Advancing International Pediatric Clinical Research

Facilitating Pediatric Medicines Development: Models of Global Cooperation

Part 1: 29 November 2022, 9:00-11:30 am ET
Part 2: 30 November 2022, 9:00-11:00 am ET

This series is supported by the FDA Scientific Conference Grant Program.
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Part One Recap

- Presentations of 4 existing models of pediatric regulatory approval:
  - Pediatric Regulatory Cluster: Dr. Donna Snyder (US FDA)
  - Parallel Scientific Advice: Dr. Tahira Khan (AbbVie)
  - ACCELERATE Multi-Stakeholder Discussion Forum: Dr. Gilles Vassal (ACCELERATE)
  - Reliance Model: Dr. Marie Valentin (WHO)

- Panel Discussion: *Strengths and Opportunities of Existing Models of Global Cooperation*
Today’s Agenda

• Presentation: *Moving Towards Greater Global Cooperation for Pediatric Medicines Development*

• Panel Discussion: Actions Towards Improving Existing Processes and Looking Toward the Future

• Wrap-up/moving ahead
Moving Towards Greater Global Cooperation for Pediatric Medicines Development

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Advancing International Pediatric Clinical Research

Facilitating Pediatric Medicines Development: Models of Global Cooperation

30 November 2022
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Task & Outline of today’s talk

• Task
  ➢ Consider the models of global cooperation presented on Day One and provide a blue sky view of how to evolve the pediatric medicines cooperation space

• Outline
  1. Reflection on Day One presentations
  2. The interplay of convergence pathways and existing gaps
  3. Opportunities: A blue sky vision
High-level messages from Day One

- Existing pediatric development policies have enriched the innovative medicines development research space
- For certain molecules, authorization of pediatric uses continues to lag well behind adult authorization\(^1\)
- Globally relevant and efficient pediatric medicines development requires global cooperation
  - In cluster calls, EMA and FDA have a high rate of convergence (~70%)\(^2\)
- Reliance models can be used for any regulatory function\(^3\)
- Models discussed on Day One of the workshop each serve a useful purpose, are complementary and not mutually exclusive
  - Pediatric Cluster; Parallel Scientific Advice; Multi-stakeholder Forums (ACCELERATE); Reliance

\(^1\)Gilles Vassal, Gustave Roussy. Presentation on Day One.; \(^2\)Donna Snyder, FDA. Presentation on Day One.; \(^3\)Marie Valentin, WHO. Presentation on Day One.

EMA = European Medicines Agency; FDA = U.S. Food & Drug Administration
Three archetypes of pediatric medicines development

**De novo pediatric medicines development**
- For indications specific to or inclusive of pediatric conditions

**Pediatric development on the *backbone* of adult innovation**
- For same or similar indications, different indications by molecular mechanism of action, or age-specific formulations

**Re-purposing off-patent medicines**
- Age-specific formulations, confirmation of age-specific dose or dose regimens
Agreeing a global pediatric plan suitable for regulatory decision-making (1)

- **REGIONAL HEALTH AUTHORITIES**
- **REGIONAL POLICIES**
- **ITERATIVE PROCESS**
- **COORDINATION & TIMING**

**MULTI-STAKEHOLDER FORUMS**

**PAEDIATRIC MARKETING APPLICATION**
Agreeing a global pediatric plan suitable for regulatory decision-making (1)
Agreeing a global pediatric plan suitable for regulatory decision-making (1)

MULTI-STAKEHOLDER FORUMS*

- Essential to incorporate academic/prescriber and patient/family perspectives
- Valuable in establishing development expectations grounded in best available scientific information
- Existing forums are pre-competitive by design
  - Limited to specific therapeutic spheres
  - Role for professional societies (as per adult development)
- Existing structures are suited to investigational projects in later stage development

*Examples include but are not limited to: ACCELERATE, Innovative Medicines Initiative (IMI) connect4children (c4c) strategy forums, Paediatric Rheumatology International Trials Organisation (PRINTO)
Agreeing a global pediatric plan suitable for regulatory decision-making (2)

INFLUENCED BY:
PROFESSIONAL SOCIETIES
& INTERNATIONAL BODIES
(e.g. ICH)

