

FOOD AND DRUG ADMINISTRATION (FDA)  
Center for Biologics Evaluation and Research (CBER)  
159th Vaccines and Related Biological Products Advisory  
Committee (VRBPAC) Meeting

TOPIC II OPEN SESSION

FDA White Oak Campus  
Great Room, Salon B & C  
Silver Spring, MD 20903

March 4, 2020

*This transcript appears as received from the commercial transcribing service after inclusion of minor corrections to typographical and factual errors recommended by the DFO.*

### ATTENDEES

|  |  |
|--|--|
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| Paula Annunziato, M.D.                 | Merck  |
| Tammy Beckham, D.V.M., Ph.D.           | Department of Health and Human Services      |
| Archana Chatterjee, M.D., Ph.D.        | University of South Dakota                   |
| Hayley Gans, M.D.                      | Stanford University Medical Center           |
| Holly Janes, Ph.D.                     | Fred Hutchinson Cancer Research Center       |
| Michael Kurilla, M.D., Ph.D.           | National Institutes of Health                |
| Myron Levine, M.D., D.T.P.H., F.A.A.P. | University of Maryland School of Medicine    |
| H. Cody Meissner, M.D.                 | Tufts University School of Medicine          |
| Paul Offitt, M.D.                      | The Children's Hospital of Philadelphia      |
| Andrea Shane, M.D., M.P.H., M.Sc.      | Emory University School of Medicine          |
| Paul Spearman, M.D.                    | University of Cincinnati School of Medicine  |
| Geeta K. Swamy, M.D.                   | Duke University                              |
| Sheldon Toubman, J.D.                  | New Haven Legal Assistance Association       |
| Jack Bennink, Ph.D.                    | National Institutes of Health                |
| Melinda Wharton, M.D, M.P.H.           | Centers for Disease Control and Prevention   |
| Col. Andrew Wiesen, M.D., M.P.H.       | Office of the Assistant Secretary of Defense |
| David Wentworth, Ph.D.                 | Centers for Disease Control and Prevention   |
| Capt. Lisa Grohskopf, M.D., M.P.H.     | Centers for Disease Control and Prevention   |

|                                      |   |
|--------------------------------------|---|
| CDR Mark Scheckelhoff, Ph.D., M.P.H. | Armed Forces Health Surveillance Branch |
| Penny Post, Ph.D.                    | A Sonofi Company                        |
| Carolyn Wilson, Ph.D.                | Food and Drug Administration            |
| Marion Gruber, Ph.D.                 | Food and Drug Administration            |
| Philip Krause, M.D.                  | Food and Drug Administration            |
| Konstantin Chumakov, Ph.D.           | Food and Drug Administration            |
| Jerry Weir                           | Food and Drug Administration            |
| CDR Valerie Marshall, M.P.H., P.M.P. | Food and Drug Administration            |
| Zhiping Ye, M.D., Ph.D.              | Food and Drug Administration            |
| Manju Joshi, Ph.D.                   | Food and Drug Administration            |
| Anissa Cheung, M.Sc                  | Food and Drug Administration            |
| Jay Slater, Ph.D.                    | Food and Drug Administration            |
| Drusilla Burns, Ph.D.                | Food and Drug Administration            |
| Michael Schmitt, Ph.D.               | Food and Drug Administration            |
| Kathleen Hayes, M.P.H.               | Food and Drug Administration            |
| Monique Hill, M.H.A.                 | Food and Drug Administration            |
| Prabhakara Atreya, Ph.D.             | Food and Drug Administration            |

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1           **TOPIC II: LABORATORY OF RESPIRATORY AND SPECIAL**  
2           **PATHOGENS (LRSP), DIVISION OF BACTERIAL, PARASITIC, AND**  
3           **ALLERGENIC PRODUCTS (DBPAP) OFFICE OF VACCINES RESEARCH**  
4           **AND REVIEW (OVRR) CENTER FOR BIOLOGICS EVALUATION AND**  
5           **RESEARCH (CBER)**  
6

7           **DR. EL SAHLY:** Any other parting thoughts on  
8           the strain selections for the flu vaccines? Okay. So  
9           moving on to topic two of this meeting, Laboratory of  
10          Respiratory and Special Pathogens Site Visit that was  
11          performed a few months ago. The LRSP is a Division of  
12          Bacterial, Parasitic, and Allergenic Products, Office  
13          of Vaccine Research and Review, Center for Biologics  
14          Evaluation and Research, CBER. Kathleen will read some  
15          housekeeping items and the conflict of interest  
16          statement regarding this topic two.

17  
18                   **CONFLICT OF INTEREST STATEMENT**  
19

20           **MS. HAYES:** Thank you. I'm just going to give

1 a couple minutes for people to clear the room and for  
2 the lab to come in and be seated. Just as a reminder  
3 for individuals on the phone, you have a separate  
4 access code for this session since part of it's  
5 confidential. So if you could please hang up and then  
6 call back in using that second access code that you  
7 were provided via email, that would be great.

