Accessing clinical trials abroad. The MPNE experience.

Bettina Ryll
Melanoma Patient Network Europe
member of the first EU Cancer Mission Board
Vision Zero Cancer, Sweden

CDDF
MULTI-STAKEHOLDER
WORKSHOP

Patient Access and Engagement in
Oncology Drug Development
19 - 20 September 2022

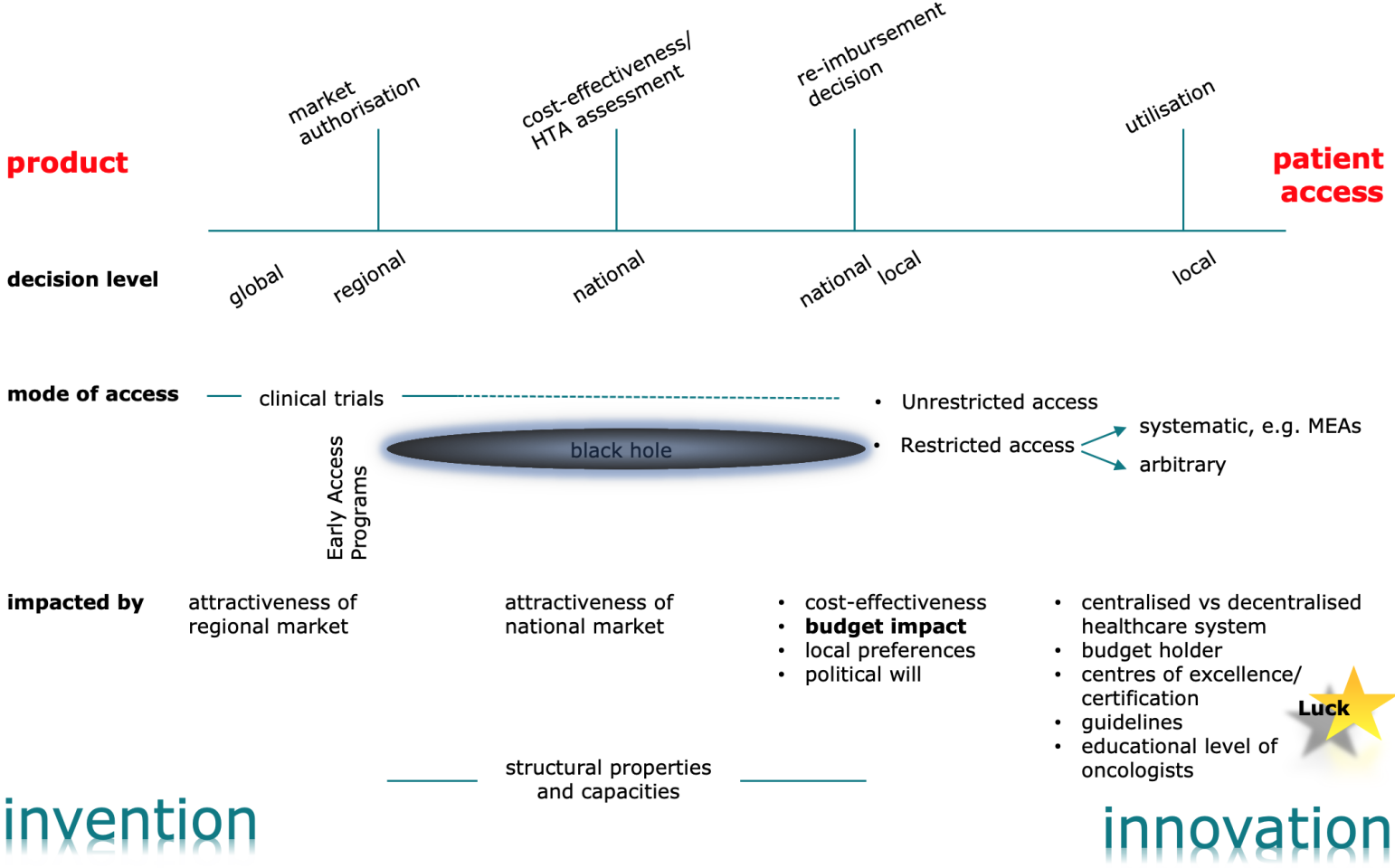
Disclaimer

Opinions presented are my own.

The ideal clinical trial access

- promising treatment, no exposure to inferior treatment
- optimally integrated into treatment pathway, with a vision lon long-term outcomes
- close to home
- pragmatic inclusion
- trial design relevant for patients inside and outside the trial
- minimal burden to patient and family

From invention to healthcare innovation.
Accessing innovative medicines in Europe.



MPNE, B. Ryll, 05- 2017, version 2022

Access to clinical trials remains a challenge, even in countries with existing structures.

