
POLICY AND PROCEDURES

OFFICE OF THE CENTER DIRECTOR

Developing and Issuing Drug Trial Snapshots

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PURPOSE

- Ensure the FDA’s implementation of the Drug Trial Snapshots (DTSs) part of the Action Plan developed in response to the Food and Drug Administration Safety and Innovation Act (FDASIA) Section 907, Inclusion of Demographic Subgroups in Clinical Trials.
- Establish best practices for developing a DTS.
- Ensure a consistent approach to the development of DTSs across the Office of New Drugs (OND) review divisions and the Office of Biostatistics (OB) teams in the Office of Translational Sciences (OTS).
- Ensure OND, OB, and Professional Affairs and Stakeholder Engagement (PASE) staff are aligned on the content of DTSs.

BACKGROUND

Stakeholders have concerns regarding adequate inclusion of women, minority groups, and the elderly in clinical trials. In response to these concerns, Section 907 of FDASIA was passed in 2012. With FDASIA, Congress directed the FDA to report on the inclusion

and analysis of demographic subgroups (sex, age, race, and ethnicity) in applications for drugs, biologics, and devices. In order to fulfill this mandate, the Agency published an Action Plan in 2014, with the following overarching priorities:

- Improve the completeness and quality of demographic subgroup data collection, reporting, and analysis.
- Identify barriers to subgroup enrollment in clinical trials.
- Employ strategies to encourage greater participation from demographic subgroups.
- Make demographic subgroup data more available and transparent.

Through DTSs, CDER shares data regarding 1) demographics of participants in clinical trials that directly support drug approval and 2) evaluations of observations regarding efficacy and safety, by demographic subgroup. DTSs also include basic information about the drug or biologic, the design of the major trials, and the overall efficacy and safety results. A DTS is published for each new molecular entity (NME) and original biologic approved since January 1, 2015.

POLICY

DTSs are posted on FDA.gov for NME New Drug Applications (NDAs) and original Biologic License Applications (BLAs) within 30 calendar days of drug approval.

DTSs specify if an NME NDA or an original BLA is approved via the Accelerated Approval pathway. Once full approval is gained, the DTS will be revised to include new information from the confirmatory trial(s).

With the exception of the MORE INFO section of the DTS Template, DTSs are written in plain language, understandable to the general public.

DTSs include a summary of the information and data from the clinical trials that support approval. This information is submitted in the marketing application to support the product's use in the indicated population.

DTSs are aligned with FDA approved labeling. However, DTSs may include additional information and analyses based on FDA review.

DTSs will include:

- Descriptions, including tabular and graphical summaries, of the distribution of the sex, age, race, and ethnicity of the populations in the clinical trials that directly supported drug approval. The populations for safety and efficacy analyses may be different; the demographics for each may be presented separately. PASE, in consultation with CDER's OND and OTS's OB, decides the best approach for each DTS.

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- Information summarizing the observations of efficacy and safety among subgroups, if applicable.
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RESPONSIBILITIES

NDA/BLA Review Team:

- Prior to filing meeting, reviews the content of each NME NDA or original BLA, to determine if sufficient data were collected and submitted to allow an assessment of efficacy and safety by demographic subgroup. Considers sending Information Request (IR) for subgroup analysis.
- During the review, determines if additional analyses are needed, and if such analyses should be performed by CDER review staff, or by the applicant. For example, a new safety signal may emerge during the review and be selected for sub-population analysis. If needed, the NDA/BLA review team issues an IR to the applicant in collaboration with the PASE Lead.
- Documents findings regarding safety and efficacy by demographic subgroup in the reviews.
- Collaborates with the PASE Lead on multiple elements of the DTS, including information to be included in the DTS, timelines, appropriate levels of analysis, and any other relevant questions or issues.
- Invites PASE Lead as an optional attendee to the mid-cycle and late-cycle meetings for each NME and original BLA.
- Informs PASE Lead of specific issues related to demographic findings or subgroup analyses that arise during labeling negotiations with the applicant.
- Edits and clears the DTS. Forwards any comments regarding the draft DTS to the PASE.
- Reports to OND and OTS management. Consists of primary, secondary, and tertiary reviewers.

