

**ansm**

Agence nationale de sécurité du médicament  
et des produits de santé



**BRIEFING BOOK**

**INVESTIGATIONAL MEDICINAL PRODUCT**

**JANUARY 2020**

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## I. GENERAL INFORMATION

### I-1. General data concerning the therapeutic indication

a	Therapeutic indication claimed and general data concerning the disease	
b	Unmet medical need Description of current treatments and Standard of care	<input type="checkbox"/> Yes <input type="checkbox"/> No

### I-2. General data concerning the product under development

a	Product status (Chemical medicinal product, Biological medicinal product, ATMP, combined ATMP), Composition and pharmacotherapeutic class and biological activity/activities	
b	Mechanism of action envisaged in the claimed indication Degree of innovation (new mechanism of action, new entity) and justification of capacity to meet a potential unmet medical need	
d	Dose, frequency and route of administration envisaged (as monotherapy or in combination)	

### I-3. Regulatory status

a	Regulatory status ( <i>specify</i> ):	<input type="checkbox"/> Orphan drug designation in the EU (date and procedure No.) <input type="checkbox"/> PIP (submission or validation date, procedure No.) Select an item <input type="checkbox"/> MA if yes, specify <ul style="list-style-type: none"> <li>- date and</li> <li>- if in Europe, specify the procedure, the country for a national procedure and the RMS and countries concerned for a mutual recognition/decentralised procedure</li> <li>- if in another part of the world (specify)</li> </ul> <input type="checkbox"/> Scientific advice already provided; if yes, specify <ul style="list-style-type: none"> <li>- the date(s)</li> <li>- if national with the list of countries (in Europe or outside Europe)</li> <li>- if European</li> </ul> <input type="checkbox"/> PRIME application envisaged <input type="checkbox"/> Other, specify
b	Guidelines to which the applicant referred in its development	

## II. QUALITY

### II-1. Product composition

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Molecule structure:	
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### II-2. Active substance

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Is there a monograph for the active substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: <input type="checkbox"/> Ph. Eur. <input type="checkbox"/> Pharmacopoeia of an EU member country <input type="checkbox"/> USP/JP
Does the active substance of a medicinal product authorised in the EU made by another manufacturer use the same process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the authorised medicinal product:
Has the active substance described in an ASMF* already been submitted to the ANSM and accepted in support of a given pharmaceutical product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the ASMF number or the CEP number:
<b>Control of starting materials:</b> Are there any materials of animal or human origin used in the process	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Qualification of impurities</b> Have the impurities been qualified in non-clinical studies	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## II-3. Finished product

Excipients	Are any non-European Pharmacopoeia excipients used in the formulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Are any novel excipients used in the formulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Are there any excipients of animal or human origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	Is the BSE/TSE risk documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Dosing device	Presence of a dosing or administration device? If yes, describe the device:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is it CE marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have ongoing stability studies been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## II-4. Product sterilisation

Is the product sterile	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the type of sterilisation	Select an item
II-3 Pharmaceutical development status	
Formulations developed to date	
Other formulations envisaged	
Studies conducted	
Studies envisaged	

## III. NON-CLINICAL DEVELOPMENT STATUS

Synoptic Tables of key studies and results and/or related to the request for scientific advice, details in the Investigator's Brochure.

### III-1. Pharmacology

a	<b>Primary pharmacology:</b> In vivo / in vitro studies performed (Mechanism of action, proof of concept, justification of animal models, etc.):	
b	<b>Secondary pharmacology:</b> Screening of other restrictive targets ("off-target"):	
c	Safety	Cardiovascular: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		Central nervous system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		Respiratory system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		Other (renal, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

### III-2. Pharmacokinetics (in relevant species)

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Species						
Dose						
Route of administration	Bioavailability	AUC (ng.h.ml)	Cmax (ng/ml)	Tmax (h)	T1/2	Vd
<b>Describe elimination</b>						

