



# Regulatory model-informed drug development in EU – News flash and examples

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Chair and Vice Chair EMA Modelling and Simulation Working Party

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# Disclaimer

The views expressed in this presentation are those of the speakers, and are not necessarily those of MPA, Famhp or EMA.

# Outline

- EMA Modelling and Simulation Working Party
- Recent documents
- In the pipeline
- Examples → Flora

# Modelling and Simulation Working Party (MSWP)

April 2018 – Upgraded to working party

## 27 Members and observers

Chair: Kristin Karlsson, SE

Vice Chair: Flora Musuamba Tshinanu, BE

Julie Bertrand, FR\*

Catherine Byrne, IE

Susan Cole, UK

Pieter Colin, BE\*

Aristeidis Dokoumetzidis, GR\*

Isabel Garcia Gallego, ES

Anne-Mette Hoberg, DK

Essam Kerwash, UK

David Khan, SE

Jeroen Koomen, NL

Hafedh Marouani, FR

Justin Pittaway-Hay, UK

Frederike Lentz, DE

Victor Mangas Sanjuan, ES\*

Dana Gabriela Marin, RO

Marina Senek, SE

Francesca Serone, IT

Ine Skottheim Rusten, NO

Juha Vakkilainen, FI

Michiel van den Heuvel, NL

Anke-Katrin Volz, DE

Pyry Väitalo, FI

Gaby Wangorsch, DE

Christian Woloch, FR

Wei Zhao, FR\*

EMA

Efthymios Manolis

\* Academically affiliated experts

# What is the role of MSWP?

- Provide support for
  - Scientific Advice Working Party
  - Paediatric Committee (Paediatric Investigation Plans)
  - Other (CHMP, PRAC)
- Act as a network for pharmacometric assessors
  - Support between national agencies
  - Harmonization of pharmacometric assessments
- Strategic work within EMA framework

# EMA Regulatory Science to 2025

*This strategic reflection document sets out working proposals on the key areas with which EMA intends to engage, in order to ensure that it has the regulatory tools to continue supporting the network and fulfilling its ongoing mission in light of upcoming scientific challenges.*



**EMA Regulatory Science to 2025**  
Strategic reflection

**EMA Regulatory Science to 2025**  
Strategic reflection



# EMA Regulatory Science to 2025

## Goal 3.2.6:

### **Optimise capabilities in modelling, simulation and extrapolation**

- ▶ Enhance modelling and simulation and extrapolation use across the product lifecycle and leverage the outcome of EU projects
- ▶ Promote development and international harmonisation of methods and standards via a multi-stakeholder platform
- ▶ Increase capability and redesign the operations of relevant working parties to ensure wider knowledge exchange.

# PBPK guideline

## Published December 2018

### Aim:

*To describe the expected content of PBPK modelling and simulation reports included in regulatory submissions, such as applications for authorisation of medicinal products, paediatric investigation plans and clinical trial applications. This includes the documentation needed to support the qualification of PBPK platform for the intended use and the evaluation of the drug model. The guideline applies to commercially available platforms and to in-house built platforms.*



13 December 2018  
EMA/CHMP/458101/2016  
Committee for Medicinal Products for Human Use (CHMP)

Guideline on the reporting of physiologically based pharmacokinetic (PBPK) modelling and simulation

Draft agreed by Modelling and Simulation Working Group	April 2016
Draft agreed by Pharmacokinetics Working Party	May 2016
Adopted by CHMP for release for consultation	21 July 2016
Start of public consultation	29 July 2016
End of consultation (deadline for comments)	31 January 2017
Agreed by Modelling and Simulation Working Group	October 2018
Agreed by Pharmacokinetics Working Party	October 2018
Adopted by CHMP	13 December 2018
Date of coming into effect	1 July 2019

Keywords	pharmacokinetics, modelling, simulation, qualification, predictive performance
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# Extrapolation Reflection Paper

## Published October 2018

### Aim:

*The main focus of this document is to provide a framework for extrapolation as an approach to generate evidence on one or more specific research questions to support regulatory assessment of marketing authorisation application in a target population. Specifically, the document promotes the use of quantitative methods to help assess the relevance of existing information in one or more source populations to one or more target population(s) in respect of the disease, the drug pharmacology and clinical response to treatment.*



7 October 2018  
EMA/189724/2018

Reflection paper on the use of extrapolation in the development of medicines for paediatrics  
Final

Draft agreed by Biostatistics Working Party, Modelling and Simulation Working Party, Pharmacokinetics Working Party and Scientific Advice Working Party	September 2017
Draft Adopted by PRAC	29 September 2017
Draft Adopted by PDCO	12 October 2017
Draft Adopted by CHMP	12 October 2017
Start of public consultation	13 October 2017
End of consultation (deadline for comments)	14 January 2018
Final version agreed by Biostatistics Working Party, Modelling and Simulation Working Party, Pharmacokinetics Working Party and Scientific Advice Working Party	July 2018
Final version Adopted by PRAC	7 August 2018
Final version Adopted by PDCO	17 October 2018
Final version Adopted by CHMP	17 October 2018

