

**Food and Drug Administration  
Center for Drug Evaluation and Research**

**Final Summary Minutes of the Meeting of the Anesthetic and Analgesic Drug Products  
Advisory Committee**

**January 10, 2025**

Location: The FDA White Oak Campus, 10903 New Hampshire Ave., Bldg. 31 Conference Center, the Great Room (Rm. 1503), Silver Spring, MD 20993-0002. The public also had the option to participate via an online teleconferencing and/or video conferencing platform, and the meeting presentations were heard, viewed, captioned, and recorded through an online video conferencing platform.

Topic: The Committee discussed BLA 761393, condoliase injection submitted by Seikagaku Corp., for the proposed indication of the treatment of radicular leg pain associated with confirmed nerve root impingement caused by lumbar disc herniation in adults.

These summary minutes for the January 10, 2025, meeting of the **Anesthetic and Analgesic Drug Products Advisory Committee** of the Food and Drug Administration were approved on

March 28, 2025.

I certify that I attended the January 10, 2025, meeting of the **Anesthetic and Analgesic Drug Products Advisory Committee** of the Food and Drug Administration and that these minutes accurately reflect what transpired.

\_\_\_\_\_/s/  
LaToya Bonner, PharmD  
Acting Designated Federal Officer  
AADPAC

\_\_\_\_\_/s/  
Brian T. Bateman, MD, MSc  
Chairperson, AADPAC

January 10, 2025

*Anesthetic and Analgesic Drug Products Advisory Committee Meeting*

## **Summary Minutes of the Anesthetic and Analgesic Drug Products Advisory Committee Meeting**

**January 10, 2025**

The Anesthetic and Analgesic Drug Products Advisory Committee (AADPAC) of the Food and Drug Administration, Center for Drug Evaluation and Research, met on January 10, 2025, at the FDA White Oak Campus, Building 31 Conference Center, the Great Room (Rm. 1503), 10903 New Hampshire Avenue, Silver Spring, Maryland. The public also had the option to participate via an online teleconferencing and/or video conferencing platform, and the meeting presentations were heard, viewed, captioned, and recorded through an online video conferencing platform. Prior to the meeting, the members and temporary voting members were provided the briefing materials from the FDA and Seikagaku Corporation. The meeting was called to order by Brian T. Bateman, MD, MSc (Chairperson). The conflict-of-interest statement was read into the record by LaToya Bonner, PharmD (Designated Federal Officer). There were approximately 150 people in attendance in-person and approximately 255 people online. There were 9 Open Public Hearing (OPH) speaker presentations.

A verbatim transcript will be available, in most instances, at approximately ten to twelve weeks following the meeting date.

### **Agenda:**

The Committee discussed BLA 761393, condoliase injection submitted by Seikagaku Corp., for the proposed indication of the treatment of radicular leg pain associated with confirmed nerve root impingement caused by lumbar disc herniation in adults.

### **Attendance:**

#### **Anesthetic and Analgesic Drug Products Advisory Committee Members Present (Voting):**

Brian T. Bateman, MD, MSc (*Chairperson*); Mark C. Bicket, MD, PhD, FASA; Maryam Jowza, MD; Maura S. McAuliffe, CRNA, MSN, MSNA, PhD, FAAN; Mary Ellen McCann, MD, MPH; Michael Sprintz, DO, DFASAM.

#### **Anesthetic and Analgesic Drug Products Advisory Committee Members Not Present**

**(Voting):** Rebecca Richmond, PharmD, BCPS.

#### **Anesthetic and Analgesic Drug Products Advisory Committee Member Present (Non-**

**Voting):** Jeffrey B. Reich, MD (*Industry Representative*)

#### **Temporary Members (Voting):** D.J. Kennedy, MD (*via video conferencing platform*); John S.

Kirkpatrick, MD, FAAOS, FAOA; Ariana M. Nelson, MD; Joseph P. O'Brien, MBA (*Patient Representative*); Steven Schiff, MD, PhD, FACS; Milan P. Stojanovic, MD.

