F.A.O. Tomas Salmonsen
Chair, CHMP Committee
European Medicines Agency
30 Churchill Place
Canary Wharf
London
E14 5EU

Wednesday 6 December 2017

Dear Mr Salmonsen

MPE concerns about CHMP consideration of plitidepsin (Aplidin®)

On behalf of Myeloma Patients Europe (MPE), a network of over 40 patient associations across Europe, we are writing to express our concern about the progress of plitidepsin (Aplidin®) through the EMA Committee for Medicinal Products for Human Use (CHMP).

We were concerned to learn in the Spanish press that the manufacturer of plitidepsin (Pharma Mar) recently informed the Comisión Nacional de Mercado de Valores (CNMV – the Spanish stock market commission) that a negative trend vote is expected from the CHMP on their assessment of plitidepsin in combination with dexamethasone for the treatment of relapsed and refractory myeloma.

Whilst we do not know the rationale behind the potential CHMP negative trend, below we outline what we consider the benefits of plitidepsin for myeloma patients in Europe and why it is an important candidate for marketing authorisation. We hope the patient expert perspective is helpful in the decision-making of the committee.

Patient expert perspective on plitidepsin

- Myeloma is a complex cancer and one that remains incurable. As a result of medicines licensed by the European Commission, myeloma is becoming more treatable and survival rates are improving. However, to continue this positive trend, there is a continual need for new and innovative medicines to allow doctors to treat patients in a personalised and multi-pronged way. Plitidepsin is an important new medicine which will significantly add to treatment options in myeloma.

- Plitidepsin is a medicine that has an entirely new mechanism of action compared to backbone medicines in myeloma (such as immunomodulatory agents [IMIDs] and proteasome inhibitors [PIs]). As you might know, myeloma is a relapsing and remitting cancer, which evolves rapidly, so patients need access to combination treatments involving medicines, such as plitidepsin, which their myeloma has not previously been exposed to.

- Phase I-III clinical trial data, and the experience of haematologists, show that patients respond well to plitidepsin in combination with dexamethasone. Published data shows that plitidepsin reduces the risk of relapse and prolongs progression free survival (PFS) in relapsed patients, including those who have been heavily pre-treated, which is a major area of unmet need in myeloma. These are important outcomes for patients as their disease and symptom burden is reduced, allowing them to continue with normal daily activities such as caring for themselves and

spending time with family and friends.

- As myeloma is a relapsing and remitting cancer, PFS improvement can be seen as a “bridge” to subsequent treatments which may also prolong survival and improve quality of life.

- Plitidepsin has been shown to develop responses in patients who have been pre-treated with a range of existing treatments, including IMIDs and PIs. As mentioned above, this becomes particularly important where patients have experienced multiple relapses and are exposed repeatedly to medicines with a similar mechanism of action. Plitidepsin would give them access to a medicine that works in the heavily pre-treated setting and that has an entirely new mechanism of action.

- Plitidepsin is associated with minimal toxicity and has a side-effect profile which is acceptable to patients. Toxicities that occurred in the clinical trials (e.g. myalgia and muscle weakness; fatigue) were mild, reversible and manageable through appropriate supportive care, which would be replicated in the hospital clinic. The minimal and acceptable side-effect profile is particularly important in the multiply relapsed setting, where patients may experience cumulative toxicities from prior treatments.

- The intravenous (IV) method of administration of plitidepsin is also acceptable to myeloma patients, who are well used to receiving medicines in this way. Myeloma patient preference studies have also shown that nearly half of patients prefer to receive their treatments in a hospital setting given access to healthcare professionals and the feeling of safety.

On behalf of myeloma patients across Europe, we very much hope that the CHMP are minded to grant plitidepsin a positive recommendation. Only through ensuring the approval of new and promising treatments for myeloma patients across Europe, can we keep survival rates in myeloma on an upward trajectory.

Please do not hesitate to contact MPE if you require any further information to support you in this decision-making.

Yours sincerely

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