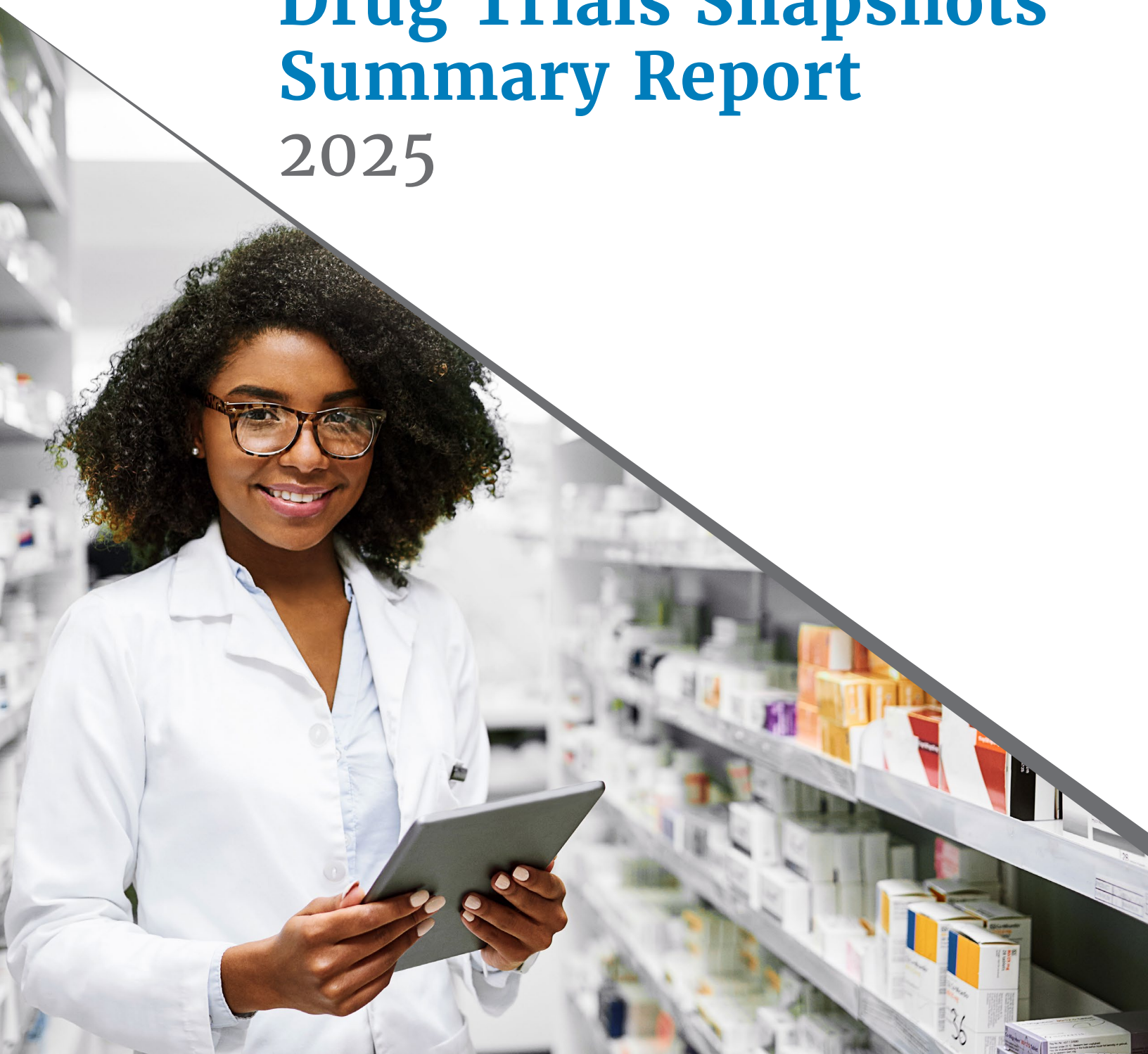
U.S. FOOD & DRUG ADMINISTRATION

CENTER FOR DRUG EVALUATION AND RESEARCH

Drug Trials Snapshots Summary Report

2025



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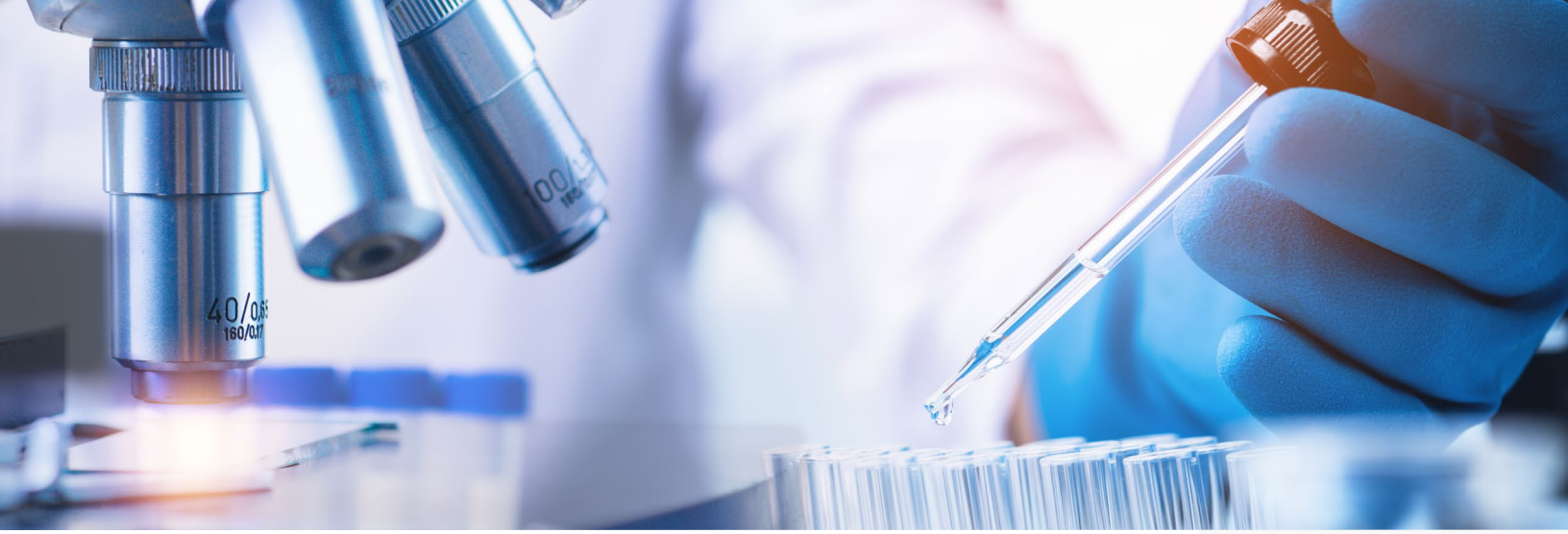
Introduction

Welcome to the FDA's Center for Drug Evaluation and Research's (CDER's) Drug Trials Snapshots Summary Report

Since January 2015, CDER has shared information on the representation of participants in clinical trials through the transparency initiative called Drug Trials Snapshots (DTS). DTS provide consumers and healthcare professionals with concise information about who participated in the key clinical trials that supported the original FDA approval of new drugs by FDA's Center for Drug Evaluation and Research (CDER).

This year's annual report summarizes the 2025 DTS program, complementing CDER's annual report, "Advancing Health Through Innovation: New Drug Therapy Approvals 2025," published in January 2026, by providing information on the various demographic factors of participants in the clinical trials relied upon for approval of novel therapies. The approved therapies span a wide range of medical conditions, including ones that affect pediatric patients, diseases affecting only males or females, common diseases that affect a large proportion of the population in the United States, and rare (or orphan) diseases. Given the varied diseases being targeted, examining clinical trial populations by individual drug or therapeutic area provides the clearest insight into patient representation in clinical trials specific to a disease.

We hope this information is helpful to promote dialogue on the appropriate representation of different subgroups in clinical trials. We welcome your feedback on the DTS program and ideas you may have regarding how FDA can enhance the information provided in each snapshot. You can share your thoughts by sending an email to Snapshots@fda.hhs.gov.



2025 Summary Statistics (January 1, 2025 to December 31, 2025)

In 2025, CDER approved 46 novel drugs, either as new molecular entities (NMEs) under new drug applications (NDAs) or as new therapeutic biologics under biologics license applications (BLAs). Twenty (43%) of these approved novel drugs were first-in-class, meaning they have mechanisms of action different from those of existing therapies. In addition, 23 out of 46 (50%) of these approvals were for the treatment of rare or orphan diseases, or diseases that affect fewer than 200,000 people in the United States.

