Plasma Protein Therapeutics Association

EMA Workshop on Hemophilia Registries

Industry Perspectives

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Focus on the Patient

- Hemophilia products
  - Plasma-derived
  - Recombinant
  - Long-acting
- Industry looking for ways to improve circumstances and outcomes for patients > can registries help?
- Not enough has been learned about patients > can registries help?
- Opportunity and value of genotyping in predicting immunogenicity > can registries help?

Registries

General limitations:

- Large number of competing registries
  - competition for limited resources & potential for biased participation
- Collection of large amount of data, without clear focus on answering particular question
  - large databases with data entry compliance issues
- Some registries designed to answer very specific questions
  - if data mined for non-originator questions - answers are incomplete or misleading

General limitations (continued):

- Data entry not consistently monitored/ tracking not in place
  - Data from single patient potentially entered across multiple participating centers

    > avoid double reporting/counting
  - Patient often lost to follow up (move/death), thus patient status may be inaccurate

    > ensure adequate follow up

PedNet (RODIN study) v. EUHASS

Registries

1. Experience with product-specific and disease-specific registries and pros & cons:

- Valuable tool for collecting information on rare events/ rare diseases, but also on epidemiology and public health profile

EUHASS registry:

- Product-specific and disease-specific
- Well-designed registry collecting information to answer specific question
- Inclusion of large network of participating centers, with monitoring and confirmation of data
- Can be used to answer specific clinical questions

Registries

2. How to strengthen the outcome of registries?

- Consolidate existing registries into basic registry/ies to answer specific question/s and obtain concise pertinent information > relevant scientific information is added
- Ensure data entry is up-to-date and accurate > requires proactive review program
- Design registries to answer specific questions with defined core data set
- Collect data more systematically, avoid administrative hurdles
- Data mostly from hemophilia treatment centers (HTC)

  > counteract continuing erosion of HTCs across the world

Registries

3. How can industry contribute?

- Support and technical know-how

– Support consolidation of many individual registries into 1/2 covering most important questions and complying with clean data entry

> avoids patchwork distribution of data and misleading information (if data mined for questions not part of original database purpose)

– Assist in setting up centralized data entry process > data entered through single portal

> minimizes demands on site staff and helps with simplification and site participation

Registries

- Point to consider:
  - Registries are a public health tool > shouldn't support ideally come from public health domain?

How can registries help

- Answers to particular, well-defined clinical, laboratory or genetic questions:
  - Monitoring of patients' outcomes (inhibitor development)
- Inform on design of future drug development and clinical trials:
  - Currently no formal link between registries and ongoing clinical trials > utilization as predictive tool and risk reduction for patient safety and drug development through:
    - Immunogenicity prediction/assessment implementation
    - HLA typing and genotyping (considering ethnicity, geographical location)
    - Patient stratification, especially with small patient populations

How can regulators help

4. How could/ should regulators contribute?

- Commitment to include registry data in phase IV clinical trial assessment
- Revision of requirements for rare disease assessment based on availability (and quality) of registry data

Global topic

- FDA Immunogenicity Workshop: September 17 - 18, 2015 (NIH, Bethesda, Maryland, USA)

- Topics: Genetic basis of immunogenicity of coagulation proteins
  - Glycobiology and immunogenicity
  - Animal models
  - Fusion proteins
  - **Registries**

- Participants:
  - PPTA task force
  - Steering committee: FDA, NIH, PPTA, NHF, Clinicians

Thank you

For further information, comments or questions, please contact:

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