BEUC The European Consumer Organisation

The Consumer Voice in Europe

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Subject: **BEUC response to the EMA Regulatory Science to 2025 strategic reflection**

Dear Professor Rasi,

Following our constructive meeting in December last year where we discussed the EMA's future Regulatory Science to 2025 strategy, I want to share with you some reflections on how BEUC sees this strategy delivering clear benefits for public health and consumers.

The EMA has the role to safeguard public health by ensuring that only medicines with demonstrated safety and efficacy are authorised. Accomplishing this task to the highest standards is essential to protect citizens from harm and maintain public trust in regulators. While the EU has one of the world's most advanced regulatory systems, it is important to revisit it and strengthen it where necessary.

Some new medicines improve health outcomes significantly and represent a remarkable advance; however, many offer no or little added therapeutic benefit.[1] Moreover, relevant questions to patients and consumers such as increase in survival rates or better quality of life are not always sufficiently studied. This is a problem because it entails insufficient assurance on meaningful benefit, while at the same time patients and consumers might be exposed to safety risks. Furthermore, the cost factor of paying for ineffective medicines must be considered.

The proposed strategy identifies a number of areas where new or further action is needed to optimise drug development and the regulatory system. This exercise is welcome. In particular, BEUC supports the Agency's commitments to improve the quality of scientific evaluations by expanding benefit-risk assessment, and communication on medicines. Progress in these areas is crucial to consumers.

To address current gaps, it is essential to promote **patient and consumer-centred** clinical trials, uphold high evidentiary standards for the approval of medicines and optimise user involvement in the development of information materials. The EMA must prioritise these questions first and foremost in the implementation of the strategy, as they are part of its core responsibilities and have broad implications: to patients, consumers and healthcare systems.

Ensuring access to **safe, effective and quality** medicines and vaccines is an essential component of the United Nations Sustainable Development Goals. The EU has made a strong commitment to contribute to the accomplishment of the UN SDGs. The EMA is an important driver to achieve this contribution by ensuring that regulatory science and innovation translate into improved access to medicines.

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[1] Cf. Prescrire's ratings of new products and indications over the past 10 years. https://english.prescrire.org/en/81/168/57229/0/NewsDetails.aspx

BEUC looks forward to contributing to the future implementation of this strategy, including the development of work plans and initiatives in those areas that are most relevant to consumers. Please find enclosed an Annex with our main recommendations on how the EMA can ensure that its regulatory science strategy delivers clear benefits for public health and advances consumers' access to safe and effective medicines

Yours sincerely,

Monique Goyens
Director-General

Enc.: BEUC's key recommendations on the EMA Regulatory Science strategy.

ANNEX – BEUC's key recommendations on the EMA Regulatory Science strategy

From medicine shortages, to the lack of novel antibiotics and unmet medical needs we face important public health threats and regulatory challenges that need to be addressed. BEUC therefore welcomes the European Medicines Agency's (EMA) reflections on a future regulatory science strategy intended to tackle these and other important emerging challenges to drug development and public health.

Considering the broad scope of the proposed strategy, we strongly encourage the Agency to set clear priorities and develop workable action plans in line with available resources. Combined with our response to the public consultation, this annex outlines our core recommendations for a future strategy that delivers clear benefits for public health.

1. More and better scientific evidence throughout the entire medicine's lifecycle

BEUC strongly supports the EMA's over-arching goals proposed in the strategic reflection document on improved scientific quality of evaluations.

Many clinical trials fall short from answering the questions that are most relevant to patients and consumers. For example, while evidence on improvement in quality of life is relevant, this type of data is not consistently collected. In addition, some medicines are approved based on lower levels of evidence and initial uncertainties are not always adequately resolved in the post-marketing phase. As a result, consumers lack assurance that all medicines on the market are sufficiently safe and effective. In fact, our Belgian member, Test-Achats, found that the efficacy of 11% of about 6,500 medicines sold in Belgium was questionable.[2] Assisted by an independent panel of physicians, pharmacists and pharmacologists, our German member, Stiftung Warentest, likewise recently rated a quarter of 2000 over-the-counter medicines as 'unsuitable', because their therapeutic efficacy is either insufficient or low compared to the side effects.[3]

BEUC urges the EMA to uphold high standards on safety and efficacy at the point of marketing authorisation. To ensure the generation of meaningful evidence, patients and consumers must be adequately consulted in discussions on clinical trial design. Data on patient reported outcomes should be consistently collected following a robust methodology. In addition, EMA guidelines should require the submission of comparative clinical trial data against standard treatment. This is the best way to facilitate subsequent decision-making by health technology assessment bodies and payers based on considerations on added therapeutic value. BEUC supports enhanced dialogue between the Agency and these stakeholders.

