18 June 2020
EMA/COMP/287867/2020
Human Medicines Division

Committee for Orphan Medicinal Products (COMP)

Minutes for the meeting on 18-20 May 2020

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

18 May 2020, 09:00-17:20, remote virtual meeting

19 May 2020, 08:30-18:00, remote virtual meeting

20 May 2020, 08:30-12:15, remote virtual meeting

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.

Further information with relevant explanatory notes can be found at the end of this document.

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).

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1. Introduction

1.1. Welcome and declarations of interest of members and experts

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, alternates and experts and based on the topics in the agenda of the current meeting, the Committee Secretariat announced the restricted involvement of some meeting participants in upcoming discussions as included in the pre-meeting list of participants and restrictions. Participants in this meeting 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. 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 (i.e. 22 or more members were present in the room). All decisions, recommendations and advice were agreed by consensus, unless otherwise specified.

1.2. Adoption of agenda

The agenda for 18-20 May 2020 was adopted with the following topics under A.O.B:

- Human Medicines Division

- European Conference on Rare Diseases (ECRD)

1.3. Adoption of the minutes

The minutes for 21-23 April 2020 were adopted with amendments and will be published on the EMA website.

2. Applications for orphan medicinal product designation

2.1. For opinion

2.1.1. Magrolimab - EMA/OD/0000009060

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

COMP Rapporteur: Karri Penttila

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 provided a calculation which was methodologically unclear.

For the estimation and presentation of the prevalence estimate the sponsor was advised to refer to the "Points to Consider on the Calculation and Reporting of a Prevalence of a Condition for Orphan Designation". The sponsor was asked to re-calculate the prevalence

estimate based on relevant epidemiological studies and using the advice mentioned in the document cited above.

- Significant benefit

The sponsor provided data with the use of the product on top of the standard of care, azacitidine, in intermediate and high-risk patients with MDS. Although high rate of responses was reported, the long-term follow-up was not available at the time the application was made.

The sponsor was requested to further discuss the arguments provided for significant benefit and to elaborate on the results from the clinical study to justify the assumption of significant benefit over authorised medicinal products for the proposed orphan condition. Particularly, an update on the durability of responses in patients with MDS would be of interest.

In the written response, the sponsor provided adequate answers to the questions. The planned oral explanation was therefore cancelled.

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

The intention to treat the condition with the medicinal product containing magrolimab was considered justified based on clinical data showing high rate of responses in patients with high risk myelodysplastic syndromes who were additionally treated with azacitidine.

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

The condition was estimated to be affecting less than 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 magrolimab will be of significant benefit to those affected by the condition. The sponsor has provided early clinical data that demonstrate that a high percentage of patients with intermediate and high-risk condition achieved durable responses when treated with a combination of magrolimab and the standard of care, azacitidine. This compared favourably to historical studies with azacitidine alone. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for magrolimab, for treatment of myelodysplastic syndrome, was adopted by consensus.

2.1.2. Anti-CD123 IgG1 humanised monoclonal antibody conjugated to N1-(2-(2,5-dioxo-2,5-dihydro-1H-pyrrol-1-yl)ethyl)-N6-((S)-1-(((S)-1-((3-((((S)-8-methoxy-6-oxo-11,12,12a,13-tetrahydro-6H-benzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)-5-((((S)-8-methoxy-6-oxo-12a,13-dihydro-6Hbenzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)phenyl)amino)-1-oxopropan-2-yl)amino)-1-oxopropan-2-yl)adipamide - EMA/OD/0000025548

ImmunoGen BioPharma (Ireland) Limited; Treatment of blastic plasmacytoid dendritic cell Neoplasm

COMP Rapporteur: Bozenna Dembowska-Baginska

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's estimate appeared to be an under-estimate in addition it primarily uses data from the United States and not Europe. The sponsor was requested to justify the inclusion/choice of the sources selected for the estimation of the prevalence of the condition. The sponsor was also asked to describe and justify the methodology used for the prevalence calculation.

