



Pandemic Times

Some Insight with Hindsight

Zunfthaus Zur Meisen - March 9, 2022

Dr. Claus Bolte, MD MBA
Head, Marketing Authorization
Vice-Director

Schweizerisches Heilmittelinstitut
Institut suisse des produits thérapeutiques
Istituto svizzero per gli agenti terapeutici
Swiss Agency for Therapeutic Products

Hallerstrasse 7, 3012 Bern
www.swissmedic.ch





ZUNFTHAUS ZUR MEISEN

Pandemic



Legal Provisions



Regulations

Covid-19



Therapeutics



Vaccines

Science



Speed



Collaboration

Legal Provisions

- Already 1900 the cantons agreed about the common rules for the control of medicines, **Interkantonale Kontrollstelle für Heilmittel (IKS)** gave recommendations for the cantons (diversity in regulations at the cantonal level).
- **Swissmedic** was established in January **2002** as the first Federal Authority for therapeutic products along with the coming into force of the Therapeutic Products Act (TPA or HMG = Heilmittelgesetz)



«To protect human and animal health and to guarantee that only **high quality, safe and efficacious** therapeutic products are placed on the market.»

Art.1 TPA

Regulations

Name of EUP	Characteristics				Advantages								
	Type of EUP		Type of product		Facilitates development			Expedites authorisation					
	Pathway created specifically for COVID-19	An established FRP that can be used in the context of a pandemic or public health emergency	Vaccines	Therapeutics (small molecules / biologics)	Exempt from certain submission requirements	More interactions with sponsor pre-submission	Option to use rolling submission	Reliance	Formal priority review	Notification (not formally reviewed)	Conditional	Exceptional	Other

Ordinance on Measures to Combat the Coronavirus (COVID-19)

Streamlining of the review procedure for specific medicinal product categories on request (Art. 13)

Conditions for the rolling submission of data during ongoing proceedings, handling unlicensed drugs (Art. 9)

Fast track

Emergency Use Pathways (EUPs): applying regulatory flexibility in the age of COVID-19

A review of EUPs for marketing authorisations, made available by 7 major regulatory authorities and the WHO.



R&D BRIEFING 75

Speed



1

Respond

Address the acute situation and manage continuity

The “Respond” phase requires leaders to focus on one thing: managing the crisis. Leaders have to react fast amid all this uncertainty. Addressing economic pressure as well as emotions calls for determined and highly empathetic leadership.



2

Recover

Learn and emerge stronger

During the “Recover” phase, the “next normal” is the top priority even as leaders are still addressing the crisis at hand. Leaders need an ambidextrous posture to broaden their perspective, adapt their leadership to the crisis and ensure constructive collaboration on and buy-in for the future vision.



3

Thrive

Prepare for and shape the “next normal”

Moving into the “Thrive” phase, the “next normal” becomes reality. Leaders are confronted with all kinds of situations during business as usual and must therefore be flexible in their leadership behavior.

Directive leadership

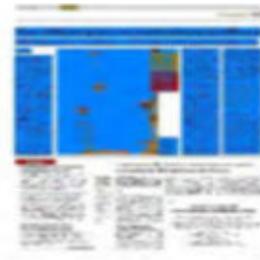


Participative leadership

Empathetic leadership

Datum: 11.12.2020

LE TEMPS



Le Temps
1002 Lausanne
058 269 29 00
<https://www.letemps.ch/>

Medienart: Print
Medientyp: Tages- und Wochenpresse
Auflage: 32'473
Erscheinungsweise: 6x wöchentlich

Seite: 15
Fläche: 64'428 mm²

Auftrag: 526001
Themen-Nr.: 526.001

Referenz: 79215641
Ausschnitt Seite: 1/2

Des millions pour un médicament inefficace

COVID-19 Le «British Medical Journal» déconstruit le mécanisme selon lequel des Etats européens ont consacré 220 millions d'euros pour acheter le remdésivir, un médicament de Gilead pour lutter contre la fièvre d'Ebola et recyclé pour soigner le covid. Mais l'OMS le déconseille



5,58

C'est, en dollars, le prix de production de six doses de remdésivir, selon «Le Monde».

2340

C'est, en dollars, le prix de vente de six doses de remdésivir, selon «Le Monde».