### III-3. Toxicology

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a	Non-clinical single-dose toxicity studies (species used, dose and route of administration of the investigational medicinal product, lethal dose, observed toxicities)
b	Non-clinical repeated-dose toxicity studies (species used, dose, route and duration of administration of the investigational medicinal product, NOEL and NOAEL, exposure, observed toxicities)
c	Is the product genotoxic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA/ Studies not performed (comment)
d	Reprotoxicity studies performed? If yes, synoptic table of studies/species/age/doses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, specify whether the product is reprotoxic
e	Is the product phototoxic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA/ Studies not performed (comment)
f	Have juvenile toxicity studies been performed? If yes, synoptic table of studies/species/age/doses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA/ Studies not performed (comment)

### III-4. Selection of doses (if First In Man)

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a	Starting dose: non-clinical criteria used for selection of the 1st dose	Select an item
	What approach was used for the scale?	Select an item Specify
d	Safety margin	Describe the safety margins (AUC and Cmax) as well as the calculation methods

## IV. CLINICAL DEVELOPMENT STATUS

### IV-1. Completed and ongoing clinical trials

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a	Number of clinical trials (completed or ongoing)	
b	Total number of patients included in these trials and in France	

### IV-2. Synoptic tables of completed and ongoing clinical trials

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a	Study title (and Eudract No.) and study phase	
b	Study objective(s)	<ul style="list-style-type: none"> <li>- Primary</li> <li>- Secondary</li> </ul>
c	Study design	In particular, specify whether randomised or non-randomised, open-label or single or double-blind, comparative or non-comparative, parallel groups or otherwise, number of arms, if add-on or not, etc.
d	Study population	Total number of subjects Healthy volunteers or patients (disease) Main inclusion and exclusion criteria (indication)
e	Product(s) tested	
f	Product dosage tested	Detail per arm: dose, frequency and route of administration, number of patients
g	Outcome measures	Primary outcome measure(s) Secondary outcome measure(s) Exploratory outcome measure(s)
h	Main efficacy results	On primary and main secondary outcome measure(s)
i	Main safety results	Number of events, SAEs, significant events

## V. SCHEDULED CLINICAL DEVELOPMENT

### V-1. Synoptic tables of scheduled clinical trials

a	Has the management of patients been provided for in the event of toxicity (management of toxicity, modification of doses, including reductions and interruptions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Discontinuation criteria (by patient, by cohort, for the study)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Any divergence must be justified below:</i>
b	Presence of a DSMB	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Any divergence must be justified below:</i>

### V-2. Conditions of Study “XXX”

*(Systematically if Application for clinical trial authorisation, only if relevant for Request for scientific advice); (In the event of several studies, complete another section V-3):*

a	Study title (and Eudract No.) and study phase	
b	Study objective(s)	- Primary - Secondary
c	Study design	In particular, specify whether randomised or non-randomised, open-label or single or double-blind, comparative or non-comparative, parallel groups or otherwise, number of arms, if add-on or not, etc.
d	Study population	Total number of subjects Healthy volunteers or patients (disease) Main inclusion and exclusion criteria (indication)
e	Justification of the population and treatment line relative to the presumed clinical efficacy of the IMP	
f	Dosage	Detail per arm: dose per administration, frequency and route of administration, number of patients, maximum dose
g	Outcome measures	Primary outcome measure(s) Secondary outcome measure(s) Exploratory outcome measure(s)

## VI. RATIONALE FOR REQUEST FOR SCIENTIFIC ADVICE (ONLY FOR A REQUEST FOR SCIENTIFIC ADVICE)

Existence of relevant guidelines	Yes <input type="checkbox"/> <input type="checkbox"/> No If yes, cite
Deviation planned from current Guidelines	Yes <input type="checkbox"/> <input type="checkbox"/> No List planned deviations (justification will be detailed in the questions asked)
Rationale for request for scientific advice	Input expected from the ANSM: nature, area of expertise, Justification of need



## VII. QUESTIONS – RESPONSES

Question 1
Applicant's position

<b>I hereby certify that the information provided in this document is accurate</b>		
<b>Signed on:</b> [Redacted]	<b>Signatory's surname and first name</b> [Redacted]	[Redacted]
	<b>Signature</b> [Redacted]	



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