The Secretary
Expert Committee on the Selection and Use of Essential Medicines

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To the Secretariat and Members of the 25th Expert Committee on the Selection and Use of Essential Medicines:

OncoDaily recognizes the critical role of the WHO List of Essential Medicines (EML) in informing national policy, supporting procurement planning, and guiding access frameworks at country and regional levels. In this context, we respectfully submit that the inclusion of Blinatumomab (A5) and Temozolomide (A26) in the Model List of Essential Medicines for Children would address an important access gap and facilitate greater alignment with ongoing global efforts in childhood cancer care.

We submit the following public commentary based on the international virtual forum convened by OncoDaily on April 15, 2025, entitled **"Essential Medicines for Children with Cancer: From Access to Action."** The Forum focused on the WHO Essential Medicines List for Children, the new applications of blinatumomab and temozolomide, and the access challenges faced by low- and

middle-income countries (LMICs), as well as the role of initiatives such as ACT4Children and the Global Platform for Access to Childhood Cancer Medicines (GPACCM). The event was attended by around 450 participants across the globe, reflecting the breadth of stakeholder engagement and the global consensus on the critical need to improve access to these medicines.

Forum Highlights

The OncoDaily Forum featured contributions from:

- **Bente Mikkelsen** – **Chair of the Forum,** Director Global Engagement Strategies, St. Jude Global, St. Jude Children's Research Hospital
- **Guillermo Chantada** – President of the International Society of Pediatric Oncology.
- **Andre Ilbawi** – Technical lead, Cancer Control Department of Noncommunicable Diseases, Rehabilitation and Disability (NCD) World Health Organization.
- **Scott Howard** – Deputy Director, Yeolyan Hematology/Oncology Center (Armenia), Global Development Officer, Hospital Sant Joan de Deu Barcelona (Spain) CEO, Resonance.
- **Roberto Vasquez** – Pediatric Oncologist, Division of Hematology and Oncology, Hospital Nacional de Ninos Benjamin Bloom, San Salvador.
- **Gilles Vassal** – Professor of Oncology, University Paris-Saclay, Head of Pediatric Research programme, Gustave Roussy Comprehensive Cancer Center, Chair of ITCC and ACCELERATE, Past-President, European Society of Paediatric Oncology.
- **Manette Le Grange** – Corporate Social Responsibility Project Lead, ICONIC, Servier.
- **Yizhou Zhang** – Professor and Director at the Department of Pediatric Oncology, Sun Yat-Sen University (SYSU) Cancer Center, Deputy Chairman of the Blood Disease Translational Research Committee and Standing Committee Member of Hematological Tumor Committee, Chinese Anti-Cancer Association.
- **Anna Avagyan** – Head of Karina Cancer Predisposition Clinic, Pediatric Hematologist, Oncologist, Pediatric Cancer and Blood Disorders Center of Armenia, Yeolyan Hematology and Oncology Center.

Throughout the three-hour discussion, speakers emphasized the following key points underscoring the urgency of aligning the WHO Model List with real-world needs in pediatric oncology.

- **Blinatumomab is critical for survival** in relapsed/refractory pediatric ALL and is increasingly used in frontline settings due to its efficacy and lower toxicity. It is critical for infants, children, adolescents, young adults, and older adults, and has been shown to be highly effective for frontline therapy in a series of randomized trials for each age group and risk group

- **Temozolomide is integrated globally** into pediatric protocols for high-grade gliomas yet remains unlisted—creating procurement and access obstacles in LMICs.
- **Access strategies must be tailored** to local contexts, with government ownership and co-design essential for sustainability. Combining medicine supply, training, infrastructure, and policy support has proven effective.
- **Quality assurance is paramount** — only regulatory-approved medicines should be procured, with systems in place for safety monitoring and pharmacovigilance.
- **Both medicines offer excellent value** — reducing relapse and long-term toxicity, thereby decreasing the costs of salvage therapies and late complications.
- **Global momentum is strong**, with aligned efforts by WHO, UNICEF, PAHO, St. Jude, and others to close the survival gap in pediatric cancer.

Blinatumomab (A5) — Indication: CD19+ B-cell Precursor Acute Lymphoblastic Leukemia

Blinatumomab, a bispecific T-cell engager targeting CD3 and CD19, has demonstrated clinically meaningful benefit in multiple studies. In the pivotal TOWER trial, adult patients with relapsed/refractory B-cell precursor ALL experienced significantly improved overall survival (median OS: 7.7 months vs. 4.0 months with chemotherapy). The RIALTO study in pediatric patients confirmed its safety and ability to achieve high MRD-negativity. Real-world data from LMICs — via compassionate use and pilot programs — support its feasibility in resource-constrained settings.

