

EU REGULATORY AND LEGAL CONSTRAINTS TO CLINICAL TRIALS ON RARE CANCERS

Rare Cancers Conference

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- 1. Introduction**
- 2. Landscape**
- 3. Current barriers**
- 4. What is already being addressed**
- 5. What is not yet addressed - proposals**

- **Rare cancers represent about 24% of all**
- **Many unmet needs -> major society question**
- **Not much is known about biology of rare cancers -> need to learn**
- **Need for international / global trials with strong translational research -> very expensive trials**
- **Industries are rarely interested to address these questions & not much funding is available from other sources**
- **Major advances in rare cancers are made by IDCT trials: e.i. GIST sarcoma or glioblastoma**

- **Investigators Driven Clinical Trials (IDCT): major missions**
 - to understand the biology of rare cancers
 - find state-of-the art innovative treatments
- **Drug development**
 - industry is rarely interested (despite orphan status) to run trials in rare cancers -> not a worthwhile investment
 - it can simply be not in line with the business plan
 - need for a reliable & transparent partnership with the industry
 - need to preserve criteria of academic independency

CURRENT REVISION OF THE DIRECTIVE EXPECTATIONS

- **Single electronic submission portal in English for CA & EC
(all inclusive, no additional “national” submissions)**
- **Coordinated Assessment Procedure**
- **Single communication of decisions of countries
(listing all countries where trial can start & mentioning opted-out MSs)**
- **Risk based approach and requirements fit to the risk**
- **Revision / clarifications of key definitions (e.i. IMP, Sponsor)**

- **EASY, QUICK and FINANCIALLY sustainable activation**
- **Many would qualify for a medium to low risk trial -> more trials would be feasible again**
- **With comparator, concomitant and background medication clearly being non-IMPs, more trials would be done within the existing budgets: science will progress faster**
- **Industry may be more interested in registering new indications (worthwhile investments)**

- Funding international IDCT :
 - A European Fund should be created for addressing unmet needs in rare cancers (funding clinical trials)
 - Solution should be found for these patients to have access to promising drugs, including when industry is not interested to explore them for rare cancers
 - Europe should think about long term sustainability of its expertise and capacity to run large international independent academic clinical trials:
currently existing national support & solutions are not sufficient, unsustainable & does not take into account specific international needs

- Authorization of platforms instead of individual trial (complementary trials, consequent trials, multi-cancer type screening trials etc...)
 - Simultaneous start
 - Maximization of the use of data and biological material
 - Maximization of resources: scale economy

- Support and stimulation of translational research:
 - Residual material is frequently wasted
 - Storage is limited in time (e.i. 15 years)
 - Patient's consent for future research is discouraged
- Stimulation of global trials
 - Divergent requirements (EU versus US versus Australia etc...)
 - Need for a local representation of sponsor
 - Drug distribution & supply barriers
 - Etc...

- Extension of label:
 - Nobody else, but the industry can currently extend the label... what if industry is not interested? and what about generic drugs?
 - Feasible trials may not fit regulator's requirements for authorizing a new indication

- Drug development:
 - What if no available drug fits the purpose?
 - How can Europe have rare cancer oriented drug development agenda?

- Over 22 % of cancers are rare cancers
- Numbers are rapidly increasing: fragmentation of sub-types / better characterization of tumor biology
- Personalized medicine is a reality
- Challenges of research in rare cancers & orphan indications should be urgently addressed
- Law should not be a barrier but a frame

Capacity for medical excellence in EU
Building a bright future together requires:

WISDOM - COURAGE – VISION

FRANCOISE MEUNIER, MD, PhD, FRCP
Director General, EORTC

THE EORTC 1962-2012 50 years of Progress against Cancer

Thank you for your attention

EORTC 50TH ANNIVERSARY

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