

**FOOD AND DRUG ADMINISTRATION (FDA)
Center for Biologics Evaluation and Research (CBER)
157th Vaccines and Related Biological Products Advisory
Committee (VRBPAC) Meeting**

OPEN SESSION - TOPIC I

**FDA White Oak Campus
Great Room
Silver Spring, MD 20903**

October 9, 2019

This transcript appears as received from the commercial transcribing service after inclusion of minor corrections to typographical and factual errors recommended by the DFO.

ATTENDEES

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Holly Janes, Ph.D.	Fred Hutchinson Cancer Research Center
H. Cody Meissner, M.D.	Tufts University School of Medicine
Michael Kurilla, M.D., Ph.D.	National Institutes of Health
Sheldon Toubman, J.D.	New Haven Legal Assistance Association
Melinda Wharton, M.D, M.P.H.	Centers for Disease Control and Prevention
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Geeta K. Swamy, M.D.	Duke University
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1 **CALL TO ORDER/INTRODUCTIONS**

2

3 **MS. HUNTER-THOMAS:** Okay. Good morning
4 everyone. I think we're going to go ahead and get
5 started. Hana? Dr. El Sahly?

6 **DR. EL SAHLY:** Yes, I'm with you. Good
7 morning.

8 **MS. HUNTER-THOMAS:** Great. Good morning.
9 We'll go ahead and get -- yeah. So you could go ahead,
10 Dr. El Sahly.

11 **DR. EL SAHLY:** Good morning, everyone.
12 Welcome to the FDA Center for Biologics Evaluation and
13 Research 157th Meeting of the Vaccines and Related
14 Biological Products Advisory Committee. I want to
15 welcome the members, participants, the public, and the
16 audience for joining us today via the webcast.

17 Next up, I'm going to invite the members to
18 introduce themselves this morning.

19 **MS. HUNTER-THOMAS:** Would you like me to do
20 the round table, Dr. El Sahly?

21 **DR. EL SAHLY:** Yes, please.

1 **MS. HUNTER-THOMAS:** Okay. Let's start with
2 Dr. Gans. Dr. Gans? Hello?

3 **DR. EL SAHLY:** Dr. Hayley Gans? Maybe you are
4 on mute.

5 **MS. HUNTER-THOMAS:** Dr. Holly Janes?

6 **DR. JANES:** Good morning. This is Holly
7 Janes. I'm a biostatistician, a faculty member of the
8 Fred Hutchinson Cancer Research Center. I do work on
9 vaccine evaluation, mostly in HIV and a few other
10 pathogens including malaria and flu. Thank you.

11 **MS. HUNTER-THOMAS:** Thank you. Dr. Michael
12 Kurilla? Dr. Kurilla?

13 **DR. KURILLA:** Hi. Mike Kurilla here. I'm the
14 director of the Division of Clinical Innovation at the
15 National Center for Advancing Translational Sciences at
16 NIH, formerly with the National Institute of Allergy
17 and Infectious Diseases working in biodefense,
18 including vaccine development. I'm a pathologist by
19 training.

20 **MS. HUNTER-THOMAS:** Thank you. Dr. Cody
21 Meissner?

1 **DR. MEISSNER:** Good morning. I am a professor
2 of pediatrics at Tufts School of Medicine in Boston. I
3 concentrate in pediatric infectious diseases with a
4 particular interest in immunization. I appreciate the
5 opportunity to participate this morning.

6 **MS. HUNTER-THOMAS:** Thank you. Dr. Paul
7 Spearman?

8 **DR. SPEARMAN:** Good morning. This is Paul
9 Spearman. I'm a pediatric ID specialist and director
10 of Infectious Diseases at Cincinnati Children's
11 Hospital. I work on HIV biology and also on vaccine
12 clinical trials. Thank you.

13 **MS. HUNTER-THOMAS:** Thank you. Dr. Geeta
14 Swamy? Dr. Swamy? Mr. Sheldon Toubman?

15 **MR. TOUBMAN:** Good morning. This is Sheldon
16 Toubman. I'm an attorney with New Haven Legal
17 Assistance Association in New Haven, Connecticut. I
18 mostly work on behalf of Medicaid clients; and I am the
19 consumer representative for today.

20 **MS. HUNTER-THOMAS:** Thank you, Mr. Toubman.
21 Dr. Melinda Wharton?