PASE Lead:

- Identifies himself or herself as the PASE Lead to the Regulatory Project Manager (RPM) for the NDA/BLA within 30 days of FDA receipt of the application.
- Attends NDA/BLA mid-cycle and late-cycle meetings, as appropriate.
- Becomes familiar with clinical and statistical reviews and draft labeling at least 30 days before the application's Prescription Drug User Fee Act (PDUFA) due date or the target action date, whichever comes first. Contacts reviewers with clarifying questions, if needed.

- Collaborates with the NDA/BLA clinical and statistical reviewers on multiple elements of the DTS, including information to be included in the DTS, timelines, appropriate levels of analysis, and any other relevant questions or issues.
- Collaborates with the clinical and statistical reviewers on writing IRs for specific information for the DTS.
- Completes the initial DTS draft:
 - Reviews final labeling, relevant reviews, and the press release after product approval, to determine if edits to the draft DTS are needed. If significant differences are found among these documents, the PASE Lead requests resolution from the review team.
 - Finalizes the draft DTS and sends it to the PASE Director for clearance.
 - Forwards the DTS to the RPM for distribution to appropriate NDA/BLA review team members for comment.
 - Incorporates edits received from the NDA/BLA review team. Provides comments or clarifications. Sends the DTS back to the review team, for final Division or ODE-level clearance.
 - Obtains final PASE Director clearance.
- Amends charts presented on the web page to ensure 508 compliance. Forwards amended DTS to the CDER Web Support team.
- Coordinates with the CDER's Office of Communications (OCOMM) Division of Online Communications (DOC) Technology Information Specialists (TIS), on all DTS web posting issues.
- Reviews and edits the draft Web content. Approves the final version of the DTS for Web posting.
- Ensures appropriate posting on the Eloqua digital government communication platform.
- In the event of an error to a posted DTS, works with the NDA/BLA Review Team and the OCOMM DOC Technology Information Specialist to correct the posting.
- In rare instances, the PASE Lead contacts the Division of Information Disclosure Policy for additional review or redaction of the post approval analyses that were not part of the NDA/BLA approval package.
- Manages the Snapshots@fda.hhs.gov email box.

PASE Director:

- Reviews and clears draft and final DTS.
- Receives communication from PASE DTS Lead.

OCOMM Technology Information Specialist:

- Receives DTS from PASE Lead.
- Provides the link to the draft DTS Web page to PASE Lead for review and approval.
- Contingent upon DTS approval, posts the updated DTS on FDA.gov.
- Communicates the DTS posting via social media, as per the PASE Lead's instructions.

PROCEDURES

1. The PASE Lead obtains information for drafting a DTS from the following:
 - NDA/BLA submission and subsequent amendments.
 - Primary clinical and statistical reviews.
 - Secondary and tertiary reviews, including Team Leaders, Cross-Discipline Team Leaders (CDTL), Division Directors (DD), or Office Directors.
 - Approved labeling.
 - FDA Press Release.
 - FDA Information Advisory.
 - Any other relevant source.
2. The RPM of the NDA/BLA Review Team invites the PASE Lead as an optional attendee to the internal mid-cycle and late-cycle meetings for each NME NDA and original BLA.
3. As early as possible in the review process, but no later than 30 days prior to the application's targeted action date, the PASE Lead contacts the NDA/BLA clinical and statistical reviewers. The PASE Lead and NDA/BLA clinical and statistical reviewers discuss information to be included in the DTS, particularly whether the review division identified differences in safety or efficacy by subgroup. The NDA/BLA clinical and statistical review team documents both the baseline distributions of demographic characteristics and their findings regarding safety and efficacy by demographic subgroup in their reviews. At this time, the team evaluates if insufficient enrollment of certain demographic subgroups precludes making such a determination.
4. Following the initial discussion, the PASE Lead and the NDA/BLA Review Team decide if additional analyses are needed to draft the DTS. If so, the team either conducts the analyses internally, or requests additional analyses from the applicant via a formal IR sent by the OND review division RPM.
 - If an IR is to be sent to the applicant, PASE and the NDA/BLA Review Team collaboratively decide what data are needed and the applicant's timeline for a response.

