U.S. FOOD & DRUG ADMINISTRATION

Waiver to Allow Participation in a Food and Drug Administration Advisory Committee

DATE: December 20, 2021

TO: Russell Fortney
Director, Advisory Committee Oversight and Management Staff
Office of the Chief Scientist

FROM: Byron Marshall
Director, Division of Advisory Committee and Consultant Management
Office of Executive Programs
Center for Drug Evaluation and Research

Name of Advisory Committee Member: **Jorge J. Nieva, M.D.**

Committee: Oncologic Drugs Advisory Committee

Meeting date: February 10, 2022

Description of the Particular Matter to Which the Waiver Applies:

Jorge J. Nieva, M.D., is a standing voting member of the Oncologic Drugs Advisory Committee (ODAC). The committee's function is to review and evaluate available data concerning the safety and effectiveness of marketed and investigational human drug products for the use in the treatment of cancer and make appropriate recommendations to the Commissioner of Food and Drugs.

On February 10th, the committee will discuss biologics license application (BLA) 761222, for sintilimab injection, submitted by Innovent Biologics (Suzhou) Co., Ltd. The proposed indication (use) for this product is in combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of patients with Stage IIIB, IIIC, or Stage IV non-squamous non-small cell lung cancer (NSCLC) with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations. The topic of the meeting is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interest:

Dr. Nieva's employing institution, the University of Southern California (USC), is anticipating participation in the study titled [redacted (b) (4)], sponsored by [redacted (b) (4)], competing firms. This study population overlaps with the indication coming before the advisory committee. Dr.

Nieva is the principal investigator for this study when it opens at USC; the study is anticipated to end in (b) (4) .

The University of Southern California anticipates receiving between $300,000 and 350,000 per year for its participation in the study. Dr. Nieva anticipates receiving between $0 and 5,000 per year in salary support from this funding.

Basis for Granting the Waiver:

Dr. Jorge J. Nieva has unique qualifications and specialized expertise needed for this particular matter.

Dr. Jorge Nieva is Associate Professor of Clinical Medicine at USC, and Section Head, Solid Tumors at USC/Norris Comprehensive Cancer Center. He serves as the chair of the Data and Safety Monitoring Committee at the USC Norris Cancer Center, and he is part of the Internal Advisory Board for Cancer Research, Education, and Engagement (CaRE²) Health Equity Center. CaRE², funded by the National Cancer Institute, is a collaborating partnership among three institutions (USC, Florida A&M University, and University of Florida), and is addressing cancer disparities in Black and Latino communities through research, education, and engagement.

Dr. Nieva earned his medical degree from the University of California, Irvine College of Medicine. He completed his residency in internal medicine at University of California, San Diego Medical Center, and fellowship in oncology and hematology at the Scripps Clinic. In 2003 he joined the faculty of the Scripps Research Institute and the medical staff of the Scripps Clinic in La Jolla, CA. While at Scripps, Dr. Nieva pioneered new technology for the detection of cancer cells in the peripheral blood and discoveries related to the fundamental mechanisms of the immune system.

Dr. Nieva was recruited to the Billings Clinic in Montana in 2007 where he served as department chair and was a program leader who established the multidisciplinary lung cancer and head/neck cancer clinics at the cancer center. While in Billings, Dr. Nieva led efforts to establish a research program in virus-delivered cancer gene therapy and immunotherapy. His teams were awarded certificates for excellence in the conduct of cancer clinical trials from the National Cancer Institute and the American Society of Clinical Oncology.

According to the review division responsible for the review of the application at issue for this meeting, it is particularly important to include Dr. Nieva in the upcoming ODAC meeting. Dr. Nieva will be able to provide his expert opinion on the development of anti-PD-(L)1 antibodies for the first-line treatment of NSCLC, the current treatment landscape for NSCLC, the inclusion of underrepresented ethnic and racial minorities in clinical trials, and the conduct of multinational clinical trials for patients with cancer. Given his involvement on the Advisory Board for CaRE² and his commitment to addressing cancer disparities in Black and Latino communities, Dr. Nieva is uniquely qualified to discuss the importance of the inclusion of underrepresented ethnic and racial minorities in clinical trials. He will be able to provide an expert opinion regarding issues related to relying upon clinical trial data derived from clinical

trial(s) that enrolled patients from a single country or limited geographic region who are not representative of the overall U.S. population, which includes underrepresented racial and ethnic minorities.