8 So all the presentations for topic two should  
9 be in your folders. Welcome to topic two, everyone.  
10 In this session, as Dr. El Sahly, mentioned, we'll hear  
11 from the Laboratory of Respiratory and Special  
12 Pathogens, from the Division of Bacterial Parasitic and  
13 Allergenic Products, and we will discuss  
14 recommendations from the committee regard the site  
15 visit report. In terms of housekeeping, just as a  
16 reminder, if everyone could ensure that your cell  
17 phones are still on silent, that would be great. And I  
18 will now read the conflict of interest statement.

19 The Food and Drug Administration is convening  
20 today, March 4th, 2020, for the 159th meeting of the

1 Vaccines and Related Biological Products Advisory  
2 Committee under the authority of the Federal Advisory  
3 Committee Act of 1972. This afternoon, for topic two,  
4 the VRBPAC committee will meet in partially closed  
5 session to hear overview presentations on intermural  
6 laboratory research programs. Per agency guidance,  
7 these sessions are determined to be non-particular  
8 matters which would have no impact on outside financial  
9 interests. Hence, no affected firms are identified,  
10 and members are not screened for this topic.

11 In the afternoon, the meeting will be closed  
12 from 4:10 p.m. to 5:10 p.m. to permit discussions where  
13 disclosure would constitute a clearly unwarranted  
14 invasion of personal privacy. With the exception of  
15 the industry representative, all participants of the  
16 committee are special government employees or regular  
17 federal government employees from other agencies and  
18 are subject to the Federal Conflict of Interest Laws  
19 and Regulations.

20 Mr. Sheldon Toubman is serving as a consumer

1 representative for this committee. Consumer  
2 representatives are appointed special government  
3 employees and are screened and cleared prior to their  
4 participation in the meeting. They are voting members  
5 of the committee and hence do have voting privileges,  
6 and they do participate in closed sessions, if held.

7 Dr. Paula Annunziato is serving as the  
8 industry representative to this committee. Dr.  
9 Annunziato's employed by Merck. Industry  
10 representatives act on behalf of all related industry  
11 and bring general industry perspectives to the  
12 committee. However, industry representatives are not  
13 appointed as special government employees and serve as  
14 non-voting members of this committee. They are not  
15 authorized to attend any closed sessions. Therefore,  
16 industry representatives are expected to leave when the  
17 open session ends.

18 This conflict of interest statement will be  
19 available for public viewing at the registration table,  
20 and this concludes my reading of the conflict of



1 interest statement for the public record. At this  
2 time, I would like to hand the meeting over to Dr. El  
3 Sahly. Thank you.

4

5 **OVERVIEW OF RESEARCH/SITE VISIT PROCESS, CBER**

6

7 **DR. EL SAHLY:** Thank you, Kathleen. Dr.  
8 Carolyn Wilson, who is Associate Director of Research  
9 at CBER will do an overview of the research site visit  
10 process.

11 **DR. WILSON:** Thank you and good afternoon. I  
12 apologize for those of you who've been members for a  
13 while as I know the presentation probably will,  
14 especially for Dr. El Sahly who's heard it a million  
15 times now -- but for those of you who are new members,  
16 I hope that this can orient you a little bit to the  
17 later discussion about the site visit report, why we do  
18 site visits, and your role here today. So all righty.

19 So just to give you a quick overview, I know,  
20 obviously, you're well aware of the work we do in

1 vaccines, but we also regulate a variety of other  
2 products like blood, blood components, blood  
3 derivatives, cell and gene therapies, certain human  
4 tissues, various related devices and  
5 xenotransplantation products. In addition to vaccines,  
6 of course, are live biotherapeutic products and  
7 allergenic products, each of which raise a number of  
8 complexities.

9           And so the products that we regulate are often  
10 things that can't be terminally sterilized, are very  
11 complex, living cells, living viruses, and living  
12 bacteria. And these novel products that are being  
13 developed in response to major public health concerns  
14 also raise a number of questions when they come to us  
15 for -- first in human clinical trials or even as the  
16 clinical development continues through in terms of  
17 things like what's the mechanism of action and how do  
18 you develop a potency assay.

19           So these regulatory challenges we address  
20 through what we call regulatory science, which is a

1 combination of both discovery science and targeted  
2 development of new tools, sometimes reference materials  
3 and other very dedicated specific methodology that can  
4 help support development of these new products. And as  
5 we have better science and tools at our hands, we're in  
6 a better position to make regulatory policy and  
7 decision-making. And that allows sponsors then to give  
8 us improved data to inform our benefit risk decision-  
9 making. And it doesn't stop there because, once the  
10 product is licensed, hopefully both safe and effective  
11 to address this public health need, we continue through  
12 post-market surveyance of that product.

