

Challenges and Opportunities for Drug Development in Neonates

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DISCLOSURES

- **I have no conflicts of interest to disclose**
- **I Chair the Neonatal Advisory Committee in the Office of Pediatric Therapeutics at FDA. My presentation reflects my own opinions and does not necessarily represent the opinions of the FDA**
- **I am a Director of the International Neonatal Consortium through FDA/EMA/Critical Path Institute**

Newborn Intensive Care

- **6% of the 4,000,000 births each year in the US require NICU admission**
- **Prematurity rates (11%) - highest of any developed country**
- **Total cost of prematurity >\$29 billion each year**
- **Only marginal improvements in survival and outcome in the last 20 years**
- **>90% of drugs used in the NICU are not FDA approved**
- **Smallest infants can be exposed to >60 drugs**

Why is Neonatal Drug Development Difficult?

- **Small market, rare diseases, high risk/liability**
- **Few appropriate animal models**
- **Variable definitions of neonatal disease**
- **Difficulty with study design**
- **Minimal agreement on outcome measures**
- **When to determine outcome**
- **Hard to establish safety and efficacy**

Unique Challenges in Studying Neonates

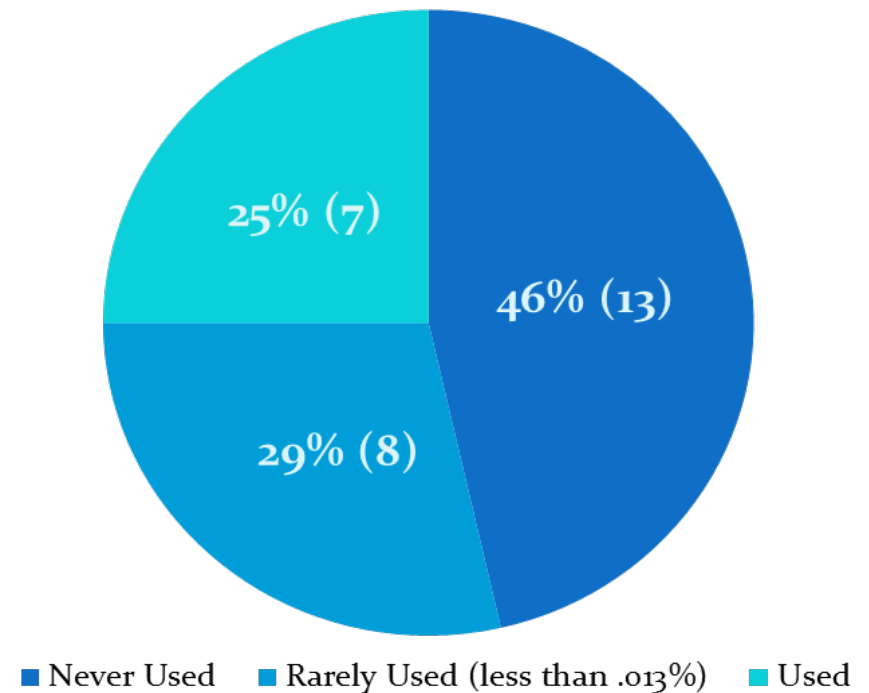
- **Rapidly changing physiology**
- **Need to follow long term – the longer the better**
- **Postnatal environmental exposures (outside the NICU) become increasingly important**
- **Confidentiality issues (mother/neonate)**
- **Obtaining informed consent in the DR quickly**
- **Mothers/Neonates can be separated**
- **Limited impact of legislation on this population**

Regulations Have Facilitated Pediatric Studies, But How About Neonates

Studies must be clinically relevant

- Of 406 medicines studied in children in order to achieve 6 months of exclusivity, only 28 (7%) studied in neonates
- Of those 28 drugs, the majority are not used routinely in this vulnerable population

% of Medicines Studied in Neonates
N = 28



Pediatric Formulations

- **Concerns about formulations - extrinsics (stabilizers, preservatives)**
- **Methadone for treatment of NAS – 15% alcohol; Buprenorphine - 30%**
- **Phenobarbital – 20% alcohol in elixir; 60% propylene glycol in IV preparation**
- **Clindamycin – benzyl alcohol**

Neonatal Clinical Trials – Drugs & Devices

- Demand is increasing for trials of innovative products
- Trials are inefficient, take too long, and are expensive
- Most trials fail due to inadequate enrollment
- The trial infrastructure is fragmented, lacks sustainability
- Expertise and workforce is limited
- There are significant opportunities for change and improvement

Industry Statistics

Current State	15	30%	4-6	1.5
	Years to complete pediatric programs	Of sites never enroll a single patient	Avoidable amendments per program	Pediatric patients enrolled per site per year

Source: P.L. Simpkins, Unpublished, 2017. Analysis was completed using data from Evaluate Pharma Drugs@FDA.gov [label] and FDA New Pediatric Labeling Information Database (pediatric label changes). Accessed February 2017. Sample size N = 114 pediatric label, Rx products only (excludes OTC products).

