U.S. FOOD & DRUG ADMINISTRATION

FDA Public Workshop

CDER and You: Keys to Effective Engagement

Hosted by Professional Affairs and Stakeholder Engagement (PASE)

Tuesday, April 3, 2018, 9am - 3pm

FDA White Oak Campus | 10903 New Hampshire Ave, Silver Spring, MD, 20993 | Building 31 Great Room

Register Today:
https://Keys-to-Effective-Engagement-FDA-Public-Workshop.eventbrite.com

Introduction and Opening Remarks

John Whyte, M.D., M.P.H.

Director, Professional Affairs and Stakeholder Engagement (PASE), CDER

Welcome

Janet Woodcock, M.D.

Director, Center for Drug Evaluation and Research (CDER)

AUDIENCE RESPONSE QUESTIONS

Noah Goetzel

Oak Ridge Institute for Science & Education (ORISE) Fellow, Professional Affairs & Stakeholder Engagement

Join the Twitter Conversation

#CDERandUEngagementWorkshop

5 Things to Know About the New Drug Approval Process

Live Demo:
FDA.gov/RequestAMeetingOnDrugs

Christopher Melton

Health Communications Specialist,

Professional Affairs and Stakeholder Engagement (PASE)

Collecting Patient Experience Data: How You Can Best Help FDA

Selena Daniels, Pharm.D., M.S.

Team Leader, Clinical Outcome Assessments (COA) Staff,

Office of New Drugs (OND), CDER

COLLECTING PATIENT EXPERIENCE DATA: HOW YOU CAN BEST HELP FDA?

VIEWPOINT

JAMA

Engaging Patients Across the Spectrum of Medical Product Development
View From the US Food and Drug Administration

Nina L. Hunter, PhD
Center for Devices and Radiological Health, US Food and Drug Administration, Silver Spring, Maryland.

Kathryn M. O'Callaghan, BSE
Center for Devices and Radiological Health, US Food and Drug Administration, Silver Spring, Maryland.

Robert M. Califf, MD
Office of Medical Products and Tobacco, US Food and Drug Administration, Silver Spring, Maryland.

Supplemental content at jama.com

Corresponding Author: Robert M. Califf, MD, US Food and Drug Administration, 10903 New Hampshire Ave, White Oak, Bldg 1, Room 2314, Silver Spring, MD 20993 (robert.califf@fda.hhs.gov).

jama.com

The complex tasks of developing, evaluating, and determining the appropriate use of medical technologies occur in an evolving ecosystem of diverse stakeholders. However, as new medical therapies and diagnostics are designed and tested, the preferences and views of the patients and care partners who are most directly affected by these treatments are all too often overlooked. Individual patients often experience different effects of diseases and may have unique preferences about treatments or diagnostic procedures that differ from those of other patients or of their physicians or other health care practitioners; they may also have differing views about what kinds and degrees of risk are tolerable. As patients weigh the balance of benefits and risks, their decisions are informed by their experiences, backgrounds, and personal circumstances. In addition, patients are no longer passive recipients of care; instead, they are empowered consumers of medical products and partners in the process by which those products are developed. Patients increasingly act as advocates for new treatments, and many are fully engaged in making decisions about their care.

Programs recently enacted at the US Food and Drug Administration (FDA) are focused on including patient perspectives throughout the continuum of medical product development.[1] In this Viewpoint, we describe ongoing efforts at several FDA centers and offer views on a conceptual framework within the context of the Precision Medicine Initiative that could lead to improved health by more effectively matching medical products to the needs and preferences of patients and care partners.

New Roles for Patients and Care Partners

The recent emergence of a health care system marked by major structural changes and new technologies and communication channels is offering opportunities for improving medical care. Perhaps the greatest change to accompany this new ecosystem may be the widespread involvement of patients, families, and care partners in every phase of medical product development. Patient advocacy groups[2] are increasingly empowered to participate in this process, and social media offer means for directly engaging patients to elicit input and preferences.

As these developments influence the health care enterprise, the FDA seeks to directly involve patients throughout the lifecycle of medical product development. Although patients today have a greater say in which FDA-regulated products are included in their own care, these new approaches will help to ensure that patient perspectives also have an effect on which medical products are developed and cleared or approved for the market.[3]

Medical Device Programs

The FDA is a member of the Medical Device Innovation Consortium,[4] the nation's first public-private partnership focused on medical device regulatory science. This consortium worked to catalog methods for eliciting patient preferences and to develop a framework that guides research sponsors in approaches for incorporating patient perspectives on the benefits and risks of medical devices for regulatory and other purposes. The FDA, through the Center for Devices and Radiological Health (CDRH) and the Center for Biologics Evaluation and Research, simultaneously posted a draft guidance that provides background information, structure for incorporating patient preferences (defined as qualitative or quantitative assessments of the relative desirability or acceptability of attributes that differ among alternative diagnostic or therapeutic strategies) into regulatory decision making, and advice regarding collection and use of patient preference information for manufacturers and other stakeholders to support certain medical device approvals.[5] This proposed approach stems from the FDA's guidance on benefit-risk determinations for device approvals, which describes patient tolerance for risk and perspective on benefit as an explicit factor the agency may consider in approval decisions.[6] In addition, FDA scientists teamed with behavioral economists to test a method for capturing patient sentiment and to translate it into a decision-aid tool for incorporating patient preferences into clinical trial designs for obesity treatments. Shortly thereafter, the FDA approved a new weight-loss device informed in part by data from this study, the first such device to be approved since 2007.[7]

Partnering Directly With Patients

The recently formed Patient Engagement Advisory Committee (PEAC) is an example of the FDA's commitment to partnering directly with patients. By including patient experts from different backgrounds, the PEAC will help ensure that broad, diverse perspectives on the needs and experiences of patients inform the FDA's deliberations. The PEAC will advise the FDA commissioner on complex issues relating to the regulation and use of medical devices and identify opportunities to partner with patients to meet their needs and support FDA's public health commitment across multiple topics.

Drugs and Biologics

In 2012, the FDA established the Patient-Focused Drug Development (PFDD) initiative to gain a broader range

"… the ***FDA is working to give patients a greater voice*** in medical product development and evaluation**.**

Success in these efforts could lead to tremendous advances in the understanding of health, disease, diagnosis, treatment, and recovery, ***ultimately transforming patients' experience of health care*** by enabling physicians to tailor care to an individual's specific needs and preferences.

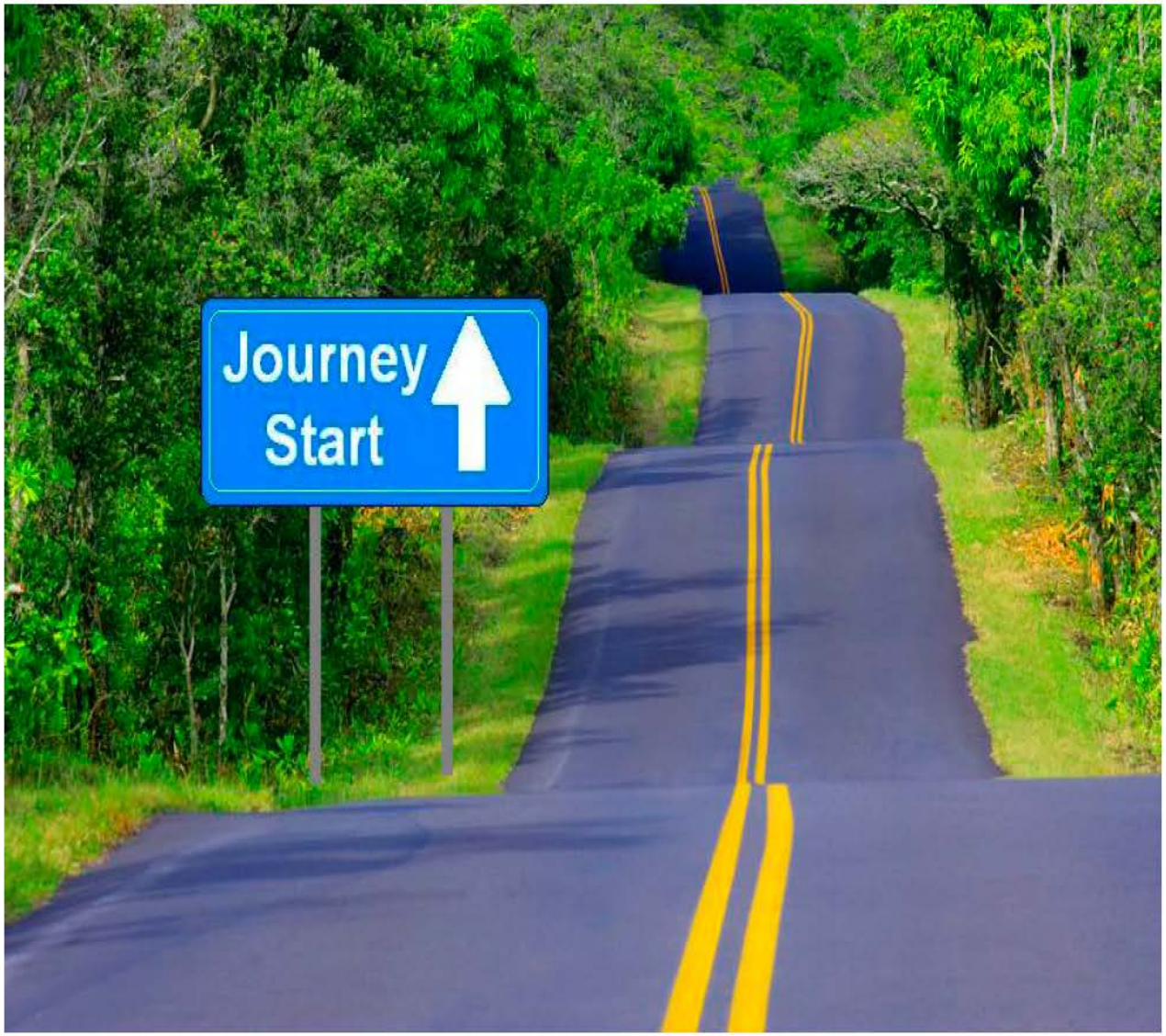
Including clinical outcomes that are meaningful to patients can profoundly influence drug development by ***ensuring the patient voice is captured.***"

Hunter NL, O'Callaghan KM, Califf RM. JAMA 2015

Our Ultimate Purpose: Understand Patients' Perspectives on Benefits and Risks

- **Clinical benefit**: A ***positive clinically meaningful effect*** of an intervention, i.e., a positive effect on how an individual ***feels***, ***functions***, or ***survives***
  - How long a patient lives
  - How a patient feels or functions in daily life (includes both improvement as well as prevention/slowing decline)
- **Clinical outcome:** An outcome that describes or reflects how an individual feels, functions or survives
  - Assessed using clinical outcome assessments (COAs)
- Careful assessment of patients' views on benefits and risks are an important part of regulatory decision-making

Patient Experience



What Is Patient Experience Data?

- Data that are collected by any persons and are intended to provide information about patients' experiences with a disease or condition

- Includes the experiences, perspectives, needs and priorities of patients related to (but not limited to)
  - Symptoms of their condition and its natural history
  - Impact of the conditions on their functioning and quality of life
  - Experience with treatments
  - Input on which outcomes are important to them
  - Patient preferences for outcomes and treatments
  - Relative importance of any issue as defined by patients

Source: Title III, Section 3002(c) of the 21st Century Cures Act

Where Does Patient Experience Data Come From?