13 So our research goals, which are shown here --  
14 we're in the process of actually revising them this  
15 year. But they aren't out yet, so I'll show you our  
16 current goals, which are to advance the scientific  
17 basis for regulation of biologics, human tissues, and  
18 blood by developing and evaluating technology reagents  
19 and standards to inform and improve chemistry,  
20 manufacturing, and controls; developing and assessing

1 non-clinical models and methods predictive of clinical  
2 performance with respected toxicity and effectiveness;  
3 improving clinical evaluation pre- and post-licensure  
4 through use of big data, innovative designs, and  
5 statistical, analytical, and modeling approaches; and  
6 preparing for future regulatory and public health  
7 challenges.

8           So I wanted to mention a couple of a new  
9 scientific initiatives which we've really launched,  
10 primarily in FY19. The advanced manufacturing is a new  
11 intramural research program. We've brought in two new  
12 principle investigators to work on advancing  
13 manufacturing for influenza vaccines, which is, of  
14 course, a topic of interest to you today, and also in  
15 the area of hematopoietic stem cells.

16           And then a new program which we're launching  
17 in this FY20 is regarding pathogen reduction  
18 technologies. The idea is, even though we have some  
19 licensed technologies for plasma and platelets, to  
20 expand these technologies to hold blood so that you

1 could then reduce pathogen load in whole blood and then  
2 fractionate to the various components. And we think  
3 that would be of great public health need and  
4 address -- also save money.

5 So within our research program, in addition to  
6 these new initiatives, we have a variety of applied  
7 technologies and things like high resolution NMR mass  
8 spectrometry to evaluate structural components of  
9 biologics we regulate. We have core facilities for  
10 things like flow cytometry, microarray, high throughput  
11 sequencing, and the related bioinformatics and IT  
12 infrastructure. As you can imagine with the kinds of  
13 products we regulate, we have a lot of microbiology,  
14 immunology, biochemistry, and molecular biology, cell  
15 and developmental biology, including a relatively new  
16 program in micro physiologic systems, epidemiology,  
17 biostatistics, and bioinformatics.

18 So here at White Oak, we have a lab facility  
19 just down in the southeast quad here on campus, and, as  
20 I mentioned, we have core facilities for a variety of

1 different technologies and a state of the art vivarium,  
2 which allows for imaging with MRI, digital x-ray,  
3 intravital imaging systems, ultrasound, and CT, as well  
4 as ABSL-2 as well as ABSL-3 capacity, which is really  
5 important for certain infectious agents research, as  
6 well as a transgenic derivation facility. We also have  
7 a PI networking and information group to provide peer  
8 mentoring and information sharing. It meets monthly to  
9 discuss and share general issues that come up in the  
10 life of PIs. Our principle investigators are what we  
11 call researcher reviewers, so they have all the same  
12 review activities as full-time reviewers while still  
13 trying to manage their research laboratories. So some  
14 of the issues that come up in our environment may be  
15 unique to our situation.

16 We also do a lot of work with external  
17 collaborations within the U.S. and internationally and  
18 with a variety of different sectors, as you can see in  
19 this graph. And we also do formal leverage mechanisms  
20 through contracts, grants, and tech transfers shown

1 here. And we also take advantage of intellectual  
2 property that has been developed here in compliance  
3 with the Technology Transfer Act. We file employee  
4 invention reports on things that we think have  
5 intellectual property implications and, on some  
6 occasions, actually file patents and receive royalties,  
7 which are then funneled back to help support the  
8 research endeavors.

9 So our research management processes include  
10 the CBER Regulatory Science Counsel, which develops  
11 research goals and objectives, develops an evaluation  
12 framework and criteria to measure scientific and  
13 regulatory impact and performs a portfolio review. In  
14 addition, there's management review of the research  
15 program and internal and external peer review. And so  
16 I'm not going to go through this in great detail but  
17 only to say that the site visit, which is what you'll  
18 be talking about later today in the closed session, is  
19 something that we do every four years as part of a  
20 broader program of management and peer review. And the

1 output of your report becomes part of a large package  
2 that goes through an internal peer review committee  
3 called the Committee for Promotion and Evaluation of  
4 Researcher Reviewers.

5 Our evaluation framework is based on four  
6 major areas, mission relevance, dissemination,  
7 scientific impact, and unique contribution and  
8 regulatory practice. So the site visit is a really  
9 critical component of looking at our research  
10 reviewers. We do senior staff fellows and staff  
11 fellows who are in the service fellowship program.  
12 This is an FTE-based program, but these are temporary  
13 appointments. And in CBER, these are up to about seven  
14 years.

15 Senior staff fellows are what we call  
16 independent principle investigators. They receive  
17 independent resources to support their research program  
18 in terms of personnel and space and budget. And staff  
19 fellows, or visiting associates, are support scientists  
20 that are working under a principle investigator.



1           In order for them to be considered for  
2     promotions or if they were to apply for a permanent  
3     position, we want them to have gone through a site  
4     visit so that there's external peer review of the work  
5     they're doing. Once individuals are on our permanent  
6     staff, they're called either principle investigators or  
7     staff scientists. And again, we want them to  
8     continuously go through the external peer review  
9     process every four years in order to gain the critical  
10    expert input on the direction of their program and so  
11    on.

