# Waiver to Allow Participation in a Food and Drug Administration Advisory Committee

DATE: January 11, 2021

TO: Russell Fortney
Director, Advisory Committee Oversight and Management Staff
Office of the Chief Scientist

FROM: Byron Marshall
Director, Division of Advisory Committee and Consultant Management
Office of Executive Programs
Center for Drug Evaluation and Research

Name of Advisory Committee Temporary Voting Member: **Deborah K. Armstrong, M.D.**

Committee: Oncologic Drugs Advisory Committee

Meeting date: February 9, 2021

Description of the Particular Matter to Which the Waiver Applies:

Deborah K. Armstrong, M.D., is a temporary voting member of the Oncologic Drugs Advisory Committee (ODAC). The Committee's function is to review and evaluate available data concerning the safety and effectiveness of marketed and investigational human drug products for the use in the treatment of cancer and make appropriate recommendations to the Commissioner of Food and Drugs.

The committee will discuss supplemental biologic license application (sBLA) 125514/s-089, for Keytruda (pembrolizumab), submitted by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc. The proposed indication (use) for this product is for the treatment of patients with high-risk, early-stage triple-negative breast cancer, in combination with chemotherapy as neoadjuvant treatment, then as a single agent as adjuvant treatment after surgery. The topic of this meeting is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interest:

Dr. Armstrong has identified both personal financial interests and financial interests of her employer which are imputed to her under a federal conflict of interest statue, 18 U.S.C. § 208, that can be affected by the particular matter that is the subject of the advisory committee meeting.

Dr. Armstrong's employer, Johns Hopkins University, has a contract with Translational Research in Oncology (TRIO) for the study titled *A Phase II randomized study of pembrolizumab with or without epigenetic modulation with CC-486 in patients with platinum resistant epithelial ovarian, fallopian tube or primary peritoneal cancer (NCT02900560)*, sponsored by TRIO in collaboration with Celgene Corporation. TRIO-US Network is a not-for-profit clinical research organization. TRIO selects trial agents and study design based on preclinical research that is performed at the Translational Oncology Research Laboratory in the Jonsson Comprehensive Cancer Center at the University of California, Los Angeles. Dr. Armstrong is the Principal Investigator (PI) at her institution, which is one of four sites for this study. The contract began in 2017 with an anticipated end date in 2022.

Dr. Armstrong's institution has received between $0 - $50,000 per year from TRIO and the study drugs were provided by TRIO. Currently, (b) (4) the study accrual is closed. Because follow-up work under this contract is ongoing, this is considered to be a current financial interest. Dr. Armstrong received salary support from this funding of between $0 and $5,000 per year.

In addition, John Hopkins University is participating in the study titled *A randomized Phase II study of chemoradiation and pembrolizumab for locally advanced cervical cancer (NCT02635360)*, sponsored by the University of Virginia in collaboration with Merck Sharp & Dohme. The study contract is between University of Virginia and Johns Hopkins University. Dr. Armstrong is the PI at her institution, which is one of eight sites for this study. The contract began in 2017 with an anticipated end date in 2022.

Dr. Armstrong's institution has received between $0 - $50,000 per year from the University of Virginia. The study drugs were provided by Merck and Co., and Dr. Armstrong advised that she does not have any direct involvement with the firm. Currently, the study (b) (4) funding is pending to JHU. Dr. Armstrong receives between $0 and $5,000 per year in salary support from this funding.

Basis for Granting the Waiver:

*Dr. Deborah K. Armstrong has unique qualifications and specialized expertise needed for this particular matter.*

Dr. Armstrong is currently a Professor of Oncology and a Professor of Gynecology and Obstetrics at the Johns Hopkins University School of Medicine. She is the Director of Breast and Ovarian Surveillance Service at the Johns Hopkins University School of Medicine and active staff in Oncology at Johns Hopkins Hospital. She received her medical degree at the George Washington University and completed a fellowship in Oncology at the Johns Hopkins University.

Dr. Armstrong is an expert in breast cancer and gynecologic malignancies with several decades of experiences as a practicing oncologist and clinical researcher. Dr. Armstrong's overall global research focus is on the development of new approaches to prevention, early detection and treatment of breast cancer and gynecologic malignancies, and she has lectured locally, nationally and internationally.

