

Statistical Midcycle Memo, March 12, 2012 - SOLX System

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH

Division of Biostatistics (HFM-215)

**Statistical Review and Evaluation
(Mid-cycle)**

Type/Application ID/Amendment #: NDA/BN 110059

Product: HEMERUS LEUKOSEP® HWB-600-XL Leukocyte Reduction Filtration System for Whole Blood with CPD Anticoagulant and SOLX® Additive

Applicant: Hemerus Medical, LLC

Indications:

- Pre-storage leukocyte reduction of CPD whole blood followed by preparation of SOLX® Red Blood Cells, Leukocytes Reduced prepared at ambient temperature and placed at 1 to 6° C within (b)(4) hours of collection. SOLX® Red Blood Cells, Leukocytes Reduced may be stored at 1 to 6° C for up to 42 days after collection.
- Preparation of Fresh Frozen Plasma (FFP), Leukocytes Reduced prepared and frozen at -18° C or below within 8 hours of collection. Fresh Frozen Plasma (FFP), Leukocytes Reduced may be stored at -18° C or below for up to one year after collection.

Primary Statistical Reviewer: Chinying Wang, Ph. D. (HFM-219)

Concurring Reviewer: Tie-Hua Ng, Ph.D.

Team leader, OBE/ DB/TEB

Supervisory Signature:

Concur _____ Not Concur _____

Review Project Manager: Iliana Valencia (OBRR/DBA/RPMB)

Cc: HFM-380/Xuan Chi, M. D., Ph. D. (OBRR/DH/LCH)

HFM- 215 /Chronological File (OBE/DB)

HFM-215/Estelle Russek-Cohen, Ph. D. (OBE/DB)

HFM-215/Henry Hsu, Ph. D. (OBE)

HFM-215/Boguang Zhen, Ph. D. (OBE/DB/TEB)

HFM-215/John Scott, Ph. D. (OBE/DB)

EXECUTIVE SUMMARY

The study was conducted according to protocol PC387580, “*In Vitro* and *In Vivo* Evaluation of Hemerus LEUKOSEP® HWB-600-XL Leukocyte Reduction Filtration System for Whole Blood with CPD Anticoagulant and SOLX® Additive”. Based on the reported results, the clinical study showed that the primary endpoints of RBC mass recovery, leukorecution efficiency, hemolysis at end of storage, and 24-hour

	Group 1		Group 2			--(b)(4)--
Number of Units	46	14	46	14	60	(b)(4)(b)(4)
Total	60		60		60	(b)(4)

Primary Endpoints

Primary study endpoints of RBC mass recovery, leukoreduction efficiency, hemolysis at end of storage and 24-hour radiolabeled recovery were evaluated using predetermined confidence and reliability limits for binomial attribute testing. The objective performance criteria for evaluation of RBC endpoint analysis included:

- A one-sided 95% lower confidence limit for the true proportion of units with a filtration recovery of red blood cell mass of at least 85% is greater than 95%.
- A one-sided 95% lower confidence limit for the true proportion of units with residual leukocyte content of less than 5×10^6 per unit is greater than 95%.
- A one-sided 95% lower confidence limit for the true proportion of units with hemolysis at end of storage of less than 1% is greater than 95%.
- Mean 24-hour, post transfusion, *in vivo* red cell recovery at end of storage of at least 75% with standard deviation of at most 9%, and the lower limit of a one-sided 95% confidence interval for the population proportion of successes is 70% or greater.

i) Filtration Recovery Results

Filtration recovery was evaluated for each whole blood processing group filtered with the SOLX® System or the control device. The filtration recovery endpoint, for purposes of this clinical study, was defined as RBC Mass Recovery

	Group 1 Test	Group 2 Test	Group 2 Control	---(b)(4)---
Mean	94	94	93	(b)(4)
SD	2	1	1	(b)(4)
Min	89	91	91	(b)(4)
Max	99	97	96	(b)(4)
n	60	60	60	(b)(4)
# Units >85% / Total Units	60/60*	60/60	60/60	(b)(4)

Table 5-15 RBC Mass Recovery Results (%)

*Two (2) Group 1 Test units had inadvertent missed samples at the post-filtration whole blood time point.

* For these two units RBC Mass Recovery was calculated from the additive RBC prepared from the WB unit.

Each Test Group processed with the SOLX® System met endpoint criteria for RBC Mass Recovery. The Control Group also met the criteria. The results support that a one-sided 95% lower confidence limit for the true proportion of units with a filtration recovery of red blood cell mass of at least 85% was greater than 95% for each SOLX® System Test Group. The primary study endpoint for RBC Mass Recovery was met.

ii) Processed RBC Leukoreduction Filtration Results

	Group 1 Test	Group 2 Test	Group 2 Control	---(b)(4)---
Total Units	60	60	60	(b)(4)
Number of Units < 5x10 ⁶ rWBC in the Total Unites	60/60	60/60	59/60	(b)(4)

The results support that a one-sided 95% lower confidence limit for the true proportion of units with residual leukocyte content of less than 5 x10⁶ per unit was greater than 95% for each SOLX® RBC processing group. The primary study endpoint for leukoreduction was met for each SOLX® group.

