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The European Regulatory Landscape

Perspectives on development and validation of endpoints

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Ocular Disease Forum 1

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Disclaimer: All views expressed are personal and not necessarily the views of EMA, the CHMP or Lyfjastofnun

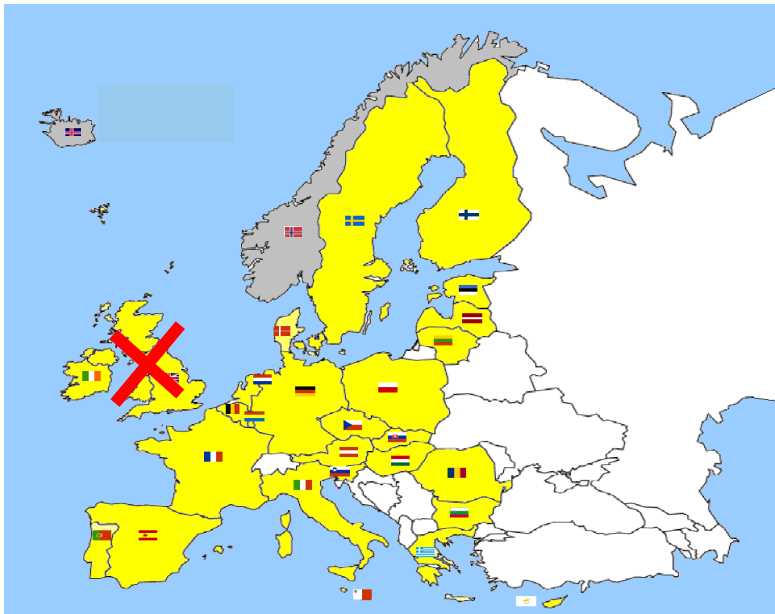
EU regulatory system



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

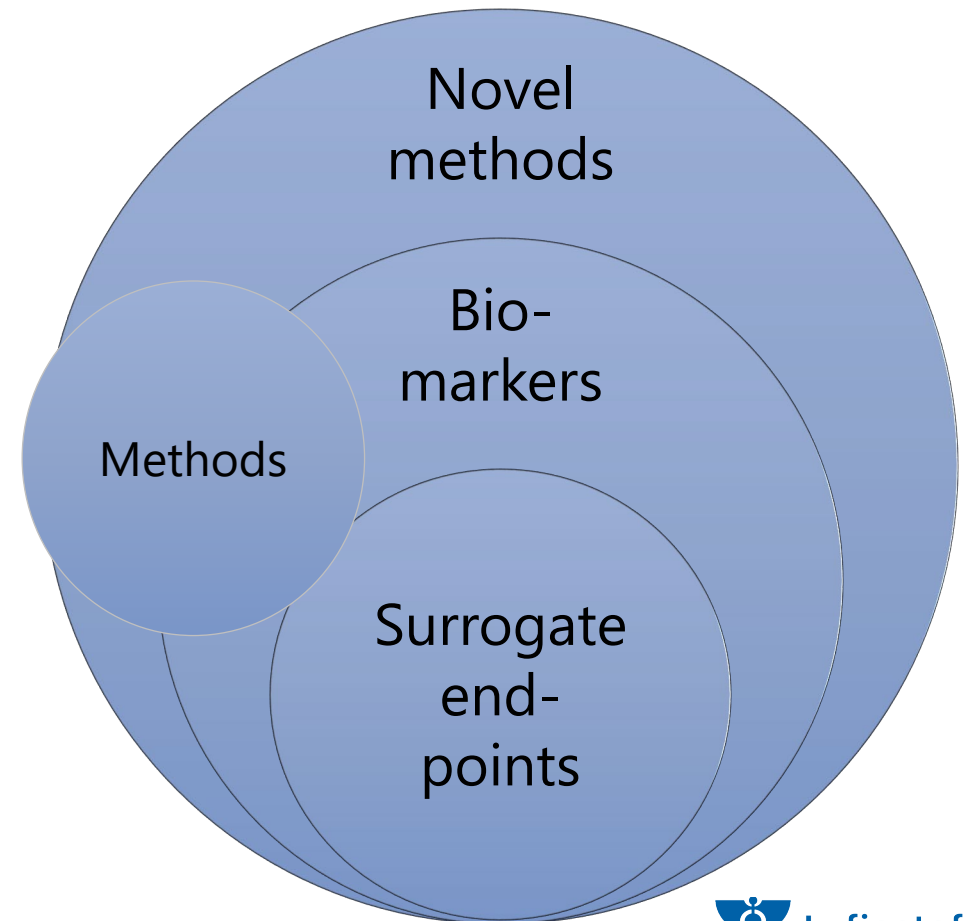
- Created in 1995
- Permanent secretariat
- Coordinate procedures & scientific resources
- www.ema.europa.eu/