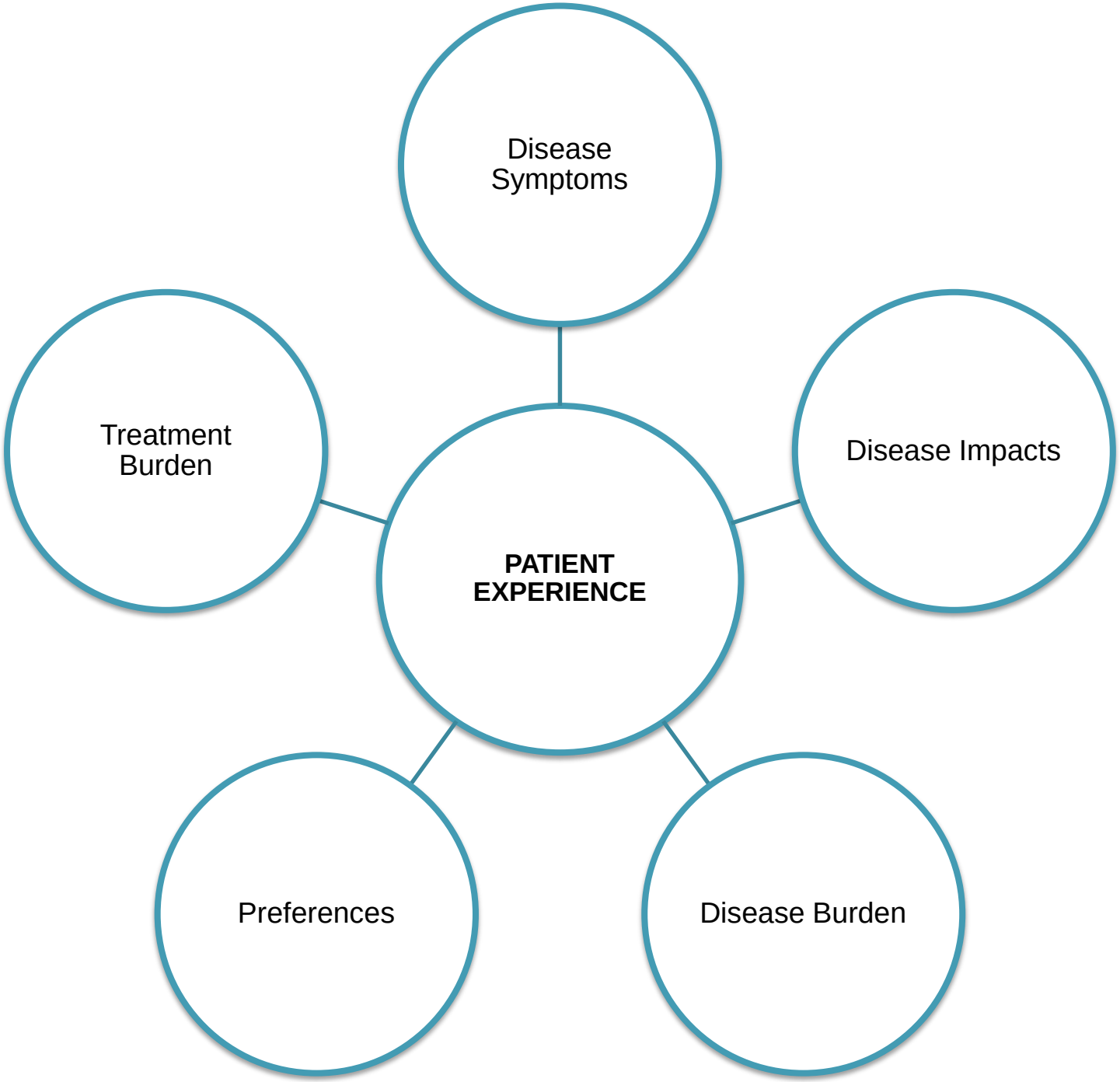
- The patient's journey should be defined from the patient perspective (where possible) informed by input from patient partners and clinicians

Patient Partners

- A **patient** is any individual with or at risk of a specific health condition, whether or not they currently receive any therapy to prevent or treat that condition. Patients are the individuals who directly experience the benefits and harms associated with medical products.

- A **caregiver** is a person who helps a patient with daily activities, health care, or any other activities that the patient is unable to perform himself/herself due to illness or disability. This person may or may not have decision-making authority for the patient and is not the patient's healthcare provider.

- A **patient advocate** is an individual or group of individuals, who may or may not be part of the target patient population, who has a role in promoting an interest or cause to influence policy with respect to patients' health or healthcare.


Disease Symptoms
Treatment Burden
Disease Impacts
PATIENT EXPERIENCE
Preferences
Disease Burden

How Do You Collect Patient Experience Data?

	Qualitative Methods	Quantitative Methods	Mixed Methods
Method	Uses direct communication to explore or confirm the meaning of interpretation of a topic from the participant's perspective	Uses a tool (survey or questionnaire) that provides numerical information	Uses both qualitative and quantitative data and approaches in an integrated manner in the same study or a set of related studies
Scientific Question*	*What aspects of disease are important to patients for measurement and reporting of clinical trial results?*	*How do we design a questionnaire measuring aspects of disease?*	*Do we measure symptom severity or frequency?*

***Example questions**

Source: Adapted from Teddlie & Tashakkori (2009)

Why Is It Important To Collect Patient Experience Data?

- Patients are experts in their own experience of their disease or condition and the ultimate consumers of medical products

- Patient experience data can inform medical product development and enhance regulatory decision making to address patients' needs

When Do You Collect Patient Experience Data?

- Before and throughout the medical product development process
- Precompetitive collaboration is encouraged!

Who Can Collect & Submit Patient Experience Data?

- Anyone can collect and submit patient experience data, including
  - Patients
  - Family members and caregivers of patients
  - Patient advocacy organizations
  - Disease research foundations
  - Researchers
  - Drug manufacturers

How Can External Stakeholders Submit Patient Experience Data To FDA?

- Various pathways exist
- FDA guidance on how to submit patient experience data is under development
- Depending on the purpose and type of data, different content and formats may be appropriate

How Is Patient Experience Data Used For Regulatory Purposes?

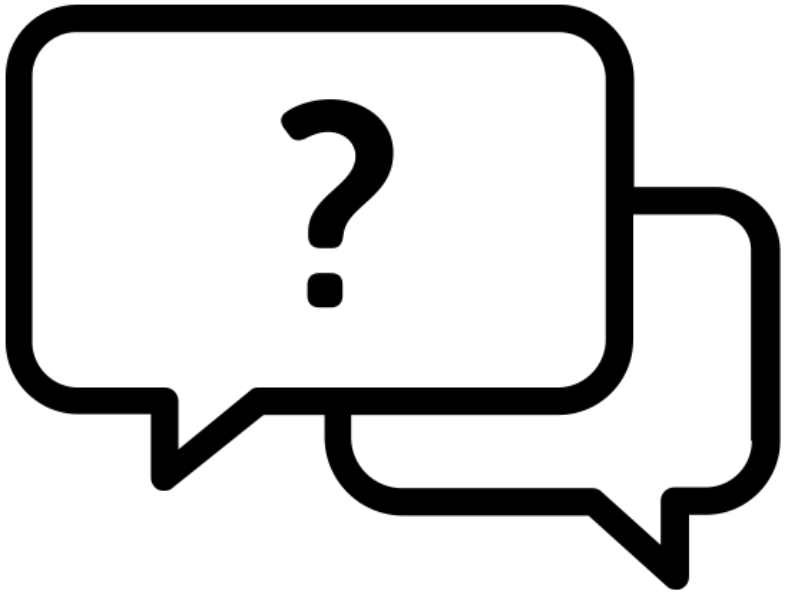
- Patient experience data is used to inform
  - Clinical trial design
  - Trial endpoint development and selection
  - Regulatory reviews including benefit-risk assessments

Summary

- Patient engagement is critical throughout the medical product development process.

- You can best help FDA by using scientifically sound methods to collect robust, meaningful, sufficiently representative patient input to inform medical product development and regulatory decision making.

Questions and Answers



Supporting Rare Disease Drug Development:
CDER's Rare Diseases Program

Lucas Kempf, M.D.

Acting Associate Director,

Rare Diseases Program, Office of New Drugs (OND), CDER

CDER's Office of New Drugs Rare Diseases Program

Lucas Kempf, M.D.
Associate Director Rare Diseases Program (acting)
Office of New Drugs
Center for Drug Evaluation and Research/FDA
April 2018

Disclosures

- No Conflicts of Interest
- Nothing to Report
- Opinions expressed are personal and do not reflect those of the FDA

Rare Diseases Program

- The current team
  - Lucas Kempf
    - Associate Director (Acting)
  - Larry Bauer
    - Regulatory Scientist
  - Althea Cuff
    - Science Policy Analyst
  - Tracy Cutler
    - Science Policy Analyst
    - EMA cluster coordinator

Rare Diseases Program

- Rare disease have less that 200,000 people
- There are 7,000 known rare disease
- 1 in 10 people are affected by a rare disease

Challenges for Rare Disease Drug Development

- Rare diseases **natural history** is often poorly understood/characterized
- Diseases tend to be progressive, **serious**, life-limiting and life-threatening and lack **approved therapy**
- **Small populations** often restrict study design and replication
- **Phenotypic** diversity within a disorder adds to complexity, as do **genetic subsets**
- Well defined and validated **endpoints**, **outcome measures**/tools, and **biomarkers** are often lacking
- Lack of **precedent** for drug development
- **Ethical** considerations for children in clinical trials

CDER Rare Diseases Program

Mission Statement:

- Facilitate
- Support
- Accelerate

…the development of drug and biologic products for the treatment of patients with rare disorders

Rare Diseases Program Responsibilities

Coordinate development of CDER Policies and Procedures

- Guidance development
- Continuing involvement with Senior FDA staff re: Rare Diseases Program and its role

Assist in development of good science

- Database adjudication committee for NMEs
- Specific projects/peer reviewed publications
- Workshop development
  - Rare disease trial designs

Rare Diseases Program Responsibilities

Coordinate internal training in rare diseases

- 101 course for new reviewers
- 102 advanced training day for review staff

Assist in external training for the rare disease community

- Presentations at national and international meetings
- Workshop development
  - Rare disease trial designs workshop
- Panel Participant/Speaker at Patient Focused Drug Development Workshops
  - FDA
  - Externally Led

Rare Diseases Program Responsibilities

- Review Rare Pediatric PRV requests and Developed procedures for management
- FDA Rare Disease Council member
- NORD Registries Cooperative Agreement with FDA

Rare Diseases Program Projects

Work collaboratively with stakeholders

- NIH Collaborations
  - NIH/FDA Joint Task Force
  - Rare Disease Day Annual Meeting
  - CDER/TRND Drug Development Meetings
  - NCATS Natural History Studies Initiative

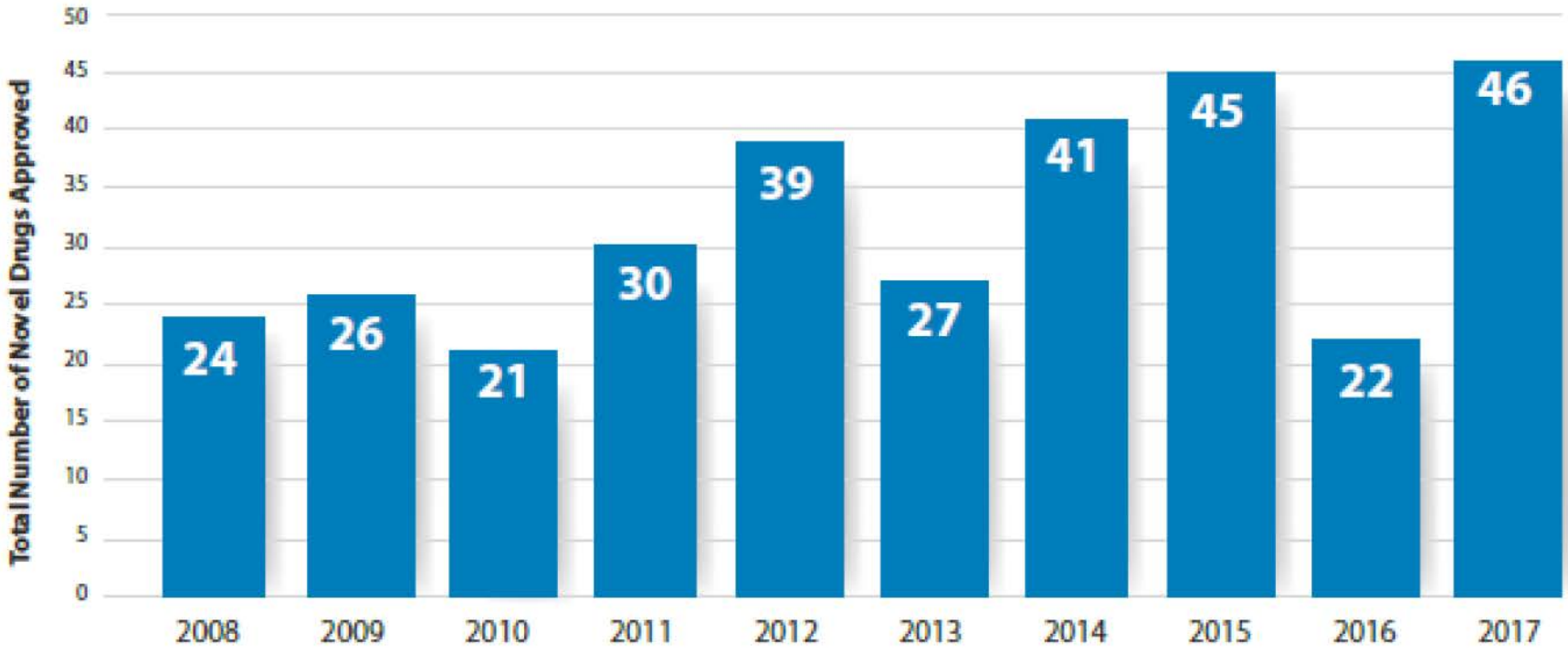
Rare Diseases Program Projects

Work collaboratively with stakeholders

- Patient/Patient Organizations Meetings
  - Face to Face meetings with patient advocacy groups often in collaboration with PAS, PASE, and/or OHCA
  - Presentations to stakeholder groups
  - Planning Committee members for NORD Annual Summit

