MARKETING AUTORISATION AND PATIENT INPUT IN BENEFIT – RISK ASSESSMENT

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Eurordis Summer School

7 June 2016, Barcelona

EURORDIS.ORG

The Home of the CHMP (for now)

CHMP Members

The CHMP is composed of:

- one member (and an alternate) nominated by each of the 28 EU Member States; mandate lasting 3 years, renewable
- a chairperson, elected by serving CHMP members;
- one member (and an alternate) nominated by each of the EEA-EFTA states Iceland and Norway;
- up to five co-opted members, chosen among experts nominated by Member States or the EMA and recruited, when necessary, to gain additional expertise in a particular scientific area.

Members act as Rapporteurs for products or procedures (CVs available)

CHMP Members

Co-opted members

- Quality (non biologicals)
- Pharmacology/Paediatrics
- Quality and safety (biological), with expertise in advanced therapies (gene, cell and tissue therapies)
- Medical statistics (clinical-trial methodology / epidemiology)

CHMP Working Parties

CHMP establishes a number of working parties at the beginning of each three-year mandate.

- with expertise in a particular scientific field,
- composed of members selected from the European experts list maintained by the EMA.

The CHMP consults its working parties on:

- scientific issues relating to their particular field of expertise,
- delegates certain tasks to them associated with
  - scientific evaluation of marketing authorisation applications or
  - drafting and revision of scientific guidance documents.

Patients' and Consumers' Working Party (PCWP)

Healthcare Professionals Working Party

CHMP Responsibilities at time of Marketing Authorisation

- Assessment (in accordance with EU legislation), based on purely scientific criteria (QSE):

  - Quality (Q)
  - Safety (S) and
  - Efficacy (E) requirements.

  - Positive risk-benefit balance

CHMP Decision Making

- Consensus
- Voting trends
- Clear majority usually required
- Worst: 16+2 vs 16
- If negative, divergent opinion

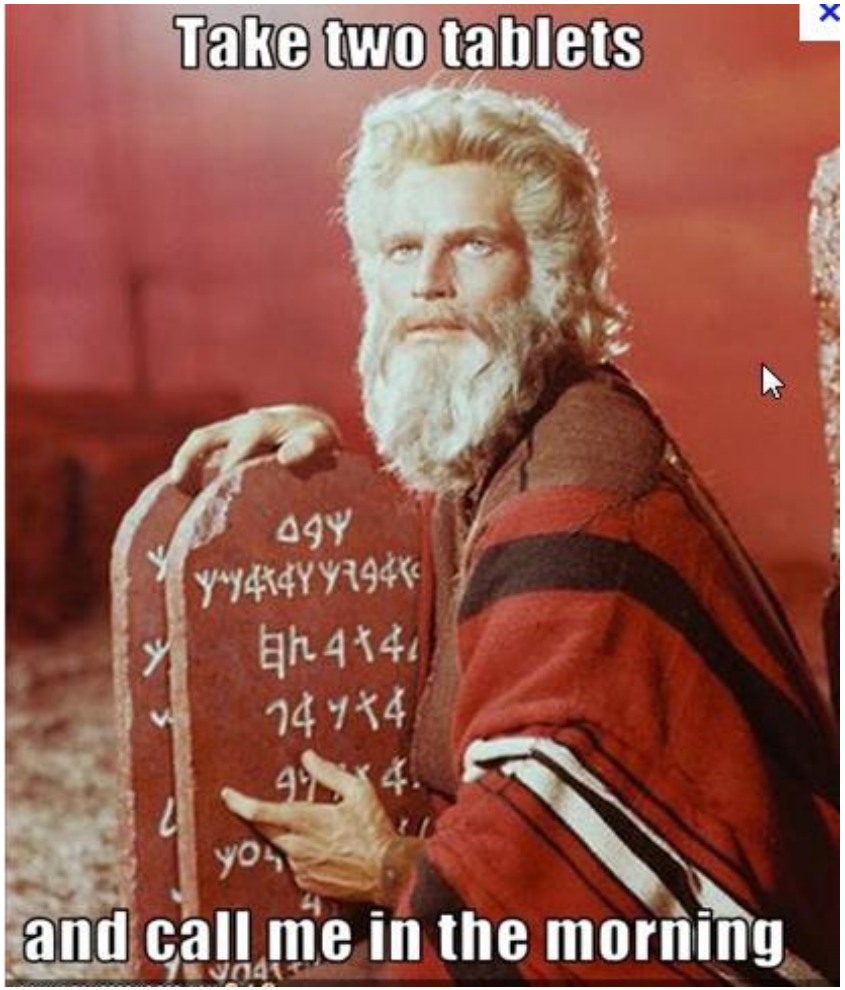
What's Missing!!

