

GENERAL NEWS

Transparency rules for the EU Clinical Trials Information System (CTIS)

EMA has adopted **revised transparency rules** for the publication of information on clinical trials submitted through the CTIS. **The simplifications introduced will give access to clinical trial information to stakeholders in a faster and more efficient way.**

The updated rules strike a **balance** between **transparency of information** and **protection of commercially confidential information**.

Those **updates** were **triggered by feedback from stakeholders and experience** after the launch of the system. The revised transparency rules **will apply after their technical implementation in CTIS**, which is expected to be finalised in the **second quarter of 2024**.

More information is available [here](#).

12th Edition of the ECRD

Save the date for the **next European Conference on Rare Diseases and Orphan Products (ECRD)** taking place on **15 and 16 May 2024!**

ECRD 2024 will be the **first ever hybrid version of the event**, which will allow for **both online and in-person attendance**. Check out the **programme** [here](#).

The **call for poster abstracts** for the conference is now open until 23rd February 2024. You can **submit your abstract** [here!](#)

Registrations will open soon.

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Black Pearl Awards 2024

The **next edition of the awards** will take place on Tuesday, 20 February 2024, in **Brussels and online**, **bringing together hundreds of people** living with a rare disease, patient advocates, policymakers (including representatives from the European Parliament and the European Commission), scientists, healthcare professionals, industry representatives, and more, from all around the world.

[Register now](#) to **join us** in celebrating the **13th EURORDIS Black Pearl Awardees on 20 February!**

In the spotlight: EJP RD Resources

What is EJP RD?

The European Joint Programme on Rare Diseases (EJP RD) is a programme aiming to create an effective rare diseases research ecosystem for progress, innovation and for the benefit of everyone with a rare disease. EJP RD supports rare diseases stakeholders by funding research, bringing together data resources and tools, providing dedicated training courses, and translating high quality research into effective treatments.



Rare Diseases Clinical Trials Toolbox

EJPRD has developed the **Rare Diseases Clinical Trials Toolbox** as a **practical aid for developers of clinical trials on medicinal products for human use** regardless of therapeutic area to help developers overcome many of the challenges they face in rare diseases drug development programmes.

The toolbox **aims to collect the accumulated knowledge, experience, and resources** (collectively termed as 'tools') generated by previous projects and/or research infrastructures and other organizations into a practical and guided toolbox **to help clinical trialists and R&D managers understand the regulations and requirements for conducting trials**, with special focus on investigator-initiated trials for rare diseases.

Read more information about the Rare Diseases Clinical Trials Toolbox [here](#).

The Innovation Management Toolbox

The **Innovation Management Toolbox** is a reference library of resources in rare disease translational medicine. It is **free to use** and has been designed **to provide investigators with self-help resources specific to their needs**. Each resource is curated to improve searchability and the database is actively maintained.

This toolbox **empowers researchers to conduct rigorous translational research**. It aims to help researchers independently navigate the complexities of translation and **give a clear overview of the communities that are available to help them**.

Find out more about the patient innovation management toolbox [here!](#)

The EJP-RD Virtual Platform

The Virtual Platform is a **growing network of Findable, Accessible, Interoperable and Reusable (FAIR) resources**, ready to serve the rare disease (RD) research community.

It includes catalogues of resources, registries, biobanks, knowledge bases and tools compliant with agreed standards.

Learn more about the virtual platform [here!](#)

