These summary minutes for August 16, 2013 meeting of the Tobacco Products Scientific Advisory Committee of the Food and Drug Administration were approved on September 5, 2013.

I certify that I attended the August 16, 2013 meeting of the Tobacco Products Scientific Advisory Committee of the Food and Drug Administration and that these minutes accurately reflect what transpired.

/s/ Caryn Cohen, M.S.
Designated Federal Official, TPSAC

/s/ Jonathan Samet, M.D., M.S.
Committee Chair, TPSAC
Meeting of the Tobacco Products Scientific Advisory Committee  
August 16, 2013

The Tobacco Products Scientific Advisory Committee of the Food and Drug Administration, Center for Tobacco Products met on August 16, 2013 at the FDA White Oak Conference Center, Building 31, Room 1503, 10903 New Hampshire Avenue, Silver Spring, MD 20993. Prior to the meeting, committee members and invited guests were provided copies of background material from the FDA and submissions from the public. The meeting was called to order by Jonathan Samet, M.D., M.S. (Committee Chair); the conflict of interest statement was read into the record by Caryn Cohen, M.S. (Designated Federal Official). There were approximately 50 persons in attendance. There were 6 speakers for the Open Public Hearing session.

Agenda: Modified risk tobacco products (MRTPs) are tobacco products that are sold or distributed for use to reduce harm or the risk of tobacco-related disease associated with commercially marketed tobacco products. Before an MRTP can be introduced or delivered for introduction into interstate commerce, an order from FDA under section 911(g) (21 U.S.C. 387k(g)) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) must be in effect with respect to the tobacco product. 21 U.S.C. 387k(a). In reviewing modified risk tobacco product applications, among other things, FDA must evaluate the effects of a proposed product on the health of individual tobacco users and the population as a whole, taking into account (1) the relative health risks to individuals of the MRTP; (2) the increased or decreased likelihood that existing users of tobacco products who would otherwise stop using such products will switch to the MRTP; (3) the increased or decreased likelihood that persons who do not use tobacco products will start using the MRTP; (4) the risks and benefits to persons from the use of the MRTP compared to the use of smoking cessation drug or device products approved by FDA to treat nicotine dependence; and (5) comments, data and information submitted to FDA by interested persons. 21 U.S.C. 387k(g)(4). On August 16, 2013, the Committee discussed possible approaches for evaluating information on the risks and potential benefits of a proposed modified risk tobacco product to the population as a whole.

Attendance:

Tobacco Products Scientific Advisory Committee (Voting):
Jonathan M. Samet, M.D., M.S. (Committee Chair)  
Warren K. Bickel, Ph.D.  
Mark Stuart Clanton, M.D., M.P.H.  
Joanna Cohen, Ph.D.  
Thomas E. Eissenberg, Ph.D.  
Philip P. Huang, M.D., M.P.H. (Employee of a state or local government or of the Federal Government)  
Suchitra Krishan-Sarin, Ph.D.  
Kurt M. Ribisl, M.A., Ph.D.

Industry Representative Members Present (Non-voting):
Hampton H. Henton (Representative of the interests of tobacco growers)  
Daniel Heck, Ph.D., D.A.B.T. (Representative of the tobacco manufacturing industry)  
David M. Johnson, Ph.D. (Representative for the interest of small business tobacco manufacturing industry)
Ex Officio Members Present (Non-Voting):
Timothy McAfee, M.D., M.P.H. (CDC)
Douglas Tipperman, M.S.W. (SAMHSA)
Mirjana Djordjevic, Ph.D. (NIH)

FDA Participants (Non-Voting):
Mitch Zeller, J.D.
David Ashley, Ph.D.
Conrad Choiniere, Ph.D.
Carolyn Dresler, M.D., M.P.A.

Designated Federal Official:
Caryn Cohen, M.S.

