

# MANAGEMENT of INNOVATION in patients with MYELOMA

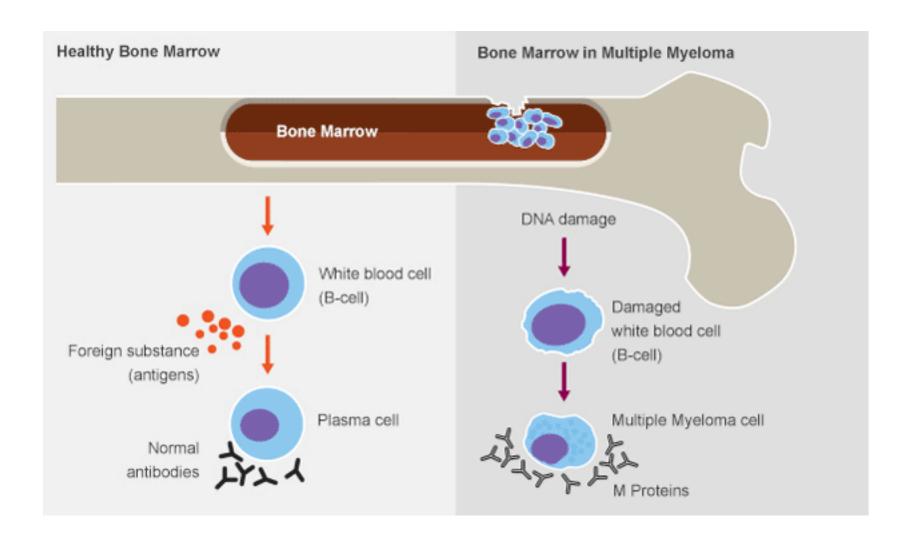
Pr. MC. VEKEMANS

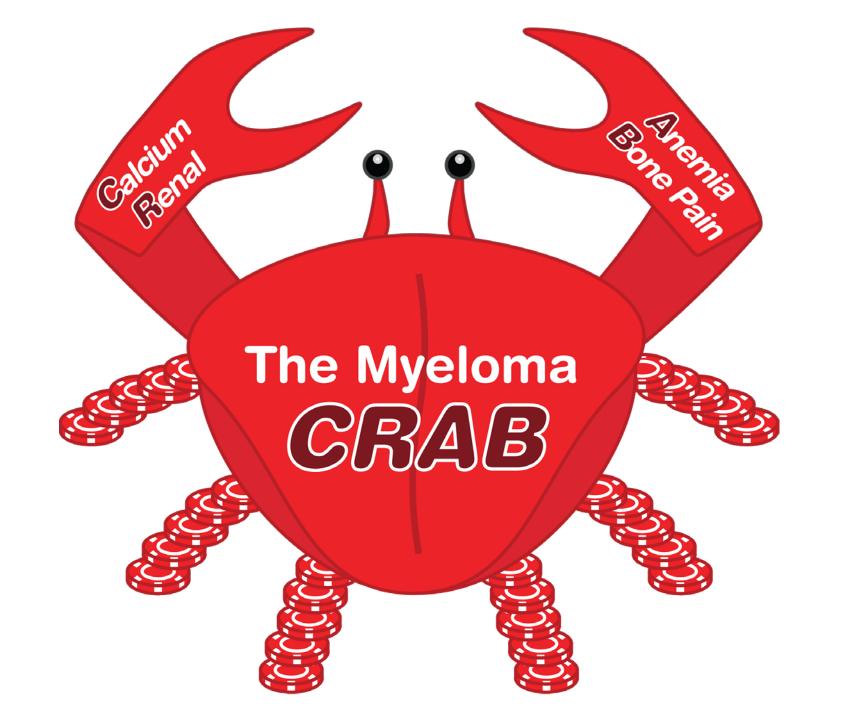






# WHAT IS MYELOMA?

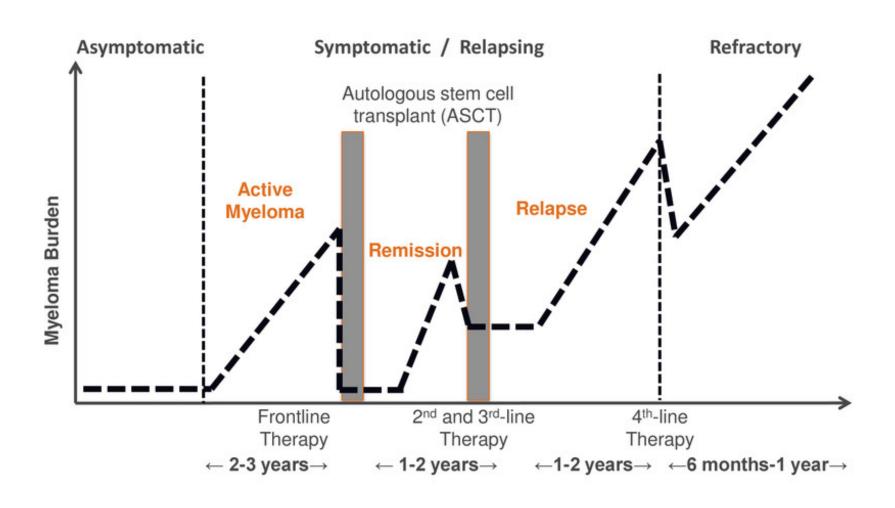




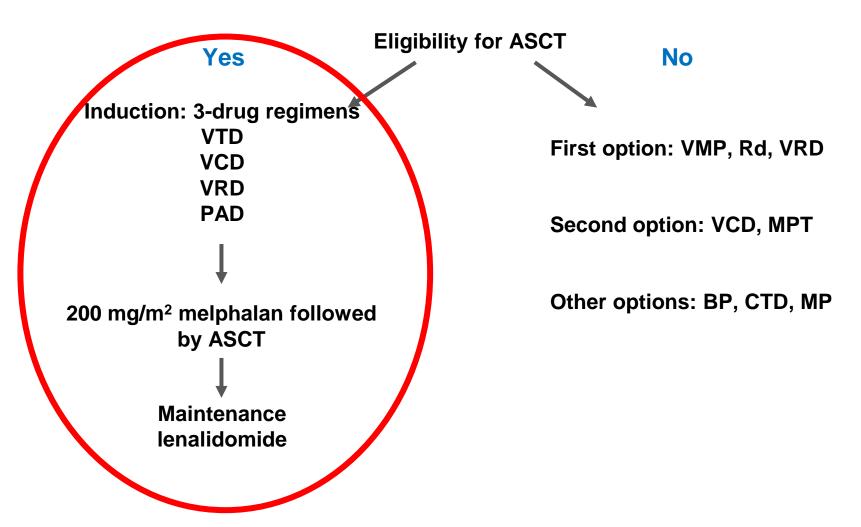




# NATURAL HISTORY of MM



# ESMO guidelines, FRONTLINE THERAPY



ASCT, autologous stem cell transplantation; BP, bendamustine-prednisone; CTD, cyclophosphamide-thalidomide-dexamethasone; E SMO, European Society of Medical Oncology; MP, melphalan-prednisone; MPT, melphalan-prednisone-thalidomide; PAD, bortezomib-doxorubicin-dexamethasone; Rd, lenalidomide-dexamethasone; VCD, bortezomib-cyclophosphamide-dexamethasone; VMP, bortezomib-melphalan-prednisone; VRD, bortezomib-lenalidomide-dexamethasone:VTD, bortezomib-thalidomide-dexamethasone.

