24th Workshop of the EURORDIS Round Table of Companies (ERTC)

"Bringing Solutions to Young Rare Disease Patients"

Let's discuss the paediatric regulation

Tuesday 27 September, 2016 (8:30 to 17:00) - UAB - Casa Convalescència, Barcelona, Spain

CONCEPT PAPER

The 24th EURORDIS Round Table of Companies Workshop takes place in the context of the **10th anniversary of the Paediatric Regulation (Regulation EC 1901/2006).** EURORDIS advocated for its adoption back in 2006. A previous ERTC workshop took place in 2008, which focused on the interaction between the orphan and the paediatric regulations.

Although the scope of the Paediatric Regulation is broader, in terms of medical conditions, than the Rare Diseases field per se, it was and it is still of the utmost importance for Patients Living with Rare Diseases, due to the fact that more than half of rare diseases affect newborns, babies, children and teenagers. The Paediatric Regulation aims to address the lack of authorised medicines, to ensure the generation of a proper set of safety and efficacy data on a product to be used in the paediatric population and to restrict the very common off-label use of medicines in children.

Looking at figures, the Paediatric Regulation seems to have had a significant impact with more than 230 new medicines and indications for use in children and around 40 new appropriate pharmaceutical forms authorised since its launch. **What does that mean for patients? What has been the real impact of the 150 PIPs agreed for orphan designated products on the lives of young rare disease patients? From the side of the developers, how easy and relevant is it to navigate between the Paediatric and the Orphan Regulation when investing and investigating in Rare Diseases?**

Beyond the Regulation(s) in itself, this workshop aims to define how the needs of young rare disease patients are currently addressed and what needs to be improved, **taking on board patient centricity and the emerging innovative approaches for clinical trials.**

Why an ERTC workshop now? A decade anniversary is always a good opportunity to look back at the experience gained and to prepare for the future. In addition, the Council Conclusions issued on 17th June 2016, which are calling to strengthen the balance in the pharmaceutical systems in the EU and its Member States, pave the way for a review of the current EU legislative instruments and related incentives, in particular of the Paediatric Regulation EC 1901/2006, in addition to the Regulation on Orphan Medicinal

Products. This is really the time for everyone to pause and think in order to **be prepared to answer to the public consultation expected to be launched by the European Commission by the end of this year**, but also to learn from the past and to move forward with the tools and opportunities that are currently available.

Various and somehow divergent types of feedback and return of experience have been brought to our attention during the past months. As for every topic, EURORDIS is forging its opinion based on facts and figures generated and reported by all the different stakeholders, and voicing the needs and opinions of its Members, built on the expertise of its representatives in the EC institutions/EMA Committees. Pharmaceutical companies and Contract Research Organisations are at the core of the therapeutic development and are likely to seize the opportunity of an open discussion in a multi-stakeholder environment, together with clinical experts, regulators and patients.

Format & Content -The morning session will be dedicated to a presentation of the **state-of-play and the identification of challenges** and the afternoon to the **exploration of concrete solutions** with room for brainstorming and creativity.

As previously mentioned, patient centricity and the generation of appropriate data are two pillars supporting therapeutic development, and are of utmost importance when this development is happening in Paediatrics and/or Orphans, where the number of patients is very low. The 23rd ERTC Workshop held in September last year highlighted 'Patient Relevant Outcome Measures & Patient Reported Outcomes', in particular the EMA Procedure of Qualification of New Methodologies which ensures that the data collected will be suitable for the regulatory standards. The first presentation will give a concrete illustration of a patient-driven patient-centred platform for data collection.

We will then look more in-depth at the experience gained in the field of paediatric rare diseases studies, from the regulators point of view, with an assessment of the impact of the paediatric legislation, of the use of innovative methods in clinical research and of the specific issues that may arise with PIPs and their implementation when dealing with rare diseases. From the 150 PIPs agreed on previously-orphan designated products, the highest number is for the field of oncology (33), followed by endocrinology/metabolic diseases and haematology (respectively 22 & 18); eight have been completed until now.

The Paediatric Regulation came into force 7 years after the Orphan Regulation and offers two additional years of market exclusivity for orphan medicinal products when off-patent, but there is no provision in the legal framework when the product is patent protected, which might be perceived as mutually exclusive rather than complementary. We will explore the cross-paths between these two pieces of legislation and with the Scientific Advice framework which has already proven its usefulness.

The hands-on experience and expertise of all the stakeholders will be reflected during the Q&A sessions, the presentation of two case studies and the panel discussion. We have made sure to have as much diversity as possible, from patients to clinicians, with industry representatives covering all the spectra from CROs, SMEs and to big pharma, among the speakers as well as in the room. We are also expecting lively discussions on the issues raised by the Paediatric Regulation in Therapeutic Development for rare paediatric diseases.

Three routes for improvement are then proposed to be explored in the afternoon:

- 1) Patient engagement is essential to ensure that patient centricity is indeed reflecting the expectations of the end users of a medicine. When it comes to young patients, it might bring some challenges and depending on the age range, it also means to involve (more or less) the parents. These challenges and specificities have to be addressed in light of the current and future opportunities at EMA, with National Competent Authorities, academics and healthcare industry, so to anticipate on the conditions for success and the preparatory steps and trainings that are needed.
- 2) Innovative approaches in clinical trial design (http://www.irdirc.org/wp-content/uploads/2016/08/SPCT_Report.pdf) and innovative methods such as extrapolation, modelling and simulation aim to reduce the number of children to be recruited to participate in clinical trials and at the same time, help to generate the maximum of data, which is even more challenging in the context of rarity. These methods have to be adopted and appropriated by all the stakeholders, clinicians, clinical researchers, statisticians and methodologists and have to satisfy the regulatory standards in order to bring the most effective benefit to young patients.
- 3) Knowing the specificities and the additional challenges arising when juggling with a therapeutic development combining paediatric population and rarity of the condition, what can be done to perform better studies on children and to develop more therapies? It seems that even with the Paediatric Regulation, therapeutic development is still very much driven by the adult market rather than by paediatric needs. Which drivers could be proposed to inverse this trend and to help generate the required evidence? How to reinforce the link here between Clinical Research Networks and the pharmaceutical and healthcare industry?

We count on your active participation to move this topic forward; this is an important time to address an important topic. Join us to help prepare the future of the young rare disease patients.