While post-marketing studies can be useful to gain further knowledge on approved medicines, these studies should not shift the main burden of proof from pre- to post-market. Observational studies of high quality can be of added value but as a *complementary* source of information to randomised-controlled clinical trials.[4] At the same time, discussions on the use of biomedical big data must take in due consideration strong data protection standards and other necessary safeguards to protect patients and consumers. BEUC also recommends EMA to closely collaborate with the European Data Protection Board and with the EU's Cybersecurity Agency to ensure that EMA's workstreams on big data are firmly aligned with the EU's law on data protection and cybersecurity.

[2] Test Santé Magazine n' 132, 2016. The research was conducted by evaluating the efficacy of medicines according to the best scientific evidence.

[3] See Spiegel online. Stiftung Warentest: Jedes vierte rezeptfreie Medikament fällt durch, June 2019. https://www.spiegel.de/gesundheit/diagnose/rezeptfreie-medikamente-jedes-vierte-mittel-faellt-bei-stiftung-warentest-durch-a-1273990.html

[4] See further BEUC's reply to EMA public consultation on the summary report of the Heads of Medicines Agencies (HMA) - EMA Joint Big Data task force: https://www.beuc.eu/publications/beuc-x-2019-025_beuc_reply_to_hma-ema_consultation_on_big_data.pdf

Early access schemes should remain an exception and only be used in situations where there is no available treatment (genuine unmet medical needs). In these situations, patients should not have to wait unnecessarily for conclusive evidence. BEUC considers that since patients using early access schemes face risks comparable to clinical trial participants, they should have the same level of protection by means of close monitoring and damage compensation.

BEUC regrets that concrete actions in the area of pharmacovigilance and reporting of adverse drug reactions (ADRs) are largely missing in the strategic document, even when evidence suggests that the burden of ADRs in Europe is significant.[5] The EU has an advanced pharmacovigilance framework but it is important to continuously strive to make it more proactive and quicker in responding to safety concerns. A thorough evaluation of the EMA's implementation of the pharmacovigilance legislation and its impact on public health could help identify gaps and inform measures for improvement.

2. Responsive, inclusive and transparent regulatory framework

The EMA invests a lot in the provision of information on medicines and over the years has made many efforts to improve readability and accessibility. However, there are areas for improvement. BEUC is concerned that package information leaflets (PILs) are not user-friendly enough and use language that is still too complex. We call on the EMA to improve user testing of PILs by including the views of laypeople and identify best information practices among the network of European medicines agencies. Electronic Product Information (ePI) offers opportunities and should be complementary to paper leaflets. We recommend that a single portal for ePI is managed by the regulatory authorities, as well as any developed apps.

Improved communication from regulators is necessary so patients and consumers are aware of the meaning 'full marketing authorisation', 'conditional marketing authorisation' approval under 'exceptional circumstances' and the concept of the 'black triangle'. A better understanding of these concepts will help better comprehend the question of benefit-risk and raise awareness on safety monitoring and adverse drug reaction reporting.

BEUC commends the EMA for the significant improvements made on clinical trial data transparency over recent years. Nonetheless, further efforts are needed to ensure that summary results of all trials are timely reported in the EU Clinical Trials Register. We also call for the proactive publication of clinical reports to be resumed, and for increased transparency of scientific advice procedures.

The involvement of patients and consumers in EMA's activities is essential to improve the quality of the EMA's work, and for legitimacy and accountability purposes. Throughout the years, the EMA has engaged effectively with these groups through the Patients' and Consumers' Working Party. In addition, patients and consumers are members of EMA's committees and are consulted in various regulatory processes. BEUC commends the EMA for its inclusive approach and supports continued involvement of patients and consumers in ways that ensure meaningful participation, balanced representation and transparency.

The work performed by the EMA is highly dependent on the engagement of external experts. Any exercise seeking best available expertise needs to carefully consider the question of conflict of interest. Robust policies on the handling of conflicts of interest safeguard the independence of the regulatory process.

[5] Bouvy J, De Bruin ML, Koopmanschap MA (2015). Epidemiology of Adverse Drug Reactions in Europe: A Review of Recent Observational Studies). *Drug Safety*; 38(5): 437–453.

The EMA's Regulatory Science strategy: An opportunity to advance access to safe and effective medicines

As demonstrated by the informal meeting of Health Ministers held under the Austrian Presidency in September 2018, and the 2016 Council conclusions on pharmaceuticals, governments in the EU are keenly interested in addressing the question of medicines authorisation and patient benefit. At the same time, the European Parliament's Report on EU options for improving access to medicines recalls that robust clinical trials and thorough pharmacovigilance monitoring are necessary to assess the quality, efficacy and safety of new medicines.

Regulatory decisions on medicines have broad implications for public health. The strategic reflection process launched by the EMA offers an opportunity to look ahead and further strengthen the regulatory framework. BEUC will follow closely the implementation of the future strategy and looks forward to contributing input to work plans and initiatives that are most relevant to consumers.

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