Comments on "Experiences acquired" and "Lessons learnt"
Public consultation on the 5 year PDCO report

1) A CHANGE OF CULTURE: NOWADAYS PAEDIATRIC DEVELOPMENT IS AN INTEGRAL PART OF PRODUCT DEVELOPMENT

Consultation item No 1: Do you agree that the Paediatric Regulation has paved the way for paediatric development, making it an integral part of the overall product development of medicines in the European Union?

There are clear indications that the Paediatric Regulation has contributed that paediatric drug development becomes an integral part of the overall product development. There seems more awareness for paediatric drug development within the companies although the paediatric expertise does not always exist.

2) HAS THE REGULATION DELIVERED IN TERMS OF OUTPUT? TOO EARLY TO JUDGE.

Consultation item No 2: Do you agree with the above assessment?

We agree that it will take time to complete paediatric development plans and to measure any output in terms of off-label uses. Especially if the plans are agreed on in the early phase of product development, it may take many years before marketing authorization and sometime the product even doesn't even get there. One need to be careful that the paediatric plans are not agreed on too much in advance since often a clear clinical development program is difficult to establish if only adult PK-data are available and many changes will be required. Thus it may be better to defer the paediatric development plan to a later date in product development but clearly that should be before the marketing authorization.

3) THE PUMA CONCEPT: A DISAPPOINTMENT

Consultation item No 3: Do you share this view? Could you give specific reasons for the disappointing uptake of the PUMA concept? Is it likely that PUMA will become more attractive in the coming years?

Obviously the PUMA concept didn't work as it was planned. In terms of its attraction to industry, the 10 years data protection may not be incentive enough to cover the clinical programs which are needed to obtain a PUMA. PUMA applications are more of interest for generic companies and those have far less resources for clinical research available. In Germany for instance it is important for them that their products remain reimbursed by the health care insurances and thus this has priority before a PUMA development which may does not even cover the costs.

With respect to academic funded studies, it may be too early to judge on this since the first projects were funded about 5 years ago only and are not yet completed. Therefore one should expect that some more PUMAs will be granted within these projects over the next few years.

Furthermore, the amount of funding was limited and the call on off-patents medicine for the paediatric population was for instance removed from the FP7 health Call in 2011. In 2012 it came back on the program and one should hope that there will be more funding in promising projects which finally will lead to a PUMA.

4) WAITING QUEUES? NO EVIDENCE OF DELAYS IN ADULT APPLICATIONS

Consultation item No 4: Do you agree that, generally speaking, the paediatric obligations have no impact on timelines in adult development, as there is no evidence for delays in marketing authorisation applications for reasons of compliance with the paediatric obligation? If you feel that there is an impact, practical examples would be appreciated.

The above cannot be agreed on. To obtain an approved PIP is particularly for smaller companies a problem. Especially if the adult program has been established before the paediatric regulation came into force, the program has been completed and is now waiting to be submitted, the PIP can significantly delay this application. The company has to invest a lot into the PIP without knowing their product will actually be granted a license.

5) MISSING THE POINT? PAEDIATRIC DEVELOPMENT IS DEPENDENT ON ADULT DEVELOPMENT, NOT PAEDIATRIC NEEDS

Consultation item No 5: Do you have any comments on the above?

No comment

6) THE BURDEN/REWARD RATIO —A BALANCED APPROACH?

Consultation item No 6: Do you agree with the above?

No comment

7. ARTICLES 45/46: THE HIDDEN GEM OF THE PAEDIATRIC REGULATION

Consultation item No 7: Do you agree that Articles 45/46 have proved to be an efficient and successful tool for gathering and compiling existing paediatric data and making it available to the competent authorities and subsequently, via databases, to the interested public?

No comment

8. LOST IN INFORMATION: HEALTHCARE PROFESSIONALS NOT AS RECEPTIVE AS EXPECTED

Consultation item No 8: Do you agree that healthcare professionals may not always be as receptive to new scientific information on the use of particular products in children as might be expected? Do you agree that this problem has to be addressed primarily at national level? How could healthcare professionals be more interested and engage in paediatric clinical research?

In order to educate health care professionals more in paediatric medicines which includes the awareness towards off-label use the education in paediatric pharmacology and pharmacotherapy needs to be enhanced already at an University level. For post-graduate education Health Care professional organization are responsible to communicate the methods and results of paediatric clinical research.

9. CLINICAL TRIALS WITH CHILDREN: NO SPECIFIC PROBLEMS DETECTED

Consultation item No 9: Do you have any comments on developments in clinical trials with children following the adoption of the Regulation and in view of the above description?

We agree that transparency is essential to avoid unnecessary trials.

10. UNNECESSARY EFFORTS? NON-COMPLETED PAEDIATRIC INVESTIGATION PLANS

Consultation item No 10: Do you have any comments on this point?

As outlined in consultation item 2 preparation of a detailed paediatric investigation plan at such an early stage as after completion of phase 1 may be too early. On the one hand such a plan can be very arbitrary since realistic clinical data to support the program are not yet available. Secondly, many products will not reach the stage of a MAA and thus the PIP will also not be completed which means unnecessary efforts were made.

Therefore, at an early stage maybe only an outlined of the potential PIP should be requested with the more detailed plan to follow later such as at phase 3 stage.

11. SOPHISTICATED FRAMEWORK OF EXPERTISE ACHIEVED

Consultation item No 11: Do you agree that the Paediatric Regulation has contributed substantially to the establishment of a comprehensive framework of paediatric expertise in the European Union?

We agree. With the paediatric regulation expertise in paediatric research has grown significantly. However, it needs to be assured that the experiences made in companies and academic institutions are assembled and considered for future PIPs assessments to assure that what is requested by the PDCO is realistic and can be achieved in a reasonable time frame.

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