12           So the site visit report that you have before  
13    you today is a draft report, and you have three  
14    options. You can accept the report as written, you can  
15    amend the report, or you may reject the report and send  
16    it back to the site visit team. Once it's approved by  
17    the full advisory committee, as I mentioned, the final  
18    report is submitted as part of a larger package to the  
19    CBER for personnel actions. The PIs take all of the  
20    scientific recommendations into account to improve

1 their own research program and by management when  
2 thinking about resource allocation decisions.

3 So to finish, the benefits of the CBER  
4 research program is the integration of research and  
5 review in order to ensure relevance, expertise,  
6 timeliness, and usability of the science that we are  
7 doing. It fosters rational policy and decisions based  
8 on sound science, law, and public health impact. It  
9 also prepares for future innovative products and public  
10 health challenges.

11 For example, the diversity of virology  
12 expertise that we have in Division of Viral Products  
13 has actually put us in a very excellent position. We  
14 happen to have somebody with prior experience working  
15 on Merck's coronavirus, not the subject of his current  
16 research at CBER but who has now quickly tacked and is  
17 up and running starting a research program to address  
18 the new SARS-CoV-2. So this is really important to  
19 have a facile and flexible approach to the research  
20 program -- developing tools and data that are available

1 to all stakeholders and support development of product  
2 classes and recruit and maintain highly trained  
3 scientists with the necessary expertise we need to  
4 review regulatory submissions.

5 So I'll finish with a thank you. I want to  
6 specifically call out Drs. Levine and Wharton, who are  
7 the co-chairs of this particular site visit, for their  
8 time to prepare for today's discussion but also, of  
9 course, for the time that they spent doing the site  
10 visit and preparing the report. So thank you. I'll  
11 stop there and answer any questions.

12 **DR. EL SAHLY:** Thank you, Dr. Wilson. Any  
13 questions regarding the process?

14 **DR. WILSON:** Okay, thank you.

15  
16 **OVERVIEW OF THE OFFICE OF VACCINES RESEARCH AND REVIEW**  
17 **(OVR) & OVERVIEW OF THE DIVISION OF BACTERIAL,**  
18 **PARASITIC, AND ALLERGENIC PRODUCTS (DBAP)**

19  
20 **DR. EL SAHLY:** Okay, thank you, Dr. Wilson.

1 Dr. Jay Slater, who is the director of the Division of  
2 Bacterial Parasitic and Allergenic Products at CBER,  
3 will do an overview of the Office of Vaccine Research  
4 and Review, an overview of the Division of Bacterial  
5 Parasitic and --

6 **DR. SLATER:** Thank you very much. So in a few  
7 minutes, Dr. Michael Schmitt, who's the head of the lab  
8 that's being reviewed, is going to orient you about his  
9 lab program. And it's my job to bridge Dr. Wilson's  
10 talk to his talk and bring you down to the level of  
11 LRSP, which is really going to be the focus of your  
12 activity. So I'm going to start out by talking about  
13 the Office of Vaccines, Research, and Reviews Research  
14 Program. OVRP regulates vaccines, as you well know,  
15 but also allergenic products, live biotherapeutic  
16 products including probiotics and fecal microbiota for  
17 transplantation and, most recently, bacteriophage.

18 The OVRP mission is to protect and enhance the  
19 public health by assuring the availability of safe and  
20 effective vaccines, allergenic products, and related

1 products. And the research program that we're focusing  
2 on today is designed to complement and support the  
3 regulatory mission. So the OVRR core activities,  
4 obviously, are review, to review and evaluate and take  
5 appropriate actions on all sorts of regulatory  
6 submissions, to develop policies and procedures  
7 governing the premarket review of regulated products,  
8 and also to conduct research related to the  
9 development, manufacture, and evaluation of vaccines  
10 and related products.

11 This is the OVRR organizational chart. The  
12 director of the Office of Vaccines is Marion Gruber.  
13 Deputy director is Phil Krause. And the three relevant  
14 divisions that I've put under here, to the far right is  
15 the Division of Vaccines and Related Product  
16 Applications headed by Dr. Doran Fink and Dr. Loris  
17 McVittie. But the two research divisions are the  
18 Division of Vital Products and my division, the  
19 Division of Bacterial Parasitic and Allergenic  
20 Products, which one of my colleagues felt we ought to

1 rename the Division of Not Viral Products.

2 Our research mission is designed to complement  
3 and support the regulatory mission. Did I go  
4 backwards? No, I didn't. The OVRP research goals are  
5 to focus on safety, efficacy, and availability of these  
6 products.

7 So the importance of research in the  
8 regulation of vaccines and other products -- and I  
9 apologize if this is self-evident for you, but I think  
10 it sometimes needs to be restated explicitly. First of  
11 all, the vaccines, there is an emphasis on safety that  
12 really isn't present in the rest of the agency. These  
13 are products that are intended for mass use, often  
14 universal use. The recipients are healthy individuals,  
15 often children. And so the tolerance for safety  
16 signals is really quite low, and I think our research  
17 really helps us with that.