*Not an exhaustive list (intended to be illustrative only)
ICH = International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use

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Agreeing a global pediatric plan suitable for regulatory decision-making (3)

CH = Switzerland; UK = United Kingdom; EU = European Union; PREA = Pediatric Research Equity Act; BPCA = Best Pharmaceuticals for Children Act
Agreeing a global pediatric plan suitable for regulatory decision-making (4)

**PEDIATRIC PROCEDURAL PATHWAYS**
- Cluster Calls* (JP, Canada, AUS)
- Common Commentaries*
- PSP review
- PPSR submission
- EU-PIP procedure
- UK-PIP procedure

**REGIONAL ADVICE PATHWAYS**
- Pre-IND / IND Meeting
- Type B / C Meeting
- Parallel Scientific Advice
- EMA Scientific Advice
- NCA Scientific Advice
- Break-through
- PRIME

**RELIANCE PATHWAYS**
- (e.g. Swiss TPL)

*Informal non-binding regulatory feedback
JP = Japan; AUS = Australia; PSP = pediatric study plan; PPSR = proposed pediatric study request; PIP = paediatric investigation plan; TPL = Therapeutic Products Law; IND = investigational new drug; NCA = national competent authority

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Agreeing a global pediatric plan suitable for regulatory decision-making (5)

ITERATIVE PROCESS

OPERATIONALIZE PLAN

GENERATE DATA

MODIFY or AMEND PLAN
(if applicable)

ANALYZE DATA

PAEDIATRIC MARKETING APPLICATION
Blue Sky Vision: Role for global cooperation in pediatric medicines development planning (1)
Blue Sky Vision: Role for global cooperation in pediatric medicines development **planning** (2)
Blue Sky Vision: Role for global cooperation in pediatric medicines development planning (3)

Multistakeholder Forums

- Enhance inter-linkage to regulatory guidance (esp. when co-authored by regulators)
- Expansion to other therapeutic areas a/o competitive development spheres
- If intended to expand to early stage development, some structural modification is needed (consultancy agreements, confidentiality, published outputs clearly linked into relevant regulatory agency websites and/or incorporated into guidance)
- Role for professional societies
Blue Sky Vision: Role for global cooperation in pediatric medicines development planning (4)

**Cluster**
- Expansion to all regions where pediatric policies are implemented (including, MHRA and SwissMedic)
- If a Cluster leads to Common Commentary, agencies should review prior Scientific Advice Meeting Minutes to reduce risk for contradictory regulatory guidance

**Parallel Scientific Advice**
- A dedicated global pediatric scientific advice pathway is warranted for the 1/3 of pediatric plans where convergence on design elements cannot be achieved in Cluster

**Reliance**
- Given the “high rate of convergence” of Cluster conversations, 2/3 of pediatric plans may be suitable to a reliance procedure (i.e., to agree a pediatric plan)
- **Model 1** (existing): Switzerland - Reliance on US a/o EU decision on an agreed pediatric plans (at submission of marketing authorization)
- **Model 2**: Submission of a PIP or PSP through usual regional procedure. Cluster held to coincide within a region’s procedure or agencies invited to listen as per pediatric memorandum of understanding (or other). At completion of the procedure, other agencies have the option to adopt the reviewing agency’s opinion for the plan.
Closing Remarks

• Regional policies have given us over two decades of pediatric medicines development experience
• We have an opportunity to evolve
• Global cooperation offers opportunities for enhancement
  • Enhance the scientific credibility and value of plans
  • Facilitate broader global impact for children affected by disease
  • Reduce inefficiencies while conserving regulatory resource

“Coming together is a beginning. Keeping together is progress. Working together is success.” – Henry Ford
THANK YOU

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Panel Discussion: Actions Towards Improving Existing Processes and Looking Toward the Future

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Closing Remarks and Thank you!

• A huge thank you to all our speakers and panelists:

Peter Adamson
Elly Barry
Ralph Bax
Christina Bucci-Rechtweg
Alysha Croker
Begonya Nafria Escalera
Dionna Green
Dominik Karres
Tahira Khan

Franca Ligas
Sumati Nambiar
Skip Nelson
Greg Reaman
Donna Snyder
Mark Turner
Marie Valentin
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• And thank you to the dedicated planning committee!