

# Quality Data Facilitates Regulatory Flexibility

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# Disclosure Statement

- No conflicts of interest
- Nothing to disclose
- This talk reflects the views of the author and should not be construed to represent FDA's views or policies
- In this talk “drug” refers to both drugs and biologics

# Rare Disease Drug Development?

## Foundation

- Screen endpoints instead of patients
- Patient Focused Drug Development
- Real World Evidence

## Design

- Randomized, Double Blind, Placebo Controlled Trials
- 21<sup>st</sup> Century Cures: Complex Innovative Design
  - Flexibility
  - Seamless designs
  - Platform trials
- EMA & FDA alignment

## Build

- Quality – MRI examples



# Foundation

# Screen Endpoints for Feasibility

- Natural history poorly described
- Leverage rare disease advantage: when study participants known before enrollment
- Screen endpoints instead of patients
  - Formal cognitive testing
  - Endpoints for potential to demonstrate response to treatment

# Patient Focused Drug Development



- Neurological Manifestations of Inborn Errors of Metabolism, June 10, 2014
  - Informed our advice for PMRs
- Led by FDA or Patient Groups
- Patient Reported Outcome Measures
- Patient Focused Drug Development

<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/ucm579400.htm>

# Real World Evidence

- Primary Sclerosing Cholangitis ICD codes
- Mobile data collection
- Inform natural history
- Limitations for rare disease
- Strengthening the Reporting of OBservational studies in Epidemiology (<https://www.strobe-statement.org>)
- Constancy assumption

