# Orell Mielke, MD

**Board-Certified Neurologist · Global Clinical Development Leader · Immunology & Neurology**

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## EXECUTIVE SUMMARY

Physician-scientist and clinical development executive with **22 years in pharmaceutical clinical development** across a CRO, a venture-funded biotech, a mid-cap plasma protein company and a global pharmaceutical group. Track record of taking products from first study design through global regulatory approval — FDA, EMA, PMDA, Health Canada, MHRA, Swissmedic and TGA — in neurology, immunology and rare disease. The immunoglobulin franchise whose clinical development strategy I headed reported US$6.0 billion of revenue in FY2025. Led the clinical programme behind the worldwide approval of Hizentra® in CIDP, from Phase 3 design through label negotiation with every major health authority. Combines hands-on medical expertise as a board-certified neurologist with accountability for strategy, budget and cross-functional global teams.

| 22 | 8+ | 10+ | 30+ |
|---|---|---|---|
| Years in clinical development | Countries and regions with CIDP approvals obtained | Concurrent programmes led | Peer-reviewed publications |

## KEY ACHIEVEMENTS

- **Hizentra® approved for CIDP in the USA (FDA), the EU (European Commission on CHMP recommendation), Japan (MHLW/PMDA), Canada (Health Canada), Australia (TGA), Switzerland (Swissmedic), New Zealand (Medsafe) and the UK (MHRA)** — led the entire clinical-regulatory strategy as lead medical director, lead author of the regulatory documents and main negotiator with the agencies. European Commission and FDA approvals both in March 2018, Japan in March 2019. The first subcutaneous immunoglobulin approved as maintenance therapy in CIDP.
- **Privigen® approved for CIDP in the EU (European Commission, April 2013), the USA (FDA, September 2017) and Japan (MHLW/PMDA, March 2019)** — the FDA approval achieved from an initially low probability of success by combining data from two independent studies. Health Canada approval additionally secured after initial non-acceptance through strategic re-engagement.
- **Portfolio impact** — Privigen and Hizentra form CSL's immunoglobulin franchise, with combined reported revenue of **US$5.98 billion in FY2025**, around 39 % of group revenue. CSL names CIDP as one of three core indications driving immunoglobulin demand, and Hizentra as the clear global market leader in subcutaneous immunoglobulin.
- **Health authority interactions across ten jurisdictions** — FDA, EMA including CHMP and PRAC, PMDA, Health Canada, MHRA, Swissmedic, TGA, Medsafe, ANSM (France) and the Paul-Ehrlich-Institut: marketing authorisations and variations, clinical trial authorisations, scientific advice and briefing packages, renewals, labelling and post-marketing commitments.
- **Orphan drug exclusivity** — obtained orphan drug designation and seven years of US market exclusivity for Hizentra in CIDP, creating durable competitive protection.
- **PMDA breakthrough** — negotiated an additional approval for a second study drug in Japan, an outcome that had not been anticipated at the outset of the procedure.
- **EU approval of Zutectra® (November 2009, EU/1/09/600)** — the first subcutaneous hepatitis B immunoglobulin for prophylaxis of HBV re-infection after liver transplantation, approved during my tenure as Director Plasma Proteins at Biotest.
- **Cytotect® CP (CMV hyperimmunoglobulin)** — lead medical director for the clinical development programme that subsequently supported the product's regulatory expansion.
- **EU orphan drug designation for severe traumatic brain injury (EU/3/08/560, September 2008)** — obtained for an intravenous CB1/CB2 cannabinoid receptor agonist. The accompanying Phase IIa in 97 comatose patients across three

European countries met its primary pharmacokinetic endpoint and showed a statistically significant 30-day survival benefit.