- » National agencies
 - › scientific resources
 - › > 4000 experts
- » CHMP
 - › Scientifically responsible
 - › From EU member states + IS, NO and 5 co-opted members
 - › Provide positive or negative opinion on approval of drugs
- » SAWP
 - › Members based on expertise, not country
 - › Provides scientific advice on drug development
 - On specific drugs, novel methods, biomarker and endpoint development
 - Dialogue between developer and EU regulators



Definitions

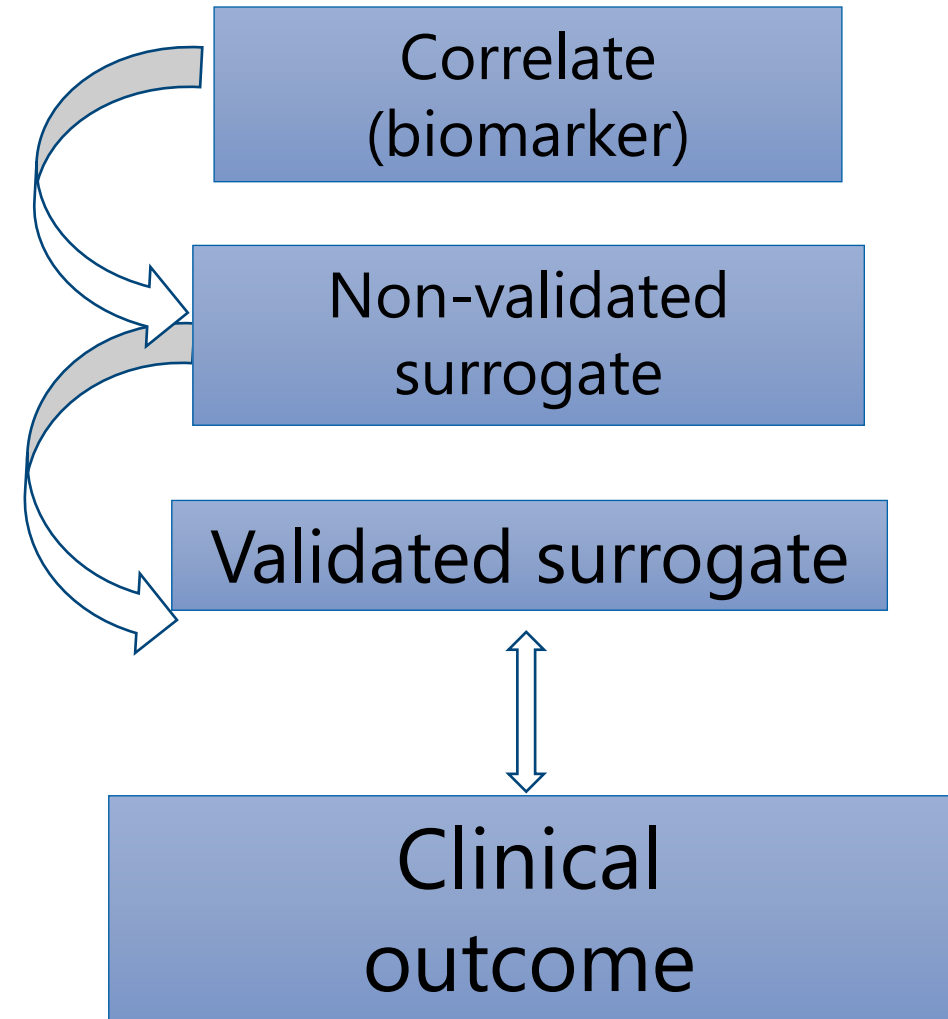
- » **Biomarker:** An objective measure of normal, pathogenic, or pharmacological processes in response to intervention.
- » **Surrogate endpoint:** A biomarker that is intended to substitute for a clinical endpoint.
- » **Clinical endpoint:** Reflects how a patient feels, functions, or survives



Validation?

» **Google** says:
“the action of checking or proving the validity or accuracy of something”

