18 November 2014
EMA/563152/2014
Stakeholders and Communication Division

Minutes of the EMA Human Scientific Committees' Working Parties with Patients' and Consumers' Organisations (PCWP) and Healthcare Professionals' Organisations (HCPWP) joint meeting

16 September 2014 – 09:00hrs to 17:15hrs, meeting room 3E

Role	Name
Co-chairs:	Isabelle Moulon (EMA), David Haerry (PCWP) and Gonzalo Calvo (HCPWP)
Present:	**PCWP members**: AGE Platform Europe (AGE); Europa Uomo-The European Prostate Cancer Coalition (EUomo); European AIDS treatment Group (EATG); European Cancer Patient Coalition (ECPC); European Consumers' Organisation (BEUC); European Federation of Allergy and Airways Diseases Patients' Associations (EFA); European Federation of Neurological Associations (EFNA); European Heart Network (EHN); European Institute of Women's Health (EIWH); European Organisation for Rare Diseases (EURORDIS); Health Action International Europe (HAI Europe); International Alliance of Patients' Organizations (IAPO); International Diabetes Federation European Region (IDF Europe); International Patient Organisation for Primary Immunodeficiencies (IPOPI); Patients Network for Medical Research and Health (EGAN). **HCPWP members**: European Academy of Paediatrics (EAP); European Aids Clinical Society (EACS); European Association for Clinical Pharmacology and Therapeutics (EACPT); European Association of Hospital Pharmacists (EAHP); European Association of Urology (EAU); European Federation of Internal Medicines (EFIM); European Academy of Neurology (EAN); European Society for Medical Oncology (ESMO); European Society of Endocrinology (ESE); European Society of Radiology (ESR); Pharmaceutical Group of the European Union (PGEU); Standing Committee of European Doctors (CPME); United European Gastroenterology (UEG) **Representatives from the Agency's Scientific Committees**: Committee for Medicinal Products for Human Use (CHMP); Committee for Orphan Medicinal Products (COMP); Committee on Herbal Medicinal Products (HMPC); Paediatric Committee (PDCO); Pharmacovigilance Risk Assessment Committee (PRAC) **Representative from the European Commission:** DG SANCO, Health and

30 Churchill Place ● Canary Wharf ● London E14 5EU ● United Kingdom
Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5555
Send a question via our website www.ema.europa.eu/contact

Role	Name
	Consumers **Observers**: EMA Management Board; European Academy of Allergy and Clinical Immunology (EAACI); European Forum for Primary Care (EFPC); European Haemophilia Consortium (EHC); European Society of Oncology Pharmacy (ESOP); Myeloma Patients Europe (MPE); Pain Alliance Europe (PAE)

Introduction

I. Moulon (EMA) welcomed all participants and introduced the new head of the Communications department, Ms. Marie-Agnes Heine.

As the first meeting held in the new EMA premises, the health and safety rules of the building were presented in detail.

No conflicts of interests were disclosed in relation to the agenda items and the agenda was adopted.

1. Involvement in EMA activities

1.1. EMA adaptive licensing pilot project

S. Vamvakas (EMA) presented the EMA pilot project (see presentation). He began by explaining the concept of adaptive-licensing, which involves the early authorisation of a medicine initially in a restricted patient population, followed by a gradual inclusion of more patients. These phases of evidence-gathering along with the adaptation of the marketing authorisation enable broader patient populations to access the medicine while gathering more data on the efficacy and safety of the medicine.

In March 2014, the EMA began inviting pharmaceutical companies to participate in a pilot project on adaptive licensing. A framework was published to guide discussions on individual pilot studies.

One of the aims of the pilot project is to help develop an understanding of how future adaptive licensing pathways might be designed for different types of products and indications. It provides a framework for open and informal dialogue between stakeholders, allowing them to explore different options and to consider detailed technical and scientific questions based on concrete examples.

Since the start of the pilot, 26 proposals have been submitted and 3 have been selected for discussion with companies. Future involvement of patients is expected within these procedures.

> *Post-meeting note*: at the time of publication of these minutes, 28 proposals have been submitted and 9 have been selected for discussion with companies.

A number of questions were then raised by participants focusing on the balance between promoting quicker access to a particular medicine and addressing uncertainties around benefit-risk, the collection of real world data through patient registries and the criteria for selection of products for the pilot.

