European Alliance for Transformative Therapies

PREPARING EUROPE FOR NOVEL CELL AND GENE THERAPIES

Launch Event of the European Alliance for Transformative Therapies

EVENT REPORT

1. Overview of the Event

The European Alliance for Transformative Therapies, an informal group of MEPs interested in promoting patient access to transformative cell and gene therapies, was officially launched at a virtual event on 8 December. The event was co-hosted by MEPs Ondrej Knotek (Renew, Czech Republic), Claudia Gamon (Renew, Austria) and Tomislav Sokol (EPP, Croatia).

The Alliance aims to foster effective dialogue around cell and gene therapies and develop evidence-based policy recommendations to increase patient access to these treatments. With this aim, the Alliance is connecting Members of the European Parliament with patient groups, medical experts, medical associations, healthcare specialists, scientists, researchers, industry actors and other stakeholders.

The event saw the Alliance present its Call to Action, which makes a series of recommendations with a view to facilitating access to potentially life-saving cell and gene therapies. The Alliance calls for the integration of key priorities and considerations for cell and gene therapies into the implementation of the Pharmaceutical Strategy for Europe and other relevant EU healthcare initiatives.

Members of the Alliance made key commitments to raising further awareness of the value of cell and gene therapies and engaging in relevant policy discussions to improve patient access to transformative therapies.

The launch event brought together multiple stakeholders to discuss key themes around cell and gene therapies. Experts elaborated on key issues around bridging the gap between patients and innovation and improving the regulatory context for cell and gene therapies.

The discussion focused on the following key issues:

1. The need for healthcare professionals' education and adequate infrastructure for the provision of cell and gene therapies.
2. The importance of conducting efficient Advanced Therapeutic Medicinal Products clinical trials.
3. The need to build acceptability for Real-World Evidence.
4. The dissemination of best practices on innovative payment solutions for cell and gene therapies.

2. Introduction and setting the scene

In his introduction, MEP Ondrej Knotek (Renew, Czech Republic) highlighted the promise cell and gene therapies present for patients who suffer from debilitating and life-threatening genetic diseases. Echoing the Pharmaceutical Strategy[1], issued in November 2020, Mr. Knotek noted that a number of barriers preclude patient access to these therapies. With several novel cell and gene therapies soon coming to market, Mr. Knotek emphasised that the next few years will be crucial for health systems to **remove barriers to treatment** and **prepare for the provision of transformative therapies**.

In light of the publication of the Pharmaceutical Strategy, Mr Knotek emphasised the Alliance's commitment to bringing stakeholders together. He underlined that the Alliance is currently working on a **Consensus Statement.** The Consensus Statement is a document which the Alliance is developing in collaboration with patient groups and healthcare professionals. It aims to outline the current policy framework for cell and gene therapies and key areas which may act as barriers to patient access, and offer solutions on how to ensure these treatments reach patients. The Alliance presented its official Call to Action, to build momentum before the presentation of the Consensus Statement in January 2021.

In the ensuing interactions with the moderator, MEP Claudia Gamon (Renew, Austria) and Mr. Tadej Korosec (President, European Alliance of Neuromuscular Disorders Associations) presented the details of this initiative. MEP Gamon welcomed the Alliance's action to improve patient access to cell and gene therapies and emphasised the **importance of prioritising patients' individual healthcare needs**.

Aligning with Ms Gamon on the importance of both the Consensus Statement and the Call to Action in enabling policymakers to identify and implement frameworks that ensure patient access to innovative therapies, Tadej Korosec, highlighted the key areas of the Call to Action:

Area 1: Clinical trials
Need: Reinforce a competitive clinical trials framework in Europe for cell and gene therapies

Area 2: Innovative payment models
Need: Disseminate best practices on innovative payment models that can support national governments to increase patient access to transformative therapies

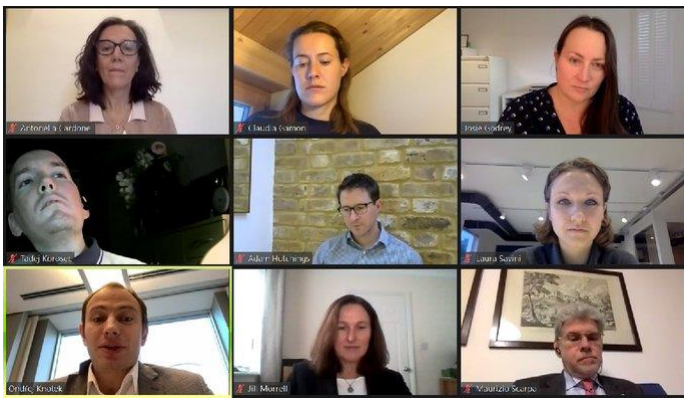
Area 3: Infrastructure
Need: Enhance the infrastructure for the provision of cell and gene therapies in Europe

