



Waiver to Allow Participation in a Food and Drug Administration Advisory Committee

DATE: June 16, 2017

TO: Janice M. Soreth, M.D.
Associate Commissioner for Special Medical Programs
Office of Medical Products and Tobacco
Office of the Commissioner, FDA

THROUGH: Jeffrey Anderson, M.S., RAC
Director (Acting), Advisory Committee Oversight and Management Staff
Office of Special Medical Programs

FROM: Jayne E. Peterson, B.S.Pharm., J.D.
Director, Division of Advisory Committee and Consultant Management
Center for Drug Evaluation and Research

Name of Advisory Committee Member: Gregory Riely, M.D., Ph.D.

Committee: Oncologic Drugs Advisory Committee Meeting

Meeting date: July 13, 2017

Description of the Particular Matter to Which the Waiver Applies:

Dr. Riely is a voting member of the Oncologic Drugs Advisory Committee (ODAC). The Committee's function is to review and evaluate available data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of cancer and make appropriate recommendations to the Commissioner of Food and Drugs.

On July 13, 2017, the committee will discuss biologics license application (BLA) 761028 for ABP 215, a proposed biosimilar to Genentech/Roche's AVASTIN (bevacizumab), submitted by Amgen Inc. The proposed indications/uses for this product are: (1) For the first- or second-line treatment of patients with metastatic carcinoma of the colon or rectum in combination with intravenous 5-fluorouracil-based chemotherapy; (2) in combination with fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin-based chemotherapy, for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line ABP 215-containing regimen; (3) for the first-line treatment of unresectable, locally advanced, recurrent or metastatic non-squamous, non-small cell lung cancer in combination with carboplatin and paclitaxel; (4) for the

treatment of glioblastoma, as a single agent for adult patients with progressive disease following prior therapy; (5) for the treatment of metastatic renal cell carcinoma in combination with interferon alfa; and (6) in combination with paclitaxel and cisplatin or paclitaxel and topotecan for the treatment of persistent, recurrent, or metastatic carcinoma of the cervix. The topic of this meeting is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interest:

Dr. Riely is Associate Professor, Weill Cornell Medical College and Vice Chair, Clinical Trials Office, Department of Medicine at the Memorial Sloan Kettering Cancer Center (“the Cancer Center”). He has not identified any personal financial interests that are likely to be affected by the particular matters to be discussed at the meeting. However, he has identified financial interests of his employer, which are imputed to him under the federal conflict of interest statute, 18 U.S.C. § 208.

Dr. Riely’s employer, the Cancer Center, was awarded a research contract by (b) (4), a party to the matter, for a randomized (b) (4)

The study began on (b) (4), and is ongoing. The Cancer Center receives \$300,000 - \$350,000 total from (b) (4) for this study. Dr. Riely’s role in the study is managerial. He does not receive any salary support or personal remuneration from this study.

The Cancer Center was also awarded a research contract by (b) (4), a competing firm, for (b) (4)

The study began on (b) (4), and is ongoing. The Cancer Center receives between \$100,000-\$150,000 total from (b) (4) for this study. Dr. Riely is a co-investigator for the study, but does not receive any salary support or personal remuneration from this study.

(b) (4) a competing firm, also awarded the Cancer Center two research contracts, both listed below:

1. Research contract for (b) (4)
The study began on (b) (4), and is ongoing. The Cancer Center receives between \$3,100,000-\$3,200,000 total from (b) (4) for this study. Dr. Riely is co-investigator for the study, but does not receive any salary support or personal remuneration from this study.
2. Research contract for (b) (4)
The study began on (b) (4), and is ongoing. The Cancer Center receives between \$850,000 - \$900,000 total from (b) (4) for this study. Dr. Riely’s role in the study is managerial. He does not receive any salary support or personal remuneration from this study.

(b) (4), the maker of (b) (4) product, awarded the Cancer Center four research contracts, listed below:

1. Research contract for (b) (4)
 (b) (4) The study began on (b) (4) and is ongoing. The Cancer Center receives between \$300,000-\$350,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.
2. Research contract for (b) (4)
 (b) (4) The study began on (b) (4), and is ongoing. The Cancer Center receives between \$350,000-\$400,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.
3. Research contract for (b) (4)
 (b) (4) The study began on (b) (4), and is ongoing. The Cancer Center receives between \$0-\$50,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.
4. Research contract for (b) (4)
 (b) (4) The study began on (b) (4), and is ongoing. The Cancer Center receives between \$50,001-\$100,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.

Lastly, (b) (4) a competing firm, awarded the Cancer Center two research contracts, listed below:

1. Research contract for (b) (4)
 (b) (4) The study began on (b) (4), and is ongoing. The Cancer Center receives between \$0-\$50,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.
2. Research contract for (b) (4)
 (b) (4) The study began on (b) (4) and is ongoing. The Cancer Center receives between \$200,000-\$250,000 total from (b) (4) for this study. Dr. Riely's role in the study is managerial. He does not receive any salary support or personal remuneration from this study.

Basis for Granting the Waiver:

Regulation of biosimilar products is new and is evolving through interpretation of the law and the published FDA guidance's. Section 351(i) of the Public Health Service (PHS) Act defines biosimilarity to mean "that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components" and that "there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product."¹ Evaluation of clinical pharmacology data is critical in addressing "no clinically meaningful difference in safety, purity and potency" between the biosimilar and the US-reference product. It is also essential that the advice provided by practicing medical oncologists is not limited to one or two individuals and represent the scope of practice covered by the many indications. A broad clinical oncology expertise is needed for this advisory committee meeting to discuss treatment technologies at the population level, which will be a great asset for this meeting. Dr. Riely's expertise in the treatment of lung cancer will be a great contribution to this meeting.