18 It's also a field in which in technology is  
19 moving very quickly, and our research program helps us  
20 to keep pace with that technology. Obviously, vaccines

1 are subject to an extremely high level of scrutiny by  
2 the public. It's really critical that our regulatory  
3 decisions be absolutely bullet proof in terms of their  
4 science base. And we think that our engagement in  
5 active research science really helps us with that.

6 And then finally -- and of course this talk  
7 was put together back in November, so I don't have  
8 specifics here -- but we need to be able to respond to  
9 public health threats. And it's not just the emerging  
10 viral infections, which are, of course, what we're all  
11 thinking about today, but issues of antibiotic  
12 resistance, C. diff, and other infectious problems.  
13 Our research program in OVRP is broad. We can't cover  
14 everything, but we need to cover as much as possible  
15 within the scope of our responsibilities. It is  
16 collaborative. We collaborate with scientists around  
17 the country, as Dr. Wilson explained, and around the  
18 world to leverage our investments and research.

19 It's important to note that our research is  
20 really investigator initiated. This allows our

1 researcher reviews to anticipate regulatory needs and  
2 proactively address important questions. We expect our  
3 research to be excellent. Our motivation is the  
4 regulatory mission, but our research is published and  
5 broadly cited and used.

6 Our research scientists are members of the  
7 broader scientific community, and we expect them to be  
8 well-known and well-regarded experts in their fields.  
9 And finally, our research is flexible. Our scientists  
10 work on topics that allow rapid adaptation to emerging  
11 needs.

12 Dr. Wilson talked about the researcher  
13 regulatory model. We are very committed to this. This  
14 is a model that integrates regulatory review  
15 responsibilities with our mission-directed research.  
16 Our researchers actively review IND and BLA  
17 applications. They're active participants in product-  
18 related -- as subject matter experts on inspections.  
19 They perform relevant research to evaluate specific  
20 issues of safety, efficacy, or manufacturing issues.



1           So I'm now going to zoom in one last time  
2 before Dr. Schmitt's presentation on the Division of  
3 Bacterial Parasitic and Allergenic Products, which I  
4 head. We have four laboratories within the division.  
5 I am the director. Dr. Drusilla Burns is the deputy  
6 director. And the focus of your attention today is the  
7 lab in the upper right-hand corner, the Lab of  
8 Respiratory and Special Pathogens.

9           Of note is that Dr. Schmitt is the Chief of  
10 that lab. Dr. Burns, who's my Deputy Director, is also  
11 a PI within that lab, as is Dr. Tod Merkel. Likewise,  
12 even though I'm the head of the Division, I'm also an  
13 active researcher in the Lab of Immunobiochemistry in  
14 the lower left-hand corner. It's all a little bit back  
15 and forth organizationally, but it has worked for many  
16 years so far.

17           I'm going to review very briefly in just a  
18 handful of slides the DBPAP regulatory research  
19 portfolio. And the shorthand that I have found most  
20 useful to explain it to people is to give you on this

1 slide the full range of organisms that we regulate in  
2 terms of either our research, upcoming aspirational  
3 vaccine research, or, in some cases, many cases, long  
4 established vaccine targets. And you have the non-  
5 invasive toxin producers, the invasive organisms for  
6 which the protective responses are to polysaccharides.  
7 You have intracellular pathogens, enteric pathogens,  
8 parasites, and then, of course, there has to be a group  
9 of other that don't quite fit neatly into that.

10 The Lab of Bacterial Polysaccharides, LBP,  
11 focuses, as you would expect it to, on that small group  
12 of invasive organisms for which the protective  
13 responses are to their polysaccharides, H flu,  
14 Neisseria meningitidis, strep pneumoniae. And in  
15 addition, among the enteric organisms, there is a  
16 salmonella vaccine that is directed to the  
17 polysaccharides specifically, and LBP regulates those.  
18 The Lab of Immunobiochemistry, that's our somewhat  
19 fancy name for the Lab of Allergenic Products.

20 We regulate allergenic products, which seems

1 like only one entry on this slide. They are actually  
2 over 800 different allergenic products, and it's a  
3 technologically very rapidly moving field. So we are  
4 kept quite busy regulating those. And the research  
5 that we do, both Dr. Rabin and I, directly focuses on  
6 ways of improving this very heterogenous group of  
7 products.

8           The Lab of Respiratory and Special Pathogens  
9 is the one that you're going to focus on today. By and  
10 large, this lab focuses on non-invasive toxin  
11 producers, anthrax, pertussis, botulinum toxin,  
12 tetanus, and *Corynebacterium diphtheriae*. In addition,  
13 this lab is part of a consortium of two labs that we've  
14 put together to deal with issues having to do with  
15 staph aureus vaccine development.

16           And then finally, the Lab of Mucosal Pathogens  
17 and Cellular Immunology, this is the lab that is  
18 largely focused on enteric organisms and intracellular  
19 organisms that are listed here. But this is also a lab  
20 that focuses on *C. diff* as a pathogen and on malaria

1 research. In fact, one of our most recent recruits is  
2 a PI who will be focusing exclusively on issues having  
3 to do with malaria.