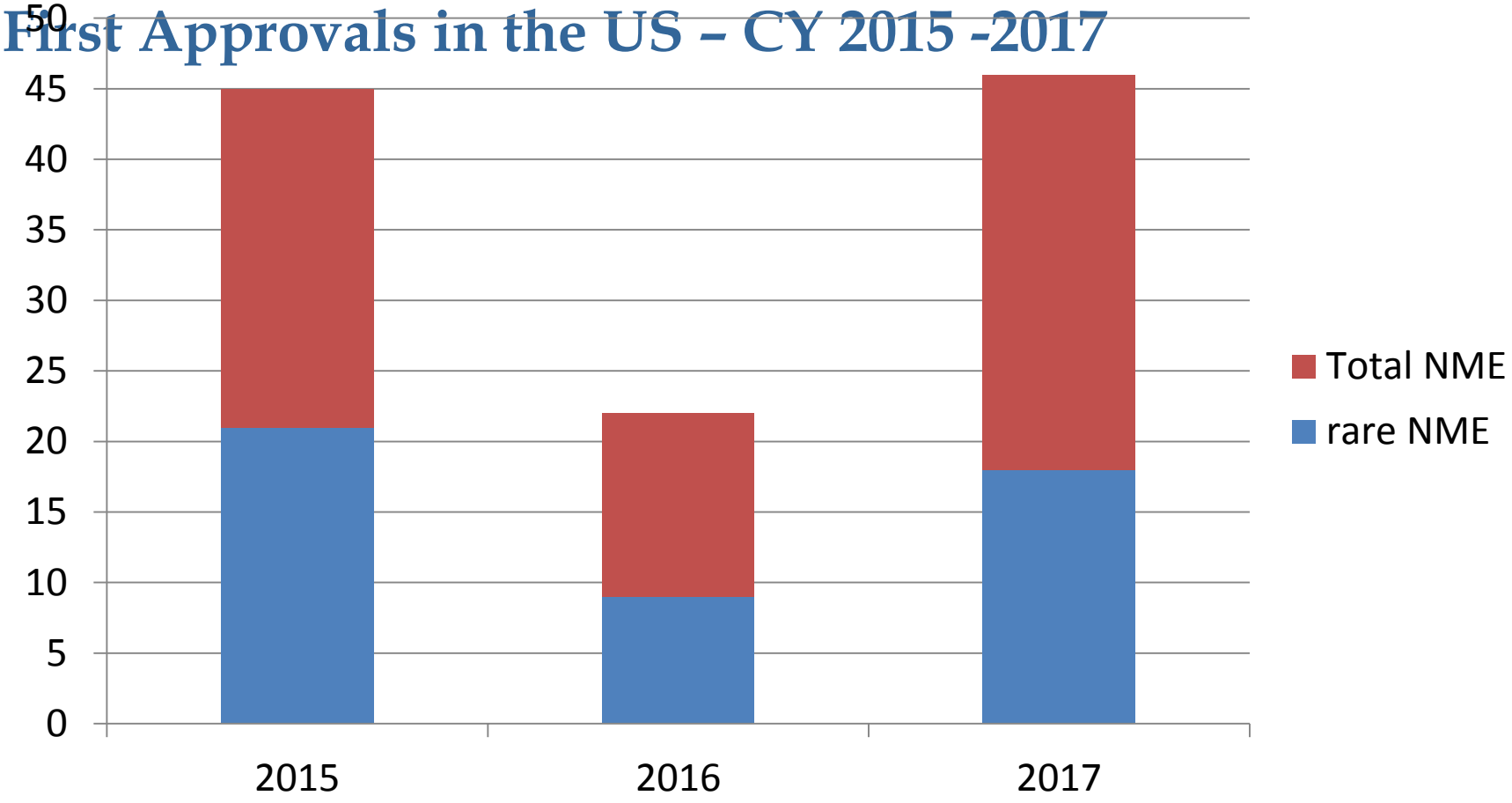
CDER's Annual Novel Drug Approvals: 2008 - 2017

In 2017, CDER approved 46 novel drugs. The ten-year graph below shows that from 2008 through 2016, CDER has averaged about 31 novel drug approvals per year.



CDER Novel *Orphan* New Drug Approvals

First Approvals in the US – CY 2015 -2017



Expediting Rare Diseases Drug Development

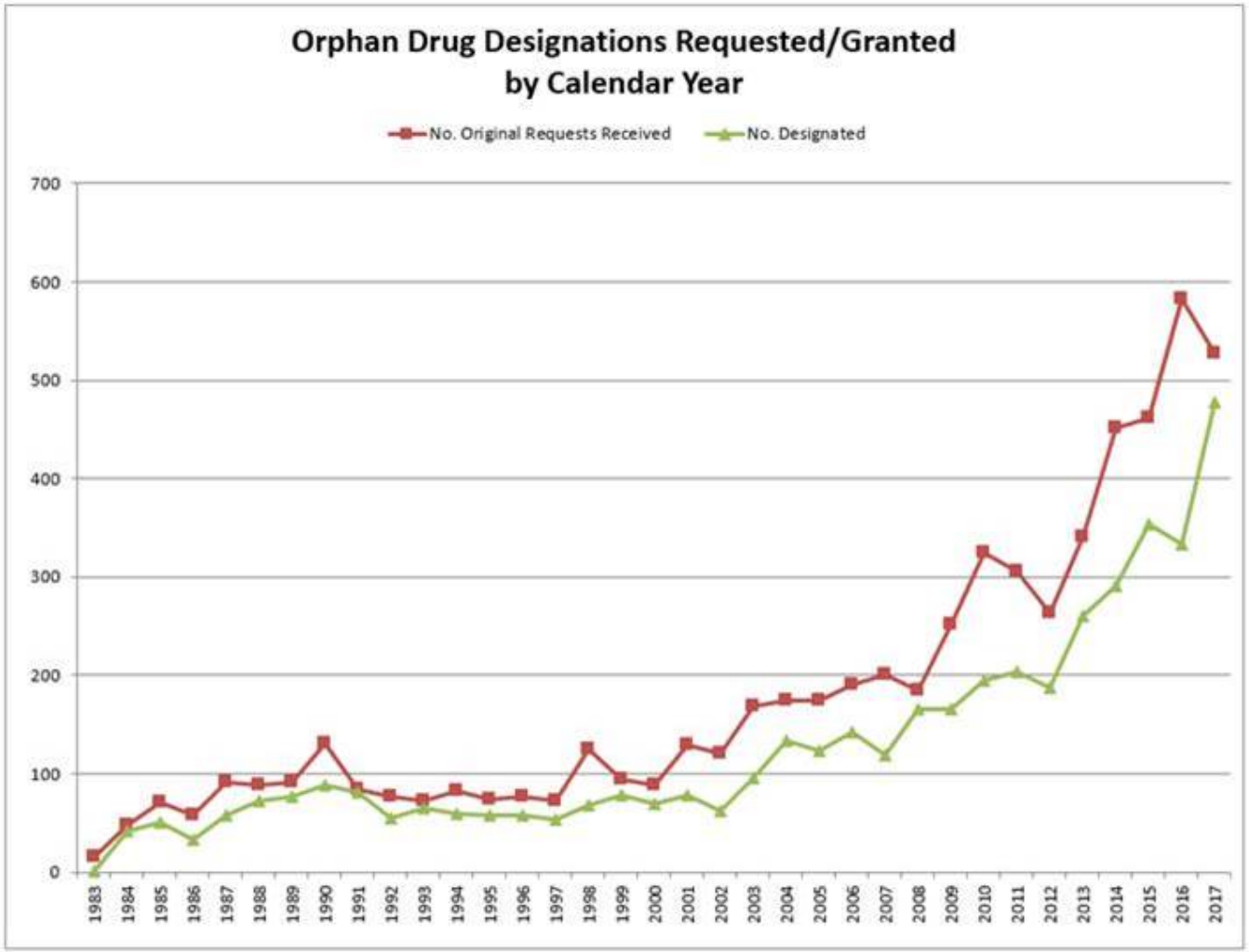
- Programs have been developed to target serious diseases with unmet medical needs when a new treatment could provide meaningful clinical benefit

Guidance for Industry Expedited Programs for Serious Conditions – Drugs and Biologics, May 2014

2017 Rare NME approvals

	Rare (#18)
First in class	56%
Fast track	44%
Breakthrough	44%
Priority	78%
Accelerated	22%
First in the US	72%

Statistics: Orphan Drug Designations

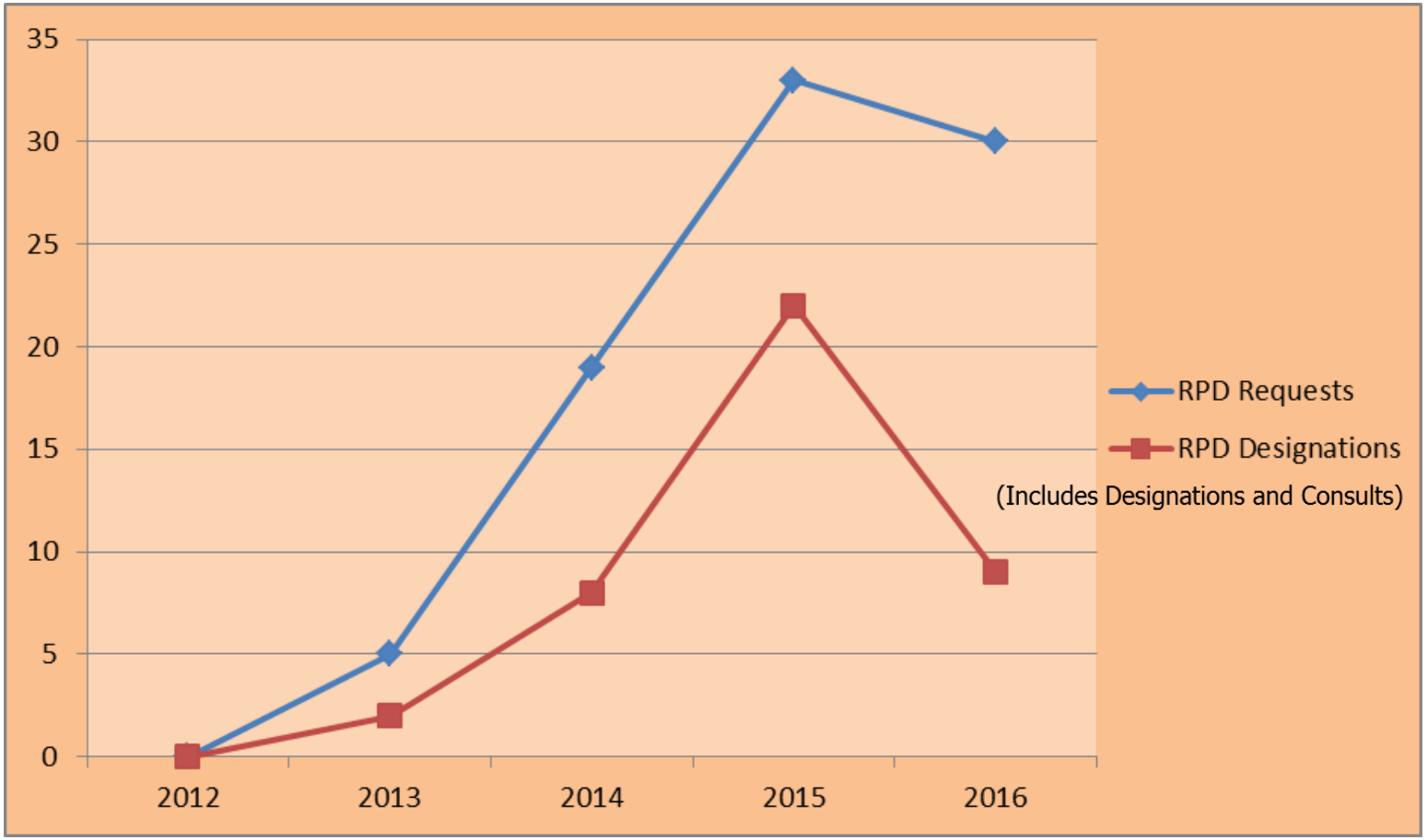


Rare Pediatric Disease (RPD) Priority Review Voucher Program: Background

- 2012 FDA Safety and Innovation Act (FDASIA) [Section 908]
  - Provides an incentive to encourage the development of drugs and biologics for rare pediatric diseases
- Upon approval, the sponsor may be issued a voucher redeemable for a priority review for a ***subsequent*** application that may not have otherwise qualified for a priority review
- The incentive offers a shorter review clock for marketing applications, 6 months compared with the 10 months standard review time

Rare Pediatric Disease Priority Review Vouchers, Guidance for Industry
http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM423325.pdf

RPD Requests and Determinations



Data as of September 15, 2016

Rare Pediatric Disease Priority Review Voucher Program

- The OOPD reviews requests for Rare Pediatric Disease designation
  - 41 Designated/6 Denied/7 Under Review
- Voucher requests are managed by the OND RDP
  - 11 Voucher requests were submitted with an NDA or BLA
    - 6 Vouchers awarded, 3 denied and 2 pending review
  - Two PRV's have been redeemed
- Future (?)
  - Sunsets - 30 September 2016 although pending legislation may be extended to 31 December 2022 (for designation)/31 December 2027 (for redemption)

International Regulatory Communications: Development of an EMA/FDA Rare Disease Cluster

- Regularly scheduled teleconferences to exchange information and experiences
- Alternating Chairpersonship EMA/FDA
- Agendas circulated in advance of the teleconferences
- Core Members are joined by expert Reviewers

International Regulatory Communications Development of an EMA/FDA Rare Disease Cluster

