Introduction of Break-out Session 1

“Mature Products”

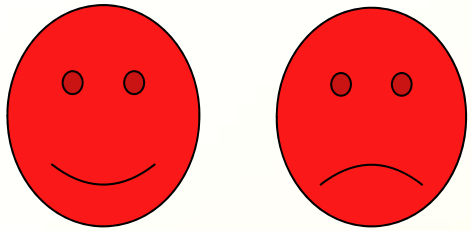
Luc De Schaepdrijver

Graham Bailey

Washington DC, 5 May 2010

Session on Mature Products

- **Mature products in late development, registered or on the market (clinical data available)**
  - **4 case studies : CNS, Metabolic, Anti-infective, Urology**
  - **Each case will be addressed by teams representing various roles e.g. industry toxicologist (T), regulator (R), parent/ethical voice (P) and expert group (E)**
  - **All teams will assume the role of T -> R -> P -> E**



Objectives

- **“A retrospective look at the data”**
- **Concentrate on key questions :**
  - **Have the juvenile studies been helpful for risk assessment ?**
  - **Did they increase our knowledge base ?**
  - **Looking retrospectively, what might you have done differently ?**
- **Share experiences, prompt discussion within your group and get everyone engaged**
- **Get a better understanding of the viewpoints and expectations of the various functions / players**
- **Identify the “key topics” for the overall group discussion**
- **Have fun !! Get to know each other !**

Datasets for cases

- General product information (indication, pediatric age group(s), treatment duration and regimen, ROA, ...)
- Pharmacology
- Preclinical pharmacokinetics and metabolism
- Preclinical toxicology
- Clinical safety (e.g. in pediatric target population)

- Other relevant information (e.g. regulatory interaction, labeling info, …)

Methodology (1)

- **All teams address the case studies in a fixed sequence :**
  1. **Toxicologist**
  2. **Regulator**
  3. **Parent (ethical voice)**
  4. **Expert Panel**
- **Sets of tailor made questions for first 3 rounds (T – R – P) available to provide a framework & facilitate the discussions. Make notes within your group of your discussions**
- **Round 4 ('mini-plenary session' per case) is to review the answers of the first 3 rounds as "expert panel". Try to come to a consensus opinion in collaboration with the rapporteur**
- **A rapporteur gives feedback to the whole meeting**

Methodology (2)

- All 8 teams get to know all 4 cases
- Team composition is indicated in your meeting package
- Good mix of regulators, pharma industry and CRO's from EU/US on each team
- Facilitators will help 'drive' exercise (keep you on time) and report back to the whole meeting
- Any questions PLEASE ASK !!

Introduction to Break-out Session 2

“Emerging Products”

Luc De Schaepdrijver

Graham Bailey

Washington DC, 6 May 2010

Session on emerging products

- **Products in early development with preliminary clinical plan and initial regulatory responses**
  - **4 case studies : Immunology, Oncology, CNS, Pain**
  - **Case studies will feed the overall group discussion**
  - **Each case will be addressed by teams consisting of a mix of the 3 roles (T – R – P)**
  - **Two rapporteurs designated to each case study will capture the opinions / responses to a set of questions**

Objectives

- **“What can we do better ?”**
- **Concentrate on key questions :**
  - **When & how can juvenile studies be helpful for risk assessment ?**
  - **Which improvements do we need to get there ?**
  - **Other recommendations or suggestions ?**
- **Stimulate group discussion and get everyone engaged**
- **Get a better understanding of the viewpoints and expectations of the various functions / players**
- **Identify the “key topics” for the overall group discussion**

Datasets for cases

- **Pediatric Investigational Plan incl. indication(s), pediatric age group(s), treatment duration and regimen, route of administration, proposed preclinical and clinical strategy**
- **Pharmacology**
- **Preclinical pharmacokinetics and metabolism**
- **Preclinical toxicology in adults**
- **Clinical data in adults ?**

- **Regulatory interactions**
- **Other relevant information**

Methodology

- All teams are composed of a mix of T-R-P and try to come to an expert opinion
- All 8 teams get to know all 4 cases
- Different team composition than yesterday ! (see meeting package)
- Two rapporteurs per case facilitate the discussion and provide feedback to overall group
- If you need assistance please ask !

Logistics

	Round 1 45 min	Round 2 45 min	Round 3 45 min	Round 4 45 min
Team 9	CASE A	CASE B	CASE C	CASE D
Team 10				
Team 11	CASE B	CASE C	CASE D	CASE A
Team 12				
Team 13	CASE C	CASE D	CASE A	CASE B
Team 14				
Team 15	CASE D	CASE A	CASE B	CASE C
Team 16				

Rapporteurs

Session 1 “Mature Products”

• Case 1 = Compound V : CNS

Georg Schmitt, Isabelle Leconte

• Case 2 = Compound X : Metabolic

Jeffrey Moffit, Karen Davis Bruno

• Case 3 = Compound Y : anti-infective

Kok Wah Hew, Beatriz Silva Lima

• Case 4 = Compound Z : urology

Kary Thompson, Ulla Wändel-Liminga

Session 2 “Emerging Products”

• Case 1 = Compound A : Immunology

Isabelle Leconte, Karen Davis Bruno

• Case 2 = Compound B : Onco

Beatriz Silva Lima, Kary Thompson

• Case 3 = Compound C : Pain

Georg Schmitt, Kok Wah Hew

• Case 4 = Compound D : biological – CNS

Ulla Wändel-Liminga, Jeffrey Moffit

BACK-UP SLIDES

OVERALL GROUP DISCUSSION

CONSENSUS BUILDING

Topics for Consensus Building

- **When a juvenile animal toxicity study is warranted [assumes a data gap has been identified that can be addressed by a study] which points do you consider wrt following questions ?**
  - **What are the minimal ages to start dosing for the different species and administration routes ? (assuming no particular target organ)**
    - **Does a Day 10 rat = newborn child ?**
  - **How long would you dose to cover all critical stages of organ system development ? Is there a minimum length for such studies ?**
  - **If there are organs of potential concern what criteria would you use to prioritize ?**
  - **Are there endpoints, or organ systems, that should always be evaluated ? Recovery needed (how long) ?**
  - **Screening study design versus targeted study approach ?**

Topics for Consensus Building

  - Which species and how does one decide ?
  - How do you select the high dose level ?
  - When, during the pediatric program, should the study be conducted ?

- **What are the challenges for global pediatric development ?**
  - Have differences in the current regional regulations been a hurdle ? If yes, was this because of content and/or timing differences ?