DRUG DEVELOPMENT TOOL
LETTER OF INTENT DETERMINATION
DDT COA #000121

EORTC QLQ-C30 Working Group
Dennis Revicki, PhD
7101 Wisconsin Avenue, Suite 1400
Bethesda, Maryland 20814

Dear Dr. Revicki,

We have completed our review of the Letter of Intent (LOI) for Drug Development Tool (DDT) COA #000121 received on December 13, 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 EORTC QLQ-C30 Physical Functioning (PF) scale, a patient-reported outcome (PRO) instrument proposed for the assessment of physical functioning in adult patients ages 18 years or older with cancer.

FDA has completed review of your LOI and has determined that we are unable to accept your LOI at this time. If you choose to submit a revised LOI, please address the following comments:

1. The current drug development landscape in oncology does not support a primary endpoint assessing physical functioning in adults with cancer. Instead, we recommend this scale may be more appropriate as a secondary, supportive endpoint. You should provide specific details on the endpoint definition and how it can be used as a supportive secondary endpoint.

2. We do not agree with a broad context of use for “all tumor types, locations, and stages of disease”. We recommend that you narrow your context of use to identify the target population and type(s) and stage(s) of cancer, as we have concerns that the EORTC QLQ-C30 PF scale may not be sensitive to detect change (improvement/decline) in early stages of cancers.

The QRT has the following comments and recommendations that should be considered in the later stages of qualification (i.e., Qualification Plan, or QP). (Note: These comments do not need to be addressed in your revised LOI):

- A systematic literature review to include all relevant published studies to support your proposed context of use.
- An approach to synthesize additional patient-level data if literature is not available for any of the cancer types that are defined in your proposed context of use.

- Details on the method and results of literature reviews, method of meta-analysis, completed qualitative research, stakeholder input and any other relevant evidence.

- Rationale for not using a specified recall period (e.g., past 7 days) for the EORTC QLQ-C30 PF scale.

- A proposed quantitative research plan to evaluate patient-level data across the proposed cancer types.

- An approach to evaluate a threshold for meaningful within-patient score change in the EORTC QLQ-C30 PF scale.

FDA's response to the questions included in the LOI can be found below.

1. Given the precedent set with PROMIS PF qualification (DDT COA #000079), would FDA be willing to qualify EORTC QLQ-C30 PF scale for broader "oncology" indication?

   FDA Response: See Comment #2 above.

2. Does the agency agree with proposed approach to collect data to assess content validity of the EORTC QLQ-C30 PF scale?

   FDA Response: There is insufficient information in your LOI to fully comment on your proposed approach to collect data to assess content validity. This information should be provided with the QP submission. Additionally, you may provide the information prior to the QP submission (i.e., as an interim submission) for Agency input.

Please contact the CDER COA Qualification Program at COADDTQualification@fda.hhs.gov should you have any questions (refer to DDT COA **#000121**).

Sincerely,

Elektra J. Papadopoulos -S

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