In this report, we summarize baseline demographic information from pivotal trials that support the approval of each novel drug. We presented the demographic percentages of sex, race, ethnicity, age group, and U.S. participants in the pivotal trials in tabular format, as well as summarize baseline demographic data by therapeutic area graphically. We present data in pie chart format for therapeutic areas that include more than three drug programs for a more robust representation of participants in clinical trials. We encourage readers to access the Drug Trials Snapshots database for updated summaries as well as the approved drug label for FDA reviews that support the novel drug approvals. Additionally, within the DTS summaries, you will find subgroup differences of the efficacy and safety of the drug. At Drugs@FDA you will find additional information on the disease or medical condition and the efficacy and safety information of the novel drug in the overall study population, appropriate to the approved condition.

Demographic data for each approved novel drug is organized by the following categories reflecting the organizational structure of CDER's Office of New Drugs (OND), which oversees these drug development programs. This report provides a summary of percent representation of sex, race, ethnicity, age group, and U.S. participants in the pivotal trials supporting these approvals by the respective therapeutic area:

- **Heart, Blood, Kidney, and Endocrine Diseases**
- **Autoimmune, Inflammatory, and Lung Diseases**
- **Infectious Diseases**
- **Neurological and Psychiatric Disorders**
- **Cancers**
- **Reproductive, Urologic, and Rare Metabolic Diseases**
- **Ophthalmologic or Imaging Therapies**

We hope information from this annual report will help promote further dialogue on how drug development can be enhanced to improve knowledge about the safety and effectiveness of therapies for representative patient communities in the United States.

Heart, Blood, Kidney, and Endocrine Diseases

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
QFITLIA* (fitusiran)	To prevent or reduce the frequency of bleeding episodes in hemophilia A or B	177	0	34	1	62	6	1	7
VANRAFIA (atrasentan)	To reduce proteinuria in adults with primary immunoglobulin A nephropathy at risk of rapid disease progression	270	59	36	2	57	21	6	13
WAYRILZ* (rilzabrutinib)	To treat persistent or chronic immune thrombocytopenia that has not sufficiently responded to a previous treatment	202	63	62	0	32	20	18	7
FORZINITY* (elamipretide)	To improve muscle strength in patients with Barth syndrome weighing at least 30 kg	12	0	92	0	0	0	0	100
PALSONIFY* (paltusotine)	To treat acromegaly in adults who had an inadequate response to surgery and/or for whom surgery is not an option	169	54	59	4	21	33	15	12
REDEMPLO* (plozasiran)	To reduce triglycerides in adults with familial chylomicronemia syndrome, as an adjunct to diet	75	51	73	0	21	3	12	12
VOYXACT (sibeprenlimab-szsi)	To reduce proteinuria in primary immunoglobulin A nephropathy in adults at risk for disease progression	320	38	38	0	59	12	3	10

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
LEROCHOL (lerodalcibep-liga)	To reduce low-density lipoprotein cholesterol in adults with hypercholesterol-emia, including heterozygous familial hypercholes-terolemia, as an adjunct to diet and exercise	2322	40	80	16	4	6	45	22
CARDAMYST (etripamil)	To convert acute episodes of paroxysmal supraventricular tachycardia to sinus rhythm	255	71	93	3	2	6	13	29
YARTEMLA* (narsoplimab-wuug)	To treat hematopoi-etic stem cell transplant-associated thrombotic microangiopathy	47	43	36	4	15	4	11	19
MYQORZO* (aficamten)	To treat symptomatic obstructive hypertrophic cardiomyopathy	282	41	79	1	19	3	40	33

* Rare disease

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Participation by Sex, Age, and U.S. Participants for the Programs Evaluating Therapies to Treat Heart, Blood, Kidney, and Endocrine Diseases

Figure 1. Sex of Participants in the Programs* Evaluating Therapies to Treat Heart, Blood, Kidney, and Endocrine Diseases