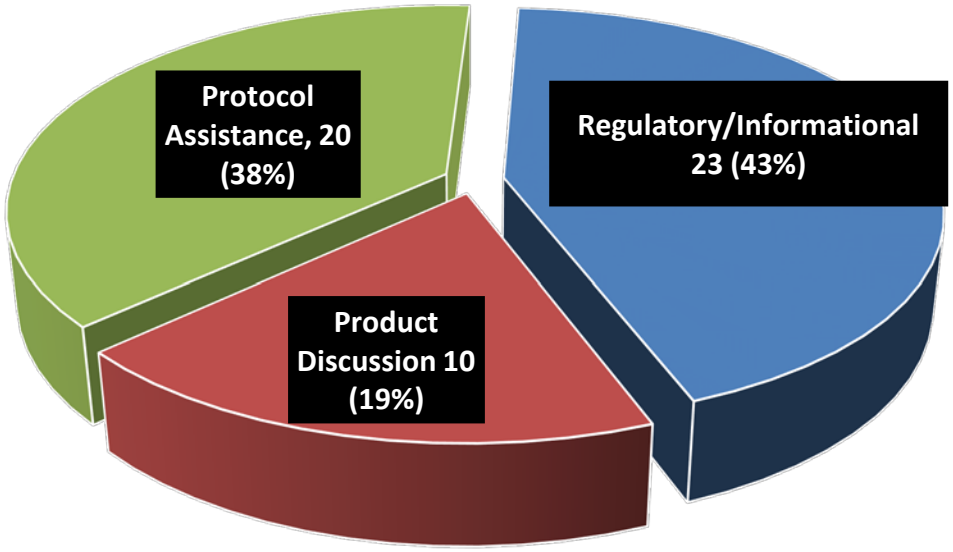
- To share scientific evaluation of various aspects of rare disease drug development
  - Identification of trial end points
  - Potential trial designs in small populations
  - Regulatory flexibility
  - Determination of the size of safety populations

EMA/FDA Rare Disease Cluster

- To share scientific evaluation of various aspects of rare disease drug development
  - Evaluation of pre-clinical data to support human trials
  - Design/conduct of post-marketing studies especially in the cases of breakthrough designation and accelerated approval (FDA) or PRIME designation and conditional/exceptional approval (EMA)

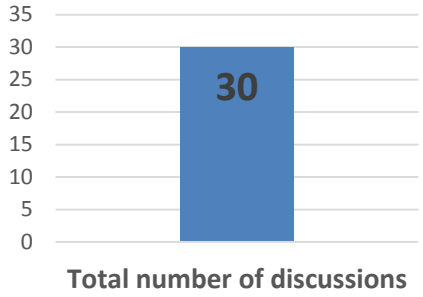
EMA/FDA Rare Disease Cluster

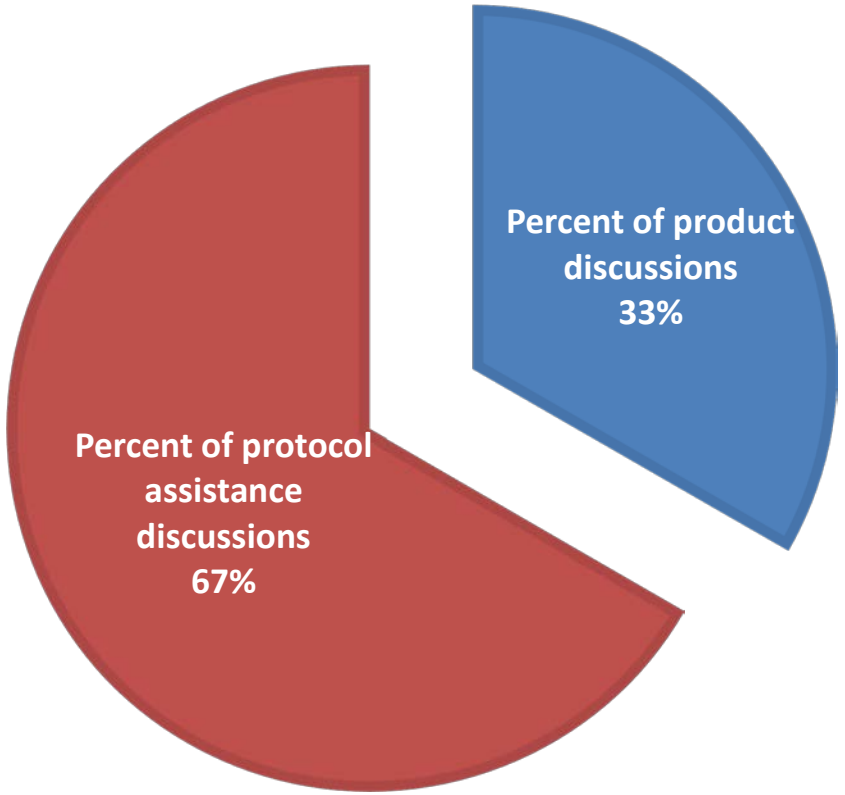
Overall, a total of fifty-three (53) agenda items were discussed between September 2016 – December 2017.



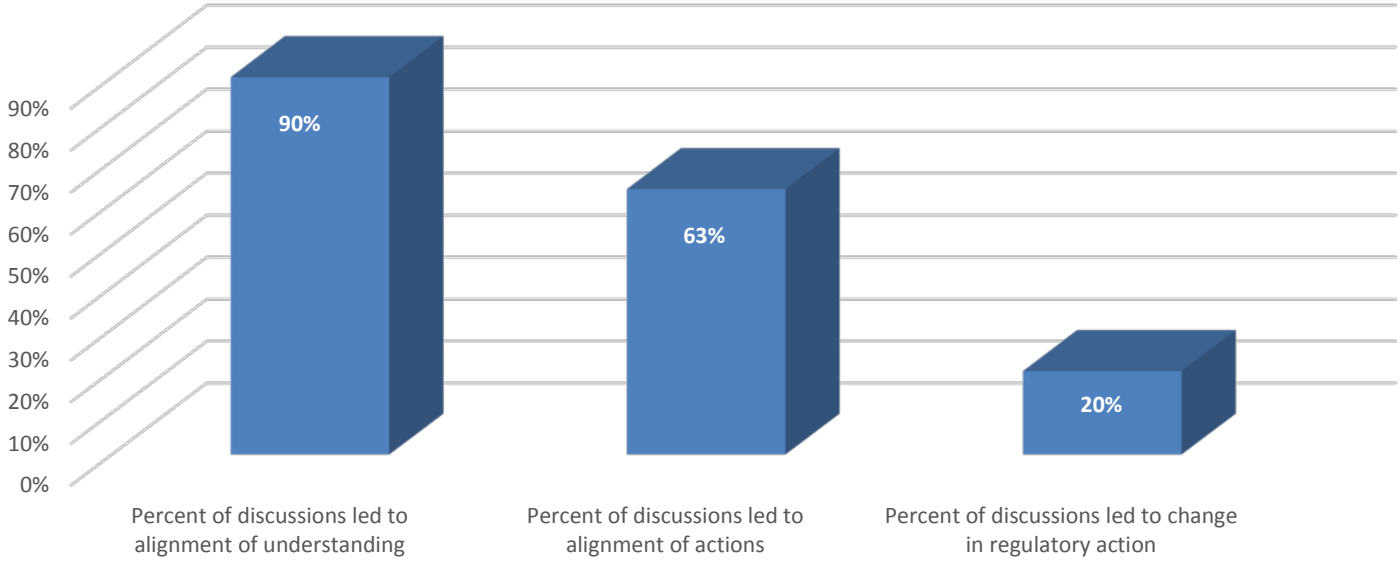
EMA/FDA Rare Disease Cluster

TOTAL DISCUSSIONS SINCE INCEPTION





Overall Impact of the Rare Diseases Cluster

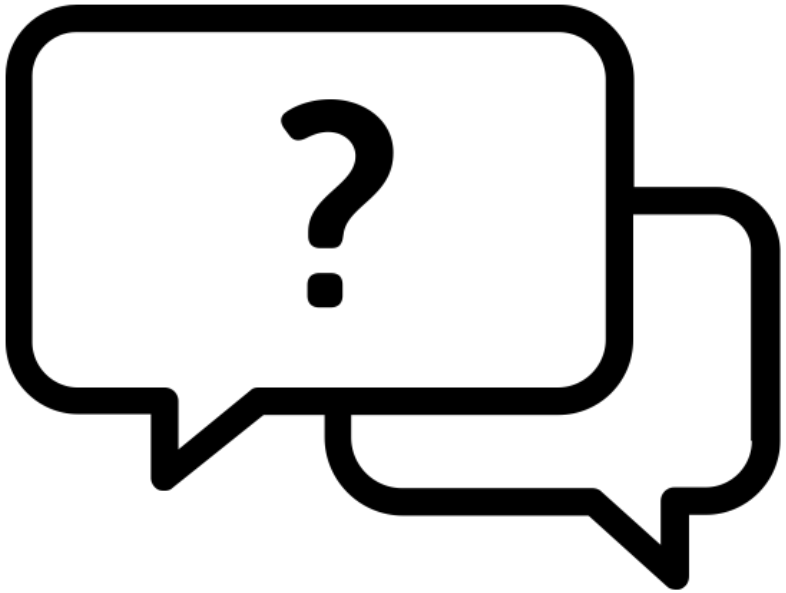


Thank you very much for your attention

Send us a Question at:
CDERONDRareDiseaseProgram@fda.hhs.gov

Lucas.Kempf@fda.hhs.gov
Rare Diseases Program/OND/CDER/FDA

Questions and Answers



AUDIENCE RESPONSE QUESTIONS

Jamie Bishop

Project Manager,

Professional Affairs and Stakeholder Engagement (PASE)

BREAK

10:45 – 11:00 a.m.

Attendees interested in purchasing lunch should order now at the kiosk in the lobby.

Understanding the Needs of CDER Review Divisions

Elizabeth Hart, M.D.

Medical Officer,

Division of Gastroenterology &

Inborn Errors Products (DGIEP), OND, CDER

U.S. FOOD & DRUG ADMINISTRATION

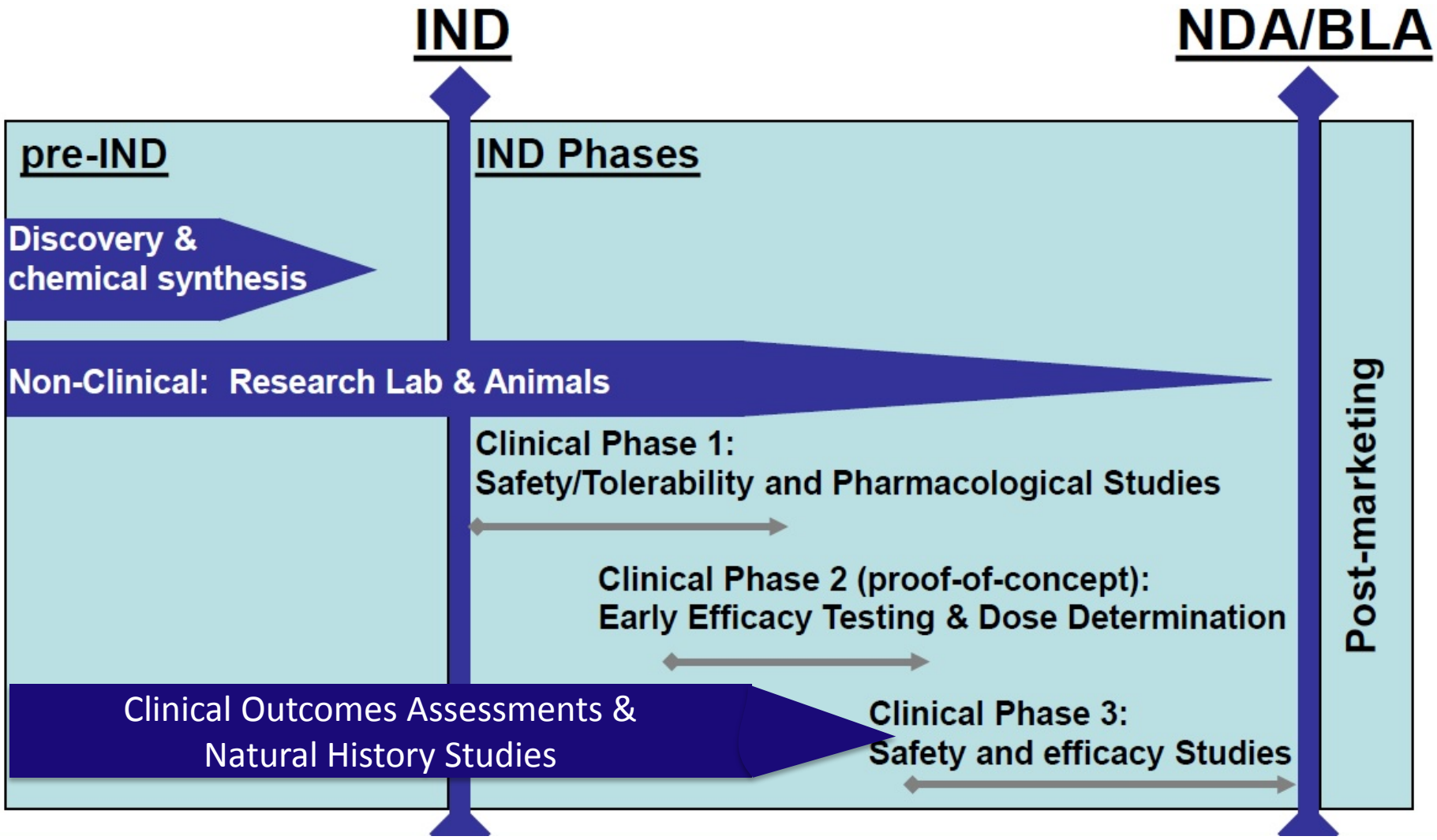
Understanding the Needs of CDER Drug Review Divisions

Elizabeth Hart, MD
Medical Officer
Division of Gastroenterology and Inborn Error Products
Office of New Drugs
Center for Drug Evaluation and Research
4/3/18

CDER Review Divisions

- **Evaluate efficacy and safety of new drug applications for specific indications by Sponsors**
- Agency involvement & advice often begins early during drug development
- Agency involvement continues post-marketing to further assess safety

New Drug Development



Level of Evidence of Efficacy: Legal Requirements

- 1962 Drug Amendments to the Food Drug & Cosmetic Act:
  - Required establishment of effectiveness of the drug as a prerequisite for marketing approval
  - Effectiveness established by **"Substantial Evidence"**
  - Substantial evidence consists of **"Adequate & Well Controlled Investigations"**

What are Adequate and Well-Controlled Studies?

