WORKING GROUP 3&5:

PUBLIC-PRIVATE PARTNERSHIP

Susan Tansey / Pirkko Lepola
Chair / Co-Chair WG 3&5

Enpr-EMA WG 3&5

Role:

- Facilitate communication between industry and networks
- Gather examples of good practice from Networks and industry working with Enpr-EMA networks
- Develop proposals to disseminate examples of good practice to Enpr-EMA networks and industry

Enpr-EMA WG 3&5

Current WG 3&5 members:

Martine Dehlinger-Kremer
Stefanie Breitenstein
Susan Tansey (Acting Chair)
Pirkko Lepola (Co-Chair)
Jenny Preston
Pamela Dicks
Andrea Waßmuth Grünenthal
Mark Sorrentino PRA

Industry collaborators for WG 3&5 recommendation:
Dr. Colin Hayward, Chief Medical Officer at Premier Research
Dr. Enrico Bosone - Director Patient Access Policy, EMEA Celgene
Dr. Chris Walker - Regulatory Affairs Executive Director Amgen

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Completed task 1.;

Network & Industry survey; 12/2013 - 02/2014

Deliverable 1: Publication: 'Pharmaceutical Industry and Pediatric Clinical Trials networks in Europe- how do they communicate?' , Applied Clinical Trials, Jan 08 2016.

Pirkko Lepola, Susan Tansey, Pamela Dicks, Jennifer Preston, Martine Dehlinger-Kremer

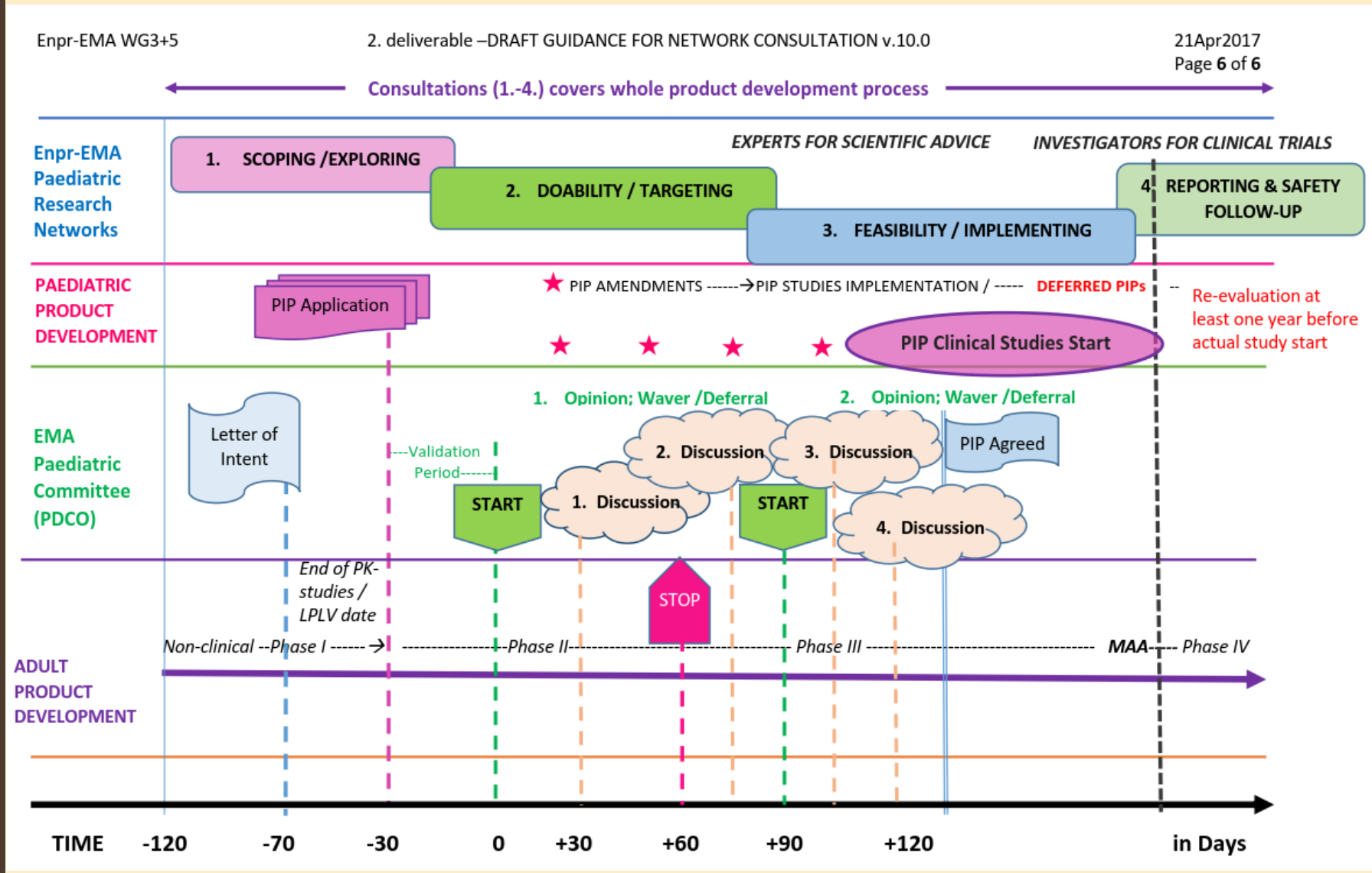
Task 2.;

