Liver Forum 7 October 19th, 2017

Division of Gastroenterology and Inborn Errors of Metabolism (DGIEP) Lara Dimick-Santos, MD

The Liver Team at the FDA

- Donna Griebel, MD Division Director
- Dragos Roman, MD Deputy Director
- Lisa Soule, MD Acting Associate Director
- Stephanie O. Omokaro, MD Team Leader
- Kathleen Donohue, MD Team Leader
- Capt. Anissa Davis, BSN, MPH, CPHM, GWCPM
 Project Manager
- CDR Cheronda Cherry-France, RN, BSN, MPH Acting Chief Project Manager



The Liver Team at the FDA (cont.)

- Lara Dimick-Santos, MD Medical Reviewer
- Ruby Mehta, MD Medical Reviewer
- Anil Nayyar, MD Medical Reviewer
- Veronica Pei, MD Medical Reviewer
- Suna Seo, MD Medical Reviewer



- Spectrum of Fatty Liver Disease
 - NAFL Research INDs
 - NASH in all phases of clinical trials
 - Compensated cirrhosis in all phases of clinical trials
 - Decompensated cirrhosis in phase 2 trials



- What is the best way to stage cirrhosis?
 - Child-Pugh, MELD, cirrhosis stages, stages of Portal HTN
- Compensated cirrhosis secondary to NASH in all phases of clinical trials
 - Surrogate endpoints Improvement in fibrosis by one stage be supported by evidence of clinical benefit such as total bilirubin and other biomarkers of disease
 - Clinical benefit all cause mortality, transplant and decompensation events



Decompensated Cirrhosis

- Staging Cirrhosis
 - Compensated include presence of varices?
 - Decompensated how to stage?
 - Ascites vs. bleeding and HE
 - Child-Pugh Score
 - MELD/PELD Score
- Endpoints?
 - Death only?
 - Decompensation events, how to define what new events are meaningful in this diverse population
 - MELD score changes?



- Interobserver variability
 - central reader or group of readers with adjudication of discordance
 - calculate inter-rater reliability coefficient

- Intraobserver variability
 - a stratified random subset of readings are later repeated in a blinded fashion
 - calculate an intra-rater reliability coefficient



Ethical Considerations for Clinical Trials

 We currently recommend that sponsor's obtain histopathological data in phase 2B trials to inform the design and powering of phase 3 trials to support a marketing application.

 Is it ethical to proceed with large phase 3 trials with less than histopathological data?

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Thank you from the Liver Team