- Studies that have been designed well enough so as to be able "to distinguish the effect of a drug from other influences, such as spontaneous change, placebo effect or biased observation" (21 CFR 314.126)
- Adequate and well controlled trials have:
  - **Appropriate control for valid comparisons**
  - Appropriate selection of subjects
  - **Well-defined and reliable methods of assessing response**
  - Adequate measure to minimize bias
  - Prospectively planned analyses designed with rigor

Defining Clinical Benefit

- Treatment benefit occurs when a drug positively effects
  - How a patient **feels** (e.g. symptoms)
  - How a patient **functions** (e.g. walks)
  - How a patient **survives** (e.g. improved mortality)
- Clinical effect must be clinically meaningful in the context of a given disease

Challenges in Drug Development for Rare Diseases

- Small population
  - Limited opportunity for study & replication
- Often Heterogeneous
  - Study population size limits statistical analysis
- Incomplete understanding of disease manifestations
- No precedent for drug development
  - Lack established endpoints, outcome measures & tools/instruments for the population

Drug Development: (Especially for Rare Diseases)

Start with the end in mind: Obtain clinically meaningful evidence of benefit in how patients feel, function or survives from adequate and well controlled trial(s)

What Can Patient Organizations do to Facilitate Drug Development?

- Preform Natural History Study
- Provide Patient Experience Data
- Develop and Validate Qualitative and/or Quantitative Assessment Methods
- Encourage enrollment in randomized, controlled trials

Natural History Studies

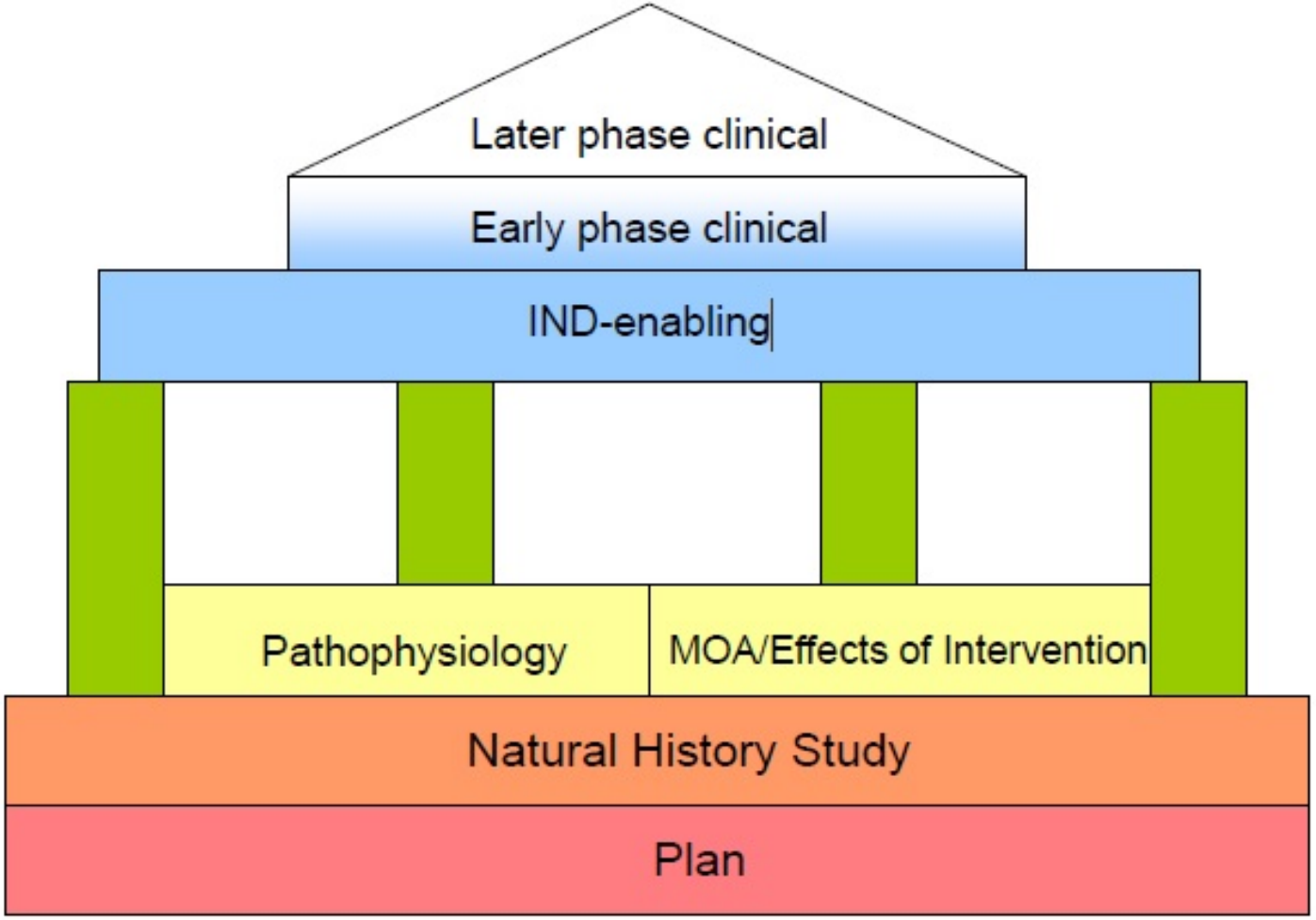
- Comprehensive study characterizing a disease or subset of disease over time
- Identify variables that correlate with disease progression and outcomes in the absence of experimental treatment
    - Demographic, genetic, environmental
- Cohort
    - Prospective or Retrospective
    - Include all stages of disease from pre-symptomatic to death/cure/non-progressive chronic disability

Why are Natural History Studies Important?

- Scientific framework for rigorous investigation
  - Understanding disease outcomes and variability
    - Endpoints
    - Population
    - Sample Size
- External control population for pivotal trial*
  - Reserved for special circumstances in which there is a dramatic treatment effect & disease course is highly predictable & endpoints are objective
    - Population & efficacy assessments comparable to interventional study populations

* FDA Guidance for Industry. E10 Choice of Control Group and related Issues in Clinical Trials. 2001.

Natural History Studies within the Regulatory Framework of Rare Disease Development



Patient Experience Data

- Inform Clinical Endpoints
  - Ensure bothersome signs and symptoms assessed
  - Ensure impact of condition on functioning and quality of life assessed
- Inform Benefit-Risk Assessment
  - Patient preference and tolerance for side effects

Assessment Tools

- Design and validate novel patient reported outcome measures
- Design and validate novel observer reported outcome measures
- Validate accuracy and reliability of tools originally developed for other disease populations

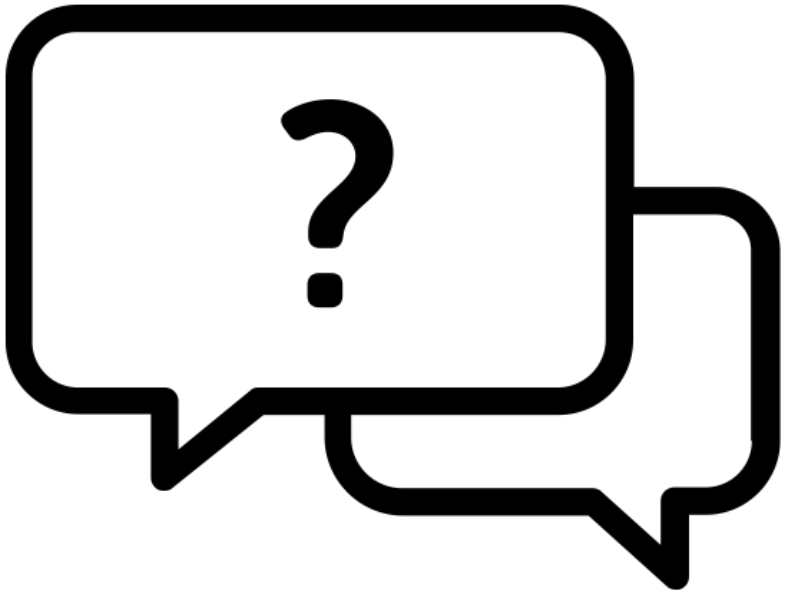
Clinical Trial Participation

- Patient participation is necessary for clinical trials & new drug development
  - Individual patients need to decide whether they are willing to undertake the burdens and potential risks associated with clinical trial participation
- Randomized, placebo/standard of care, controlled clinical trials are the most informative as they control bias

Conclusions

- Best access for patients to an effective therapy is an approved drug.
- Patient engagement early & throughout development process is important to informing drug development and regulatory decision making.
- You can help the FDA by early engagement and use of scientifically sound methods to collect representative patient data for natural history studies and endpoint selection and measurement.

Questions and Answers



AUDIENCE RESPONSE QUESTIONS

Portia Seals, J.D.

Health Communications Specialist,

Professional Affairs and

Stakeholder Engagement (PASE)

What CDER Can & Can't Do

LCDR Sadhna Khatri, Pharm.D., M.P.H.

Regulatory Officer,

Professional Affairs and Stakeholder Engagement (PASE),

Office of the Center Director, CDER

Our discussion for today

- CDER Mission
- Opportunities for Engagement with CDER
  - *Types of Engagement*
- Value of Patient Engagement
- What CDER can't do or say

CDER's Public Health Mission

CDER's mission is to:

- Promote and protect public health by assuring that safe and effective drugs are available to Americans

Ultimately, patients are the focus of all CDER activities and we need to engage with them

Opportunities for Engagement at CDER

- External Stakeholder Meeting Requests (ESMR) System
- Patient-Focused Drug Development meetings (PFDD)

  -Focused on better understanding the disease and patient experience.
- Advisory Committee Meetings

  - Open Public Hearing Portion
- Patient Representative Program
- Ad hoc FDA meetings

  -Typically scheduled with the Review Division

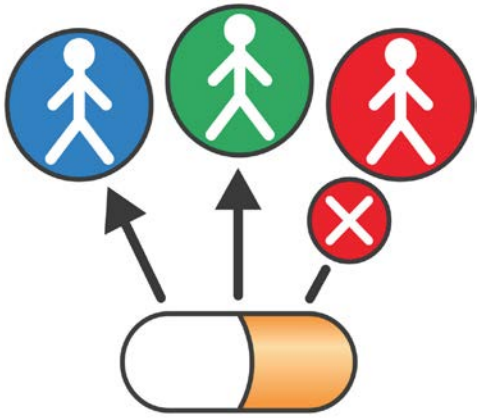
Opportunities for Engagement at CDER (continued)

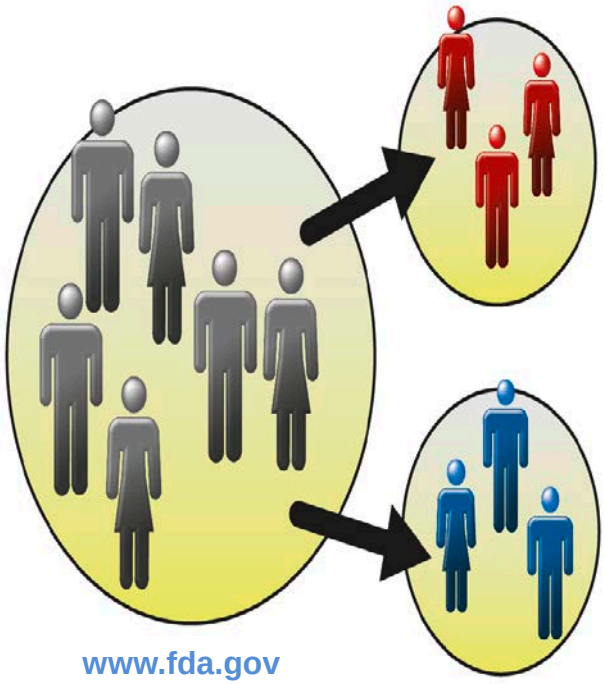
- Citizen Petitions
- Comments to the docket for Federal Register Notices
- Guidance development
- Emails, letters and phone calls