The agenda on August 16, 2013 was as follows:

Call to Order  Jonathan Samet, M.D., M.S.
               Chair, TPSAC

Conflict of Interest Statement  Caryn Cohen, M.S.
                               Designated Federal Official, FDA/CTP

Introduction of Committee Members

Welcome and Introduction  Conrad Choiniere, Ph.D.
                          Director, Division of Population Health Sciences
                          Office of Science, FDA/CTP

Presentations:

Human Health Risk Assessment at EPA  Rita Schoeny, Ph.D.
                                    Senior Science Advisor
                                    Environmental Protection Agency

Recommendations for Optimizing Studies For Risk Assessment and Regulatory Use  David G. Hattan, Ph.D.
                                                                                 Senior Toxicologist
                                                                                 Center for Food Safety and Applied Nutrition

Review of New Drug Applications  Christina Chang, M.D., M.P.H.
                                  Clinical Team Leader
                                  Division of Bone, Reproductive and Urologic Products
                                  Center for Drug Evaluation and Research

MRTPs: From Research to Claims  Peter G. Shields, M.D.
                                 Deputy Director, Comprehensive Cancer Center
                                 Professor, College of Medicine
                                 The Ohio State University Medical Center

Open Public Hearing:

Diane Canova, Legacy for Health
Danny McGoldrick, Campaign for Tobacco-Free Kids
Geoffrey M. Curtin, Ph.D., RAIS Service Company
Scott D. Ballin
Jeffrey P. Walker, M.D., Altria Client Services
Joseph Manupello, People for the Ethical Treatment of Animals (PETA)
At the meeting, FDA/CTP presented some of the requirements related to the marketing of modified risk tobacco products (MRTPs). The Committee also heard presentations from others regarding the assessment of product risks to individuals and to the population as a whole. After the presentations, FDA asked TPSAC to consider potential challenges FDA may encounter when evaluating MRTP applications.

Questions to the committee:

1. How would you recommend that FDA evaluate the relative health risks to individuals of the MRTP?

2. How would you recommend that FDA evaluate the increased or decreased likelihood that existing users of tobacco products who would otherwise stop using such products will switch to the MRTP?

3. How would you recommend that FDA evaluate the increased or decreased likelihood that persons who do not use tobacco products will start using the MRTP?

4. How would you recommend that FDA evaluate the risks and benefits to persons from the use of the MRTP as compared to the use of drug or device products for smoking cessation approved by the FDA to treat nicotine dependence?

5. How might FDA collectively evaluate the information related to topics 1-4 in order to determine the potential effects of an MRTP on the health of the population?

The Committee discussed the importance of essential and complex key concepts related to the evaluation of MRTPs, including:

- Determining appropriate health risk comparisons (e.g., comparing combusted to non-combusted tobacco products versus comparing like tobacco products, comparing only like product (i.e., combusted to combusted), comparing us of tobacco products to other risky products or activities, etc.).
- Methodologies that could be used to estimate risk, including biomarker exposure assessments, comparative studies between products/subgroups, population surveys, focus groups, etc.
- The various potential risks associated with MRTPs, e.g., risk of exposure, disease, addiction (either new or continued), morbidity, mortality, initiation, etc.
- The impact of economics on tobacco use behavior (e.g., switching, uptake, dual use – and the related financial cost).
- Decisions on weighing scientific evidence related to MRTP applications (the use of “equipoise” as a means of distributing weight of evidence was suggested).
- The power of reduced risk claims, even if marketed as such for only a limited time; once the claim has been made, it likely will remain in the public consciousness even if later withdrawn.
• How to ensure that the public does not perceive FDA as having “approved” an MRTP (FDA will not have approval authority, but rather marketing authorization in regard to MRTPs), thus inadvertently leading to comparisons of FDA approval of other products.
• Possible MRTP test marketing. Test marketing of MRTPs could expose the public to health risks. Yet, without data gleaned from actual use, health claims may be difficult to substantiate.

The TPSAC suggested information that could accompany MRTP applications in order to support modified risk claims, including:

• Substantive qualitative results (e.g. preclinical in vitro evidence, clinical biomarker evidence) supporting the MRTP claim.
• Preexisting epidemiological data for the class of product in which the submitted product falls.
• Data showing that the outcomes supporting the MRTP claim were indeed caused by use of the proposed MRTP (causality).
• Estimates of the decreased disease risk associated with the proposed MRTP versus cessation or nicotine replacement therapy (NRT).
• Examples of how the MRTP claim would be marketed so as not to mislead consumers.
• Data demonstrating how the MRTP would be used in real-life setting.
• Mathematical modeling attempting to predict the number of people switching to the MRTP and the number initiating MRTP use (including NRT as a comparison condition).

Historical data indicate that reduced risk claims, if made, will be very powerful. The TPSAC noted that it will be extremely important to evaluate any such claims thoroughly and with the highest level of scientific knowledge available.

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Adjourned at 2:48 p.m.

Please see the verbatim transcript for details of the discussion.