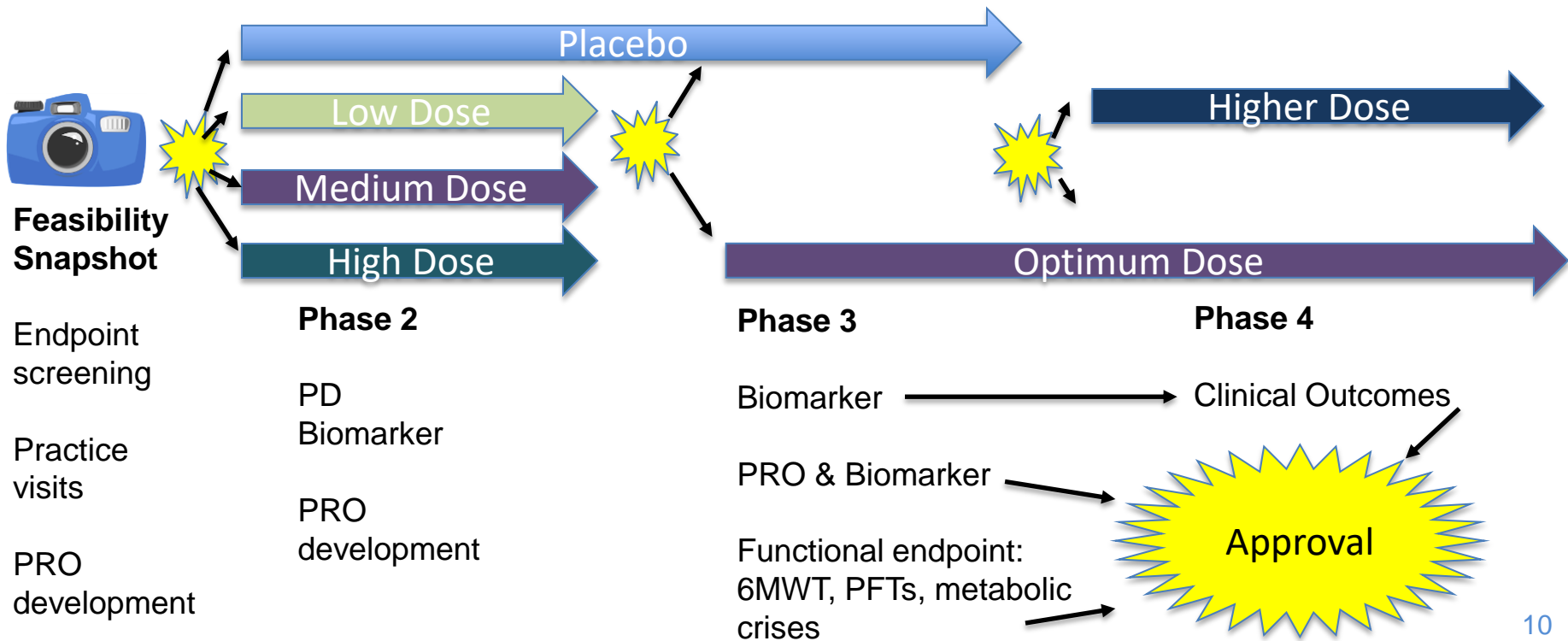
# Design



# Patients deserve the best

- Randomized, double-blind, placebo-controlled trials whenever possible
- Placebo arm includes standard of care
- Duration sufficient for clinical benefit
- Endpoints for clinical benefit
- Escape criteria
  - Blinding to maintain trial integrity
- Open label extensions

# Seamless Designs





# 21<sup>st</sup> Century Cures

- Complex Innovative Designs Pilot Program

<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/ucm617212.htm>

- Flexibility
- Bayesian approaches
- Adaptive designs
- Platform trials



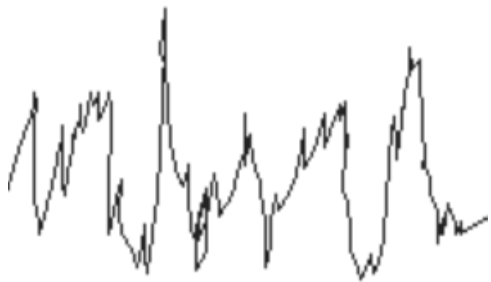
# FDA & EMA Alignment

- We want to make trials feasible
- DGIEP is glad to work with EMA and other regulatory authorities for alignment
- Consultative advice
- EMA & FDA cluster calls
- Parallel Scientific Advice

<https://www.fda.gov/downloads/AboutFDA/CentersOffices/OfficeofGlobalRegulatoryOperationsandPolicy/OfficeofInternationalPrograms/UCM557100.pdf>

# Quality

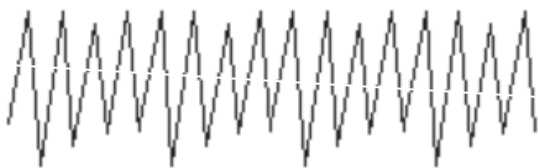
# Quality: separates signal from noise



**What we can see  
without science**



**Lousy  
Study**



**noise**



**Failed trial  
No new treatment**

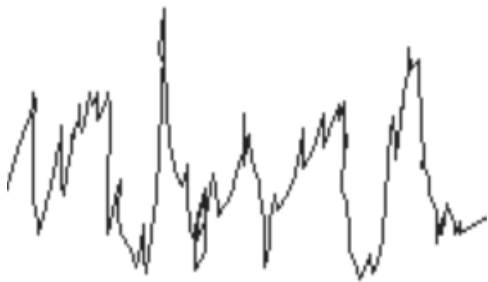
# Quality Example: MRI

- Same protocol
- Same scanners
- Phantoms
- Blinded central reader
- Blinded re-reads
- ARIC Quality Assurance & Control Manual



[https://www.ncbi.nlm.nih.gov/projects/gap/cgi-bin/document.cgi?study\\_id=phs000280.v4.p1&phd=4530#sec12.0](https://www.ncbi.nlm.nih.gov/projects/gap/cgi-bin/document.cgi?study_id=phs000280.v4.p1&phd=4530#sec12.0)

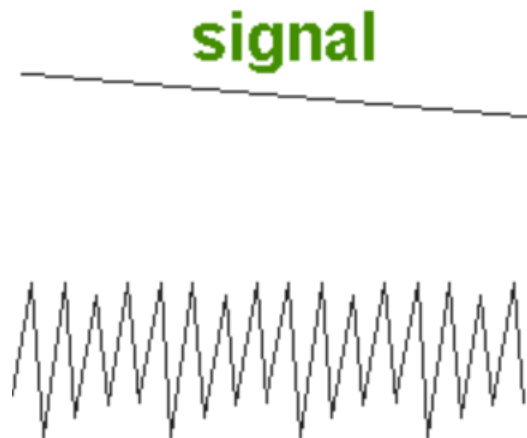
# Quality: separates signal from noise



What we can see  
without science



Quality  
randomized  
trial



noise



New treatment





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ADMINISTRATION