

Teleconference Minutes on YESCARTA PI BLA STN 125643

Meeting date/time: October 2, 2017 10:30-11:30 am

Meeting attendees:

- FDA: Najat Bouchkouj, Bindu George, Mark Davidson
- Kite: David Chang (CMO), Jeffrey Wiezorek (SVP Clinical Development), Rizwana Sproule (VP Regulatory Affairs), David Chonzi (VP Safety)

APPROVED

By Najat Bouchkouj at 9:59 pm, Oct 17,

Meeting purpose: Kite Pharma requested a teleconference meeting to discuss few items from the revised Prescribing Information (PI).

Discussion:

The following items were discussed during the meeting:

1. Safety analysis (Section 6):

FDA clarified that the primary safety analysis that is based on the original submission for 108 subjects, would be included in the PI. Data from the 120-Day safety update would be used to include information regarding the adverse event related to cerebral edema and resulting death.

2. Definition of neurologic toxicity (Section 5.2):

FDA clarified that the neurologic toxicity terms for CAR-T cell products should be aligned, and should follow the definitions provided by FDA. Neurologic toxicities will include any Preferred Terms (PT) that fall under the Nervous System or Psychiatric SOCs.

3. ADR table:

FDA stated that for CAR-T cell products, signs and symptoms of CRS will be included in calculations for the incidence of the events in the ADR table (for example: incidence related to hypoxia will include total number of hypoxia events independent of its relation to CRS).

4. Hospitalization (Section 1):

FDA explained that key points for requiring hospitalization and 7 days post-infusion monitoring is based on the following:

- The unpredictability of potentially fatal or life-threatening neurologic toxicities
- The patients' caregivers who may be inexperienced in detecting neurologic toxicities would need to monitor the patient for the onset of neurologic toxicities (as the

onset of these symptoms can be very subtle and require careful observation and monitoring)

- Majority of patients may require hospitalization due to other AEs (as noted in ZUMA- 1).
- ZUMA-1 study design required 7 days of hospitalization. FDA is unable to assess the safety of administration of YESCARTA when administered in the outpatient setting, since the ongoing studies and ZUMA-1 did not provide the option of outpatient monitoring immediately following the YESCARTA infusion.
- It is challenging to compare safety of YESCARTA to other products; therefore, this comparison is not appropriate. There are differences in the eligible population and other aspects that would preclude comparison across products other than in the setting of a head to head trial.

Kite continues to believe, that a mandatory hospitalization is not required. Therefore, Kite currently plans to escalate this matter to the Director of Oncology Center of Excellence for resolution.

FDA stated that the regulatory project manager will inquire about the process of conflict resolution in case Kite would like to escalate this matter.

5. ITT ORR Data (Section 14):

FDA stated that this information is important to prescribers and may provide information regarding efficacy in the context of patients who are being considered for treatment with YESCARTA but have yet to have YESCARTA manufactured. FDA acknowledged that such information was provided in text format in some instances.

6. Indication (Section 1):

Indication statement was not discussed because the complete clinical review team was not present during the meeting.