The Group 2 Control demonstrated one unit out of 60 that did not meet the criteria for residual WBC per unit and therefore did not meet the 95/95 acceptance criteria.

iii) Hemolysis at End of Storage Results

Table 5-23 Hemolysis (%) on Day 42 of Storage

	SOLX® RBC Group 1 Test	SOLX® RBC Group 2 Test	Group 2 AS-1 RBC Control	----- (b)(4) ----- --
Mean	0.31	0.28	0.40	(b)(4)
SD	0.14	0.08	0.28	(b)(4)
Min	0.09	0.15	0.04	(b)(4)
Max	0.72	0.56	0.98	(b)(4)
n	60	60	60	b(4)
# Units <1.0% / Total Units	60/60	60/60	60/60	(b)(4)

The results support that a one-sided 95% lower confidence limit for the true proportion of units with hemolysis at end of storage of less than 1% is greater than 95% for each SOLX® RBC processing group. The primary study endpoint for hemolysis was met for each SOLX® processing group.

iv) In Vivo 24 Hour Red Cell Recovery Results

There were two *in vivo* data analysis groups in this study, one composed of Group 1 and Group 2 combined *in vivo* results ----- (b)(4) -----.

Table 5-26 In vivo 24-Hour Recovery for SOLX® RBCs on Day 42

Day 42		® SOLX RBC Group 1 + 2		---(b)(4)----- -
Parameter	Criteria	Single Label n=27	Double Label n=26	(b)(4) (b)(4)
Mean Recovery (%)	≥ 75%	88.1	86.5	(b)(4) (b)(4)
SD (%)	≤ 9%	5.8	6.5	(b)(4) (b)(4)
% LCL for Population Proportion of Successes	≥ 70%	89.5 (27/27)	83.0 (25/26)	(b)(4) (b)(4)

Day 42	® SOLX RBC Group 1 + 2	---(b)(4)----- -
(# Pass/Total)		
Study Outcome	Pass	Pass
	(b)(4)	(b)(4)

Each SOLX® RBC analysis group (Groups 1+2 ---(b)(4)-----) met study acceptance criteria for 24-hour in vivo red cell recovery when assessed for mean recovery, standard deviation and 95% lower confidence limit for the population proportion of successes.

v) In Vivo Red Cell Survival Results

Survival studies were conducted with SOLX® RBC and were not performed with the concurrent control group. There are no recognized criteria for survival of stored red blood cells; therefore the RBC survival studies conducted for this NDA were performed for reference purposes.

Table 5-27 In vivo RBC Survival Studies for SOLX® RBC Stored for 42 Days

Day of Reinfusion	Parameter Mean ± SD	® SOLX RBC Group n=14	® SOLX RBC Group n=13	---(b)(4)-----
Day 42	Linear RBC Survival T50 (Days)	32 ± 9	35 ± 12	(b)(4)
	Linear RBC Survival Lifespan (Days)	70 ± 20	80 ± 27	(b)(4)

SOLX® RBC demonstrated similar survival parameters for each analysis group. There were no statistically significant differences when comparing SOLX® RBC Groups for survival.

Statistical Review

Based on the reported results, the clinical study showed that the primary endpoints of RBC mass recovery, leukorecution efficiency, hemolysis at end of storage, and 24-hour radiolabeled recovery were met the objective performance criteria for all **SOLX® RBC** processing groups.

In addition to the assessment of primary endpoints of the clinical study, this mid-cycle statistical review, per review committee's request, focused on the comparative analysis that the sponsor did not perform to investigate the effect of temperature and time of storage on labile coagulation factors. The review committee of this submission suggested analyzing the results of Factors V, VIII, XI, and Protein S for groups with different process on freezing rate and temperatures:

- -----
------(b)(4)-----
- Test FFP was the plasma unit derived from Hemerus collection system that was held at room temperature for up to 8 hours post collection before freezing (Group 2);
- Control FFP was derived from FDA approved (Hemerus) collection system (Group 2). Due to the fact that the clinical study of this submission was not designed as paired-sample study, two-sample t-test was performed to compare the coagulation factors

between -----(b)(4)-----

(c) Test FFP and Control FFP.

The results of Coagulation inhibitors (Protein S) and Coagulation factors of Factor V (FV), Factor VIII (FVIII) and Factor XI (FXI) for the comparisons are shown in Table 1 below.

Table 2 presents the descriptive statistics for these Coagulation factors.

Table 1. The mean difference of the Hemerus Coagulation Factors: Test - Control (95%CI) Coagulation Factors for the Test FFP, Test ---(b)(4)-----, and Control FFP

	Protein S	FV	FVIII	FXI
----- (b)(4) -----	---- (b)(4) -----	(b)(4)	---- (b)(4) -----	(b)(4)
---	---- (b)(4) ----	--- (b)(4) ---	---- (b)(4) ----	--- (b)(4) ---

----- (b)(4) -----	---- (b)(4) -----	(b)(4)	---- (b)(4) -----	(b)(4)
---	---- (b)(4) ----	--- (b)(4) ---	---- (b)(4) ----	--- (b)(4) ---

Test FFP	-0.067	-3.58	4.62	0.1
vs.	(-6.16 , 6.02)	(-9.58 , 2.42)	(-8.5 , 17.73)	(-8.16 , 8.36)
Control FFP				

Control FFP (n=60): FFP derived from FDA approved collection system.

Test FFP (n=60): FFP derived from Hemerus collection system.

----- (b)(4) -----

* Statistical significance using 2-sided t-test for the mean difference of two independent samples.

[(b)(4)]

Conclusions

----- (b)(4) -----

----- (b)(4) ----- . In contrast, no significant differences between Test FFP and Control FFP are observed for all coagulation factors mentioned above.

Comments to CBER Review Committee

----- (b)(4) -----

----- . In contrast to non-statistical significant difference between the results of Test FFP and Control FFP, -----

----- (b)(4) -----

----- .