It was clarified that early access would be based on solid evidence, i.e., the initial authorisation of a medicine would continue to be granted on the basis of the demonstration of a positive benefit/risk balance at the time of authorisation. What the pilot project seeks to examine is whether iterative, 'adaptive' approaches to medicine development and authorisation achieve the best balance between the need for timely patient access whilst providing adequate, evolving information on a medicine's

benefits and risks. The pilot will also explore how generation of evidence around efficacy and safety are compatible with demands around evidence generation from other stakeholders (e.g. HTA bodies, payers, patient organisations).

When analysing potential candidates for the pilot, one of the aspects that will be taken into account is how real-world data will be collected and used, as a complement to the randomised control trial (RCT) data, in subsequent regulatory decision making. This will include which tools will be used to control prescription in the target population and how efficacy and safety data will be collected through, e.g., patient registries.

Additional information on the project, including the criteria for selection of pilot phase candidates, can be found in
http://www.ema.europa.eu/docs/en_GB/document_library/Other/2014/09/WC500172810.pdf.

1.2. Update on ongoing HTA-EMA interaction

F. Giorgio (EC) gave an update on the latest developments in EU cooperation on health technology assessment (HTA) (see presentation). In a very simplified manner, HTA can be defined as a multidisciplinary process (including medical, social, economic and ethical issues) that serves to assist in decision-making on reimbursing a medicine, treatment or other health technology in its broader sense. She emphasised the scope for cooperation between different stakeholders both on the scientific and technical dimensions of the process, which would reduce duplication of assessments and optimise the use of resources.

EU cooperation in HTA has resulted in the creation of the HTA Network (focused on the strategic level of cooperation) and the EUnetHTA Joint Action (centred on the technical-scientific level of assessments). These EU-HTA collaborations resulted in common tools, including IT tools, methodologies, training material to be used by HTA bodies in their national/regional HTA activities and also increased trust between HTA bodies, regulators and other stakeholders.

The EUnetHTA Recommendations on the implementation of a sustainable European network for HTA is now going into final stages of its development and will be presented at the HTA 2.0 Europe conference in Rome on October 30-31, 2014 (www.eunethta2014.it). The focus of the document is on the scientific and technical aspects of cooperation on HTA in Europe. The EUnetHTA Recommendations have been developed in parallel with the HTA Network Strategy paper, which sets out the strategic vision of the Network on European cooperation on HTA (established in October 2013), including its long-term sustainability. The Strategy paper is expected to be adopted on 29 October 2014.

A reflection on the involvement of stakeholders in HTA cooperation will follow at a later stage and input from PCWP/HCPWP members will be very welcome.

S. Vamvakas, J. Moseley and K. Blake (EMA) provided a general overview of the ongoing interaction between HTA bodies and EMA to support collaboration throughout the lifecycle of medicines (see presentations). This includes a number of different activities and initiatives:

- Parallel Scientific Advice (SA): this process, in place since 2010, enables applicants to engage in early dialogue with EMA and HTA bodies on the requirements for both the benefit/risk assessment supporting the EMA recommendation for approval of a medicine and the HTA appraisal supporting their recommendation for reimbursement of a medicine;
- Post-Authorisation Efficacy Studies (PAES): PAES are useful in the context of providing data that can only be gathered once a medicine is used under real-life conditions; the Agency is currently

developing scientific guidance in cooperation with competent authorities and other interested parties, including HTA bodies, to explore how PAES can also take into account HTA data needs;

- European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP): the growing interest in incorporating HTA-related outcomes into post-authorisation studies of medicines has led to the establishment of a dedicated HTA working group within this network. This group is mapping existing HTA research experience, relevant resources and skills development requirements within centres that undertake research that could also address the needs of both regulatory and HTA bodies.

After a lively discussion, the main clarifications and remarks are summarised below:

- HTA-related responsibilities will not be transferred from DG SANCO to DG ENTER; aspects falling within the scope of medicines and medical devices regulation will be transferred;

  Post-meeting note: following the establishment of the new Commission it was decided that only responsibilities related to medical devices will be transferred to DG ENTR.

- Implementation of a meaningful involvement of patients in HTA activities at national level poses some challenges and is still considered to be suboptimal; it is anticipated that the positive experience and learnings emerging from the cooperation at EU level will pave the way for further progress within member states;

- A specific suggestion was made to include, in a future EUnetHTA Joint Action 3 call, a work-package dedicated to exploring concrete involvement of patients and healthcare professionals in HTA; this should use the experience gained at EU level to demonstrate the real added-value of involving patients in HTA assessments;

- The importance of building up capacity and literacy about HTA at national level was emphasised; good training is available in some European/International focused institutions but there is a need for more local offers.