Pharmacovigilance Risk Assessment Committee (PRAC) October 2023

Minutes August 2023
Agenda October 2023
Meeting Highlights October 2023

GLP-1 receptor agonists not linked with thyroid cancer

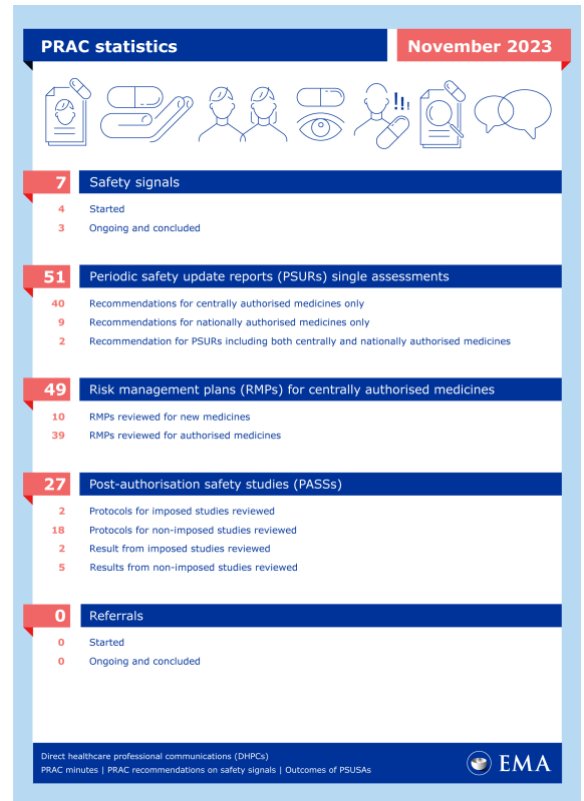
The PRAC has concluded that the **available evidence does not support a causal association between the Glucagon-Like Peptide-1 Receptor Agonists (GLP-1) and cancer of the thyroid.**

GLP-1 receptor agonists are **used to treat type 2 diabetes and, in some cases, for the treatment of obesity and overweight under certain conditions.** A publication of a study suggested that there might be an increased risk of thyroid cancers with the use of these medicines in patients with type 2 diabetes mellitus.

After reviewing the evidence from the published literature, including observational studies as well as cumulative data submitted by the marketing authorisation holders (MAHs) which included non-clinical, clinical and post-marketing data, the PRAC considers that **no updates to the product information are warranted based on the available data.**

The MAHs for GLP-1 receptor agonists containing products should continue to monitor these events closely as part of their pharmacovigilance activities and report any new evidence on this issue.

More information is available [here](#).



Medicines safety resources

- ❖ List of medicines under additional monitoring
- ❖ EudraVigilance
- ❖ Shortages catalogue
- ❖ Recommendations on medication errors
- ❖ Good Pharmacovigilance Practices
- ❖ Patient registries
- ❖ Rules of procedure on the organisation and conduct of public hearings at the



Click on the image to get the latest issue of [QPP Update](#), an EMA newsletter with the latest news on EU Pharmacovigilance

Orphan medicines key figures

Since
2000



2782
Orphan
designations



277
Orphan designations
included in authorised
indication



244
Authorised
OMPs



97
To be used in
children



6 Removed from
the market

85 Marketed, but no
longer "orphans"

To date

153

Products with a marketing
authorisation and an orphan status in
the European Union

23 November 2023

CHMP Meeting Highlights October 2023




Minutes September 2023
Agenda October 2023
Meeting Highlights October 2023

In October, the CHMP recommended **7 new medicines for approval, 4 of them orphan medicines**:

- *Agamree* (*vamorolone*), for the treatment of Duchenne muscular dystrophy, a genetic disorder characterised by the progressive loss of muscle function.
- *Elrexio* (*elranatamab*), for the treatment of adult patients with relapsed or refractory multiple myeloma, a rare cancer of the bone marrow that affects plasma cells.
- *Loargys* (*pegzilarginase*), for the treatment of hyperargininemia, a rare disease with neurological clinical signs including spasticity, ataxia, hyperreflexia, incoordination, and seizures.
- *Rezzayo* (*rezafungin*), for the treatment of invasive candidiasis, a serious fungal infection caused by *Candida*.
- *Elucirem* (*gadopiclenol*) and its duplicate *Vueway*, two diagnostic medicines to improve detection, visualisation and assist in the characterisation of lesions in the central nervous system and in other body regions, including the breast, the liver and the prostate.
- *Veozza* (*fezolinetant*), for the treatment of moderate-to-severe vasomotor symptoms (hot flushes) associated with menopause.

For further details, read the full [CHMP meeting highlights](#).

CHMP statistics: October 2023

Positive opinions on new medicines	7 Total	62 Total 2023
New [non-orphan] medicines	2 	
Orphan medicines	4 	
Biosimilars	0	
Generic / hybrids / informed consent	1 	



Click on the image to get the latest issue of [Human Medicines Highlights](#), a newsletter published by EMA address to organisations representing patients, consumers and healthcare professionals summarising key information on medicines for human use.

