

Joint Efforts for Innovative Drug Development in China

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Source:

ICH E17 Training Modules

RDPAC ICH E17 Blue Paper RDPAC Training-20240612

CDE 2023 Annual Review Report

RDPAC report on drug registration timeline survey 2024

Acknowledgement

RDPAC Stats Core Team

RDPAC

RDPAC ICH E17 MRCT Blue Book Project Team

DIA China biostatistics community

Yan Hou (Peking University)

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RDPAC: the R&D-Based Pharmaceutical Association Committee, representing 46 leading multinational pharmaceutical companies with R&D capabilities, is a committee under the China Association of Enterprises with Foreign Investment (CAEFI).

Outline

- **Background – China Regulatory Environment and ICH Journey**
- **Joint Efforts in Development and Implementation of ICH Guidelines**
 - ICH E17 MRCT Blue Book Project
 - ICH E9R1 Implementation in China
- **Summary**

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China Regulatory Reform

Encourage Innovative Drug Development and Access to Patients



- Review and approval quality
- Application backlog
- Generic drug quality
- Research innovation
- Review and approval transparency

Re-define New drug registration category

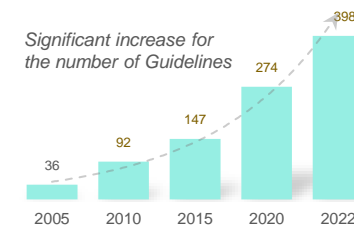
- Consultation pathway
- Expedited program

Technical guidance

CTA variation categories

Electronic submission

CTA approval in 60 Working days



NDA review report



China ICH Journey



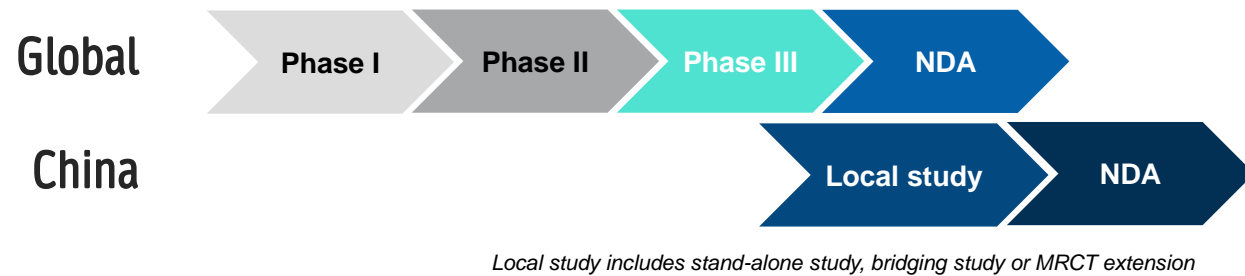
- Implement ICH guidelines and integrate China into global framework
- Accelerate CTA approval, clinical trial notification “approval” in 60 working days
- Enhance HA consultation (type I, II, III meeting)
- Shorten review timeline after introducing 4 expedited regulatory pathways:
 - 1) conditional approval, 2) breakthrough therapy designation (BTD), 3) priority review, 4) special approval

As of 2023, China has implemented **100%** ICH Guidelines.



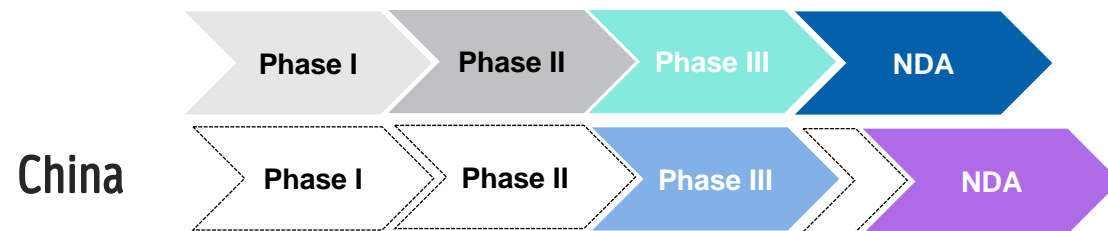
China Regulatory Reform Enables Simultaneous Development