1.3. Use of patient reported outcome measures in oncology studies - EMA public consultation

D. O'Connor (COMP/ MHRA/ EMA Oncology WP) presented the EMA reflection paper open for public consultation (see presentation).

Recognising the value of patient input on their health status, this document is a first step to gain better understanding of how patient reported outcomes (PRO) could be used to support regulatory decisions.

The document has been named "reflection paper" in order to emphasise its preliminary status and to encourage an open discussion on the value of PRO data in the development of medicinal products for the treatment of malignancies and in acknowledgment that PRO methodology is developing and evolving.

The document was welcomed with general remarks emphasising the opportunity to use the additional knowledge collected through PRO measures to support decisions for pricing and reimbursement of medicines. It was underlined that, overall, the design of clinical trials should also include quality of life measures, where clinical added-value is balanced with the outcome of disease progression and/or survival.

Members of the PCWP and HCPWP were invited to submit comments by 30 November 2014.

1.4. Supporting regulatory decision-making and looking at its effects ; focus on pharmacovigilance

P. Arlett, C. de Vries and H. Fitt (EMA) gave a joint presentation focusing on the Agency's activities and initiatives to further support the effective operation of the pharmacovigilance system (see presentation). In order to optimise benefits and risks of medicines and reduce harm from adverse drug reactions, the Agency is focussing attention into three complementary areas:

- Generating and accessing best evidence to support regulatory decisions – this entails the use of new/alternative data sources that can enable gathering of additional scientific evidence to supplement the contribution of the pharmaceutical industry, building knowledge throughout the medicine lifecycle and allowing a well-rounded characterisation of the benefit/risk profile of the medicine; additional relevant data and information may be generated by academic research centres and the EU Regulatory Network itself (e.g. ENCePP, studies commission by regulators; regulators analysis of e-Health data), providing information to support decision making by EMA's scientific committees.
- Coordinating the pharmacovigilance impact measurement – impact of pharmacovigilance can be considered in terms of social, including health impact, and in economic terms. Impact can also be viewed by stakeholder groups including patients, healthcare professionals, pharmaceutical industry and regulators. Impacts will change over time. A categorisation of impact work in terms of implementation, behaviour change and outcomes (e.g. health outcomes) is also useful. Within this context EMA wishes to work with stakeholders to ensure useful data are collected on the impact of pharmacovigilance and this information will be used to support continuous process improvement, reporting and transparency back to stakeholders and to support any future reviews of the EU pharmacovigilance system.
- Measuring the effectiveness of risk minimisation – this can be seen as a critical subset of the impact of pharmacovigilance and covers on the one hand company monitoring of implementation of measures, where attention is given to research protocols to assess how companies will monitor the successful implementation of a risk minimisation measure (e.g. was an educational intervention received, perceived, understood?); and on the other hand, the attainment of desired effects by looking into post-authorisation studies (PASS) to quantify risk reduction (e.g. has a change in prescribing behaviour led to fewer serious or fatal adverse reactions?).

The collaborative approach foreseen by the Agency to develop a strategy and work plan to deliver indicators and studies to measure the impact (behaviour changes and outcomes in health system and industry) of pharmacovigilance was well received by PCWP/HCPWP. It was underlined that collaboration also needs to be organised at the national level and special care should be given to assessing ADR reporting patterns and behaviours. It was pointed out by some participants that full awareness about direct reporting by patients has not yet been achieved despite coordinated efforts to communicate across the EU.

1.5. EU Collaborative Framework for Patient Registries – pilot phase

X. Kurz (EMA) outlined the proposed objectives and planned approach to develop and test an EU collaborative framework for patient registries (see presentation). He mentioned that a strategy paper was under development to explain the rationale, vision, methods and timelines for a pilot phase where 2-4 patient registries will be tested.

A multi-stakeholder advisory group will be established to advise on the project, including representatives from EMA committees, patients and healthcare professionals, industry associations, HTA bodies, DG SANCO and representatives from other projects in the field of registries.

The project of the pilot phase will be managed by a cross-Agency task force and relevant EMA committees will be consulted and updated as well as PCWP and HCPWP.

The project was generally welcomed with remarks from different members on the importance of maximising the use of existing registries, using experience gained over the years in some disease areas (e.g. HIV), avoiding unsustainable creation of registries for every single rare disease and promoting the use of a registry of registries. The principle of setting up new registries according to specific standards was also welcome, namely in the area of pregnancy registries. The need to set up governance rules for registries with particular attention to how data will be used and by whom and to ensure patients entered in a registry will have regular follow up and feedback was also stressed.