Why Patient Recommendations are Valued

- Identify what matters/what is important to patients
- Benefit in development of clinical trials that are meaningful and realistic
- Raise FDA's Awareness

The Value Patient Engagement Adds





- Patient input can direct drug development in many ways:
  - helps with the understanding of diseases and their impact
  - helps identification of specific symptoms that are significant to patients
- Helps design better clinical trials

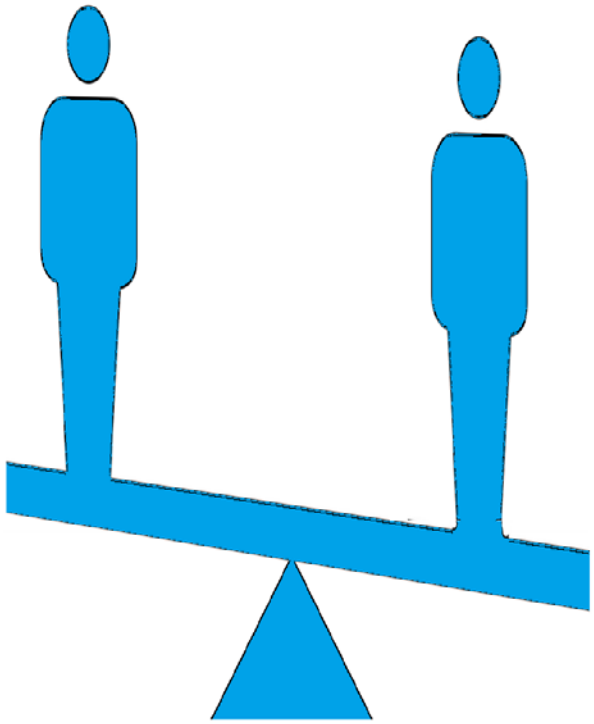
We want to hear from you…

Transparency, The Law, and Confidentiality
(What we can't do or say)

THE FDA CODE OF FEDERAL REGULATIONS

- FDA Code of Federal Regulations (CFR) is a huge sea of regulations that the FDA has created for regulating all products that come under its purview of regulation. The FDA codes of federal regulations are numbered and cover all products, processes and the activities that go into their creation.

Bias, Fairness, and Consistency



- Avoid bias to one company over another
- Focus on the specific scientific facts presented
- Meetings are granted free of bias
- Fairness, and consistency
- Open dialogue with patients and industry
- Points of view connected with sponsor support (financial for example) may have less credibility

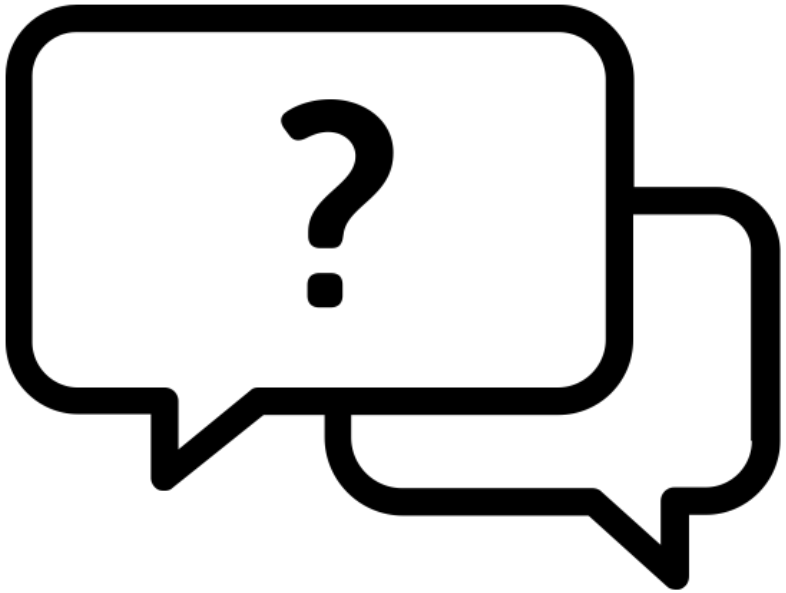
Patient Recommendations are Valued, But….We Can't Always Follow Them

- Statute
- Differences of opinion on interpretation of underlying facts
- Differences in views on practicality
- Conflict with laws or regulations creating legal risk
- Inconsistency with policy position or previous decisions
- Evolution of underlying data

Thank you

Contact Info: CDERPASE@fda.hhs.gov or Sadhna.Khatri@fda.hhs.gov

Questions and Answers



Morning Recap

John Whyte, M.D., M.P.H.

Director, Professional Affairs and Stakeholder Engagement

LUNCH

12:00 – 1:00 p.m.

Attendees interested in playing CDER Jeopardy should meet Noah Goetzel on stage to sign up.

CDER Jeopardy

John Whyte, M.D., M.P.H.

Director, Professional Affairs and Stakeholder Engagement

Rocking the Docket

John Wright, J.D.

Dockets Management Specialist,

Division of Docket Management, Office of the Commissioner

FDA U.S. FOOD & DRUG ADMINISTRATION

Rocking the Docket:

What on Earth is Dockets Management and What do they do?

The Division of Dockets Management is under the FDA's office of the Commissioner, Office of the Executive Secretary.
We service private industry, individual stakeholders, all of the FDA's regulatory centers, and 15000+ personnel.

FROM DRUGS TO LASER BEAMS, WE PROCESS IT ALL!

FDA – OC – OES - DDM

- The Division of Dockets Management is made up of three teams.
- The Administrative Proceedings Management Team (APMT), The Dockets and Document Management Team (D&D), and the Project and Public Reading Room (P_PRR).

DDM/APMT

- The Administrative Proceedings Management Team handles the bulk of external contact.
- Petitions to the government (Citizen Petitions, Laser Variance Applications etc.)
- Petition and other document comment management
- Federal Register related activities.
- Administrative Records Requests and Freedom of Information Act Requests

How Can We Help You?

- If it involves an administrative decision or will result in a regulatory change or clarification it will at some point involve Dockets Management. We house all of the Agency's records of Administrative Decisions.
- Most commonly, our services to industry involve Records Requests (FOIA), Citizen Petition Processing, and Public Comment Management.

RECORDS

Docket Management Houses All FDA Administrative records and other records going back to the 1950s.

Rule of thumb: If you see it in the Federal Register and it has a FDA Docket Number we likely have the record.

Most records requests are handled very quickly…..

Citizen Petitions

- Citizen Petitions are the mechanism by which a person or organization may request agency administrative action. - Reference listed drug identities are a great example.
- Dockets Management will happily guide all submitters to ensure that they can adhere to format and content requirements for petitions.

Citizen Petitions

Regulations

- 21 CFR 10.20
- 21 CFR 10.30
- *And others…*

Content

- Action Requested
- Statement of Grounds
- Environmental Impact
- Economic Impact
- Certification

Comment Management

Whenever a Citizen Petition has been submitted, the public may provide their opinion.

Whenever the Agency releases a Guidance, Notice, or Final Rule, the public may have their say.

The Division of Dockets Management assists the public in their effort to be heard, we then use our resources to aid the Centers in compiling the various opinions that have been received.

Last Year, Dockets Management Processed over 100,000 documents, each generating uncountable public interest, from one comment to thousands depending upon the issue.

Where do I go for answers about submissions to dockets?

Get to know us!

Dynna Bigby

Supervisory Administrative Proceedings Officer, Administrative Proceedings Management Team (APMT)

Dynna.bigby@fda.hhs.gov

(301) 796-0407

John Wright, JD

Dockets Management and FOIA Specialist, Administrative Proceedings Management Team (APMT)

John.wright@fda.hhs.gov

(240) 402-7507

- Believe it or not…..You can have our PHONE NUMBER!

The Division of Dockets Management

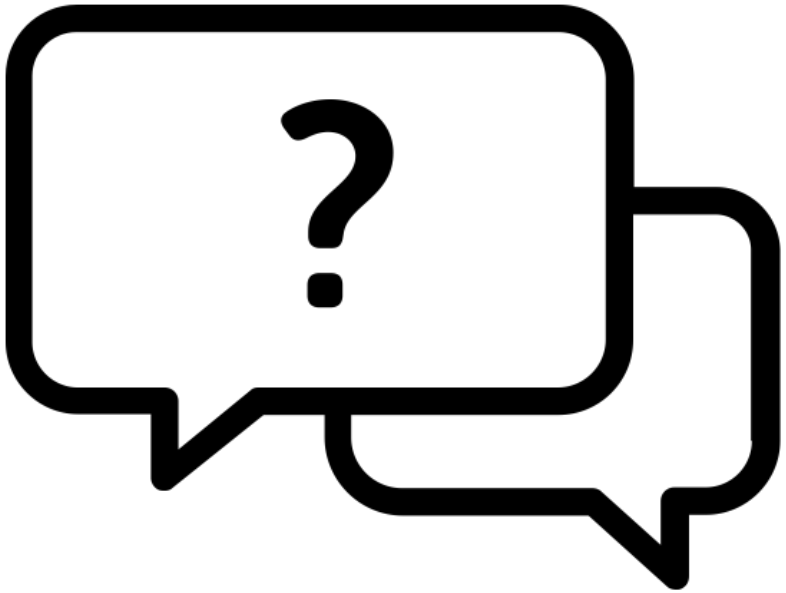
(240) 402-7500

Any
Questions……

John.wright@fda.hhs.gov

?

Questions and Answers



How to Get Your Voice Heard

Moderator:

Rea Blakey

Communications Policy Strategist & Engagement Team Lead, Professional Affairs and Stakeholder Engagement (PASE)

Panelists:

- **Pujita Vaidya, M.P.H.,** *Acting Director, Decision Support and Analysis Team, Office of Strategic Programs (OSP)*
- **Andrea Furia-Helms, M.P.H.,** *Acting Director, Patient Affairs Staff (PAS), Office of Medical Products and Tobacco (OMPT)*
- **Salina Miller, M.S., M.B.A.**, *Health Programs Coordinator, Office of Health and Constituent Affairs (OHCA)*

Externally-Led Patient-Focused Drug Development Meetings

Pujita Vaidya, M.P.H.
Acting Director,
Decision Support and Analysis Team (DSAT),
Office of Strategic Programs (OSP), CDER

U.S. FOOD & DRUG ADMINISTRATION

Externally-led Patient-Focused Drug Development Meetings

PUJITA VAIDYA, MPH
Acting Director, Decision Support and Analysis
Office of Program & Strategic Analysis
Office of Strategic Programs
FDA Center for Drug Evaluation and Research

CDER and You: Keys to Effective Engagement

April 2, 2018

Patient-focused drug development (PFDD) is a systematic approach to help ensure that patients' experiences, perspectives, needs, and priorities are captured and meaningfully incorporated into drug development and evaluation.

#PFDD

Externally-led PFDD: The Opportunity

- Patient organizations identify and organize **patient-focused collaborations** to generate public input on specific disease areas

- PFDD meetings provide an important opportunity to **hear directly from patients**, patient advocates, and caregivers about the symptoms that matter most to them, the impact the disease has on patients' daily lives, and patients' experiences with currently available treatments.

- While FDA will be open to participating in a well-designed and well-conducted meeting, an externally-led PFDD meeting and any resulting products (e.g., surveys or reports) will **not be considered FDA-sponsored or FDA-endorsed**.

Planning a PFDD meeting

KEY PARTICIPANTS:

Patients, patient representatives, patient advocates

TARGET AUDIENCE (LISTENING MODE):

Regulatory/other federal agencies, medical product developers, researchers, healthcare professionals

DO NOT HAVE TO BE STANDALONE MEETINGS:

Consider incorporating PFDD-style sessions in annual conferences, scientific workshops, etc.

FDA-led meetings can serve as a model:

- Target disease areas where there is an identified need for patient input on topics related to drug development
- Main discussion topics: (1) Symptoms and daily impacts that matter most to patients and (2) current approaches to treatment
- Facilitator-led large group discussion, interactive webcast, discussion aids (e.g., polling tools)
- Meeting deliverables: Web recording, transcript, summary report

Key Considerations

Submit a letter of intent to CDER's Office of Strategic Programs. Our team is here to **serve as a helpful resource** to you.

While we truly understand the effort it takes to plan a PFDD meeting, it can be done **without being resource intensive**!

The key to an insightful, robust, and informative PFDD meeting is **active community outreach** to ensure a representative group of patient perspectives in the room.

We must be **respectful of the time of patients** and their caregivers.

Meetings **Strengthen Understanding** of Disease and Treatment Burden

Patient input from meetings can support FDA staff:

- In conducting benefit-risk assessments for products under review, by informing the therapeutic context
- Advising drug sponsors on their development programs

It might also support drug development more broadly:

- Identify areas of unmet need in the patient population
- Identify or develop tools that assess benefit of potential therapies
- Raise awareness and channel engagement within the patient community

Meeting summary reports capturing patient experience data may be shared on FDA's website:

- FDA's *External Resources or Information Related to Patients' Experience* webpage provides links to certain publicly available external reports and resources.

External Resources or Information Related to Patients' Experience

This webpage is intended to facilitate public discussion of patient-focused drug development and evaluation. This webpage provides links to certain publicly available external reports and resources relating to patient experience data. The patient community, patient advocates, researchers, drug developers, and federal agencies may find these materials useful.

