To:

Dr Tomas Salmonson,
Chair of the CHMP

Dr Pierre Demolis,
Vice-Chair of the CHMP

Dear Dr Tomas Salmonson,
Dear Dr Pierre Demolis

Letter to the Chairs of the CHMP on European patient and clinician support for positive recommendation on ixazomib

We are writing to inform you about the European patient and clinician perspective on the benefit of ixazomib. Whilst we understand the very difficult job that the CHMP has, and we are very supportive of the work you do in assessing new medicines, in the case of ixazomib (for relapsed myeloma) we do not think that the right decision has been reached.

We consider ixazomib to be a critical new drug in the treatment of relapsed myeloma and one that will significantly add to the range of treatment options available to myeloma doctors and their patients. There is a strong clinical preference for using ixazomib in relapsed myeloma, particularly signalled by the widespread uptake of ixazomib through the EMA approved compassionate use programme.

In particular, we would like the CHMP to consider the following information about ixazomib (in combination with lenalidomide and dexamethasone):

- It is a safe and effective treatment option for relapsed myeloma patients. Patients also tell us that the side-effect profile for the treatment is tolerable and acceptable to them

- It improves progression free survival (PFS) on average by around 4-6 months compared to lenalidomide and dexamethasone alone. This represents a significant and prolonged period of survival for patients and their carers/family members. In interviews with myeloma patients, patients commented:

    - *"The most important factor regarding ixazomib is the increased survival benefit."*
    - *"When I first relapsed 17 years ago there were very few treatments available. A treatment like ixazomib can be built upon. The additional survival time this treatment gives you could lead to another treatment which could give you years more."*
    - *"Not making this treatment available would be a huge backward step. Even taking the side effects into account, I absolutely would take this treatment."*

- Given the relapsing and remitting nature of myeloma, any PFS gains in myeloma should not be seen in isolation or underestimated. Patients consider treatments and survival gains to be a "bridge" to subsequent treatment options which may prolong survival even further

- The impact that ixazomib has on PFS is likely to be more substantial when used in the real-world, given the increased ability to provide personalised treatment (i.e. through dose modifications, supportive care etc). Doctors who have accessed ixazomib via the EMA approved compassionate use programme have seen patients respond very well to it in the real-world setting and would value the ability to use it routinely in their patients

- Trials involving ixazomib have demonstrated that it works well in patients who have high-risk myeloma. This is a major area of unmet need, given that patients may be refractory to all existing EMA approved treatments and currently have very poor outcomes

- It is the first and only oral proteasome inhibitor. Whilst myeloma patients are largely split between their preferences for oral vs. IV treatment options, it is important that oral treatment options are available for them as it can help patients feel more "in control" of their treatment and also to carry on with their everyday lives without having to attend regular hospital appointments

- Ixazomib would be used as a treatment option after Velcade (the IV proteasome inhibitor) rather than as an alternative. Any concerns about whether Velcade or ixazomib are better proteasome inhibitors can therefore be mitigated

- As well as being an important treatment for myeloma, ixazomib is pivotal for patients with the rare condition AL amyloidosis. Given the severity of amyloidosis, an increase in PFS for this group of patients representatives a step-change in survival

Given the individual and relapsing/remitting nature of myeloma, it is essential for patients to access a range of novel treatments and treatment combinations available at each stage for doctors to prescribe. Allowing doctors a choice of treatment options and the ability to personalise this to the treatment needs and circumstances of the patient is imperative.

On behalf of myeloma doctors, patients and carers, we very much hope that the CHMP overturns its negative recommendation and ensures ixazomib is added to the treatment options for patients. Only through ensuring the approval of new and promising treatments for myeloma patients, can we keep survival rates in myeloma on an upward trajectory.

Should you have any questions or which to receive further information, please get in touch with us at policy@mpeurope.org or by calling +44 (0) 131 557 3332.

Yours sincerely

Kaja Schmidt

Kaja Schmidt

Chairman

Dansk Myelomatose Forening (DK)

DANSK
MYELOMATOSE
FORENING