

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

DATE:	November 13, 2024		
TO:	Emily Helms Williams 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 Meeting Standing Member: Kathleen Gura, PharmD, BCNSP

Committee: Pharmacy Compounding Advisory Committee

Meeting date: December 4, 2024

Description of the Particular Matter to Which the Waiver Applies:

Kathleen Gura, PharmD, BCNSP, FASHP, FPPAG, has been invited to serve as a standing voting member of the Pharmacy Compounding Advisory Committee (PCAC). Dr. Gura is a special Government employee serving on an advisory committee under the Federal Advisory Committee Act (5 U.S.C. 1001 *et seq.*). The Committee's function is to provide advice on scientific, technical, and medical issues concerning drug compounding under sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act, and, as required, any other product for which the Food and Drug Administration has regulatory responsibility and make appropriate recommendations to the Commissioner of Food and Drugs.

On December 4, 2024, the Committee will discuss bulk drug substances being considered for inclusion on the 503A Bulks List. The nominators of these substances will be invited to make a short presentation supporting the nomination. The three bulk drug substances to be discussed are AOD-9604-related bulk drug substances (use is for obesity); CJC-1295-related bulk drug substances (use is for Growth hormone deficiency); and Thymosin alpha-1 (uses are for hepatitis B, hepatitis C, human immunodeficiency virus (HIV), COVID-19, depressed response to vaccinations; adjuvant to flu vaccines, malignant melanoma, hepatocellular carcinoma (HCC), non-small cell lung cancer (NSCLC), sepsis, infections after hematopoietic stem cell transplantation (HSCT), chronic obstructive pulmonary disease (COPD), myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS)).

U.S. Food & Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993 www.fda.gov The bulk drug substances to be discussed are separate topics, and each topic is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interests:

Dr. Gura reported that her spouse holds stock in (b) (6) and she holds stock in (b) (6) operate pharmacies that provide compounding services for drug products and could be financially affected by the discussions of the bulk drug substances at issue. The aggregate value of the holdings in these securities is between \$50,000 to \$75,000.

Additionally, Dr. Gura holds stock in the following competing firms for certain topics:

- (b) (6), valued between \$0 to \$10,000, for the AOD-9604 and Thymosin alpha-1 topics.
 (b) (6) is not an affected firm for the CJC-1295 topic.
- (b) (6), valued between \$0 to \$10,000, for the AOD-9604, CJC-1295, and Thymosin alpha-1 topics.
- (b) (6)., valued between \$0 to \$10,000, for the CJC-1295 and Thymosin alpha-1 topics.
 (b) (6) is not an affected firm for the AOD-9604 topic.
- (b) (6), valued between \$0 to \$10,000, for the Thymosin alpha-1 topic. (b) (6) is not an affected firm for the AOD-9604 and CJC-1295 topics.

Under a regulatory exemption issued by the Office of Government Ethics at 5 C.F.R. § 2640.202(b), an employee may participate in any particular matter involving specific parties in which the disqualifying financial interest arises from the ownership of securities issued by one or more entities that are not parties to the matter but that are affected by the matter, if the aggregate market value of the holdings in the securities of all affected entities does not exceed \$25,000. Because Dr. Gura's financial interests in these entities exceed that amount, she has disqualifying financial interests.

Basis for Granting the Waiver:

Dr. Kathleen Gura has unique qualifications and specialized expertise needed for these particular matters.

Dr. Gura is the Pharmacy Clinical Research Program Manager and a clinical pharmacist with the Clinical Nutrition Service at Boston Children's Hospital. She is also an Assistant Professor of Pediatrics at Harvard Medical School and an adjunct member of the faculty at Harvard Medical School, the Massachusetts College of Pharmacy and Health Sciences (MCPHS), Northeastern University, and the University of Connecticut.

Dr. Gura received her B.S. in Pharmacy and Doctor of Pharmacy from the Massachusetts College of Pharmacy and Health Sciences in Boston with high honors. Board certified as a Nutritional Support Pharmacist, Dr. Gura is an active member of the American Society for Health System Pharmacists (ASHP), the American Society for Parenteral and Enteral Nutrition (ASPEN), the Pediatric Pharmacy Association (PPA), and the Massachusetts Society of Health System Pharmacists (MSHP). She served as president of the Massachusetts Society of Health System Pharmacists and is currently serving as the Vice President of ASPEN. Her professional focus is on academic clinical pharmacy and research, and her topics of expertise include clinical pharmacy and sterile products preparation. Dr. Gura is the author of numerous book chapters on pediatric nutrition and has written more than 140 peer-reviewed articles and other scholarship on topics such as intestinal failure associated liver disease, clinical practice guidelines for parenteral nutrition, and the use of parenteral nutrition in the neonate. She served as a consultant/subject matter expert for Wolters Kluwer-Kelly (Lexicomp).