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

In the written response, the sponsor provided a literature search from 6 publications and offered a conservative estimate of an incidence of 0.02 per 100,000 and a life-expectancy of 13 months. From these numbers they estimated that the prevalence in Europe to be 0.01 in 10,000.

The Committee agreed that the condition, blastic plasmacytoid dendritic cell neoplasm, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing anti-CD123 IgG1 humanised monoclonal antibody conjugated to N1-(2-(2,5-dioxo-2,5-dihydro-1H-pyrrol-1-yl)ethyl)-N6-((S)-1-(((S)-1-((3-((((S)-8-methoxy-6-oxo-11,12,12a,13-tetrahydro-6H-benzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)-5-((((S)-8-methoxy-6-oxo-12a,13-dihydro-6Hbenzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)phenyl)amino)-1-oxopropan-2-yl)amino)-1-oxopropan-2-yl)adipamide was considered justified based on preliminary clinical data showing a complete response in some patients.

The condition is life-threatening due to the aggressive progression leading to a mean survival of 12-14 months and overall survival rates of 52-75% after one year.

The condition was estimated to be affecting approximately 0.01 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 anti-CD123 IgG1 humanised monoclonal antibody conjugated to N1-(2-(2,5-dioxo-2,5-dihydro-1H-pyrrol-1-yl)ethyl)-N6-((S)-1-(((S)-1-((3-((((S)-8-methoxy-6-oxo-11,12,12a,13-tetrahydro-6H-benzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)-5-((((S)-8-methoxy-6-oxo-12a,13-dihydro-6Hbenzo[5,6][1,4]diazepino[1,2-a]indol-9-yl)oxy)methyl)phenyl)amino)-1-oxopropan-2-yl)amino)-1-oxopropan-2-yl)adipamide, for treatment of blastic plasmacytoid dendritic cell neoplasm, was adopted by consensus.

2.1.3. sodium cromoglicate - EMA/OD/0000025945

IQVIA RDS Spain S.L.; Treatment of idiopathic pulmonary fibrosis

COMP Rapporteur: Lenka Kovarova

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:

- Significant benefit

The sponsor was asked to provide additional details on the patients who were under treatment with pirfenidone and nintedanib in the phase II clinical study, especially in relation to the outcomes of cough, quality of life and all other relevant secondary endpoints.

The sponsor was also requested to further discuss the significant benefit of the proposed product versus products that are commonly used to target cough in idiopathic pulmonary fibrosis (IPF) patients.

In the written response, the sponsor provided additional details on the patients who were under treatment with pirfenidone or nintedanib in the phase II clinical study (Birring et al., 2017). Thirteen out of 24 patients (54%) in the active treatment group were on a stable dose with antifibrotic treatment for at least 3 months before study enrolment and remained on stable doses during the study.

The results showed that patients receiving background treatment with pirfenidone and nintedanib had similar results as patients without background treatment in all investigated endpoints including daytime cough count, 24-h cough count, VAS score, LCQ score and K-BILD score (even though the study was not powered to detect statistically significant differences between subgroups). The COMP considered that these results were sufficient to support the significant benefit of the proposed product versus the currently authorized antifibrotic products pirfenidone and nintedanib.

Regarding cough, the sponsor discussed the lack of effect of pirfenidone and nintedanib on this clinically relevant symptom in IPF. According to IPF guidelines, the recommended antitussive treatment consists mainly of low dose corticosteroids and codeine or other opioids. However, there are no clinical trials showing a clear benefit of these products in IPF. In addition, cough is often refractory to these treatments and their use is accompanied by significant safety issues. The COMP concluded that the significant benefit of the proposed product versus currently used anti-tussive products can be considered justified, since there is no clear evidence of efficacy of the currently used antitussive products. The oral explanation with the sponsor was cancelled.