Where's the Patient?

Half a century ago, the prevalent attitude of doctors towards their patients was still based on the Hippocratic principle of "Do not tell the patient anything." Not only were patients never told if they had cancer; they were not even supposed to know their own medical details, such as blood pressure. If a patient asked about it as it was being measured, the answer would be that it was "all right."

Where’s the Patient?

Likewise, by default, chemists would mark bottles of medicine as "the tablets" or "the mixture." This custom of concealment rebounded on us when we had to deal with casualties: one could not guess which "little white pills" a patient was taking. Digoxin? Phenytoin? Paracetamol? To help with this problem, and to identify anonymous drugs in unmarked containers, drug compendia in those days contained a section of labelled colour illustrations of all pills and capsules in their true size. To get a drug's name on to the container, the prescriber had to specify "NP" for “ nomen proprium”"



- BMJ 2006;332:832 (8 April), doi:10.1136/bmj.332.7545.832

Providing Missing Expertise

- Not only patients
- Clinicians
- Researchers (those actively involved in therapeutic areas)

- EXPERIENCE

Consulting Experts

Consultation is to provide something that's missing…. Expertise, experience, advice

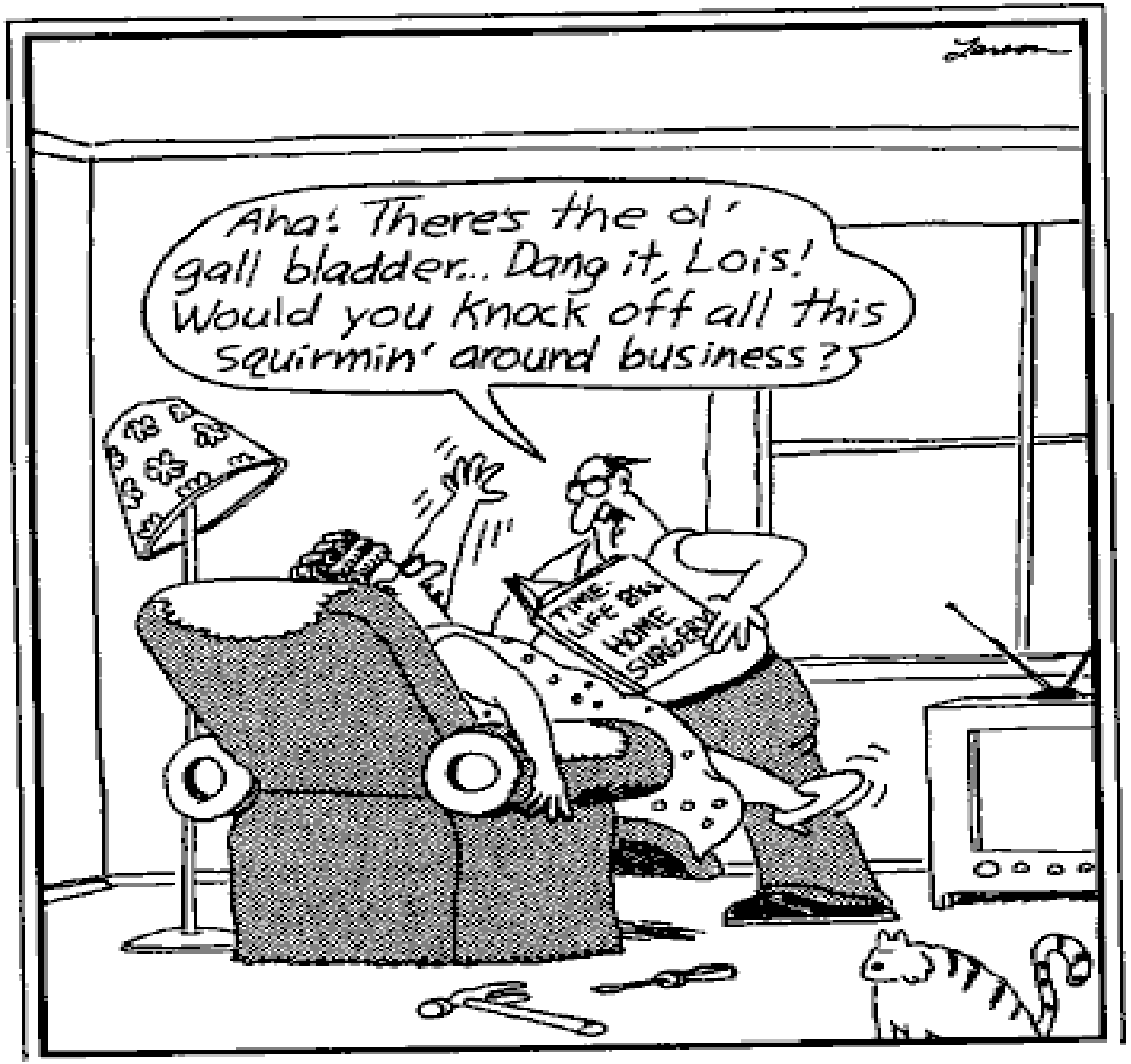
Missing Expertise

- Quality….. Quality Working Party
- Clinical……New therapies

  Position in therapy unclear

  Experience with medicine limited

  Benefit is very close to risk… lack clear position
- Benefit risk….Importance of risk and degree of risk



