European Alliance for Transformative Therapies

TRANSFORM
MEP Interest Group
2024 CONFERENCE

Relaunch of the MEP Interest Group

EU policy to secure safe and timely access to advanced therapies for patients

21 November 2024

Summary Event Report

Executive Summary

On 21 November 2024, the TRANSFORM Alliance held a conference hosted by MEP Billy Kelleher (Renew Europe, Ireland) to **relaunch the TRANSFORM MEP Interest Group** and discuss '**EU policy to secure safe and timely access to advanced therapies for patients**'.
The key takeaways from the discussions:

- **Significant challenges are expected to remain after the implementation of the joint clinical assessments (JCA) under the Health Technology Assessment (HTA) Regulation from January 2025:** key aspects of the implementation include ensuring against unnecessary duplication of efforts at the national level, implementing fit-for-purpose assessment methodologies that can accommodate ATMP specificities, and making sure advancements in the regulatory pathway are not lost during assessment in the market access pathway. Nonetheless, the HTA Regulation represents a significant step forward in regulatory streamlining: the new process will bring clinical assessment earlier in the drug lifecycle, running it in parallel to the regulatory process. It will capture the scientific evaluation of ATMPs into a single document valid Union-wide.
- **Competitiveness will be featured prominently in the European Commission's work plan across all policy areas**, including healthcare: competitiveness gaps should be addressed from a holistic drug lifecycle approach, seeking to streamline regulatory processes, facilitate access to finance, adopt innovative payment models and complement regulatory sandboxes with solutions that leverage the European Reference Networks (ERNs) and the European Health Data Space (EHDS). The findings of the Letta, Draghi and Heitor Reports will be fed into future proposals, such as the forthcoming Strategy for European Life Sciences.
- **Early patient access to ATMPs must be supported**: improving the European clinical trials (CTs) landscape, with a view on regulatory harmonisation and improved funding, offers a great opportunity to advance patients' right to health while promoting Europe's competitive standing on the global R&D stage.
- **Comprehensive change from a health ecosystems perspective is also crucially important for both patients and developers**: better cooperation and coordination that would see the integration of European health systems into an interconnected network for effective patient access, supported by ERNs and European 'lighthouses', would ensure the long-term sustainability of national healthcare systems. It woud also signal to developers the EU's readiness to take up advanced therapies and provide a viable market.

Opening Keynote

MEP Billy Kelleher (Renew Europe, Ireland), Co-Chair of the TRANSFORM MEP Interest Group, opened the discussions with a keynote address.

"In particular, when we talk about advanced therapy medicinal products, in my view, we are on the cusp of greatness in terms of the potential that could be unleashed in the next number of years."

MEP Kelleher reiterated his interest in the transformative potential ATMPs hold for healthcare systems and stressed the need to balance the benchmarks set for developers in a way that does not stifle innovation: regulatory frameworks should be streamlined and future-proofed, allowing for flexibility and adjustments in a dynamic space such as ATMPs'. In addition, when it comes to intellectual property rights, politicians face the difficult challenge of protecting intellectual property and ensuring patient access.

The EU institutions have limited competence in health, and MEP Kelleher emphasised the importance of continuing the discussion around understanding what the EU can and cannot do. For example, the benefits of a common, harmonised EU approach to newborn screening would extend beyond the patient community by signaling to developers and national governments where resources should be preemptively allocated, instead of 'playing catch-up.' MEP Kelleher vouched to advance the European Parliament's work in this area under the new mandate.

The market pathway for ATMPs still suffers from significant HTA and reimbursement hurdles: political pressure alone cannot solve patient access. Unequal patient access across the EU 'defies basic decency, [and] it certainly defies the concept of what this is meant to be as a Union, a single market.' MEP Kelleher vouched to continue pressuring the Commission into taking more action to establish a robust regulatory framework and provide clear reimbursement and approval pathways for therapies.