**FDA Participants (Non-Voting):** Mary Thanh Hai, MD; Tina Doshi, MD, MHS; Shaan Sudhakaran, MD; Sue-Jane Wang, PhD.

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**Designated Federal Officer (Non-Voting):** LaToya Bonner, PharmD, MBA

**Open Public Hearing Speakers Present (via video conferencing platform):** Emily Conte, Anand Patel, MD; Carlos Bussey; Retta Clement; Scott Davidoff, MD; Ian Hylton; Tiffany Kuck; Michelle Sorrell; Mark Seltzer.

*The agenda was as follows:*

Call to Order and Introduction of Committee

**Brian Bateman, MD, MSc**  
Chair, AADPAC

Conflict of Interest Statement

**LaToya Bonner, PharmD, MBA**  
Designated Federal Officer, CRDAC

FDA Introductory Remarks

**Tina Doshi, MD, MHS**  
Associate Director for Therapeutic Review Division of Anesthesiology, Addiction Medicine, and Pain Medicine (DAAP), Office of Neuroscience (ON), Office of New Drugs (OND), CDER, FDA

**APPLICANT PRESENTATIONS**

**Seikagaku Corporation**

Introduction

**Jun Watanabe, RPh, EMBA, MSc**  
General Manager

Unmet Need

**Ajay D. Wasan, MD, MSc**  
Professor; Vice Chair for Pain Medicine; Director, Chronic Pain Research Program; Director, Center for Innovation in Pain Care University of Pittsburgh School of Medicine

Condoliase Efficacy

**Joe Stauffer, DO, MBA, FAPCR**  
Chief Medical Advisor

Disc-related Imaging Findings

**Thomas Fuerst, PhD**  
Radiology Advisor

Clinical Perspective

**Kee D. Kim, MD**  
Chief, Spinal Neurosurgery; Co-Director, Professor of Neurological Surgery University of California, Davis Spine Center

Clarifying Questions for Applicant

**BREAK**

**FDA PRESENTATION**

FDA Assessment of Condoliase

**Shaan Sudhakaran, MD**  
Medical Officer  
DAAP, OND, ON, CDER, FDA

Clarifying Questions for FDA

Lunch Break

**OPEN PUBLIC HEARING**

Charge to the Committee

**Tina Doshi, MD, MHS**  
DAAP/ON/OND/CDER/FDA

QUESTIONS TO THE COMMITTEE/COMMITTEE  
DISCUSSION

**Tina Doshi, MD, MHS**

**BREAK**

Questions to the Committee/Committee Discussion  
(cont.)

**ADJOURNMENT**

***Questions to the Committee:***

1. **DISCUSSION:** Comment on the significance of Study 1131 (negative study) in the context of the other two positive studies with respect to establishing the efficacy of condoliase.

***Committee Discussion:***

*The Committee agreed that the efficacy studies reflected appropriate evolution of a clinical development program and valid protocol revisions given new data. While some panelists thought that other factors in addition to proven nerve impingement may have negatively affected the outcome of Study 1131, there was agreement that Studies 1031 and 1133 supported substantial evidence of effectiveness. Please see the transcript for details of the Committee's discussion.*

2. **DISCUSSION:** Discuss what concepts might be included in the prescribing information to help clinicians identify patients who would have a favorable benefit-risk profile if treated with condoliase. The Applicant's proposed indication states that condoliase "is indicated for the treatment of radicular leg pain associated with confirmed nerve root impingement caused by lumbar disc herniation in adults." Does this indication reflect the most appropriate patient population for condoliase, and if not, what modifications could be made?

