

FDA Drug Topics: Rare Diseases -Challenges and Progress in Drug Development

Scott K. Winiecki, MD
Rare Diseases Team
Division of Rare Diseases and
Medical Genetics
Office of New Drugs





Disclosure

This presentation is not intended to convey official US FDA policy, and no official support or endorsement by the US FDA is provided or should be inferred

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Objectives

- Describe the challenges involved in developing a drug for a rare disease.
- Identify key aspects of the FDA regulatory framework that are relevant to rare disease drug development.
- Summarize the efforts of the FDA Center for Drug
 Evaluation and Research to accelerate rare disease drug
 development through innovation and engagement.



Outline

- Rare disease overview and challenges in rare disease drug development
- Key aspects of FDA regulatory framework
- CDER rare disease programs and initiatives



Rare Diseases/Orphan Products

Rare Disease: a disease or condition that affects < 200,000 persons in US

Orphan Drug: a drug or biological product for prevention, diagnosis, or treatment of a rare disease



Public Health Impact of Rare Diseases

- 1 in 10 Americans have a rare disease (~30 million)
 - Approximately 7,000 10,000 identified rare diseases
 - Impact often overlooked due to small numbers of patients per disease

Many rare diseases are serious and progressive, fatal, and few have FDA approved treatment

72% are genetic* - severe impact on patients and their families

^{*}Nguengang Wakap S, Lambert DM, Olry A, et al. Estimating cumulative point prevalence of rare diseases: analysis of the Orphanet database. Eur J Hum Genet. 2020 Feb;28(2):165-173.



Why is drug development for rare diseases a challenge?



We face <u>common</u> challenges in supporting rare disease drug development programs

- Natural history is often poorly understood
- Diseases are progressive, serious, life-limiting and often lack adequate approved therapies – urgent needs
- Small populations often restrict study design options
- Phenotypic and genotypic diversity within a disorder
- Development programs often lack solid translational background
- Drug development tools outcome measures and biomarkers often lacking
- Lack of **precedent**, including **clinically meaningful endpoints**, for drug development in many rare diseases



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The 1983 Orphan Drug Act

Enacted to stimulate product development for rare disease/condition diagnosis, prevention or treatment



- Prior to the enactment of the ODA, between 1973 and 1983 there were fewer than 10 drugs supported by industry approved by the FDA for the treatment of a rare disease
- Now, at least 40% of novel drug approvals are for treatment of rare diseases



What does the Orphan Drug Act NOT do?

The ODA does not alter the statutory standard for drug approval.

The regulatory requirements and process for obtaining marketing approval are the same for drugs granted Orphan Drug Designation as for common disease drugs



Safe and Effective

"Effective" is codified in statute:

• Demonstrates "substantial evidence that the drug* will have the effect it purports or is represented to have under proposed labeled conditions of use"

(21CFR314.125, 21CFR314.126)

• A drug's "effect" forms the basis of its translation to meaningful clinical benefit

"Safe" can be interpreted as the determination that a drug's benefits outweigh its risks for drug's intended use

 Safety is considered in relation to the condition treated, the efficacy purported, and ability to mitigate risk



Demonstrating Substantial Evidence of Effectiveness

- Adequate & well-controlled clinical investigations
 - At least 2 adequate & well-controlled clinical investigations
 - 1 large, multicenter trial that is scientifically and functionally the equivalent of 2

 1 adequate & well-controlled clinical investigation <u>PLUS</u> confirmatory evidence

FDA Guidance: Demonstrating Substantial Evidence of Effectiveness for Human Drug and Biological Products, December 2019 https://www.fda.gov/media/133660/download



Key Features of "Adequate and Well-Controlled Investigations"

Clear statement of study objectives

Design that permits a valid comparison with a control

Adequate assurance that subjects have the condition being studied

Adequate measures to minimize bias of subjects, observers, and data analysts and assure comparability of treatment groups

Well-defined methods for assessing treatment response

Analysis of study results adequate to assess the effects of the drug

21 CFR 314.126



Examples of Confirmatory Evidence

- Adequate and well-controlled clinical trial in closely related approved indication
- Strong mechanistic support
- Data from natural history studies
- Scientific knowledge about the effectiveness of other drugs in same pharmacological class

What is benefit-risk assessment in human drug review?