Challenges we have noted

- patients have to be proactive, asked to provide rationale for a given trial (committee insufficiently resourced?)
- trial turned down with argument of ‘insufficient evidence’
- countries have ‘provisions’ designed to ineffectual (Sweden)
- toxicity major issue: how to treat toxicity with unknown compound?
- associated risks and costs, e.g. ICU stays with major toxicity

MPNE project: Mapping Access to Melanoma drugs in Europe

Melanoma Drugs in EU

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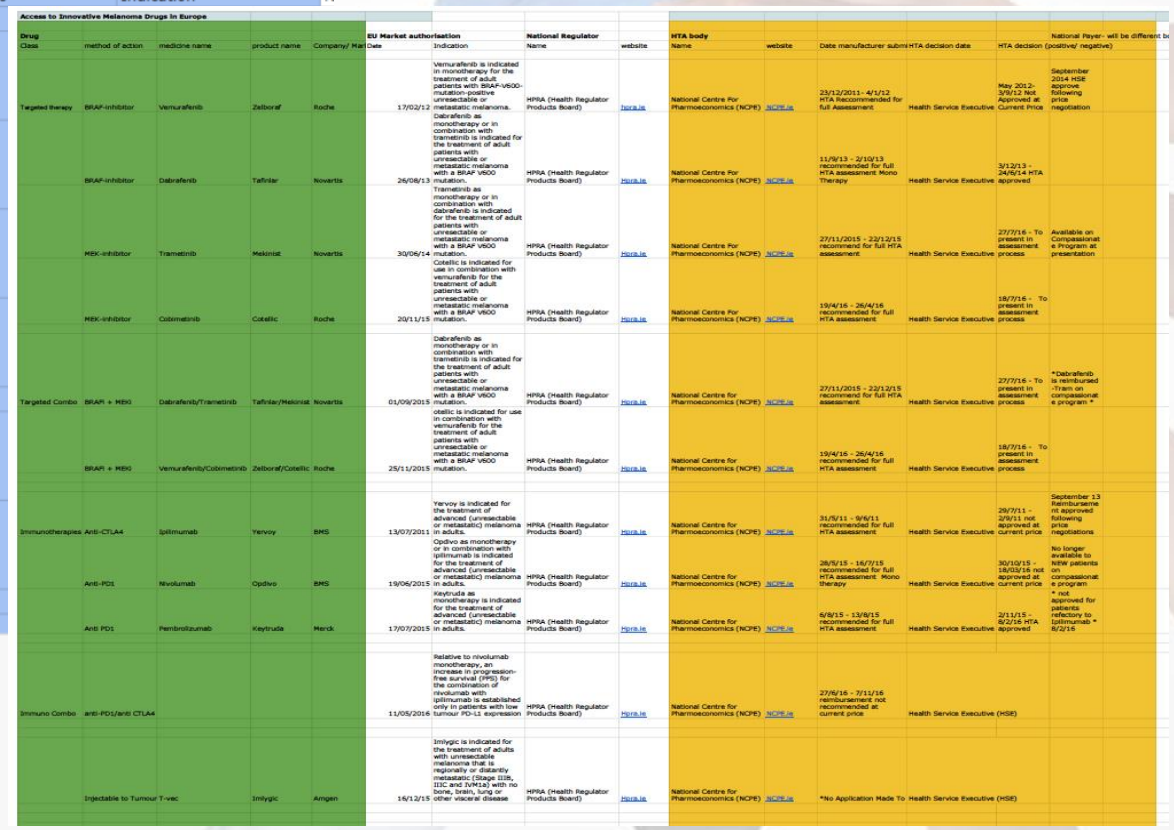
Access to Innovative Melanoma Drugs in Europe

Class	method of action	medicine name	product name	Company/ Mar	Date	Indication	N
Targeted therapy	BRAF-inhibitor	Vemurafenib	Zelboraf	Roche			
	BRAF-inhibitor	Dabrafenib	Tafinlar	Novartis			
	MEK-inhibitor	Trametinib	Mekinist	Novartis			
	MEK-inhibitor	Cobimetinib	Cotellic	Roche			
Targeted Combo	BRAFi + MEKi	Dabrafenib/Trametinib	Tafinlar/Mekinist	Novartis			
	BRAFi + MEKi	Vemurafenib/Cobimetinib	Zelboraf/Cotellic	Roche			