The Committee agreed that the condition, idiopathic pulmonary fibrosis, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing sodium cromoglicate was considered justified based on non-clinical models of the condition showing anti-fibrotic activity, and on preliminary clinical data showing reduction of cough, a cardinal symptom of IPF, in patients treated with the proposed product.

The condition is chronically debilitating due to progressive dyspnoea and loss of lung ventilator function, with limited exercise capability and decreased quality of life. Pulmonary hypertension usually develops. Median survival is less than five years, and death ultimately occurs due to respiratory failure.

The condition was estimated to be affecting approximately 3.2 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 sodium cromoglicate will be of significant benefit to those affected by the condition. The sponsor has provided preliminary clinical data showing

clinically relevant reduction of cough in patients treated with the currently authorised products for the condition. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for sodium cromoglicate, for treatment of idiopathic pulmonary fibrosis, was adopted by consensus.

2.1.4. (+)-epicatechin - EMA/OD/0000027959

MWB Consulting S.A.R.L.; Treatment of Becker muscular dystrophy

COMP Rapporteur: Darius Matusevicius

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

The sponsor did not provide any data specific to the condition as applied for.

To establish correctly whether there exists a scientific rationale for the development of the proposed product for treatment of Becker muscular dystrophy the sponsor was asked to further elaborate on:

The relevance of the data generated in a non-clinical model used to justify treatment of Becker muscular dystrophy, and the interpretation of the results obtained in the experiments,

The relevance of the clinical data in Duchenne muscular dystrophy for the treatment of Becker muscular dystrophy,

Any additional data in an acceptable model of the condition or in patients with Becker muscular dystrophy.

In the written response, and during an oral explanation before the Committee on 19 May 2020, the sponsor provided additional data generated with the use of (-)-epicatechin in the non-clinical model of Becker Muscular Dystrophy. In this model, improvements were seen in muscle strength along with many biomarkers regulation and improvement in muscle histology. The sponsor substantiated the selection of (+)-epicatechin by presenting comparative in vitro potency studies, which spoke in favour of the proposed product. In addition, preliminary clinical data with the use of (+)-epicatechin was discussed in detail.

The COMP discussed the acceptability of extrapolations made by the sponsor, which on their own would be questioned. However, looking at the totality of the data presented, the COMP decided that the medical plausibility could be accepted at this stage.

The Committee agreed that the condition, Becker muscular dystrophy, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing (+)-epicatechin was considered justified based on non-clinical data showing improvements in muscle strength.

The condition is chronically debilitating due to decline in muscle strength and ambulation, and increased risk of cardiomyopathy. It can be life-threatening due to the progressive decline in respiratory and cardiac strength.

The condition was estimated to be affecting approximately 0.2 in 10,000 persons in the European Union, at the time the application was made.

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

A positive opinion for (+)-epicatechin, for treatment of Becker muscular dystrophy, was adopted by consensus.

2.1.5. Lys^{40}(NODAGA-^{68}Ga)NH_2-exendin-4 - EMA/OD/0000028068

Stichting Katholieke Universiteit; Diagnosis of insulinoma

COMP Rapporteur: Brigitte Schwarzer-Daum

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 should provide a clear estimate of the prevalence of insulinoma and justify how the final conclusions are reached.

The calculations should be based on relevant epidemiological studies or any other epidemiological source (e.g. registries, databases). The sponsor was asked to provide their own prevalence estimate, rather than estimates provided in previous COMP opinions.

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

The COMP was of the opinion that the condition should be changed to " diagnosis of insulinoma", since the proposed diagnostic product is specific for insulinoma.

In the written response, the sponsor provided revised calculations for the prevalence of insulinoma. The calculations were based on incidence data and data on duration of the disease, since hardly any published data is available on the prevalence of insulinoma. The sponsor also took into account the time between symptoms onset and diagnosis of the condition, which can be up to 3 years. The conclusions of the sponsor were that the prevalence of insulinoma can be estimated between 0.03 and 0.3 in 10,000 in the EU, and the COMP considered that the higher estimate of 0.3. in 10,000 was to be used for the prevalence in the grounds of the opinion, as it is more conservative.