Vaccines

6-8 years

3-5 years

5-6 years

1-2 years

Research
phase

Pre-clinical
phase

Clinical
phase

Registration
phase

15-21 years

- **Pre-clinical** phase:
 - Cell/tissue cultures and animal models
 - Assess safety and immune response
 - Starting dose for the clinical study and how to administer

- Before human studies - **First In Man**:
 - manufacturing is safe and strictly controlled (GMP)

- **Phase I**:
 - 20-100 healthy adults
 - vaccine safety
 - type/extent of immune response

Should we infect healthy people with coronavirus?

With no end to the coronavirus pandemic in sight, researchers are discussing a dramatic approach that could help to end it: infecting a handful of healthy volunteers with the virus to speed up vaccine testing.

Nature | Vol 580 | 2 April 2020

Unwavering Regulatory Safeguards for COVID-19 Vaccines

Still, the emphasis on speed has provoked public anxiety about the safety and effectiveness of vaccines developed on expedited timelines. Among the concerns are that the regulatory standards for approval will be lowered under political pressure for a vaccine. In a recent poll of 1056 US adults, 31% indicated that they are uncertain about whether they would receive a potential COVID-19 vaccine and 20% indicated they would choose not to take it, with concerns about safety and adverse effects being the primary reason for avoiding vaccination.³

Speed

Anand Shah, MD
Food and Drug Administration,
Silver Spring, Maryland.

Peter W. Marks, MD, PhD
Food and Drug Administration,
Silver Spring, Maryland.

Stephen M. Hahn, MD
Food and Drug Administration,
Silver Spring, Maryland.

JAMA Published online August 7, 2020

Articles

Considerations in boosting COVID-19 vaccine immune responses



Philip R Krause, Thomas R Fleming, Richard Peto, Ira M Longini, J Peter Figueroa, Jonathan A C Sterne, Alejandro Cravioto, Helen Rees, Julian PT Higgins, Isabelle Boutron, Hongchao Pan, Marion F Gruber, Narendra Arora, Fatema Kazi, Rogerio Gaspar, Soumya Swaminathan, Michael J Ryan, Ana-Maria Henao-Restrepo

www.thelancet.com Published online September 13, 2021 [https://doi.org/10.1016/S0140-6736\(21\)02046-8](https://doi.org/10.1016/S0140-6736(21)02046-8)

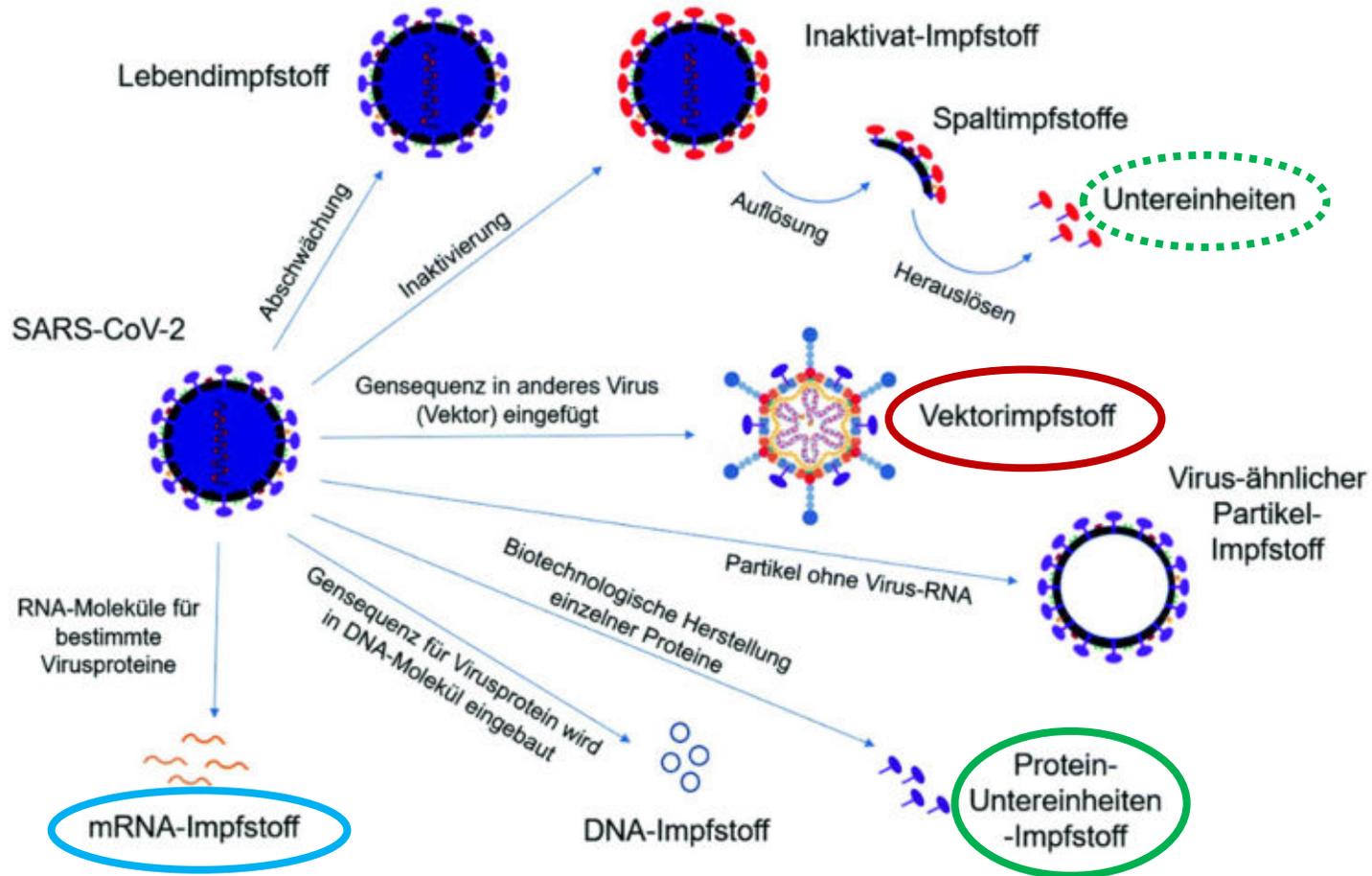
Effectiveness of a third dose of the BNT162b2 mRNA COVID-19 vaccine for preventing severe outcomes in Israel: an observational study