Area 4: Cross-border patient access to therapies
Need: Enable cross-border patient access to transformative therapies

Area 5: Health Technology Assessment
Need: Promote the development of appropriate Health Technology Assessments (HTA)

Area 6: Innovative ecosystem
Need: Promote a modern innovation ecosystem with effective incentives

[1] https://ec.europa.eu/health/human-use/strategy_en



3. Panel discussion: Addressing the regulatory context around cell and gene therapies

This session focused on the various barriers precluding patient access to transformative therapies. Key areas of work were identified: ensuring sufficient Real-World Evidence; improving the regulatory environment around clinical trials; realising infrastructural improvements for the provision of cell and gene therapies; and promoting healthcare professionals' education.

Professor Maurizio Scarpa (Coordinator, ERN MetabERN[2]) opened the discussion by providing an in-depth presentation of cell and gene therapies' promise for patients. He noted that there remains significant room for research and development in order to capture the full range of these therapies' therapeutic application for rare diseases, including metabolic disorders.

Recognising that there are obstacles to be tackled to ensure patient access to these therapies, **Prof. Scarpa emphasised that the major challenges are technical, and much attention should be given to the need to educate physicians and guarantee that the infrastructures is ready and equipped to deliver gene therapies.**

Prof. Scarpa underlined that, thanks to their multidisciplinary teams, the European Reference Networks (ERNs) are crucial in overcoming such obstacles. These teams are already prepared to manage these therapies, and the ERNs represent the ideal environment in which such complex technologies can be provided.

Ms. Jill Morrell (Director Regulatory Policy EU, BioMarin) discussed key aspects linked to bringing gene therapies to market and specifically noted the need to:

1. **Conduct clinical trials efficiently;**
2. **Work with patients; and**
3. **Have a supportive regulatory environment.**

Elaborating on the competitiveness of EU clinical trials of Advanced Therapeutic Medical Products (ATMPs), Ms Morrell noted that Europe remains a less attractive market for ATMP clinical trials, in significant part due to the need for Genetically Modified Organisms (GMOs) approval for products that contain or consist of GMOs.[3] She underlined that the GMO Directives (2001/18/CE and 2009/41/EC) hinder EU competitiveness

[2] *MetabERN is a European non-profit network established by the EU to facilitate access to the best available care and address the needs across the border of all patients affected by any rare inherited metabolic disease (IMDs) and their families*

[3] Ms. Morrell remarked that the Commission granted an exemption from this GMO requirements to obtain faster access to Covid-19 vaccines and therapies.

as current EU regulations require gene therapies to conform to complex GMO rules in addition to clinical trial approval. These rules vary greatly across Member States. She further stated that there are key learnings which can be taken from the current COVID-19 pandemic, a consideration also stressed by Ms. Gamon, in terms of rapid scientific advice, rolling reviews, a more pragmatic approach to paediatric investigation plans (PIPs), and the waiver of GMO requirements.

Acceptability of Real-World Evidence is another topic which needs to be addressed. Ms. Morrell emphasised timely dialogue is needed to ensure that sufficient data is gathered to support national reimbursement decisions. Ms. Morrell called for multi-stakeholder discussions around the standards for Real-World Evidence in order to promote acceptability.

Laura Savini from the European Haemophilia Consortium provided a patient perspective on the regulatory issues around AMTPs. Ms. Savini elaborated on the great value of gene therapies and the excitement around these novel treatments within the patient community. She also stressed that securing patient access is imperative, particularly for individuals with limited therapeutic options.

Concurring with other speakers, Ms. Savini underlined that the small population available to participate in clinical trials for rare diseases limits data collection efforts, highlighting the need for ongoing Real-World Evidence (RWE) to complement clinical trial data. She suggested that real world data should be captured to monitor safety and efficacy in the long-term. As such, Ms. Savini stressed that patient registries must be improved and that both patients and physicians must be educated around the nuances of gathering Real-World Evidence.