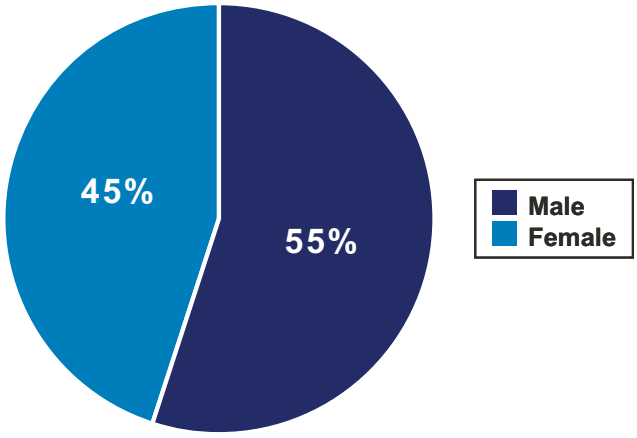


Figure 1 summarizes how many male and female participants were enrolled in the 9 drug programs evaluating therapies to treat heart, blood, kidney, and endocrine diseases that affect both males and females.

Source: Adapted from FDA Review
* Two sex-specific drug programs were excluded in the analysis
Alt-Tag: Pie chart summarizing how many male and female participants were in the 9 drug programs. In total, 45% female and 55% male participants were enrolled in the 9 drug programs.

Figure 2. Age of Participants in the Programs* Evaluating Therapies to Treat Heart, Blood, Kidney, and Endocrine Diseases

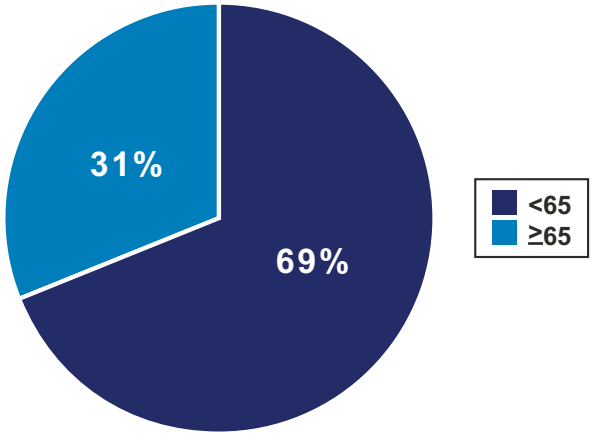


Figure 2 summarizes age of participants enrolled in the 10 drug programs evaluating therapies to treat heart, blood, kidney, and endocrine diseases.

Source: Adapted from FDA Review
* One pediatric drug program was excluded from analysis
Alt-Tag: Pie chart summarizing how many participants by age were in the 10 drug programs. In total, 69% participants <65 years old and 31% participants ≥65 years old were enrolled in the 10 drug programs.

Figure 3. U.S. Participants in the Programs Evaluating Therapies to Treat Heart, Blood, Kidney, and Endocrine Diseases

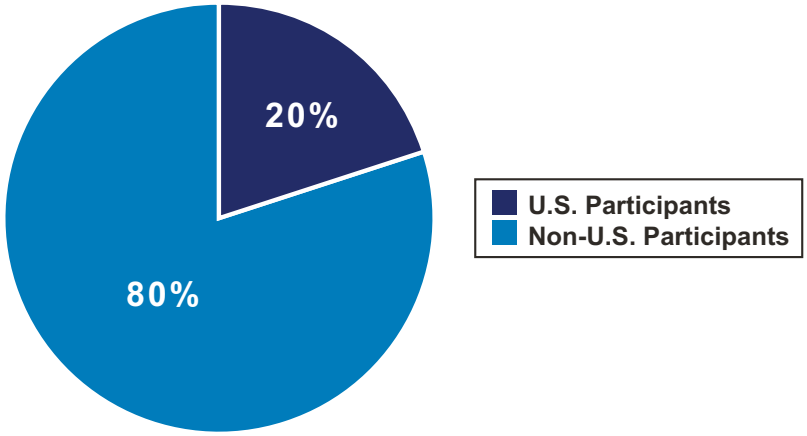


Figure 3 summarizes number of U.S. participants enrolled in the 11 drug programs evaluating therapies to treat heart, blood, kidney, and endocrine diseases.

Source: Adapted from FDA Review
Alt-Tag: Pie chart summarizing how many U.S. and non-U.S. participants were in the 11 drug programs. In total, 20% U.S. and 80% non-U.S. participants were enrolled in the 11 drug programs.