The particular matter is sensitive.

The particular matter is considered to be sensitive. The FDA Division responsible for review of this product does expect the matter coming before the committee to garner public interest and (non-trade) press interest. This is the first product for lung cancer seeking approval based on clinical data obtained completely outside of the U.S from a single country or limited geographic region.

Dr. Jorge Nieva's expertise in this particular matter is necessary in the interest of public health.

Lung cancer is the leading cause of cancer-related mortality in the United States. There are two primary types of lung cancer, known as non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC). Named initially for how the cancer cells look under the microscope, these account for 230,000 newly diagnosed cases of lung cancer in the U.S. each year. The 5-year relative survival rate from 2010 to 2016 for patients with lung cancer was 21%.

The vast majority (85%) of lung cancers fall into the category of NSCLC, of which 70% are classified as non-squamous NSCLC. NSCLC progresses more slowly than SCLC, however 40% of NSCLCs will have distant metastases by the time it is diagnosed. Early diagnosis offers the best prognosis for NSCLC. However, NSCLC and other lung cancers can be difficult to diagnose because these cancers often have symptoms that are mistaken for common illnesses or from the effects of long-term smoking.

Treatment for NSCLC depends on whether the cancer has spread to other areas of the body, the overall health and age of the patient, and the presence of certain proteins that make treatments more effective. If NSCLC is detected early, surgery to remove the affected tissue or tumor is the treatment of choice. Other treatments include radiation therapy, chemotherapy, targeted therapy, and immunotherapy. The product at issue for the February 10th meeting is Innovent Biologics' sintilimab, an anti-PD-1 monoclonal antibody, in combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of patients with Stage IIIB, IIIC, or Stage IV non-squamous non-small cell lung cancer with no epidermal growth factor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations. In the interest of public health, it is important that the Agency has available the unique expertise that Dr. Nieva will provide for the discussion of the particular matter before the committee.

Any potential for a conflict of interest is greatly outweighed by the strong need for Dr. Jorge J. Nieva's expertise in this matter.

There is an increasing trend for the conduct of ex-U.S. clinical trials in single countries or limited geographic regions that duplicate multiregional clinical trials that led to previous U.S. approvals of drugs in the same class. This development of "me too" drugs such as anti-PD-(L)1 antibodies has been particularly prevalent in thoracic oncology. These duplicative efforts are not expected

to typically result in development of drugs that provide a meaningful advantage over available therapies for patients with lung cancer in the U.S., are resource-intensive, and may detract from much needed innovation to develop novel therapies in thoracic oncology. Therefore, multiple thoracic oncologists are needed for this advisory committee to address the implications of a rising number of ex-U.S. trials in lung cancer that may not be generalizable to U.S. patients and do not lead to the development of novel therapies. Being able to draw upon a diverse set of competencies and knowledge is essential if the committee is to successfully address the issues being discussed. Because of Dr. Nieva's knowledge and his vast experiences and research in thoracic and lung cancers, his participation in the committee's discussion will ensure an expansive level of expertise and objectivity required to provide expert advice and recommendations to the Agency.

Accordingly, I recommend that you grant Dr. Jorge J. Nieva, a standing voting member of the Oncologic Drugs Advisory Committee, a waiver from the conflict of interest prohibitions of 18 U.S.C. § 208(a).

Certification:

✓ The individual may participate, pursuant to 18 U.S.C. 208(b)(3) – The need for the individual's services outweighs the potential for a conflict of interest created by the financial interest involved.

Limitations on the Regular Government Employee's or Special Government Employee's Ability to Act:

_____ Non-voting

_____ Other (specify):

_____

_____

_____ Denied – The individual may not participate.

Russell Fortney -S Digitally signed by Russell Fortney -S Date: 2022.01.20 13:56:55 -05'00'

Russell Fortney
Director, Advisory Committee Oversight and Management Staff
Office of the Chief Scientist

January 20, 2022
Date