### ACCORDING TO THE EUROPEAN CANCER OBSERVATORY...



38,000

NEW CASES OF MULTIPLE

MYELOMA IN EUROPE

EACH YEAR

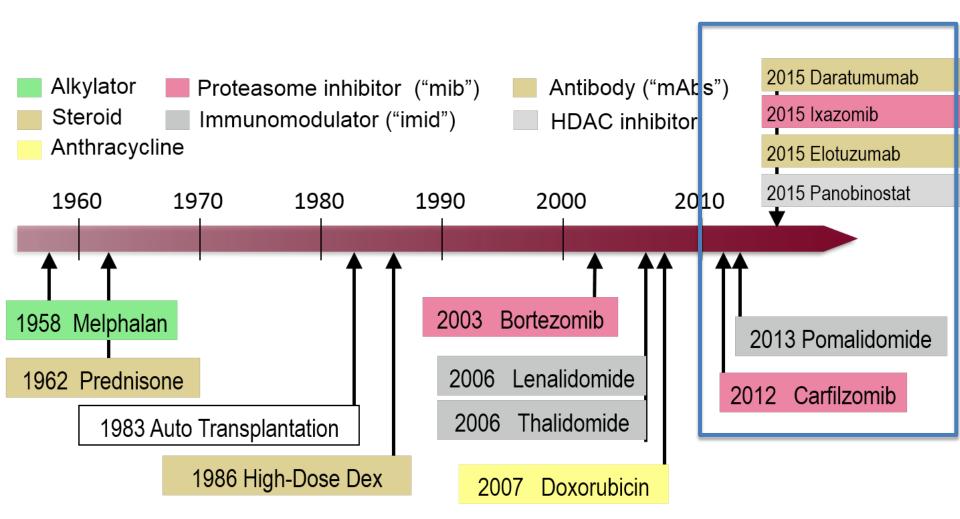
AND AN ESTIMATED 89,000 PEOPLE ARE CURRENTLY LIVING WITH THE DISEASE<sup>2</sup>

MULTIPLE MYELOMA CAN AFFECT PEOPLE OF ALL AGES, BUT THE MEDIAN AGE AT DIAGNOSIS IS 3...



IN 2002, ESTIMATES SHOWED THAT ONLY AROUND 1/3
OF ALL PEOPLE DIAGNOSED WITH MULTIPLE MYELOMA
LIVED FOR LONGER THAN 5 YEARS

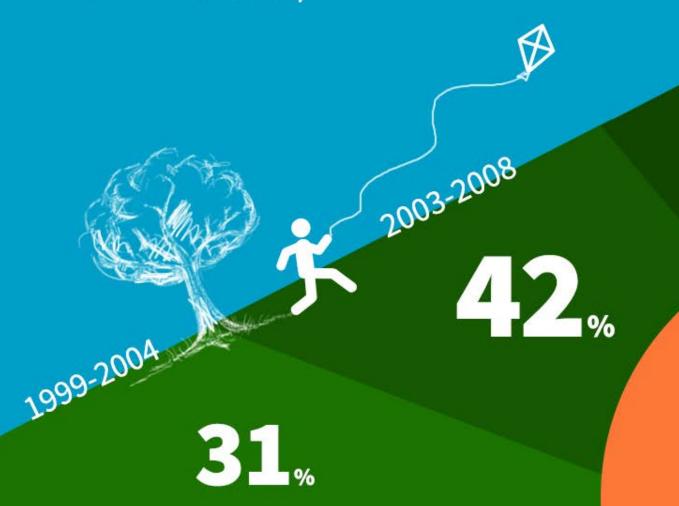
MULTIPLE MYELOMA REMAINS INCURABLE, HOWEVER RECENT ADVANCES IN TREATMENTS HAVE RESULTED IN A 50% INCREASE IN 5-YEAR SURVIVAL RATE BETWEEN 1992 AND 2008<sup>5</sup>



Auto = Autologous; Dex= Dexamethasone

# **Multiple Myeloma: A Decade of Progress**

Since 1999, the five-year survival rate for myeloma patients has increased steadily.