Autoimmune, Inflammatory, and Lung Diseases

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
EKTERLY* (sebetralstat)	To treat acute attacks of hereditary angioedema	110	60	84	1	9	6	4	31
BRINSUPRI (brensocatib)	To treat non-cystic fibrosis bronchiectasis	1977	65	75	1	11	26	50	16
ANDEMBRY* (garadacimab-gxii)	To prevent attacks of heredi-tary angioedema	64	59	86	2	9	5	6	33
ANZUPGO (delgocitinib)	To treat moderate-to-severe chronic hand eczema when topical corticosteroids are not advisable or produce an inadequate response	959	64	90	1	4	3	8	0
DAWNZERA* (donidalorsen)	To prevent attacks of hereditary angioedema	90	53	91	2	1	7	2	20
RHAPSIDO (remibrutinib)	To treat chronic spontaneous urticaria in adults who remain symptomatic despite H1 antihistamine treatment	912	67	55	3	37	15	8	22
JASCAYD* (nerandomilast)	To treat idiopathic pulmonary fibrosis	1322	18	69	0	30	8	79	16

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
EXDENSUR (depemokimab-ulaa)	To treat severe asthma characterized by an eosinophilic phenotype as an add-on maintenance therapy	762	61	77	5	17	12	25	25
NEREUS (tradipitant)	To treat vomiting associated with motion	681	62	81	5	9	12	13	100

* Rare disease

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category

Participation by Sex, Age, and U.S. Participants for the Programs Evaluating Therapies to Treat Autoimmune, Inflammatory, and Lung Diseases

Figure 4. Sex of Participants in the Programs Evaluating Therapies to Treat Autoimmune, Inflammatory, and Lung Diseases

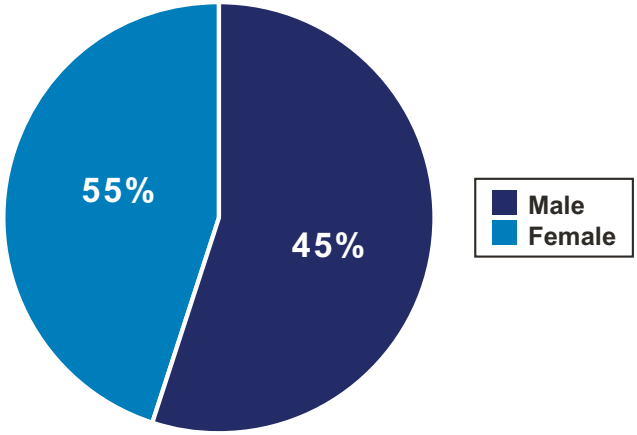


Figure 4 summarizes how many male and female participants were enrolled in the 9 drug programs evaluating therapies to treat autoimmune, inflammatory, and lung diseases that affect both males and females.

Source: Adapted from FDA Review
Alt-Tag: Pie chart summarizing how many male and female participants were in the 9 drug programs. In total, 55% female and 45% male participants were enrolled in the 9 drug programs.

Figure 5. Age of Participants in the Programs Evaluating Therapies to Treat Autoimmune, Inflammatory, and Lung Diseases

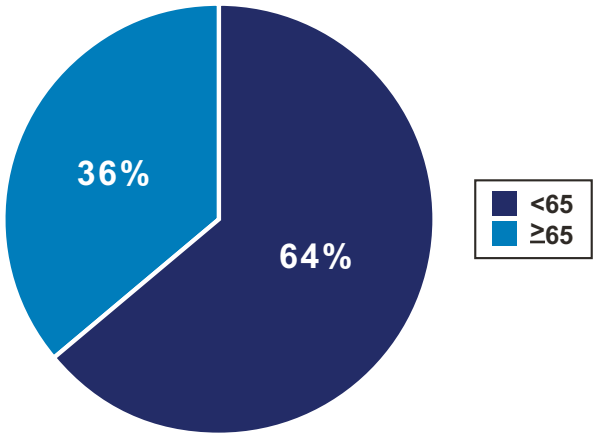


Figure 5 summarizes age of participants enrolled in the 9 drug programs evaluating therapies to treat autoimmune, inflammatory, and lung diseases.