Moving Forward

- **Can we enroll every neonate in the NICU in a study protocol to optimize outcomes (similar to cancer)?**
- **Can we adopt uniform and better definitions?**
- **Can we collect standardized data?**
- **Can we examine global survival/outcome and adopt best practices?**
- **Can we establish normal laboratory values based on birth weight, gestational age, and postnatal age?**
- **Can we develop safer drug formulations for neonates?**
- **Can all key stakeholders (especially regulators) collaborate to develop the best protocols?**

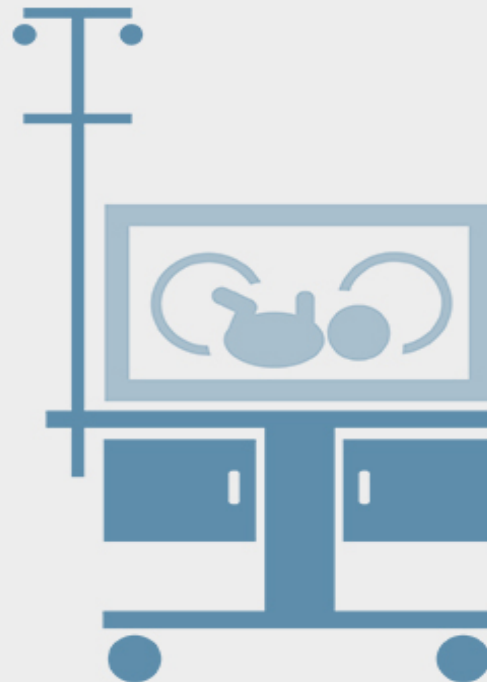
INC Priority Conditions

INC AND THE NICU

The International Neonatal Consortium concentrates its efforts on those conditions most commonly encountered in Neonatal Intensive Care Units (NICUs), and on the prevention of preterm birth.



International Neonatal Consortium



NEONATAL LUNG INJURY AND CIRCULATORY FAILURE

PERINATAL/NEONATAL INFECTIONS

NEONATAL ABSTINENCE SYNDROME (NAS)

RETINOPATHY OF PREMATURITY (ROP)

NEONATAL GASTROINTESTINAL INJURY

NEONATAL BRAIN INJURY

DRUGS TO PREVENT PRETERM LABOR

HEMODYNAMIC ADAPTATION (HA)

Clinical Translational Science Award Program

- **Established by NIH in 2006**
- **A national consortium of >60 research institutions**
- **Under NCATS, one of 27 NIH Institutes and Centers established in 2011**
- **Mission: to develop innovative solutions that will improve the efficiency, quality, and impact of the process for turning observation in the laboratory, clinic, and community into interventions that improve the health of individuals and the public**

Clinical Translational Science Institutes

Research Service

- Study design & analysis
- Clinical study & regulatory support
- Informatics

Conveners & Connectors

- Team Science
- Collaboration
- Multidisciplinary
- Stakeholder & community-engagement