Volume five in a series

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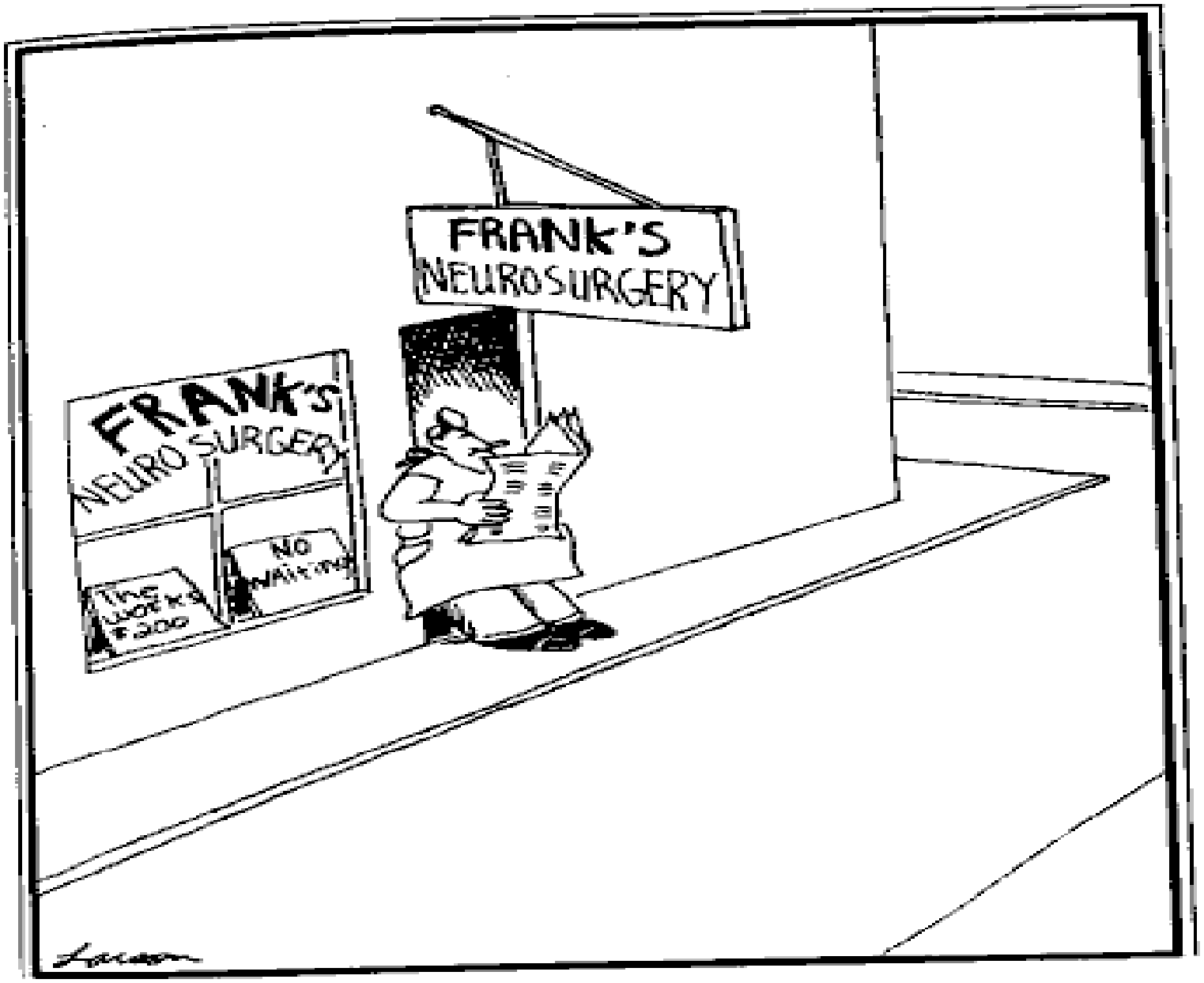
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NO

What's An Expert?

- One Whose Special Knowledge or Skill Causes Him to be an Authority

  A Specialist

  Having Experience

Experts

- Expert are consulted for what they know…. Whether they are patients, clinicians, researchers
- Patients consulted by CHMP are being asked to share their own expertise, based on their own experience
- Patient (or indeed any expert) involvement is not cosmetic

Report on Patient Voice in Medicines Evaluation

- Experience to date has shown that the patient representative plays an invaluable role in ensuring that regulators remember for whom they are working
- The presence of a unique patient viewpoint strengthens and enriches the Committee's conclusions.
- Input has sometimes resulted in significant changes to the CHMP's views.