Source: Adapted from FDA Review
Alt-Tag: Pie chart summarizing how many participants by age were in the 9 drug programs. In total, 64% participants <65 years old and 36% participants ≥65 years old were enrolled in the 9 drug programs.

Figure 6. U.S. Participation in the Programs Evaluating Therapies to Treat Autoimmune, Inflammatory, and Lung Diseases

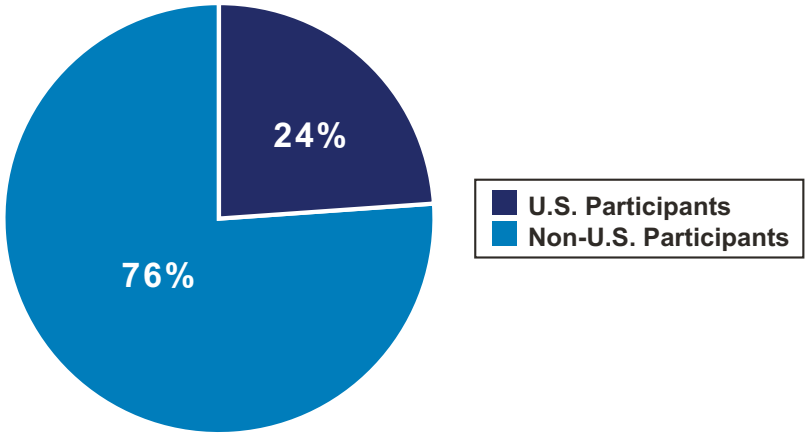


Figure 6 summarizes number of U.S. participants enrolled in the 9 drug programs evaluating therapies to treat autoimmune, inflammatory, and lung diseases.

Source: Adapted from FDA Review
Alt-Tag: Pie chart summarizing how many U.S. and non-U.S. participants were in the 9 drug programs. In total, 24% U.S. and 76% non-U.S. participants were enrolled in the 9 drug programs.

Infectious Diseases

Trade Name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
BLUJEPA (gepotidacin)	To treat uncomplicated urinary tract infections	1201	100	84	6	4	29	28	52
ENFLONSIA (clesrovimab-cfor)	To prevent respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season	4510	49	47	14	25	29	0	11
NUZOLVENCE (zoliflodacin)	To treat uncomplicated urogenital gonorrhea due to *Neisseria gonorrhoeae*	744	9	13	55	31	4	1	19

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Neurological and Psychiatric Disorders

Trade Name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
JOURNAVX (suzetrigine)	To treat moderate-to-severe acute pain	2447	89	72	24	2	35	5	100
IMAAVY* (nipocalimab-aahu)	To treat generalized myasthenia gravis	153	60	63	1	32	8	24	12

* Rare disease

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Cancers

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
DATROWAY (datopotamab deruxtecan-dlnk)	To treat unresectable or metastatic, HR-positive, HER2-negative breast cancer who have received prior endocrine-based therapy and chemotherapy for unresectable or metastatic disease	732	99	48	2	41	11	22	8
GOMEKLI* (mirdametinib)	To treat neurofibromatosis type 1 who have symptomatic plexiform neurofibromas not amendable to complete resection	114	59	75	14	4	8	2	100
ROMVIMZA (vimseltinib)	To treat symptomatic tenosynovial giant cell tumor for which surgical resection will potentially cause worsening functional limitation or severe morbidity	123	59	65	3	4	3	7	11

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
PENPULIMAB-KCQX* (penpulimab-kcqx)	In combination with either cisplatin or carboplatin and gemcitabine, to treat adults with recurrent or metastatic non-keratinizing nasopharyngeal carcinoma (NPC), or as a single agent while on or after platinum-based chemotherapy and at least one other prior line of therapy	421	20	1	0	98	1	5	1
EMRELIS (telisotuzumab vedotin-tllv)	To treat locally advanced or metastatic, non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression after prior systemic therapy	84	75	61	1	38	0	45	7
IBTROZI* (taletrectinib)	To treat locally advanced or metastatic ROS1-positive non-small cell lung cancer	270	57	10	1	84	1	23	2
AVMAPKI FAKZYNJA CO-PACK* (avutometinib and defactinib)	To treat KRAS-mutated recurrent low-grade serous ovarian cancer (LGSOC) after prior systemic therapy	57	100	75	4	4	4	40	49

