BEUC The European Consumer Organisation

The Consumer Voice in Europe

SCIENTIFIC GUIDANCE ON POST-AUTHORISATION EFFICACY STUDIES (EMA/PDCO/CAT/CMDH/PRAC/CHMP/261500/2015)

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EC register for interest representatives: identification number 9505781573-45

Co-funded by the European Union

Ref: BEUC-X-2016-008 - 28/01/2016

Comments from:

Name of organisation or individual
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Summary

Post-authorisation efficacy studies (hereafter PAES) are very useful to complement already available efficacy data and to gain a better understanding of the efficacy of the medicine in real-life conditions. However the conduct of a PAES should not be considered a sufficient reason to grant a marketing authorisation for a medicine whose efficacy has not been established yet. A PAES should be considered as an alternative to ex-ante efficacy studies only for medicines where there is an unmet medical need or when scientific uncertainty on some of the benefits of the product cannot be addressed before the marketing authorisation is given.

Following the recent publication of a report from the US Government Accountability Office (GAO) which highlights the Food and Drug Administration (FDA) failure to properly monitor post marketing studies, consumers must be reassured that EMA has the adequate resources to review post marketing safety (PASS) and efficacy (PAES) and properly conduct its pharmacovigilance duties.

Medicinal product subject to PAES should be compared with that of an established medicinal product of proven therapeutic value (whenever it exists).

1. General comments

Stakeholder number *(To be completed by the Agency)*	General comment (if any)	Outcome (if applicable) *(To be completed by the Agency)*
	BEUC welcomes the opportunity to comment on the EMA draft Scientific guidance on post-authorisation efficacy studies. Post-authorisation efficacy studies (hereafter PAES) are very useful to complement already available efficacy data and to gain a better understanding of the efficacy of the medicine in real-life conditions. However the conduct of a PAES should not be considered as a sufficient reason to grant a marketing authorisation for a medicine whose efficacy has not been established yet. Article 21a (f) of Regulation 2001/83/EC as well as Article 9 (4) (c) of Regulation (EC) No. 726/2004 provide for the authorisation of medicine on the condition that additional evidence as to the efficacy of the product is provided after the authorisation by way of PAES in circumstances where concerns in regard to the efficacy, and in particular due to the product characteristics, can only be resolved after the authorisation. These provisions should be interpreted in the narrowest possible way in order to avoid	

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	shifting on consumers the risks of medicines whose efficacy is still not proven. Following the recent publication of a report[1] from the US Government Accountability Office (GAO) which highlights the Food and Drug Administration (FDA) failure to properly monitor post-marketing studies, we think consumers need to be reassured that EMA has adequate resources to review post marketing studies (including PAES) and thoroughly assess the data and other information submitted to the Agency about the safety and the efficacy of medicines on the market. Most consumers are not fully aware of the regulatory approval process that a medicine follows before reaching pharmacies and hospitals and they trust regulators to ensure that the benefits of the medicines available on the market outweigh their risks. The Scientific guidance document is mostly intended for marketing authorisation holders but it contains information that can be accessed also by the general public. In this context we suggest having a summary of the guidance document with a reader friendly language. EMA could also develop a question	

[1] http://www.gao.gov/products/GAO-16-192

Stakeholder number *(To be completed by the Agency)*	General comment (if any)	Outcome (if applicable) *(To be completed by the Agency)*
	and answer document on the scientific guidance similar to the one developed for marketing authorisation holders but targeted to the general public (e.g. explaining why PAES are conducted)	

2. Specific comments on text

Line number(s) of the relevant text *(e.g. Lines 20-23)*	Stakeholder number *(To be completed by the Agency)*	Comment and rationale; proposed changes *(If changes to the wording are suggested, they should be highlighted using 'track changes')*	Outcome *(To be completed by the Agency)*
47 - 55		Comment: As mentioned in the general comments we suggest the guidance to further specify that PAES do not replace the conduct of ex-ante authorisation efficacy studies and that are only used to gather information where concerns in regard to the efficacy, and in particular due to the product characteristics, can only be resolved after the authorisation (or when the necessity to carry out PAES result from post-authorisation information, i.e. collected in a post-authorisation safety study ("PASS"), calling for additional confirmatory efficacy data).	
63		The time frame for the conduct of a PAES should be well defined. Proposed change: The design should take particular account of the post-authorisation setting and be feasible to complete within ~~**a reasonable**~~ ***the indicated*** timeframe.	

86-87		Comment: PAES should be run with standard care as a comparator when standard care exists. Proposed change: One or more control arms should, as appropriate, be allocated to ~~**placebo (perhaps as 'add-on' to standard of care) and / or**~~ an established medicinal product of proven therapeutic value and any other design should be justified.	
91-92		Comment: PAES should run with an established medicinal product with proven therapeutic value and not with a placebo (whenever an established treatment exists) Proposed change: ~~**It may be preferable to compare the**~~ medicinal product subject to PAES ***should be compared*** with that of an established medicinal product of proven therapeutic value.	
150		Comment: the draft scientific guideline lists the situations where a non-randomised study maybe be conducted however we suggest making more explicit that a justification for running a non- randomised trial should always be provided. Proposed change: *Addition:* A detailed justification for running a non-randomised trial should always be provided.	

157		Comment: Criteria to measure outcomes should be always objective. Inclusion and exclusion criteria should also be provided. Proposed change: objective data ~~**are preferred.**~~ ***Should be adopted. Inclusion and exclusion criteria should also be provided.***	
164 - 165		Comment: Observational studies should be conducted according with STROBE[2] guidelines.	
217		Comment: we suggested stating where primary and secondary data collection sources for observational studies are described and adding specific references or links.	
218 - 220		BEUC welcomes the possibility for regulators require marketing authorisation holders to establish post-authorisation registries to support collection of data on effectiveness and safety of medicinal products in the routine treatment of diseases, in particular in cases of paediatric use and orphan products.	
280-281		Comment: A valid surrogate should be used. When other surrogate is used a justification should be provided	

END

[2] http://www.who.int/bulletin/volumes/85/11/07-045120.pdf

This publication is part of an activity which has received funding under an operating grant from the European Union's Consumer Programme (2014-2020).