Network consultation recommendation; 12/2015 – 03/2017

Deliverable 2: Consultation recommendation document + diagram to be placed on Enpr-EMA website for the sponsors and CROs;

- Distributed for consultations; 06/2016 – 08/2016
- ***Final draft 04/2017; version 10***

Version 10.0 – Consultation diagram



Version 10.0 – 1.st contact

Recommended timing for the network consultations:

1. Consultation: SCOPING / EXPLORING

– 1st contact to selected network

TIME POINT: Very early on drug development process and before preliminary PIPs

Active link picture – behind the link is the text below

This is the recommended initial option especially for rare diseases and conditions.
At this point, it is possible to discuss with the sponsor the following information:

- **Identification of condition or mechanism of action with potential for paediatric use/confirmation of unmet therapeutic need**
- **Identification of knowledge gaps & plans to fill those knowledge gaps including pre-clinical studies required**
- **Designing global clinical development plan**
  - **Target population and age categories**
  - **Primary & secondary endpoints / outcome selection**
  - **Use of modelling & simulation and other tools** including PK and PD modelling
- **Concepts for PIP / PSP (U.S.) studies and plans for other jurisdictions**
- **Feasibility of studies** The availability and the number of possible trial subjects according to the prevalence and health care status and practices (including off-label use) in each country to lead to more realistic recruitment targets and timelines. Also important to take into account the number of other products in development for the same condition.

Version 10.0 -1st contact (cont.)

- **Risk-benefit analysis**
- **Study design and methodology, as well as relevant ancillary studies**
- **Natural history of the disease in children/ current standard of care & response to standard of care therapy**
- **Need for long-term follow-up**
- **Early information on the similarity of drug disposition (ADME)**
- **Genetics & pathophysiology & similarity of disease between adults and children**
- **Exploratory advice; concept proof – YES / NO:** product/indication/trial/inclusion-exclusion criteria/study design applicability to paediatric population
- **Details of specific challenges;** in recruiting & set-up times e.g. consider screening programmes to find the targeted patient population
- **Discussion about deferrals and waivers;** including analysis of the relevant information from trials in the adult similar indication and timelines for trial implementation. Whether it is appropriate to apply for a waiver for some age groups and how many subjects in each age group is feasible to aim for.
- **Review of preliminary PIP plans/study protocol:** as much information as possible that can be disclosed without concerns about confidentiality should be made available, although this may only be a brief outline.
- **Supporting information about the suitable population and availability in Europe and possibly outside Europe by country:** which countries, number of sites and an estimate of potential recruitment could be possible depending on the level of information shared
- **Details of any specific challenges in recruiting & set-up times and with targeted patient population**
- **Possibility of using extrapolation of efficacy & role of extrapolation from adult population;** The knowledge about the latest disease specific scientific information on efficacy, extrapolated from adult population (if available and applicable), including input regarding degree of similarity or not, between the disease in adults and children (all paediatric age groups), and the similarity or not of the expected treatment response between adults and children.
- **Evidence based analysis of currently used treatments and selection of comparator/control group**; discussion and validation of the reference treatment(s), use of placebo, active comparator(s) and add-on therapies.
- **Identification of relevant networks to approach for next consultations steps 2 and 3**

Etc..