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
ZEGFROVY (sunvozertinib)	To treat locally advanced or metastatic non-small cell lung cancer with epidermal growth factor receptor exon 20 insertion mutations, as detected by an FDA-approved test, with disease progression on or after platinum-based chemotherapy	85	67	33	0	65	2	46	6
MODEYSO* (dordaviprone)	To treat diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy	376	52	74	9	4	13	4	100
HERNEXEOS (zongertinib)	To treat adults with unresectable or metastatic non-squamous non-small cell lung cancer whose tumors have HER2 tyrosine kinase domain activating mutations, as detected by an FDA-approved test, and who have received prior systemic therapy	105	69	40	0	49	2	40	9
KEYTRUDA QLEX (pembrolizumab and berahyaluro-nidase alfa-pmph)	To treat adult and pediatric (12 years and older) solid tumor indications approved for the intravenous formulation of pembrolizumab	377	29	63	3	29	31	53	1

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
INLURIYO (imlunestrant)	To treat estrogen receptor-positive, human epidermal growth factor receptor 2-negative, estrogen receptor-1-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy	256	100	61	4	26	19	34	13
HYRNUO* (sevabertinib)	To treat locally advanced or metastatic non-squamous non-small cell lung cancer with tumors that have activating HER2 tyrosine kinase domain activating mutations in patients who received a systemic therapy	122	67	25	3	66	2	39	9

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
GRAFAPEX (treosulfan)	For use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation for acute myeloid leukemia and myelodysplastic syndrome	570	39	NA	NA	NA	NA	26	0
LYNOZYFIC (linvoseltamab-gcpt)	To treat relapsed or refractory multiple myeloma after at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti CD38 monoclonal anti body	80	36	69	14	12	3	66	78
KOMZIFTI (ziftomenib)	To treat adults with relapsed or refractory acute myeloid leukemia with a susceptible nucleophosmin 1 mutation who have no satisfactory alternative treatment options	112	56	78	2	4	3	63	46

NA = not available

* Rare disease

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Participation by Sex, Age, and U.S. Participants for the 13 Programs Evaluating Therapies to Treat Cancers

Figure 7. Sex of Participants in the Programs* Evaluating Therapies to Treat Cancers

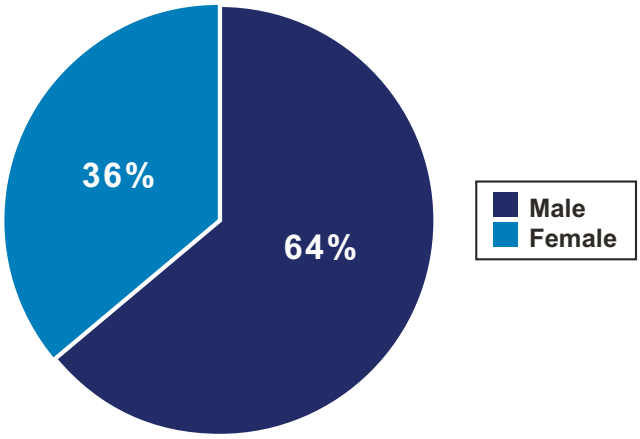


Figure 7 summarizes how many male and female participants were enrolled in the 14 drug programs evaluating therapies to treat cancers that affect both males and females.

Source: Adapted from FDA Review

* Two sex-specific drug programs were excluded in the analysis

Alt-Tag: Pie chart summarizing how many male and female patients were in the 14 drug programs. In total, 36% female and 64% male participants were enrolled in the 14 drug programs.

Figure 8. Age of Participants in the Programs Evaluating Therapies to Treat Cancers

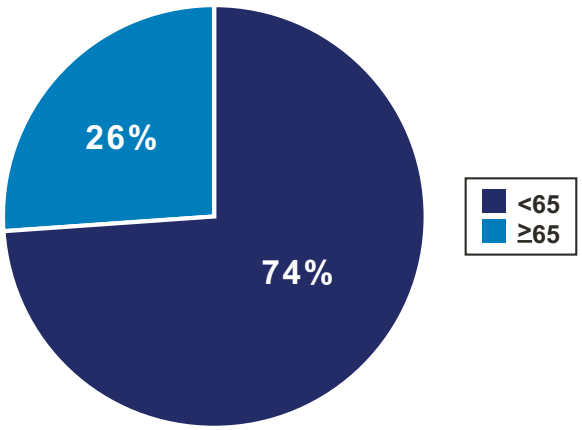


Figure 8 summarizes age of participants enrolled in the 16 drug programs evaluating therapies to treat cancers.