Ms. Savini also built on the points made by Prof. Scarpa on the fact that novel therapies should be distributed in expert centres. She recalled that in May 2020, the EHC published a position statement in collaboration with the European Association for Haemophilia and Allied Disorders (EAHAD) promoting a hub-and-spoke model for the treatment of haemophilia and rare bleeding disorders using gene therapies.[4]

Ms. Savini concluded her intervention by thanking the industry for their investments in research and development and their efforts in bringing transformative therapies to patients.

In conclusion of this first panel, MEP Knotek highlighted the burden that patients face when countries do not reimburse transformative therapies.

Priority list for policymakers provided by the panellists

At the end of the panel, speakers were invited to highlight one key ask to be included in the priority list of policy-makers for 2021. The following areas were highlighted.

- Transformative therapies should be made available as soon as possible.
- Bring everyone together to work towards concrete solutions to ensure that patients get access to transformative therapies.
- Set-up infrastructures and be prepared for transformative therapies.
- Determine which lessons from the COVID-19 pandemic[5] can be applied to Advanced Therapeutic Medicinal Products.
- Provide further funding to accelerate development and research of transformative therapies.

[4] https://www.ehc.eu/ehc-eahad-joint-position-statement-on-gene-therapy/

[5] Such as the rapid treatment development and regulatory and reimbursement decision-making achieved in Europe in response to the COVID-19 pandemic.

4. Panel discussion: Bridging the Gap between Innovation and Patients

The second panel focused on key challenges for access to cell and gene therapies, including the need to consider innovative payment models[6] and improve cross-border healthcare. There was a broad agreement that cell and gene therapies would require a rethinking of the current value definition model, while cross-border healthcare needs to be improved to make sure that patients have access to the limited number of specialised centres providing transformative therapies throughout Europe.

Mr. Adam Hutchings (Managing Director, Dolon) elaborated on innovative payment solutions and the type of issues they could resolve to ultimately bring transformative therapies to patients. Due to the particular nature of cell and gene therapies[7], these issues include clinical and economic uncertainties and issues pertaining to affordability and the timing of payments. **Innovative payment solutions can address these problems.** Key examples of these solutions include coverage with evidence generation, payment by result, spreading the cost over time, price volume agreements and portfolio agreements. These solutions could be used independently or together. **The ideal outcome would be to create tailored payment models based on the disease, the treatment and the timing**. To achieve this, Mr. Hutchings highlighted three conditions: (1) political will, (2) infrastructure for evidence creation and collection, and (3) standardisation around the rules, contractual terms and how these solutions work in practice. Mr. Hutchings concluded by calling for more standardisation of these rules and how they are applied.

This was also underlined by **Mr. Alexander Natz (Secretary-General, EUCOPE),** who noted that **innovative payment schemes can be used to help spread the cost of transformative therapies over time, and not only at the time of the treatment**. Mr. Hutchings clarified that, currently, different models are being applied – a notable example is payment by results, which links payment to specific outcomes. This model is linked to assessments based on patient data, and for this reason data collection should be one of the first areas of action.

Ms. Antonella Cardone (Director, European Cancer Patient Coalition) underlined that cell and gene therapies are long-effect personalised therapies with lifechanging potential, and called for a health system restructuring to accommodate such therapies as well as a new collaboration model between manufacturers and hospitals.

Ms. Cardone noted, however, that inequalities between countries must be addressed by (1) improving data collection and data protection, (2) introducing new models of reimbursement and commercialisation, (3) ensuring effective collaboration models between manufacturers and hospitals and (4) improving and harmonising HTA systems. Ms. Cardone further recalled that cell and gene therapies can create challenges for payers. These challenges will remain if the healthcare systems continue to work in silos. She noted that there is **a need to find alternative value definition models**. She concluded by stating that patients should have access to life-saving treatments and that it is a shared responsibility between all stakeholders to find solutions to make this happen.

Building on the previous speakers' remarks, Mr. Natz stressed that there is a need to focus on data generation to be able to show treatment outcomes. He expressed his hope that **the Commission would take this element of value-based pricing and innovative payment guarantees into account.**

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[6] Innovative payment models facilitate patient access by allowing the necessary flexibility for payers and companies to find jointly acceptable reimbursement solutions. These models, such as most annuity payment models, outcomes-based payment models or risk-sharing agreements include conditionality clauses where reimbursement is tied to specific treatment performance.

