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The Risk Management Plan and the first Marketing Authorisation Application - a practical approach

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Background

- New MAA for late stage oncology indication (Orphan drug designation [ODD])
 - In combination with chemotherapy followed by maintenance monotherapy
- Company clinical programme had been stopped
 - primary endpoints not met
- Investigator Sponsored Study (ISS) showed efficacy in an indication that was not originally part of clinical development programme
- Decision made to submit MAA
 - Using ISS as the single pivotal study
 - plus other studies in the company development programme
 - pre-submission scientific discussion with EMA

Project related challenges

- Non-company sponsored study, therefore
 - No control over study design
 - No control over time and composition of data collected
 - Time to onset was recorded as being at the next clinic visit
 - Outcome was not collected for non-serious AEs
- Resource limited
 - Competition with other company MAAs (higher priority) for resource/senior stakeholder review
 - Conflicting priorities – only 1 full FTE in safety department dedicated to the submission, others had other priorities to manage

Project related challenges

- Final decision to submit MAA not confirmed
- But - tight project timelines which kept changing
- Staff motivation
 - Working on a submission with no confirmed decision to submit
- Lack of company foresight and planning
 - Due to inexperience
 - Timing and sequence of higher level document draft/review/approval
 - Review would be considerable based on volume of data

Safety related challenges

- Establishing the safety profile and presentation of safety data was complex
 - Large amount of clinical data >5,000 patients
 - Data not in the indication sought but from studies in other solid tumours
 - Varying study designs
- Lack of planning and foresight
- Constantly changing priorities/timelines
- Shifting of goal posts

Safety related challenges

- Establishing identified and potential risks
 - Based on ISS or on company clinical programme?
 - Different patient populations
- Risk profile very similar to those of other drugs in class
 - But large % of patients required dose modifications (dose reductions and dose pauses) and ultimately discontinued treatment due to toxicity
- Two particular toxicities (non life-threatening) resulted in the most dose modifications
- Reduction of discontinuations to increase benefit/risk

Overcoming project challenges

- Non-company sponsored study
 - Need to validate ISS data
 - Understand data and what is possible and realistic / scientifically credible
 - Explain data capture and missing data early at pre-submission meeting and in HLDs as appropriate
- Resources
 - Almost always a problem so need to work smartly
 - Being specific in requirements and precise in execution
 - Utilise staff/consultants with previous MAA submission experience (where available)
 - Careful planning and reactive to changes

Overcoming project challenges

- Project timelines
 - Being adaptive and responsive
 - Communication and education – sequence of documents –some dependent on prior approval of others
 - Negotiation – some final text in the RMP dependant on other modules in the submission – agreement from senior stakeholders that final text in RMP would be added at the approval stage
 - Manage expectations of team and stakeholders

Overcoming safety related challenges

- Complex and high volume of data
 - Working smartly
 - Creative application of scientific principles
 - Presentation of ISS data
 - Pool comprising of ISS study and other MAH sponsored combination studies
 - Pool comprising MAH sponsored monotherapy studies
 - Applying observations across the programme bearing in mind what was applicable to the indication being submitted
 - Extensive literature review to try and characterise identified and potential risks due to limitations of ISS study
- Identification of Identified and potential risks
 - Initially based on data from pre-clinical programme
 - Added to by what was observed in ISS study and across the MAH development programme.
 - Finally looking at other class effects - identified as IIRs and IPRs
 - Decision to include in RMP

Overcoming safety related challenges

- Decision whether to include additional risk minimisation measures (aRMMs) or not
- Risk management to date
 - Mostly well managed by investigator education and communication in protocols and in proposed SmPC
 - Similar approach for post-marketing
- Preparing possible aRMMs/scenarios/possibilities
 - Benefit to patient
 - Acceptable to EMA
 - Achievable/cost effective and measurable

Lessons learned - Suggestions

- Always follow the science
- Early planning
- Stay focused
- Communication
- Transparency
- Pragmatism
- Creativeness
- Reactivity/Flexibility
- Resourceful

Questions



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