

DRUG DEVELOPMENT FOR PEDIATRIC RARE DISEASES

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General considerations for pediatric clinical trials

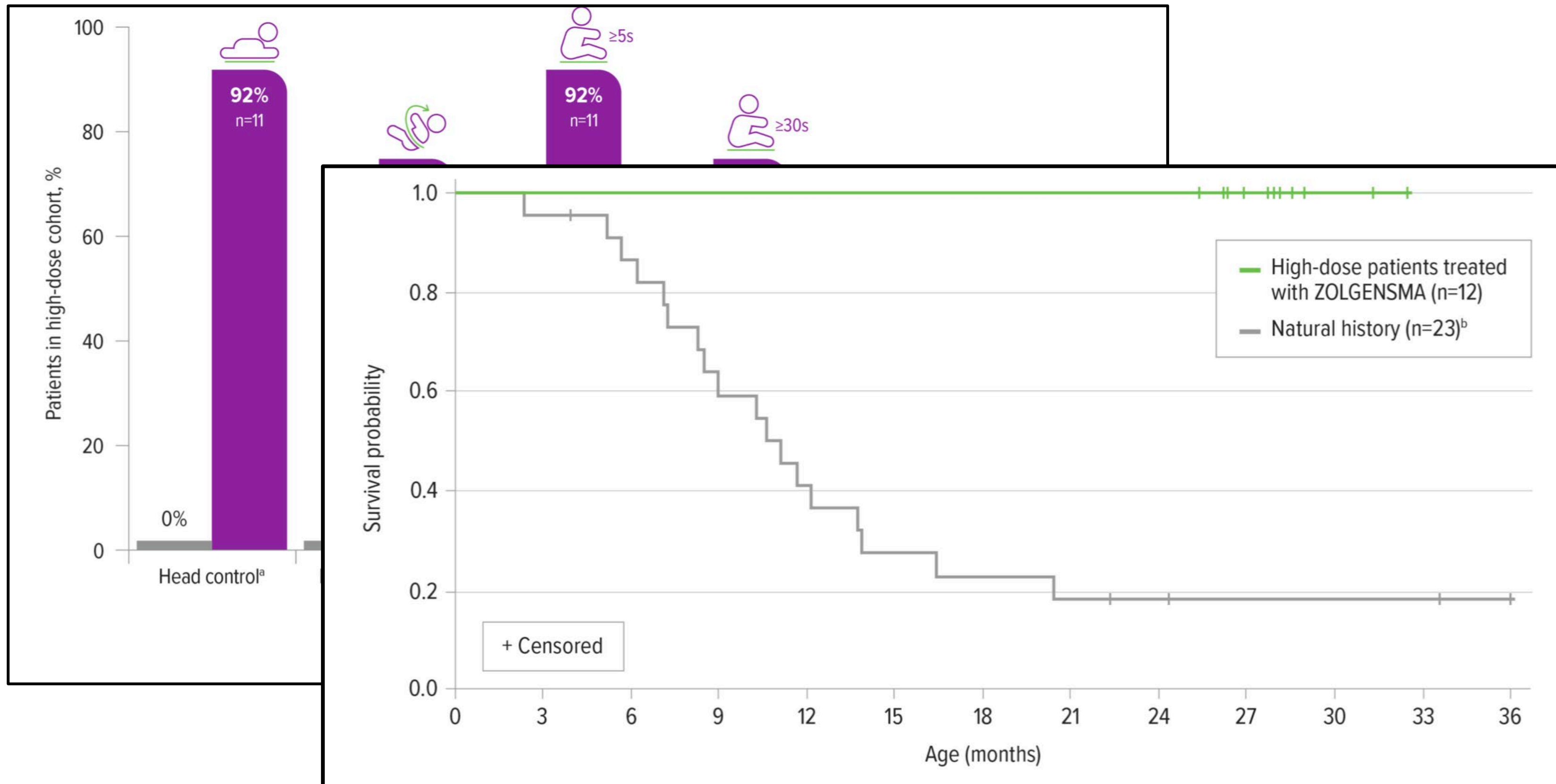
- Must balance **obligation to conduct trials** in children to ensure evidence-based treatments with **need to protect a vulnerable population** from unknown risks related to trial participation
- Pediatric patients should only participate in a clinical trial if the scientific objective **cannot be met through study of individuals who can give informed consent** (i.e. adults)
- Special protections:
 - Without the prospect of direct clinical benefit, participation **may not involve greater than minimal risk**
 - If there are risks, these must be justified by **anticipated direct benefits to the child**, at least as favorable as any available alternatives

Unique challenges in pediatric clinical trials for rare diseases

- **Small patient populations** that are often geographically dispersed
- Limited number of **research centers and clinical experts** to guide trial design and conduct
- **Phenotypic diversity** within the affected population
- **Lack of validated endpoints**, outcome measures (e.g. biomarkers), and measurement tools
- **Natural history** often not well understood
- **No precedent** for drug development for a specific disease

Example of pediatric rare disease drug approval

- **Spinal muscular atrophy (SMA)**
 - prevalence of ~1-2 per 100,000 persons in the U.S.
 - for SMA type 1, prevalence of 0.04-0.28 per 100,000 persons in U.S.
 - Median life expectancy of ~1 year for children with SMA type 1
- **Onasemnogene abeparvovec-xioi (Zolgensma)**
 - approved by FDA in 2019
 - treatment of patients < 2 years of age with bi-allelic mutations in the *survival motor neuron 1 (SMN1)* gene



Pediatric specific regulatory programs – US and EMA

	U.S. - BPCA	U.S. - PREA	EU - Pediatric Regulation
Year	2002	2003	2006
Development	Optional	Mandatory	Mandatory
Timing	As early as end of phase 2	End of phase 2	End of phase 1
Product type	On and off-patent	On patent	On patent
Orphan products	Included	Exempt	Included
Reward	6-month exclusivity	None	6-month exclusivity

Pediatric specific regulatory programs

- Pediatric Rare Disease Priority Review Voucher
 - Went into effect in 2012
 - A sponsor who receives an approval for a drug or biologic for a "rare pediatric disease" may qualify for a voucher that can be redeemed to receive a priority review of a subsequent marketing application for a different product
 - Voucher can be sold (estimated market value = \$100M)

→ *Sunsets on September 30, 2024 – should the program be renewed?*

RACE Act

- Research to Accelerate Cures and Equity (RACE) for Children Act
 - Went into effect in 2020
 - Modified PREA to give FDA authority to require pediatric studies for oncology products with a molecular target potentially relevant to a pediatric cancer
 - Limited to oncology products
 - Orphan products are NOT exempted

→ *Should this approach be extended to other therapeutic areas?*

Take-aways

- Unique considerations for pediatric clinical trials with additional challenges related to pediatric rare disease research and drug development
- Several regulatory programs in place in the US and EU to address pediatric rare disease drug approvals
 - Potential modifications and/or extensions to be considered
- Approval rates for pediatric orphan products are encouraging

Thank you!

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References

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