1 **DR. WHARTON:** Good morning. I'm an adult
2 infectious disease specialist and I'm director of the
3 Immunization Services Division at the Centers for
4 Disease Control and Prevention.

5 **MS. HUNTER-THOMAS:** Thank you. Dr. Tammy
6 Beckham?

7 **DR. BECKHAM:** Hi. I'm Tammy Beckham. I'm
8 Director of the Office of Infectious Disease and
9 HIV/AIDS Policy and Deputy Assistant Secretary for
10 Vaccines and Infectious Diseases.

11 **MS. HUNTER-THOMAS:** Thank you. Dr. Steven
12 Pergam? Dr. Pergam? Circling back to Dr. Hayley Gans.
13 Dr. Geeta Swamy? Dr. Lisa Bollinger?

14 **DR. SWAMY:** Hi, this is Geeta. Sorry. I
15 could hear you, but you couldn't hear me. So, I just
16 called in by phone. I'm here.

17 **MS. HUNTER-THOMAS:** Okay. Thank you, Geeta.
18 If you could provide your affiliation.

19 **DR. SWAMY:** Yes, sorry. This is Geeta Swamy.
20 I'm an OB-GYN faculty member at Duke University and my
21 research is primarily focused in vaccine work and

1 maternal immunization.

2 **MS. HUNTER-THOMAS:** Thank you. Dr. Wentworth,
3 are you on the line? Circling back to Dr. Hayley Gans
4 one more time. And Dr. Steven Pergam. Okay. So, we
5 will check in with --

6 **DR. GANS:** This is Hayley Gans. Can you hear
7 me?

8 **MS. HUNTER-THOMAS:** Yes, hi. Good morning.

9 **DR. GANS:** Oh, hi. Sorry. I didn't know how
10 to unmute myself.

11 **MS. HUNTER-THOMAS:** Okay. Can you provide
12 your affiliation?

13 **DR. GANS:** Sure. This is Hayley Gans. I'm a
14 pediatric infectious disease physician at Stanford
15 University, and I work on immunologic responses to
16 viral vaccines.

17 **MS. HUNTER-THOMAS:** Thank you. And Steven
18 Pergam? Checking in one more time. We'll check in
19 later. Dr. Wentworth will be joining us shortly. He's
20 from CDC. He's our speaker for today. Checking in
21 again with Dr. Bollinger. Okay, we'll move forward

1 with the FDA representation that's in the room.

2 **DR. GRUBER:** Good morning. This is Marion
3 Gruber. I'm the director of the Office of Vaccines
4 Research and Review at CBER FDA.

5 **DR. WEIR:** And I'm Jerry Weir. I'm the
6 director of the Division of Viral Products in the
7 Office of Vaccines.

8 **DR. CHUMAKOV:** I'm Konstantin Chumakov. I'm
9 an associate director for research at the Office of
10 Vaccines.

11 **DR. WILSON:** Carolyn Wilson, associate
12 director for research, Center for Biologics.

13 **MS. HUNTER-THOMAS:** Okay. Hana, that was the
14 introductions. I'll check in with the other members
15 that didn't respond later, if you want to proceed.

16 **DR. EL SAHLY:** Of course. Thank you all for
17 being here this morning. My name is Hana El Sahly.
18 I'm also adult infectious diseases from Baylor College
19 of Medicine. My work centers mostly on clinical
20 vaccine development research.

21 Next on the agenda, Ms. Serina Hunter-Thomas

1 will read the housekeeping items and Conflict of
2 Interest statement.

3

4 **ADMIN ANNOUNCEMENTS, COI STATEMENT**

5

6 **MS. HUNTER-THOMAS:** Thank you, Dr. El Sahly.
7 Good morning everyone. My name is Captain Serina
8 Hunter-Thomas and it is my pleasure to serve as a
9 Designated Federal Officer for the 157th VRBPAC Meeting
10 today. The Committee Management Specialist for this
11 meeting is Ms. Monique Hill. The Committee Management
12 Officer for this meeting is Ms. Casey Stewart. And
13 also, our division director is here, Dr. Prabhakara
14 Atreya.

15 On behalf of the FDA, the Center for Biologics
16 Evaluation and Research, and VRBPAC, we would like to
17 welcome everyone to this meeting. Today's meeting has
18 two topics. Topic one is partially closed and topic
19 two is open in its entirety. Both meeting topics were
20 described in the Federal Register Notice that was
21 published on August 27th, 2019.