Noam Barda*, Noa Dagan*, Cyrille Cohen, Miguel A Hernán, Marc Lipsitch, Isaac S Kohane, Ben Y Reist, Ran D Balicer†

www.thelancet.com Published online October 29, 2021 [https://doi.org/10.1016/S0140-6736\(21\)02249-2](https://doi.org/10.1016/S0140-6736(21)02249-2)

Vaccines



vector based
(e.g. AstraZeneca/Uni Oxford, Janssen J&J)

mRNA based
(e.g. BioNTech/Pfizer, Moderna)

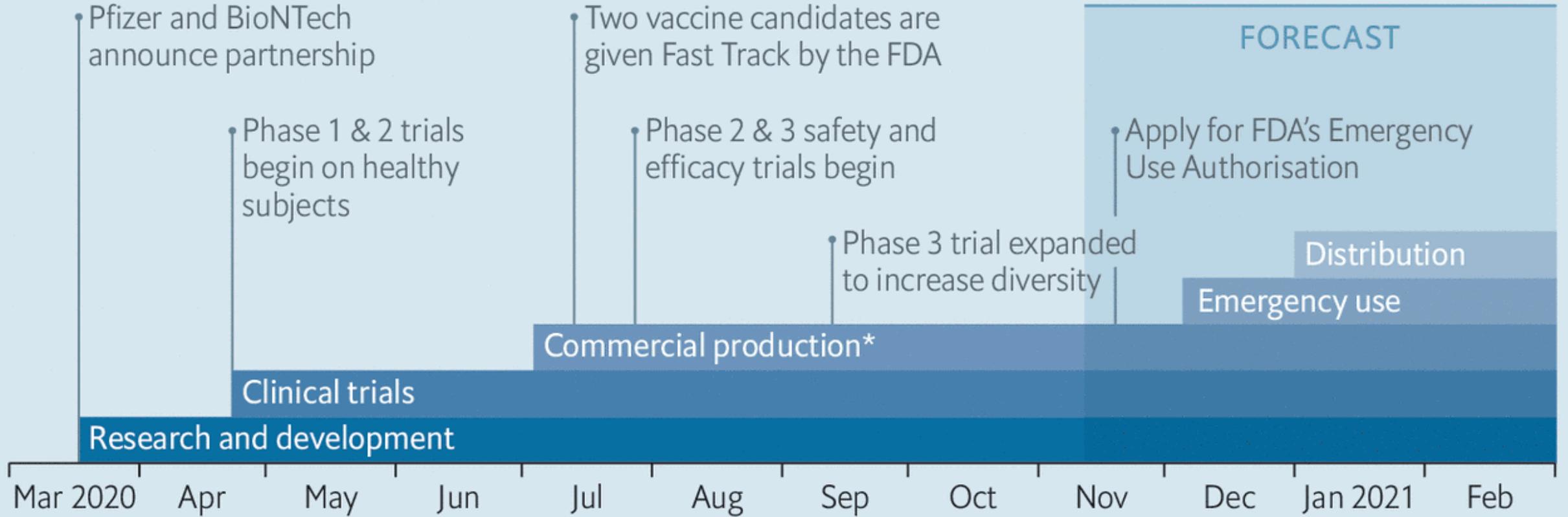
protein based
(e.g. Novavax)

