TREAT-NMD coordination office
Institute of Human Genetics
Newcastle University
International Centre for Life
Newcastle upon Tyne NE1 3BZ
United Kingdom

8th February 2008

European Commission
Health and Consumer Protection Directorate-General
Rare Diseases Consultation
HTC 01/198
11, Rue Eugène Ruppert
L-2557 Luxembourg

Re: TREAT-NMD Contribution to the Public Consultation "Rare Diseases: Europe's Challenges"

The TREAT-NMD Neuromuscular Network would like to congratulate the European Commission for issuing this timely public consultation document to address the challenges facing Europe in the area of rare diseases. TREAT-NMD is a "Network of Excellence" in rare inherited neuromuscular disorders and is funded under FP6. The network consists of 21 partners in 11 European countries and is currently integrating over 300 researchers across Europe.

The partners in TREAT-NMD, as well as our Scientific Advisory Council, have contributed to this consultation document and this submission contains the collective response of the network, focussed around the specific questions identified in the text.

We recognise that progress has been made through initiatives already taken by the European Commission and welcome the fact that rare diseases are now one of the priorities in the EU Public Health Programme 2003-2008, and will continue to be a priority in the new programme for 2008-2013, however, information on rare diseases, as well as research and treatment of rare diseases is still fractionated and not well coordinated, either at a national or European level. This consultation can ensure a more concise strategy development in the area of rare diseases.

Response to Specific Questions

Question 1: Is the current definition of a rare disease satisfactory?
We consider the current European definition satisfactory, and are consistent with other jurisdictions, such as the US. We are aware that some European countries do use

T +44 (0)191 241 8605
E info@treat-nmd.eu
W www.treat-nmd.eu

other definitions in general or for the purpose of reimbursement of therapy. Therefore, we feel that adherence to the EU definition should be mandatory in all countries. This will enhance equal opportunities and rights for all patients throughout Europe.

Question 2: Is there a need to improve coding and classification?
We absolutely feel that there is a need to improve coding and classification in this area so we can better understand the global knowledge of each specific rare disease. This would allow us to create more useful databases and registries.

Question 3: Can a European inventory of rare diseases help national/regional systems better deal with rare diseases?
A European inventory of rare diseases would allow the sharing not only of disease information and state-of-the-art treatment, but would also be an invaluable resource for patients and families stricken by the disease. Additionally, research institutions and industry would benefit from a centralised inventory of rare diseases by sharing information and having access to the patient population. TREAT-NMD is already creating an inventory of patients with neuromuscular disease that will benefit patients and their families, as well as industry and researchers. Other resources such as Orphanet already provide a quite extensive database of rare diseases, including some prevalence data.

Question 4: Should the European Reference Networks privilege transfer of knowledge? The mobility of patients? Both? How?
We feel that both are necessary. This would facilitate and provide financial support for patients and their families to undergo experimental treatment either in their country of origin or in other EU member states. The transfer of knowledge should be preferably to patients and this could be set up through reference networks. These networks could utilise e-consulting, such as 'live' patient contact via webcams that would be cheaper and possibly more effective than the patient travelling to visit a specialist. Another bigger issue for patients is that of the language barrier if they wish to travel to see an expert abroad. Also, accompanying persons have to travel, which might be an obstacle for families with children. In the case when patient travel is necessary, because expert experience is not or insufficiently available in the home country, this should be covered by insurance.

Question 5: Should online and electronic tools be implemented in this area?
Yes. As patients and their families become more web-savvy and self-sufficient, it would be valuable to have all pertinent information (drugs, therapies, clinical trials) easily accessible. However, data protection and privacy issues would have to be taken into account.

Question 6: What can be done to improve access to quality testing for rare diseases?
The organisation of highly credible national reference laboratories created as part of a network and with the expertise of rare disease diagnostics that feed into a centralised EU-administered repository would be invaluable to the EU in setting diagnostic standards for rare diseases. Through this central repository, the data stemming from the national reference laboratories can be harmonised and standardised.

Question 7: Do you see a major need in having an EU level assessment of potential population screening for rare diseases?
This should be done at the national level, where examination of patients in locations where there is a higher incidence of a particular disease may be more fruitful. Each country should be able to prioritise which rare disease (if any) the population should be tested for.

Question 8: Do you envisage the solution to the orphan drugs accessibility problem on a national or EU scale?
Accessibility to approved orphan drugs is not equal throughout Europe. This is partly due to the marketing authorisation holders, and partly due to pricing and reimbursement restrictions in the various countries. Although pricing and reimbursement resides under the responsibility of the Member States, it might be considered to bring at least part of the assessment under a European umbrella. It has been long recognised that evaluation of marketing authorisation applications for rare disease has to be performed at a European level, because of the highly specialised nature of the products. The same should hold true for the evaluation of added clinical benefit in the Health Technology assessment. For the same reason this should take place on a European level. However, the final decision on price and reimbursement has to remain with the Member States.

Question 9: Should the EU have an orphan regulation on medical devices and diagnostics?
Yes. If there is an orphan regulation for therapies, there should be the same designation for medical devices and diagnostics. The latter, in particular, would allow for earlier detection, where therapy could then be given at a state in disease to less progression. EU-based incentives and reimbursements for therapeutic, medical device and diagnostic developers would allow more industry to get involved and provide solutions for some of these devastating diseases.

Question 10: What kind of specialised social and educational services for rare disease patients and their families should be recommended at EU and national level?
Specialised social and educational services should be given at the national level – so they can be given in the country's native language. Funds can then be appropriated by each country. Additionally, these national institutions may benefit from an EU-based information repository, so that the information and state of care can be optimised.

