DRUG DEVELOPMENT TOOL

LETTER OF INTENT DETERMINATION

DDT COA #000122

Science 37, Inc.
Attention: Lisa DiMolfetto, PhD
12121 Bluff Creek Dr.
Los Angeles, CA 90094

Dear Ms. DiMolfetto:

We have completed our review of the Letter of Intent (LOI) for Drug Development Tool (DDT) COA #000122 received on August 12, 2019 by the CDER Clinical Outcome Assessments (COA) Qualification Program, submitted under section 507 of the Federal Food, Drug, and Cosmetic Act. The LOI is for the Telemedicine-based Administration of the Montgomery-Asberg Depression Rating Scale (MADRS) to Assess Severity of Major Depressive Disorder Symptoms, a clinician-reported outcome (ClinRO) instrument proposed for the assessment of Depression Severity in Major Depressive Disorder.

We agree, in principle, that use of a well-thought out and conducted telemedicine model for interview-based assessments in major depressive disorder (MDD) for use as a primary efficacy endpoint could support drug approval and could facilitate new approaches to clinical research (e.g. decentralized clinical trials). A potential benefit of the use of telemedicine-based COAs is that this may allow a broader population of MDD patients to participate in clinical trials by removing barriers to clinical trial participation related to travel.

We have determined that it is not necessary to open a drug development tool qualification project, as we are able to provide general advice on the use of your proposed telemedicine-related methods outside of the qualification pathway.

We have the following general comments on the use of telemedicine-based interview assessments in MDD for you to consider as you move forward:

1) Telemedicine researchers working with MDD populations should carefully select depression instruments to be used in video-based administration. Some instruments may contain more items that have potential issues related to their ability to be assessed using video-based administration as they may require greater ability to observe visual cues than may be feasible in some telemedicine platforms.

2) A proposed telemedicine trial should indicate methods for how to standardize the assessments in the home or telemedicine site, including:

    - Standardization of assessment envirionment and technology to ensure the video captures both verbal and non-verbal communication adequately and minimizes burden to patients and raters (e.g., lighting; audio quality, video quality, positioning and number of cameras, extent of patient's face and body captured through video, privacy of the interview setting).

3) Additional operational considerations when planning for future video-based assessments in telemedicine clinical studies include, but are not limited to:

    - Standardization of rater or investigator training, such as:
        - Regularly monitoring participant compliance;
        - How to add participants into the system;
        - How data are transmitted and how to resolve problems when data are not able to transmit;
        - How to respond to alerts from Network Oriented Research Assistant (NORA ®) platform;
        - How and whom to contact to obtain technical support (e.g., for problems with video or audio)

    - Standardization of patient training, such as:
        - Participant role and responsibilities in the trial;
        - Compliance with the assessments;
        - Patient's ability to access the electronic system;
        - Importance of protecting passwords;
        - Assurance that data provided will be secure and confidential;
        - How and whom to contact to obtain technical support (e.g., for problems with video or audio)

4) It would be informative to collect patient's and interviewer's input regarding their perception of video-based vs. face-to-face administration including whether there were challenges with the use of technology and, for patients, whether they feel platform was condusive to their ability to effectively communicate with the interviewer. Similar input would be valuable from the interviewer perspective.

If you have any questions, please contact the CDER COA Qualification Program at COADDTQualification@fda.hhs.gov.

Sincerely,

Elektra J. Papadopoulos -S

Digitally signed by Elektra J. Papadopoulos -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300170743, cn=Elektra J. Papadopoulos -S
Date: 2020.01.31 14:11:39 -05'00'

Elektra Papadopoulos, MD, MPH
Director (acting)
Division of Clinical Outcome Assessment
Office of New Drugs
Center for Drug Evaluation and Research

Tiffany Farchione -S

Digitally signed by Tiffany Farchione -S
DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=2000459254, cn=Tiffany Farchione -S
Date: 2020.02.03 16:56:26 -05'00'

Tiffany R. Farchione, MD
Director (acting)
Division of Psychiatry Products
Office of New Drugs
Center for Drug Evaluation and Research