1 The transcriptionist for the meeting today is
2 Ms. Devin Shiple. I would like to remind everyone to
3 please check your pagers and cell phones and make sure
4 that they are either turned off or in silent mode.
5 When making your comment, please first state your name
6 and speak up so that your comments are accurately
7 recorded for transcription.

8 Please also keep in mind that the committee
9 members are joining us remotely, and we would like
10 everyone to be heard for the benefit of the FDA staff
11 here in the room, members of the public, and those
12 listening via webcast. I will now proceed to reading
13 the Conflict of Interest statement for topic one.

14 The Food and Drug Administration is convening
15 today, October 9, 2019, for the 157th Meeting of the
16 Vaccines and Related Biological Products Advisory
17 Committee under the authority of the Federal Advisory
18 Committee Act of 1972.

19 Dr. Hana El Sahly is serving as the Chair of
20 the meeting for both topic one and topic two. The
21 meeting today will have two Conflict of Interest

1 disclosure statements read prior to each topic session
2 that will occur during the meeting today.

3 In the morning for topic one, in the open
4 session, the committee will hear overview presentations
5 on the Laboratory of Hepatitis Viruses and the
6 Laboratory of Vector-Borne Viral Diseases, Division of
7 Viral Products, Office of Vaccines Research and Review.

8 For agency guidance, this session is
9 determined to be a non-particular matter which would
10 have no impact on outside financial interests. Hence,
11 no effected firms were identified, and members were not
12 screened for this topic. In the latter part of the
13 afternoon, the meeting will be closed to permit
14 discussions where disclosure would constitute a clearly
15 unwarranted invasion of personal privacy.

16 Dr. Lisa Bollinger is currently serving as the
17 acting industry representative to this committee. Dr.
18 Bollinger is employed by Amgen. Industry
19 representatives act on behalf of all related industry
20 and bring general industry perspective to the
21 committee. Industry representatives are not appointed

1 as Special Government Employees and serve as non-voting
2 members of the committee. Hence, industry
3 representatives are not screened and do not participate
4 in the closed sessions, and do not have voting
5 privileges.

6 Mr. Sheldon Toubman is serving as the consumer
7 representative for this committee. Consumer
8 representatives are appointed Special Government
9 Employees and are screened and cleared prior to their
10 participation in the meeting. They are voting members
11 of the committee and, hence, do have voting privileges
12 and they do participate in the closed sessions if they
13 are held.

14 Dr. David Wentworth is employed by the Centers
15 for Disease Control and Prevention and serves as Chief
16 of the Virology Surveillance and Diagnosis Branch in
17 the Division of Influenza. He is an internationally
18 known expert in influenza virus epidemiology, world-
19 wide influenza disease burden, and influenza virus
20 vaccines. Dr. Wentworth is a regular government
21 employee and serves as the speaker for this meeting

1 under topic two. He is also serving as a temporary
2 non-voting member for topic two. He is not authorized
3 to attend the topic one session.

4 This Conflict of Interest statement will be
5 available for public viewing at the registration table.
6 This concludes my reading of the Conflict of Interest
7 statement for the public record. At this time, I would
8 like to hand the meeting back over to Dr. El Sahly.
9 Thank you.

10 **DR. EL SAHLY:** Thank you, Serina. Our first
11 speaker this morning is Dr. Carolyn Wilson who is the
12 Associate Director for Research at CBER FDA. Dr.
13 Wilson?

14

15 **OVERVIEW OF RESEARCH/SITE VISIT PROCESS, CBER**

16

17 **DR. WILSON:** Hi, good morning. Thank you, and
18 hopefully everybody can hear me all right. I'm going
19 to provide a brief overview about the Center for
20 Biologics and a little bit about how our research
21 programs are managed so that you have a context for how

1 the site visits fits into our overall research
2 management strategy.

3 So, for those of you who have been on VRBPAC,
4 obviously you're aware of the far right three green
5 topics: vaccines, live biotherapeutic products, and
6 allergenic products. But to just orient you more
7 broadly, CBER regulates a variety of complex products
8 including blood and blood components, various
9 derivatives, certain devices, cell and gene therapies
10 to certain human tissues, and xenotransplantation
11 products.

