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FDA Reorganization Advocates Seek Senate Boost For Disease-Oriented Structure

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A proposal to reorganize FDA's medical product offices from a modality-based structure to one oriented by therapeutic area could gain more traction with the Senate's forthcoming draft of its medical innovation legislation.

A Friends of Cancer Research (FOCR) proposal to realign FDA according to disease area is drawing mixed reviews from current and former agency officials. Some say the agency's structure needs to adapt along with the evolutions in science, technology and medical product development, but they also raise concerns that such a major organizational overhaul could be costly, disrupt the agency's work and potentially damage employee morale.

Having drugs and companion diagnostics “regulated within isolated portions of the FDA can lead to incongruent timelines that may result in development delays,” FOCR’s Sigal said.

However, if the concept makes its way into the Senate Health, Education, Labor and Pensions Committee's Innovation for Healthier Americans legislation, as FOCR hopes, the agency could face pressure to pilot test the program or, at the very least, start looking at other ways to take a more formal cross-center, disease-based approach to medical product development and regulation.

An Outdated Structure

FOCR, an influential think tank and advocacy organization, laid out its proposal for updating FDA's organizational structure in an Oct. 21 op-ed in The Hill newspaper.

“Congress has not modernized FDA's organizational structure for medical products since the 1970s,” wrote Ellen Sigal, FOCR chair and founder. “The existing regulatory framework has been defined by a ‘divide and conquer’ approach

to oversight; separate centers within FDA regulate three major categories of medical products: drugs, devices, and biologics.”

While this organization was appropriate at a time when drug and device regulation involved little overlap and did not require coordinated efforts across centers, FDA's structure has not kept pace with advances in science and medicine, the op-ed states.

“Advances in science and technology have led to treatment protocols that involve different types of medical products over the course of treating patients,” Sigal wrote. “In addition, many of these products are now being developed concurrently, such as drugs that require a diagnostic test to identify patients who are most likely to benefit. Having these products regulated within isolated portions of the FDA can lead to incongruent timelines that may result in development delays.”

In addition, “FDA's product-oriented approach to regulating new treatments and products does not allow for the optimal use of its broad spectrum of expertise and can lead activities related to the same disease to be conducted in any number of different parts of the agency,” Sigal said. “This can result in inconsistent feedback and differences in how study designs and requirements are applied.”

By forming teams with expertise in specific disease areas, “the agency can improve coordination within and between FDA medical product centers and ensure that the regulation of products is more reflective of how they are used in medical practice. This approach will break down decades' old silos within the agency.”

The structure envisioned by FOCR also would be more in line with how academic centers are organized (“[FDA Talent Hunt: Is Recruiting From Academia Better Than Industry?](#)” – “The Pink Sheet,” Nov. 30, 2015).

At two recent conferences, Sigal described the proposal as a follow-on to the restructuring that occurred a little more than a decade ago when therapeutic biologics were

transferred from the Center for Biologics Evaluation and Research to the Center for Drug Evaluation and Research.

FOCR proposes that FDA pilot test cross-cutting "Institutes of Excellence" in three therapeutic areas: oncology, cardiovascular and neurodegenerative diseases.

The group is hoping that the Senate HELP Committee's overdue, initial draft of its Innovation for Healthier Americans legislation, a counterpart to the 21st Century Cures measure that passed the House in July, will contain language encouraging FDA to look at a disease-focused structure.

"We're suggesting a further integration. It will be, we believe, in the Senate side of the bill," Sigal said at the Nov. 12 Biopharma Congress, co-sponsored by Prevision Policy and FOCR.

Views From FDA Senior Officials Past ...

The reorganization proposal has merit in the eyes of some former FDA commissioners who, like Sigal, said they would want to ensure that such a major restructuring is adequately funded.

"It's a new idea, but it's building on some trends that have taken place both in science and inside the agency," former commissioner Mark McClellan said at the Biopharma Congress.

Pointing to the increase in combination products coming before FDA, McClellan said: "I do think there is some convergence of this increasingly in the science ... in terms of how different drugs and products can be studied."

"I think this area of more integration and collaboration and coordination is absolutely essential, and I think it's going to require many different models and organizational approaches. ... We need to be willing to experiment and try new things," former commissioner Margaret Hamburg said at the BioPharma Congress.

As commissioner, Hamburg instituted cross-cutting directorates and created a deputy commissioner position responsible and accountable for enhancing day-to-day coordination across the medical product and tobacco centers ("[FDA Reorganization Adds "Directorate" Layer, But Sharpens Agency's Focus](#)" – "The Pink Sheet," July 18, 2011).