Keywords	Paediatrics, extrapolation, medicine development, biostatistics, modelling and simulation
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# Modelling and simulation: questions and answers

## Published November 2018 – EMA Webpage

### Paediatrics

[Expand section](#)[Collapse section](#)

- ▼ How should results/predictions of pharmacokinetic analyses be presented to facilitate decision making about the adequacy of the proposed dosing regimen in paediatric patients? November 2018
- ▼ Should fixed or estimated values for allometric scaling exponents be used in paediatric pharmacokinetic models? November 2018
- ▼ How should ontogeny/organ maturation and the impact of changing weight/maturation during study duration be implemented into models? November 2018

## In the pipeline

- ICH E11A Paediatric Extrapolation
- ICH E14/S7B Q&A: Clinical and non-Clinical Evaluation of QT/QTc Interval Prolongation and Proarrhythmic Potential
- EMA Paediatric Clinical Pharmacology Guideline

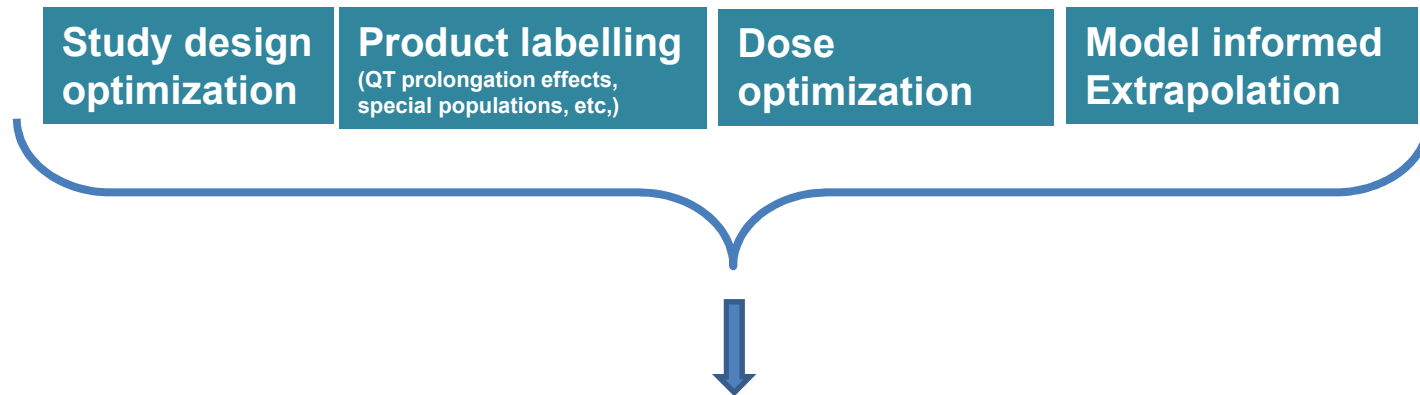


## **Model evaluation: Examples from regulatory applications**

## Background

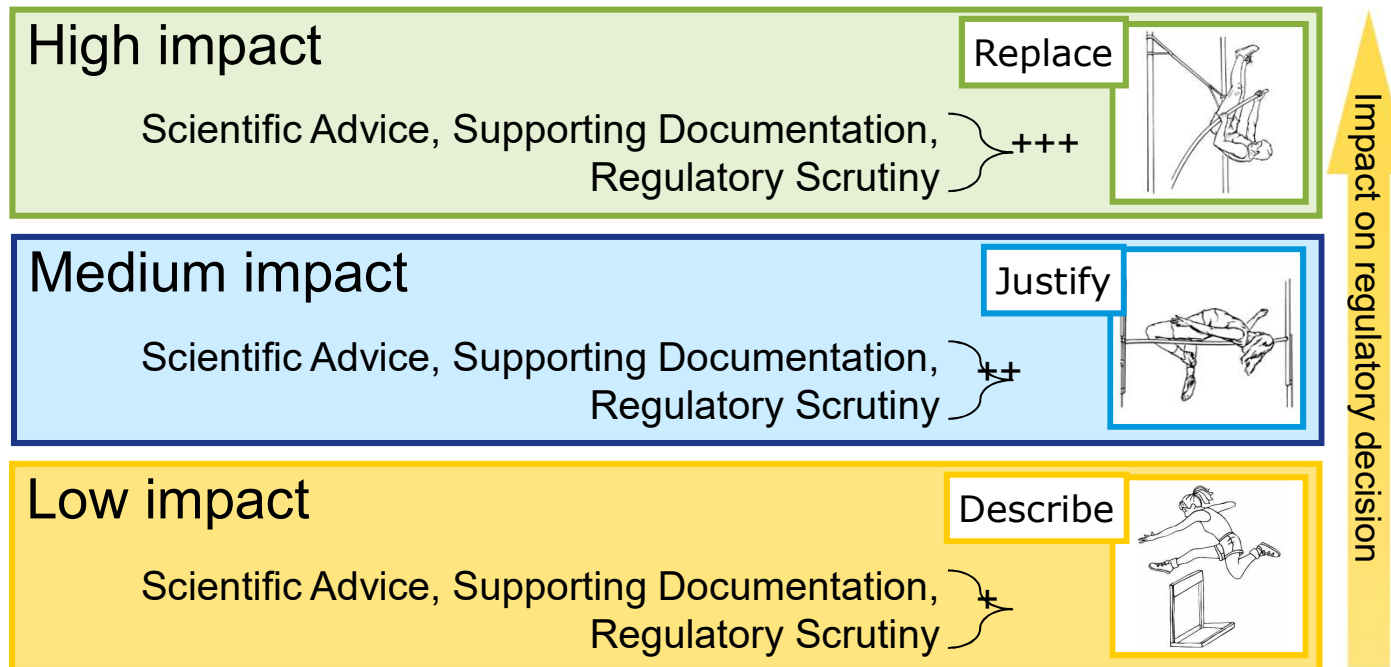
# Added-value of modelling and simulation in drug development and evaluation

