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

DATE: August 23, 2017

TO: Rachel E. Sherman, M.D., M.P.H.
Principal Deputy Commissioner
Office of the Commissioner, Food and Drug Administration

THROUGH: Jeffrey Anderson, MS, 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: Susan Halabi, Ph.D.

Committee: Oncologic Drugs Advisory Committee

Meeting date: September 19, 2017

Description of the Particular Matter to Which the Waiver Applies:

Dr. Halabi is serving as a standing 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.

The committee will discuss supplemental new drug application (sNDA) 021938/033 Sutent (sunitinib malate) oral capsules, submitted by C.P. Pharmaceuticals International C.V., represented by Pfizer, Inc. (authorized U.S. agent). The proposed indication (use) for this product is for the adjuvant treatment of adult patients at high risk of recurrent renal cell carcinoma following nephrectomy. The topic of this meeting is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interest:

Dr. Halabi is the study statistician for the Targeting Agent and Profiling Utilization Registry (TAPUR) Study being conducted by the American Society for Clinical Oncology (ASCO). The TAPUR Study is a non-randomized clinical trial that aims to describe the performance (both safety and efficacy) of commercially available, targeted anticancer drugs prescribed for the treatment of patients with advanced cancer that has a potentially actionable genomic variant. The study catalogues the choice of genomic profiling test by clinical oncologists and aims to learn about the utility of registry data to develop hypotheses for additional clinical trials. Approved targeted therapies are contributed to the program by collaborating pharmaceutical companies, which includes (b) (4) and (b) (4) which are competing firms/products and (b) (4) (competing product) and (b) (4) Pfizer is the sponsor for this advisory committee meeting. Dr. Halabi's employer, Duke University, is not involved in the study nor is it a study site. Dr. Halabi has indicated that she is not aware of ASCO receiving any funding related to this study and she does not know the value of the therapeutics contributed to the study. She does not receive any personal remuneration or salary support for her role.

Basis for Granting the Waiver:

The TAPUR study is a non-randomized clinical trial that is focused on commercially available treatments for patients with advanced cancer. The products used in this study are provided to ASCO by collaborating pharmaceutical firms. This includes (b) (4) and (b) (4) which are competing firms/products and (b) (4) (competing product) and (b) (4) Pfizer is the sponsor for this advisory committee meeting. However, the focus of this study is for a range of advanced cancers, not for adjuvant treatment of RCC after nephrectomy.

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

This application is the first application for the adjuvant treatment of renal cell carcinoma using disease-free survival as an endpoint. Unlike in breast cancer, the evaluation of this endpoint has not yet been standardized. There is a discordance observed in the statistical results observed between the independent reviewer and investigator assessment of the disease-free survival outcome, which has led to multiple sensitivity analyses both by the sponsor and the FDA in this application. An expert statistician is necessary to understand the complexities of this endpoint as well as the analyses of the data, in order to advise the FDA on the interpretation of the statistical analyses results

Dr. Halabi received her Ph.D. in 1994 at the University of Texas Health Sciences Center at Houston. She is Professor, Department of Biostatistics and Bioinformatics, Duke University Medical Center. She is a well-recognized expert in designing, conducting and evaluating cancer clinical trials. Her work on evaluating progression-free-survival as an endpoint in metastatic renal cell carcinoma as well as her contributions in evaluating intermediate endpoints in prostate cancer will guide in the advisory committee discussions on the endpoint of interest in this application,

particularly since the overall survival information at this time is limited. Dr. Halabi has over 20 years of experience in the field of oncology and particularly in co-operative group studies where she has been lead statistician on prostate cancer clinical trials. Her expert understanding and experience are essential for the advisory committee discussions.

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

Dr. Halabi is the only statistician scheduled to attend this advisory committee meeting. Four other statisticians were invited to attend but they all declined due to schedule conflicts.

The particular matter is not sensitive.

This topic is not considered to be sensitive as the Division does not expect that the meeting is likely to receive significant public interest, (non-trade) press interest, or congressional interest nor is it considered highly controversial.

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

Renal cell carcinoma (RCC) is the most common type of kidney cancer in adults. Currently, cancers of the kidney and renal pelvis are the eighth most common cancer in US accounting for 3.8% of new cases. The American Cancer Society estimates that in 2017 there will be 63,990 cases of malignant tumors of the kidney diagnosed, with 14,400 deaths. Due to the increasing number of patients with stages I–III RCC, optimizing the management of early-stage RCC is one of the key priorities in the oncological clinical practice. Survival after relapse remains poor, and mRCC continues to have the highest mortality rate of the genitourinary cancers. In addition to surgical management, relapse risk reduction through adjuvant therapy is a very important goal in patients with intermediate- and high-risk early-stage RCC.

The dollar value of the potential gain or loss that may result from participation in the particular matter is small.

As noted above, Dr. Halabi does not receive any personal remuneration or salary support. However, Dr. Halabi does have knowledge that ASCO receives products from collaborating pharmaceutical firms, as outlined above.

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

In the interest of public health, it is critical for the Agency to review products for adjuvant treatment of adult patients at high risk of recurrent RCC following nephrectomy, which uses

disease-free survival as an endpoint, because the evaluation of this endpoint has not yet been standardized for RCC. Dr. Halabi's statistical expertise makes her a critical participant at this meeting.

Accordingly, I recommend that you grant Dr. Susan Halabi, a standing voting member of the Oncologic Drugs Advisory Committee, a waiver from the conflict of interest prohibitions of 18 U.S.C. §208(a), to participate in the September 19, 2017 Oncologic Drugs Advisory Committee meeting.

Certification:

___X___ The individual may participate as a voting member, 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):

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_____ Denied – The individual may not participate.

/S/ 9/1/2017

Rachel E. Sherman, M.D. Date
Deputy Commissioner for Medical Products and Tobacco
Office of the Commissioner, Food and Drug Administration