While Blinatumomab is accessible through some manufacturer-led programs, its absence from the EML and EMLc continues to delay broader access for adolescents and children. WHO EML listing would:

- Support regulatory approval and national formulary inclusion in LMICs
- Enable pooled procurement and strategic pricing
- Promote programmatic integration into standard treatment
- Facilitate inclusion in access platforms like the WHO/St. Jude GPACCM

"*Blinatumomab saves lives—and its low toxicity makes it usable where traditional chemotherapy kills*," said Dr. Scott Howard. *"In the history of cancer, there have been only a handful of medicines as important as Blinatumomab. Methotrexate, 1953. Asparaginase, 1978. Blinatumomab, 2022."*

It has improved event-free and overall survival by 10–30% when added to chemotherapy in children with ALL. Its cost-effectiveness has been demonstrated across income settings, and its use is supported by national protocols, even where it cannot yet be procured at scale.

> "*We don't need another trial to prove it works. We need a policy signal that it matters*," said Dr. Howard.

> "*The drug is not the barrier—the listing is,"* emphasized Dr. Roberto Vasquez.

Temozolomide (A26) — Indication: Pediatric High-Grade Gliomas, Ewing Sarcoma, Relapsed Neuroblastoma

Temozolomide is an oral alkylating agent used for over two decades in pediatric oncology. It is a standard component in global treatment protocols for high-grade gliomas (e.g., adapted Stupp regimens) and salvage regimens for neuroblastoma and sarcomas. It is included in COG, SIOP Europe, and HIT-HGG protocols and recommended in the WHO GAP-f formulary.

> *"This is not about new evidence—it's about aligning the list with what's already happening in every pediatric cancer center,"* said Prof. Gilles Vassal.

Temozolomide is available in generic formulations, well tolerated, and does not require cold-chain storage. Its oral administration makes it feasible for LMIC implementation, particularly in outpatient settings.

Inclusion in the EMLc would:

- Align policy with current global clinical practice
- Support development of pediatric-friendly formulations
- Strengthen procurement consistency and quality assurance

> "*We are clearly showing this is important, will help children to have access to this medicine… What is missing is the formal inclusion on the essential medicines list for children,"* emphasized Prof. Vassal.

Strategic Alignment with WHO Priorities

WHO Framework	Relevance
Global Initiative for Childhood Cancer (GICC)	Supports survival goals in ALL and CNS tumors

WHO Framework	Relevance
CureAll Framework – Pillar 3	Focused on "Access to Essential Medicines and Technologies"
GAP-f Formulary	Prioritizes pediatric-friendly Temozolomide formulations
WHO Essential Diagnostics List (EDL)	CD19 testing increasingly available to enable Blinatumomab use
Sustainable Development Goal (SDG) 3.4	Accelerates progress in reducing premature NCD mortality

Platforms such as GPACCM and ACT4Children are prepared to support distribution and country-level implementation.

Why This Matters

Over 400,000 children are diagnosed with cancer annually, most in LMICs where survival is disproportionately low. Lack of access to quality-assured medicines is a major barrier to closing the survival gap. Coordinated, multi-stakeholder action through the WHO-St. Jude GPACCM and other platforms has shown that when essential medicines are reliably supplied, governments respond by integrating them into universal health coverage programs.

Both blinatumomab and temozolomide meet the EML criteria:

- Public health relevance
- Proven efficacy and safety
- Feasibility in LMICs
- Alignment with WHO strategies and goals

Their inclusion would remove a major policy bottleneck to access.

Final Recommendation

We acknowledge the Committee's focus on feasibility and infrastructure. While blinatumomab (currently) requires IV infusion, it has been used safely in LMICs through training and supervision. Its low toxicity is an advantage in constrained settings, and a subcutaneous form is under active development.

Temozolomide, as an oral agent, is already widely used in outpatient care with minimal barriers. We thank the Expert Committee for its thoughtful review and are available for any further data or clarification required.

References:

1. https://oncodaily.com/blog/the-essential-medicines-for-children-with-cancer
2. Kantarjian H, Stein A, Gökbuget N, et al. *Blinatumomab versus Chemotherapy for Advanced Acute Lymphoblastic Leukemia*. N Engl J Med. 2017;376(9):836-847. doi:10.1056/NEJMoa1609783
3. Locatelli F, Zugmaier G, Mergen N, et al. *Blinatumomab in pediatric patients with relapsed/refractory acute lymphoblastic leukemia: results of*