A group of HCPWP and PCWP members was identified to provide input to requests arising from the EMA project task force.

1.6. EMA communication on medication errors

I. Abed (EMA) presented a proposal to streamline communication at EMA on measures agreed to prevent medication errors (see presentation).

The communication will be presented in the format used for other EMA safety communications known as "EMA Public Health Communication". The document will contain a brief description of the medicine and the medication error and will highlight the risk minimisation measures introduced to prevent the error. There will also be a dedicated section with recommendations to patients and healthcare professionals. As with other safety communications, it is expected to have the involvement of patients and healthcare professionals in the preparation of the messages to be communicated.

In addition, a dedicated webpage with listing of communications as well as general information on the Agency's activities regarding prevention of medication errors will be implemented in the EMA website.

Participants expressed an interest to learn more about how the different recommendations arising from the EMA workshop on medication errors organised in 2013 were being implemented. The chair informed that a follow up presentation would be provided at an upcoming joint meeting.

PCWP/HCPWP members will be informed in due course of the launch of the dedicated webpage and the communications on medication errors.

1.7. Risk Management Plan (RMP) summaries

J. Garcia Burgos (EMA) presented a preliminary analysis of the experience of the 1-year pilot phase following the publication of RMP summaries in March 2014. Initial data suggest interest from stakeholders and a relatively steady uptake of this new document.

Feedback from different stakeholders and EMA international partners will be collected in the coming months. PCWP/HCPWP members will also be consulted in November/ December.

2. Planning and reporting

2.1. Update on work in the area of pandemic preparedness

R. Shivji (EMA) gave an update on the work carried out by the Agency in the area of pandemic influenza, highlighting the input provided by PCWP/HCWPWP members in proposed terminology changes for different types of centralised influenza (pandemic) vaccines (see presentation).

M. Benstetter (EMA) informed that EMA is working together with regulatory authorities around the world to support the World Health Organization and to advise on possible pathways for the development, evaluation and approval of medicines to fight Ebola. The Agency has established a group of European experts who have specialised knowledge in vaccines, infectious diseases and clinical trial design to contribute to the global response against Ebola. This group also gives advice on scientific and regulatory aspects to individual developers of Ebola medicines.

2.2. PCWP/HCPWP work programmes 2015

N. Bere and I. Silva (EMA) presented the proposed work plans for 2015 for each working party with a request for written comments and endorsement by 30 September 2014.

2.3. Feedback from Scientific Committees

H. Enzmann (CHMP) provided a brief update on CHMP activities to further strengthen consistency of opinions within a same therapeutic class and between processes. He also informed that the first experience under the pilot phase of patient involvement in CHMP oral explanations had been scheduled for the September CHMP meeting. This was seen as an additional step to ensure continuity of input from patients in the overall assessment of a medicine, from early scientific advice straight to the final decision by the Committee.

D. O'Connor (COMP) gave a short update of the Committee's activities remarking on the high number of 'orphan designation' applications under assessment and the importance of the input provided by the patient representatives who were members of the COMP.

B. Pelle (PDCO) provided an update on the ongoing efforts to encourage involvement of young people in clinical trials.

S. Bager (HMPC) mentioned that the Committee was completing its first decade of establishment and summarised its activity in the development of Community herbal monographs and the ongoing efforts to produce summaries to the public.

2.4. Feedback from 6th annual workshop of Enpr-EMA

A. Hadjipanayis (EAP), as the HCPWP observer to the European Network of Paediatric Research of the EMA (Enpr-EMA), outlined the outcomes of its 6th annual workshop, held on 26 June 2014 (see presentation). Enpr-EMA is a network of networks bringing together expertise in performing clinical studies in children with the aim to increase availability of medicines for use in children.

P. Benjamin (EMA) informed that Enpr-EMA would like to call for expressions of interest from PCWP/HCWPP members to integrate the following working groups: dialogue and interaction with ethics committees; best practices to address issues with EU multi-languages of Young Persons Advisory Groups; GCP Training across multispecialty and countries.

A.O.B

There was no other business.

The chairpersons thanked participants for their active contribution to the meeting.

Close of meeting

Next meetings: 25 Nov 2014 – PCO Training session
26 Nov 2014 - Meeting with all eligible PCO organisations