Prior to the regulatory reform, China stand-alone study or bridging study is the main strategy



- Drug should at least be in Phase II trial stage before MRCT can be conducted in China
- Over 12 months CTA approval timeline
- Imported drug needs to be approved in another country before file NDA in China

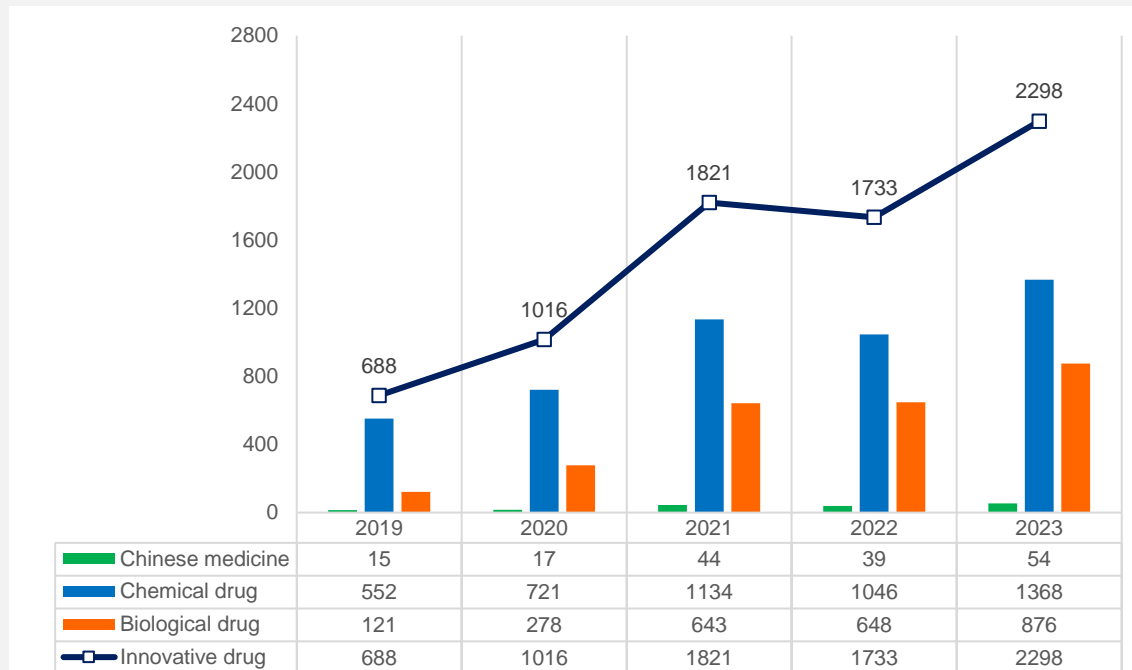
Since regulatory reform, MRCT becomes the preferred strategy and enables simultaneous registration



- Possible to join early phase development
- Adopt ICH guidelines
- CTA approval in 60 working days
- HA consultation (type I, II, III meeting)
- Expedited program