Dr. Riely has unique qualifications and specialized expertise needed for this particular matter.

Gregory Riely, M.D., Ph.D. is Vice Chair of the Clinical Trials Office with the Department of Medicine and an Associate Attending Physician at the Memorial Hospital for Cancer & Allied Diseases. He is also an Associate Member at the Memorial Sloan-Kettering Cancer Center and an Associate Professor at the Weill Cornell Medical College. As a medical oncologist, he specializes in treating patients with lung cancer and thymic tumors. Dr. Riely earned his medical and doctorate degrees at Case Western Reserve University in Cleveland, Ohio. In addition, he works on developing new treatments by designing and conducting clinical trials. His clinical research focuses on the treatment of patients with thymic tumors, as well as non-small cell lung cancer with specific mutations (*EGFR*, *KRAS*, *BRAF*, or *EML4-ALK* mutant non-small cell lung cancer). Dr. Riely's research has been published in peer-reviewed journals that include *Clinical Cancer Research*, *Journal of Clinical Oncology*, *Cancer*, *Annals of Oncology* and *Journal of Thoracic Oncology*. Further, he is certified in Medical Oncology by the American Board of Internal Medicine. Dr. Riely is active in numerous professional organizations, including the American Society of Clinical Oncology (ASCO), American Association for Cancer Research and the International Association for the Study of Lung Cancer.

Dr. Riely is the only medical oncologist participating in the meeting who specializes in the treatment of lung cancer. Because Dr. Riely has conducted both clinical and laboratory research in the area of lung cancer, he is essential to the committee's discussion on whether the clinical comparability study supports a conclusion that there are no clinically meaningful difference between the US-licensed Avastin and the proposed biosimilar ABP-215.

There is limited expertise available and it is difficult to locate similarly qualified individuals without a disqualifying financial interest.

There were a total of fourteen special government employees with expertise in medical oncology invited and five were unable to attend due to schedule conflicts. In addition to Dr. Riely, there

¹ Section 7002(b)(3) of the Affordable Care Act, adding section 351(i)(2) of the PHS Act

were six other medical oncologists who are able to attend this meeting. These medical oncologists specialize in different areas of cancers. Because Avastin is approved for multiple indications for treatment of disparate cancers, it is necessary to have medical oncologists that treat various types of cancers, such as the oncologists that have been invited to participate in this meeting. Inviting these diverse experts helps ensure that there is adequate representation of the medical oncology community. The success of the biosimilar program depends on acceptance of these drugs by the medical community as having no clinically meaningful differences.

The particular matter is sensitive.

The meeting topic is considered to be sensitive. The Division does expect that the meeting is likely to receive significant public interest and (non-trade) press interest because this will be the first biosimilar monoclonal antibody for cancer indications that will be discussed at an ODAC meeting.

Dr. Riely's expertise in this particular matter is necessary in the interest of public health.

The Patient Protection and Affordable Care Act (Affordable Care Act), signed into law on March 23, 2010, amends the Public Health Service Act (PHS Act) to create an abbreviated licensure pathway for biological products that are demonstrated to be “biosimilar” to or “interchangeable” with an FDA-licensed biological product. This pathway is provided in the part of the law known as the Biologics Price Competition and Innovation Act (BPCI Act). Under the BPCI Act, a biological product may be demonstrated to be “biosimilar” if data show that, among other things, the product is “highly similar” to an already-approved biological product. A biosimilar product is a biological product that is approved based on a showing that it is highly similar to an FDA-approved biological product, known as a reference product, and has no clinically meaningful differences in terms of safety, purity and potency from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products. Biosimilars can provide more treatment options for patients, and possibly lower treatment costs.

Dr. Riely is one of seven medical oncologists attending this meeting. It is necessary to have several medical oncologists at this meeting for a diversity of opinions. Dr. Riely's participation in this meeting will allow for a well-rounded discussion because he brings a specific expertise in the treatment of lung cancer that will further the committee's discussion, resulting in a productive meeting in the interest of public health.

Any potential for a conflict of interest is greatly outweighed by the strong need for Dr. Riely's expertise in this matter.

In the interest of public health, it is critical for the Agency to review biosimilar products shown to be highly similar to an FDA-approved biological product, and which have no clinically meaningful differences in terms of safety, purity and potency from the reference product. Biosimilar products can provide more treatment options for patients, and possibly lower treatment costs. Dr. Riely's expertise in medical oncology and lung cancer treatment is critical for the assessment of the biosimilar product coming before the committee.

Accordingly, I recommend that you grant Dr. Gregory Riely, a voting member of the Oncologic Drugs Advisory Committee, a waiver from the conflict of interest prohibitions of 18 U.S.C. §208(a).

Certification:

The individual may participate, pursuant to 18 U.S.C. 208(b)(3) – The need for the individual’s services outweighs the potential for a conflict of interest created by the financial interest involved.

Limitations on the Regular Government Employee’s or Special Government Employee’s Ability to Act:

Non-voting

Other (specify):

Denied – The individual may not participate.

Janice M. Soreth -S

Digitally signed by Janice M. Soreth -S
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ou=People, 0.9 2342.19200300.100.1.1=1300060198,
cn=Janice M. Soreth -S
Date: 2017.06.22 18:28:17 -0400'

Janice M. Soreth, M.D.
Associate Commissioner for Special Medical Programs
Office of Medical Products and Tobacco
Office of the Commissioner, FDA

6/22/17

Date