«https://link.springer.com/chapter/10.1007/978-3-658-31340-1_3»

Like a shot

Key events in the development of Pfizer/BioNTech's covid-19 vaccine

Speed



Sources: Pfizer; ASTHO

*Estimate based on Pfizer's press releases

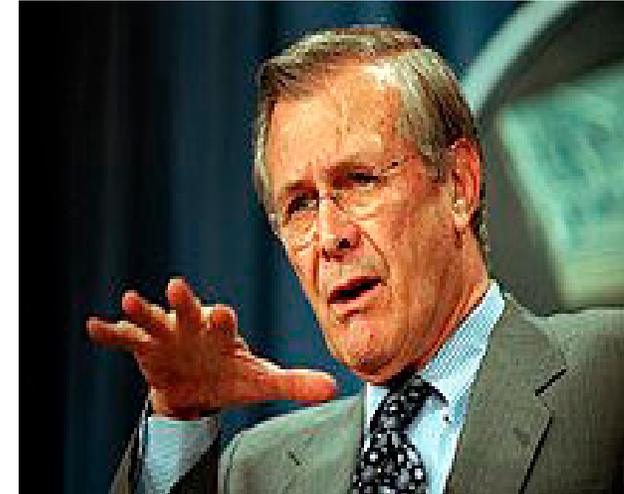
Will covid-19 vaccines save lives? Current trials aren't designed to tell us

The world has bet the farm on vaccines as the solution to the pandemic, but the trials are not focused on answering the questions many might assume they are. **Peter Doshi** reports

Table 1 | Characteristics of ongoing phase III covid-19 vaccine trials

	Moderna	Pfizer	AstraZeneca (US)	AstraZeneca (UK)	Janssen	Sinopharm*	Sinovac
Vaccine name	mRNA-1273	BNT162	AZD1222	AZD1222	Ad26.COV2.S	Sinopharm vaccine	Sinovac CoronaVac
Registration No	NCT04470427	NCT04368728	NCT04516746	NCT04400838 (UK), NCT04536051 (Brazil), NCT04444674 (South Africa)	NCT04505722	NCT04510207	NCT04456595
Target enrolment	30 000	43 998	30 000	19 330	60 000	45 000	8870
Ages eligible	18+	12+	18+	5-12, 18+	18+	18+	18+
Protocol publicly available	Y	Y	Y	N†	Y	N	N
Notable excluded populations:							
Children and adolescents	Excluded	Many excluded	Excluded	13-17 excluded	Excluded	Excluded	Excluded
Immunocompromised patients	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Pregnant or breastfeeding women	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Endpoints undergoing formal study‡:							
Prevention of symptomatic disease in vaccine recipient	Y	Y	Y	Y	Y	Presumably§	Y
Reduction in severe covid-19 (hospital admission, ICU, or death)	N	N	N	N¶	N	N	N
Interruption of transmission (person to person spread)	N	N	N	N	N	N	N

- Reports that say that something hasn't happened are always interesting to me, because as we know, there are **known knowns**; there are things we know we know. We also know there are **known unknowns**; that is to say we know there are some things we do not know. But there are also **unknown unknowns**—the ones we don't know we don't know.
- ..., it is the latter category that tend to be the difficult ones.^[1]