Dr. Gura has decades of experience in sterile compounding (e.g., parenteral nutrition) and pediatrics. Parenteral nutrition is often compounded and is a sterile intravenous (IV) solution that is administered through a catheter into a vein to provide nutrients to patients who can't use their gastrointestinal tract. She has worked in children's hospitals since 1982 in a variety of roles including as a clinical pharmacist, sterile products manager, and manager of clinical research. She served on the United States Pharmacopeia's (USP) Parenteral Nutrition Safety Expert Panel and on the Boston Children's Hospital Parenteral Nutrition Safety Task Force, Neonatal Intensive Care Unit (NICU) Committee, and NICU Parenteral Nutrition Task Force. Dr. Gura has also served on the Institute for Safe Medication Practice's Expert Advisory Panel at the Sterile Compounding Technology Safety Summit. She has taught, written, and lectured extensively on sterile compounding, parenteral nutrition, and pediatrics in a variety of forums, including internationally.

The particular matter is sensitive.

The topics are considered to be sensitive, and the FDA Division responsible for review of bulk drug substances expects that the meeting is likely to receive significant public interest.

Dr. Gura's expertise in these particular matters is necessary in the interest of public health.

One of the conditions that must be satisfied for a drug product to qualify for the exemptions under section 503A of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 353a) is that the licensed pharmacist or licensed physician compounds the drug product using bulk drug substances (as defined in 21 CFR 207.3) that: (1) comply with the standards of an applicable United States Pharmacopoeia (USP) or National Formulary monograph, if a monograph exists, and the USP chapter on pharmacy compounding; (2) if an applicable monograph does not exist, are drug substances that are components of drugs approved by the Secretary of Health and Human Services (the Secretary); or (3) if such a monograph does not exist and the drug substance is not a component of a drug approved by the Secretary, that appear on a list developed by the Secretary through regulations issued by the Secretary under section 503A(c) of the FD&C Act (the 503A Bulks List) (see section 503A(b)(1)(A)(i) of the FD&C Act).

AOD-9604 is a hexadecapeptide that is a synthetic fragment of human growth hormone (hGH) (16 amino acids: 177-191) with an additional tyrosine at the N-terminal end. AOD-9604 acetate is an acetic acid salt form of AOD-9604 (free base). AOD-9604 (free base) is a 16 amino acid peptide with a disulfide bond between two cysteines at position 7 and 14.

CJC-1295 (free base) is a synthetic 29 amino acid analogue of GHRH. CJC-1295 acetate is a salt form of a CJC-1295 (free base). CJC-1295 DAC (free base) is CJC-1295 (free base) with an

MPA-Lys unit added at the C terminus. Other additional forms of CJC-1295 are CJC-1295 DAC and CJC-1295 DAC TFA. CJC-1295 DAC, CJC-1295 DAC acetate, and CJC-1295 DAC TFA act as growth hormone secretagogues.

Thymosin alpha-1 (free base) is a N-terminal acetylated 28-amino-acid peptide. It is physiologically present in the human body and originally isolated from thymosin fraction-5 of calf thymus. Chemically produced thymalfasin, which is identical in amino acid sequence to natural Thymosin alpha-1 (free base), is currently used in clinical settings. Thymosin alpha-1 acetate is a salt form of thymosin alpha-1 (free base). Thymosin alpha-1 (free base) and Thymosin alpha-1 acetate have immunomodulatory properties.

Accordingly, in the interest of public health, it is important that the Agency has available the combined expertise in pediatrics and sterile compounding that Dr. Gura will provide for the discussion of the particular matters before the Committee. Dr. Gura's decades of expertise in sterile products preparation and pediatrics are directly relevant given the topics for discussion at this PCAC meeting. All three of the bulk drug substances on the agenda for discussion at the December 4, 2024, PCAC meeting were nominated and evaluated for, among other routes of administration, the subcutaneous (SC) route. Medication used in the SC route must be sterile for safety reasons. In addition, one of the nominated bulk drug substances could be prescribed for pediatric patients. Pediatric patients and pregnant women are considered high risk populations.

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

Dr. Gura's demonstrated experiences will provide significant value in the Committee's consideration of these topics. Dr. Gura's strong foundation in sterile products compounding, clinical trials and her vast experiences as a clinical pharmacist, educator, and clinical researcher are essential to the Committee's enhanced and in-depth discussion. In addition, Dr. Gura has been a member of the PCAC since 2017 and participated in many PCAC meetings. Her experience with past advisory committee meetings and clinical expertise is needed to have a productive discussion on the topics coming before the Committee.

Dr. Gura's holdings of the six affected stocks are, taken together, less than 5% of her total financial holdings. Furthermore, it is not anticipated that this meeting will substantially affect the stock price of any of these six companies since they are large, with diverse product offerings. (b) (6) are large pharmacies selling hundreds of different drugs, the other four firms are all large drug companies offering a wide range of drugs. It is not anticipated that this meeting will meaningfully affect their overall finances regardless of any recommendations made by PCAC.

Accordingly, I recommend that you grant Dr. Kathleen Gura, a standing voting member of the Pharmacy Compounding Advisory Committee, a waiver from the conflict of interest prohibitions of 18 U.S.C. § 208(a).

Certification:

X_____ 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 p	articipate.	
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