4 LMPCI also was fortunate enough to deal with  
5 the lion's share of the other classification. In  
6 addition to working with LRSP on staph aureus, this is  
7 also the group that focuses on live biotherapeutic  
8 products or probiotics, phage, and the microbiome-  
9 related products. At the LRSP site visit several  
10 months ago, there were five presenters, and Dr.  
11 Schmitt, who you'll be hearing from momentarily, spoke  
12 and presented his work and an overview of the lab. Dr.  
13 Drusilla Burns and Dr. Tod Merkel are the other two PIs  
14 in the group. And then staff scientist, Dr. Anita  
15 Verma, and staff fellow, Dr. Eric Peng, presented their  
16 work as well. I would be very happy to field any  
17 questions at this point before I turn this over to Dr.  
18 Schmitt.

19 **DR. CHATTERJEE:** So I'm new to the committee  
20 and was just curious to try and learn a little bit more

1 in terms of your collaboration with other scientists.  
2 Does that extend to scientists who are engaged in  
3 industry, or is this confined to people who are in  
4 academia and in other government agencies like NIH?

5 **DR. SLATER:** That's a great question.

6 Collaborations within government tend to be the easiest  
7 and the smoothest, and obviously we have collaborations  
8 with colleagues at the National Institutes of Health  
9 and other government scientists as well. When their  
10 interest in working with us is very close, we sometimes  
11 benefit from interagency agreements in which case we  
12 can get funds. But most of the collaborations are less  
13 formal than that. I'm working my way to answering your  
14 question.

15 Academic collaborations are very widespread.  
16 Our scientists really have a great deal of interest in  
17 collaborating. We can sometimes actually benefit from  
18 that as well. We can't be principle investigators on  
19 their NIH grants, but we can benefit in limited ways  
20 from participating in their NIH grants. And that is

1       useful. But again, most of the collaborations with  
2       academics are on a relatively less formal level. We  
3       try to formalize them to the degree that they become  
4       more intense.

5               When we're asked to collaborate with industry,  
6       obviously, we're concerned about both real and  
7       perceived conflicts of interest. Depending on the  
8       extent of that kind of research, we sometimes worry  
9       about it more and sometimes less. We are capable of  
10      constructing CRADAs, cooperative research agreements,  
11      with industry. The advantage of that is not only that  
12      we get money from the industry partners to support our  
13      research but that we really formalize and draw lines as  
14      to what we do and what we don't do.

15             And you know, one of the decisions that, you  
16      know, when somebody comes to me and wants to  
17      collaborate with industry that first I and then Dr.  
18      Gruber have to sign on to is whether this will require  
19      us to recuse this investigator and their staff from  
20      reviewing products that come in down the line. And

1 again, you know, we err on the side of appearance. We  
2 really want to make sure that there's no perceived  
3 conflict of interest, even if there isn't a real one.  
4 But typically, if our research is very early in the  
5 product development, then we will be more eager and  
6 active participants in that than certainly later.  
7 There have been several examples where we have worked  
8 with industry under those constraints. Thanks.

9 **DR. CHATTERJEE:** So a question about the  
10 priorities as to how you decide which of these  
11 organisms you're going to prioritize, what type of  
12 research you're going to prioritize. How are those  
13 priorities set?

14 **DR. SLATER:** So as I said, really the lion's  
15 share of the priorities are set by the investigators  
16 themselves. We largely trust them. Now, that said, in  
17 addition to the quadrennial review that goes on at the  
18 site visit, there is an annual review that goes on for  
19 all of our labs. In our labs, all of the PIs need to  
20 submit reports to a centralized research reporting

1 database in which they report their progress and their  
2 plans for the next year and ask for money for the next  
3 year. That's reviewed very closely by their lab chief  
4 and then by me and then ultimately by the office and  
5 the center.

6 I've had conversations with PIs about the  
7 direction of their research, but, typically, the PIs  
8 exercise really, really good judgement on this. And  
9 for the most part, it's set by them and, of course,  
10 informed by the regulatory worth that they see coming  
11 in. They're the ones on the front lines of the  
12 regulatory questions, and so I think, for the most  
13 part, they're pretty sensitive to what the issues are.

14 **DR. WILSON:** Just to add that a little bit at  
15 a broader level. In terms of research priorities, in  
16 addition to what Jay described that goes on in sort of  
17 a micro level for the PIs who are already here and have  
18 active and ongoing research, we also do think  
19 strategically about future recruitments and try to  
20 identify what are some new priority areas that, if



1 resources arise, where we would invest those in terms  
2 of future PI recruitments. And so the divisions and  
3 offices periodically do this kind of review and  
4 discussion. It's brought up to the Regulatory Science  
5 Counsel.

6 We actually discuss it at the center level to  
7 identify where we might need to engage or identify new  
8 opportunities to address new challenges. And the  
9 offices also present to the Regulatory Science Counsel  
10 a sort of research program portfolio review to look at  
11 potential gaps in areas that they would want to address  
12 in the future.