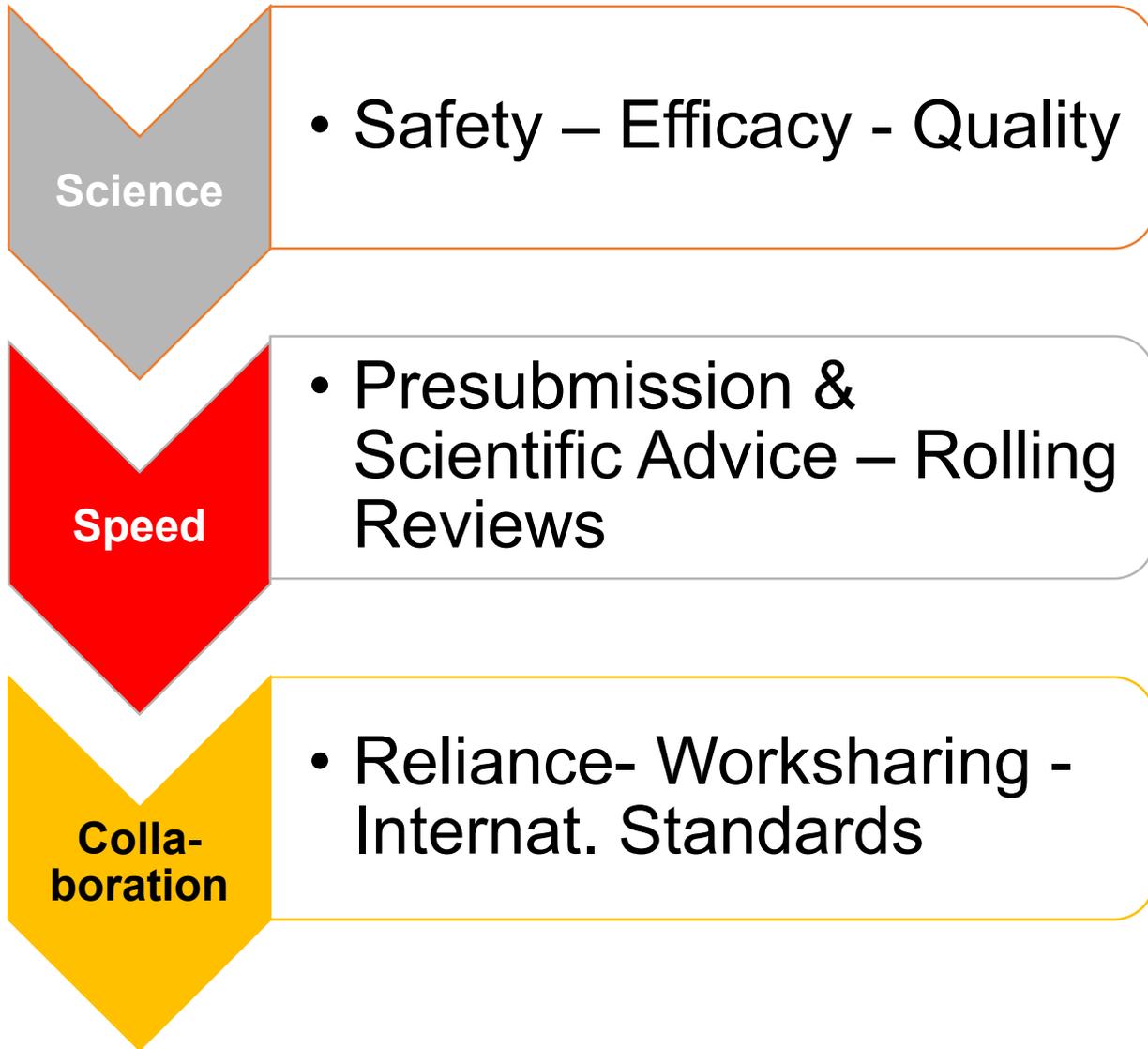
¹ "Defense.gov News Transcript: DoD News Briefing – Secretary Rumsfeld and Gen. Myers, United States Department of Defense (defense.gov)" (Feb 2, 2002)

What we **didn't** know (at the time of approval):

Evidence base N<200

Primarily 18 – 65 yr old healthy participants

- Younger / older age groups?
- Co-morbidities: asthma, diabetes, hypertension, autoimmune diseases etc.?
- Pregnant women?
- Hospital admissions, incl. ICU (intensive care units), mortality?
- Duration of protection & re-infections?
- Transmissions?