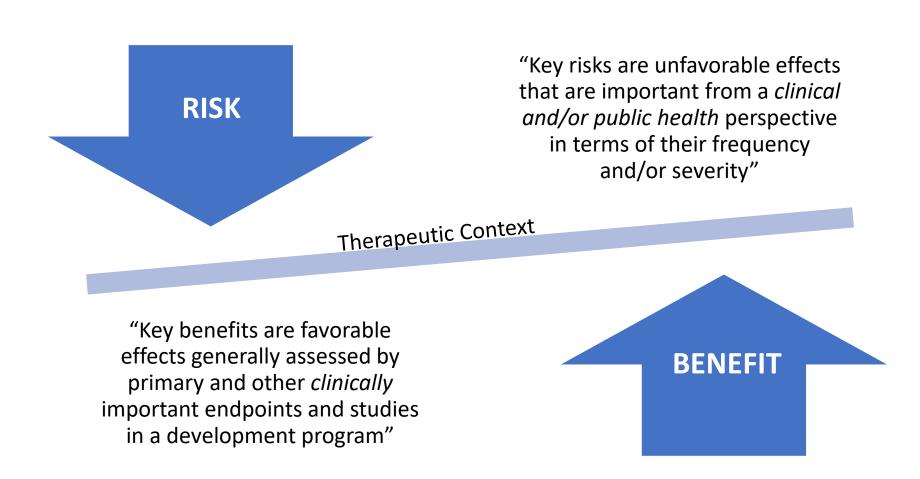


Evaluation of the demonstrated benefits and risks of a medical product, and

Making a judgment as to whether the expected benefits outweigh the potential risks associated with its expected use

Weighing the key benefits and risks of a drug product





Efficacy Endpoints: Measures of Clinical Benefit



Clinical benefit: positive effect on how an individual feels, functions, or survives

- Measured through clinical outcome assessments (COAs)
- Must be well-defined, valid and reliable

Biomarkers: do not directly measure clinical benefit

- Used as surrogate endpoints in special circumstances
 - "Validated" surrogates may support full approval
 - Surrogates "reasonably likely" to predict clinical benefit may support accelerated approval

Selection of Efficacy Endpoints in Rare Diseases Creates Unique Challenges



- Small trial populations
- Limited understanding of natural history
- Lack of regulatory precedent
- Clinical endpoints need to capture key signs and symptoms and directly measure how a patient feels, functions, or survives
- Surrogate endpoints challenging in diseases with slow progression



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CDER Rare Disease Programs and Initiatives

- Update on rare disease drug approvals
- Engaging patients
- Accelerating Rare disease Cures Program (ARC)
- Rare Disease Endpoint Advancement (RDEA)
- Global collaboration and guidances

