
# FDA Update-Recent Guidances related to PRGLAC

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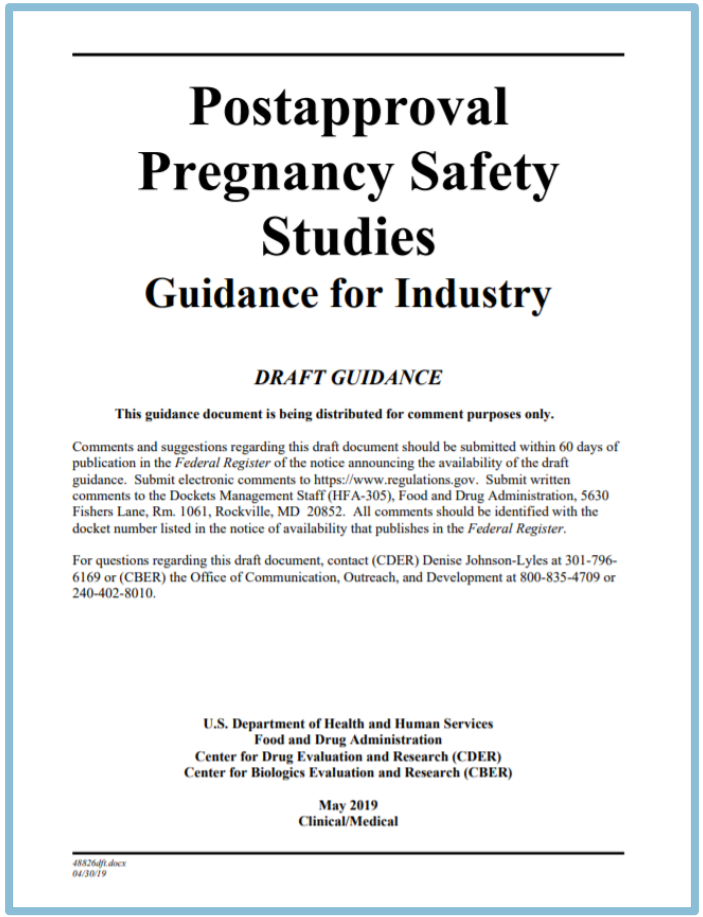
# Disclaimer

- I do not have any financial disclosures to report
- This presentation represents the views of the speaker, and not the official position of the FDA

# Guidances

- Represent FDA's thinking on a particular subject
- Not legally binding
- Draft guidances are followed by a public comment period
- FDA reviews the public comments for consideration in issuing a revised draft or final guidance
- Can be revised or withdrawn if outdated



# Postapproval Pregnancy Safety Studies

## Guidance for Industry

***DRAFT GUIDANCE***

**This guidance document is being distributed for comment purposes only.**

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to https://www.regulations.gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Denise Johnson-Lyles at 301-796-6169 or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

**U.S. Department of Health and Human Services**
**Food and Drug Administration**
**Center for Drug Evaluation and Research (CDER)**
**Center for Biologics Evaluation and Research (CBER)**

