Ensure patients access to investigational medicines: compassionate use at the University Hospital of Catania

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Compassionate use allows a medicinal product without marketing authorization (MA) to be given to patients in particular situations (Whitfield et al. 2010). European Regulation 726/2004/EC legislates for compassionate use programmes in the European Union, allowing access to an unlicensed medicinal product for groups of patients with a chronic, seriously debilitating, or life-threatening disease, without a satisfactory authorized treatment, and who cannot be enrolled in clinical trials (Regulation 726/2004/EC). However, Regulation lacks details on the authorization procedures and allows individual member states to govern the programmes nationally.

National legislations differ from each other, but are in agreement that responsibility lies with the prescribing physician. In Italy compassionate use is regulated by the Ministry of Health Decree on the Therapeutic use of medicinal products subject to clinical research of May 8 2003 (Official Gazette n.173, 2003), which allows pharmaceutical companies to supply, free of charge, a drug not authorized where there is no alternative available for serious, rare disease or life-threatening medical conditions, on a named/individual patient basis. The physician, who assumes responsibility of administration of the product to the patient, have to make a request to Ethics Committee providing all the necessary documentation including informed consent. Ethics Committee will evaluate appropriateness of the prescription, even through an emergency procedure, and his opinion is mandatory. Table 1 reports the updated list of compassionate use programmes activated.

In compliance with national laws, Ethics Committee Catania 1 of University Hospital of Catania is responsible for the assessment, approval and management of requests for compassionate use according to L. May 8 2003.

The main objective of this project was to evaluate compassionate use requests evaluated by Ethic Committee Catania 1 at the University Hospital of Catania.

Methods

We used a database that collect all requests for compassionate use since Ethic Committee Catania 1 has been activated in 2014. Requests were classified per year, per department, per drug and per type of approval procedure (standard or emergency).

Results

From 2014 to 2016, 161 requests for compassionate use were evaluated for their appropriateness, almost all approved (Fig. 1a and 1b). Fig. 2 shows the number of requests per year. Most of the prescription requests came from Oncology Unit (48%) and Hematology and bone marrow transplant division (26%) (Fig. 3). The drugs per number of prescriptions are listed in table 2,

differentiated according to approval and rejection. Nivolumab was the most requested drug for patients with non small cell lung cancer (NSCLC), followed by nintedanib for patients with Idiopathic pulmonary fibrosis or NSCLC.

Discussion

The purpose of compassionate use is to give patients the opportunity to access to therapeutic options otherwise unavailable. Appropriateness of compassionate use must be carefully assessed in order to ensure this use occurs only for patients that will have the highest benefit with the lowest risk. The experience of Ethics Committee Catania 1 shows that compassionate use is frequent in oncologic patients, in accordance with the high unmet medical need in this population. The rate of rejection was minimal and it was due to the presence of therapeutic options on the market. We have no information about follow-up of the authorized uses, considering that reporting efficacy and safety data is not mandatory in Italy, unlike other countries. According to Pharmacovigilance guidelines (EudraLex 2008, GPV 2014), the risk-benefit balance of medicines used on compassionate use should be strictly monitored, and it might help in resolving the lack of follow-up information.

References

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