Steering Group Address

Martine Pergent, President of IPOPI and TRANSFORM Steering Group member, welcomed participants to the discussion and built up on MEP Kelleher's remarks, adding that the TRANSFORM Alliance has been a core advocacy platform in the European space for improving patient access: since 2021, its MEP Interest Group has worked on several pieces of legislation, including the revision of the General Pharmaceutical Legislation, the HTA Regulation, the Regulation on Substances of Human Origin (SoHO), the EHDS Regulation and the Clinical Trials Regulation (CTR). The Interest Group's 7-Point Charter of Recommendations consolidated the group's positions on these files into a single document designed as a toolkit for future legislative initiatives. The Alliance finds itself at a crucial turning point in the EU legislative cycle, and the time is ripe to ensure safe and timely patient access to advanced therapies – the discussions touched upon the road ahead and the hurdles the community must overcome together.

Panel I | Taking stock of the current legislative and regulatory landscape for ATMPs

- Dr Paul de Boissieu, Chair JCA Subgroup, HTACG
- Adam Parnaby, Senior Director for International Policy & Government Affairs, BMS
- Iva Galovic, Programme & Engagement Manager, EFNA

Dr de Boissieu opened the discussion on the changes the incoming HTA Regulation will bring to the EU HTA landscape. From January 2025, ATMPs and oncology products will undergo JCA. This new process will bring clinical assessment earlier in the drug lifecycle, running in parallel to the regulatory process, and will capture the scientific evaluation of ATMPs into a single document valid Union-wide. National appraisal is expected to be expedited, ensuring faster patient access while also significantly enhancing the transparency of the entire process.

"Challenges across Europe are affecting these three areas: we need to incentivise innovation, we need to balance sustainability and affordability, and we need to drive value and access in our healthcare systems." - Adam Parnaby

Adam Parnaby built on Dr de Boissieu's remarks to highlight that, while the remit of EU health policy on health system sustainability and drug affordability is limited, the JCAs present a great opportunity to reflect on improving value and access across the EU. Despite an increase in ATMP marketing authorisations in recent years, national healthcare systems have failed to take these products up. A greater focus on ATMPs specificities could be a starting point for solving this issue.

Iva Galovic emphasised the importance of *equitable* patient access. Neurological diseases are one of the fastest-growing diseases in Europe. Despite often being 'invisible,' one in three Europeans will be affected by a neurological condition in the course of their lives, with the near future potentially seeing the ratio go up to every one in two. Despite their prevalence, only one in five Europeans have access to satisfactory treatment and care to manage their condition. ATMPs hold great potential in improving patients' quality of life, making equitable access all the more vital.

While in broad terms, the EU is setting on the right course by having the critical issues of access, innovation and competitiveness on the table, discussions need to translate into concrete actions around expediting regulatory pathways, aligning health policies to unmet medical needs (UMNs), and developing regulatory sandboxes. New biology models and the uptake of artificial intelligence (AI) will also transform the ATMP space, with promising start-ups coming onto the scene. However, the products these developments will translate into will be set against an HTA system referring back to an outdated 'gold standard' of evidence generation and collection that is no longer fit-for-purpose. The classic HTA cost-value coherence was designed for chemical-based medicines and does not fit the characteristics of ATMPs, including their one-off dosing with long-term outcomes, innovative clinical trial (CT) designs and data collection models.

"If the HTA community sticks to its idea that there must be a gold standard of evidence that must be met every single time by every new transformative medicine, there will always be this gap, because this type of medicines aren't developed in that way." – Adam Parnaby

For Mr Parnaby, future-proofing the EU systems requires us to constantly think about the next step in innovation. While ATMPs are the current 'next step,' the landscape could shift again in five years and once again in a decade. The EU must develop solutions not only to incentivise this development, but to also ensure that regulators and assessors have the right tools to capture and evaluate the evidence in a way that is then translatable to healthcare systems, allowing them to make intelligent reimbursement decisions.