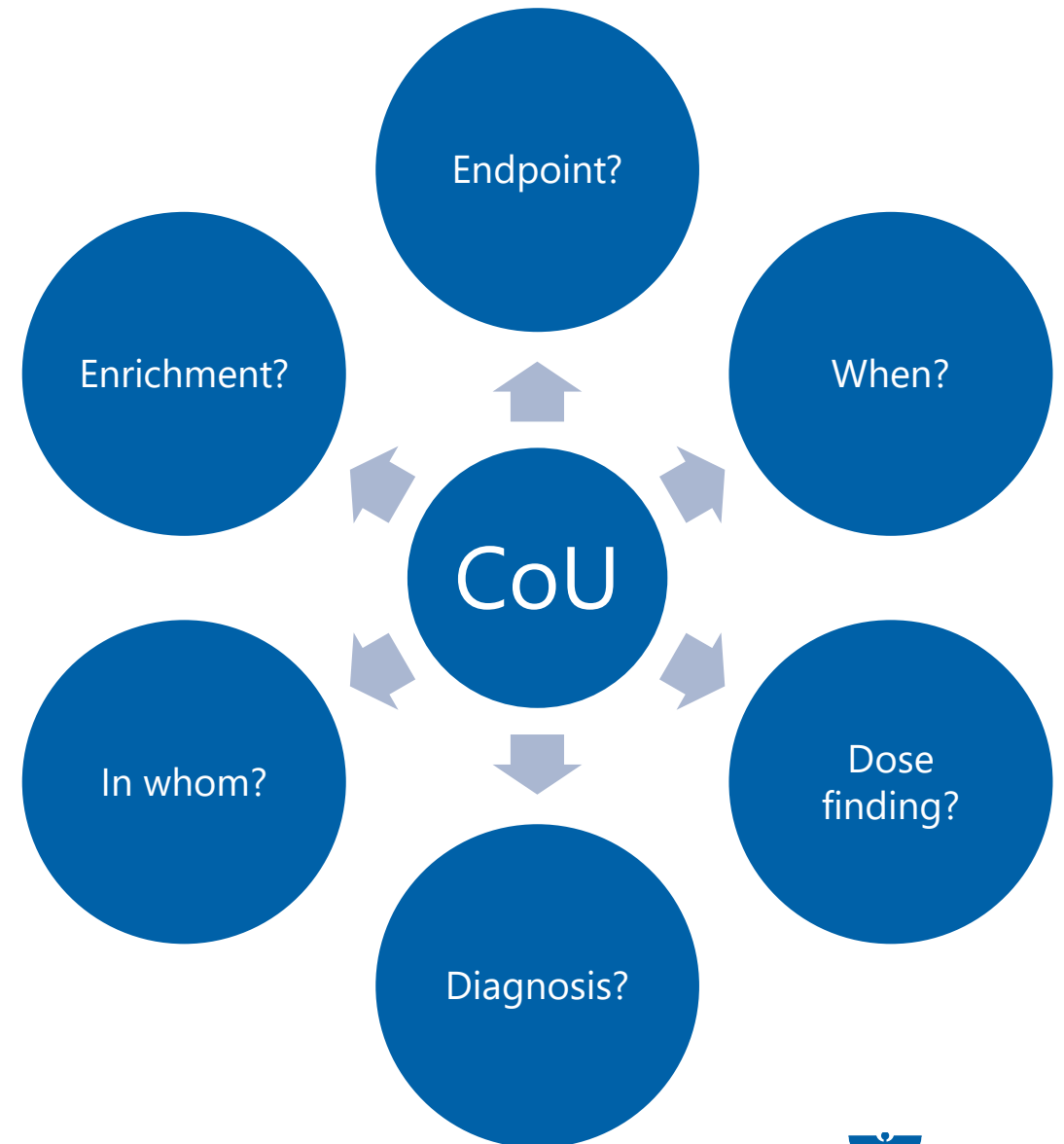
Strengths and weaknesses characterised
The “marker” captures what it is intended to



Validation - Context of use?

- » How should the “marker” be used?
- » Which weight is it given?
 - › By the Sponsor
 - › By the Regulator
- » What are the associated claims?

- » Starting point: define the “Context of use”



Context of Use vs Requirements

Exploratory trials

- Primary or secondary endpoint – biomarker or surrogate
 - proof of concept
 - aid in dose selection

Relaxed

Risk to developer in case of wrong conclusions from “poor” marker

Confirmatory trials

- Primary (and key secondary) surrogate endpoint

Not relaxed

Link to and relevance for clinical outcome to be established

Validation

- secondary or exploratory endpoints
 - supportive efficacy
 - support mechanism of action
 - sub-group characterisation

More relaxed

Depends on associated claims

The basis for validation of a surrogate endpoint

*Context of Use: Primary endpoint in registrational trial(s)
in a moderate to severe patient population with disease Y*

Plausible

Reliable

**Content
validity**

Construct validity

**Change to
intervention/
Predictable**

Responsive

Surrogate endpoint

Correlation only not sufficient

»

THE LINK TO AND THE RELEVANCE BETWEEN
MARKER AND CLINICAL OUTCOME TO BE
ESTABLISHED

- › What does a change of the surrogate mean in terms of loss or gain of visual function/functional vision? Over time?
- › What to tell the patient?
- » At the end of the day
 - › A fully validated surrogate (primary endpoint) in a confirmatory trial, should work across trials with different interventions.

Challenges

- » Link to and relevance between marker and clinical outcome
- » In often slowly progressing conditions such as IRDs, GA, DR etc?
 - › Learn from natural disease history data
 - › Info from previous trials
 - › Learn from failures
 - › Anchoring using quality of life instruments and other, more rapidly progressing measures of likely importance
 - › Support from other biomarkers and/or anatomical markers
 - › Enrich study population
 - › Modelling – e.g. the time to severe visual impairment/blindness
- » Totality of data
- » Remaining uncertainties – are they acceptable?

EU process for qualification of “biomarkers”

- > Qualification advice
 - Voluntary, scientific pathway
 - Confidential advice letter

- > Qualification opinion
 - CHMP issues an opinion on the acceptability of a specific use of a marker

» <http://www.ema.europa.eu/>

Thanks for
your
attention!



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