COMP will no longer publish meeting reports, all the information now in the minutes

COMP

The Committee for Orphan Medicinal Products (COMP) is the European Medicines Agency's (EMA) committee responsible for recommending orphan designation of medicines for rare diseases.

The COMP was established in 2000, in line with [Regulation \(EC\) No 141/2000](#) and is responsible for evaluating applications for [orphan designation and reviewing it at time of marketing authorisation](#). This designation is for medicines to be developed for the diagnosis, prevention or treatment of **rare diseases** that are life-threatening or very serious. In the European Union (EU), a disease is defined as rare if it affects fewer than 5 in 10,000 people across the EU. The European Commission decides whether to grant an orphan designation for the medicine based on the COMP's opinion.

An orphan designation allows a pharmaceutical company to benefit from incentives from the EU, such as reduced fees and protection from competition once the medicine is placed on the market.

The COMP also advises and assists the European Commission on matters related to orphan medicines, including:

- developing and establishing an EU-wide policy;
- drawing up detailed guidelines;
- liaising internationally.

COMP is planning the following activities for the year 2023:

- Defining the requirements for major contribution to patient care at orphan designation as well as at marketing authorisation stage and draft a concept paper outlining the conclusions as guidance to sponsors.
- Work on the flexibility in the definition of orphan conditions to be more in line with innovative scientific development (for example the use of biomarker or tissue-agnostic therapies).
- Continue the pilot of RWE studies to support COMP decision-making including identification of use cases.

Read [here](#) the full work plan for more information.



COMP members celebrating rare diseases day 2023!

Orphan medicines in 2023

Medicinal Product	Marketing Authorisation Holder	Therapeutic Indication	Date of Marketing Authorisation
<i>Hemgenix</i> [®] (etranacogene dezaparvovec)	CSL Behring GmbH	Haemophilia B	20/02/2023
<i>Tibsovo</i> [®] (ivosidenib)	Les Laboratoires Servier	Acute Myeloid Leukaemia and cholangiocarcinoma	12/05/2023
<i>Hyftor</i> [®] (sirolimus)	Plusultra pharma GmbH	Facial angiofibroma	15/05/2023
<i>Ztalmy</i> [®] (ganaxolone)	Marinus Pharmaceuticals Emerald Limited	Epileptic seizures in children with CDKL5	26/07/23
<i>Talvey</i> [®] (talquetamab)	Janssen-Cilag International N.V.	Multiple Myeloma	21/08/2023
<i>Tepkinly</i> [®] (epcoritamab)	AbbVie Deutschland GmbH & Co. KG	Diffuse large B-cell lymphoma (DLBCL)	22/09/2023

Please click also on the following links to see:

[Orphan medicinal products authorised during 2023](#)

[Orphan medicinal products authorised since 2000](#)

PDCO no longer publishes meeting reports. All the information now can be found in the minutes!

Minutes September 2023
Agenda October 2023

PDCO

The *Paediatric Committee (PDCO)* is the European Medicines Agency's (EMA) scientific committee responsible for activities on medicines for children and to support the development of such medicines in the European Union by providing scientific expertise and defining paediatric needs.

The *PDCO* was established in line with the *Paediatric Regulation*, which came into effect in 2007, to improve the health of children in Europe by facilitating the development and **availability of medicines for children** aged 0 to 17 years.

The *PDCO*'s main role is to assess the content of *paediatric investigation plans* (PIPs), which determine the studies that companies must carry out in children when developing a medicine. This includes assessing applications for a full or partial **waiver** and for **deferrals**.

The *PDCO* is not responsible for *marketing authorisation applications* for medicines for use in children, which is in the remit of the CHMP.

PDCO is planning the following activities for the year 2023:

- Conduct the pilot on RWE studies including through DARWIN EU to support PDCO decision-making including identification of use cases where the evidence from real word data can support the scientific assessment.
- Publish guidance on the pilot phase for the stepwise PIP.
- Publish a document reflecting on practical considerations related to the use of extrapolation from a regulatory and HTA perspective; linked to the priority activity reflected in the *joint workplan of EUnetHTA21 and EMA*.