**May 2019**
**Clinical/Medical**

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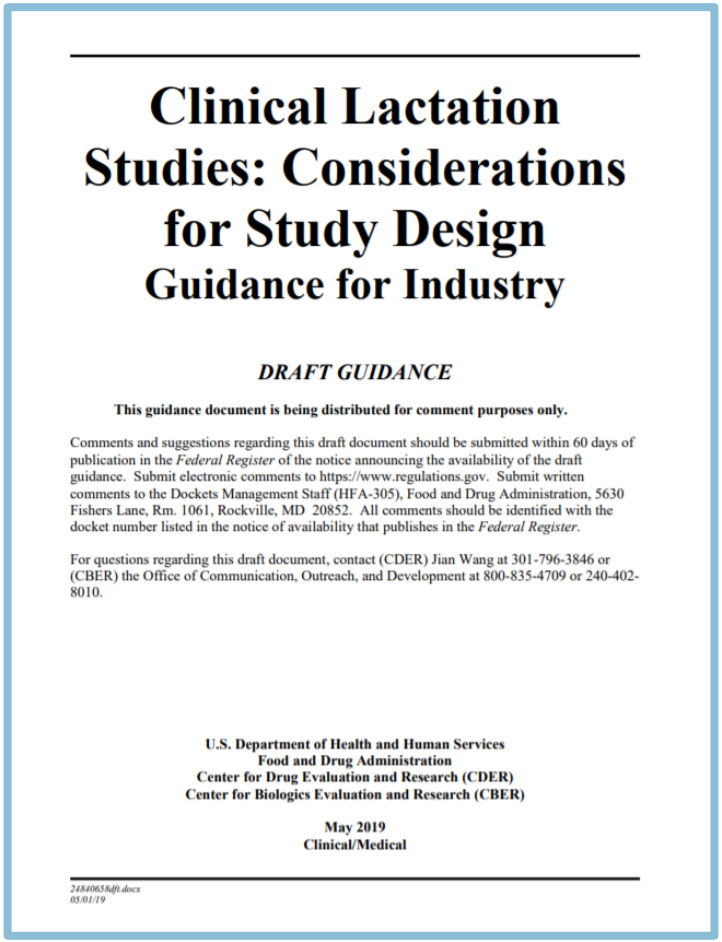
*04/30/19*

- Published 5-9-2019
- Public comments were accepted through 7-8-2019 https://www.regulations.gov/document?D=FDA-2018-D-4693-0001

# Guidance: Postapproval Pregnancy Safety Studies

- Reflects recommendations from 2014 FDA public meeting of stakeholders on how to best collect safety data in pregnant women after a drug is approved
- Replaces 2002 Guidance that was limited to a discussion of pregnancy registries
- Broadens the scope to include pharmacovigilance, pregnancy registries, and large database studies
- Recognition that a single study is not sufficient for adequate safety assessment and that there are advantages and limitations to each study design



# Clinical Lactation Studies: Considerations for Study Design

## Guidance for Industry

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For questions regarding this draft document, contact (CDER) Jian Wang at 301-796-3846 or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

**U.S. Department of Health and Human Services**
**Food and Drug Administration**
**Center for Drug Evaluation and Research (CDER)**
**Center for Biologics Evaluation and Research (CBER)**

**May 2019**
**Clinical/Medical**

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*05/01/19*

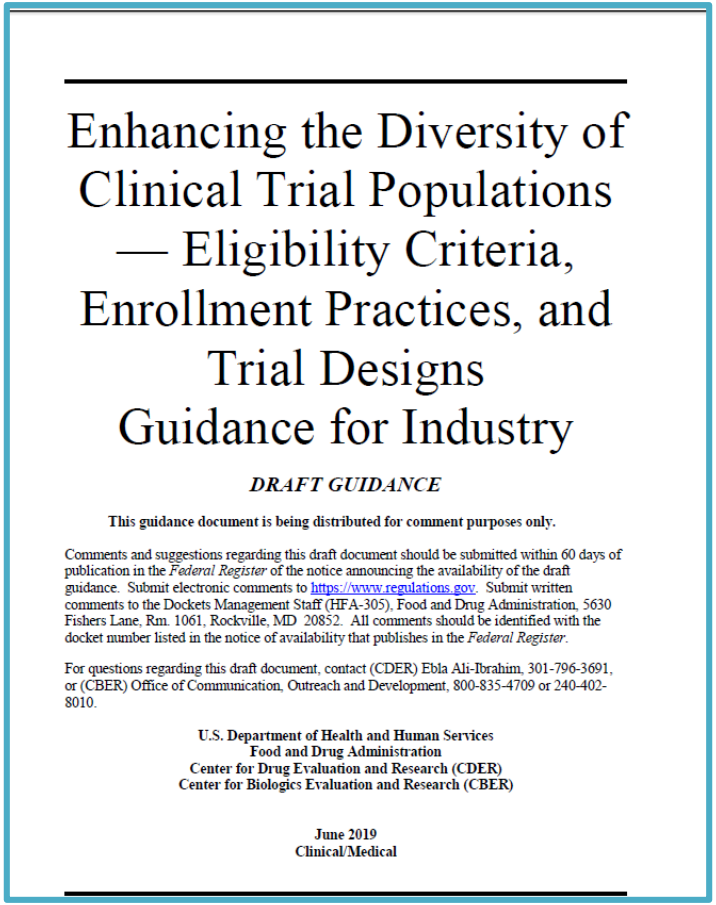
- Published 5-9-2019
- Public comments were accepted through 7-8-2019 https://www.regulations.gov/document?D=FDA-2018-D-4525-0001