For Dr de Boissieu, the gold standard in HTA evaluation is comparative data, as this standard is most apt for highlighting the added value of a therapy. Comparative data are also the gold standard in the implementation of the HTA Regulation. However, Mr Parnaby emphasised that classic endpoints struggle to capture ATMPs' potential long-term benefits. Flexibility in the uptake of data based on, for example, surrogate endpoints must be introduced and maintained if ATMPs are to be adequately assessed. The issue is more poignant in the case of a first-in-class ATMP, for which the gold standard requires multiple clinical trials to prove its benefit. This is an almost impossible undertaking for a novel product.

"Equitable patient access to therapies is very important. These innovative therapies must be accessible to all patients across Europe. One of the things we also find important is to have the patient voice included." – Iva Galovic

From the patient's perspective, a key next step for the Pharmaceutical Package is the true assessment of the burden of severe diseases targeted by ATMPs. Many conditions, including neurological, have an 'invisible' impact beyond physical symptoms – these conditions impact patients at a socio-economic level as well. Unmet medical need (UMN) definitions – in the Pharmaceutical Package and beyond – should comprehensively capture the impact of these conditions. This has to be a community exercise, with all relevant stakeholders engaged. The HTA process should also feature the patient's perspective. On this point, Dr de Boissieu underscored that the stakeholder network set up by the HTA Regulation will ensure continuous dialogue with patients, clinicians and developers. Furthermore, the perspectives of patients and clinical experts will be incorporated twice during the JCA and will be featured in the final reports.

MEP Kelleher echoed the worrisome findings of the Draghi Report on the EU's waning position in the global clinical trials landscape. On this point, Mr Parnaby emphasised that the EU must act using a life-cycle approach. He pointed out that Europe can increase its attractiveness to investors by sending clear signals on potential financial returns. Expedited regulatory processes can only go so far in improving the ATMP landscape if the HTA process does not keep up at the same pace. Indeed, duplication is one of the key issues the HTA Regulation is designed to address. During the discussions, panellists drew parallels between the HTA Regulation and the CTR, fearing that the minimisation of duplication might not be fully achieved, as was the case for the CTR and multi-country CTs: while the CTR sought to harmonise requirements at the EU level, national-level requirements still remain, posing a significant barrier to developers. The same dynamic must not be replicated in the HTA space.

Panel II — Shaping the future environment for the development and delivery of ATMPs

- Carmen Laplaza Santos, HoU 'Health Innovations & Ecosystems' at DG RTD
- MEP Stine Bosse (Renew Europe, Denmark), Co-Chair TRANSFORM MEP Interest Group
- Francis Pang, Senior VP, Orchard Therapeutics
- Matt Bolz-Johnson, Mental Health Lead and Healthcare Advisor, EURORDIS

Carmen Laplaza delivered an opening presentation on the Commission's priorities in research and investment (R&I) and healthcare.

"Innovation procurement is extremely important in the healthcare field. […] In Europe, public spending in healthcare is crucial: the public sector has an important role in pushing for innovation uptake." – Carmen Laplaza

The European Health Union will centre around supply chain security and diversification, health system resilience, prevention and non-communicable diseases. The findings of three reports – Letta, Draghi and Heitor – will be fed into the Commission's agenda, focusing on key recommendations including the 'free movement' of R&I in the Union (referred to as the 5th freedom), fast-tracking HTA processes, capitalising on the EHDS and using joint procurements as an access tool for innovative or orphan products. The most significant imbalance between the EU and third countries concerns phase I clinical trials, where EU activity is severely limited. European and national strategies can help address the gap, but developers still need support regarding these projects' administrative burden, their understanding of regulatory pathways, and their ability to anticipate exploitation roads.

"My perspective is the patients': we need to get our act together to make sure that patients end up having a much better situation all over Europe." – MEP Stine Bosse

MEP Stine Bosse followed with a personal story underpinning her ambitions in the ATMP and rare disease landscape. Her commitment stands with improving patient outcomes. For MEP Bosse, the starting point has to be the industrial and academic landscape. Only a solid industrial base, together with world-leading EU academic centres, will ensure that the solutions needed by European patients will be made available. There is a clear gap between the innovative ideas of the academic space and their translation into marketable solutions. Support for the industrial base comes with the responsibility to ensure accessibility in Europe. Improvements to the EU capital markets must complement regulatory streamlining.

