

Docket # FDA-2019-N-2012

New Drugs Regulatory Program Modernization: Improving Approval Package Documentation and Communication

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Planned 07 May 2020









4 Years On: CORE Reference Project Evolution

<u>www.core-reference.org</u> active and resource-rich website:

ESTABLISHED RESOURCES

CONTINUING PROFESSIONAL DEVELOPMENT

• GLOBAL VOICE:

COMMENTARY IN WIDER Regulatory Public Disclosure (RPD) ARENA

- Feedback to TransCelerate on CSR Template (Regulatory ESS, presenting on 08 May 2020)
- \odot Commenting on open FDA Docket





Docket # FDA-2019-N-2012: Background

- June 19 2019: FDA concluded clinical data summary pilot program in which one Sponsor company voluntarily participated.
 O Erleada pivotal CSR publicly posted
- Aug 19 2019: FDA opened a Docket (Federal Register Notice)
 - Seeking stakeholder feedback on the pilot re: potential benefits or risks, resource requirements, and challenges of FDA publicly releasing a limited number of sections from certain CSRs at the time of marketing approval.
 - FDA also released a new integrated template that will be used to document FDA's review of new drug applications and efficacy supplements.
 - The Docket sought public comment on both.





CORE Reference Voice

Initiative provides another pathway for disclosure of clinical trial results.

- Comments submitted on behalf of CORE Reference Project
- Comments closed 26 Aug 2019





Erleada CSR Posting – FDA's Questions

Clinical Data Summary Pilot Program: Erleada CSR, protocol, and SAP posted.

Questions were asked about:

- Comprehension
- Utility
- Accessibility
- Adequacy of posted documentation
- Advantages/disadvantages of routine postings
- Other helpful information that could have been added
- How did the posting affect your understanding of FDA's decision-making process re: drug applications?





Erleada CSR Posting - CORE Reference Comments Summary

✓ Comprehension

✓ Utility

✓Accessibility

✓Adequacy of posted documentation





Erleada CSR Posting - CORE Reference Comments Summary

- Advantages of routine postings

 Aligns broadly with EMA/HC; contributes to trust environment; potential to streamline medicines development medicines to patients faster
- Disadvantages of routine postings
 - Inflates development costs (unless aligned fully with EMA/HC)
 - Other helpful information that could have been added

 Ounique characteristics for therapy or indication require Agency commentary
 - Alternative to full posting: Post protocol plus IR and make other documents available "on request"





Integrated Review Template (IRT) Illustration – Background

Original reviews for NDA 210806 (PIFELTRO (doravirine) tablets, 100 milligrams (mg)) and NDA 210807 (DELSTRIGO (doravirine, lamivudine, and tenofovir disoproxil fumarate) tablets, 100/300/300 milligrams) rewritten to provide an example:

- Original multidisciplinary NDAs review and the information provided in the new integrated review template <u>https://www.fda.gov/ newdrugsmodernization#integrated</u>
- Integrated review prepared by the FDA <u>https://www.fda.gov/media/128270/download</u>





Integrated Review – FDA's Questions

- How does the format inform you about FDA's decision-making process re. drug applications?
- Usability and accessibility of IR compared to original posted review
- Advantages/disadvantages
- Comprehension





Integrated Review– CORE Reference Comments Summary

(+)

- We like the benefit/risk assessment table; excellent summary of FDA's assessment rationale
- B:R conclusion helpful for lay audience
- IR is shorter and more readable than disclosed clinical summary documents (approx. ¼ length)

(-)

- Prefer more frequent use of tables
- Prefer full SAP, not summary
- Prefer full protocols, not just synopses
- Partial transparency only shows how FDA conclusions are drawn; BUT has a different purpose to the more complete disclosure of clinical documents





What did others think? (1)

22 sets of comments, including CORE Reference comments

Industry Associations

- PhUSE Data Transparency Working Group
 - $\,\circ\,$ Suggest that reidentification attack risk is higher in the proposed IR compared to the redaction approach taken by EMA and HC as applied directly to publication of clinical documents

PhRMA and Biotechnology Innovation Organization (BIO)

 Both support the use of the IR, and suggest to abandon the publication of redacted clinical documents

Combination Products Coalition

• Request publication of discipline-specific review memos, in addition to the proposed IR

Publications professionals

• Cochrane, BMJ and PLOS (joint comments)

 $\,\circ\,$ All support providing the CSR, protocol, and SAP in addition to the proposed IR





What did others think? (2)

22 sets of comments, including CORE Reference comments

Pharmaceutical companies

- Leo Pharma
 - Point out the non-alignment of redaction approach with some other health authorities [EMA, HC]. Support the proposed IR

Data and analytics company interested in real-world data

- Flatiron Health
 - \circ Suggest that totality of evidence, including any consultative reviews, are included in the proposed IR

Charities

- Lupus Foundation of America and Cancer Support Community
 - \odot Both want patient experience data considered in the decision-making process



FDA Consideration after concluding Clinical Data Summary Pilot (26 March 2020)

FDA is not currently disclosing clinical documents; however the Agency has identified a possible framework for disclosure:

- Establish a centralised multi-regulatory agency library to make information available to the public

 Managed by an independent body
- Set up on-demand system where some documents, e.g., clinical summaries, index of study reports, would be automatically published
 - Public could request documents and the sponsors would add them to the library
- Anonymisation and disclosure standards would apply (eg, PhUSE)
- Sponsor commitment to use the international library system would be voluntary

FDA Continues to Support Transparency and Collaboration in Drug Approval Process as the Clinical Data Summary Pilot Concludes





Watch this space....

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