

# Extrapolation across related diseases

- Extrapolation frameworks have been established by major HAs incl EMA.<sup>1</sup> So far, they have mainly been applied to *paediatric* extrapolation. How about extrapolation *across related diseases*?
  - Specific considerations in contrast to those applicable to paediatric extrapolation?
- Disease *taxonomy* can be fragmented and evolving, esp. in rare diseases. Guidance on *appropriate grouping* for clinical trials?
  - Efficacy in broad disease trial may yield broad approval, as long as subgroups point in the right direction.
  - Separate investigations per disease subtype (e.g. in a basket trial) may yield approval only in significant subtypes, not in those that merely point in the right direction (or those not studied). When are separate investigations required, and what evidence could still lead to a broad label in this situation?

<sup>1</sup> [EMA 2018](#)

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- Under which circumstances can information be borrowed across related diseases caused by the same underlying defect?
  - Same MoA biomarker on pathway to different symptoms
  - Same selected symptom across multifaceted diseases
- Dose recommendations across related indications?
  - Cf. specific discussion topic in separate contribution today
- What documentation should sponsors provide to facilitate regulatory review at different stages (scientific advice, submission...)?
  - Possibility of early interaction before investing in large simulation studies?