Different legal and regulatory frameworks are barriers at times to better coordination across centers, Hamburg said. In addition, changes in the scientific landscape ultimately could make even a disease-oriented structure seem outdated.

She also warned about the need to approach any major restructuring carefully and with an eye toward ensuring that other aspects of FDA's work are not undermined in the process.

"If you're pulling people into a dedicated center, then you're probably creating a gap somewhere else, and we need to

make sure we're looking at the overall organizational needs," she said.

... And Present

Robert Califf, FDA's current deputy commissioner for medical products and tobacco and President Obama's nominee to be the agency's next permanent commissioner, was supportive of greater cross-center collaboration in remarks at the Nov. 17 Conference on Clinical Cancer Research, co-sponsored by FOCR and Brookings Centers for Health Policy.

However, his brief remarks on the subject also made clear that any major restructuring would necessarily require an overhaul in the current user fee programs that fund reviews of drugs, biologics and devices.

Management at FDA is challenging "because we have these centers that are very devoted to their products with user fees and mandates," Califf said. "And yet if you look at the science and many of the things that need to be done cuts across all this. We're working very hard with our team to put together management systems that are more effective to just get the things done."

OHOP Director Pazdur's response to employees unhappy about being moved around: "Get over it."

At his Senate confirmation hearing earlier in the day, Califf said the agency's plans to develop a new approval pathway for combination products was probably a year away from release ("[Califf Supports Combo Products Pathway At Confirmation Hearing](#)" – "The Pink Sheet" DAILY, Nov. 17, 2015).

The FOCR proposal drew the support of Richard Pazdur, director of CDER's Office of Hematology and Oncology Products.

At the FOCR/Brookings conference Pazdur noted that society's view of FDA's role has changed since the current organizational structure was put into place.

Society wants FDA "to be much more active, engaged in drug development, not just a regulatory body but an organization that's involved in the development of products. So it's a different perspective and, hence, I think the structure needs to change to reflect that," said Pazdur, who stressed that he was giving his own personal opinion and not that of the agency.

Pazdur talked about the oncology office's reorganization in 2010 that saw the realignment of review divisions from a molecule-specific model to one based upon disease type

"Oncology Drug Reviews To Be Restructured As Office Shifts Away From Divisions Organized Around Molecule Size" – "The Pink Sheet," April 12, 2010).

"A patient doesn't go to a doctor to get a device or to get a biologic therapy; they go to a doctor to get a treatment for a specific disease," Pazdur said. "What we've seen when we did our reorganization of the oncology divisions into very specific diseases is, I think, a remarkable transformation in the staff as far as being much more actively involved with the community."

Initially there was "a great deal of consternation" among oncology review staff about the 2010 reorg, Pazdur said, with reviewers not wanting to be limited to a particular type of cancer. However, the days of being a cancer generalist are over, Pazdur asserted. "In oncology specifically, you need to have expertise in a specific area."

When asked by Sigal whether the kind of change that FOCR is proposing "can happen from within" or whether it needs to be driven by external stakeholders, Pazdur said he did not know.

Saying the only person who likes change is "a baby with a wet diaper," Pazdur noted that FDA employees have entrenched interests.

However, if there is some unhappiness among employees who would be displaced or moved around, "I guess my answer to that would be get over it," he said. "It's really something that needs to be done and people need to have the structure and the foresight to see that this is coming. Whether it's done in my lifetime or not, it will be done because this is the right thing to do."

FOCR's restructuring proposal brought a more cautious reaction from Office of New Drugs Director John Jenkins.

"It's often easy for outside parties to say, 'Well let's just combine things and that will make things better,' and that has the potential to make things worse unless it's done correctly," Jenkins said at the Biopharma Congress.

There needs to be "dialogue amongst the various stakeholders of what are we trying to achieve and what are the best ways to achieve that goal so that we don't move away from the ... very positive climate currently for drug innovation and regulatory approval,"
OND Director Jenkins said.

"I think it's very important for there to be dialogue amongst the various stakeholders of what are we trying to achieve and what are the best ways to achieve that goal so that we don't move away from the ... very positive climate currently for drug innovation and regulatory approval of products," Jenkins said.

Jenkins suggested that the relocation of therapeutic biologics from CBER to CDER a decade ago offers some instructional lessons learned when it comes to major reorganization.

"Over time, I think it's worked out well," Jenkins said. "But there were real challenges of how it was done, how it was introduced to the system. You don't want to do this in a way that damages morale of the staff, and I think that was not true in the mid-2000s when the biologics were transferred over. There were some real morale-lowering effects of that decision." 