	EMA <i>OPEN</i>	Access (HC, TGA, HSA, MHRA, SMC)	ICMRA Cluster (FDA etc.)	WHO
COVID-19 Vaccines	X	X	X	X
Influenza Vaccines		X		X
Anti-Virals	X	X	X	X
Antibodies	X		X	
Guidance (Safety, Efficacy, Quality)	X	X	X	X
SARS-Cov2 Variants	X	X	X	

Therapeutic Innovation & Regulatory Science
 1-9
 © The Author(s) 2018
 Reprints and permission:
sagepub.com/journalsPermissions.nav
 DOI: 10.1177/2168479018764660
tirs.sagepub.com

A Comparative Review of Marketing Authorization Decisions in Switzerland, the EU, and the USA

Simon Dalla Torre Di Sanguinetto, PhD¹, Esa Heinonen, MD, PhD², Janine Antonov, PhD³, and Claus Bolte, MD, MBA¹



Table 2. Distribution of Diverging Decisions on MAAs Reviewed in All 3 Jurisdiction.

Initial MAA Decision Pattern	Proportion of MAAs in Decision Pattern
SMC + / EU + / FDA -	16 / 50 (32%)
SMC + / EU - / FDA +	3 / 50 (6%)
SMC + / EU - / FDA -	0 / 50 (0%)
SMC - / EU + / FDA +	15 / 50 (30%)
SMC - / EU + / FDA -	7 / 50 (14%)
SMC - / EU - / FDA +	9 / 50 (18%)

Abbreviations: MAA, marketing authorization application; SMC, Swissmedic.

Abstract

Background: In this study we compared Swissmedic’s (SMC’s) regulatory marketing authorization decisions to those of the US Food and Drug Administration (FDA) and European drug regulatory authorities (EU). We investigated the overall similarity of the regulatory decisions, approval, and postmarketing withdrawal rates in the 3 jurisdictions. In case regulatory decisions diverged, we analyzed the reasons for rejection of marketing authorization applications (MAAs). **Methods:** The study comprises 255 new molecular entity (NME) MAAs assessed by SMC by the EU and FDA between 2005 through 2014. Study parameters included the regulatory decision, postmarketing withdrawal rates, and the official reasons for rejection. **Results:** Regulatory decisions converged to a high degree among all 3 agencies (between 84% and 90%). **SMC’s average approval rate (84%)** was slightly lower than those of the **FDA (87%)** and the **EU (91%)**. Postmarketing withdrawal rates were generally low (4%-5%) but were 3 to 5 times higher when decisions among the drug regulatory authorities (DRAs) diverged. SMC’s primary grounds for rejection were lack of efficacy (45%) and safety (40%). **Conclusions:** The 3 investigated DRAs adhere largely to the same scientific principles and regulatory guidelines; therefore, remaining disparities ought to be considered in a cultural, legal and public health priority context.

Structured-provision tools are commonly used

Free-access tools are commonly used but structured provision may be applied in some areas

Free-access tools are typically the only successful approach

Level of interdependence

Collaborative groups

Individual actors

Integration model

- Systematic, repeatable work
- Highly reliant on formal processes, methodologies, or standards
- Dependent on tight integration across functional boundaries

Collaboration model

- Improvisational work
- Highly reliant on deep expertise across multiple functions
- Dependent on fluid deployment of flexible teams

Transaction model

- Routine work
- Highly reliant on formal rules, procedures, and training
- Dependent on low-discretion workforce or on automation

Expert model

- Judgment-oriented work
- Highly reliant on individual expertise and experience
- Dependent on star performers

Routine

Interpretation/judgment

Complexity of work

Davenport, T – McKinsey

Collaboration

National



Regional



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH



AUSTRALIA
CANADA
SINGAPORE
SWITZERLAND
UNITED KINGDOM

Global



World Health
Organization



New Approaches to Regulatory Innovation Emerging During the Crucible of COVID-19 – *Wegner, M; Bolte, C; Jefferys, D*

The use of mobile tools and digital technologies, including video technologies, have become more sophisticated, collaborative, and accepted! How can we leverage this ?