- **Phase 3 RECLAIIM trial (dermatomyositis)** — lead clinical program director and lead author of the international Phase 3 trial in 134 patients; programme carried through database lock, clinical study report and publication.
- **Paediatric CIDP programme** — built an FDA post-marketing requirement from concept through protocol and confirmed feasibility in under six months, opening treatment access for an underserved paediatric population.
- **Regulatory efficiency** — negotiated the early closure of an FDA post-marketing commitment study, releasing budget and capacity a full cycle earlier than planned.
- **Competitive bid defences at Parexel** — won several pharma-sponsored trial awards as medical lead in pain indications, with a combined project value in the tens of millions of US dollars.

## PROFESSIONAL EXPERIENCE

### Lead, Clinical Global Program Director (2020–) · Senior Program Director (2015–) · Program Director

**2011 – 2026**

**CSL Behring, Marburg, Germany — Global R&D (headquarters: King of Prussia, PA, USA)**

Led global clinical development programmes across neurology and immunology within the Immunology therapeutic area. Accountable for the full lifecycle from Phase I through Phase IV and post-marketing commitments: regulatory strategy, study design, execution, reporting and publication.

- **Head of Section Immunoglobulins** within the Immunology therapeutic area — accountable for clinical development strategy across the immunoglobulin portfolio
- Led cross-functional global teams of 10–15 across Germany, the USA, Switzerland, the UK, Japan and Belgium
- Main negotiator with FDA, EMA, PMDA and Health Canada for CIDP label approvals
- Managed 10+ concurrent programmes including Phase 3 trials, post-marketing requirements and real-world evidence studies
- Regular presenter to the Therapeutic Area Leadership Team on programme strategy, regulatory decisions and publication plans
- Lead author on Phase 3 publications; coordinated 8+ international co-authors and KOL steering committees
- Clinical Research Oversight (CROS) committee member — reviewed observational studies against ISPOR, ISPE and STROBE standards
- Regulatory inspections and audits with FDA, MHRA, PMDA and national authorities, including sponsor-side interviews
- Indications: CIDP, dermatomyositis, myasthenia gravis, scleroderma, ITP, PID, SID (CLL, MM, NHL), traumatic brain injury, ischaemic stroke
- Products: Hizentra® (IgPro20, SCIG), Privigen® (IgPro10, IVIG), recombinant Fc multimers

### Director Plasma Proteins

**2008 – 2011**

**Biotest AG, Dreieich, Germany — approx. 2,000 employees**

Led a group of directors and senior research specialists responsible for the clinical development of immunoglobulin products (Phase II–IV) across infectious disease and transplantation immunology.

- Eight direct reports — directors and senior research specialists
- Clinical development across hepatitis B and C, CMV, immunodeficiency, sepsis, severe pneumonia and transplantation
- EU approval of Zutectra® (subcutaneous hepatitis B immunoglobulin) obtained during tenure; lead medical director for the Cytotect® CP development programme

### Vice President Clinical R&D

**2006 – 2008**

**KeyNeurotek Pharmaceuticals AG, Magdeburg, Germany — CNS biotech, approx. 30 employees**

Built and led the clinical R&D function from scratch, reporting directly to the CEO, the supervisory board and the investors. Responsible for clinical development, drug safety, regulatory affairs and quality.

- Secured EU orphan drug designation for an intravenous cannabinoid receptor agonist in moderate and severe closed traumatic brain injury
- Designed and ran the Phase IIa programme in comatose patients with severe traumatic brain injury across three European countries
- Indications: traumatic brain injury, urinary incontinence (Phase I–II)

### Medical Advisor / Assistant Medical Director

**2004 – 2006**

**Parexel International, Berlin, Germany — global CRO, >10,000 employees**

Medical monitor for clinical trials across a broad range of CNS and systemic indications at one of the world's largest contract research organisations. Represented clinical development in competitive bid defences.