# Guidance: Clinical Lactation Studies

- Describes specific situations when a lactation study should be considered:
  - A drug under review for approval is expected to be used by women of reproductive age
  - After approval, use of a drug in lactating women becomes evident (e.g., via reports in the medical literature or lay press)
  - A new indication is being sought for an approved drug and there is evidence of use or anticipated use of the drug by lactating women
  - Marketed medications that are commonly used by women of reproductive age (e.g., antidepressants, antihypertensives, anti-infectives, diabetic and pain medications)
- Discusses ethical considerations for conduct of studies

# Guidance: Clinical Lactation Studies

- General Considerations :
  - Opportunistic studies are appropriate: no study related risk to infant
  - Investigational drug/study drug :
    - Study risk: infant exposure to drug is a concern
    - Recommend pump and discard during the milk collection and clearance interval, and feed the infant stored breastmilk



# Enhancing the Diversity of Clinical Trial Populations — Eligibility Criteria, Enrollment Practices, and Trial Designs Guidance for Industry

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For questions regarding this draft document, contact (CDER) Ebla Ali-Ibrahim, 301-796-3691, or (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8010.

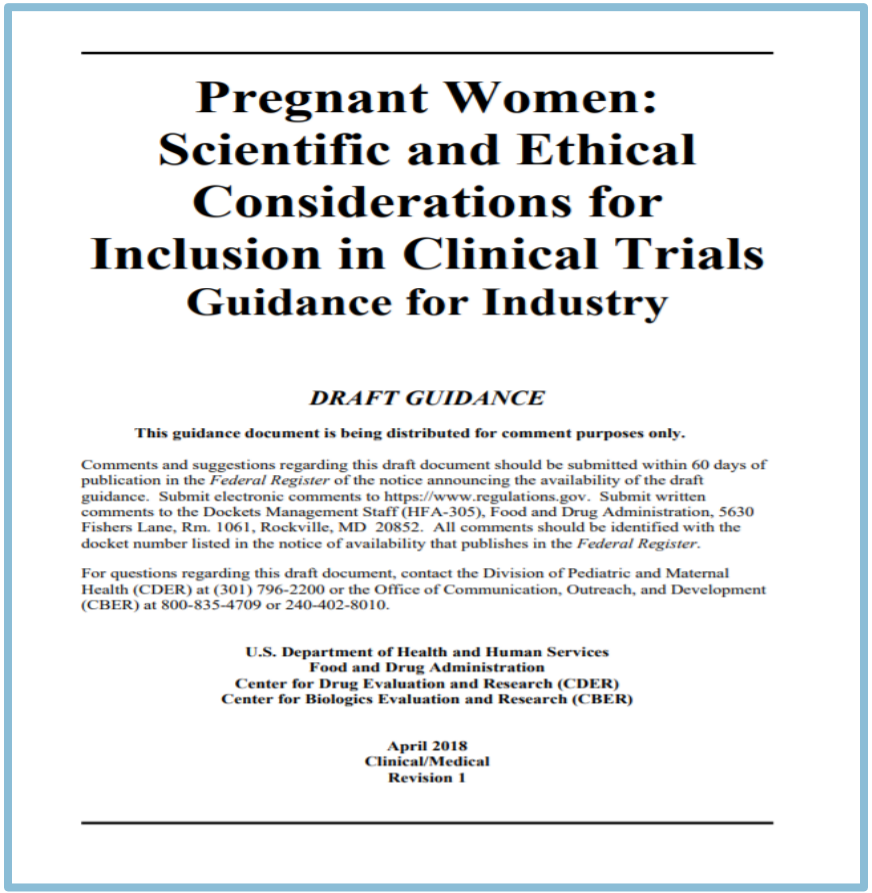
**U.S. Department of Health and Human Services**
**Food and Drug Administration**
**Center for Drug Evaluation and Research (CDER)**
**Center for Biologics Evaluation and Research (CBER)**