Dr. Armstrong serves on the Medical Oncology, Developmental Therapeutics and Phase I

Gynecologic Oncology Group committees and as Chair of several clinical trials through this group. She is a representative of the Southwest Oncology Group to the Gynecologic Cancer Steering Committee of the National Cancer Institute (NCI). She serves as a representative of Johns Hopkins to the National Cooperative Cancer Network serving on the ovarian cancer and breast cancer risk reduction panels. She has participated as a member of the Cancer Working Group for the Office of Research on Women's Health for the National Institutes of Health, as a scientific reviewer for the breast and ovarian cancer research programs of the Department of Defense and the National Cancer Institute, as a reviewer for the NCI Special Emphasis Panel for Insight Awards to Stamp Out Breast Cancer and as a member of the NCI SPORE Program parent committee. Dr. Armstrong is also co-principal investigator for the NCI National Clinical Trials Network Lead Academic Participating Site at Johns Hopkins University.

Dr. Armstrong's strong foundation in breast cancer and her vast experiences as a clinical oncologist, educator and clinical research will ensure an expansive level of expertise and objectivity required to provide expert advice and recommendations to the Agency.

*The particular matter is not sensitive.*

The meeting topic coming before the committee is not considered to be sensitive. The FDA review division responsible for the review of the application at issue for this meeting does not expect that the meeting is likely to receive significant public interest, non-trade press interest, nor is it considered highly controversial.

*Dr. Deborah K. Armstrong's expertise in this particular matter is necessary in the interest of public health.*

Breast cancer is the second leading cause of cancer-related death in women in the United States each year after lung cancer and it is the most common cancer among women worldwide. Triple-negative breast cancer (TNBC) is a term that has historically been applied to cancers that lack the three most significant therapeutic markers for clinical management of breast cancer patients: estrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor receptor 2 (HER2). TNBC accounts for 15-20% of all breast cancers but it is more aggressive and has a poorer prognosis compared to other types of breast cancers.

TNBC is more commonly diagnosed in younger, premenopausal women and among Black and Hispanic women. The presence of a BRCA-1 mutation (breast cancer susceptibility gene) is another risk factor associated with the diagnosis of TNBC. Further, approximately 50-70% of women with a BRCA1 mutation will develop breast cancer by 70-80 years of age.

Because TNBC lacks estrogen, progesterone and HER2 protein receptors, treatment options for this cancer are limited. TNBC is typically treated with a combination of surgery, radiation therapy, and chemotherapy (the main systemic option). In recent years, targeted therapies such as PARP inhibitors and/or immunotherapy medicine in combination with chemotherapy have been shown to have positive results for patients with metastatic disease. There are currently no FDA-approved targeted therapy or immunotherapy treatment options for patients with TNBC that is early stage but at high risk of relapse. In the interest of public health, it is important that the Agency has available the unique expertise that Dr. Armstrong will provide for the discussion of the particular matter before the committee.

*Any potential for a conflict of interest is greatly outweighed by the strong need for Dr. Armstrong's expertise in this matter.*

Multiple breast cancer experts were invited to attend this meeting to allow for a diverse panel of experts and provide a balanced assessment of the acceptability of the known and anticipated risks associated with the proposed treatment setting. According to the review division responsible for the review of the application at issue for this meeting, it would be difficult to interpret rendered advice from the committee without multiple breast cancer experts at the meeting. Dr. Armstrong is an internationally recognized expert in breast cancer and gynecologic malignancies. Her extensive experience and strong background in breast cancer and research are needed for this meeting. Further, Dr. Armstrong was a standing member of the Committee from 2011 to 2016 and Chairperson from 2014 to 2016. Her diverse collection of previous experiences with advisory meetings and previous Chairperson of the ODAC will also be invaluable to a robust and productive discussion of the meeting topic.

Accordingly, I recommend that you grant Dr. Deborah K. Armstrong, a temporary voting member of the Oncologic Drugs Advisory Committee, a waiver from the conflict of interest prohibitions of 18 U.S.C. § 208(a).

Certification:

✓ The individual may participate, pursuant to 18 U.S.C. 208(b)(3) – The need for the individual's services outweighs the potential for a conflict of interest created by the financial interest involved.

Limitations on the Regular Government Employee's or Special Government Employee's Ability to Act:

_____ Non-voting

_____ Other (specify):

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_____ Denied – The individual may not participate.

Russell Fortney -S Digitally signed by Russell Fortney -S
Date: 2021.01.21 07:55:07 -05'00'

January 21, 2021

Russell Fortney
Director, Advisory Committee Oversight and Management Staff
Office of the Chief Scientist

Date