Read [here](#) the full work plan for more information.

CAT updates are now quarterly- will be updated when EMA publishes

Minutes October 2023
 Agenda October 2023
 Meeting August 2023-October 2023

CAT highlights August– October meeting update

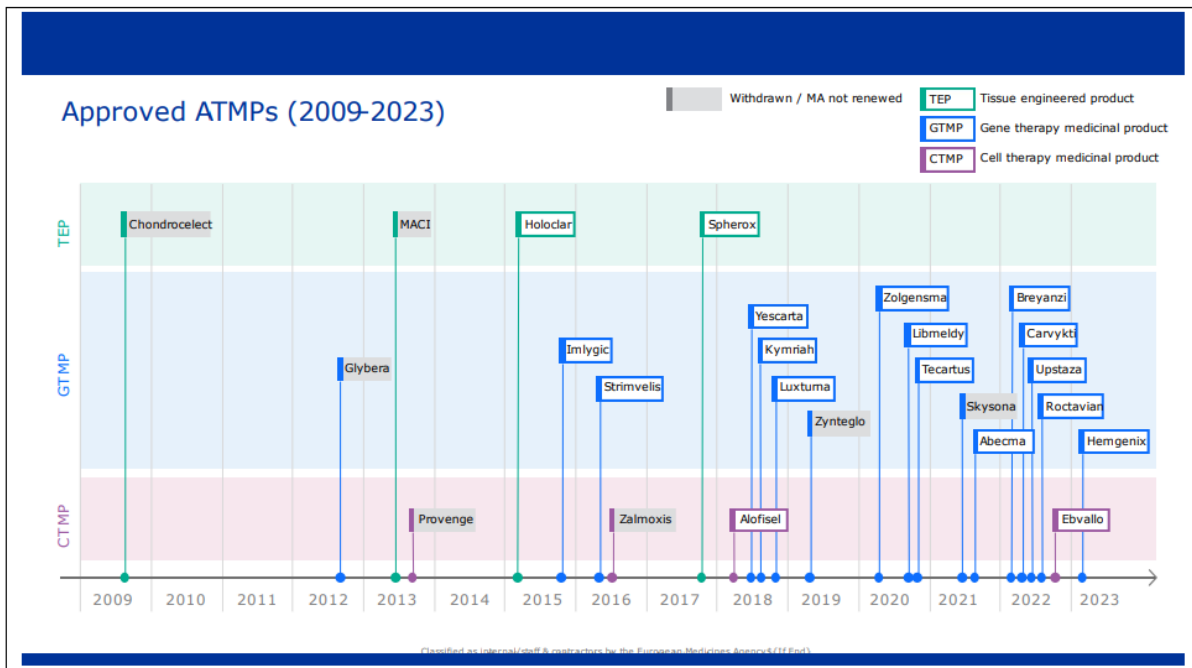
This report provides information on ATMP approvals and extension of indications of authorised ATMPs, as well as statistical data on product-related activities.

The outcome of these assessments can be found here: [Summaries of scientific recommendations on classification of ATMPs](#).

There are **no approvals of Advanced therapy medicinal products** in the period covered by this report.

There are **no extension of indication of authorised ATMPs**.

For more information, see also the [EMA meeting report](#).



PATIENTS' AND CONSUMERS' WORKING PARTY

The Patients' and Consumers' Working Party (PCWP), established in 2006, serves as a platform for exchange of information and discussion of issues of common interest between EMA and patients and consumers. It provides recommendations to EMA and its human scientific committees on all matters of interest in relation to medicines.

For more information, see also the [PCWP mandate, objectives and rules of procedure](#).



EMA PCWP & HCPWP meeting working parties joint meeting

Last 19-20 September 2023 took place online [the Patients and Consumers' \(PCWP\) and 'Healthcare Professionals' \(HCPWP\) Working Parties meeting](#). Topics discussed in the two day meeting included the involvement of patient and HCP representatives in various EMA working groups, updates on crisis preparedness, big data, medicine shortages, patient information, clinical trials and EMA communications, and updates from recent international activities.

