Prescription Drug User Fee Act (PDUFA) Reauthorization

FDA and Industry CBER Breakout Subgroup | Meeting Summary

September 29th, 2020 | 10:00am-12:00pm

Virtual Format (Zoom)

PURPOSE

To discuss FDA and industry CBER specific enhancement proposals.

PARTICIPANTS

FDA		Industry	
Rachael Anatol	CBER	E. Cartier Esham	BIO
Angela Granum	CBER	Brad Glasscock (Lead)	BIO (BioMarin)
Chris Joneckis (FDA Lead)	CBER	Mathias Hukkelhoven	PhRMA (BMS)
Erik Laughner	CBER	Robert Kowalski (Co-Lead)	PhRMA (Novartis)
Darlene Martin	CBER	Heidi Marchand	BIO (Gilead and Kite)
Carol Rehkopf	CBER	Lucy Vereshchagina	PhRMA

At the first meeting of the PDUFA VII CBER Breakout subgroup, CBER introduced its proposal for support of the Cell and Gene Therapy Program (CGTP) and industry presented some of their proposals for Gene Therapies and Advanced Biologics in CBER.

FDA's Dedicated Resources for the Cell and Gene Therapy Program Proposal

FDA proposed to enhance resources for the existing CGTP in CBER due to the rapid growth in cell and gene therapies development, which has resulted in a continuous and sustained increase in the number of applications and meeting requests for a variety of diverse and complex products. This increased workload has forced CBER to limit sponsor interactions, convert many meetings to "written responses only", and limit external interactions, among other impacts. In addition, there has also been exponential growth in the RMAT program which has now outpaced Breakthrough Therapies in the Office of Tissues and Advanced Therapies. The RMAT program, established under the 21st Century Cures Act at the end of 2016, did not include dedicated resources.

This resource request is intended to relieve the existing strain on the CGTP by right-sizing the baseline to ensure long-term program sustainability and does not encompass other PDUFA proposals under consideration. Improvements to the program may include a) increasing time spent on CGT submissions and engagement with industry and stakeholders; b) supporting indirect facets of the program such as policy and guidance development c) supporting the development of treatments for unmet medical needs and individualized therapies; and d) establishing permanent

resources for the RMAT program. FDA noted that there is also a separate proposal (discussed in the Digital Health and Informatics subgroup) to support IT modernization that is integral to supporting the CGTP. FDA agreed to consider training and staff development needs and provide further breakdown of submissions at a future meeting. FDA stated that the estimated number of FTEs and more information about the predictive workload models used would be presented during later discussions.

Use of Prior Knowledge in Submissions
Industry stated that it would like FDA to hold a public meeting and develop guidance on how sponsor-specific prior knowledge could be leveraged to streamline submissions, manufacturing, and potentially pre-clinical and clinical data for gene therapy products. FDA and Industry agreed that guidance development on specific areas to address frequently asked questions heard from multiple sponsors would be beneficial.

Expedited Pathways - Evidentiary Standards
Industry would like a public workshop to focus on key learnings from the RMAT program resulting in an update to the RMAT guidance, including potential uses of Real World Evidence (RWE) for regulatory decision making. FDA indicated challenges with developing meaningful guidance on the use of RWE since there have been limited cell or gene therapy products approved under accelerated approval and none with RMAT designation. Industry stated interest in understanding the reasons for denials of RMAT designation requests and that a guidance could be useful in explaining expectations and common reasons for denials. FDA and industry agreed to continue discussions.

Standardization of Gene Therapy Technologies
Industry stated it would like workshops to discuss manufacturing issues specifically and how to advance the development of gene therapies. Industry would like to explore whether submission of portions of a CMC module could facilitate BLA review. FDA is concerned that partial submission of modules under rolling review could in fact slow approval if development is still ongoing. FDA and Industry agreed to continue discussions to determine the feasibility of this approach.

FDA noted that some of the CMC topics in industry's proposals may overlap with topics under discussion in other groups, i.e., Manufacturing. We agreed to start the discussion in this group, monitor the discussion in other groups and determine the best group to assume responsibility for this topic as talks progressed. There were no other substantive proposals, significant controversies, or differences of opinion discussed at this meeting. Discussions were to continue.