13

14 **OVERVIEW OF THE LABORATORY OF RESPIRATORY AND SPECIAL**  
15 **PATHOGENS**

16

17 **DR. EL SAHLY:** Okay. Thank you, Dr. Slater.  
18 Dr. Michael Schmitt, Chief of the Laboratory of  
19 Respiratory and Special Pathogens at CBER, will give us  
20 an overview of the Laboratory of Respiratory and

1 Special Pathogens, LRSP.

2 **DR. SCHMITT:** Great, thank you. Thank you.

3 Good afternoon, everyone. So I'm Mike Schmitt, Chief  
4 of the Laboratory of Respiratory and Special Pathogens,  
5 and I'd like to give you today just a brief overview of  
6 the research and regulatory activities of the  
7 laboratory. Let's see. I think I'm -- wouldn't you  
8 know, I'm the one that can't get it to turn. Is this  
9 it? I'm hitting the wrong button. Okay. It's just  
10 this one over here. Got it. Okay. Thank you.

11 Okay. So as the other speakers have  
12 indicated, the principle investigators in LRSP are what  
13 we refer to as research reviewers, and they have two  
14 primary responsibilities: that is to develop and direct  
15 independent research programs but also participate in  
16 the regulatory activities of the laboratory. So the  
17 current research programs in LSRP cover a broad range  
18 from basic studies in bacterial virulence and  
19 pathogenesis to research that examines the  
20 characteristics of current and future vaccines. We

1 feel the research is supportive of the regulatory  
2 activities in LSRP, as seen the product-specific  
3 research programs but also in the expertise of the  
4 investigators in fields of bacteriology, immunology,  
5 and biochemistry.

6 So on this slide I wanted to just touch on  
7 some of the vaccines that fall under our purview of  
8 review responsibilities, and I've divided it into three  
9 categories here. The primary license vaccines, which  
10 primarily exist as combinations, and these are vaccines  
11 against diphtheriae, tetanus, and pertussis. The  
12 second group are the biodefense vaccines. This  
13 includes vaccines against anthrax, plague, and the  
14 botulinum and ricin toxins. The last group is just  
15 other vaccines that are also very important in part of  
16 our portfolio. This includes vaccines against staph  
17 aureus, staphylococcus aureus disease, and also various  
18 streptococcal pathogens and clostridium difficile.

19 So I wanted to get into a little more detail  
20 of our specific regulatory activities on this slide,

1 and I've divided this also into categories, two  
2 categories. These are the preapproval submissions that  
3 we receive -- and these are primarily pre-licensure  
4 submissions -- and then also post-approval which are  
5 our licensed vaccines. So under the preapproval, these  
6 are mainly INDs, investigational new drug applications.  
7 And we'll get these coming in as either pre-INDs, that  
8 is, before the actual IND is submitted where we will  
9 provide advice to the investigator or company regarding  
10 their product.

11 We will then receive the IND and then  
12 subsequent amendments to that IND. And our primary  
13 focus for review is product oriented, that is we will  
14 review manufacturing and testing issues regarding the  
15 vaccine. The other type of submission would be the  
16 biologic license application itself, and this would  
17 come in as what we refer to an original submission BLA.  
18 And this is when a manufacturer is coming in to request  
19 a licensure of their product.

20 The second group are the post-approvals, and

1 these are the licensed product, the licensed vaccines  
2 that we look at. And in the primary submissions that  
3 we get here are what we refer to BLA supplements. So  
4 any time a manufacturer makes a significant change in  
5 manufacturing or testing for their vaccine, they will  
6 need to receive approval from the FDA, and this will  
7 come in the form of a supplement. And again, what we  
8 would review is the product associated aspects of this  
9 submission, again, manufacturing and testing issues.  
10 We're also involved in lot release issues and also in  
11 the inspection of vaccine manufacturers.

12 So what I've shown here is the current  
13 organization of the laboratory. We have three PIs:  
14 Drusilla Burns, who also serves as the deputy director  
15 of the division, Tod Merkel, and myself. And here is  
16 the full staffing chart for LRSP. Directly under my  
17 responsibility, I have two full-time regulatory  
18 reviewers and then under the PIs are shown the various  
19 staff members for them and these include staff  
20 scientists, staff fellows, and also research associates

1 in their laboratory.

2 So what I want to outline here is the specific  
3 research and regulatory responsibilities of each of the  
4 individual lab groups. So under Drusilla Burns, she  
5 primarily focuses on her -- her research primarily  
6 focuses on three areas: looking at anthrax vaccines,  
7 pertussis vaccines, and also vaccines against staph  
8 aureus disease. Tod Merkel focuses almost exclusively  
9 on issues related to pertussis vaccines, while my group  
10 looks at diphtheriae vaccines and other issues related  
11 to C. diphtheriae pathogenesis.

