[redacted]

From: [redacted]
Sent: 03 January 2019 08:09
To: EO-PresubmissionConsultation
Subject: Comments Ombudsman Inquiry on EMA pre-submission activities
Attachments: Fondazione Telethon_Comments Ombudsman Inquiry on EMA pre-submission activities_03Jan2019.pdf

Dear Sir/Madam,

Fondazione Telethon would like to contribute to the public consultation from the European Ombudsman on how the European Medicines Agency engages with medicine developers before they apply for authorisations to market their medicines in the EU.

Below our responses to the questions posed based on our experience.

Fondazione Telethon hopes that you may value our contribution to your survey.

Kind Regards,

Michela Gabaldo

Michela Gabaldo
Head of Alliance Management
& Regulatory Affairs

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nel riquadro “Finanziamento della ricerca scientifica e delle università".

Sotto l'Alto Patronato
del Presidente
della Repubblica Italiana

Milan, January 03rd 2019

TO: European Ombudsman,

1 avenue du Président Robert Schuman,

CS 30403 F-67001

Strasbourg Cedex

SUBJECT: Comments Ombudsman Inquiry on EMA pre-submission activities

Dear Sir/Madam,

Fondazione Telethon would like to contribute to the public consultation from the European Ombudsman on how the European Medicines Agency engages with medicine developers before they apply for authorisations to market their medicines in the EU.

Below our responses to the questions posed based on our experience:

1. It may happen that EMA staff members and experts who participate in pre-submission activities will be involved in the subsequent *scientific evaluation and/or marketing authorisation* procedure for the same medicine. To what extent is this a matter of concern, if at all? Are there specific pre-submission activities of particular concern in this regard? How should EMA manage such situations?

   Fondazione Telethon has used frequently in the last years the pre-submission meeting tool offered by EMA to the drug developers for Orphan Drug Designation and Scientific Advice/Protocol Assistance procedures. Based on our experience, we really valued this tool offered for free to the applicants as we always received constructive suggestions on how to better position data and rationale in the dossier applications to increase clarity and

readability of the data presented. We never had concerns on whether some of the EMA staff members and experts has participate to the pre-submission and then subsequently to the scientific evaluation. We never felt this as a potential bias or a potential conflict of interest and we always benefited from the advises received. Advises provided by EMA staff and experts during the pre-submission meetings have always been presented by them as a "NON-binding" suggestions and they always explicitly declared that they'll to constitute a pre-evaluation of data used to support the subsequent application. Fondazione Telethon founds this tool as a good way to informally engaging with the Agency before submitting officially the application.

2. Should EMA allow experts from national authorities, who have previously provided scientific **advice** at national level on a particular medicine, to be involved in EMA's scientific **evaluation** of the same medicine?

   Fondazione Telethon has never experienced this case; however, we do not have concerns if this would happen. We assume that the national experts when sitting in the EMA Committees are independent and provide the best review they can for the patient benefit. Providing scientific evaluation at National level and providing scientific evaluation at EMA level should be conducted following the same strict principles to safeguarding patient safety.

3. What precautionary measures should EMA take to ensure that information and views provided by its staff members and experts in the context of pre-submission activities are not, in practice, considered as a "binding" pre-evaluation of data used to support a subsequent application for authorisation?

   Fondazione Telethon's experience with advises received during pre-submission meetings is that EMA staff and experts during the pre-submission meetings have always presented their advises and suggestions as a "NON-binding" suggestions and they clearly declared that they would not have constituted a pre-evaluation of data used to support the subsequent application.

4. Is the way in which EMA engages with medicine developers in pre-submission activities sufficiently transparent?
   If you believe that greater transparency in pre-submission activities is necessary, how might greater transparency affect: i. EMA's operations (for example the efficiency of its procedures, or its ability to engage with medicine developers) and ii. medicine developers?

   Based on Fondazione Telethon's experience with pre-submission activities we feel that the current level of transparency is adequate and we do not believe that greater transparency is required. We value this tool as it is instrumental for early and informal engagement with the Agency.

5. Is there a need, in particular, to enhance the transparency of scientific advice EMA provides to medicine developers? Would it, in your opinion, be useful or harmful, for example, if EMA:
- disclosed the names of the officials and experts involved in the procedures;
- disclosed the questions posed in scientific advice procedures; and/or
- made public comprehensive information on the advice given.
If you have other suggestions, for example regarding the timing of the publishing of information on scientific advice, please give details and the reasons for your suggestions.

With regards to the names of the officials and experts involved in the procedures according to our experience, the names are always provided during both pre-submission meetings and subsequent scientific advice procedures.

Fondazione Telethon thinks that the scientific advice provided by EMA cannot be made publicly available as its aim is to allow early engagement of the drug developers with the Agency to minimise the risks of failures at the time of registration due to missed information, wrong regulatory path interpretation, wrong endpoints measured during the clinical phase not supporting the proposed label, etc. If some or all the advises provided by EMA would have been made public available, in the short term this may help competitors to accelerate their programs at the expense of the first developer. However, if this would happen, the immediate result maybe to facilitate the competition, but in few years then no one will more use the scientific advice tool to "validate" the development path during the development phase increasing consequently the risk of failures at the time of submission.

6. What would the advantages and disadvantages be of making scientific advice, given to one medicine developer, available to all medicine developers?

The reasons are the same as those provided in the previous response. The immediate results maybe to facilitate the competition, but in few years then no one will more use the scientific advice tool to "validate" the development path during the development phase increasing consequently the risk of failures at the time of submission.

7. Should EMA be limited to providing scientific advice only on questions not already addressed in its clinical efficacy and safety guidelines?

EMA clinical efficacy and safety guidelines are "indications and suggestions" and as such, they maybe passible of interpretation. It is essential that EMA can provide advice on questions concerning any topic already addressed in the EMA clinical efficacy and safety guidelines, not only focusing on questions not already addressed in the above guidelines. In addition, it is at the same time important that EMA provides advice on any other area of drug development spanning from product development to pre-clinical development, to environmental

assessment, to post-approval measures, to risk-based approach, etc. In other word, in Fondazione Telethon's view it is essential that EMA continues providing advises on any area impacting the development of the drug, particularly when the drug is innovative or where it may address an unmet medical need.

8. Any other suggestions on how EMA can improve its pre-submission activities? If so, please be as specific as possible.

   No suggestions to offer as the process is working well as it is currently structured.

Fondazione Telethon hopes that you may value our contribution to your survey.

Kind Regards,

Michela Gabaldo [redacted]

Head Alliance Manager & Regulatory Affairs,

Fondazione Telethon