**June 2019**
**Clinical/Medical**

- Published 6-7-2019
- Public comments were accepted through 8-6-2019 https://www.regulations.gov/document?D=FDA-2019-D-1264-0001

# Guidance: Women who Become Pregnant During a Trial

- Consideration to allow continued participation
  - Consider Pharmacokinetic (PK) data collection to help inform dosing in pregnancy
  - Are the nonclinical data adequate to support lack of risk?
  - Do the benefits of continued treatment outweigh the risks
    - To the fetus
    - Risk of discontinuation
    - Risk of switching to another drug and exposure of the fetus to an additional drug



# Pregnant Women: Scientific and Ethical Considerations for Inclusion in Clinical Trials

## Guidance for Industry

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For questions regarding this draft document, contact the Division of Pediatric and Maternal Health (CDER) at (301) 796-2200 or the Office of Communication, Outreach, and Development (CBER) at 800-835-4709 or 240-402-8010.

**U.S. Department of Health and Human Services**
**Food and Drug Administration**
**Center for Drug Evaluation and Research (CDER)**
**Center for Biologics Evaluation and Research (CBER)**

**April 2018**
**Clinical/Medical**
**Revision 1**

Published
April, 2018

# Guidance: Clinical Trials in Pregnant Women

- Ethical and scientific considerations
  - For when it would be appropriate to include pregnant women in clinical trials
  - Follows HHS framework of human subject protection regulations
  - Considerations for postmarket vs. premarket setting
  - Women who become pregnant during a trial

# Postmarketing vs Premarketing Setting

- Considerations:
  - All 10 regulatory requirements of 45 CFR 46 Subpart B* have to be met (these are federal regulations and are followed by FDA)
  - Risk assessment and benefit considerations may vary depending on the setting (i.e. amount of data available to inform safety, efficacy, and dosing; gestational age, seriousness of the disease, availability of treatment options, etc.)

*Applies to research conducted or supported by DHHS; however, applied broadly by FDA

# Backup Slides

# Federal Regulations 45 CFR part 46, subpart B Additional Protections for Pregnant Women, Human Fetuses and Neonates Involved in Research (10 requirements)*

1. Nonclinical and clinical studies have been conducted and provide risk information
2. Prospect of direct benefit to the woman or fetus; if no benefit, the risk must be minimal
3. Least possible risk
4. Informed consent is obtained as described in subpart A
5. If the prospect of direct benefit is solely for the fetus, then additional consent from the father is needed, unless he is unavailable, incompetent, has temporary incapacity or the pregnancy results from rape or incest

# 45 CFR 46, Subpart B : 10 Requirements

6. Participants are fully informed of the risks to the fetus or neonate
7. For children who are pregnant, assent and permission are obtained
8. No inducements for pregnancy termination
9. Investigators not involved in decisions re: pregnancy termination
10. Investigators not involved in determining the viability of a neonate

*Applies to research conducted or supported by DHHS; however, applied broadly by FDA.