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- Any additional analyses that are used to support the DTS must be included in the relevant NDA/BLA reviews, either as an addendum to the original review or as a memo to the file.
5. The PASE Lead drafts the initial DTS prior to the PDUFA due date, or the target action date, whichever comes first.
 6. Within two calendar days after approval of the NME NDA or original BLA:
 - The PASE Lead considers the signatory reviews, final labeling, and press release, then completes the draft DTS.
 - The PASE Director reviews and clears the draft DTS.
 7. The PASE Lead provides a draft DTS to the NDA/BLA Review Team for comment.
 8. The RPM of the NDA/BLA Review Team forwards any comments regarding the draft DTS to the PASE Lead in a timely manner.
 9. Within 10 days, outstanding questions and comments are collaboratively resolved between the PASE Lead and NDA/BLA Review Team via email exchange, teleconference, or face-to-face meeting(s).
 10. The PASE Lead sends the finalized DTS to the PASE Director.
 11. The PASE Director reviews and clears the final DTS within two days.
 12. The PASE Lead amends graphics to ensure 508 compliance.
 13. In rare instances, the PASE Lead contacts the Division of Information Disclosure Policy for additional review or redaction of the DTS attachments that are not part of the NDA/BLA approval package, such as post approval analyses.
 14. The PASE Lead submits a request to the OCOMM TIS for posting on the DTS Web site. The OCOMM TIS sends the draft Web link to the PASE Lead for review within seven days of receipt of the request. After the PASE Lead approves the online draft, the OCOMM TIS posts the DTS on the FDA public Web site.
 15. After the DTS has been posted on the DTS page of FDA.gov, the PASE Lead publishes the DTS on Eloqua.
 16. After the DTS has posted on the FDA website, OCOMM issues a communication via social media regarding the availability of the DTS.
 17. For all NME NDAs and original BLAs approved via Accelerated Approval, the PASE Lead obtains regular status updates for submission of confirmatory trial(s). The DTS is updated with new demographic information.

If an error is identified in a DTS after posting:

1. "PASE is notified of any errors found in a DTS through the mailbox at Snapshots@fda.hhs.gov." DTS mailbox is notified of the error at Snapshots@fda.hhs.gov.

2. The PASE Lead, in conjunction with the NDA/BLA Review Team, attempts to resolve the issue. If the DTS needs to be modified, the PASE Lead, in consultation with the NDA/BLA Review Team, provides the modifications to the OCOMM TIS, who posts the changes to the DTS Web site.
 3. The PASE Lead informs the applicant of the error, and what modifications were made.
 4. If a significant modification to the DTS is made after initial posting, the PASE Lead publishes the revised version on Eloqua, and works with OCOMM to issue a communication via social media regarding the posting of the revised DTS.
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REFERENCES

1. HHS, 2012. Food and Drug Administration Safety and Innovation Act (FDASIA), Section 907.
 2. FDA, 2014. FDA's Action Plan to Enhance the Collection and Availability of Demographic Data.
 3. Americans with Disabilities Act, 1990. Section 508.
 4. Plain Writing Act of 2010.
 5. FDA, 2014, Center for Drug Evaluation and Research, MAPP 6010.4, Rev. 1, Good Review Practice Statistical Review Template.
 6. Guidance: *Collection of Race and Ethnicity Data in Clinical Trials*. October, 2016.
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DEFINITIONS

Accelerated Approval: A regulatory path allowing for earlier approval of drugs treating serious conditions, that fill an unmet medical need based on a surrogate endpoint.

Drug Trial Snapshot (DTS): A report providing consumers with information about the overall clinical trial results that supported the FDA approval of a new drug. The DTS identifies who participated in clinical trials by sex, race, age, and ethnicity, and describe the benefits and side effects among these subgroups. DTSs are part of FDA's effort to make demographic data more available and transparent. A DTS is published for each NME NDA and original BLA approved since January 1, 2015.

Food and Drug Administration Safety and Innovation Act (FDASIA): Signed into law on July 9, 2012, FDASIA expands the FDA's authorities and strengthens the Agency's ability to safeguard and advance public health by giving the authority to collect user fees from industry. The fees collected fund reviews of innovative drugs, biologics, medical devices, generic drugs, and biosimilar biological products. FDASIA

promotes innovation to speed patient access to safe and effective products, increases stakeholder involvement in the FDA processes, and enhances the safety of the drug supply chain.

NDA/BLA Review Team: Multi-disciplinary team of primary reviewers, secondary reviewers, RPMs, and signatories.

Plain Language: Communication an audience can understand the first time it is read or heard.