- Won several competitive bids in pain indications with a combined project value in the tens of millions of US dollars
- Indications: multiple sclerosis, brain injury, epilepsy, infectious encephalitis, vascular dementia and CADASIL, bipolar disorder, cerebral malignancies, non-malignant pain, renal failure, anaemia, HIV

## ACADEMIC AND CLINICAL CAREER

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|---|---|
| **2003 – 2004** | **Central Institute for Mental Health, Mannheim** — clinical psychiatry: depression, mania, schizophrenia, dementia, panic disorder, adult ADHD. |
| **2000 – 2001** | **Department of Neurosciences & Cochrane Stroke Centre, University of Edinburgh, UK** — research period in acute stroke medicine. Built a web-based CT reading tool using ECASS data (in cooperation with Prof. von Kummer); several high-impact stroke publications. |
| **1996 – 2003** | **Department of Neurology, University Hospital Mannheim — University of Heidelberg** — board certification in neurology. Led one of the first German stroke units, established the stroke database and served as sub-investigator on several stroke trials. |
| **1996** | University of Porto Alegre, Brazil — medical training |
| **1993** | University of London, Chelmsford, UK — clinical internship |
| **1989 – 1996** | **University of Heidelberg, Germany** — medical school, Dr. med. |

## SELECTED PUBLICATIONS

Selected from 30+ indexed publications. First and last authorships marked.

**CIDP and immunoglobulins — 2013 to 2022**

1. Léger JM, De Bleecker JL, Sommer C, et al. (incl. **Mielke O**). Efficacy and safety of Privigen in CIDP: the PRIMA study. *J Peripher Nerv Syst*. 2013;18(2):130–40.
2. van Schaik IN, van Geloven N, Bril V, et al. (incl. **Mielke O**). PATH study protocol for a randomised controlled trial. *Trials*. 2016;17(1):345.
3. Merkies ISJ, Lawo JP, et al. (incl. **Mielke O**). Minimum clinically important difference in CIDP: the PRIMA trial. *J Peripher Nerv Syst*. 2017;22(2):149–52.
4. **Mielke O**, Fontana S, Goranova-Marinova V, et al. Hemolysis related to IVIG is dependent on anti-blood group A/B antibodies and individual susceptibility. *Transfusion*. 2017;57(11):2629–38. **[First author]**
5. van Schaik IN, Bril V, et al. (incl. **Mielke O**). Subcutaneous immunoglobulin for maintenance treatment in CIDP (PATH): a phase 3 trial. *Lancet Neurol*. 2018;17(1):35–46. **[Lead clinical programme]**
6. van Schaik IN, **Mielke O**. IV versus SC immunoglobulin — authors' reply. *Lancet Neurol*. 2018;17(5):393–4. **[Co-corresponding author]**
7. Berger M, Harbo T, Cornblath DR, **Mielke O**. IgPro20, the PATH study, and treatment of CIDP with subcutaneous IgG (review). *Immunotherapy*. 2018;10(11):919–33. **[Last author]**

8. **Mielke O**, Bril V, Cornblath DR, et al. Restabilisation after IVIG withdrawal in CIDP: pre-randomisation phase of PATH. *J Peripher Nerv Syst*. 2019;24(1):72–9. **[First author]**
9. Merkies ISJ, van Schaik IN, et al. (incl. **Mielke O**). Efficacy and safety of IVIG in CIDP: combined PRIMA and PATH data. *J Peripher Nerv Syst*. 2019;24(1):48–55.
10. van Schaik IN, **Mielke O**, Bril V, et al. Long-term safety and efficacy of subcutaneous IgPro20 in CIDP: PATH extension study. *Neurol Neuroimmunol Neuroinflamm*. 2019;6(5):e590.
11. Lewis RA, Cornblath DR, et al. (incl. **Mielke O**). Placebo effect in CIDP: PATH study and systematic review. *J Peripher Nerv Syst*. 2020;25(3):230–7.
12. Bril V, Hartung HP, Lawo JP, Durn BL, **Mielke O**. Electrophysiological testing in CIDP: the PATH study. *Clin Neurophysiol*. 2021;132(1):226–31. **[Last author]**
13. Tortorici MA, et al. (incl. **Mielke O**). Pharmacometric analysis linking IgG exposure to efficacy in CIDP. *CPT Pharmacometrics Syst Pharmacol*. 2021;10(8):839–50.
14. Alcantara M, Hartung HP, et al. (incl. **Mielke O**). Electrophysiological predictors of response to subcutaneous IgG in CIDP. *Clin Neurophysiol*. 2021;132(9):2184–90.
15. Merkies ISJ, van Schaik IN, et al. (incl. **Mielke O**). Analysis of relapse by I-RODS in the PATH study. *J Peripher Nerv Syst*. 2022;27(2):159–65.
16. Cuesta H, El Menyawi I, Hubsch A, Hoefferer L, **Mielke O**, Gabriel S, Shebl A. Incidence and risk factors for IVIG-related haemolysis: a systematic review. *Transfusion*. 2022;62(9):1894–907.