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Next steps; Task 3.

proposal for Enpr-EMA CG (as presented at last WS May 2017):

- **Pilot period - test phase - for using these services *FOR FREE* (*!)**
- **Selection of interested companies for pilot phase (e.g. 5-6)**
- **Selection of interested networks (e.g. 5-6)**
- **Max. 1-2 cases / company to be served**
- **After pilot phase; survey to these companies; evaluation and analysis of these services – did they bring any value?-> PoC**
- **Publication of the survey results; collected experience**
- **Decision of the continuation; with OR without the fees**

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- **Strongly related to 3 ongoing developments**
  - *Fees for services*
    - Discussed with the PDCO 8Nov2016
  - *IMI2 Call 10 project*
    - WP1-4 – Governance, Innovation, Business Case
  - *Enpr-EMA Network Survey 2017*
    - Identification of network services for 1-4 Consultation and New Network Categorization
  - *NEW link: WG Trial Preparedness*

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Next steps; Task 3: logistics

- Selection of networks prepared to participate in Pilot *FOR FREE**

(**=no fee by Enpr-EMA! – if the request requires eg. Consultation Agreement, network experts can do that by the network fees – we cannot guarantee free services – too broad list of services / expertise for selection*)

  - *Circulation of questionnaire*
  - ***Survey ("Tick Box") to map each network real practical capabilities according to the Recommendation (timepoints 1.-4.) –list of services –different from the WG Network Survey***

- Selection of interested companies for pilot phase
  - *Approached by PRA*
  - *? IMI2 Call 10 sponsors*

- Proposal that each network propose their own fee and administer it
  - *Could vary depending on complexity of the PIP and services required/provided*
  - *Networks currently charging for similar services may be able to provide advice regarding appropriate fees*

- After pilot phase; survey to these companies; evaluation and analysis of these services – did they bring any value?-> PoC

- Publication of the survey results; collected experience

- Decision of the continuation

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- Example of the ”Tick Box” -survey to selected networks (5-6)

Enpr-EMA WP3+5 DRAFT Pilot Phase Service Request model for selected research networks

Name of the Enpr-EMA member network	
Country	
Contact person for enquiries / service requests	

Paediatric age ranges of study participants covered by the network (select 1 or several)

Preterm and/or term newborn ☐

Infants from 1 month to less than 24 months of age ☐

Children from 2 years to less than 12 years of age ☐

Adolescents from 12 years to less than 18 years ☐

Specialties/conditions covered (dropdown list)

(list)

PIP specific expert advice

Consultation: SCOPING / EXPLORING – 1st contact to selected network TIME POINT: Very early on drug development process and before preliminary PIPs	Network / Network Experts services available for this expert advice (mark =X)	Service (marked=X) available without service fees (for free)	Service (marked=X) available with service fees (under Basic Service Fees or under Consultation Agreement
1. Identification of condition or mechanism of action with potential for paediatric use/confirmation of unmet therapeutic need	X		
2. Identification of knowledge gaps & plans to fill those knowledge gaps including pre-clinical studies required			

These are the listed services under the 1.-4. timepoints

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3. Designing global clinical development plan **a. Target population and age categories** **b. Primary & secondary endpoints / outcome selection** **c. Use of modelling & simulation and other tools** including PK and PD modelling			
4. Concepts for PIP / PSP (U.S.) studies and plans for other jurisdictions			
5. Feasibility of studies The availability and the number of possible trial subjects according to the prevalence and health care status and practices (including off-label use) in each country to lead to more realistic recruitment targets and timelines. Also important to take into account the number of other products in development for the same condition.	X		
6. Risk-benefit analysis	X		
7. Study design and methodology, as well as relevant ancillary studies			
8. Natural history of the disease in children/ current standard of care & response to standard of care therapy			
9. Need for long-term follow-up			
10. Early information on the similarity of drug disposition (ADME)	X		
11. Genetics & pathophysiology & similarity of disease between adults and children			
12. **Exploratory advice; concept proof – YES / NO:** product/indication/trial/inclusion-exclusion criteria/study design applicability to paediatric population			

Etc..etc. Accross all timepoints 1.-4.