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

23 October 2014
EMA/413422/2013 – rev. 1
Stakeholders and Communication

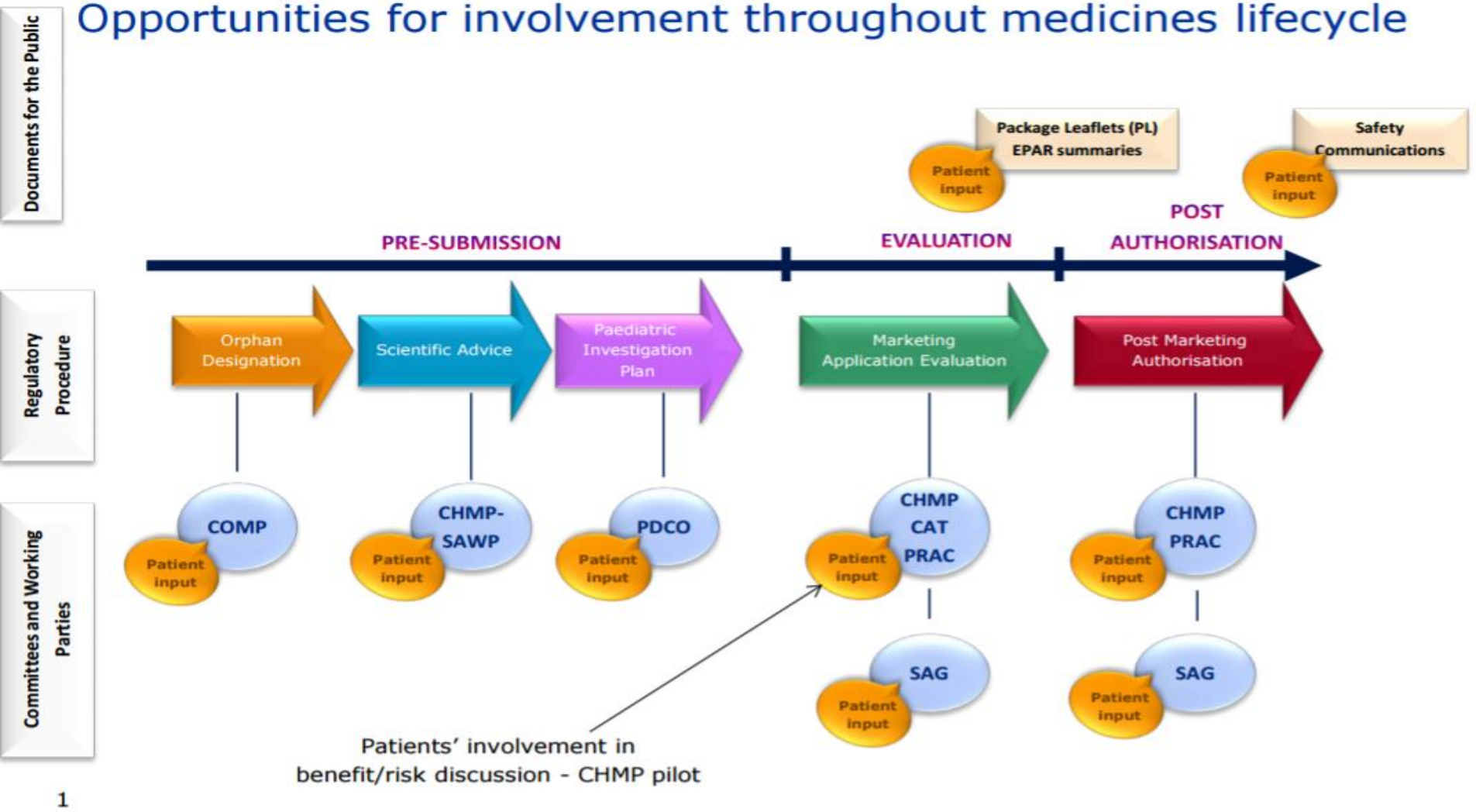
Incorporating patients' views during evaluation of benefit-risk by the EMA Scientific Committees

The purpose of this document is to establish terms of reference which streamline the involvement of patients in benefit-risk discussion and evaluation within the Agency's scientific committees, its working parties and scientific advisory groups in a consistent, efficient way whenever it is appropriate. In particular it aims at:

Incorporation Patient view in B/R

- Consolidate the Agency's interactions with patients and healthcare professionals, which includes progressing and further involving them in the evaluation of benefit-risk
- In order for the scientific outcomes to be complete and comprehensible, they should take into account patient experience, ultimately contributing to the safe and rational use of medicines.
- Patients should be consulted in all cases where their involvement can bring added value to the benefit/risk discussion
- The added value of having patients in benefit-risk discussions is to bring a unique and critical input based on their real-life experience of being affected by a disease and its current therapeutic environment. This element fills a gap which other (scientific) experts cannot fill