2007-2012

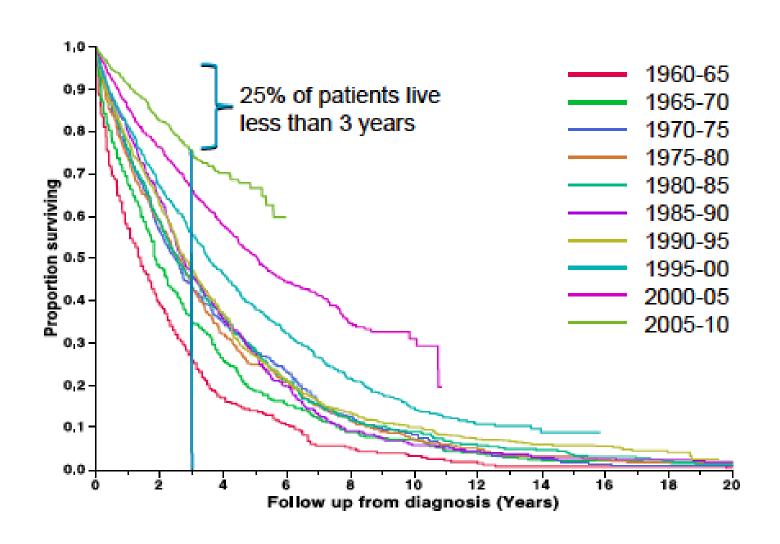
45%

### 13 THERAPIES

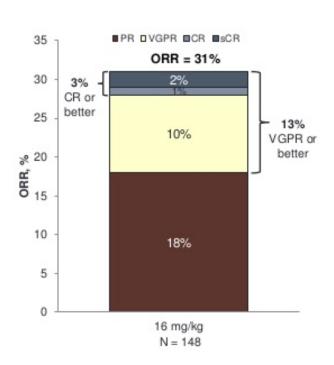
have been approved by the FDA for the treatment of multiple myeloma since 2006.

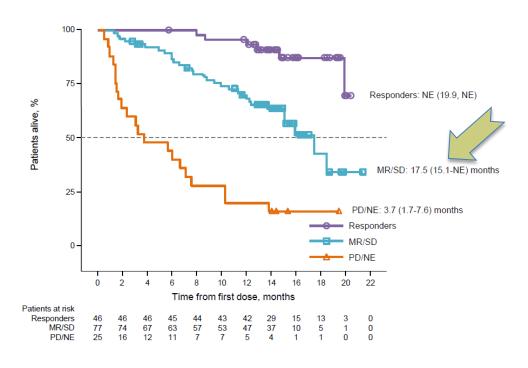
Medical innovation has played a significant role in the progress against this disease.

# IMPROVING SURVIVAL in MM



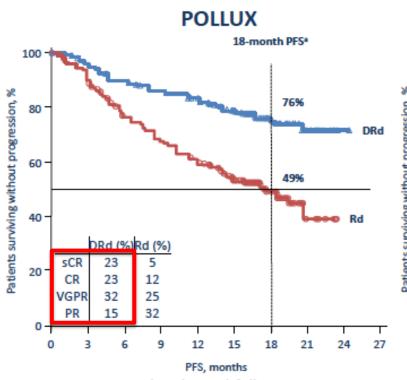
# DARATUMUMAB MONOTHERAPY





- Rapid, deep, durable responses in heavily pretreated MM pts
- OS benefit even in pts who achieved a SD or MR

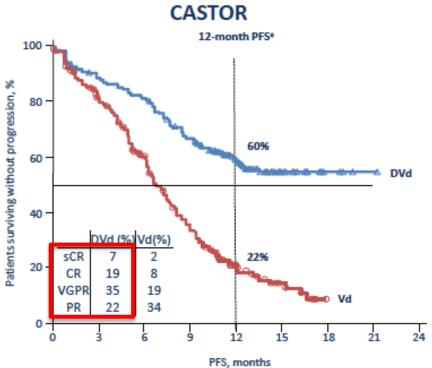
# DARATUMUMAB, PFS



Median (range) follow-up: 17.3 (0-24.5) months

#### Median PFS

- DRd: not reached; Rd: 17.5 months
- HR: 0.37 (95% CI, 0.28-0.50; P < 0.0001)</li>