***Committee Discussion:*** *There was significant concern regarding the likelihood that, if approved, subjects receiving condoliase would reflect the heterogeneous population enrolled into Study 1131 rather than the narrower population enrolled into Study 1133. There was consensus that, at a minimum, the indication should be revised to restrict the eligible population to subjects who had failed conservative therapy. Some of the panelists recommended restrictions (e.g., absence of chronic low back pain, younger age) based on apparent conclusions drawn from small, post hoc subgroup*

*analyses. Some panelists recommended labeling to reflect the exclusion criteria in Study 1133. The Committee recommended that the Agency maximize labeling for conformity with the subjects enrolled in Study 1133. Please see the transcript for details of the Committee's discussion.*

- 3. DISCUSSION:** The data support that condoliase reduces radicular leg pain in a subset of patients. However, digestion of chondroitin sulfate in the nucleus pulposus subsequent to condoliase injection results in a decrease in disc height and Modic changes. Given the known function of a healthy disc, reduction in disc height/volume may result in disc-related complaints, such as axial back pain, or might affect surgical options/outcomes. Discuss the clinical significance of these potential unintended consequences related to the mechanism of action of this product, or whether additional data are needed to adequately assess this risk.

***Committee Discussion:** Given the mechanism of action of condoliase, there was concern about long-term effects on the spine and the potential for accelerated degenerative disc disease. Compared to the orthopedic surgery literature, there is a paucity of long-term outcome data in the condoliase program. Some Committee members recommended that the Agency obtain high-quality long-term follow-up data (up to 5 or 10 years). Please see the transcript for details of the Committee's discussion.*

- 4. DISCUSSION:** Given the route of administration, the narrow population in which the drug has been established to be effective, and potential risks of both the product and the procedure, discuss appropriate proceduralist and setting requirements to support safe administration of the drug.

***Committee Discussion:** There was agreement that persons administering condoliase should be well-trained because the disc access procedure requires knowledge and skill. Given the risks of immediate and delayed hypersensitivity, there was consensus that a code cart and qualified personnel be immediately available and that the clinical sites be Advanced Cardiovascular Life Support certified and experienced in the resuscitation of subjects. It was noted that proceduralists and facilities with the ability to manage IV contrast reactions would likely be sufficiently capable of managing emergent hypersensitivity events. It was also mentioned that labeling should be clear whether condoliase can be mixed with other agents that are commonly used in interventional pain procedures, including IV contrast or antibiotics. Please see the transcript for details of the Committee's discussion.*

- 5. DISCUSSION:** Discuss the level of concern for immune-related adverse reactions, including hypersensitivity, anaphylaxis, and SCARs, as well as appropriate mitigation and monitoring strategies.

***Committee Discussion:** The Committee did not identify any mitigating strategies and focused on the SCAR incidence of 2 or 3 in 4000 in the solicited Japanese post marketing data. The Committee recommended that the Agency attempt to collect high-quality data to determine the true rate of SCAR in the U.S. population. Given that interventional pain specialists diagnose and manage many IV contrast-related immediate hypersensitivity reactions, there was little concern about that risk. However, there was a discussion of the need to evaluate and communicate the risk of delayed hypersensitivity reactions. Please see the transcript for details of the Committee's discussion.*

- 6. VOTE:** Do the benefits of condoliase injection for treatment of radicular leg pain associated with confirmed nerve root impingement caused by lumbar disc herniation in adults with radicular leg pain outweigh the risks?

Provide a rationale for your vote.

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- a. If you voted yes, specify the evidence that establishes condoliase's effectiveness and safety.
- b. If you voted no, provide recommendations for additional data that may support a conclusion that condoliase is safe and effective.

**Vote Result:**      Yes: 8              No: 4              Abstain: 0

***Committee Discussion:***

*Most panelists commented that the Yes/No decision was difficult.*

*In general, panelists voting Yes noted that the Applicant had met substantial evidence of effectiveness but advised the need for narrow labeling and robust postmarketing surveillance.*

*Panelists voting No cited low efficacy versus the risks and a lack of clarity around long-term risks. There was also concern about the potential for SCAR.*

The meeting was adjourned at approximately 4:19 p.m. ET.