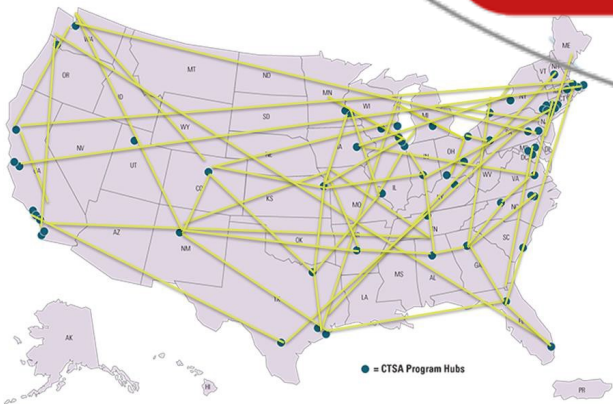
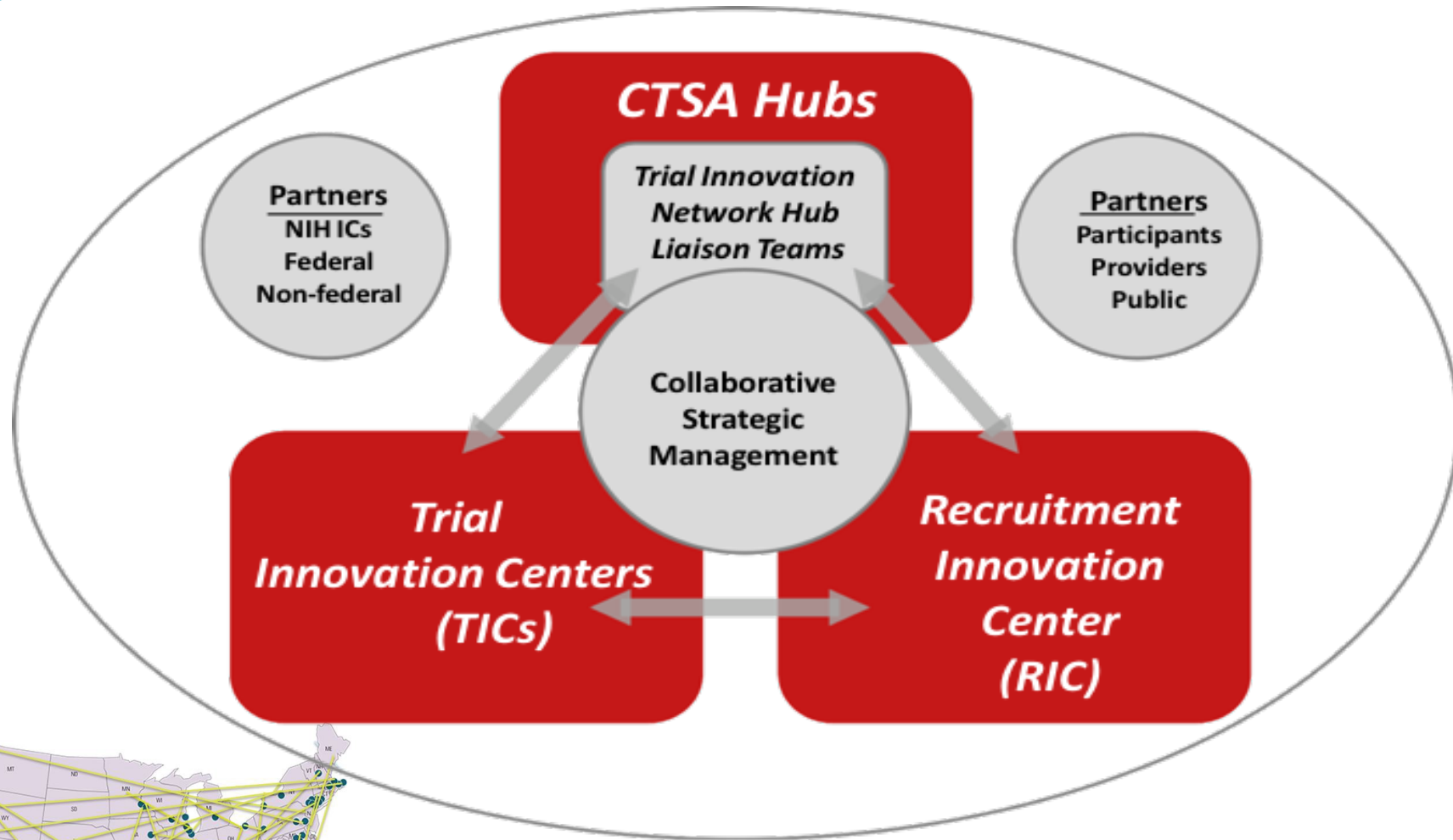
Change

- Innovation & transformation
- Science of Science
- Process improvement
- Address roadblocks