12 Because of the diversity and complexity of the
13 products we regulate, combined with the fact that most
14 of our products aren't amenable to terminal
15 sterilization and it's challenging to identify
16 sometimes how best to characterize these products and
17 ensure -- there's some background noise.

18 **MS. HUNTER-THOMAS:** Sorry. Go ahead, Dr.
19 Wilson. If everyone can -- in the Adobe Connect
20 environment -- please mute your microphone. Thank you.

21 **DR. WILSON:** Okay. So, anyway, this is the

1 reason why we feel it's very important to have an
2 active and robust research program. The combination of
3 science and regulation allows us to advance product
4 development. This is a graphic I've been using for a
5 number of years, so for those of you who've heard my
6 talk before, bear with me. But if you haven't,
7 hopefully this will help you understand the role of our
8 research program and supporting our regulatory mission.

9 So, the idea is that everything derives from a
10 public health problem that drives the development of a
11 novel product. However, those novel products
12 oftentimes pose a challenge in a regulatory context.
13 Sometimes we don't have enough information about how
14 they act to inform development of a potency assay.
15 Reference materials may need to be developed. Or just
16 basic understanding of how you even characterize these
17 products is not well understood.

18 That's where regulatory science or a
19 combination of discovery science and direct application
20 and development of new tools can help to provide better
21 scientific information, methods and approaches that can

1 help us to provide better regulatory policy to our
2 sponsors, help inform our decision making in a science-
3 based manner, and by that, we then hopefully get
4 improved data to inform our benefit risk decisions.

5 It doesn't stop there. With a licensed
6 product, which we hope is safe and effective, with post
7 market surveillance, we need to continue to remain
8 vigilant to collect information about safety and
9 efficacy as it goes out into the marketplace.

10 Our center has four broad research goals that
11 advance the scientific basis for regulation of
12 biologics, human tissues and blood. By developing and
13 evaluating technology reagents and standards to inform
14 chemistry manufacturing and controls. Developing and
15 assessing nonclinical models and methods predictive of
16 clinical performance with respect to toxicity and
17 effectiveness, improving clinical evaluation pre and
18 post-licensure through a variety of different
19 methodologies and preparing for future regulatory and
20 public health challenges.

21 We feel further that the benefits of the

1 research program -- because our researchers are what we
2 call researcher reviewers, which means that our
3 research scientists not only are involved in overseeing
4 and running their own research program, they also have
5 all the same regulatory responsibilities of full-time
6 reviewers, meaning they are reviewing regulatory
7 submissions, they may go out on inspections. They
8 inform and participate in policy development,
9 presentations to advisory committees like today as well
10 as other public workshops.

11 This, because of their active engagement and
12 their scientific community combined with their
13 understanding of what's coming in the doors, they can
14 see firsthand both in a responsive way to what are the
15 challenges in our regulatory submissions. But also in
16 a proactive way to prepare for future innovative
17 products and the public health challenges those may
18 present.

19 So, by having this relevant expertise, we hope
20 that it's applied in a way that develops tools and data
21 that are timely. And because we publish our work, it's

1 different than what a sponsor may do for a specific
2 product. We do work that hopefully is more cross-
3 cutting across a whole product class, publish it, and
4 make it available to all stakeholders.

5 We also feel that it's an important element to
6 recruit and maintain highly trained scientists with
7 necessary expertise to review our regulatory
8 submissions. So, we have a wide array of scientific
9 expertise. I've grouped a bunch here under applied
10 technologies in things like application of NMR and mass
11 spectrometry to get high-resolution structural
12 information about the products we regulate. Obviously,
13 we do a lot of flow cytometry, some micro-ray, high-
14 throughput sequencing, or NGS, and related
15 bioinformatics and IT to support those efforts.

16 As you can imagine, we obviously have to be
17 very deep in areas of microbiology, immunology,
18 biochemistry, molecular biology, cell and developmental
19 biology; and we also are expanding our expertise into
20 new areas like tissue engineering and microphysiologic
21 systems. Epidemiology, biostatistics are mainstays, of

1 course. And then bioinformatics is an area where we
2 are continuing to grow, and we see this as a needed
3 area for the future.

4 We have a number of core facilities in our
5 White Oak Lab Facility that help support the research
6 program. We have core facilities in flow cytometry,
7 kind of focal in electron microscopy, variety of
8 biotechnology, traditional biotechnology including
9 next-gen sequencing, and then the bioinformatic support
10 for that. We have a state-of-the-art vivarium to
11 support our research program with advanced imaging
12 capabilities such as MRI, digital x-ray, and other
13 tools as well as ABSL-2 and 3, and procedure rooms and
14 a transgenic derivation facility.