Question 11: What model of governance and funding scheme would be appropriate for registries, databases, and biobanks?
These organisations should be funded and administered at the EU level (maybe by the EU regulatory agency) on a long-term basis. A database of disease and its progression should be maintained, as well as patient samples, where appropriate. Access to these patients and samples would allow industry leaders to develop novel therapies. This EU-centralised organisation could also be funded by the European Regulatory Agency, who in turn could also pay the point-of-care physicians to compile patient's information and medical samples in close collaboration with patient organisations. These databases should include additional information on natural history of the disease. The governance of these resources should include scientific or

peer groups, as well as representatives of patient organisations to oversee the research carried out with the materials and information collected. There should also be a revenue-sharing scheme implemented that would benefit these groups once new therapies resulting from the research is commercialised.

Question 12: How do you see the role of partners (industry and charities) in an EU action on rare diseases? What model would be the most appropriate?
Charities could fund early transitional work for corporate entities to develop diagnostics and therapeutics. The Cystic Fibrosis Foundation, for example, collaborates with major biopharmaceutical companies through their venture philanthropy. This funding role allows them to become crucial partners in the cystic fibrosis therapeutics pipeline. With their support, biotechnology companies that may not otherwise have been interested in developing treatment options for cystic fibrosis become involved, and are funded at the earlier stages of development, where other funding alternatives are scarce. Working through cooperative networks, such as TREAT-NMD and Orphanet, for example, industry can be encouraged to bring new therapies to patients.

Question 13: Do you agree with the idea of having action plans? If yes, should it be at national or regional level in your country?
Yes, at the national level given the incidence of the disease. These action plans should include plans for funding the implementation of the plan. It should be established with all stakeholders (government, physicians, researchers, treatment centres, patients and insurance bodies) and part of an EU-wide driven programme for rare diseases.

Question 14: Do you consider it necessary to establish a new European Agency on rare diseases and to launch a feasibility study in 2009?
It may not be necessary to establish a new agency for rare diseases, but to take the current Rare Diseases Task Force and construct a more powerful body that represents all Member States. This body would accelerate the development of diagnostics and therapeutics through a percentage of the health budget allocation specifically for rare diseases. This would not mean that scientific quality and the standard of grant applications would be diminished, but that such decisions should not include the prevalence of the disease as a negative factor in decision making. This body could push forward the organisation of biomedical development and patient information would also be useful. Otherwise, an office of rare diseases within the EMEA would need to be organised to facilitate and coordinate the national efforts of Member States.

Other Comments Related to the Public Consultation

Animal Models in Pre-Clinical Development

The classic model for pre-clinical development includes development and validation of disease-specific animal model(s), which presents a stumbling block for industry trying to develop therapies for rare diseases. Moreover, even if a model can be found or can be developed and validated, it may not adequately recapitulate the human disease. There needs to be a drift in the current regulatory paradigm for the development of therapies and diagnostics for rare diseases where this type of pre-clinical hurdle can be bypassed. Otherwise we are at risk of slowing down or blocking the development of new therapies that are so badly needed.

EMEA Approval for Orphan Drugs

There still seems to be special problems associated with obtaining EMEA approval for drugs for orphan indications because of the difficulty in conducting adequately powered clinical trials. This is a problem at the EU level which has not yet been resolved. Innovative drug development routes should be explored and extensive and early discussion on biomarkers, surrogate endpoints and acceptable clinically relevant endpoints to be used in clinical studies should be addressed. Networks like TREAT-NMD are addressing many of these issues by increasing collaboration across Europe to ensure that adequately powered clinical trials in rare inherited neuromuscular diseases are conducted in Europe. Therefore, the sustainability of networks like TREAT-NMD is vital in order to ensure the long-term support of European-wide clinical trials.

Research Priorities

The consultation document recognises the lack of collaboration between DG SANCO, DG Research and DG Enterprise in the area of rare diseases, but does not address how this issue should be resolved. We would hope that solutions will be addressed.

Patient Organisations

Patients and patient organisations are considered the major stakeholder in this area. It is important that they should be involved in the decision making processes on policy development and defining research priorities, etc. To ensure this level of professional involvement the patient organisations need financial support, at a European and national level.

Sustainability

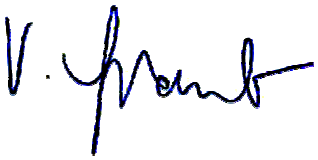
A great deal of effort has been invested already in setting up initiatives and infrastructure for rare diseases, such as Orphanet, Eurobiobank, and the ‘Networks of Excellence’ for example. However, the sustainability of these projects is at risk, since the EU is not continuing to invest after a certain period of time. It should be recognised that it is extremely difficult to get infrastructure funded with private or commercial support. As described above, reliable and concise information of high quality, biobanks, registries are extremely valuable to accelerate research and understanding of rare diseases. It would be a terrible waste of public money to terminate all these activities, and we suggest that the EU should critically evaluate these projects and support those that fulfil the aims and objectives of the EU Public Health Programme 2008-2013.

T +44 (0)191 241 8605
E info@treat-nmd.eu
W www.treat-nmd.eu

Finally, we would like to thank the European Commission for the opportunity to take part in this public consultation, and we hope the Commission Communication will be taken forward into a Council Recommendation, which will create a more powerful instrument to guide national authorities to action in the field of rare diseases.

With best wishes

Yours sincerely



Prof. Volker Straub	Prof. Kate Bushby	Dr Stephen Lynn
TREAT-NMD Coordinator	TREAT-NMD Coordinator	TREAT-NMD Network Manager

T +44 (0)191 241 8605
E info@treat-nmd.eu
W www.treat-nmd.eu

Newcastle University