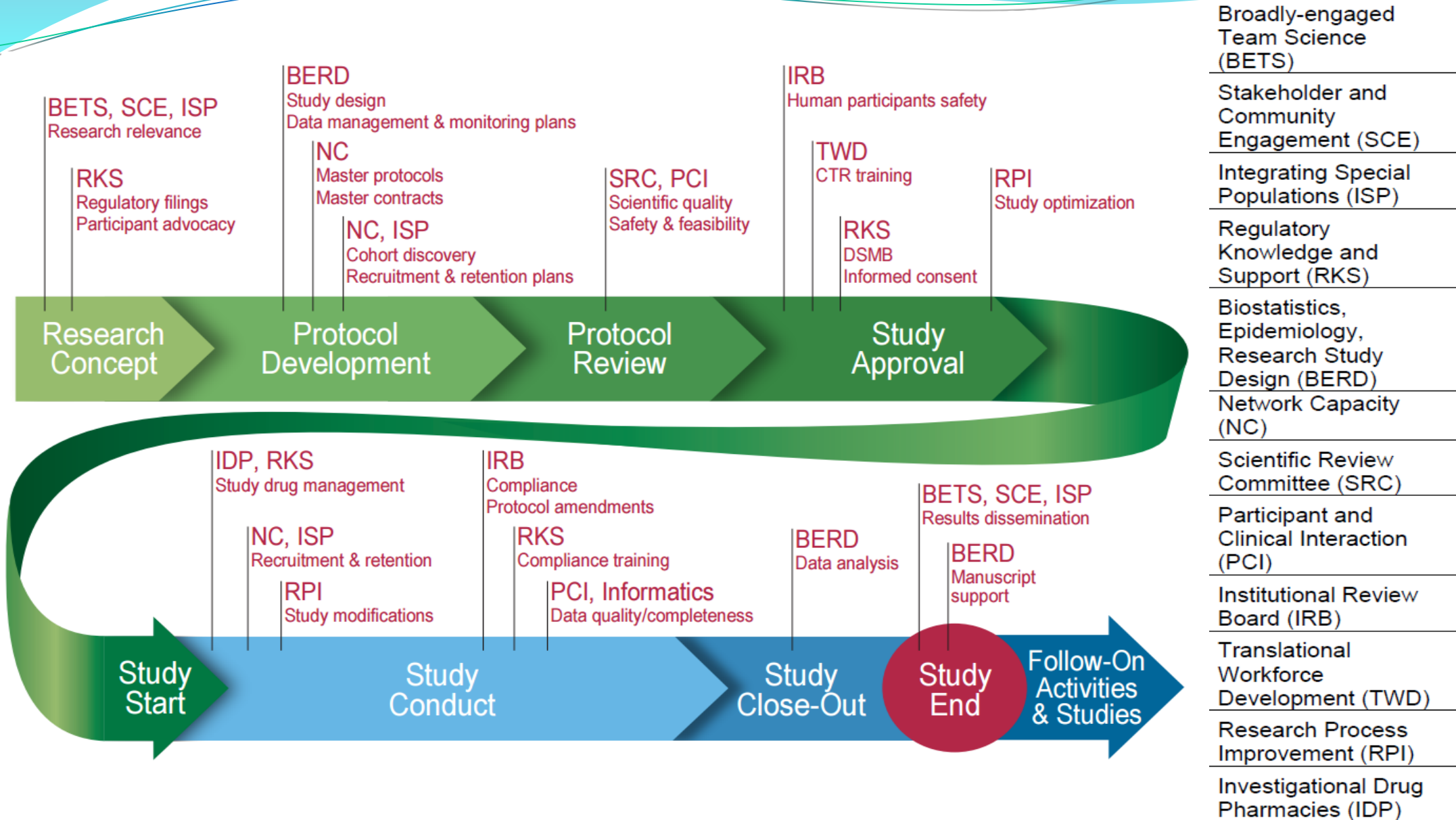
Education

- Graduate certificate, Masters, and PhD programs
- Professional development
- Fellowship and career development programs

Trial Innovation Network Vision and Key Partners



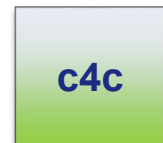
Key Clinical Research Study Quality Touchpoints




Pediatric Clinical Trials Ecosystem

Japanese Pediatric
Network for Drug
Development

Kids
CAN



A fantastical landscape with a yellow path leading to a futuristic city. The path is flanked by green hills and pink flowers. In the background, there are tall, glowing green structures and a large rock formation on the right. The sky is a mix of blue and purple.

Advancing Maternal - Child Health

**Sustainable
Infrastructure**

**Cooperative
Networks**

**Knowledgeable
Workforce**

**Efficient
Regulatory Processes**