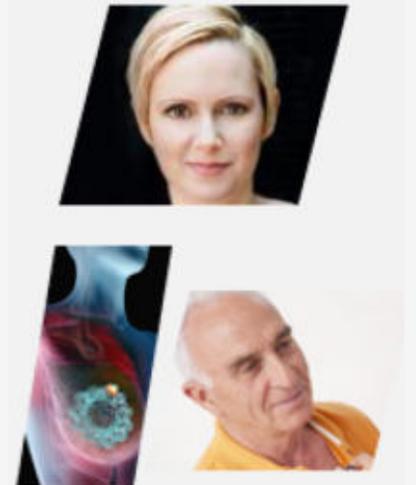
**Decentralized clinical trials/
hybrid study approaches**



Increased use of telemedicine



Use of digital tools in development to measure endpoints



Direct shipment of study medicines to patient homes

Personal

Gesendet: Sonntag, 6. Dezember 2020 16:15
An: Bolte Claus Swissmedic <claus.bolte@swissmedic.ch>
Betreff: Sie sind ein Held

DANKE!!!!!!!

Sie sind einer der letzten, die frei sagen, was Sie denken.

Ich halte die Impfungen gegen Covid zum gegenwärtigen Forschungsstand für untragbar, grob fahrlässig und absolut unverantwortlich.

Bleiben Sie stark.

Gesendet: Mittwoch, 3. Februar 2021 19:37
An: Bolte Claus Swissmedic <claus.bolte@swissmedic.ch>
Betreff: CORONA: Gottes (letzter) Weckruf!?

Lieber Herr Dr. Claus Bolte

Als ich Sie heute im Beitrag der Tagesschau gesehen habe, hatte ich das starke Gefühl, auch Ihnen meinen Eindruck bzgl. CORONA zustellen zu „müssen“.

Emeritus Research Professor, LSE & Director CSIRU (+44 07958 623716 on SIGNAL)
c.c. Sir Richard Dearlove, Chairman CSI and Chairman of the Advisory Board, CSIRU

I write to you stimulated by your reported remarks of last Tuesday with which we are in complete agreement, namely that, “we lack data on the effectiveness of the clinical trials and on the important subgroups that participated in these large studies.”

- **The CSI was founded as a Registered Charity to support international studies, adjunct to the University of Cambridge, by the Chairman, Sir Richard Dearlove, during his tenure as Master of Pembroke College. Previously, Sir Richard was the Chief of the British Secret Intelligence Service. He is now Chairman of the Trustees of the University of London.**

-----Ursprüngliche Nachricht-----
Von: Klaus Dogwiler <klaus.dogwiler@bluewin.ch>
Gesendet: Samstag, 19. Dezember 2020 23:33
An: Bolte Claus Swissmedic <claus.bolte@swissmedic.ch>
Betreff: Zulassung Corona!

Gratulation zu Ihrem Resultat und ihrer Arbeit Ich habe mich zur Impfung bereits angemeldet da ich in meine ehemalige Institution grosses Vertrauen habe. Ich werde von Pflege Seite her oft gefragt, ob ich als „Ehemaliger“ der Zulassungsbehörde mich sofort impfen lassen werde...? Selbst wenn ich nicht überzeugt wäre, würde ich ja sagen. Aber ich werde das RnA Teil bei mir gerne willkommen heissen.
Ihnen weiterhin Erfolg und Freude an der Aufgabe.
Herzlichst grüsst Sie Ihr
Klaus Dogwiler

Gesendet: Samstag, 28. November 2020 08:19
An: Bolte Claus Swissmedic <claus.bolte@swissmedic.ch>
Betreff: Anfrage betr. Kleidung

Sehr geehrter Herr Dr. Bolte

In der Tagesschau vom 27. Nov. 20 oder war es 10vor10 hatten Sie ein braunes Daunengilet an. Darf ich Sie fragen woher Sie das haben? Ich möchte gerne meinem Ehemann ein solches schenken.

Falls Sie die Zeit finden mir zu antworten, bedanke ich mich zum voraus bestens.

Gesendet: Dienstag, 1. Juni 2021 11:08
An: Bolte Claus Swissmedic <claus.bolte@swissmedic.ch>
Betreff: Gegen die Zulassung von Corona-Impfungen für 12- bis 15-Jährige

Sehr geehrter Herr Dr. Bolte

Als betroffene Elter möchten wir ein Statement gegen die Zulassung des Pfizer/BioNTec - Impfstoffs für Kinder und Jugendliche abgeben.

Wir sind dezidiert dagegen, dass ein **experimenteller (!), gentechnologischer (!), nicht auf Langzeitfolgen geprüfter (!) Pseudo-Impfstoff** für Kinder und Jugendliche zugelassen wird!!!