For more information, please see the agenda and presentations of the meeting [here](#).

EMA Glossaries

The EMA just published a [medical terms simplifier](#) that gives plain-language descriptions of medical terms commonly used in information about medicines.

A [glossary of regulatory terms](#) that gives definitions for the main terms used on the EMA website and in their documents has also been published.

For more information, please check the [glossaries here](#).

Accelerated assessment

Rapid assessment of medicines in the centralised procedure aimed at facilitating patient access to new medicines that address an unmet medical need. Accelerated assessment usually takes 150 evaluation days, rather than 210.

Advanced therapies or advanced-therapy medicinal products (ATMPs)

ATMPs are new medical products based on genes, cells and tissues, which offer new treatment opportunities for many diseases and injuries. There are four main groups:

Gene-therapy medicines

They are medicines that contain genes leading to a therapeutic effect. They work by inserting 'recombinant' genes into cells, usually to treat a variety of diseases, including genetic disorders, cancer or long-term diseases. A recombinant gene is a stretch of DNA that is created in the laboratory, bringing together DNA from different sources.

Somatic-cell therapy medicines

These contain cells or tissues that have been manipulated to change their biological characteristics. They can be used to cure, diagnose or prevent diseases;

Tissue-engineered medicines

These contain cells or tissues that have been modified so they can be used to repair, regenerate or replace tissue.

Combined advanced-therapy medicines

These are medicines that contain one or more medical devices as an integral part of the medicine. An example of this is cells embedded in a biodegradable matrix or scaffold.

Authorisation under exceptional circumstances

It allows patients access to medicines that cannot be approved under a standard authorisation as comprehensive data cannot be obtained, either because there are only very few patients with the disease, the collection of complete information on the efficacy and safety of the medicine would be unethical, or there are gaps in the scientific knowledge. These medicines are subject to specific post-authorisation obligations and monitoring.

Compliance check

It is performed to verify that all the measures agreed in a *Paediatric Investigation Plan* (PIP) and reflected in the Agency's decision have been conducted in accordance with the decision, including the agreed timelines. Full compliance with all studies/measured contained in the PIP is one of several prerequisites for obtaining the rewards and incentives provided for in Articles 36 to 38 of the Paediatric Regulation.

Conditional marketing authorisation

It is granted to a medicine that addresses unmet medical needs of patients on the basis of less comprehensive data than normally required. The available data must indicate that the medicine's benefits outweigh its risks and the applicant should be in a position to provide the comprehensive clinical data in the future.

Designation, orphan medicinal product

A status assigned to a medicine intended for use against a rare condition. The medicine must fulfil certain criteria for designation as an orphan medicine so that it can benefit from incentives such as protection from competition once on the market.

European Public Assessment Report (EPAR)

It is a lay-language document, which provides a summary of the grounds on which the EMA/CHMP based its recommendation for the medicine to receive a marketing authorisation. This happens when a manufacturer develops a generic medicine based on a reference medicine, but with a different strength or given by a different route.

Hybrid application for marketing authorisation

Hybrid applications rely partly on the results of tests on the reference medicine and partly on new data from clinical trials.

Informed consent application for marketing authorisation

An informed consent application makes use of data from the dossier of a previously authorised medicine, with the marketing authorisation holder of that medicine giving consent for the use of their data in the application.

Orphan Legislation

Regulation (EC) No 141/2000 on orphan medicinal products

Paediatric Investigation Plan (PIP)

It sets out a programme for the development of a medicine in the paediatric population. It aims to generate the necessary quality, safety and efficacy data through studies to support the authorisation of the medicine for use in children of all ages. These data have to be submitted to the EMA, or national competent authorities, as part of an application for a marketing authorisation for a new medicine, or for one covered by a patent.

Paediatric Use Marketing Authorisation (PUMA)

It is a dedicated marketing authorisation for medicinal products indicated exclusively for use in the paediatric population, or subsets thereof, with, if necessary, an age-appropriate formulation. It has been designed to promote paediatric development of already authorised products which are no longer covered by a patent. Benefits are 8 years of data protection and 10 years market protection

Patient-reported outcomes (PROs)

Measurements based on data provided directly by patients regarding their health condition without interpretation of the patient's response by a clinician or anyone else.