Following review of the application by the Committee, it was agreed to rename the indication to diagnosis of insulinoma.

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

The intention to diagnose the condition with the medicinal product containing Lys^{40}(NODAGA-^{68}Ga)NH_2-exendin-4 was considered justified based on studies showing that the proposed product could detect the presence of insulinoma in valid non-clinical models and in patients affected by the condition.

The condition is life-threatening and chronically debilitating due to severe hypoglycaemia, with possible progression to loss of consciousness, seizures, grand mal seizures and coma.

The condition was estimated to be affecting approximately 0.3 in 10,000 persons in the European Union, at the time the application was made.

In addition, although satisfactory methods of diagnosis of the condition exist in the European Union, the sponsor has provided sufficient justification for the assumption that the medicinal product containing Lys^{40}(NODAGA-^{68}Ga)NH_2-exendin-4 will be of significant benefit to those affected by the condition. The sponsor has provided preliminary clinical data showing that the proposed product could detect insulinoma in patients in whom it could not be identified with the current standard methods of diagnosis. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for Lys^{40}(NODAGA-^{68}Ga)NH_2-exendin-4, for diagnosis of insulinoma, was adopted by consensus.

2.2. For discussion / preparation for an opinion

2.2.1. nomacopan - EMA/OD/0000020970

Akari Malta Limited; Treatment of bullous pemphigoid

COMP Rapporteur: Zsofia Gyulai

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

The intention to treat the condition with the medicinal product containing nomacopan was considered justified based on clinical data demonstrating improvement of blistering in patients who were also receiving a corticosteroid.

The condition is chronically debilitating due to tense blisters, erythema, urticarial plaques, skin erosions, crusts and infections, severe pruritus and oral lesions, and life-threatening due to treatment induced immunosuppression.

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 provided sufficient justification for the assumption that the medicinal product containing nomacopan will be of significant benefit to those affected by the condition.

The sponsor has provided preliminary clinical data that suggest that patients who did not achieve satisfactory improvement on corticosteroid treatment, improved upon addition of the proposed product to the treatment regimen. The efficacy of the product was also maintained after the discontinuation of corticosteroid treatment. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for nomacopan, for treatment of bullous pemphigoid, was adopted by consensus.

2.2.2. stiripentol - EMA/OD/0000021553

Biocodex S.A.S.; Treatment of primary hyperoxaluria

COMP Rapporteur: Ingeborg Barisic

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

The intention to treat the condition with the medicinal product containing stiripentol was considered justified based on preliminary clinical data in patients with the condition who showed a clinically relevant reduction in oxaluria.

The condition is life-threatening and chronically debilitating due to recurrent nephrolithiasis and progressive nephrocalcinosis leading to renal insufficiency. The majority of the patients develop end stage renal disease during the 3rd to 5th decade of life.

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

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

A positive opinion for stiripentol, for treatment of primary hyperoxaluria, was adopted by consensus.

2.2.3. onfekafusp alfa - EMA/OD/0000022629

Philogen S.p.A.; Treatment of glioma

COMP Rapporteur: Dinko Vitezic

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

The intention to treat the condition with the medicinal product containing onfekafusp alfa was considered justified based on non-clinical data in models of the condition and preliminary clinical observations in affected patients, supporting a possible prolongation of survival.

The condition is chronically debilitating due to symptoms caused the tumour compressing the surrounding brain tissue including headache, anorexia, nausea, vomiting, seizures, neurological deficits, personality and cognitive impairment. The condition is also life-threatening, with poor 5-year survival of less than 5% for glioblastoma multiforme patients.