Number of NME Approvals

Orphan NME Approval

Proportion of CDER Novel Drug Approvals that are Orphan



Calendar Year

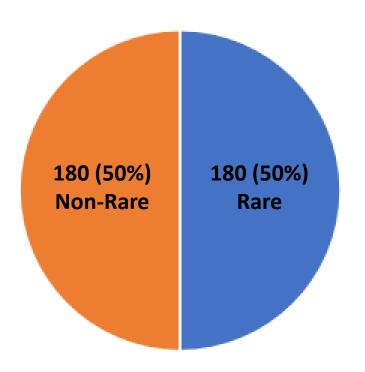
non-Orphan NME Approval

Orphan Drug as % of All Approvals

Rare Disease Progress



Total CDER Novel Drug Approvals 2015-2022



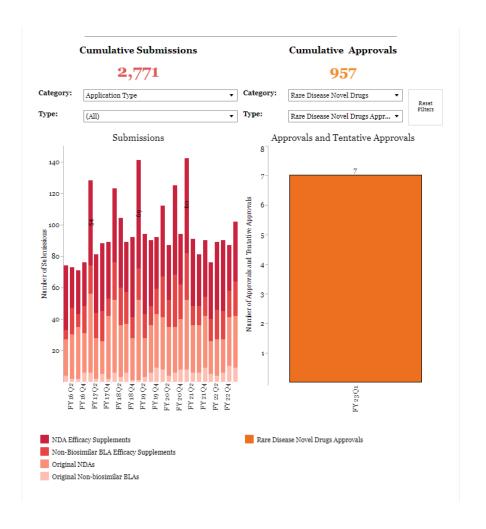
and... FDA has approved over 550 unique drugs and biologics for over 1,100 rare disease indications since the passage of the Orphan Drug Act (1983)

but... ~30 million Americans live with a rare disease

Vast majority do not have approved treatments

Tracking Rare Disease Approvals





FDA-TRACK: Center for Drug Evaluation and Research: Drugs and Biologics Dashboard



Patient Input

FDA recognizes importance of incorporating patient input/preference in development/regulatory process

Frequent Patient Listening Sessions

- Opportunities to hear experiences/ perspectives of patients and caregivers
- 57 listening sessions on rare diseases since October 2018



CDER Patient-Focused Drug Development (PFDD)



- Establishing the therapeutic context is an important aspect of benefit-risk assessment
 - Patients are uniquely positioned to inform understanding of this context
- •PFDD is a systematic approach to help ensure that patients' experiences, perspectives, needs, and priorities are captured and meaningfully incorporated into drug development and evaluation
- PFDD efforts include:
 - FDA-led PFDD Meetings
 - Externally-led PFDD Meetings
 - PFDD Methodological Guidance Series
 - Clinical Outcomes Assessment (COA) Grant Program

PFDD Meetings









Designed to engage patients and elicit their perspectives on two topic areas:

- (1) the most significant symptoms of their condition and the impact of the condition on daily life;
- (2) their current approaches to treatment.

FDA has conducted 30 PFDD meetings

Upcoming FDA-led PFDD Meeting:

• PFDD Meeting on Long COVID

Externally-Led PFDD Meetings

In the past year, patient groups have conducted 22 EL-PFDD meetings

https://www.fda.gov/industry/prescription-drug-user-fee-amendments/fda-led-patient-focused-drug-development-pfdd-public-