Patient-reported outcome measures (PROMs)

They are instruments, scales, or single-item measures that have been developed to measure PROs, for example a self-completed questionnaire to assess pain.

Periodic Safety Update Reports (PSURs)

Periodic reports that evaluate the benefit-risk balance of a medicine as evidence is gathered in clinical use. They are submitted by marketing authorisation holders at defined time points after the authorisation.

Post-authorisation efficacy studies (PAES)

PAES are studies relating to authorised medicinal products conducted within the therapeutic indication with the aim of addressing well-reasoned scientific uncertainties on aspects of the evidence of benefits of a medicine that could not be resolved before authorisation or were identified afterwards.

Post-authorisation safety studies (PASS)

A PASS is carried out after a medicine has been authorised to obtain further information on its safety, or to measure the effectiveness of risk-management measures. The PRAC is responsible for assessing the protocols of imposed PASSs and for assessing their results.

Prevalence

In the context of the Orphan Legislation, the prevalence refers to the number of persons with the condition at the time the application is made, divided by the population of the European Union (EU) at that time. It requires demonstration through authoritative references that the disease or condition for which the medicinal product is intended affects not more than 5 in 10,000 persons in the EU, when the application is made.

Public summaries of PDCO evaluations of PIPs

They describe the applicant's proposal for the development of their medicine in children, the PDCO's conclusion on the potential use of the medicine in the paediatric population, the plan agreed between the committee and the applicant at the completion of the procedure (including any partial waivers or deferrals) and the next steps.

Referral procedures for safety reasons

A referral is a procedure used to resolve issues such as concerns over the safety or benefit-risk balance of a medicine or a class of medicines. In a referral, the EMA is requested to conduct a scientific assessment of a particular medicine or a class of medicines on behalf of the European Commission or a Member State.

Risk Management Plans (RMPs)

RMPs are regulatory documents submitted by medicine developers when they apply for marketing authorisation and include information on the medicine's safety profile; how its risks will be prevented or minimised in patients; plans for studies and other activities to gain more knowledge about the safety and efficacy of the medicine; risk factors for developing adverse reactions; measuring the effectiveness of risk-minimisation measures.

Scientific advice/protocol assistance

Through scientific advice, companies can ask the EMA for advice on whether they are conducting the appropriate tests and studies during the clinical development of a given product. In the case of orphan medicines for the treatment of rare diseases, it also includes advice on 1) the demonstration of significant benefit for the designated orphan indication and on 2) similarity or clinical superiority over other medicines; which are criteria for the authorisation of an orphan medicine.

Significant benefit

Demonstrating a significant benefit, this is demonstrating a "clinically relevant advantage or a major contribution to patients" is one of the criteria that medicines for the treatment of rare diseases must fulfil to benefit from 10 years of market exclusivity once they have been authorised. For further information, read the [workshop report: Demonstrating significant benefit of orphan medicines](#), held at the EMA in December 2015.

Safety signal

A safety signal is information on a new or incompletely documented adverse event that is potentially caused by a medicine and that warrants further investigation. Signals are generated from several sources such as spontaneous reports, clinical studies and the scientific literature, but their presence does not mean that a medicine has caused the reported adverse event. The adverse event could be a symptom of another illness or caused by another medicine taken by the patient. The evaluation of a safety signal is required to establish whether or not there is a causal relationship between the medicine and the adverse event.

Similar active substance

It means an identical active substance, or an active substance with the same principal molecular structural features (but not necessarily all of them) and which acts via the same mechanism.

Scientific Advisory Group (SAG)

SAGs have been established to provide an independent recommendation on scientific/technical matters related to products under evaluation through centralised regulatory procedures and referrals by the CHMP or any other scientific issue relevant to the work of the Committee.

Waiver

A waiver can be issued if there is evidence that the medicine concerned is likely to be ineffective or unsafe in the paediatric population, or that the disease or condition targeted occurs only in adult populations, or that the medicine, or the performance of trials, does not represent a significant therapeutic benefit over existing treatments for paediatric patients.