Professional Affairs and Stakeholder Engagement (PASE): A group in CDER that serves as the focal point for internal and external stakeholders, and collaborates on drug development and safety. PASE ensures CDER has a thorough understanding of the perspective of patients, advocacy groups, health care professionals, and other agencies, on issues of mutual interest. PASE addresses the concerns of these groups through collaboration, education, and transparency.

Section 508 of the Americans With Disabilities Act: Requires Federal agencies to ensure individuals with disabilities have access to electronic and information technology, comparable to that provided to individuals without disabilities, unless an undue burden would be imposed on the agency.

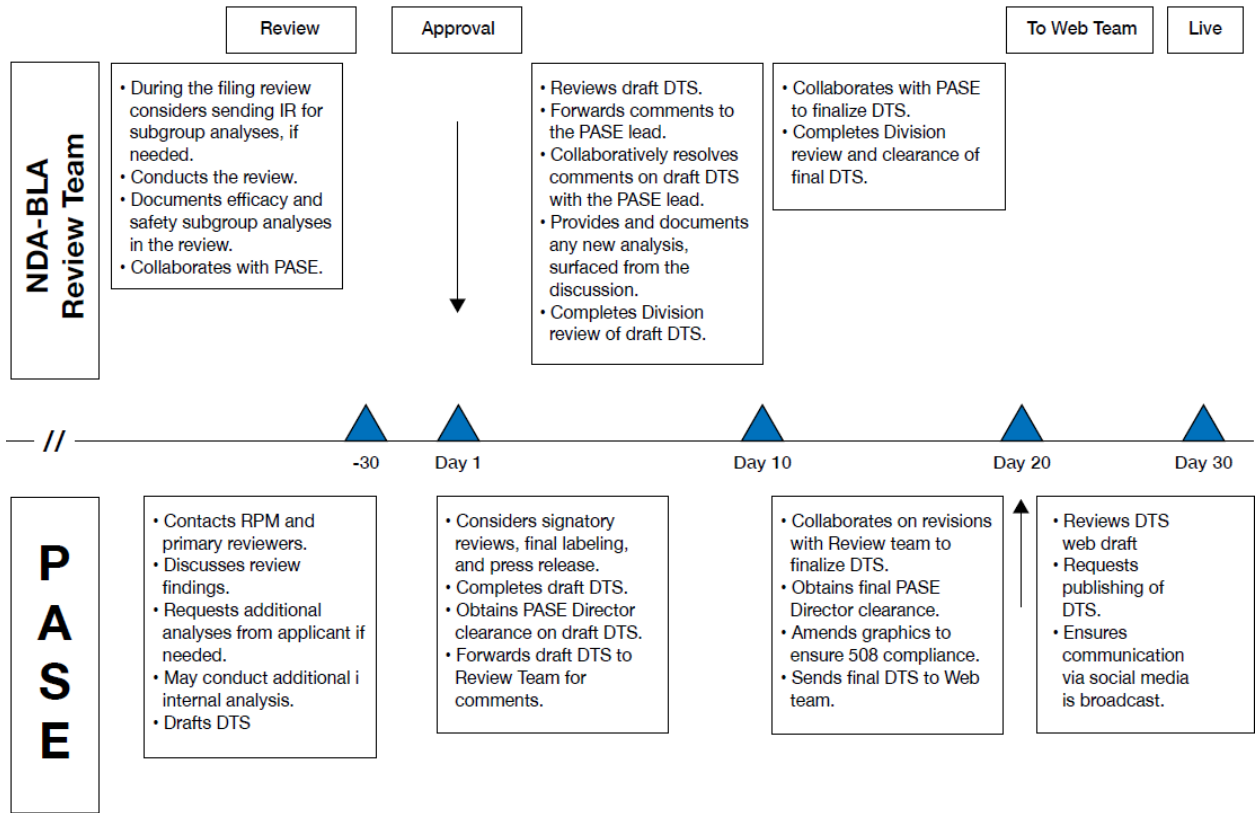
EFFECTIVE DATE

This MAPP is effective upon date of publication.

CHANGE CONTROL TABLE

Effective Date	Revision Number	Revisions
##/##/17	Initial	n/a.