**Stroke and neurology — academic career and recent work**

17. Wardlaw JM, **Mielke O**. Early signs of brain infarction at CT: observer reliability and outcome after thrombolytic treatment — systematic review. *Radiology*. 2005;235(2):444–53. **[Last author]**
18. **Mielke O**, et al. Thrombolysis for acute ischaemic stroke: different doses, routes of administration and agents. *Cochrane Database Syst Rev*. 2004. **[First author]**
19. Fassbender K, Walter S, Liu Y, et al., **Mielke O**. “Mobile stroke unit” for hyperacute stroke treatment. *Stroke*. 2003;34(6):e44. **[Last author]**
20. Daffertshofer M, **Mielke O**, Pullwitt A, Felsenstein M, Hennerici M. Transient ischaemic attacks are more than “ministrokes”. *Stroke*. 2004;35(11):2453–8.
21. Wöhrle JC, Behrens S, **Mielke O**, Hennerici MG. Early motor evoked potentials in acute stroke: adjunctive measure to MRI for prognosis within 6 hours. *Cerebrovasc Dis*. 2004;18(2):130–4.
22. Wardlaw JM, Farrall AJ, Perry D, von Kummer R, **Mielke O**, Moulin T, et al. Factors influencing detection of early CT signs of cerebral ischaemia: international multiobserver study. *Stroke*. 2007;38(4):1250–6.
23. Abraham S, Carone D, **Mielke O**, et al. Automatically quantified follow-up imaging biomarkers predict clinical outcomes after acute ischaemic stroke. *Front Neurol*. 2025;16:1483138.

**In preparation**

24. **Mielke O**, et al. RECLAIIM Phase 3 trial: subcutaneous immunoglobulin in dermatomyositis. Target journal: *Lancet Rheumatology*, 2026. **[Lead author]**

## CORE COMPETENCIES

## CLINICAL DEVELOPMENT

- Phase I–IV programme leadership
- Clinical development plans
- Study design and protocols
- Endpoint and PRO strategy
- Medical monitoring and safety
- Real-world evidence studies

## REGULATORY STRATEGY

- FDA, EMA/CHMP, PMDA, Health Canada
- MHRA, Swissmedic, TGA, ANSM, PEI

## LEADERSHIP

- Global cross-functional teams
- Executive and board reporting
- Portfolio and budget strategy
- IDMC and steering committees
- KOL and investigator relations
- CRO and vendor oversight

## THERAPEUTIC EXPERTISE

- CIDP and polyneuropathies
- Dermatomyositis and myositis
- IVIG and SCIG therapies
- Primary and secondary immunodeficiency
- Stroke, brain injury, CNS
- Rare disease and orphan drugs

## LANGUAGES AND CREDENTIALS

**Languages:** German (native), English (fluent, C2). **Credentials:** Board-Certified Neurologist (Facharzt für Neurologie); Dr. med., University of Heidelberg. **Base:** Mannheim, Germany — available for global travel and remote engagement across CET, US Eastern and Japan time zones.