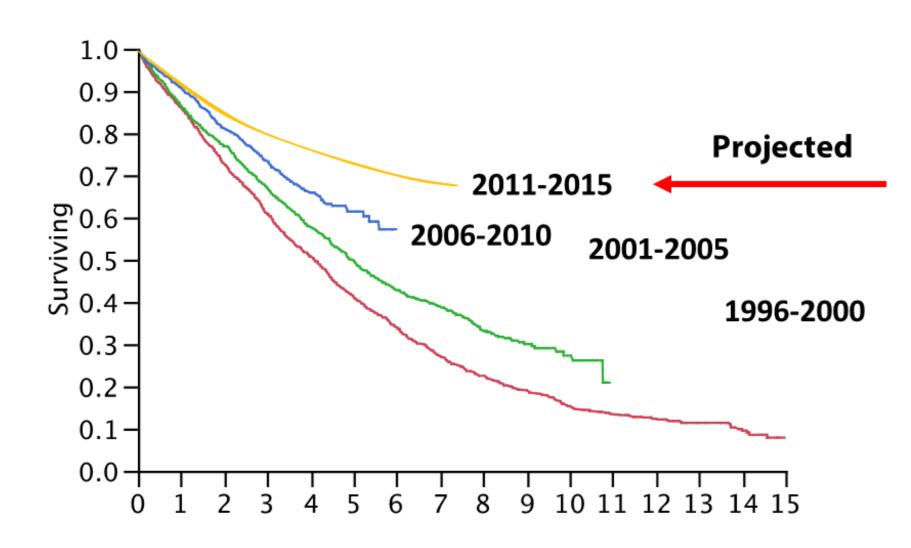


Median (range) follow-up: 13.0 (0-21.3) months

#### Median PFS

- DVd: not reached; Vd: 7.1 months
- HR: 0.33 (95% CI, 0.26-0.43; P < 0.0001)</li>

# SURVIVAL in MYELOMA





# ROAD to a NEW DRUG

### Road to a New Drug

Clinical trials are conducted in phases, each with its own purpose. It typically takes as many as 15 years for a drug to be approved by the FDA.

#### Phase I 20-80 patients tested

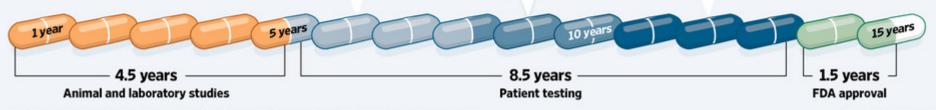
Tests the experimental drug in a small group of people to evaluate its safety and identify side effects

#### Phase II 100-300 patients

Determines appropriate medication dosage and preliminary effectiveness using a larger group of people

#### Phase III 1,000-3,000 patients

Confirms effectiveness, monitors side effects and compares the drug to other treatments or a placebo using large groups of people

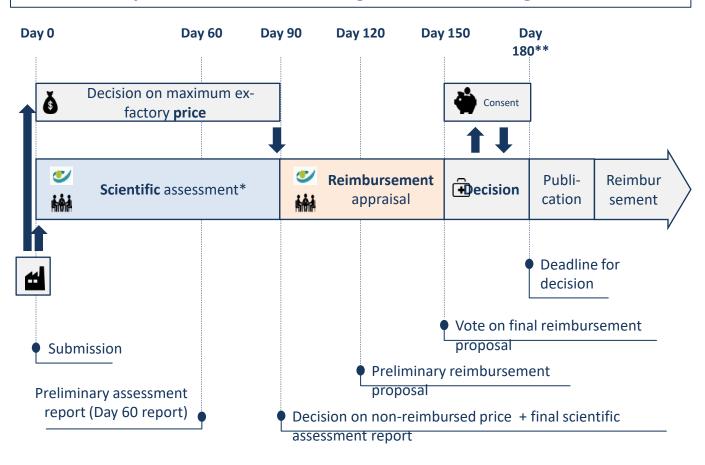


Note: Years and number of patients are approximate. Sources: MD Anderson Cancer Center; National Institutes of Health