Access to Innovative Melanoma Drugs in Europe

Drug					EU Market authorisation		National Regulator		HTA body					
Class	method of action	medicine name	product name	Company/ Mar	Date	Indication	Name	website	Name	website	Date manufacturer submi	HTA decision date	HTA decision (positive/ negative)	National Payer- will be different b
Targeted therapy	BRAF-inhibitor	Vemurafenib	Zelboraf	Roche	17/02/12	Vemurafenib is indicated in monotherapy for the treatment of adult patients with BRAF-V600-mutation-positive unresectable or metastatic melanoma.	HPRA (Health Regulator Products Board)	here.ie	National Centre For Pharmoeconomics (NCPE)	NCPE.ie	23/12/2011 - 4/1/12 HTA Recommended for full Assessment	Health Service Executive	May 2012- 3/9/12 Not Approved at Current Price	September 2014 HSE approve following price negotiation
	BRAF-inhibitor	Dabrafenib	Tafinlar	Novartis	26/08/13	Dabrafenib as monotherapy or in combination with trametinib is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.	HPRA (Health Regulator Products Board)	here.ie	National Centre For Pharmoeconomics (NCPE)	NCPE.ie	11/9/13 - 2/10/13 recommended for full HTA assessment Mono Therapy	Health Service Executive	3/12/13 - 24/6/14 HTA approved	
	MEK-inhibitor	Trametinib	Mekinist	Novartis	30/06/14	Trametinib as monotherapy or in combination with dabrafenib is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.	HPRA (Health Regulator Products Board)	here.ie	National Centre For Pharmoeconomics (NCPE)	NCPE.ie	27/11/2015 - 22/12/15 recommend for full HTA assessment	Health Service Executive	27/7/16 - To present in assessment process	Available on Compassionate Program at presentation
	MEK-inhibitor	Cobimetinib	Cotellic	Roche	20/11/15	Cotellic is indicated for use in combination with vemurafenib for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.	HPRA (Health Regulator Products Board)	here.ie	National Centre For Pharmoeconomics (NCPE)	NCPE.ie	19/4/16 - 26/4/16 recommended for full HTA assessment	Health Service Executive	18/7/16 - To present in assessment process	
Targeted Combo	BRAFi + MEKi	Dabrafenib/Trametinib	Tafinlar/Mekinist	Novartis	01/09/2015	Dabrafenib as monotherapy or in combination with trametinib is indicated for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	27/11/2015 - 22/12/15 recommend for full HTA assessment	Health Service Executive	27/7/16 - To present in assessment process	*Dabrafenib is reimbursed -Tram on compassionate program *
	BRAFi + MEKi	Vemurafenib/Cobimetinib	Zelboraf/Cotellic	Roche	25/11/2015	otellic is indicated for use in combination with vemurafenib for the treatment of adult patients with unresectable or metastatic melanoma with a BRAF V600 mutation.	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	19/4/16 - 26/4/16 recommended for full HTA assessment	Health Service Executive	18/7/16 - To present in assessment process	
Immunotherapies	Anti-CTLA4	Ipilimumab	Yervoy	BMS	13/07/2011	Yervoy is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults.	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	31/5/11 - 9/6/11 recommended for full HTA assessment	Health Service Executive	29/7/11 - 2/9/11 not approved at current price	September 13 Reimbursement approved following price negotiations
	Anti-PD1	Nivolumab	Opdivo	BMS	19/06/2015	Opdivo as monotherapy or in combination with ipilimumab is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults.	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	28/5/15 - 16/7/15 recommended for full HTA assessment Mono therapy	Health Service Executive	30/10/15 - 18/03/16 not approved at current price	No longer available to NHW patients on compassionate program
	Anti PD1	Pembrolizumab	Keytruda	Merck	17/07/2015	Keytruda as monotherapy is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults.	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	6/8/15 - 13/8/15 recommended for full HTA assessment	Health Service Executive	2/11/15 - 8/2/16 HTA approved	* not approved for patients refectory to Ipilimumab * 8/2/16
Immuno Combo	anti-PD1/anti CTLA4				11/05/2016	Relative to nivolumab monotherapy, an increase in progression-free survival (PFS) for the combination of nivolumab with ipilimumab is established only in patients with low tumour PD-L1 expression	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	27/6/16 - 7/11/16 reimbursement not recommended at current price	Health Service Executive (HSE)		
	Injectable to Tumour	T-vec	Imlygic	Amgen	16/12/15	Imlygic is indicated for the treatment of adults with unresectable melanoma that is regionally or distantly metastatic (Stage IIIB, IIIC and IVM1a) with no bone, brain, lung or other visceral disease	HPRA (Health Regulator Products Board)	here.ie	National Centre for Pharmoeconomics (NCPE)	NCPE.ie	*No Application Made To	Health Service Executive (HSE)		

Summary

- clinical trials are critical treatment options for patients who have exhausted all available lines of treatment
- clinical trials exist in a complex space of discrete financial, research and political interests, with implications for trial launch and access
- access to clinical trials abroad is inconsistent and currently depends on a patient's initiative and financial means

Thank you

bettina.ryll@mpneurope.org

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