The favourable aspects of modelling and simulation can be split up into four avenues:



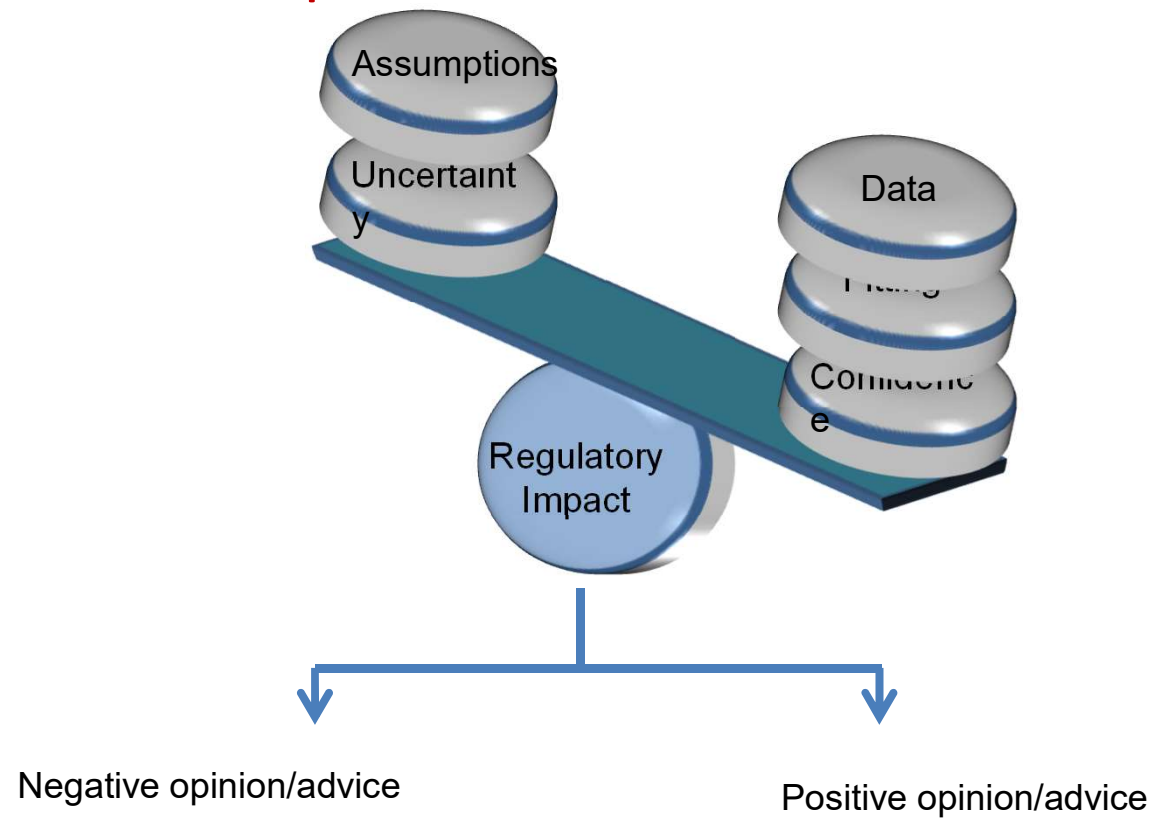
**Optimal drug development program/drug evaluation/drug use**

## Framework for M&S in Regulatory Review According to impact on regulatory decision



Decision  
criteria

Minimum requirements?