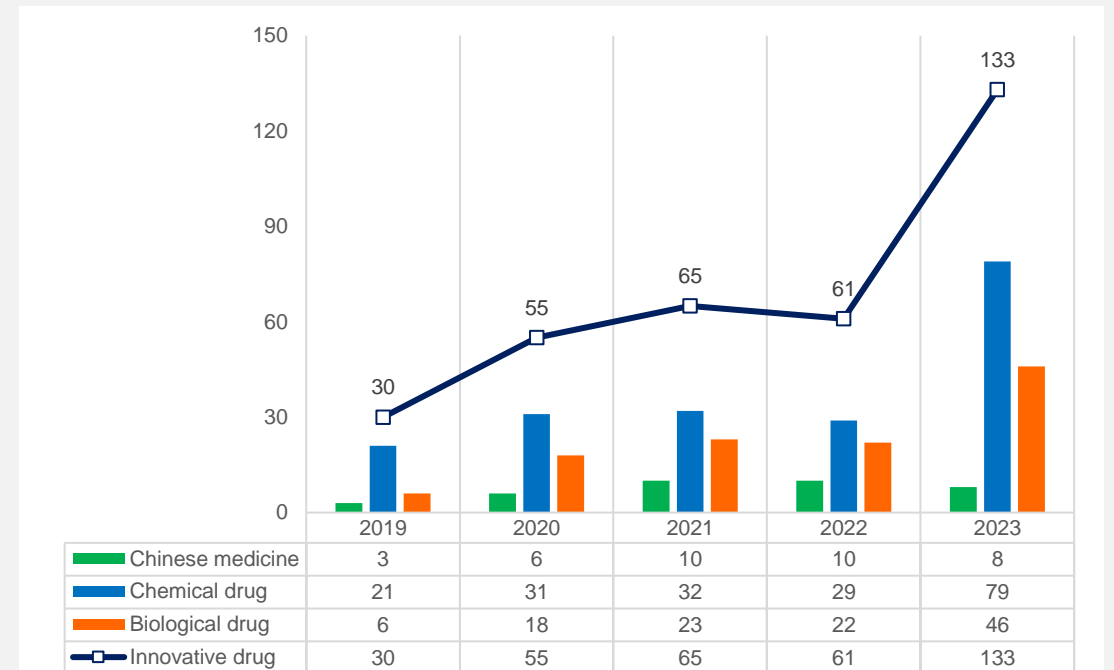
Rapid Increase in CTA and NDA Applications in China

Quantity of IND-s acceptance of innovative drugs from 2019 to 2023



IND acceptance of innovative drugs increased by **32.60%**

Quantity of NDA-s acceptance of innovative drugs from 2019 to 2023



NDA acceptance of innovative drugs increased by **118.03%**

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Joint Efforts in Development and Implementation of ICH Guidelines in China

Development of ICH Guidelines

- Joining ICH WGs as EWG experts representing China Industry;
- Organizing workshops to collect inputs from industry and academia.

Implementation of ICH Guidelines in China

- Organizing the trainings for China drug development community cross industry, academia and HA;
 - **ICH E9R1 Estimand Training in 2022**
- Leading Blue Book Projects for selected ICH guidelines
 - **ICH E17 MRCT Blue Book Project**
 - **ICH E9R1 Blue Book**
- Organizing workshops to sharing experience and practice.

ICH E17 MRCT Blue Book Project (I)

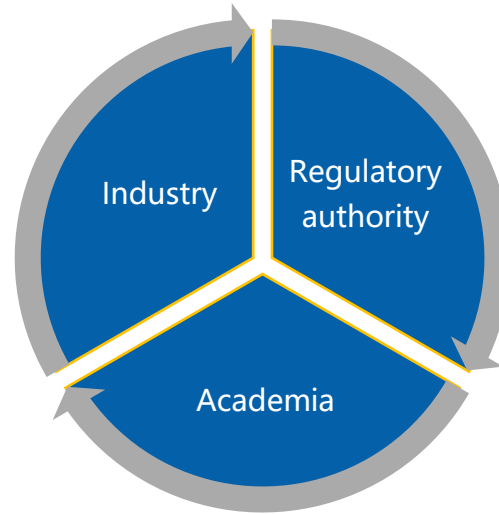
ICH E17: General Principles for Planning and Design of Multi-Regional Clinical Trials

Objectives:

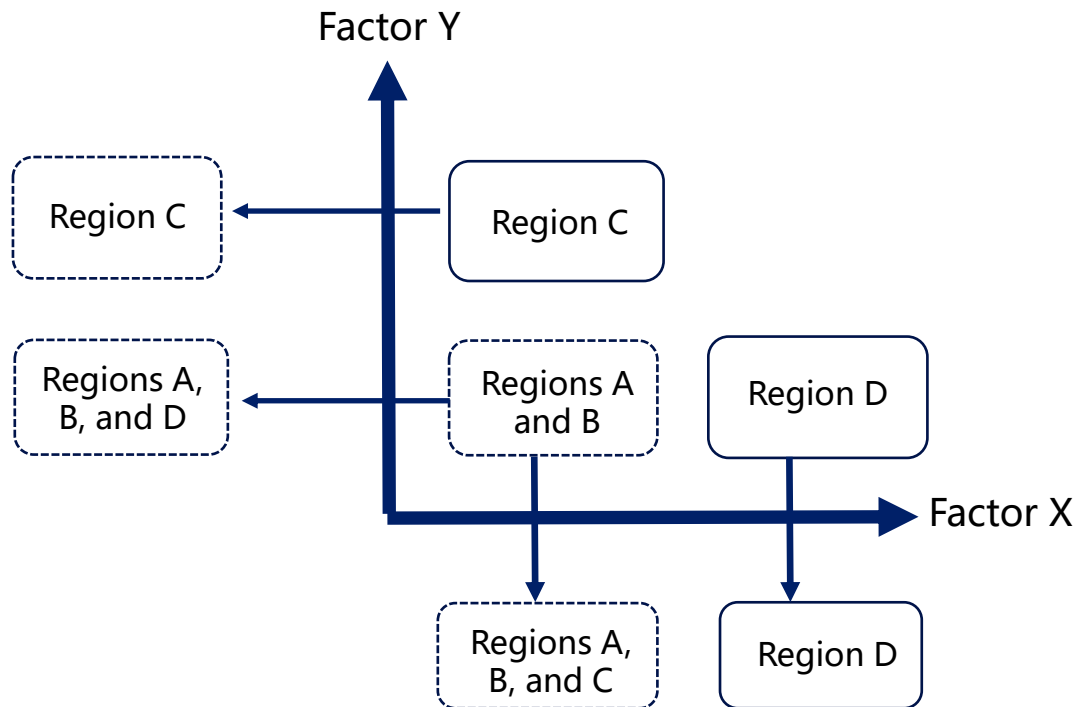
- **Enhance the understanding of ICH E17**
- **Advance the implementation of ICH E17**
 - Status quo of research on ICH E17 in China and highlight China's specific conditions and requirements.
 - Analyze main challenges in implementing ICH E17 in China
 - Examine the strategies and methods to overcome challenges
- **Achieve consensus among regulatory authorities(HA), academia, and industry (RDPAC)**

ICH E17 Blue Book Project (II)

Tripartite Cooperation among HA, Academia and Industry (RDPAC)



Pooling Strategy - How to Pool Regions and Subpopulations Based on Relevant Factors



Obtain data from epidemiological and early clinical studies to identify true effect modifiers and appropriate pooling strategies

Based on the distribution of the intrinsic and extrinsic factors known to affect the treatment response, and the disease under investigation and similarity of those factors across regions

Map out the pooling strategy early, continuously collect and analyze relevant contributing factors, and assess and adjust the pooling strategy as needed. Pre-define the pooling strategy.

- **Pre-specified pooling of regions or subpopulations, based on established knowledge about similarities, may help facilitate the assessment of consistency in treatment effects across regions, and support regulatory decision-making**
- **Where available information is not yet complete, common region pooling strategies such as pooling East Asian, Asian and North American populations may be considered, and information on potential key factors can be collected on an ongoing basis during the global development process to aid in subsequent consistency evaluation**

Sample Size Allocation to Regions

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Five approaches to sample size allocation to regions

- 1 Proportional Allocation:** Allocation of subjects to regions in proportion to size of region and disease prevalence.
- 2 Equal Allocation:** Allocation of equal numbers of subjects to each region.
- 3 Preservation of Effect:** Allocation of subjects to one or more regions based on preserving some specified proportion of the overall treatment effect.
- 4 Local Significance:** Allocation of a sufficient number of subjects to be able to achieve significant results within each region.
- 5 Fixed Minimum Number:** Allocation of a fixed minimum number of subjects to a region.

Five strategies for sample size allocation to regions

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Sample size allocation to regions – a balanced approach

The diagram consists of two blue circles. The left circle is labeled 'Proportional' and the right circle is labeled 'Equal Allocation'. Two blue arrows point from the 'Proportional' circle to the 'Equal Allocation' circle, and two blue arrows point from the 'Equal Allocation' circle back to the 'Proportional' circle, indicating a balanced approach between the two.

