



FDA

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REGULATORY PERSPECTIVE OF NASH BIOMARKER DEVELOPMENT AND QUALIFICATION

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LIVER FORUM 12
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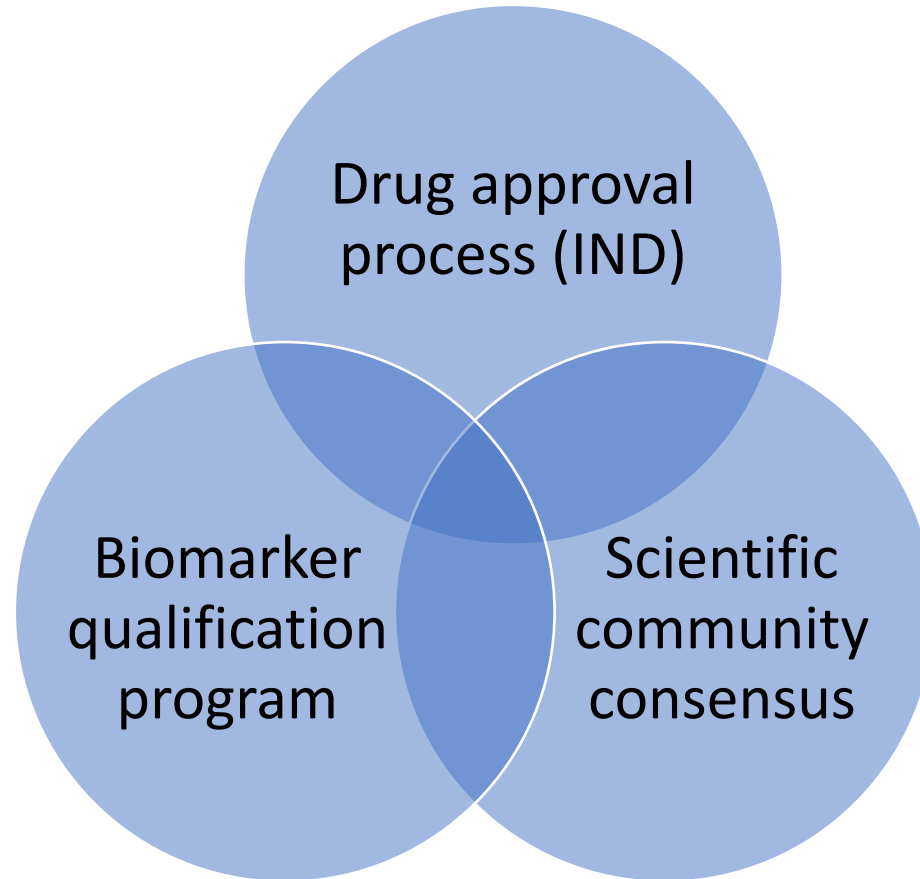
Disclaimers



- Views expressed in this presentation are those of the speaker and do not necessarily represent an official FDA position
- I do not have any financial disclosures regarding pharmaceutical drug products



Interconnected paths to Biomarker validation





21st Century Cures (CC) 507 DDT Qualification



- 21st CC and PDUFA VI increasingly places FDA as an *active participant* in drug development, broadening our traditional regulatory role
- Formalizes a three-step submission process
 - Letter of Intent
 - ***Qualification Plan***
 - Full Qualification Package
- FDA submission decision: Accept or Not Accept
- A transparent process – so all stakeholders are aware of tools in development, stage, and FDA determinations/recommendations



Context of Use



- From the start, COU is the foundation for the biomarker
- Helps establish and verify biomarker performance
- COU can be modified throughout the process
- Analytical performance and validation can affect COU



Analytical Assay and Clinical Validation Considerations in Biomarker Qualification



The Specific Context of Use for a Biomarker Drives the Extent of Evidence Needed for Qualification

Analytical Validation
(establish performance and acceptance characteristics of the biomarker assay)

- Reference Ranges/ Decision Points
- Pre-Analytical and Assay Performance Characteristics
- Analytical Rigor/ Reproducibility
- Sample Handling/ Stability

Clinical Validation
(establish that the biomarker acceptably identifies, measures, or predicts the concept of interest)

- Study Design Acceptability
- Clinical Meaningfulness/ Decision Points
- Benefit/Risk Assessment



NASH Biomarker Considerations



Imaging biomarkers	Molecular biomarkers	Composite biomarkers	AI Biomarkers
Ultrasound	PRO-C3, PRO-C6	2 or more molecular biomarkers	Histology assessment
MRI (cT1, PDFF)	Panels of molecular biomarkers	2 or more imaging biomarkers	
MRE		Imaging and molecular biomarkers	