Externally-Led Patient-Focused Drug Development Meetings



2016-2018

Acute Porphyrias

Alport Syndrome

Barth Syndrome

Charcot-Marie-Tooth and Related Inherited Neuropathies

Chemotherapy-Induced Hearing Loss

Cystic Fibrosis

C3 Glomerulopathy

Epidermolysis Bullosa and Pachyonychia Congenita

Friedrich's Ataxia

Hypereosinophilic Syndrome

Hyperhidrosis

Juvenile Idiopathic Arthritis

Lupus

Major Depressive Disorder

Myotonic Dystrophy

Obstructive Sleep Apnea

Osteoarthritis

Spinal Muscular Atrophy

Thalassemia

Tuberous Sclerosis Complex

X-Linked Hypophosphatemia

2019

Atopic Dermatitis

CDKL5 Deficiency Disorder

Developmental and Epileptic Encephalopathy

IgA Nephropathy

Immune Thrombocytopenia

Mitochondrial Disease

Myeloproliferative Neoplasms

Nieman Pick Disease Type C

Pyruvate Kinase Deficiency

= 2021

Chronic Hepatitis B

2020

Facioscapulohumeral Muscular Dystrophy

Focal Segmental Glomerulosclerosis

Hypertrophic Cardiomyopathy

Krabbe Disease

Muscular Dystrophy Pompe

Pancreatitis

Polyglutamine Spinocerebellar Ataxias

Primary Hyperoxaluria

Primary Sclerosing Cholangitis

SYNGAP1-Related Intellectual Disability Disorder

Acromegaly

Cancer Cachexia

Cerebrotendinous Xanthomatosis

Food Allergies

Fragile X Syndrome

Frontotemporal Lobar Degeneration Disorder

Gorlin Syndrome

Membranous Nephropathy

Myotubular and Centronuclear Myopathy

Nonalcoholic Steatohepatitis

Pediatric Asthma

Sensorineural Hearing Loss

Xerostomia

2022

Alstrom Syndrome

Bronchiolitis Obliterans Syndrome

Chronic Inflammatory Demyelinating Polyneuropathy

Congenital Muscular Dystrophy

Dravet Syndrome

Fabry Disease

Galactosemia

GM1 Gangliosidosis

Hermansky-Pudlak Syndrome

Hypophosphatasia

Kennedy's Disease

Limb-Girdle Muscular Dystrophy

Metachromatic Leukodystrophy

Phelan-McDermid Syndrome

Post-Transplant Lymphoproliferative Disease

Primary Biliary Cholangitis

Reducing Cardiac Late Effects in Pediatric Cancer Survivors

Rett Syndrome

Schizophrenia

Succinic Semialdehyde Dehydrogenase Deficiency

X-Linked Adrenoleukodystrophy

X-Linked Retinitis Pigmentosa



Collecting Comprehensive and Representative Input

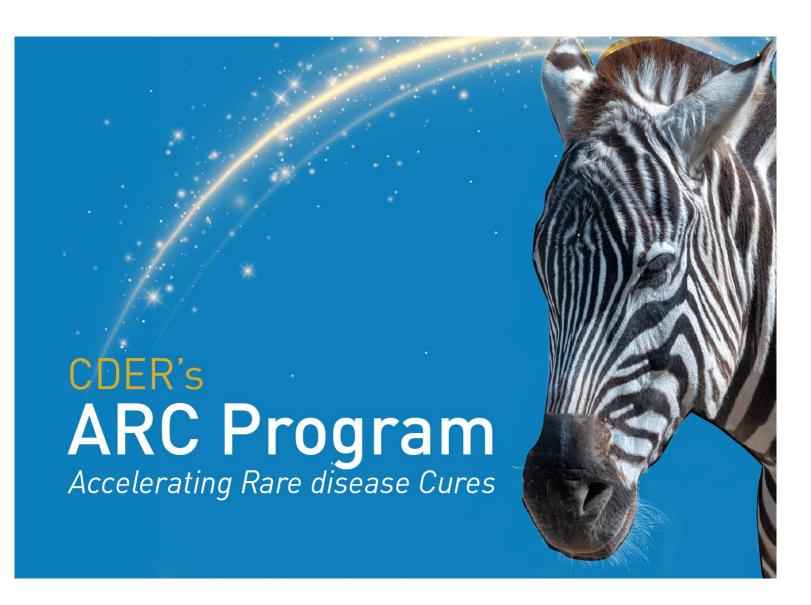
Methods to Identify What is Important to Patients

Selecting, Developing or Modifying Fit-for-Purpose Clinical Outcome Assessments

> Incorporating Clinical Outcome Assessments into Endpoints for Regulatory Decision Making

Methodologic Guidance Documents





Vision

Speeding and increasing the development of effective and safe treatment options addressing the unmet needs of patients with rare diseases.

Mission

CDER's Accelerating Rare disease Cures (ARC) Program drives scientific and regulatory innovation and engagement to accelerate the availability of treatments for patients with rare diseases.