"If it's just about innovation to drive investment, we'll fall over. We need to see the transformation that ATMPs offer as innovation that can transform healthcare systems." – Matt Bolz-Johnson

Matt Bolz-Johnson shared the patient perspective on the EU priorities. There needs to be a political commitment to prioritising innovation, not only from an EU but also from a Member-State perspective. In the UK, we see strategic thinking around the 'Therapeutic Catapult' yielding results in the UK. This initiative takes a holistic view of the organisation of the healthcare system, signalling to the developer community the system's readiness to take on and effectively deliver advanced therapies. In the UK, Advanced Therapy Treatment Centres are connected to hospitals' networks to create the core infrastructure undergirding timely patient access. A similar infrastructure, building on ERNs, should be set up in the EU.

"All this translates into an environment of business predictability. I think what would attract investment in this part of the world would be exactly this sense of business predictability."
– Francis Pang

Francis Pang shared the SME vision for the European ecosystem. Patient access must occur earlier in the global launch sequence. Accelerated approval pathways, broader reimbursement for ATMPs, and overcoming European fragmentation in the area of pricing and reimbursement could pave the way forward. The HTA Regulation will apply to ATMPs from 2025. However there are significant uncertainties around the JCA, such as the report timeline and its impact on pricing and reimbursement at the country level. Facilitating cross-border health care (CBHC) and making it a viable option for patients, especially in the rare disease space, is also very important, in particular, due to the limited therapeutic window faced by the patients suffering from the diseases ATMPs target.

The discussions centred around the announced Strategy for European Life Sciences and the need to take a holistic, 'end-to-end' approach. ATMPs should be the key assets of the Life Sciences Strategy and be seen as a case study. Given the immense pressure healthcare systems are expected to be under, questions around financing future therapeutic options led to the issue of the availability of infrastructure and expertise. ERNs are only the beginning and must be complemented by a digital revolution in healthcare. Leveraging health data solutions in healthcare can overcome significant hurdles endemic to rare and ultra-rare disease R&D. Lessons from the (ultra-) rare disease space could then be applied to coordinated action in other disease areas.

Predictability and stability in intellectual property rights (including regulatory data protection) are essential for business sustainability. These incentives are particularly critical for SMEs developing a large share of the cell and gene therapy pipeline. Flexibility in EU regulatory thinking and leveraging regulatory sandboxes, specifically around the use of all available clinical evidence, should also be a feature of the Life Sciences Strategy.

TRANSFORM Members hope for a stepped increase in investment into the research environment, both commercial and academic, to support innovation from the preclinical to the clinical phases. The Strategy must also be inclusive, foster public-private partnerships (PPPs) and work towards a dynamic, hybrid pathway built on synergies between academic and commercial actors. Innovative partnerships are a flagship EU accomplishment.

"[ATMPs are] disruptive technology, making us rethink how we develop, making us rethink how we regulate and assess, and making us rethink how we organise healthcare at a national level." – Matt Bolz-Johnson

There is tremendous waste in healthcare, which needs addressing if resources are to be unlocked for advances in health technologies. The EU also boasts clear advantages over third-country partners that could help improve the European CT landscape, such as universal health coverage, excellence in expertise and facilities, and CT networks. Nonetheless, important steps must be taken, especially around regulatory burden, duplication and fragmentation, as well as faster patient recruitment. The CT phase also underscores developers' limited understanding of regulatory requirements and standards, highlighting a key area in need of improvement and support. Streamlining should also focus on the use of platform technologies and prior evidence of already-validated vectors to avoid duplication.