15 Recently, we have expanded what we used to
16 call a PI Peer Mentoring Group into what's called a PI
17 Networking and Information Group. This has been a
18 really useful forum for our PIs to come and exchange
19 information about how to manage a variety of different
20 responsibilities. It's open to all PIs and we always
21 make sure that at least one or more senior PIs have

1 volunteered to be there each month to help facilitate
2 the discussion.

3 We obviously can't do everything we do
4 covering the waterfront of the products we regulate by
5 ourselves; so we do a variety of external
6 collaborations across the nation, across the globe, and
7 a variety of different sectors. So that we obviously
8 try to leverage external capabilities to the extent
9 possible.

10 So, now, just to dive in, in the last few
11 minutes, into the research management processes. We
12 have a Regulatory Science Council which is a governance
13 body that develops research goals and objectives. It
14 provides a research evaluation framework and criteria
15 to measure scientific and regulatory impact. And it
16 performs portfolio review of the research program as
17 well as horizon scanning.

18 We evaluate the research program through two
19 broad ways. One is through management and one is
20 through peer review. So, what does that mean? This is
21 a little bit of a busy slide, but I'll walk you through

1 it.

2 The management review is really thought of as
3 three different types. One is, every year. Each
4 project is reviewed by line supervisors from the lab
5 chief on up to the office director.

6 Once every four years, there's a programmatic
7 review of the office, which is presented to the
8 Regulatory Science Council. And the focus of that is
9 to identify programs and projects that are supporting
10 the regulatory mission and the research goals, as well
11 as identify potential gaps, duplications, or things
12 that may be slightly out of scope and need to be
13 reprogrammed.

14 And then, finally, once every four years, we
15 do a center-wide horizon scanning to help us to be
16 proactive and inform strategic planning.

17 Our peer review process also happens to run
18 into three buckets. Every year, we do an internal peer
19 review of projects that is looking at any new projects
20 that are proposed and one-fourth of the entire
21 portfolio.

1 The second bucket, which is why we're here
2 today, is an external review which we call site visits.
3 And those are looking at PI programs and the various
4 projects under that program.

5 The report that you'll be talking about in
6 closed session then becomes part of a larger package
7 that goes to the committee for promotion and evaluation
8 of researcher reviewers, and that looks at the
9 individual PI's program, not just their research
10 accomplishments and the quality of the work that their
11 doing, but also the regulatory work that they're doing.

12 So, to do a little bit deeper dive on the peer
13 review piece. Again, the internal projects are every
14 four years and new projects, and that's by other FDA
15 scientists. Site visit is external and every four
16 years using subject matter experts of relevance to the
17 program. And the CPERR does individual PI review for
18 GS-14 and 15 promotions or salary adjustments in the
19 case of service fellows.

20 Actually, that's a mistake. They shouldn't be
21 saying one office per year there. Sorry, that's a

1 mistake. But that's an internal peer review by CBER
2 scientists.

3 Okay. Finally, the evaluation framework,
4 we've identified metrics in four major buckets. First,
5 to make sure that the work we're doing is relevant to
6 our mission, aligning with goals and objectives;
7 providing us our scientific and review capability base
8 that it's being disseminated to the scientific
9 community and other stakeholders through presentations
10 and publications. That there's uptake of that
11 information by the scientific community and regulated
12 stakeholders. And that it's contributing to our
13 regulatory practice.

14 So, the site visit is held for all researcher
15 reviewers who are in the Service Fellowship Program as
16 well as permanent staff. The top row, which we call
17 senior staff fellows and visiting scientists if they're
18 in the Service Fellowship Program versus Principal
19 Investigators if they're permanent. These are our
20 independent scientists that run their own research
21 program and are provided their own resources to oversee

1 that program.

2 In the bottom row, the staff fellow/visiting
3 associate in the Service Fellowship or the staff
4 scientist and its permanent staff are support
5 scientists working under the direction of a principal
6 investigator. In all cases, we ask them to go through
7 a site visit to make sure that the research is on
8 target, of high scientific quality, productivity and
9 supporting our mission.