CDER's Accelerating Rare disease Cures Program



ARC Year 1: Focus on Engagement



Engagement in year 1 will inform CDER of stakeholder priorities and needs in rare disease drug development

FDA/NIH Regulatory Fitness in Rare Disease Clinical Trials conference, May 16-17, 2022

- CDER's Rare Diseases Team and National Center for Advancing Translational Sciences
- Focus on academic investigators and those looking to learn how to bridge the gap between academic investigation and the regulatory aspects of drug development
- FDA Meeting Link

FDA and Duke Margolis Virtual Public Workshop: Translational Science in Drug Development: Surrogate Endpoints, Biomarkers, and More, May 24-25, 2022

• Focus on translational science and the development of surrogate endpoints

Patients & Patient Organizations

- Patient Focused Drug Development staff to lead enhanced patient engagement through public workshops
- CDER's Patient Focused Drug Development website
- Email: PatientFocused@fda.hhs.gov

FDA CDER & JHU CERSI Virtual Workshop



Addressing Challenges in the Design and Analysis of Rare Disease Clinical Trials: Considerations and Tools

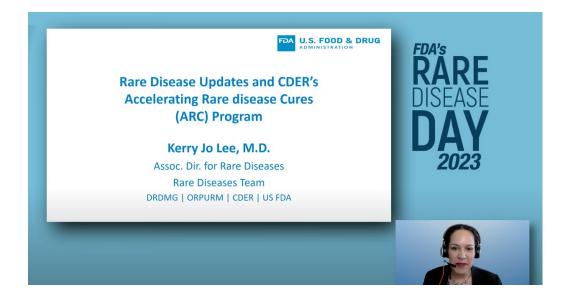
- May 2-3, 2023 from 9 am-12 pm
- Meeting information

ARC Featured at FDA's Rare Disease Day 2023



Intersections with Rare Diseases – a Patient Focused Event

Virtual public meeting <u>information</u>



CDER's ARC Quarterly Newsletter





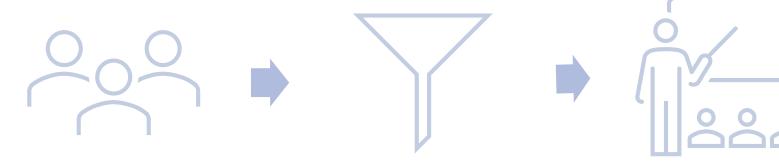
To subscribe: <u>U.S. Food and Drug Administration</u> (govdelivery.com)



LEARNING AND EDUCATION TO ADVANCE AND EMPOWER RARE DISEASE DRUG DEVELOPERS (LEADER 3D)



What is LEADER 3D?



CDER is seeking input from stakeholders who design or conduct rare disease drug development programs

Identify
knowledge gaps
for stakeholders
about the
regulatory process
of rare disease
drug development

Create or expand educational resources for stakeholders

LEADER 3D



Better understand the challenges in bringing rare disease drug products to market.

Identify knowledge gaps and produce educational materials on fundamental topics important to our stakeholders, such as:

- Nonclinical and clinical pharmacology considerations
- Clinical trial design and interpretation
- Regulatory considerations for rare disease drug development

In parallel with the LEADER 3D effort, CDER is working with the National Organization for Rare Disorders to develop an advanced drug development education series for patients and patient groups.



Rare Disease Endpoint Advancement (RDEA) Pilot Program

- A joint program of CDER and the Center for Biologics Evaluation and Research (CBER) under PDUFA VII
- Provides a mechanism for sponsors to collaborate with FDA throughout the efficacy endpoint development process
- Supports novel efficacy endpoint development
- Designed for sponsors with an active investigational new drug (IND) or pre-IND for the rare disease
 - It is also intended for sponsors who do not yet have an active development program but have (or are initiating) a natural history study where they intend to examine the proposed endpoint.