Cross-border healthcare should encompass a holistic approach, from patients accessing therapies outside their home country to Member States sharing best practices, expertise and other resources. To achieve this, legislation on the coordination of social security, including the S2 form route, and the CBHC Directive, should be improved. Innovative funding mechanisms could also support faster patient access in the short term while the legislative framework is being revised. Finally, ERNs should be given a formal role in the cross-border mobility of patients, knowledge and expertise.

Closing Remarks

MEP Stine Bosse wrapped up the conversation with a powerful message:

"Advanced therapies are the future of therapies. It's not like we're working in a little corner – we're making a pathway for the future, for many therapies – more individualised, and very different from what we know today."

The EU response to the COVID-19 pandemic could have started something greater: we need to leverage the lessons learned, raise awareness, and encourage and support public-private funding opportunities. The EU must keep patients' interest at the centre of all its actions by focusing on the speed of access to therapies as a key deliverable.

Dr Alexander Natz (EUCOPE) complemented MEP Bosse's vision, applauding the MEPs and the wider TRANSFORM multistakeholder network for engaging with the Alliance and the timely conversations around the future of care in Europe. While cell, gene and tissue therapies enter the rare and ultra-rare disease space, the future could see ATMPs spill into other, non-rare therapeutic areas, such as Parkinson's. This expectation bears all the more on the timeliness of this discussion – and the need to ensure that health systems remain fit for purpose in light of these advancements. Platform technologies carry a lot of potential for ultra-rare diseases and personalised medicine, and Dr Natz welcomed the Parliament's position in the Pharma Package to include a bespoke market authorisation framework for these technologies. Nonetheless, further action must be taken at the EU level in the design and implementation of legislation: the legislative framework for cross-border healthcare must be revisited and brought up to speed to meet current needs, the roles of ERNs in the ATMP space must be enhanced, and pharmaceutical developers must receive the necessary guidance from regulators and assessors, not least through the allocation of sufficient slots for Joint Scientific Consultations under the HTA Regulation. The Life Sciences Strategy hold great potential for EU competitiveness, and the Biotech Act could play a key role in supporting the European industrial base while facilitating timely patient access.

About the European Alliance for Transformative Therapies (TRANSFORM)

We invite you to follow the TRANSFORM Community on X and LinkedIn. Keep an eye on our website to stay updated on the activity of our Alliance and our #MEPsforATMPs.

If you did not attend the 2024 TRANSFORM MEP Interest Group Conference, or wish to rewatch it, you can access a recording here:
https://transformalliance.eu/event/eu-policy-to-secure-safe-and-timely-access-to-advanced-therapies-for-patients/

You can read the TRANSFORM Alliance Position Paper on the Pharmaceutical Package (April 2024 update) here:
https://transformalliance.eu/wp-content/uploads/2024/04/April-2024-Update-TRANSFORM-position-Pharma-Package.pdf

You can read the TRANSFORM MEP Charter for the 2024-2029 mandate here:
https://transformalliance.eu/charter/

You can access our repository of policy asks and recommendations on ATMPs, cross-border healthcare, and the Pharmaceutical Strategy for Europe here:
https://transformalliance.eu/our-positions/

The European Alliance for Transformative Therapies (TRANSFORM) is a multi-stakeholder alliance that connects Members of the European Parliament (MEPs) and policymakers with patient groups, medical experts and associations, scientists, researchers, industry actors, networks and other relevant stakeholders. TRANSFORM aims to foster effective dialogue and provide evidence-based policy recommendations to enable safe and timely patient access to cell and gene therapies, whilst ensuring the sustainability of healthcare systems.

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The European Medicines Agency (EMA) is an Observer to the Alliance.

European Society of Gene and Cell Therapy (ESGCT)

ReNEW Consortium - Stem Cell Medicine

European Federation of Neurological Associations (EFNA)

Retina International

World Duchenne Organisation (WDO)

International Patient Organisation for Primary Immunodeficiencies

Thalassaemia International Federation (TIF)

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European Paediatric Translational Research Infrastructure (EPTRI)

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