



### Goal

To help more patients earlier that need cutting edge treatments

through acceleration of early access to innovative medicines for appropriate patient groups

whilst maintaining safety and efficacy standards



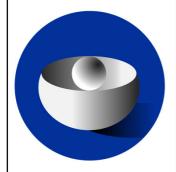
The patient does not exist

The medicine for an entire population does not exist

Due to scientific progress and rapidly increasing innovative treatment and diagnostic options patient populations become smaller but better defined

Many unmet medical needs





# Current possibilities @ EMA

Targeting unmet medical needs or major public health interests

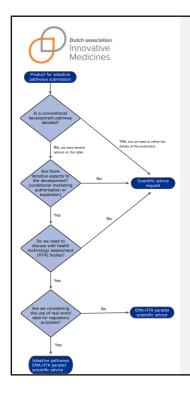
- Supporting development process from early stage
- Offering regulatory mechanisms to help promising new medicines reach patients as early as possible
- Included in EU legislation:
  - accelerated assessment
  - conditional marketing authorisation
  - compassionate use
- EMA PRIME (PRIority MEdicines) scheme





# Under development in EU

- 1. Adaptive Pathways @ EMA
- Scientific concept for medicine development and data generation which allows for early and progressive patient access to a medicine
- Using existing European Union (EU) regulatory framework for medicines



### Adaptive Pathways @ EMA

#### Three principles

- iterative development
  - approval in stages, from restricted to wider patient populations
  - confirming benefit-risk balance after conditional approval based on early data (using surrogate endpoints)
- gathering evidence through real-life use to supplement clinical trial data
- early involvement of patients and health-technology-assessment
  bodies in discussions on a medicine's development



# Under development in EU

- 2. Medicines Adaptive Pathways to Patients (MAPPs) @ IMI
- prospectively planned, iterative approach to medicines development and access pathways
- within current regulatory framework
- optimises early patient access, public health and societal benefits

ADAPT SMART project



 novel multi-stakeholder enabling platform how to put MAPPs into practice in Europe





### What is needed

- (International) Multi-stakeholder dialogue and cooperation, no single party can do this alone
  - patients, regulators, HTA/payers, practitioners, and innovative companies
- Integrated end-to-end approach to evidence generation
- Decision making across the medicines lifecycle
- Based on (regulatory) science
- Discussion on acceptibility by stakeholders of
  - Real World Evidence & Data (RWE & RWD)
  - Other novel sources of data (e.g. continued evidence generation, historic controls, indirect comparisons, ...)





# Destination more important than route

Which regulatory **route** or process to use and what evidence to generate should always be **supportive** to our **goal**: timely and prospectively planned patient access to innovative therapies







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