ATTACHMENT 1: Drug Trial Snapshot Timeline



ATTACHMENT 2: Drug Trial Snapshot Template

Drug Trials Snapshot

BRAND NAME OF DRUG

HOW TO USE THIS SNAPSHOT:

The information provided in Snapshots highlights who participated in the clinical trials that supported the FDA approval of this drug, and whether there were differences among sex, race, and age groups. The “MORE INFO” bar shows more detailed, technical content for each section. The Snapshot is intended as one tool for consumers to use when considering the risks and benefits of the drugs.

LIMITATIONS OF THIS SNAPSHOT:

Do not rely on Snapshots to make decisions regarding medical care. Always speak to your healthcare provider about the risks and benefits of a drug. Refer to the [{Insert Brand name} Package Insert](#) for complete information.

BRAND NAME (trade name)

{Insert pronunciation}

{Insert Name of Company}

Approval date:

DRUG TRIALS SNAPSHOT SUMMARY:**What is the drug for?**

{Name of drug} is a {type of drug} that {insert the approved indication}.

How is this drug used?

{Name of drug} is a {method of administration} that is taken {frequency}.

What are the benefits of this drug?

Brief description of what the pivotal efficacy trial(s) showed.

[CLICK FOR MORE INFO \(#1\)](#)

Were there any differences in how well the drug worked in clinical trials among sex, race and age groups?

Subgroup analyses were conducted for sex, race and age.

- **Sex:**
- **Race:**
- **Age:**

[CLICK FOR MORE INFO \(#2\)](#)

What are the possible side effects?

Briefly list the most common side effects.

Mention any special safety signal (for example, increased bleeding with anticoagulants).

Consider mentioning Warnings and Precautions from PI (also discuss with Division).

[CLICK FOR MORE INFO \(#3\)](#)

Were there any differences in side effects among sex, race and age groups?

Subgroup analyses were conducted for sex, race and age.

- **Sex:**
- **Race:**
- **Age:**

[CLICK FOR MORE INFO \(#4\)](#)

WHO WAS IN THE CLINICAL TRIALS?

Who participated in the clinical trials?

The FDA approved {insert name of drug} based on evidence from (a) clinical trial(s) of x# patients with {disease}. The trial(s) was/were conducted at x# of sites in x# of countries in (list countries/continents). {If the same trial(s) were used to assess efficacy and safety, state that. If there was a separate safety trial, state it and provide a statement regarding the safety trial}.

Figure 1 summarizes how many men and women were in the clinical trials.

Figure 1. Baseline Demographics by Sex

{If there was a separate safety trial, add an additional figure for Baseline Demographics by Sex for Safety Trial}.

Figure 2 summarizes the percentage of patients by race in the clinical trials.

Figure 2. Baseline Demographics by Race

{If there was a separate safety trial, add an additional figure for Baseline Demographics by Race for Safety Trial}.

Table 1. Demographics of Efficacy Trials by Race

Figure 3. Baseline Demographics by Age

{If there was a separate safety trial, add an additional figure for Baseline Demographics by Age for Safety Trial}.

[CLICK FOR MORE INFO \(#5\)](#)

How were the trials designed?

[CLICK FOR MORE INFO \(#6\)](#)

GLOSSARY:

CLINICAL TRIAL: Voluntary research studies conducted in people and designed to answer specific questions about the safety or effectiveness of drugs, vaccines, other therapies, or new ways of using existing treatments.

COMPARATOR: A previously available treatment or placebo used in clinical trials that is compared to the actual drug being tested.

EFFICACY: How well the drug achieves the desired response when it is taken as described in a controlled clinical setting, such as during a clinical trial.

PLACEBO: An inactive substance or “sugar pill” that looks the same as, and is given the same way as, an active drug or treatment being tested. The effects of the active drug or treatment are compared to the effects of the placebo.

SUBGROUP: A subset of the population studied in a clinical trial. Demographic subsets include sex, race, and age groups.

[LINK TO DRUG PACKAGE INSERT]

MORE INFORMATION:

MORE INFO (#1)

What are the benefits of this drug (results of trials used to assess efficacy)?

PI-section 14

MORE INFO (#2)

Were there any differences in how well the drug worked in clinical trials among sex, race and age groups?

MORE INFO (#3)

What are the possible side effects (results of trials used to assess safety)?

PI-section 8

MORE INFO (#4)

Were there any differences in side effects of the clinical trials among sex, race and age groups?

MORE INFO (#5)

Who participated in the trials?

(If there are separate efficacy and safety trials, need to ask this question separate for each)

MORE INFO (#6)

How were the trials designed?