Please note that although FDA reviews the materials at these links before posting them to ensure that the materials are within the scope of the webpage, FDA does not assess their scientific merit or compliance with regulatory requirements. Our decision to post links to these materials does not reflect an endorsement of their authors, sponsors, or content.

For more information regarding what types of resources may be included on this webpage, how to submit a publicly available website link to FDA, and other general questions, please review our Frequently Asked Questions. We request that links include a cover page or similar opening statement as part of their report or resource to provide information about the authors, funding, and related information. For specific questions related to a report or resource, FDA recommends reaching out to the point of contact listed on this cover page.

Disclaimer: Our website has links to other organizations. You should be aware that:

- This graphic notice, , means that you are leaving the U.S. Food and Drug Administration (FDA) site and entering a non-federal website.
- This external link provides additional information that is consistent with the intended purpose of the FDA site.
- The FDA cannot attest to the accuracy of information provided by this link.
- Linking to a non-federal site does not constitute an endorsement by FDA or any of its employees of the sponsors or the information and products presented on the site.
- You will be subject to the destination site's privacy policy when you leave the FDA site.

Externally-led PFDD Meeting Reports or Other Stakeholder Meeting Reports

Proposed Draft Guidance Relating to Patient Experience Data

Natural History Studies or other Disease-specific Background on Condition and Discussion of Unmet Medical Need

Externally-led PFDD Meeting Reports or Other Stakeholder Meeting Reports

To help expand the benefits of FDA's Patient-Focused Drug Development (PFDD) initiative, FDA welcomes patient organizations to identify and organize patient-focused collaborations to generate public input on other disease areas. Submitted links to summary meeting reports from these externally-led PFDD meetings may be found here. FDA also welcomes submission of links to meeting reports from other stakeholder meetings collecting patient perspectives on disease burden and treatment burden.

- Amyloidosis
  In November 2015, the Amyloidosis Research Consortium hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with systemic amyloidosis and their loved ones on the impact of amyloidosis on their daily lives, and their perspectives on approaches to treating amyloidosis.
- Friedreich's Ataxia
  In June 2017, the Friedreich's Ataxia Research Alliance hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with Friedreich's Ataxia and their loved ones on the impact of Friedreich's Ataxia on their daily lives, and their perspectives on approaches to treating Friedreich's Ataxia.
- Tuberous Sclerosis Complex
  In June 2017, the Tuberous Sclerosis Alliance hosted an externally-led Patient-Focused Drug Development meeting to hear directly from individuals living with tuberous sclerosis complex and their loved ones on the impact of tuberous sclerosis complex on their daily lives, and their perspectives on approaches to treating tuberous sclerosis complex.

CDER's Patient-Focused Drug Development Homepage

Email: patientfocused@fda.hhs.gov

Patient Affairs Staff

Enhancing FDA Patient Engagement

Andrea Furia-Helms, MPH
Acting Director, Patient Affairs Staff
Office of Medical Programs and Tobacco
Office of the Commissioner

CDER and You Public Workshop
Keys to Effective Engagement
April 3, 2018

Patient Affairs Staff (PAS)

- Established December 2017
- Works closely with the medical product centers and other offices to support and complement patient engagement efforts
- Reports into the Principal Deputy Commissioner for Medical Products and Tobacco

Patient Engagement Collaborative

Patient Engagement Collaborative (PEC)

The FDA and the Clinical Trials Transformation Initiative (CTTI) are establishing an external group of patient organization and individual representatives to discuss topics about enhancing patient engagement in medical product development and regulatory discussions at FDA.

Patient Engagement Collaborative (PEC)

Why PEC?

- FDA listened
  - ✓Public comments from patients and other stakeholders recommended that FDA create an outside group to provide input on patient engagement across the FDA
- The laws
  - ✓Facilitated by recent legislation in both the 21st Century Cures Act and FDARA for fostering patient participation and incorporating patient experiences in the regulatory process
- A model
  - ✓The European Medicines Agency's Patients' and

Patient Engagement Collaborative (PEC)

Membership Criteria

- Patients who have personal disease experience
- Caregivers who support patients, such as a parent, child, partner, other family member, or friend, and who have personal disease experience through this caregiver role
- Representatives from patient groups who, through their role in the patient group, have direct or indirect disease experience.

Patient Engagement Collaborative (PEC)

- Next Steps
  - 200 nominations received (closed January 29, 2018)
  - Review and select members
  - Schedule first meeting (TBD)

For more information:
FDA Voice Blog December 20, 2017
You Spoke, FDA Listened: New Patient Engagement Collaborative, Call for Nominations

Patient Experience Listening Sessions

Patient Experience Listening Sessions

- Memorandum of Understanding with the National Organization for Rare Disorders (NORD)
- Pilot listening sessions in rare diseases to enhance the incorporation of patient experience into regulatory discussions
- Assess value added to possibly expand

Patient Experience Listening Sessions

Next steps:

- Identify pilot therapeutic area
- Develop process with NORD
- Conduct pilot listening sessions
- Evaluate internal and external feedback
- Develop recommendations

Thank you

patientaffairs@fda.hhs.gov

FDA Patient Representation Program

Salina Miller, M.S., M.B.A.

Health Programs Coordinator,

Office of Health and Constituent Affairs (OHCA),

Office of the Commissioner

FDA Patient Representative Program[SM]

Salina Miller, M.S., M.B.A.
Director, FDA Patient Representative Program[SM]
Advisory Committee Oversight and Management Staff

April 3, 2018

FDA Patient Representative Program

- Began in 1990s and evolved.
- Patients having an active role on FDA Advisory Committees and in consultations with review divisions.
- Patient voice represented in important discussions about regulatory decision-making.
- Furthers an understanding and appreciation for FDA's role in medical product development, review and patient protection.
- Presence at the table.

Experiences Represented

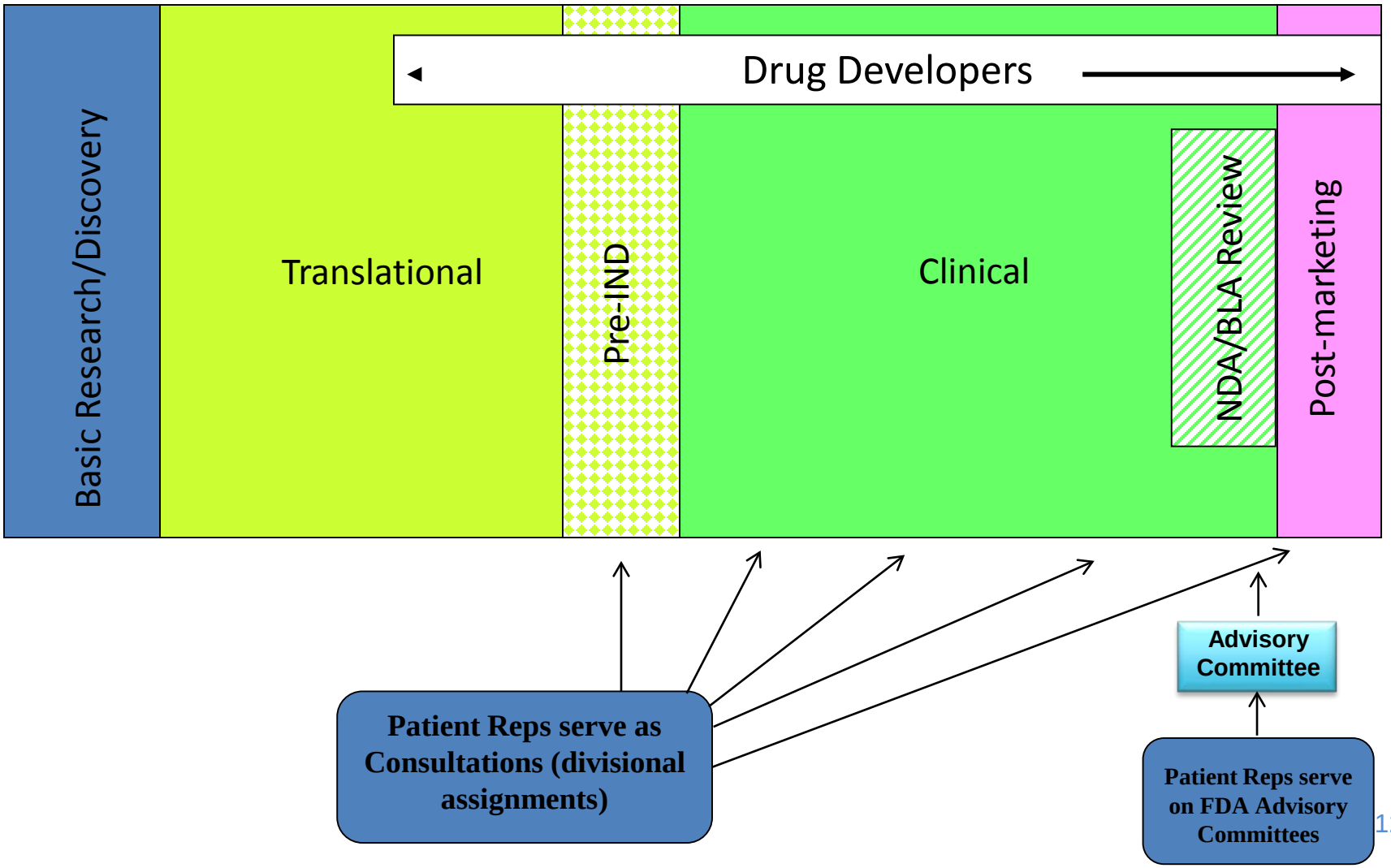
200 FDA Patient Representatives
300-500 diseases/conditions/device experiences

- AIDS/HIV
- Alzheimer’s Disease
- Asthma
- Cancer (various)
- Cardiovascular disease
- Cerebral Palsy
- Crohn's disease
- Cystic Fibrosis
- Duchenne Muscular Dystrophy
- Diabetes
- Diabetes (insulin pumps)
- Fabry Disease
- Hepatitis B
- Hepatitis C
- Infantile Spasms
- Lung Transplantation
- Lupus
- Lysosomal Acid Lypase Deficiency
- Major Depressive Disorder
- Muscular Dystrophy
- Obesity/Weight Control
- Opioid Use
- Parkinson's Disease
- Pompe Disease
- Sickle Cell Disease
- Short Bowel Syndrome
- Temporomandibular joint disorder
- Transplantation

Becoming an FDA Patient Representative

- Personal experience with the disease or condition as either a patient or primary care giver.
- Patient community awareness: active in patient advocacy organizations, knowledgeable about treatment options and research, other advocacy activities.
- Someone who is analytical and objective, doesn't need to be a scientist but should grasp scientific principles and understand issues, experienced with decision making based upon complex information.
- Minimal or no conflict of interest.
- Good communications skills.
- Commitment to serve.

Where Patient Reps Intersect with Drug/Biologic Development?



FDA Patient Representatives on Advisory Committee Meeting Panels

- Temporary voting members.
- Screened for each assignment.
- Other disciplines at the table.
- Across all medical product Centers.
- 40-60 assignments/year.

FDA Patient Representatives also serve…

…as consultants with review divisions:

- Brings the voice earlier in the regulatory process.
- Divisional “homework” assignments.
- Consult directly with scientific review staff and sponsor
- Closed meeting (telecon).

…at workshops

…on symposiums

We Train and Prepare for Service!!!

- Describe significance of program
- Describe FDA regulatory framework and decision-making process (FDA 101)
- Share experiences: internal and peer
- Describe scenarios for the meeting
- Offer regular webinars (training modules)
- Provide online resources for patients
- Host Annual Patient Representative Workshop

FDA Patient Representative Program
2017 Training Workshop Cohort

CBER Patient Engagement

Diane Maloney, J.D.

Associate Director for Policy

Center for Biologics Evaluation and Research (CBER)

U.S. FOOD & DRUG ADMINISTRATION

Disclaimer

My comments are an informal communication and represent my own best judgment. These comments do not bind or obligate FDA.

CBER AND PATIENT ENGAGEMENT

Dr. Peter Marks, Director, CBER, (front row, fourth from left)), and CBER staff gathered in the atrium of Building 71 at the White Oak Campus, Silver Spring, MD, on December 5, 2017, for this photo.

INTRODUCTION TO THE CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

We are Listening

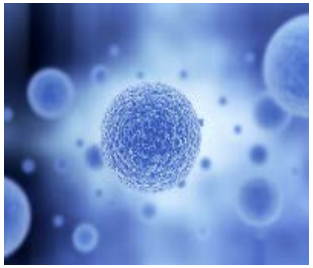
- Patients provide an important and unique perspective that is critical for consideration as part of the regulatory process
- We highly value patient engagement and its contribution to the development of biological products

Patient-Focused Product Development

- Evolving:
  - FDASIA, FDAMA, 21st Century Cures Act
- Sections 3001-3004 of the Cures Act
  - Patient Experience Data as part of a marketing application
  - Issuance of guidance documents addressing methodological approaches to collecting, analyzing, and submitting patient experience data
  - FDA to publish a report on patient experience data

https://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM563618.pdf.

