Biomarker Qualification Program
Common Context of Use Deficiencies to Avoid

The following guidance on common Context of Use (COU) deficiencies is based on the requirements and recommendations outlined in the Biomarker Qualification Program (BQP) Letter of Intent (LOI) Content Element Outline.[1] The deficiencies identified below represent frequent areas where submissions fail to meet the standards established in the LOI Content Element Outline. For complete details on qualification requirements and additional resources for biomarker requestors, please refer to the FDA's Biomarker Qualification Program resources available at: https://www.fda.gov/drugs/biomarker-qualification-program/resources-biomarker-requestors.

1. **Overly Broad COU Statements**

Deficiency: COUs designed to be applicable across various patient populations and disease states

Guidance: The COU should be specific to a single, well-defined patient population and disease state. Each biomarker qualification effort should identify a single COU

2. **Multiple COUs in One Submission**

Deficiency: Submissions that indicate multiple COUs throughout the document

Guidance: Does the submission indicate only one COU throughout the submission? should be answered affirmatively for reviewability

3. **Lack of Specific Patient Population**

Deficiency: COUs that fail to include or clearly define the target patient population

Guidance: Is the patient population included in the COU? is a required reviewability element

4. **Clinical Decision-Making vs. Drug Development Focus**

Deficiency: COUs focused on clinical decision making rather than regulatory drug development needs

Guidance: COUs that do not address a specified drug development need are outside the scope of the program

[1] BQP LOI Content Element Outline. Available at: https://www.fda.gov/media/120058/download?attachment

5. **Internal Company Decision Making Tools**

Deficiency: Biomarkers described as useful for internal decision making by pharma companies rather than for regulatory decision making

Guidance: The COU should demonstrate clear regulatory utility, not just internal pharmaceutical development utility

6. **Exploratory Endpoints Without Regulatory Context**

Deficiency: Focus on exploratory biomarker endpoints without clear connection to regulatory decision making

Guidance: While exploratory biomarkers may be valuable, the COU should articulate specific regulatory applications

7. **Insufficient Drug Development Need Demonstration**

Deficiency: Failure to demonstrate benefit over existing qualified biomarkers or accepted standards of practice

Guidance: Does the proposed biomarker demonstrate a benefit over qualified biomarkers and/or accepted standard of practice with similar COUs?

8. **Improper COU Structure**

Deficiency: COUs that don't follow the required format structure

Guidance: Use the structure [BEST biomarker category] to [drug development use] or [BEST biomarker category] to [action]

9. **Missing Scientific Rationale**

Deficiency: COUs lacking scientific justification for the proposed drug development use

Guidance: Does the LOI contain a scientific rationale to support the COU as a drug development need?

10. **Inadequate Disease Description**

Deficiency: Submissions discussing broad applicability across diseases rather than focusing on specific conditions

Guidance: Does the LOI submission contain a brief description of the disease to support the drug development need and the biomarker's COU?