10 The report that you'll be talking about in
11 closed session is generated from that site visit. And
12 you have three opportunities, three potential outcomes
13 from your discussion today. You can accept the report
14 as written, you can amend the report, or you can reject
15 the report and send it back to the site visit team.

16 Once it's approved, then the final report is
17 really an important document used in a variety of ways.
18 As I mentioned, it goes into part of the larger package
19 for the CPERR review. The PIs take all of the
20 recommendations very seriously to improve their
21 research program. And management obviously takes your

1 recommendations into account in terms of resource
2 allocation decisions.

3 I want to just finish by thanking all of you
4 today as well as the members of the site visit team.
5 And to just mention that it was chaired by Dr. El Sahly
6 and Dr. Offit, and to put in a plug for other AC
7 members. We have site visits periodically. We're
8 always looking to recruit AC members to chair and co-
9 chair these reviews. And we're really grateful for the
10 work that you do, because it does truly make sure that
11 our research is fulfilling our regulatory mission. So,
12 I'll stop there and answer any questions. Okay, thank
13 you.

14 **DR. EL SAHLY:** Thank you, Dr. Wilson. I would
15 like to introduce now Dr. Jerry Weir, who is the
16 Director of the Division of Viral Products, Office of
17 Vaccine Research and Review. Dr. Jerry Weir?

18

19 **OVERVIEW OF DVP, OVERVIEW OF LHV, & OVERVIEW OF LVVD**

20

21 **DR. WEIR:** Oh, thank you. Good morning. The

1 Lab Chief of the Laboratory of Hepatitis Viruses,
2 Marian Major, is out of town this week. So, I'm going
3 to give a combined overview of the laboratories that
4 were reviewed, the Division of Viral Products, as well
5 as a couple of slides about the Office of Vaccines
6 Research and Review. So, this is one big overview, but
7 it'll be relatively brief.

8 Starting at the top, the Office of Vaccines
9 Research and Review, Marion Gruber is the Director and
10 Phillip Krause is the Deputy Director. There are three
11 divisions within the office. Two of them, the Division
12 of Viral Products and the Division of Bacterial,
13 Parasitic and Allergenic Products are product divisions
14 that have research components.

15 If you go to the next slide which states the
16 regulatory mission and portfolio of the Office of
17 Vaccines; our mission is to protect and enhance public
18 health by assuring the availability of safe and
19 effective vaccines, allergenic extracts, and other
20 related products. Of course, we regulate vaccines as
21 well as allergenic products and some diagnostic tests.

1 But we also have in our portfolio a live biotherapeutic
2 products and phage therapy as examples of other things
3 we regulate.

4 If you go to the next slide, it lists some of
5 the regulatory challenges we face. We have an emphasis
6 on safety. As you can imagine, vaccines are products
7 for mass use, often universal. The recipients are
8 healthy individuals most of the time, often children.
9 We also have, in many cases, a short regulatory cycle.

10 One obvious example is seasonal influenza
11 vaccines, which we'll talk about a little later today.
12 But also our response to emerging pathogens is often
13 very serious time constraints to our review cycles.
14 Examples from recent years -- Ebola, Zika, Pandemic
15 vaccines. Also, a lot of our products are fairly old.
16 Vaccines have been around for a long time, but at the
17 same time, we have challenges with new innovative
18 technologies being utilized from proved products. And
19 research plays a critical role in the regulation of
20 vaccines.

21 The next slide states our research goals.

1 They're fairly simple. Our major goals are safety,
2 efficacy, and availability. This sort of drives all of
3 the research that is done in the Office of Vaccines.
4 In safety, to enhance the safety of vaccines in related
5 products through the development of models, methods,
6 and reagents needed for the manufacture and evaluation
7 of these products.

8 Efficacy, the goal of the research is to
9 improve effectiveness of vaccines and related products;
10 once again, through the development of models, methods,
11 and reagents needed to measure and predict the
12 effectiveness. But also, we have a goal of increasing
13 the availability of the products that we regulate.

14 Now I'm going to switch to the Division of
15 Viral Products. Here, I'm the director and I have a
16 deputy, Robin Levis. There are seven laboratories
17 ranged roughly, but not perfectly, around the product
18 lines that we regulate. The subject of the site visit
19 that is today's discussion concerns the Laboratory of
20 Hepatitis Viruses. Marian Major is the Chief of that
21 laboratory. And also, the Laboratory of Vector-Borne

1 Viral Diseases, and Marian Major is the Acting Chief of
2 that laboratory.

3 The next slide simply states our mission and
4 functions. It's fairly simple. We regulate viral
5 vaccines and related biological products ensuring their
6 safety and efficacy for human use, but also we try to
7 facilitate the development, evaluation and the
8 licensure of new viral vaccines that positively impact
9 the public health.