Opportunities for involvement throughout medicines lifecycle



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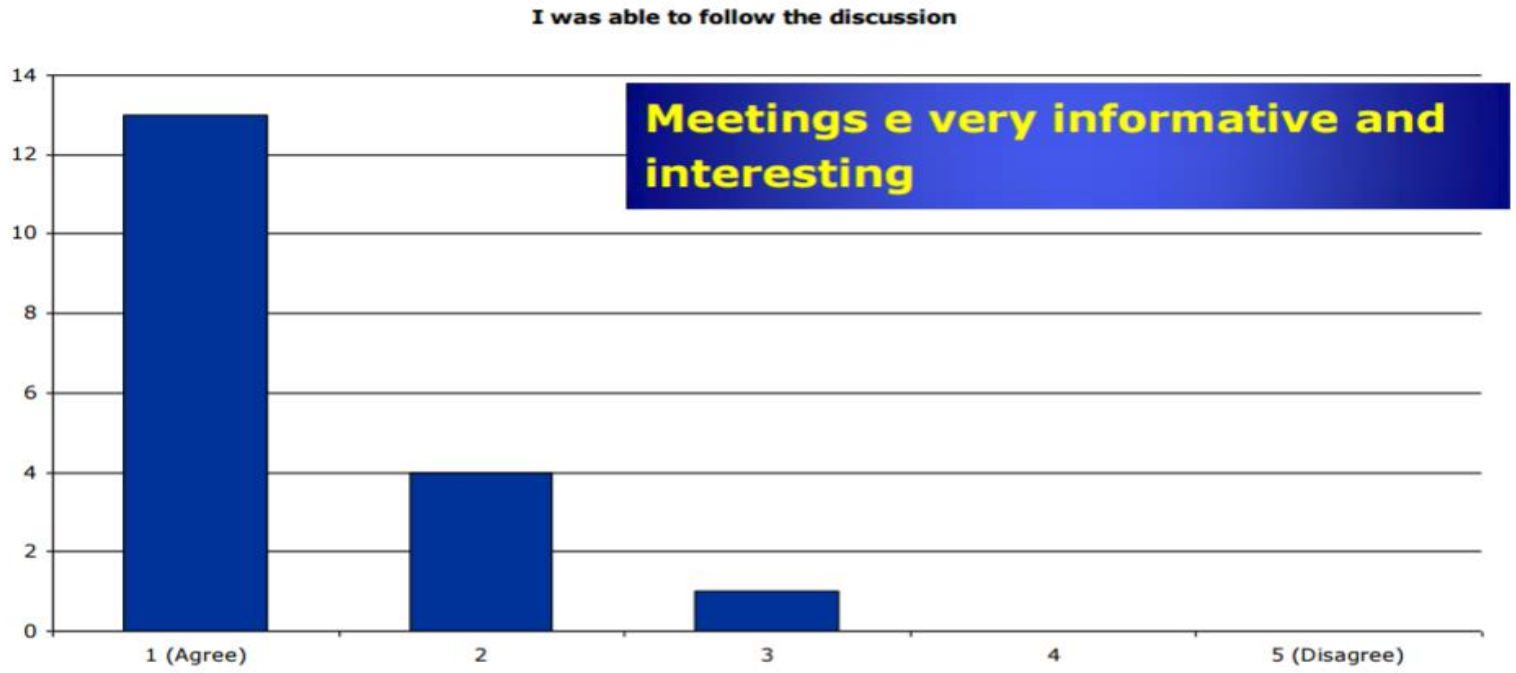
Are patients able to follow the discussion?



7 EMA (2011) Outcome report on pilot phase for participation of patient representatives in Scientific Advisory Group (SAG) meetings.

CHMP: Scientific Advisory Groups (SAG)

Scientific advisory groups are established to provide advice in connection with the evaluation of specific types of medicinal products or treatments.

Consist of European experts selected according to the particular expertise required on the basis of nominations from the CHMP or the EMA.

