CDER Update

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2017: Busy Year

• High levels of applications and approvals in many premarket programs
• Implementation of cures and reauthorized UFs
• Ongoing opioid crisis
• Increased emphasis on competition
• Drug shortage exacerbation by hurricane activity
• Continuing implementation of DQSA
2018 CDER Priorities (Preliminary)

• Center-wide informatics implementation
• Implement CURES legislation
• Carry out reauthorized BSUFA, GDUFA, PDUFA and meet goals
• Improve hiring process (with OC)
• Take multiple actions regarding opioid crisis
• Further progress in regulating compounding
• New drug regulatory program modernization
• OTC monograph reform
Center-wide Informatics

- Review platform fully operational in generics program
- Working to implement for new drug review program this year
- Have put in place formal Center governance of informatics activities
- Challenging area: hope for improvements in work management, understanding capacity, knowledge management, data standardization
- Multi-year project, $$$
21st Century Cures Implementation

• Real world evidence policy development
• Patient-focused drug development
• Drug development tools program
• New hiring authorities
• Antimicrobial drugs breakpoint information
• Novel trial designs
• Model-based drug development
Real World Evidence

• Intend to publish Real-World Evidence framework as stipulated in legislation. Framework will describe the steps towards common understanding/utilization of such data

• Working on harmonization of common data models and open standards for evidence development (with NIH and HHS/ONC); also collaboration with UCSF of source data capture from EHRs using standardized clinical research data

• Ongoing demonstration projects
  – IMPACT Afib
  – Study comparing outcomes of randomized clinical trials to RWE collected from claims databases
Patient-focused Drug Development

• Section 3001, Patient Experience Data
  – Clinical reviewers will be filling out a new section in the benefit/risk section to include a statement on any patient experience data submitted or utilized during a review

• Section 3002
  – Public workshop on Dec 18 for feedback on
    • Standardized nomenclature and terminologies for PFDD
    • Methods to collect meaningful patient input throughout the drug development process
    • Methodologic considerations for data collection, reporting, management and analysis of patient input
    • FDA will publish a discussion document prior to the workshop
Patient-focused Drug Development

• Will put up a web site to pull together various patient-related activities
• Will start a centralized process for non-application-related meeting requests
• PRO qualification process has been converted to CURES-mandated DD tools procedures
• Will have standardized processes to receive and respond to externally-developed “Voice of the Patient” reports and draft guidances
• Working with CTTI on patient engagement projects
Drug Development Tools

• Have adopted Cures-stipulated process for qualification of DDTs including PROs, biomarkers and clinical outcome assessments
• Responsibility placed in OND
• Set up senior management committee to oversee precedential decision-making processes (similar to breakthrough designation)
• C-Path Institute to be an independent body to provide advice and consultation to tool developers
• Workshop on evidence generation for qualification will be held; CDER working with FNIH on describing evidentiary criteria for surrogate endpoints
• CPIMs (Critical Path Innovation Meetings) continue to be a great vehicle for non-regulatory brainstorming on innovative ideas, including tools, trial design, and novel development programs
Hiring and Retention

• New hiring authorities in CURES currently being explored; expect implementation in 2018; Melanie Keller, CDER’s exec officer, currently on detail to OC to work on this
• New process and authorities should bring some relief and improved hiring and retention to medical product Centers
• Recent independent evaluation and public meeting on FDA HR process (stipulated in PDUFA) revealed many of the ongoing problems FDA is facing
Implement Re-Authorized PDUFA, GDUFA and BsUFA Programs

• PDUDFA and BsUFA goals don’t have major alterations from prior program
• FDA has initiated various projects laid out in the goals letters for these projects
• GDUFA goals are challenging AND application rate continuously increasing
• FDA’s Drug Competition Action Plan adds a number of projects to the OGD portfolio
• CDER expects to meet or exceed GDUFA goals
Facility Assessment

- Facility problems continue to plague GDUFA, PDUFA and BsUFA programs—a major reason for more application cycling
- CDER’s OPQ/OC is currently implementing with ORA the new “concept of operations” for facility assessment based on the ORA reorganization.
- This comes with clear roles and responsibilities and timelines for completing actions after facility inspections and notifying firms of final classification of facility status.
- Still need better clarity about cGMP standards and expectations. NIPP project (new inspection protocol) has been slow due to multiple other obligations of staff.
Opioid Crisis

- Treating opioid use disorder: CDER just approved a once monthly depot form of bupenophine
- Preventing new OUD: ongoing expansion of opioid REMS; education about appropriate pain management
- Ongoing evaluation of B/R of currently approved opioids
- Evaluation of additional methods to improve prescribing practices
- Naloxone: developing information needed for OTC use
Regulation of Pharmacy Compounding

• Continue to build framework to implement statute:
  – Pharmacy Compounding Advisory Committee
  – Multiple guidances to be issued
  – Rulemaking to follow

• Follow-up on outbreaks, reports of patient harm; issuing compounding risk alerts

• Working extensively with states and state Boards of Pharmacy
New Drug Regulatory Program Modernization

• FDA’s new drug program a global leader: some say “the gold standard”
• Known both for rigor of assessment and timeliness
• Comprised of both pre-market review (IND and market application) and post-market regulatory oversight
• Just achieved successful re-authorization of PDUFA
New Drug Regulatory Program Modernization

• Multiple factors drive the need for change:
  – New, rapidly-evolving science
    • Targeted therapies and precision medicine raise new challenges
  – Changing societal expectations
    • Patient involvement in drug development
    • Expectation of transparency
  – Digital revolution and rise of RWE
  – Globalization of drug development and maturation of multiple drug regulatory authorities around the world
  – Pressures on society from rising drug spend and consequent new scrutiny of regulatory authorities’ standards
  – Call for new structures at FDA, e.g. OCE
  – Multiple unfunded or partially-funded Congressional mandates
New Drug Program Modernization

- Changes not about speed of review ("faster" or "slower") or about approval standards ("higher" or "lower")
- Will work out more efficient and effective ways to accomplish the review work in order to:
  - Collaborate with the community to address unmet medical needs
  - Oversee the approved armamentarium—both for safety and for appropriateness
  - Ensure policy consistency in regulatory decisions across units
  - Work with international regulatory community on harmonizing standards
  - Keep up with the fast moving science
  - Improve the transparency of our work
  - Increase currency and number of disease-specific drug development guidances
OTC Monograph Reform

- Current OTC monograph system is outdated and almost unworkable
- FDA has little ability to respond to safety issues arising with monographed products
- No possibility of innovation—stopped at 1972
- Staffing (approx 18 FTE in division) not adequate for the many tens of thousands of products on the market
- FDA has been working with other stakeholders on a reform proposal
Additional Activities

• Regulation reform: ORP working on evaluating existing regulations for currency
• Continuing to implement provisions of Supply Chain Security Act
• Intend to issue further guidance on sponsor communications with payers, and on communications consistent with FDA-approved labelling
• Issue guidance on identifying subpopulations for targeted therapies
• Keep ahead of emerging drug shortages as possible
• And many more
Conclusions

• CDER continues to have a robust number of ongoing initiatives to complete in addition to our regulatory workload
• Recent focus has been on generic drug and drug quality programs
• Now most urgent focus is IT governance and new drug regulatory program
• Likely other crises will happen over FY 18
• Program must rise to the various challenges and continue to serve the public in multiple ways