10 We have quite a few responsibilities shown on
11 the next slide. The staff is involved in investigation
12 on new drug and biologics license application review
13 and other premarketing activities. The staff is
14 involved in BLA supplement review, lot release review,
15 other postmarketing activities. The staff participates
16 in manufacture inspections, both pre and post-
17 licensure. We have an extensive role in consultation
18 with other public health agencies -- for example, the
19 World Health Agency. And last but not least, we
20 conduct research related to the development,
21 manufacturing, evaluation, and testing of viral

1 vaccines.

2 The next slide describes the role of research
3 in our division. The research in all of our laboratory
4 activities is designed to compliment the regulatory
5 mission. It's designed to address issues related to
6 regulated viral vaccines as well as to anticipate and
7 address issues related to the development and
8 evaluation of new viral vaccine products. Sometimes
9 these are very general issues applicable to many
10 products or product classes. For example, cell
11 substrate issues. Sometimes they're very specific to
12 product issues that are being addressed, such as
13 establishing correlates of protection necessary for
14 efficacy evaluation.

15 The next slide simply gives a quick snapshot
16 of -- actually, the next two slides -- the staff and
17 the budget overview. Our recently concluded fiscal
18 year of 2019, the division had about 75 full-time
19 equivalents. These are government employees. And the
20 research program is complimented and supported by
21 approximately 40 contractors. Many but not all are

1 part of our ORISE program. This includes quite a few
2 postdoctoral fellows as well as post-bac students.

3 In the last year that just finished, the
4 division budget had a basic operating budget of about 4
5 and a half million dollars. We had targeted FDA
6 support of another 3 and a half million dollars, and
7 external DVP support from outside grants and contracts
8 of over 2 million dollars. This amount of money
9 supports all of our research operations. It doesn't
10 cover salaries. That's separate. And just for
11 reference, this was actually very ample to support all
12 of our research needs.

13 The next slide shows a breakdown of the FTEs
14 by laboratories. I didn't mention this earlier, but
15 all laboratories are not the same size. There's a
16 different number of principal investigators in them.
17 You see the Hepatitis Viruses has 5 FTEs and Vector-
18 Borne Viral Diseases has 3.

19 The next few slides, I'm switching to the
20 laboratories with the subject of the site visit. As I
21 said, there's the Laboratory of Hepatitis Viruses.

1 Marian Major is the chief of that laboratory. She is
2 one of the two PIs. Gabriel Parra is the other PI of
3 this laboratory. The Laboratory of Vector-Borne Viral
4 Diseases, Tony Wang is the PI in this laboratory.

5 The next slide breaks this down a little
6 further into the different units in the laboratories.
7 In the Laboratory of Hepatitis Viruses, as I said,
8 Marian Major is a PI of this group. She has a couple
9 of FTEs and three contract fellows. Gabriel Parra is
10 the second PI in this laboratory in the unit of
11 gastroenteritis viruses. He has one FTE and a couple
12 of contract fellows. Gabriel is a relatively new PI in
13 this laboratory. He came in May of 2016.

14 In the Laboratory of Vector-Borne Viral
15 Diseases, just for reference -- this is probably in our
16 site visit report -- this laboratory was headed by Lew
17 Markoff for many years. He was the PI and Lab Chief,
18 and he retired in December 2017. And now, Marian Major
19 is the Acting Chief of this laboratory. But Tony Wang,
20 who was recruited as a PI in August of 2018, is a PI in
21 this laboratory. He has a couple of FTEs as well as

1 contract fellows to support his research program.

2 The next slide lists the regulatory
3 responsibilities of the two laboratories in question
4 being reviewed. This is by the pathogens that they
5 review. So, it's listed as primary pathogens for the
6 Laboratory of Hepatitis Viruses which, of course, their
7 responsibilities include hepatitis viruses, hepatitis
8 A, B, C, and E, both prophylactic and therapeutic
9 vaccines. They also have a responsibility for
10 rotavirus and norovirus vaccine products.