[Sample Size Allocation to Regions, Section 2.2.5]
A balance between proportional (#1) and equal allocation (#2) is recommended to ensure that recruitment is feasible and able to be completed in a timely fashion, but also to provide sufficient information to evaluate the drug in its regional context.

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Pre-specified **pooling of regions or subpopulations**, based on established knowledge about similarities, may help provide flexibility in sample size allocation to regions, facilitate the assessment of consistency in treatment effects/safety/benefits and risks across regions, and support regulatory decision-making.

Assessment of Consistency in Treatment Effects across Regions in Benefit-risk Evaluation

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Consistency should be evaluated holistically

[Section 2.2.7 Statistical Analysis Planning]
The assessment of consistency of treatment effects should be done with diligence to inform regulatory decision-making.

The more the aforementioned considerations support a potential finding, the greater the likelihood the finding is not false.

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Examination of regional consistency

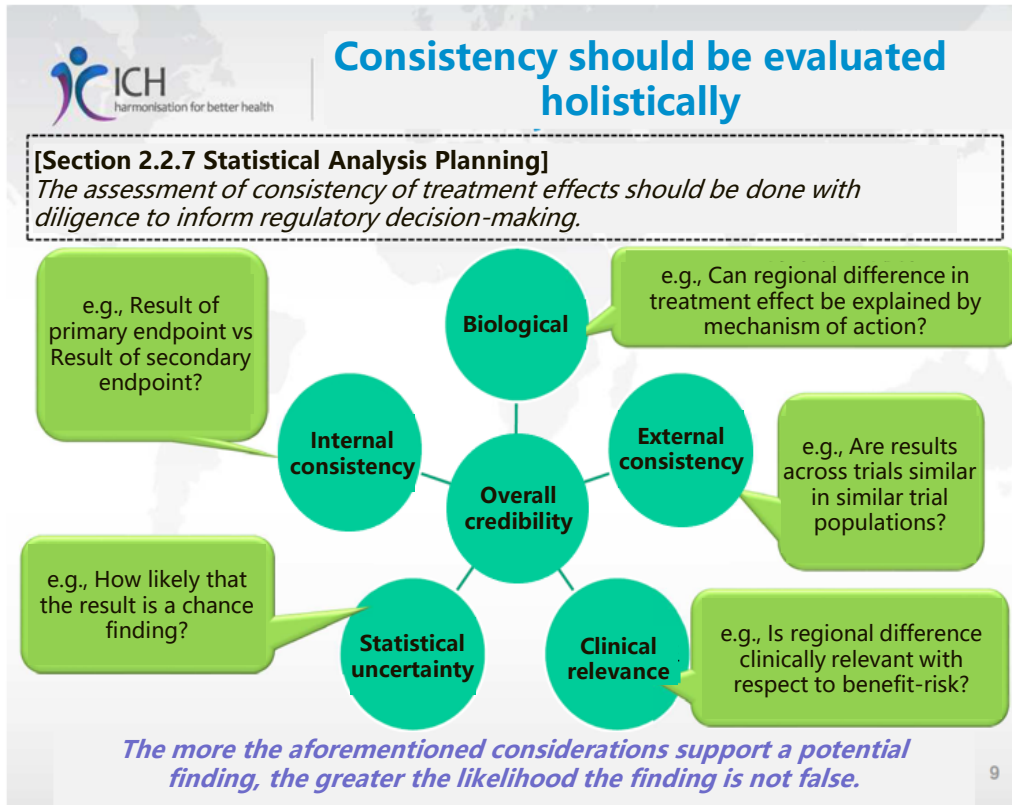
Evaluation of regional consistency is NOT hypothesis testing, but a supportive and/or descriptive investigation, whether prior assumptions hold true.