The Wall Street Journal

# Scientific assessment and reimbursement appraisal for class I drugs

#### **P&R** procedures for class I drugs – no contract negotiations





<sup>\*</sup> See back-ups for more details

<sup>\*\*</sup> Timelines without clock-stops – see slide 15 for more details on clockstops

# EARLY ACCESS PROGRAM

- EARLY TEMPORARY AUTORISATION (ETA)
  - Allows patients to have a more rapid access to innovative treatments, when the registration procedure for that drug is still ongoing
  - Concerns drugs delivered for the treatment of lethal diseases,
     where there is no alternative

EARLY TEMPORARY REIMBURSEMENT (ETR)

# EARLY ACCESS PROGRAM

- EARLY TEMPORARY AUTORISATION (ETA)
  - MEDICAL NEED PROGRAM (MNP) : on a cohorte basis :
    - group of patients
    - defined criteria
    - exemples : Kyprolis-dexamethasone,
    - Soon: ixazomib, lenalidomide maintenance
  - COMPASSIONATE USE PROGRAM : on an individual basis :
    - for a designated patient, unable to participate to a clinical trial
    - via AFPMS (Federal Agency for Drugs and Health Products)

# Belgian PACT for INNOVATION

July 27th, 2015

Negociations with the pharmaceutical industry

- Shorten the reimbursement procedure by 50 days
- Enhance international collaborations with NL and L, particularly on orphan drugs
- Reduction of the cost of drugs
- Reinforce Belgium's position as Europe's leader in clinical trials
- Favor more competition on the post-patent market, in order to reinvestigate 1.4 billion dollars over a 4-year period into innovative products
- Tax policy to privilege innovators and investors

# DRUG SHORTAGE

- Medicines unavailable for patients because of production or stock problems
- Most of the time, alternatives can be found, but each year there is a big problem for public health in about 15 cases, mostly because a rare medicine against cancer or infections is unavailable.



# ROLE of BHS



- BHS is a <u>scientific</u> organisation in hematology
  - 1. Promote scientific progress in the field of hematology
  - 2. Enhance collaboration with other national and international scientific organisations
- Promote <u>quality</u> of hematology practice in Belgium
  - 3. Improve education and training in the field of hematology
  - 4. Enhance collaboration between hematology centers
  - 5. Promote and facilitate peer review processes
  - 6. Publication of guidelines
- Inforce the <u>position</u> of hematology speciality in Belgium
  - 7. In interactions with regulatory authorities
  - 8. Within the field of oncology
- Support organizations of <u>patients</u> with hematological disorders
  - 9. In their activities
  - 10. In their representation

# ROLE of BHS



- Support patient organisations in their activities
   (also in (in collaboration with corporate partners)
  - patients meetings at the GAM
- Support patient organisations in their representation
  - in their interaction with regulatory authorities

### → Patients committee 2016

- Provide a forum for people to meet each other, share experiences and provide on-going support for patients and their relatives.
- Offer a plateform where different patients' associations can meet
- Favor support tools to raise awareness of the diseases
- Guide us in developing new medicines, clinical trials, in seeking regulatory and reimbursement approvals, and providing patient support.













# **FUTURE**

- Build robust clinical trials adressing specific questions
  - Based on biological characteristics of the disease,
  - Equivalent degree of survival benefit with a shorter course of therapy
  - Adjust therapy based on response exemple : KRd
- Feed back : what are we doing?









**THANK YOU for YOUR ATTENTION**