## Examples

### Case study 1: Hormone replacement therapy

Model informed dose optimization in adult and children

Modelling content

Regulatory Procedures

Outcome

Empirical popPK model



Marketing authorization application



The proposed Dose in adults is suboptimal and should be optimized using M&S



## Examples

### Case study 1: Hormone replacement therapy

Model informed dose optimization in adult and children

#### Modelling content

Empirical popPK model



Optimized modelling plan  
(updated popPK+QSP)

#### Regulatory Procedures

Marketing authorization application

Scientific advice request

#### Outcome

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PIP modification

#### Outcome

The proposed Dose in adults is suboptimal and should be optimized using M&S

Modelling plan agreed and PIP modification endorsed

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Modelling preliminary results

Marketing authorization application

Scientific advice request



PIP modification

Scientific advice request

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PIP modification

Scientific advice request

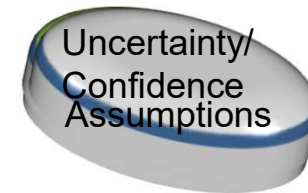
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Additional suggestions provided for model refinement

## Examples

### Case study 2: SA for a new mAb drug development



A Phase 2 dose range finding study is planned to assess 3 doses of the drug in comparison to placebo and to the comparator.

**Adult data** are available from 2 studies in HV as well as from 2 studies in patients  
**No paediatric PK data** are available.

**A pop-PK-PD-response model** is used to define doses for the adult phase II, adult phase III (after updating the model with the phase II data) as well as for defining doses for adolescents 12-17 years which will only be studied in phase III.

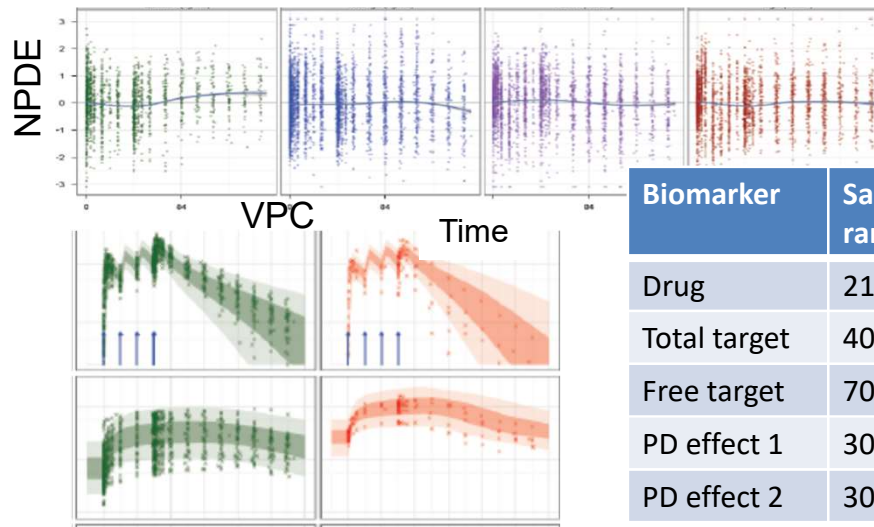
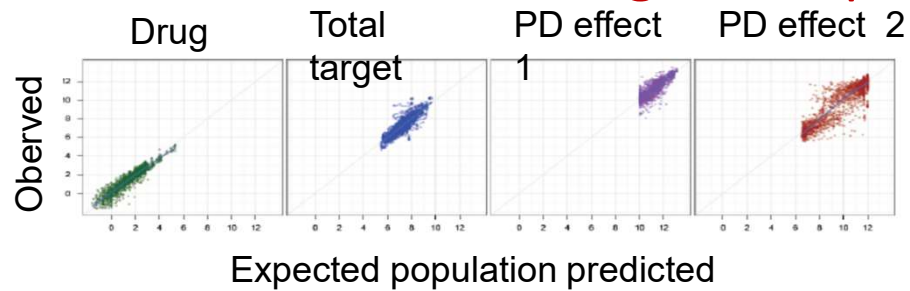
**Extrapolation:** a separate PKPD study is not planned in adolescents, and the applicant intends to define the dose for the adolescent Phase III studies based on extrapolation, by means of allometric scaling of the adults phase II data.

**The regulatory impact** is perceived as moderate to high.

## Examples

### Case study 2:

### SA for a new mAb drug development



Biomarker	Samples in range	Samples BLOQ	Samples ALOQ
Drug	2134	410	
Total target	4036		
Free target	705	1743	1595
PD effect 1	3044		
PD effect 2	3044		

## Conclusion

Regulatory model evaluation is currently done based on different criteria including:

- ✓ Regulatory impact
- ✓ Quality and information included in the data
- ✓ Fitting performances
- ✓ Model assumptions
- ✓ Confidence/Uncertainty

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