- Descriptive summaries
- Graphical displays (e.g., forest plots)
- Model-based estimation (including covariate-adjusted analysis)
- Test of treatment-by-region interaction as a method for signal generation

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Consistency evaluation and analysis are supplementary rather than validation

Structured Consideration upon Identification of Benefit/Risk Inconsistency across Regions



- Clinical relevance
- Disease and treatment: Definition, diagnosis, treatment, guidelines, practice
- Clinical pharmacology: Dose, dose-exposure-response relationship
- Biological plausibility: Clinical, pharmacological, and mechanistic considerations
- Enrollment and sample size
- Balance of baseline parameters
- Exposure follow-up and distribution
- Internal consistency: Different endpoints, analyses, subgroups
- External consistency: Different trial conditions and data sources
- Statistical uncertainty: Pooling strategies, information borrowing
- Safety analysis and benefit-risk evaluation

If, through structured exploration, no sufficient reason is found to explain the inconsistency exhibited by the trial subgroup data, a comprehensive benefit-risk evaluation should be conducted based on totality of evidence

Special Considerations

Non-inferiority

Multiple primary endpoints

Interim analysis

Adaptive design

Delayed treatment effect

Single-arm study

Rare disease

Statistical analysis model

Extension strategy

Joint Efforts on ICH E9(R1) Implementation in China

Purpose: To help the biopharmaceutical community in China better understanding the Estimand framework and support the implementation of ICH E9(R1) in China

Estimand Training in the 4th. Regulatory Biostats Submit Forum (Jan. 2022)

Estimand Blue Books (Oct. 2021 and Sept. 2022)

Estimand Training in 2022

One of the biggest statistical training in China which attracted 2000+ participants.

Speakers: 11 Experts from CDE (2 speakers), Academia (3 speakers) and Industry (5 speakers from 3 companies).

Participates:

Cross-function associates (biostats, clinical development, RA, data management, medical affairs, clinical operations ...) in biopharmaceutical industry;

Investigators from hospital and clinical centers;

Stats professors and graduate students;

Clinical and stats reviewers from CDE.

Scope:

Estimand and its value and impact, Estimand framework, Case studies from different therapeutic areas, Statistical analysis under Estimand framework.

Estimand Blue Books in China (I)

Purpose: To help the biopharmaceutical community in China better understanding the Estimand framework and support the implementation of ICH E9(R1) in China

- **Sponsor:** DIA China biostatistics community
- **Authors:** 30+ industry and academia experts on Estimand.
- **Reviewers:** global industry and academia experts from 20+ institutes, China CDE reviewers.
- **Target audience:** statisticians, clinicians and investigators from the pharmaceutical industry, clinical centers, and academia in China

Estimand Blue Books in China (II)



Estimand Blue Book v1.0 (Oct. 2021):

Support the implementation of E9(R1) in China via introducing Estimand framework, sharing detailed case studies and how to describe Estimand in the study protocol.



Estimand Blue Book V2.0 (Sept. 2022):

- Further enhance the Estimand concept
- Include regulatory guidelines with Estimand discussion to guide specific disease areas
- Introduce the impact on statistical analysis
- Discuss practical considerations in different scenarios during the implementation

Estimand Book to be Published in Springer

Book title: Estimands in Clinical Trials: A Practical Guide

- **Purpose:**
 - Further align the implementation practice in China with global.
 - Amend the Estimand Blue book by covering additional material and more recent developments. i.e. Regulatory guidelines and their relationship to the Estimand framework.
 - Engage global experts from industry, regulatory and academia and enhance the collaborations between China and global.
- **Authors:** 70+ experts from industry, regulatory, and academia.
- **Reviewers:** 40+ from industry, regulatory, and academia experts from 20+ institutes, finished two peer reviews for all 23 chapters.
- **Target audience:** statisticians, clinicians and investigators from the pharmaceutical industry, clinical centers, and academia in global.

Summary

- **China regulatory reform and ICH journey** facilitate simultaneous drug development and submission, promoting innovative drug development in China.
- **Cooperation among industry, health authorities, and academia** is essential for developing and implementing ICH guidelines, driving innovation in innovative drug development in China.

Thank you