

Evidence-based authorisation of the future / Regulatory science

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What will evidence-based authorisation look like in the future?





EMA's Regulatory Science Strategy to 2025 Mid-point achievements to end 2022



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Future directions in regulatory affairs

To the Table Common Comm

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regulatory affairs, regulatory science, drug development, future trends, digital disruption, skills

1. Introduction

Digital damptions in deficiting of injection of stage developments, including the sebility distribution of the control of old and gain the frequence coming, in matter and a slarge incomes in the member of old and gain the frequence coming, in matter and addressing more bounds for patients (1, 2). The rise is patient in page and adjustment (1). The increasing integration of risk world reviews will make insection regulation (1). The increasing integration of risk world reviews will make insection regulation (1). The increasing integration of risk world reviews will make insection the adjustment to place gainer emphasis on good market regulation. The clinical energy is a integrating more modeling, never instituted methodology, and administradulphore is important gainer emphasis on good collections of the control melliquence is important gainer and control of the control of the control of the melliquence is important properties of the control of development (1). All sanishment melliquence is important properties and the control of the melliquence is important and the control of the co Focus areas in regulatory science

Balance between innovation and patient safety

- Orphanisation / real-world evidence
- Digitalisation / artificial intelligence
- Globalisation / international coordination
- Health equity / involving patients

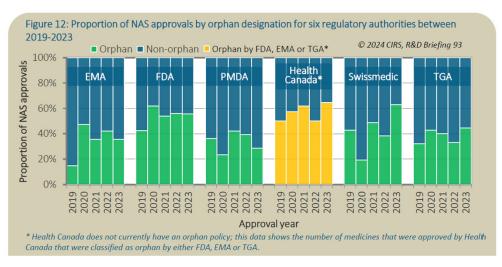


Rare diseases and orphan drugs



ICMRA "Rare" Symposium 16/17 Sep. 2024





CIRS R&D briefing - New drug approvals by 6 authorities 2014–2023

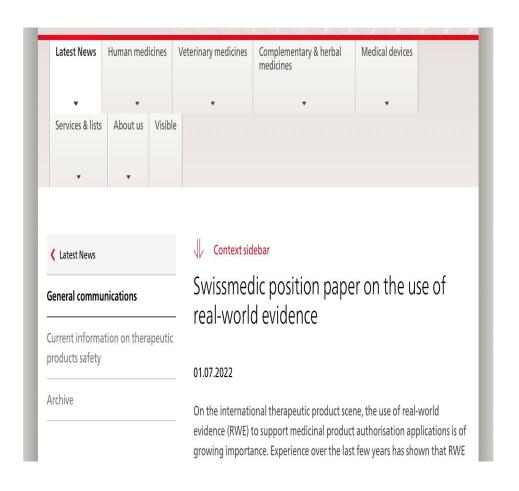
5.3 Application for recognition of ODS (Art. 4 – 7 TPLO)

5.3.1 Principle

A human medicinal product is granted the status of important medicinal product for rare diseases (Orphan Drug) on application if the applicant can demonstrate that the medicinal product meets the criteria in accordance with Art. 4 para. 1 letter a^{decies} TPA (Art. 4 TPLO).

The criterion for the rarity of the disease always applies to the disease in its entirety, including all stages of it, and not to an isolated stage in the course of the disease or to a sub-group defined by molecular genetic markers, unless the subgroup is so limited as a result of another medical condition that it is recognised and classified as a separate disease. A sub-group (e.g. Her-2 positive breast cancer) does not qualify as an independent, rare disease; neither, for example, does the restriction of an indication to second-line treatment.

The RWE position paper describes Swissmedic's stance



Due to the various uncertainties associated with the use of RWD/RWE, detailed descriptions and explanations of the methodology and statistics, predefined in a study protocol, are of particular importance. The following general aspects need to be addressed when planning RWE:

- Definition of the research question(s) and objective(s), including rationale and appropriateness of outcome measures and preferably using the estimand framework (ICH E9(R1))
- Description and justification of the research/study design including a discussion of strengths and weaknesses
- Detailed information on the pertinent RWD sources including data standards applied, coding systems, traceability, quality check procedures and whether the data were collected prospectively or retrospectively
- Definition of the study population using inclusion/exclusion criteria, including a discussion on generalisability
- Statistical Analysis Plan including sample size considerations, detailed description of primary and secondary outcome measures, statistical methods, planned sensitivity and subgroup analyses
- Milestones/timelines such as approval/waiver by ethics committees, data capture (start/end date), data cut-off(s), database lock, planned reporting (interim/final)
- Discussion of anticipated limitations, challenges and potential biases
- · Reporting of amendments and protocol deviations

In addition to the critical points listed above, compliance with national and international law and regulations. ICH guidelines, ethical, legal and regulatory standards needs to be ensured.

Appropriate consents and data anonymisation/de-identification techniques are required to ensure compliance with data privacy requirements and must be confirmed to Swissmedic in writing.



Do medicinal products have different effects in women than men?

Médecine intégrant une approche genre et santé publique :



Keynote-Session II:

Les différences en matière de diagnostic, de soins et de thérapies

Différences de genre chez les proches aidants de personnes atteintes de démence Annemarie Schumacher Dimech, responsable du programme CAS Palliative Care, Faculté des sciences de la santé et de médecine, Université de Lucerne (all)

Différences de genre dans le domaine des soins : la prestation de soins intensifs Atanas Todorov, Scientifique médical , Gebhardlab (all)

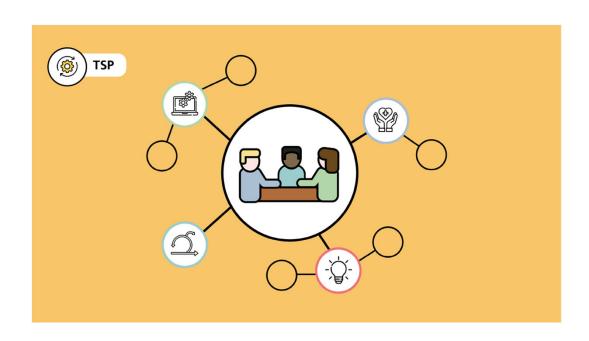
Aspects spécifiques au genre dans l'approbation de médicaments Christine Haenggeli, responsable Clinical Assessment, Secteur Autorisations de mise sur le marché et vigilance Médicaments (fr)



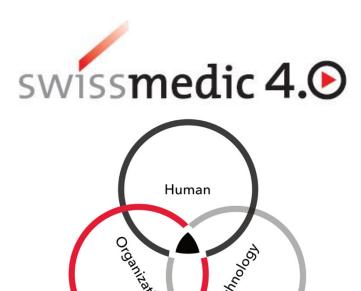


New member of the Swissmedic Expert
Committee
Prof. Berna Özdemir
Oncologist and sex/gender specialist, Inselspital

Digitalisation and artificial intelligence







Presentation by Michael Renaudin