[7] These transformative therapies are inherently more costly upfront than traditional medicines due to the intensive research and development as well as manufacturing costs.

MEP Tomislav Sokol (EPP, Croatia) highlighted the proposed HTA Regulation – which he considers as not ambitious enough. He also referred to the Cross-Border Healthcare Directive as a key area of action to meet the Alliance's goals. He noted the administrative blockages, as well as to the fact that patients have to pay upfront and ask for reimbursement according to the tariff of the Member State. For this reason, he called for a review of the Directive as part of its upcoming evaluation. Mr Sokol further suggested that cohesion policy may be a priority area for the Alliance, as it serves as a primary means of public investment across numerous Member States.

Professor Béatrice Gulbis (Co-Coordinator, EuroBloodNet[8]) shared her perspective on the role ERNs could have to pave the way for cell and gene therapies. As a concrete example, she presented the work of the EuroBloodNet on bone marrow transplantation between Ireland and Italy. She explained that the ERN identified the legal framework and ensured political commitment from authorities of both Member States. The lesson learned from this experience is that the clinical patient management system (CPMS)[9] developed by the Commission could be a very good tool for innovative therapies. She also noted that the administrative management between clinical institutions was very complex and as such, excessively time-consuming. Finally, she remarked that a number of related costs emerged (travel, living in another city), creating an extra burden on patients.

5. Conclusions

MEP Sokol provided the concluding remarks for the event. He was delighted that the event provided a platform for an active debate that both elaborated on key topics such as clinical trials, infrastructure, innovative payment models and funding, and put forward concrete ideas and suggestions to improve access to transformative therapies for patients.

Mr. Sokol noted that the political atmosphere around healthcare has changed across the European institutions. He underlined that this was not only a consequence of the Covid-19 pandemic, but a result of the effort that the EU has been making in the sector with the EU4Health and the Beating Cancer Plan – two files which are key priorities for the European Parliament. This effort is not just political, he stressed, because each stakeholder is essential. He concluded that the Alliance's efforts are timely to take action to ensure patient access and prepare health systems for the provision of cell and gene therapies.

[8] EuroBloodNet is the European Reference Network in Rare Haematological Diseases (RHD)

[9] https://ern-euro-nmd.eu/clinical-patient-management-system/

As a next step, the European Alliance for Transformative Therapies will publish its Consensus Statement in early 2021. The Consensus Statement as well as the themes which emerged during the panel discussions will serve as the basis for the Alliance's work in 2021.

6. Annex I: Event agenda

16:00 – 16:10 ***Welcome and Introduction***

- ***MEP Ondrej Knotek*** *(Renew, Czech Republic)*

16:10 – 16:20 **Setting the scene: Multi-stakeholder Consensus Statement on Cell and Gene Therapies**

- ***Tadej Korosec*** *(President, European Alliance of Neuromuscular Disorders Associations)*
- ***MEP Claudia Gamon*** *(Renew, Austria)*

16:20 – 16:50 **Panel discussion: Addressing the Regulatory Context around Cell and Gene Therapies** *(Moderated Q&A session at the end)*

- ***MEP Ondrej Knotek*** *(Renew, Czech Republic)*
- ***Maurizio Scarpa*** *(Coordinator, ERN MetabERN)*
- ***Laura Savini*** *(Public Policy Officer, European Haemophilia Consortium, EHC)*
- ***Jill Morrell*** *(Regulatory Policy EU Consultant, BioMarin)*

16:50 – 17:20 **Panel discussion: Bridging the Gap Between Innovation and Patients** *(Moderated Q&A session at the end)*

- ***Adam Hutchings*** *(Managing Director, Dolon)*
- ***Antonella Cardone*** *(Director, European Cancer Patient Coalition)*
- ***MEP Tomislav Sokol*** *(EPP, Croatia)*
- ***Beatrice Gulbis*** *(Co-Coordinator, EuroBloodNet)*
- ***Alexander Natz*** *(Secretary-General, European Confederation of Pharmaceutical Entrepreneurs - EUCOPE)*

17:20 – 17:30 **Concluding remarks: Outlook for 2021**

MEP Tomislav Sokol *(EPP, Croatia)*