	No interests declared	
Cecile Dop	Member	France	No interests declared	
Frauke Naumann-Winter	Member	Germany	No interests declared	
Zsofia Gyulai	Member	Hungary	No interests declared	
Enrico Costa	Member	Italy	No interests declared	
Irena Rogovska	Member	Latvia	No restrictions applicable to this meeting	
Michel Hoffmann	Member	Luxembourg	No interests declared	

Name	Role	Member State or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Robert Nistico	Member	Malta	No restrictions applicable to this meeting	
Elisabeth Johanne Rook	Member	Netherlands	No interests declared	
Maria Elisabeth Kalland	Member	Norway	No interests declared	
Bożenna Dembowska-Baginska	Member	Poland	No restrictions applicable to this meeting	
Joao Rocha	Member	Portugal	No restrictions applicable to this meeting	
Olimpia Neagu	Member	Romania	No interests declared	
Eva Malikova	Member	Slovak Republic	No interests declared	
Gloria Maria Palomo Carrasco	Member	Spain	No interests declared	
Darius Matusevicius	Member	Sweden	No restrictions applicable to this meeting	
Pauline Evers	Member	Patients' Organisation Representative	No interests declared	
Julian Isla	Member	Patients' Organisation Representative	No interests declared	
Ines Alves	Member	Patients' Organisation Representative	No restrictions applicable to this meeting	
Ingeborg Barisic	Member	Expert recommended by EMA	No restrictions applicable to this meeting	
Giuseppe Capovilla	Member	Expert recommended by EMA	No interests declared	
Maria Cavaller Bellaubi	Expert via WebEx	Patients' Organisation Representative	No restrictions applicable to this meeting	
A representative from the European Commission attended the meeting				

Name	Role	Member State or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Meeting run with support from relevant EMA staff				

10. Explanatory notes

The notes below give a brief explanation of the main sections and headings in the COMP agenda and should be read in conjunction with the agenda or the minutes.

Abbreviations / Acronyms

CHMP: Committee for Medicinal Product for Human Use

COMP: Committee for Orphan Medicinal Products

EC: European Commission

OD: Orphan Designation

PA: Protocol Assistance

PDCO: Paediatric Committee

PRAC: Pharmacovigilance and Risk Assessment Committee

SA: Scientific Advice

SAWP: Scientific Advice Working Party

Orphan Designation *(section 2 Applications for orphan medicinal product designation)*

The orphan designation is the appellation given to certain medicinal products under development that are intended to diagnose, prevent or treat rare conditions when they meet a pre-defined set of criteria foreseen in the legislation. Medicinal products which get the orphan status benefit from several incentives (fee reductions for regulatory procedures (including protocol assistance), national incentives for research and development, 10-year market exclusivity) aiming at stimulating the development and availability of treatments for patients suffering from rare diseases.

Orphan Designations are granted by Decisions of the European Commission based on opinions from the COMP. Orphan designated medicinal products are entered in the Community Register of Orphan Medicinal Products.

Protocol Assistance *(section 3 Requests for protocol assistance with significant benefit question)*

The protocol assistance is the help provided by the Agency to the sponsor of an orphan medicinal product, on the conduct of the various tests and trials necessary to demonstrate the quality, safety and efficacy of the medicinal product in view of the submission of an application for marketing authorisation.

Sponsor

Any legal or physical person, established in the Community, seeking to obtain or having obtained the designation of a medicinal product as an orphan medicinal product.

Maintenance of Orphan Designation *(section 4 Review of orphan designation for orphan medicinal products for marketing authorisation).*

At the time of marketing authorisation, the COMP will check if all criteria for orphan designation are still met. The designated orphan medicinal product should be removed from the Community Register of Orphan Medicinal Products if it is established that the criteria laid down in the legislation are no longer met.

More detailed information on the above terms can be found on the EMA website: www.ema.europa.eu/