12 So under this, beneath the research program, I  
13 show the regulatory activities. And they, in general,  
14 reflect our research program, although there are a  
15 number of exceptions. So you can see with Dr. Burns,  
16 her primarily regulatory activities of her laboratory  
17 are anthrax, pertussis, and staph aureus vaccine  
18 submissions. But individuals in her lab will  
19 frequently review issues related to diphtheriae and  
20 tetanus and other vaccines.

1           With Tod Merkel, his primary focus is on  
2    pertussis and anthrax vaccine submissions. And my  
3    group, our primary focus is on the diphtheriae and  
4    tetanus components in vaccines, and we also look at the  
5    biodefense vaccines. But many people in my group over  
6    the years have been heavily involved with pertussis and  
7    anthrax and other vaccine submissions. So there is  
8    overlap, but our primary focus for the type of  
9    submissions we receive largely reflects our research  
10   program.

11           So I'm going to get a little more detail into  
12   the individual research programs in the laboratory, and  
13   here's a description of Dr. Burns' research program.  
14   So I said, it's divided into three areas: anthrax,  
15   pertussis, and then staphylococcus aureus vaccines. So  
16   under her anthrax work, she's primarily focused on the  
17   analysis of neutralizing antibody response to anthrax  
18   vaccines and other toxoid-based vaccines and also  
19   improving anthrax vaccine stability. With regard to  
20   her pertussis vaccine program, she's looking at vaccine

1 safety with the development of an invitro assay to  
2 assess residual pertussis toxin activity.

3 She also assess vaccine efficacy, and the  
4 development of correlates of protection are examined in  
5 those studies. With regard to her staphylococcus  
6 aureus vaccine program, it involves the development of  
7 animal models that represent different clinical  
8 presentations of staph aureus disease and also the  
9 elucidation of correlates of immunity. So overall our  
10 program provides information used in the development of  
11 quality control tests for anthrax, pertussis, and staph  
12 aureus and also supplies important information for  
13 assessing safety and efficacy of new anthrax,  
14 pertussis, and staph aureus vaccines.

15 So the Merkel program, which I have indicated  
16 was primarily associated with pertussis vaccines, is  
17 involved in the development and use of the baboon model  
18 of pertussis to study pertussis pathogenesis in the  
19 immune response to infection and vaccination and also  
20 the development of aerosol models of pertussis to



1 identify and characterize factors contributing to  
2 transmission of the bacteria. So this research program  
3 provides important insights into vaccine mediated  
4 protection against pertussis leading to enhanced  
5 understanding of the epidemiology of pertussis in the  
6 U.S. It also allows for the identification of immune  
7 responses required for vaccine mediating clearance of  
8 *B. pertussis*, which may assist in the identification of  
9 biomarkers to assess vaccine effectiveness. In his  
10 work, he is involved in studies in the impact of host  
11 factors in vaccination status on shedding of the *B.*  
12 *pertussis* organism, and this may facilitate the vaccine  
13 development and other public health measures to reduce  
14 transmission.

15 So my program primarily focuses on diphtheriae  
16 vaccines with the focus on acquisition of host iron by  
17 *Corynebacterium diphtheriae*. We finally study the  
18 analysis of factors that are coordinately expressed  
19 with diphtheriae toxin to focus on metal and heme  
20 transport systems. We view our system as a model

1 system to understand pathogenic mechanisms in chronic  
2 bacterium and, more broadly, in other gram-positive  
3 pathogens to help identify possible virulence factors  
4 in future vaccine candidates. My research program  
5 provides the scientific foundation for the evaluation  
6 of components for future diphtheriae vaccines as well  
7 as support for the review and regulation of the  
8 numerous changes in the production and testing required  
9 to maintain and improve the quality of our currently  
10 licensed diphtheriae toxoid-containing vaccines.

11 So I just want to close with the relevance of  
12 our research regulation. We feel the knowledge  
13 acquired from our research establishes a scientific  
14 basis for our decisions in the regulation of vaccines.  
15 It gives us an in-depth knowledge and understanding of  
16 novel products and methods, expertise to determine the  
17 suitability of tests that assess safety, purity, and  
18 potency of vaccines, and also an expertise to provide  
19 advice in the design of non-clinical studies for  
20 vaccines licensed under the animal rule. These would

1 primarily be the biodefense vaccines such as anthrax  
2 and vaccines against botulinum toxins.

3 It also gives us quite a bit of credibility in  
4 the scientific community. It provides assurances that  
5 we possess the scientific qualifications to assess  
6 safety and quality of current and future vaccines.  
7 Thank you and I'll take any questions.

8 **DR. EL SAHLY:** Questions for Schmitt from the  
9 committee? Okay. Well, thank you, Dr. Schmitt.

10 **DR. SCHMITT:** Great. Thank you.

11 **DR. EL SAHLY:** We have no one registered for  
12 the open public hearing session that follows these  
13 presentations. Anyone in the room for an open public  
14 hearing statement? Okay. So neither on the phone nor  
15 in person do we have a statement. We will now take a  
16 break, a ten-minute break, before we hear the report  
17 and deliberate on the matter in a closed session.

18

19 **[END OF TOPIC II OPEN SESSION]**