Enhancing Patient Input and Regulatory Innovation

A Friends of Cancer Research roundtable with:

Dr. Robert Califf, Deputy Commissioner for Medical Products and Tobacco
U.S. Food and Drug Administration

Tuesday May 19, 2015 – 9:00am – 12:00pm
The West Health Policy Center - 1909 K St NW, Washington, DC

Forum Summary

This forum welcomed Dr. Robert Califf to his new role at the U.S. Food and Drug Administration as the Deputy Commissioner for Medical Products and Tobacco. The discussion highlighted priority areas in medical product development where modernization is needed:

1. Development and Utilization of Patient Experience Data
2. Communication of Benefit-Risk and Regulatory Uncertainty
3. Application of "Real-World" Data in Future Drug Development

Opening Remarks

- **Robert Califf**, Deputy Commissioner for Medical Products and Tobacco at FDA, shared his views on the role of the patient in the drug development and approval process. He provided a historical context to the issue, noting that in the not distant past patients were seen as beneficiaries of the hard work of basic scientists, drug developers and regulators. Now they are playing an increasingly large role, and other stakeholders are beginning to acknowledge their expertise regarding their conditions.

Topic 1: Development and Utilization of Patient Experience Data

The incorporation of patient experience data into drug development programs and risk-benefit calculations has been a recent focus at FDA and NIH, as well as in Congress. Meeting participants raised a variety of issues related to the use of patient experience data.

- **Theresa Mullin**, Director of the FDA's Patient Focused Drug Development Initiative, discussed the need to find a quantitative or semi-quantitative way to incorporate patient perspective into not only risk-benefit, but also outcome development.

- **Lori Minasian**, Chief of the Community Oncology and Prevention Trials Research Group at NIH, added that one major area of patient experience that has yet to be gathered effectively is tolerability. She used an example in oncology to illustrate the unknowns surrounding tolerability: Which is more tolerable to patients, a short-term, highly toxic cytotoxic chemotherapy or a long-term oral targeted agent that is used like a chronic disease medication? She noted that we don't have good information on which patients prefer.

- **Renzo Canetta**, VP of Oncology Global Clinical Research at BMS, noted another nuance to gathering data on tolerability: overall patient preferences and views on tolerability may differ. He used the example of a patient who reports that an oral agent is more tolerable than an intravenous chemotherapy, but still prefers the chemotherapy because he or she doesn't have to be on it every day, and would only have to think about their cancer once a week.

- **Rich Schilsky**, Chief Medical Officer at ASCO, added that patient experience data too often reflects hypotheticals, and may not be that informative. He used the example of a patient who is asked about an oral treatment when he or she has up to that point only received intravenous chemotherapy.

Topic 2: Communication of Benefit-Risk and Regulatory Uncertainty

Due to the fact that regulatory decisions are made on imperfect data, uncertainty about the safety and effectiveness of a medical product is always present at the time of marketing approval. Meeting participants discussed a number of ways to better communicate this uncertainty to consumers.

- **Richard Pazdur**, Director of FDA's Office of Hematology and Oncology Products, pointed out that FDA has not effectively communicated the uncertainty surrounding the Accelerated Approval program. Accelerated Approval is predicated on uncertainty, but the regulatory language associated with the program ("clinical benefit has not been demonstrated") does not adequately convey this uncertainty.

- **Jonathan Leff**, Partner at Deerfield Management, praised FDA for accepting some uncertainty in the expedited approval of drugs for serious and life-threatening conditions, primarily cancer and HIV. To that end, he raised the possibility of expanding the accelerated approval program beyond cancer and HIV.

- **Rachel Sherman,** Principal, Drug and Biological Drug Products at Greenleaf Health LLC discussed the fact that current use of drug labels by patients and physicians is limited, especially Medication Guides and the patient counseling section of labels.

Topic 3: Application of "Real-World" Data in Future Drug Development

This discussion topic stems from the reality that our understanding of a drug's performance does not end at marketing approval. In fact, post-marketing experience has the potential to inform how a drug is performing in real-world populations, rather than clinical trial populations with limited diversity.

- **Joe Selby**, Executive Director of the Patient-Centered Outcomes Research Institute (PCORI), and **Rich Schilsky**, Chief Medical Officer at ASCO, discussed some of the work both of their organizations are doing to enhance the use of real-world data to learn about medical product performance. Dr. Selby discussed PCORnet, a multi-institution database housing anonymized data on thousands of patients, which can be used to conduct both observational and randomized trials. Dr. Schilsky discussed two ASCO initiatives, TAPUR and Cancer LinQ, which, as he put it, seek "to learn from the practice of medicine."

- **Richard Pazdur** added some thoughts on ways to use information gathered from off-label prescribing in medical product labels to expand approved indications. One possibility he raised was to segregate the information on off-label use to a different part of the label.