RDEA Pilot Program Overview

Submissions: FDA will select a limited number of qualified proposals for admission into RDEA that increases after the first year of PDUFA VII:

- FY 2023: Sponsors may submit proposals beginning in Q4, and FDA will accept a maximum of 1 proposal
- FY 2024 FY2027: FDA will accept up to 1 proposal per quarter with a maximum of 3 proposals per year

Transparency:

- FDA will conduct up to 3 public workshops by the end of FY 2027 to discuss various topics related to endpoint development for rare diseases
- To promote innovation and evolving science, novel endpoints developed through RDEA may be presented by FDA, such as in guidance documents, on a public-facing website, or at public workshops, including prior to FDA's approval for the drug studied in the trail



Rare Disease Endpoint Advancement Pilot Program Workshop: Novel **Endpoints for Rare** Disease Drug Development -

Virtual

- June 7 and 8, 2023; 1-5 pm
- Jointly hosted by FDA's Center for Drug Evaluation and Research, Center for Biologics Evaluation and Research, and the Duke-Margolis Center for Health Policy
- For more information and to register for this workshop, please visit https://healthpolicy.duke.edu/events/rare-disease-endpoint-advancement-pilot-program-workshop-novel-endpoints-rare-disease-drug
- Questions? Email <u>RDEA.Meetings@fda.hhs.</u> gov

Importance of Global Cooperation in Rare Disease Drug Development



Rare diseases are RARE

- Development is often multinational
- Every patient is an important partner

Drug development is often without precedent

- Novel endpoint development and selection
- Trial design considerations
- Natural history can be poorly understood



International Rare Diseases Cluster

Participants:

FDA, EMA, & Health Canada (HC)

First convened in September 2016

Goal:

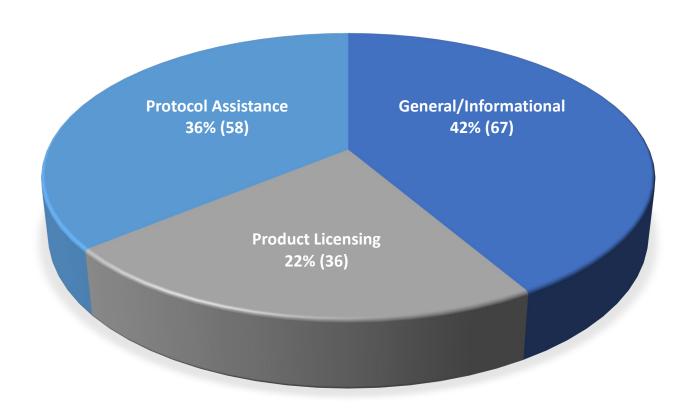
To conduct joint meetings that facilitate exchange between regulatory agencies about:

- Scientific advice
- Product licensing/marketing
- Protocol assistance
- Informational topics related to rare disease drug development

Overview of Rare Diseases Cluster Topics



(September 2016 – February 2023)



Relevant Guidances



Enhancing the Diversity of Clinical Trial Populations — Eligibility Criteria, Enrollment Practices, and Trial Designs Guidance for Industry

> U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Center for Biologics Evaluation and Research (CBER)

> > November 2020 Clinical/Medical

Rare Diseases: Natural History Studies for Drug Development Guidance for Industry

Additional copies are available from

Center for Peng Evaluation and Research
Food and Drug Administration
10000 New Humpstere Ave. Hillandale Blag. 4th Floor
Shire Sprag. MD 20093-2005. Email: drugsthefiglia his gov pp. 11-10-12 (1-1)

> Office of Communication, Outreach, and Developmen Center for Biologics Evaluation and Research Food and Drug Administration 10903 New Hampscher Ave, Bildg 71, rm. 3128

Silver Spring, MD 2099-0002

Phone: 800-335-4709 or 240-002-3010. Eastly coodified a his, gov
https://www.fda.gov/BiologicsBlood/arcines/windrec/omplaneeRegulatoryInformation/Guidances/default-inad/or
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U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Center for Biologies Evaluation and Research (CBER) Office of Orphan Products Development (OOPD)

March 2019

Rare Diseases: Common Issues in Drug Development Guidance for Industry

Additional copies are available from:

Office of Communications, Devision of Drug Information
Center for Drug Pulvalation and Research
Food and Drug Administration
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Office of Communication, Outroach, and Development
Center for Biologies Evaluation and Research
Food and Drug Administration
16933 New Humphane Ave. Big 7, 7, m. 3128
Phone: 800-833-1769 or 344-002-8019. Email: occaligida this gov
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for gov/Biologies/Biologi'accines/Administration.