11 The Laboratory of Vector-Borne Viral Diseases
12 has quite a large portfolio. It includes Japanese
13 encephalitis virus, yellow fever, dengue, Zika, West
14 Nile, chikungunya, and several of the E. coli and
15 encephalitis viruses. Both of these laboratories also
16 have responsibility for regulating challenge viruses
17 that are being used in clinical studies. These include
18 noroviruses as well as dengue viruses.

19 The last two slides, I think, is simply sort
20 of a quick summary of ways in which the Laboratory of
21 Hepatitis Viruses and the Laboratory of Vector-Borne

1 Viral Diseases support the FDA public health mission.
2 This is just sort of a quick summary. The laboratory's
3 research provides the expertise for review and guidance
4 to industry on all aspects of vaccine development and
5 manufacturing. Examples of this include release tests
6 for vaccines under development, assays to evaluate
7 clinical responses to vaccines. The research also is
8 designed to evaluate the utility of novel scientific
9 technologies relative to vaccines. A short list of
10 these include RNA vaccines, large scale genomics, novel
11 virus cell culture systems and methods to assess
12 subpopulation live attenuated viral vaccines.

13 Carrying this further on the next slide, the
14 research is designed to create new approaches to induce
15 protective immunity and modify antigen presentation.
16 Examples are epitope presentation of hepatitis C,
17 chimeric virus-like particles for noroviruses, and
18 attenuated viruses for dengue.

19 The research program also develops and assess
20 animal models for preclinical evaluation of vaccines
21 for safety and efficacy. These are animal models to

1 support licensure as well as animal models to assess
2 neurovirulence of viruses -- for example, Zika.

3 Last in this list is the research is designed
4 to improve the clinical evaluation of pre and post-
5 licensure through use of analytical and modeling
6 approaches. Examples include the in-silico modeling of
7 hepatitis C transmission, a choice of appropriate
8 challenge viruses for norovirus studies, and assess
9 seeing the cross-reactivity of flavivirus responses,
10 zengue (phonetic) and dengue for examples.

11 I'll close by thanking everyone for the Site
12 Visit Committee as well as the Advisory Committee.
13 These program reviews, as Carolyn Wilson pointed out,
14 are very important to us and helpful to us to assess
15 the progress on projects pursued in the last four to
16 five years as well as there is a component of
17 individual review. A different staff are up for
18 consideration of promotion, and of course we appreciate
19 any input on the evaluation of future directions.
20 Thank you.

21 **DR. EL SAHLY:** Thank you, Dr. Weir. Any

1 questions for Dr. Weir from the attendees on the on the
2 webcast? Okay. I hear none.

3 **DR. JANES:** Good morning. Hana, this is
4 Holly. I had a question for Dr. Weir. And this is
5 just emanating from a desire to better understand the
6 division and how research contributes to the division,
7 and how it interfaces with the regulatory
8 responsibilities.

9 I was just wondering if you could comment on
10 how you manage the potential conflicts of interest of
11 the PIs in relation to how their research may -- given
12 that their research, in some instances I would assume,
13 is relatively closely aligned with the classes of
14 products that they're regulating.

15 So, could you just comment and elaborate a
16 little bit on that just for our understanding? Again,
17 I don't have any particular concerns about any
18 particular individuals or the division as a whole, just
19 to further my understanding. Thank you.

20 **DR. WEIR:** Sure, sure. I can give you sort of
21 a general answer. Most of the research that we do, of

1 course, approaches general subjects and there's not
2 really a conflict of interest. On the other hand, the
3 staff do sometimes have grants and contracts and
4 collaborations with outside entities, and all of those
5 are heavily scrutinized. We have a process that, if
6 you need to know more, Carolyn Wilson can describe it.

7 But all of these things are reviewed and
8 signed off and, if necessary, staff is recused from
9 reviewing anything that poses either a conflict or even
10 a potential perceived conflict of interest. So, we do
11 look at this at all times to make sure that we take
12 that into account.

13 **DR. EL SAHLY:** Great. Thank you. Any other
14 questions? Okay. The next item on the agenda now is a
15 10-minute break. It's 9:11 eastern time, so should we
16 reconvene at 9:21?

17 **MS. HUNTER-THOMAS:** Yes. That sounds good,
18 Dr. El Sahly. Thank you.

19 **DR. EL SAHLY:** All right. Thank you all.

20 **[BREAK]**

21