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 provided sufficient justification for the assumption that the medicinal product containing onfekafusp alfa will be of significant benefit to those affected by the condition. The sponsor has provided non-clinical evidence in models of the condition reporting add-on effects in combination with temozolomide and irradiation. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for onfekafusp alfa, for treatment of glioma, was adopted by consensus.

2.2.4. - EMA/OD/0000023895

Treatment of pulmonary arterial hypertension

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 June meeting.

2.2.5. - EMA/OD/0000026421

Treatment in haematopoietic stem cell transplantation

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 June meeting.

2.2.6. - EMA/OD/0000029210

Treatment of amyotrophic lateral 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 June meeting.

2.2.7. - EMA/OD/0000029989

Treatment of acute respiratory distress 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 June meeting.

2.2.8. - EMA/OD/0000030023

Treatment of peripheral T-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 June meeting.

2.2.9. - EMA/OD/0000030089

Treatment of GM1-gangliosidosis

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 June meeting.

2.2.10. axicabtagene ciloleucel - EMA/OD/0000030104

Kite Pharma EU B.V.; Treatment of marginal zone lymphoma

COMP Rapporteur: Maria Elisabeth Kalland

The Committee agreed that the condition, marginal zone lymphoma, is a distinct medical entity and meets the criteria for orphan designation.

The intention to treat the condition with the medicinal product containing axicabtagene ciloleucel was considered justified based on preliminary clinical observations in affected patients with durable responses to the product.

The condition is chronically debilitating and life-threatening due to lymphadenopathy, splenomegaly, mucosa and bone-marrow involvement with development of pancytopenia

and increased risk of opportunistic infections. Five-year survival ranges from 30% to up to 90%.

The condition was estimated to be affecting approximately 1.7 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 axicabtagene ciloleucel will be of significant benefit to those affected by the condition. The sponsor has provided clinical observations in a relapsed/refractory population that responded to treatment with the proposed product. The Committee considered that this constitutes a clinically relevant advantage.

A positive opinion for axicabtagene ciloleucel, for treatment of marginal zone lymphoma, was adopted by consensus.

2.2.11. - EMA/OD/0000030109

Treatment of long-chain fatty acid oxidation disorders

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 June meeting.

2.2.12. - EMA/OD/0000030112

Treatment of glycogen storage disease type II (Pompe's disease)

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 June meeting.

2.2.13. adeno-associated virus serotype HSC15 expressing human arylsulfatase a gene - EMA/OD/0000030202

YES Pharmaceutical Development Services GmbH; Treatment of metachromatic leukodystrophy

COMP Rapporteur: Giuseppe Capovilla

The Committee agreed that the condition, metachromatic leukodystrophy, 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 HSC15 expressing human arylsulfatase A gene was considered justified based on non-clinical in vivo data which showed the establishment of normal levels of human arylsulfatase A (hARSA) enzymatic activity.

The condition is chronically debilitating and life-threatening due to reduced life-expectancy and neurological and cognitive impairment.

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 Adeno-associated virus serotype HSC15 expressing human arylsulfatase A gene, for treatment of metachromatic leukodystrophy, was adopted by consensus.

2.2.14. - EMA/OD/0000030276

Treatment of gestational hypermethioninemia

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 June meeting.

2.2.15. - EMA/OD/0000030352

Treatment of hypertrophic cardiomyopathy

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 June 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 coordinators were appointed for 5 applications.

2.7. Evaluation on-going

The Committee noted that evaluation was on-going for 22 applications for orphan designation.

3. Requests for protocol assistance with significant benefit question

3.1. Ongoing procedures

3.1.1. -

Treatment of mucopolysaccharidosis type II (Hunter syndrome)

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 hepatocellular carcinoma

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 Duchenne muscular dystrophy

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

3.2. Finalised letters

3.2.1. -

Treatment of Niemann-Pick disease type C

The finalised letter was circulated for information.

3.2.2. -

Treatment of diffuse large B-cell lymphoma

The finalised letter was circulated for information.

