8 October 2021
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Executive Director

Letter of support for International Niemann-Pick Disease Registry (INPDR)

On 17 January 2020 the Applicant International Niemann-Pick Disease Registry (INPDR) requested qualification advice of their registry for regulatory purposes, such as post-authorisation studies, natural history studies and data analysis contributing to real world evidence (RWE).

During its meeting held on 08 – 11 March 2021, the SAWP agreed on the qualification advice to be given to the applicant and during its meeting held on 22 – 25 March 2021, the CHMP adopted the advice to be given to the Applicant. This letter of support is issued based on the review of the qualification advice.

The International Niemann-Pick Disease Registry (INPDR) is an established, patient-driven, non-profit disease registry for the global collection of Niemann-Pick patient data encompassing both Acid Sphingomyelinase Deficiency (ASMD Niemann-Pick type A and B) and Niemann-Pick disease type C (NPC).

Initiated by patient organisations, the INPDR collects demographic information, diagnostic results, treatment and health outcomes data aiming to document patient experience and support research to improve health outcomes.

An Electronic Data Capture platform collects clinical and patient-reported longitudinal data from medical records, through a clinician reported database (CRD) and directly from patients or family members/caregivers/legal guardians of patients through a patient reported database (PRD). To aid utility, retrospective data, including on deceased patients, is also collected.

The development of the INPDR is ongoing, and it is planned to link the clinical and patient reported datasets. The EMA supports, within current privacy regulations, efforts for combining PRD and CRD data systematically in the INPDR that may allow performing future requested registry-based studies for medicinal products in the NPD arena.

Currently the data included in the registry seem limited to patient records from 6 European countries, but the inclusion of substantial additional study centres is already indicated. As such the INPDR is still in a development stage. A database review will integrate well-characterised Niemann-Pick disease biomarkers as well as data of patients on and off existing and potential new treatments.

In general terms the intended purposes of the INPDR, including post authorisation safety and efficacy studies and collection of real-world data to supplement, for example, evidence generated from clinical trials for new NPD medicines can be endorsed. The Applicant is invited to come for follow-up advice

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once a specific study protocol for a post-authorization study and real-world evidence (RWE) analysis is available.

In that respect, the EMA welcomes proposals for clinical studies, the design and feasibility of which would be considered on a case by case basis, and advises that the suitability of the INDPR as a data source for a registry-based study be agreed between relevant stakeholders; i.e., medicine developer, regulator and registry holder.

With regard to use of the INPDR in the conduct of natural history studies, EMA considered that a 'natural history' needs to be exactly defined, as all patients will receive standard of care that may influence the disease course and may differ between regions/countries/centres. The INPDR recognised these methodological challenges, and the EMA supported a further advice on a specific study protocol or data analysis plan for such a study.

In conclusion, the EMA acknowledges the efforts of the Applicant in establishing a disease-based registry and has issued this Letter of Support to encourage the further development and validation of the INPDR. Whilst it is considered that a lack of concrete examples in relation to any particular context of use (including regulatory) precludes a qualification opinion at this stage, EMA is prepared to consider a future submission with a concrete feasible plan supported by sufficiently detailed protocols and procedures for a well-defined context of use.

Yours sincerely,

Emer Cooke

Executive Director