- Cardiovascular Issues
- Anti-infectives
- Neurology
- Diabetes/Endocrinology
- HIV/Viral Diseases
- Oncology
- Psychiatry
- Vaccines

When to Convene a SAG

- Expected major public health interest where public controversy might be expected (e.g.: first-in-class)
- Substantial disagreement between rapporteurs on clinical aspects
- Controversial issues (e.g., high impact on health care professionals, the public and other stakeholders)
- Complex technical aspects, rare diseases
- Risk minimisation measures affecting the clinical practice
- Design and feasibility of a clinical trial
- Major post-authorisation safety issues

Typical Questions

- Benefit-risk negative or marginally positive
- Clinical meaningfulness of benefits
- Clinical impact of risks
- Need for further studies
- Biologic rationale to support findings
- Guidelines

Essential to Ask the Right Questions

Essential to be clear and exact in drafting questions

Usually just one chance

Conflicts of Interest

How it Runs

- Rapporteurs indicate need for SAG
- CHMP adopts Questions to SAG
- List of additional experts
- Date for the meeting
- Company to attend or not

SAG meeting

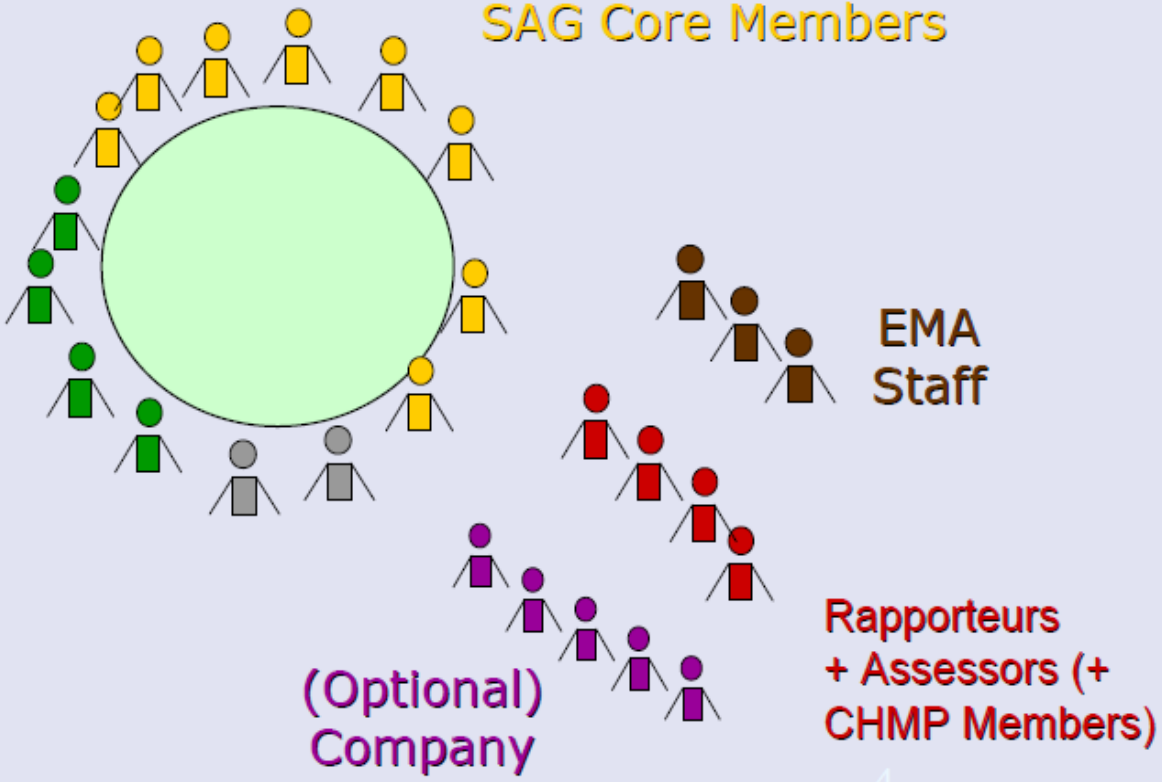
- Written answers to CHMP questions
- SAG chair briefs CHMP during plenary
- Open Session with the Company
- Closed Session
- Company Debriefing

Working Parties *vs.* SAGs

WPs	SAGs
Members normally **regulators** from national agencies	Members normally **academic clinical experts, patients**
CHMP delegates **drafting guidelines** (rarely product related issues with exceptions)	CHMP asks questions mainly in the context of **evaluation of products**
Meet **regularly**, publish work programme	Meet **when needed**