3.3. New requests

3.3.1. -

Treatment of ß-thalassaemia intermedia and major

The new request was noted.

3.3.2. -

Treatment of amyotrophic lateral sclerosis

The new request was noted.

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

4.1.1. Daurismo – glasdegib - EMEA/H/C/004878, EMA/OD/106/17, EU/3/17/1923, EMA/OD/0000020246

Pfizer Europe MA EEIG; Treatment of acute myeloid leukaemia

COMP Rapporteurs: Karri Penttila; Frauke Naumann-Winter

An opinion recommending not to remove Daurismo, glasdegib, EU/3/17/1923 from the EC Register of Orphan Medicinal Products was adopted by consensus.

The orphan maintenance assessment report will be publicly available on the EMA website.

4.1.2. Reblozyl - luspatercept

Celgene Europe BV;

COMP Rapporteurs: Karri Penttila; Ingeborg Barisic

a) Treatment of beta-thalassaemia intermedia and major, EMEA/H/C/004444, EMA/OD/047/14, EU/3/14/1300, EMA/OD/0000008931

An opinion recommending not to remove Reblozyl, luspatercept, EU/3/14/1300 from the EC Register of Orphan Medicinal Products was adopted by consensus.

The orphan maintenance assessment report will be publicly available on the EMA website.

b) Treatment of myelodysplastic syndromes, EMEA/H/C/004444, EMA/OD/048/14, EU/3/14/1331, EMA/OD/0000009353

An opinion recommending not to remove Reblozyl, luspatercept, EU/3/14/1331 from the EC Register of Orphan Medicinal Products was adopted by consensus.

The orphan maintenance assessment report will be publicly available on the EMA website.

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

4.2.1. - pexidartinib – EMEA/H/C/004832, EMA/OD/279/14, EU/3/15/1457, EMA/OD/0000021360

Daiichi Sankyo Europe GmbH; Treatment of tenosynovial giant cell tumour, localised and diffuse type

The status of the procedure at CHMP was noted.

4.2.2. - belantamab mafodotin– EMEA/H/C/004935/0000, EMA/OD/077/17, EU/3/17/1925, EMA/OD/0000028779

Accelerated assessment

GlaxoSmithKline (Ireland) Limited; Treatment of multiple myeloma

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 July meeting.

4.2.3. - moxetumomab pasudotox– EMEA/H/C/005322, EMA/OD/066/08, EU/3/08/592, EMA/OD/0000013333

AstraZeneca AB; Treatment of hairy cell leukaemia

The status of the procedure at CHMP was noted.

4.2.4. - bulevirtide – EMEA/H/C/004854, EMA/OD/329/14, EU/3/15/1500, EMA/OD/0000018086

Accelerated assessment

MYR GmbH; Treatment of hepatitis delta virus infection

An opinion recommending not to remove Hepcludex, bulevirtide, EU/3/15/1500 from the EC Register of Orphan Medicinal Products was adopted by consensus.

The orphan maintenance assessment report will be publicly available on the EMA website.

[Post-meeting note: The COMP adopted the opinion by written procedure following its May meeting.]

4.3. Appeal

None

4.4. On-going procedures

COMP co-ordinators were appointed for 3 applications.

4.5. Orphan Maintenance Reports

None

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. Kyprolis – carfilzomib - Type II variation - EMEA/H/C/003790/II/0045, EMA/OD/120/07, EU/3/08/548, EMA/OD/0000030043

Amgen Europe B.V.; Treatment of multiple myeloma

CHMP Rapporteur: Jorge Camarero Jiménez; CHMP Co-Rapporteur: Alexandre Moreau

The COMP further discussed the reassessment of the orphan designation and agreed that a formal review of the maintenance of the orphan designation for the applied indication is not needed.

