Use of the conditional marketing authorisation pathway for oncology medicines in Europe

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Conflict of interest

- Postdoctoral researcher at Utrecht University, Utrecht, the Netherlands
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- No other conflicts of interest to declare

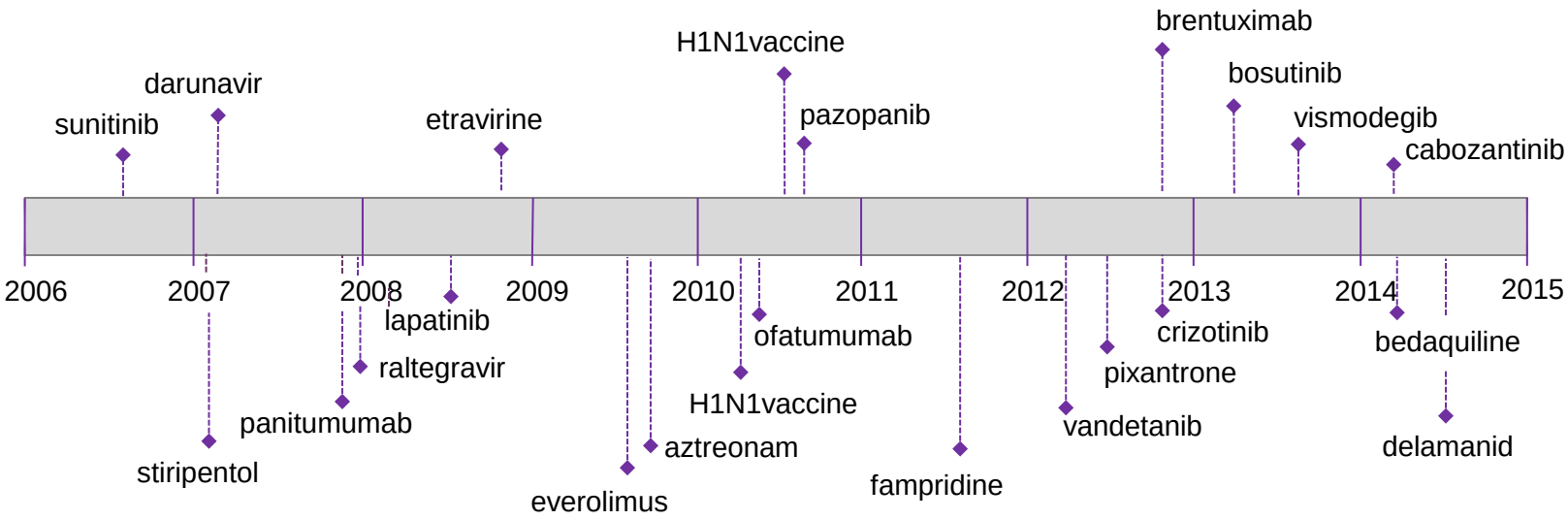
Cancer
12 (52%)

HIV
3 (13%)

23

Other
6 (26%)

Influenza
2 (9%)



Aim of the study

To provide insight in how the CMA pathway has been used for the authorisation of oncology medicines in the period 2006-2013

Comparative perspective

Examine how use of CMA for oncology medicines compares to (i) use of standard MA for oncology medicines and

Process perspective

Examine how CMA was used in individual MA procedures of oncology medicines (from scientific advice to conversion to standard MA)

Sample & Data

Sample

All new active substances that were granted a first standard MA (n=31) or conditional MA (n=11) at EMA for an oncology indication in the period 2006-2013

Data sources (submitted evidence, procedures, timelines)

1. European Public Assessment Reports
2. Interviews with industry representatives, (former) CHMP members and (former) European Commission officials

Submitted evidence

	Conditional MA (n=11)	Standard MA (n=31)	P-value
# of patients in pivotal study	154 [106-435]	626 [370–808]	<0.001
Pivotal study is RCT	5 (46%)	28 (90%)	0.005
Primary endpoint in pivotal study			
OS	0 (0 %)	19 (61%)	
PFS	3 (27 %)	7 (23%)	
TTP	1 (9 %)	1 (3%)	
Response rate	7 (64%)	4 (13%)	<0.001
# of patients in safety population	876 [357-1572]	1027 [584-1675]	0.606

Timelines

	Conditional MA (n=11)	Standard MA (n=31)	P-value
Development time in days	2074 [1821–2656]	2307 [1866–3615]	0.864
Total assessment time in days	513 [433-569]	390 [296-442]	0.002
Active assessment time in days	203 [183-210]	204 [201-210]	0.437
Clock stop time in days	190 [142-255]	120 [55-159]	0.004
EC decision time in days	84 [69 – 96]	62 [57 – 81]	0.038
Accelerated assessment, n (%)	0 (0%)	6 (19%)	0.312

Procedures

	Conditional MA (n=11)	Standard MA (n=31)	P-value
Scientific advice, n (%)	8 (73%)	24 (77%)	1.000
SAG-O meeting, n (%)	8 (73%)	9 (29%)	0.029
List of outstanding issues	1 [1-2]	1 [1-1]	0.063
Consensus vote, n (%)	6 (55%)	27 (87%)	0.038
Appeal procedure, n (%)	1 (9%)	0 (0%)	0.262

Request for CMA: industry or regulators?

- 2 out of 11 requests by companies before start of MA
- 1 upfront requests denied because of lack of unmet medical need
- 1 request by company during clarification meeting at day 120
- 1 request by regulators around day 150
- 7 proposals by regulators upon or after day 180
- 1 proposal by regulators during appeal procedure

Conclusions

- CMA products are authorised on the base of less evidence (esp. efficacy), but not necessarily earlier during the medicine life-cycle as compared to standard MA
- Companies apply ‘wait-and-see’ approach and do not request CMA upfront
- In most cases, regulators initially perform standard B/R assessment. When data is not strong enough to justify standard MA, CMA outcome is perceived as a ‘rescue option’