Products Regulated by CBER



- Vaccines (preventative and therapeutic)
- Allergenics
- Live Biotherapeutic Products
- Blood Products
- Devices Related to Biologics
- Human Tissues and Cellular Products
- Xenotransplantation Products
- Gene Therapies

Types of CBER Meetings with Patient Involvement – Product Specific

- With Product Office/Review Team
  - Investigational Stage
  - May include IND Sponsor
- Advisory Committee Meetings
  - For specific issues during development
  - During BLA review

Types of CBER Meetings with Patient Involvement – Issue or Disease Specific

Advisory Committee Meetings

Public Meetings/Workshops

- Topics facilitate product development & regulation
- Usually collaborate with organizations & other agencies

Meetings with Patient Organizations

Patient Focused Drug Development Meetings

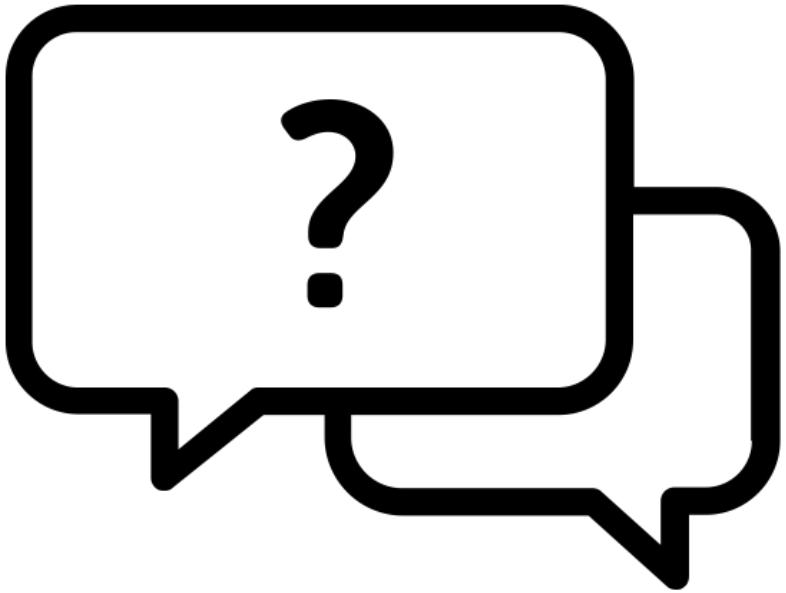
- Internally led
- Externally led

Contact Information

- **CBER website:**

  www.fda.gov/BiologicsBloodVaccines/default.htm
- **Phone:** 1-800-835-4709 or 240-402-8010
- **Consumer Affairs Branch**: ocod@fda.hhs.gov
- **Manufacturers Assistance and Technical Training Branch**: industry.biologics@fda.hhs.gov
- **Follow us on Twitter:** https://www.twitter.com/fdacber

Questions and Answers



AUDIENCE RESPONSE QUESTIONS

Christopher Melton

Health Communications Specialist, Professional Affairs & Stakeholder Engagement

Learn from the Pros

Alexandra Kruse

Research Coordinator,

Platelet Disorder Support Association (PDSA)

Phyllis Foxworth

Vice President of Advocacy,

Depression and Bipolar Support Alliance (DBSA)

Learn from the Pros

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Platelet Disorder Support Association

Alexandra Kruse

Research Coordinator,

Platelet Disorder Support Association (PDSA)

Education. Advocacy. Research. Support.

Engaging with the fda

1998

PDSA Founded

2008

ITP Patients, PDSA Medical Advisors testify to FDA (ODAC) for approval of two new ITP therapies

2016

PDSA receives grant from NORD via the FDA for ITP Natural History Study Patient Registry

Attendance at 1st FDA Public Workshop

2017

ITP Registry Launches

FDA Workshop #2

FDA Workshop #3

Meeting with OHOP/PASE

2018+

FDA Workshop #4

FDA Workshop #...

Externally-led Submission of Registry data?

Further testimonies for new ITP therapies?

Guidances?

Planning your meeting

1. INVOLVE KEY OPINION LEADERS: patients and caregivers, patient advocacy group, physicians, researchers
2. CLEARLY ESTABLISH GOALS:
    1. Educate the FDA on the most significant symptoms, current treatment side effects, burden of disease, and impact of condition on daily life.
    2. Ensure that the patient voice is included in providing guidance and advancing science.
    3. Serve as a comprehensive resource on the patient experience to provide input and guidance in new drug development research moving forward.
3. DEVELOP YOUR ASK: PRIORITIZE THE UNMET NEEDS OF PATIENT POPULATION
4. PROVIDE PATIENT EXPERIENCE DATA

TAKE-AWAYS: BENEFITS OF COLLABORATING WITH THE FDA

"Meetings are greatly enriched by the inclusion of patients with the condition... they provide the most valuable insights"- Theresa Mullin, Associate Director for Strategic Initiatives, CDER (3/19/18)

- **Involvement of all stakeholders**
- The FDA wants to include the patient perspective: help them to help you
- Have the right people in the room and ask the right questions: identify issues up-front that FDA should be addressing to maximize impact of meeting
- Encouraging to patient population that advocacy groups are collaborating with the agency
- Patients are able to express what matters most to them and take charge of their health
- Advocacy work is never done, follow up!

BENEFITS OF ENGAGING EARLY AND OFTEN: ACCESS!

Future opportunities to express to FDA what matters most to patients

DBSA

Depression and Bipolar Support Alliance

FDA U.S. FOOD & DRUG ADMINISTRATION

Learn from the Pros

Phyllis Foxworth, Advocacy Vice President
Depression and Bipolar Support Alliance

Depression and Bipolar Support Alliance

DBSA Campaign Overview

Identify Unmet Need	• Current clinical trial endpoints focus on symptom reduction • Patients report what is most important to them is improvement in domains that support functionality
Utilize Resources	• FDA: PACE, CDER • White Paper: Describe unmet need and offer a path forward • Mentors: Learn from others' past experience
Meaningful Output	• Scientific Workshop: Convened all the stakeholders to explore patient defined wellness • Externally-led PFDD Meeting: format for patients to share what outcomes are important to them

DBSA

Depression and Bipolar Support Alliance

Collaborative Strategy

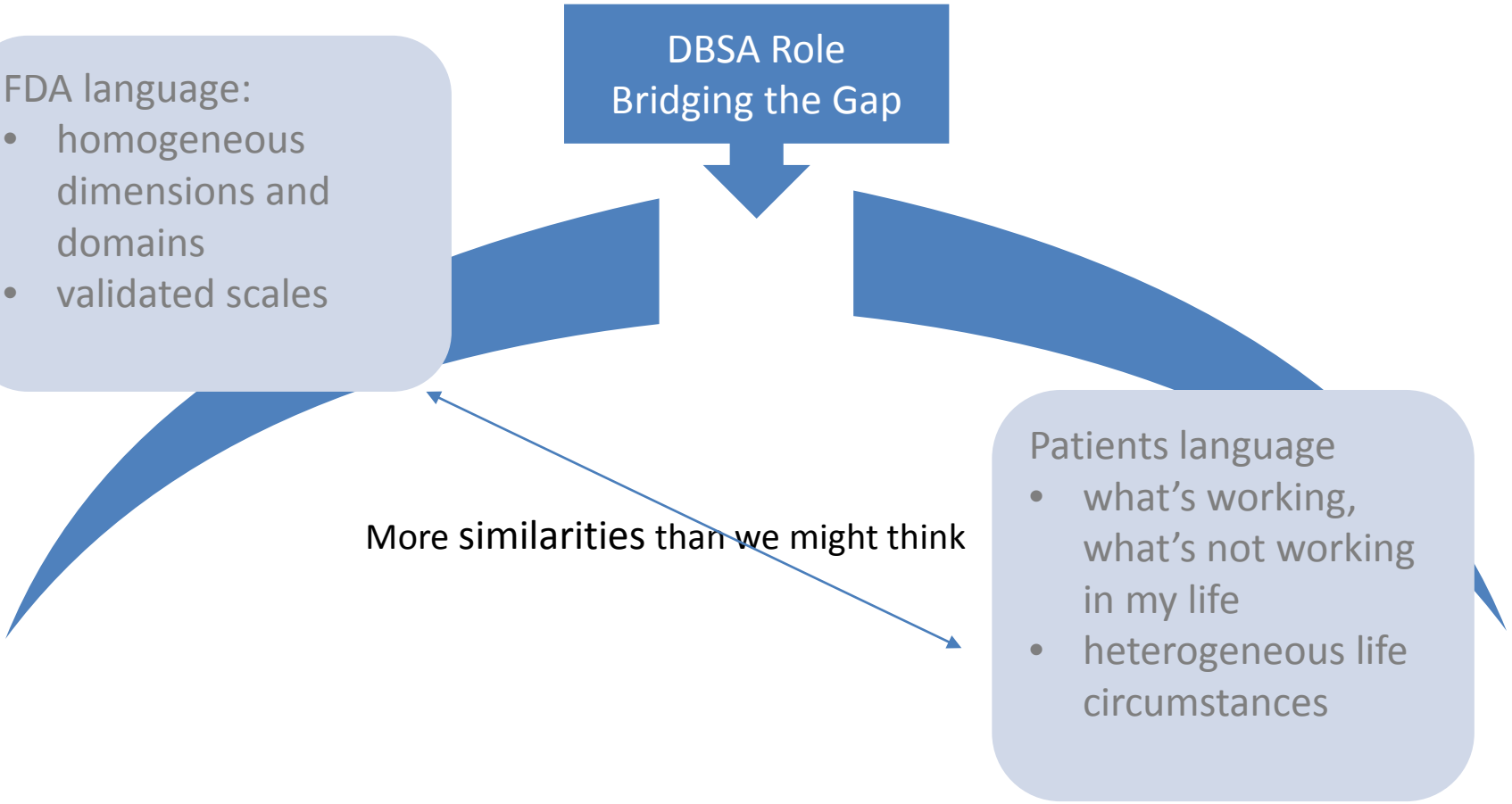
Key to successful campaign

Identify the Intersection Between the Needs of the Agency and the Community

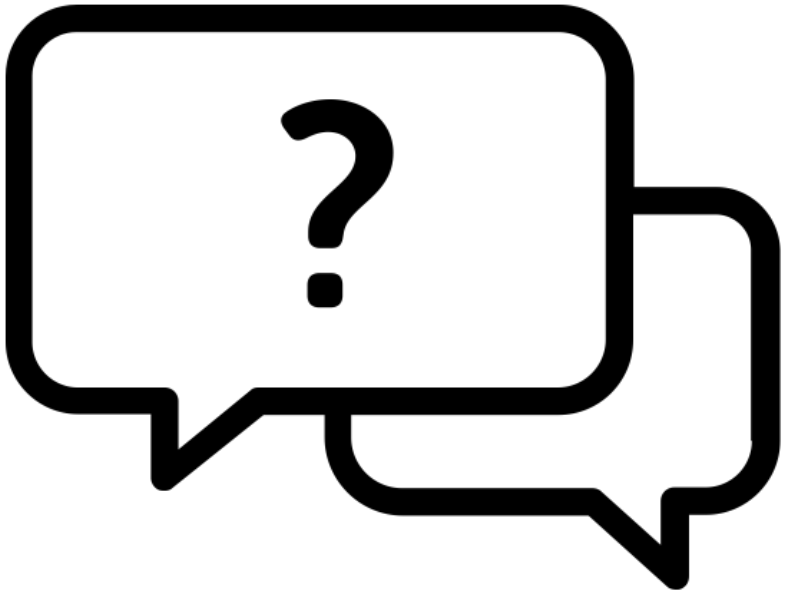
FDA U.S. FOOD & DRUG ADMINISTRATION

Patient Community

Develop an Attainable Strategy



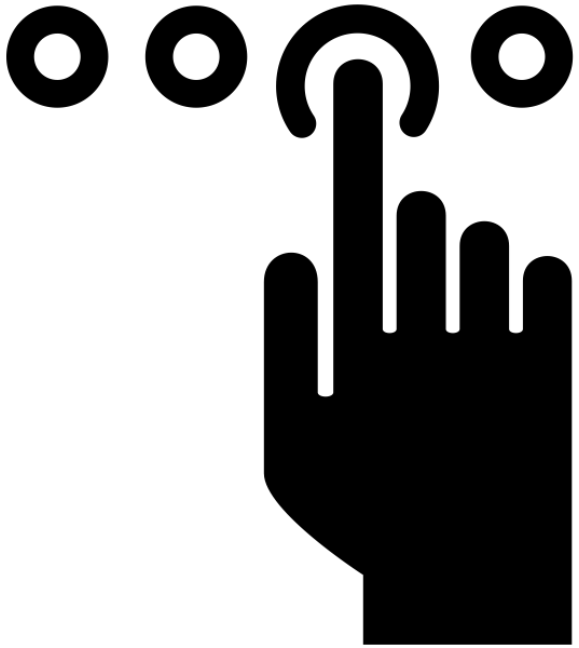
Questions and Answers



AUDIENCE RESPONSE QUESTIONS

John Whyte, M.D., M.P.H.

Director, Professional Affairs and Stakeholder Engagement



Final Words of Wisdom

John Whyte, M.D., M.P.H.

Director, Professional Affairs

and Stakeholder Engagement (PASE), CDER

Thank You for Attending!

Safe Travels Home


FDA
U.S. FOOD & DRUG
ADMINISTRATION