



GSK-CBER CONFERENCE CALL SUMMARY

Date and Time:	May 9, 2012, 9:00 AM – 10:00 AM
Location:	CBER Conf. WOC2-2201; Conference call
STN #:	125419/0
Sponsor:	GlaxoSmithKline Biologicals
Product:	Influenza A (H5N1) Virus Monovalent Vaccine

CBER/FDA ATTENDEES

Carmen Collazo-Custodio
Theresa Finn
Andrea James
Kirk Prutzman
Jeremy Wally

GSK ATTENDEES

Katalin Abraham
Bruce Innis
David Vaughn

BARDA ATTENDEE

Michael O'Hara

1.0 PURPOSE

The objective of this conference call was:

- To discuss CBER's request regarding the Pediatric Plan provided on April 30, 2012.

2.0 BACKGROUND

GSK requested a deferral of the Pediatric Research Equity Act (PREA) requirement to submit a pediatric assessment for children from birth through 17 years of age on the basis that Q-Pan H5N1 is ready for approval for use in adults before pediatric studies are complete (refer to Module 1.9.2, February 22, 2012, submission). In the submission, the applicant described two ongoing pediatric studies:

- FLU Q-PAN H5N1=AS03-021 is a study entitled, "*A Phase 2/3, randomized, controlled, observer-blind, multi-center trial to evaluate the safety and immunogenicity of a two-dose primary vaccination series of monovalent A/Indonesia/5/2005 (H5N1) vaccine antigen adjuvanted with AS03 in children aged 6 months to <18 years of age*"

that was submitted to BB-IND 13413. The study has enrolled 607 children (plus 231 controls) 6 months through 17 years of age and evaluates the candidate Q-Pan H5N1 vaccine. This study has been initiated but will not be completed at the time of the initial BLA submission.

- FLU Q-PAN H1N1-035 PRI is a non-IND study entitled “*A phase III, observer-blind, randomized, controlled, multi-center, multi-country trial to evaluate the safety and relative efficacy of pandemic monovalent A/California/7/2009 (H1N1)v-like vaccines manufactured in Québec, Canada in children aged 6 months to less than 10 years of age.*” In the minutes of the Type C meeting held on October 11, 2011, CBER requested that this study be integrated as a component of the Pediatric Plan. This supportive study was conducted in approximately 4,000 children (plus 2,000 controls) and the clinical phase has been concluded; however, study analysis and reporting will not be completed at the time of the initial BLA submission.

In addition, during the Type C meeting held on July 23, 2010, it was agreed that GSK was going to discuss with CBER the plans for development in children less than 6 months of age once the results of the FLU Q-PAN H5N1=AS03-021 study become available.

In response to the information provided in Module 1.9.2, February 22, 2012, submission, CBER requested the following information on April 30, 2012:

“Reference is made to your request for deferral of the Pediatric Research Equity Act (PREA) requirement to submit a pediatric assessment for children from birth through 17 years of age (refer to Module 1.9.2). Please note that a Pediatric Plan must be submitted for all deferred studies. A Pediatric Plan is a statement of intent that outlines the pediatric studies that you plan to conduct or are conducting (i.e., the pediatric studies that will comprise the pediatric assessment). The plan should address all pediatric subpopulations (from birth through 17 years of age), the development of an age-appropriate formulation (if necessary), and must contain a timeline for the completion of studies. We recommend that the timeline includes the dates that you will: (a) submit the protocols; (b) complete the studies; and (c) submit the study reports.”

On April 30, 2012, GSK requested a conference call with review committee representatives to discuss CBER’s request. The applicant was seeking additional guidance from CBER to ensure that they provide an appropriate and detailed response. This conference call was held on May 9, 2012 (see item 3.0 DISCUSSION TOPICS).

3.0 DISCUSSION TOPICS

- GSK briefly described the pediatric studies that will comprise the Pediatric Plan and also mentioned their plans for discussing with CBER the possibility of conducting additional pediatric studies in children less than 6 months of age once the results of the FLU Q-PAN H5N1=AS03-021 study become available.

- CBER stated that timelines for submission of the final study reports should be projected out in a reasonable manner allowing for some extra time in case there are delays.
- GSK mentioned that they had recently obtained safety and immunogenicity data from study FLU Q-PAN H5N1=AS03-021 that suggest the need for further ---(b)(4)--- of the AS03 adjuvant prior to initiating studies in children less than 6 months of age. If the analysis of the new data supports the -----(b)(4)-----, the applicant would like to conduct additional studies to -----(b)(4)----- . However, this proposal is still in an early stage. The applicant has prepared slides (Power Point Presentation) summarizing the new data and has presented this new information to BARDA.
- Based on the information provided by GSK, CBER suggested that the best way to move forward is to request a blanket deferral, stating that the plans have changed from what was previously discussed with CBER based on recent data that suggest the need to evaluate -----(b)(4)----- . GSK requested additional time to discuss with GSK's upper management and with BARDA. CBER agreed and advised GSK to submit their new proposal as an amendment to the BLA by August.

4.0 INTERNAL MEETING – May 15, 2012

- Meeting attendees were: Carmen Collazo-Custodio, Karen Farizo, Theresa Finn, Andrea James, Kirk Prutzman, Jeremy Wally.
- In the context of the new information provided by GSK during the conference call of May 9, 2012, in which the applicant stated that the plans for the pediatric assessment may change due to results recently obtained from study FLU Q-PAN H5N1=AS03-021 which suggest the need to explore -----(b)(4)----- , OVRP representatives held an internal meeting on May 15, 2012, to further discuss this issue.
- Most recently (May 11, 2012), FDA's internal Pediatric Review Committee (PeRC) meeting to discuss Q-Pan H5N1 was scheduled for September 26, 2012. Given the timelines associated with preparation for the PeRC meeting, we agreed to request that the applicant submits the Pediatric Plan by July 31, 2012.
- It was also agreed to advise GSK that if the pediatric studies (ongoing or planned) are different from the ones described in Module 1.9.2 of the BLA submission, to submit the Pediatric Plan and clearly state that we are not to consider the information originally submitted in Module 1.9.2, dated February 22, 2012, for our review of the Pediatric Plan and PeRC meeting.
- This advice was communicated to GSK on May 21, 2012, via e-mail correspondence.