5.3. Appeal

None

5.4. On-going procedures

None

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. Strategic Review & Learning meeting – joint COMP/CAT/PDCO, 21-22 November 2019, Helsinki, Finland

The Committee shortly discussed the meeting memo. Further is expected once comments from other committees are available.

7.1.2. Protocol Assistance Working Group (PAWG)

The working group on Protocol Assistance met remotely on 18 May 2020.

7.2. Coordination with EMA Scientific Committees or CMDh-v

7.2.1. Recommendation on eligibility to PRIME – report from CHMP

Documents were tabled for information.

7.2.2. COMP-CAT Working Group

The meeting was held virtually on 19 May 2020.

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.

7.4. 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 2020

An updated list of all applications submitted/expected and the COMP rapporteurship distribution of valid applications submitted in 2020 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. Human Medicines Division

The Committee received a presentation on the new structure and management of the Human Medicines Division.

8.2. European Conference on Rare Diseases (ECRD)

The Committee received a report from the European Conference on Rare Diseases held on 14-15 May.

8.3.

9. 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/

List of participants

List of participants including any restrictions with respect to involvement of members / experts following evaluation of declared interests for the 18-20 May 2020 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	Member (Vice-Chair)	Italy	No interests declared	
Brigitte Schwarzer-Daum	Member	Austria	No interests declared	
Tim Leest	Member	Belgium	No interests declared	
Dinko Vitezic	Member	Croatia	No interests declared	
Vasileios Loutas	Member	Cyprus	No interests declared	
Lenka Kovarova	Member	Czech Republic	No interests declared	
Elisabeth Penninga	Member	Denmark	No interests declared	
Vallo Tillmann	Member	Estonia	No interests declared	
Karri Penttilä	Member	Finland	No interests declared	
Cecile Dop	Member	France	No interests declared	
Frauke Naumann-Winter	Member	Germany	No interests declared	
Nikolas Sypsas	Member	Greece	No restrictions applicable to this meeting	
Zsofia Gyulai	Member	Hungary	No interests declared	
Geraldine O'Dea	Member	Ireland	No interests declared	
Irena Rogovska	Member	Latvia	No interests declared	
Aušra Matulevičienė	Member	Lithuania	No interests declared	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Michel Hoffmann	Member	Luxembourg	No interests declared	
Robert Nistico	Member	Malta	No interests declared	
Elisabeth Rook	Member	Netherlands	No interests declared	
Maria Elisabeth Kalland	Member	Norway	No interests declared	
Bożenna Dembowska-Bagińska	Member	Poland	No restrictions applicable to this meeting	
Dinah Duarte	Member	Portugal	No interests declared	
Olimpia Neagu	Member	Romania	No interests declared	
Eva Malikova	Member	Slovakia	No interests declared	
Martin Mozina	Member	Slovenia	No interests declared	
Gloria Maria Palomo Carrasco	Member	Spain	No interests declared	
Darius Matusevicius	Member	Sweden	No restrictions applicable to this meeting	
Darius Matusevicius	Member	Sweden	No restrictions applicable to this meeting	
Angelo Loris Brunetta	Member	Patients' Organisation Representative	No participation in discussion, final deliberations and voting on:	4.1.2 Reblozyl - luspatercept
Pauline Evers	Member	Patients' Organisation Representative	No interests declared	
Julian Isla	Member	Patients' Organisation Representative	No interests declared	
Ingeborg Barisic	Member	Expert recommended by EMA	No restrictions applicable to this meeting	

Name	Role	Member state or affiliation	Outcome restriction following evaluation of e-DoI	Topics on agenda for which restrictions apply
Bruno Sepodes	Member	Expert recommended by EMA	No interests declared	
Giuseppe Capovilla	Member	Expert recommended by EMA	No interests declared	
Virginie Hivert	Expert	Patients' Organisation Representative	No restrictions applicable to this meeting	
A representative from the European Commission attended the meeting				
Meeting run with support from relevant EMA staff				

* Experts were only evaluated against the agenda topics or activities they participated in.