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Monza, April 13, 2025

To: WHO EML Secretariat
Email: emlsecretariat@who.int

Re: Statement in Support of Blinatumomab for Inclusion in the WHO Model List of Essential Medicines for Children

I write this letter in support of the inclusion of blinatumomab in the WHO Essential Medicines List in my role of Chairman of the Pediatric Hematology Oncology Unit of the Foundation IRCCS San Gerardo dei Tintori, University of Milano Bicocca, Italy, one of the largest centers for the diagnosis and treatment of all pediatric hemato-oncological diseases.

Beyond being the Chair of the above mentioned Unit and Principal Investigator for Italy of the current AIEOP-BFM ALL protocol I am also Chair of the ALL Scientific Committee of the Italian AIEOP Group (Associazione Italiana di Ematologia ed Oncologia Pediatrica), the national network overarching all the national pediatric oncology protocols. I am also the Past President of the European Society of Pediatric Oncology (SIOPE) based in Bruxelles and gathering the 30 European National Pediatric Hematology and Oncology Societies (NAPHOS), the 19 European Clinical Trials Group (ECTGs) as well of the 9 Working Groups dedicated to several research aspects useful for NAPHOs and ECTGs. I am also the Chair elected of the ALL Scientific Committee of the International BFM Study Group (IBFMSG).

I have participated with many other pediatric hematology-oncology scientists in Europe and in many other developed countries, to build the most recent trials, especially within the ALL IBFMSG consortium on the use of the innovative drug Blinatumomab in childhood B-cell acute lymphoblastic leukemia, also contributing to highlight its high efficacy and low toxicity. Blinatumomab has contributed to improve the already very good outcomes obtained in high-income countries settings where, anyhow, conventional





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intensive chemotherapy strategies had reached their efficacy and tolerability limit. With this in mind I think that Blinatumomab may offer also in low- and middle-income countries (LMIC) a highly effective, targeted option for many children that, due to the limited availability of adequately effective chemotherapy schedules or for their high toxicity patterns, still suffer of unacceptably low outcomes.

The inclusion of blinatumomab in the WHO Model List of Essential Medicines for Children would be an important step forward in designing accessible life-saving strategies in LMIC. It would also support and facilitate any further integration into national and continental treatments of drugs and strategies which will make national strategies aligned with the WHO's Global Initiative for Childhood Cancer and will add to the Global Platform for Access to Childhood Cancer Medicines.

Representing the institutions mentioned at the beginning of this letter, I strongly support this application and urge the Committee to approve blinatumomab for inclusion.

Prof Carmelo Rizzari

Past President of the European Society of Pediatric Oncology (SIOPE)

**Director, Pediatric Clinical Research Unit and Phase I,
Head, Pediatric Hematology Oncology Unit**