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Center for Biologies Evaluation and Research (CBER)

> January 2019 Rare Diseases Revision 1

Considerations for the Design and Conduct of Externally Controlled Trials for Drug and Biological Products Guidance for Industry

Additional conies are quallable from:

Office of Communications, Division of Drug Information Center for Drug Evaluation and Research Food and Drug Administration 10001 New Hampshire Ave., Hillandale Bldg., 4th Floor Silver Spring, MD 20993-0002 Phone: 855-843-784 or 301-993-400; Fax: 301-431-6353

Email: druginfo@fda.hhs.gov guidance-compliance-regulatory-i and/or

Office of Communication. Outreach and Developmen Center for Biologics Evaluation and Research Food and Drug Administration 1090 New Hampshire Ave. Bilg. 71, Room 3128 Silver Spring, MD 2099-3002 Phone: 808-835-4709 or 240-402-8010 Email: occlosified his spo

Email: ocod@fda.hhs.gov www.fda.gov/vaccines-blood-biologics/guidance-compliance-regulatory-information-biologics/biologics-guidances

> U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER) Center for Biologics Evaluation and Research (CBER) Oncology Center of Excellence (OCE)

February 2023 Real-World Data/Real-World Evidence (RWD/RWE)

https://www.fda.gov/regulatoryinformation/search-fda-guidancedocuments/enhancing-diversityclinical-trial-populations-eligibilitycriteria-enrollment-practices-andtrial https://www.fda.gov/regulatory -information/search-fdaguidance-documents/rarediseases-natural-historystudies-drug-development

https://www.fda.gov/regulatoryinformation/search-fdaguidance-documents/rarediseases-common-issues-drugdevelopment-guidance-industry https://www.fda.gov/regulatoryinformation/search-fda-guidancedocuments/considerationsdesign-and-conduct-externallycontrolled-trials-drug-andbiological-products 45



Summary

- Developing drugs for rare disease presents many challenges
- 50% of the novel drugs approved by FDA since
 2015 have been for rare diseases
- CDER has numerous programs, including the ARC Program, to promote engagement and to drive scientific and regulatory innovation in rare disease drug development



Selected References

- Accelerating Rare disease Cures (ARC) Program. Content updated: 3/27/2023.
 https://www.fda.gov/about-fda/center-drug-evaluation-and-research-cder/accelerating-rare-disease-cures-arc-program
- <u>Demonstrating Substantial Evidence of Effectiveness for Human Drug and Biological Products Guidance for Industry.</u> U.S. Department of Health and Human Services Food and Drug Administration. December 2019. https://www.fda.gov/media/133660/download
- <u>FDA Patient Engagement Opportunities</u>. Content updated: 7/22/2021. <u>https://www.fda.gov/patients/learn-about-fda-patient-engagement/fda-patient-engagement-opportunities</u>
- <u>New Drug Therapy Approvals 2022</u>. Content updated: 1/10/2023. https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/new-drug-therapy-approvals-2022#:~:text=these%20expedited%20programs.-,CDER's%20Novel%20Drug%20Approvals%20of%202022,been%20approved%20in%20the%20U.S
- <u>Rare Diseases: Common Issues in Drug Development Guidance for Industry.</u> U.S. Department of Health and Human Services Food and Drug Administration. January 2019. https://www.fda.gov/media/119757/download



Thank You