In both cases, the CHMP remains responsible for its final opinion

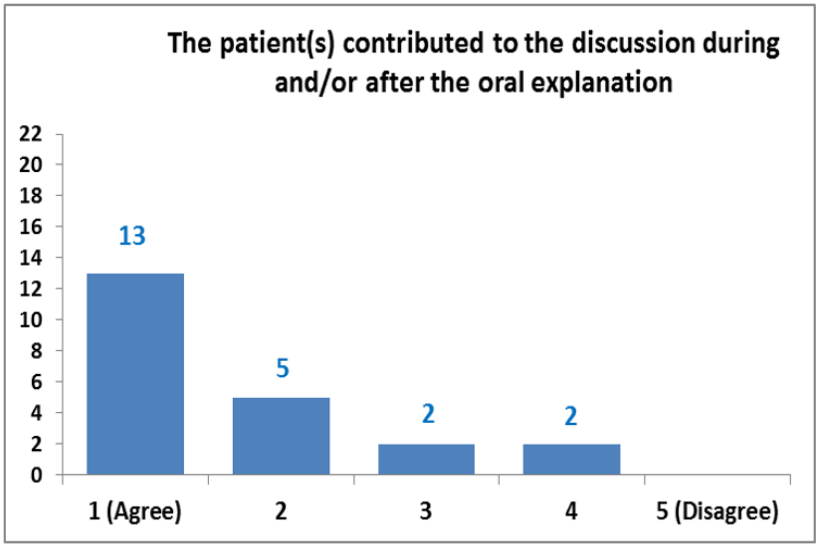
Who participates in a SAG meeting?

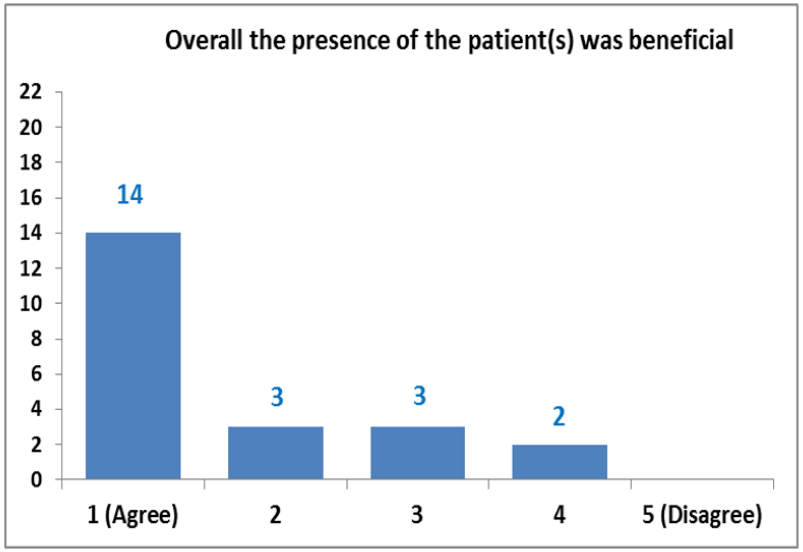


Patient Participation

- Patients participate where their involvement is anticipated to bring added value to the discussion
- Patients (or carers) selected depending on relevance of their experience/knowledge of particular disease/condition under evaluation
- In practice, two patients are invited, accompanied by a ‘mentor’ (PCWP member); in addition EMA provides personal support (guidance on the work of the EMA/CHMP, the issues for discussion & clear definition of their role)
- Patients give their views and participate in the discussions; including asking questions to the company; they do not take part in decision-making process (leave the room prior to voting).

Positive Experience





My Impression

- Participation must be a daunting experience
- Patients have been articulate, balanced, well informed, scientific!
- Patients and particularly carers have been able to highlight things that are particularly important, providing a unique insight
- Not just about the illness….. What matters, what works
- Sometimes I feel that the patients don't realise that we really do want their opinion
- Questions must be clear for all concerned
- Subjective versus objective findings
- Our patients and their patients!

Thank you for your attention