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

DATE: April 2, 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 Meeting Temporary Voting Member: Jennifer Spotila, J.D.

Committee: Oncologic Drugs Advisory Committee

Meeting date: April 27, 2021

Description of the Particular Matter to Which the Waiver Applies:

Jennifer Spotila, J.D., is a patient representative and temporary voting member of the Oncologic Drugs Advisory Committee (ODAC). ODAC'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.

On April 27th the committee will hear updates on biologics license application (BLA) 761034/S-018, for Tecentriq (atezolizumab), submitted by Genentech, Inc., a subsidiary of Roche. Ono Pharmaceuticals and Bristol-Myers Squibb (BMS) have a global patent licensing agreement with Roche for atezolizumab. The committee will review Tecentriq (atezolizumab) in combination with paclitaxel protein-bound for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] of any intensity covering ≥ 1% of the tumor area), as determined by an FDA-approved test. Abraxane (nab-paclitaxel) is marketed by Abraxis Bioscience, a subsidiary of Celgene; Celgene and Abraxis Bioscience are subsidiaries of BMS.

This application was approved under 21 CFR 601.40 (subpart E, accelerated approval regulations) with confirmatory trial(s) that have not verified clinical benefit. The updates will provide information on: (1) the status and results of confirmatory clinical studies for a given

indication; and (2) any ongoing and planned trials. Confirmatory studies are post-marketing studies to verify and describe the clinical benefit of a drug after it receives accelerated approval. Based on the updates provided, the committee will have a general discussion focused on next steps including whether the indication should remain on the market while additional trial(s) are conducted. The topic of the meeting is a particular matter involving specific parties.

Type, Nature, and Magnitude of the Financial Interests:

Ms. Spotila reported financial interests in stocks in competing/affected firms. Her spouse holds shares of (b) (6) stock, valued between $5,000 and $10,000, (b) (6) stock valued between $5,000 and $10,000, (b) (6) stock valued between $5,000 and $10,000, and shares of (b) (6) stock valued between $10,000 and $25,000. The aggregate value of all competing/affected firms is between $25,000 and $50,000.

Under a regulatory exemption (5 CFR § 2640.202(b)(2)) issued by the Office of Government Ethics, an employee may participate in any particular matter involving specific parties in which the disqualifying financial interest arises from the ownership by the employee, his spouse, or minor children of securities issued by one or more entities that are not parties to the matter but that are affected by the matter if the aggregate market value of the holdings of the employee, his spouse and minor children in the securities of all affected entities does not exceed $25,000. Because Ms. Spotila's spouse's financial interests in stocks in competing/affected entities exceeds that amount, she has a disqualifying financial interest.

Basis for Granting the Waiver:

Jennifer Spotila has unique qualifications and specialized expertise needed for this particular matter.

Jennifer Spotila, J.D., is a patient representative with a family history of metastatic triple negative breast cancer. Ms. Spotila was a caregiver to her mother who passed away from metastatic TNBC in January 2015 after being diagnosed with metastatic disease in 2013.
It is essential that the committee be able to draw upon a diverse set of competencies and knowledge to successfully address the complex issues being discussed. In addition to having an adequate number of breast cancer oncologists with vast experience with different regimens, a patient representative with metastatic TNBC experience is critical for the meeting. A patient representative with experience in metastatic TNBC compared to a patient representative with experience in a less specific condition such as early stage breast cancer is essential as the meeting discusses the unmet medical need for patients with metastatic disease. Ms. Spotila's experience with metastatic TNBC and patient advocacy will ensure that the committee has the expertise and objectivity required to provide expert advice and recommendations to the Agency.

The particular matter is considered sensitive

The matter coming before the committee will garner public interest as it relates to the regulatory pathway of accelerated approval which was promulgated in 1992. This pathway has been used extensively in oncology approvals to bring new therapies to patients in an expedited fashion.

Jennifer Spotila'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. Presence of a BRCA-1 mutation (breast cancer susceptibility gene) is another risk factor associated with the diagnosis of TNBC. 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 (poly ADP ribose polymerase) inhibitors and/or immunotherapy medicine in combination with chemotherapy have been shown to have positive results for patients with metastatic disease. There is currently one other FDA-approved first-line therapy, which was also approved under the accelerated-approval process, for the treatment of unresectable locally advanced or metastatic TNBC. The product at issue for this session is Genentech's immunotherapeutic agent, Tecentriq (atezolizumab) indicated in combination with paclitaxel protein-bound for the treatment of adult patients with unresectable locally advanced or metastatic TNBC whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] of any intensity covering ≥ 1% of the tumor area), as determined by an FDA-approved test. In the interest of public health, it is important that the Agency has available the unique experiences that Ms. Spotila 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 Ms. Spotila's expertise in this matter.

Ms. Spotila is unique because she has experience with metastatic TNBC. It has been difficult to find a patient representative with experience in metastatic TNBC. Given the complexity of the meeting issue, excluding Ms. Spotila from participating will have an impact on the meeting discussion. Ms. Spotila's past experience as a caregiver to a metastatic TNBC patient and patient advocacy will ensure that the committee has the expertise and objectivity required to provide expert advice and recommendations to the Agency. Therefore, any potential for a conflict of interest is greatly outweighed by the strong need for Ms. Spotila in this matter.

Accordingly, I recommend that you grant Jennifer Spotila, J.D., a temporary voting member and patient representative 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):

_____

_____

_____ Denied – The individual may not participate.

Russell Fortney -S Digitally signed by Russell Fortney -S Date: 2021.04.08 17:42:32 -04'00'

April 8, 2021

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

Date