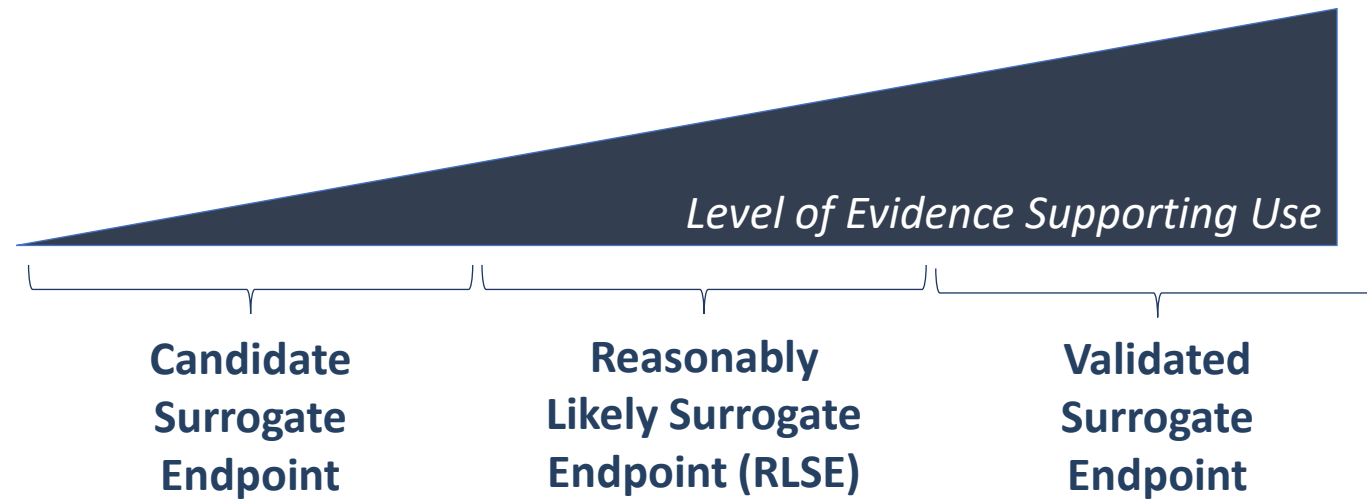
BEST (Biomarkers, EndpointS, and other Tools) Classification: *Pharmacodynamic / Response BMs*



To support approval, FDA expects substantial evidence of effectiveness – that shows that a drug improves meaningful clinical outcomes: how a patient ***feels, functions, or survives***

- A **validated surrogate endpoint**: accepted by FDA that the effect on the biomarker *predicts* a specific clinical outcome. Validated endpoints have strong and diverse evidence supporting the relationship of the BM and the outcome. Used to support traditional approval.
- A “**reasonably likely**” **surrogate endpoint**: an endpoint supported by strong mechanistic and/or epidemiologic rationale such that an effect on the surrogate endpoint is *expected* to be correlated with a clinical benefit, but not yet reaching the standard for validation. Used for accelerated approval for product intended to treat a serious or life-threatening disease or condition.

Type of Surrogate Endpoints



A decorative graphic consisting of several yellow squares of varying sizes and orientations, some with small circles attached, arranged in a cluster.

The limitations of surrogate endpoints

- Not a direct measure of how a patient *feels, functions or survives*
- Intended to reflect and predict clinical benefit not measure the outcome
- With a surrogate endpoint, the benefit / risk assessment therefore must be based upon *assumptions / predictions of benefit*
 - Translating the extent of clinical benefit from an *indirect* measure, and also using a *limited* dataset on risk to assess harms
 - Challenging when a drug shows clear effects on a *surrogate endpoint* – but also has safety issues
- And biomarkers may *fail* to predict clinical benefit
- For a surrogate endpoint that is reasonably likely to predict a clinical benefit and is relied upon to support accelerated approval, post-marketing confirmatory trials are required to verify the clinical benefit



Supporting evidence for SE: Relationship to clinical outcome



- Rationale for use as primary endpoint
- Relationship to causal pathway
- Threshold for change required to show clinical relevance
- Consistency across different conditions
- Availability of tools to assess clinical outcome



Resources



- **Guidance documents**

- Qualification Process for Drug Development Tools (Available)
- Evidentiary Framework guidance (*In progress*)
- Analytical Validation guidance (*In progress*)
- Noncirrhotic Nonalcoholic Steatohepatitis With Liver Fibrosis: Developing Drugs for Treatment (Draft)

- **CDER BQP Website**

- List of Qualified Biomarkers (<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DrugDevelopmentToolsQualificationProgram/BiomarkerQualificationProgram/ucm535383.htm>)
- Biomarker Qualification Submissions (<https://www.fda.gov/Drugs/DevelopmentApprovalProcess/DrugDevelopmentToolsQualificationProgram/BiomarkerQualificationProgram/ucm535881.htm>)



Thank you for your attention



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