

**DRUG DEVELOPMENT TOOL
LETTER OF INTENT DETERMINATION
DDT COA #000140**

Amy Paller, MD
Walter J Hamlin Professor and Chair, Department of Dermatology
Director, Northwestern University Skin Disease Research Center (SDRC)
Northwestern University Feinberg School of Medicine
Chicago, IL

Jin-Shei Lai, Ph.D.
Professor
Department of Medical Social Sciences and Pediatrics
Northwestern University Feinberg School of Medicine
Chicago, IL

Dear Drs Paller and Lai:

We have completed our review of the Letter of Intent (LOI) for Drug Development Tool (DDT) COA #000140 received on November 20, 2020 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 PROMIS Itch Questionnaire- Children Symptom (PIQ-C-Symptom) which includes both patient-reported outcome (PRO) and observer-reported outcome (ObsRO) instruments, proposed for the assessment of itch symptoms in children. The proposed context of use is to derive a secondary endpoint measure(s) for use in clinical trials for therapeutics for itch.

FDA has completed review of your LOI and has determined that we are unable to accept your LOI at this time. We do not see a drug development need for a secondary endpoint in clinical trials assessing therapeutics for itch in the pediatric population. Instead, there is a need for a pediatric measure (for children less than 12 years of age) for evaluating itch severity for primary endpoint evaluation.

In reviewing the PIQ-C-Symptom, we have identified the following limitations that may make it problematic as a primary or secondary endpoint.

- a. We do not agree with a 7-day recall period for evaluating itch. Given that itch is a symptom that has day-to-day variability, we recommend the evaluation of itch using a 24-hour recall period. Additionally, a 7-day recall period may not be well understood in children less than 12 years of age.
- b. We have concern that children may not be able to average their response over a period of time for item PIQC37 ("itch on average").

- c. The terminology “level of itch” in item PIQC38 may not be understood well in children. Additionally, there are conflicting recall periods used in this item which may cause confusion to the respondents; the recall period within the item is “right now” while the specified recall period for the instrument is “in the past 7 days”.
- d. For the item PIQC54 (“scratched myself until I bled”), bleeding is generally a function of scratching and excoriation, not a symptom of the underlying disease. While scratching may be a relevant concept, it is unclear whether scratching until bleeding is appropriate to measure in this population.

We do not agree with a broad context of use for “cutaneous disorders such as atopic dermatitis, ichthyosis, epidermolysis bullosa, and other skin disorders.” We still have concerns that the presentation of itch may differ across these diseases. Therefore, we recommend narrowing the context of use to a specific dermatological condition, preferably atopic dermatitis.

Please contact the CDER COA Qualification Program at COADDTQualification@fda.hhs.gov should you have any questions (refer to DDT COA #000140). We would welcome a teleconference to further discuss this response letter and ways to address gaps related to pediatric itch measurement for drug development.

Sincerely,

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

Kendall Marcus, MD
Director
Division of Dermatology and Dentistry
Office of Immunology and Inflammation
Office of New Drugs
Center for Drug Evaluation and