Source: Adapted from FDA Review

Alt-Tag: Pie chart summarizing how many participants by age were in the 16 drug programs. In total, 74% participants <65 years old and 26% participants ≥65 years old were enrolled in the 16 drug programs.

Figure 9. U.S. Participation in the Programs Evaluating Therapies to Treat Cancers

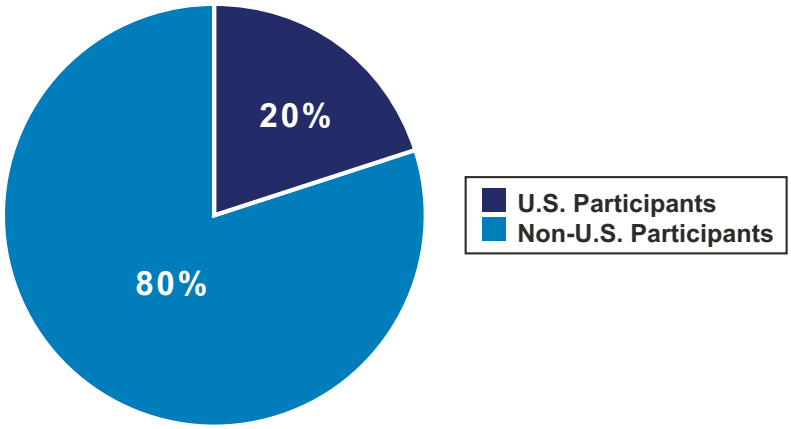


Figure 9 summarizes number of U.S. participants enrolled in the 16 drug programs evaluating therapies to treat cancers.

Source: Adapted from FDA Review
Alt-Tag: Pie chart summarizing how many U.S. and non-U.S. participants were in the 16 drug programs. In total, 20% U.S. and 80% non-U.S. participants were enrolled in the 16 drug programs.

Reproductive, Urologic, and Rare Generic Metabolic Diseases

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
SEPHIENCE* (sepiapterin)	To treat hyperphenyl-alaninemia in patients with sepiapterin-responsive phenylketon-uria, in conjunction with a phenyl-alanine-restricted diet	98	51	92	0	0	19	0	46
LYNKUET (elinzanetant)	To treat mod-erate-to-severe vasomotor symptoms due to menopause	796	100	80	17	1	9	0	51
KYGEVVI* (doxecitine and doxribtimine)	To treat thymidine kinase 2 deficiency in patients who start to show symptoms when they are 12 years old or younger	78	46	82	4	5	36	0	22

* Rare disease

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Ophthalmologic and Imaging Therapies

Trade name (active ingredient)	Indication	Total N	% Female	% White†	% Black†	% Asian†	% Hispanic‡	% ≥ 65 Years	% U.S. Participants
TRYPTYR (acoltremon)	To treat the signs and symptoms of dry eye disease	931	75	76	14	8	12	45	100
VIZZ (aceclidine)	To treat presbyopia	698	65	88	5	5	25	7	100

† The percentages of all other races combined (American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander, Other, Unknown/Unreported) adds up to 100% of race category.

‡ The percentage of Non-Hispanic and Unknown/Unreported ethnicity adds up to 100% of ethnicity category.

Discussion

CDER approved 46 novel therapies for a range of diseases in 2025. About 26,000 study participants contributed to the pivotal trials supporting these approvals. Presenting demographic data by drug and therapeutic area in the annual summary report will: (1) facilitate tracking of trends in clinical trials representation by therapeutic area over time and (2) identify programs that have (or have not) generated clinical data in the population for which drugs are intended.

For the subgroup of sex, we summarized programs enrolling both males and females, excluding sex-specific indications as their inclusion would impact interpretability. The percentage of females participating across all individual drug programs ranged from 9% to 99%. The therapeutic area evaluating Autoimmune, Inflammatory, and Lung Diseases enrolled the highest percentage of females at 55%. Four drug programs that enrolled 100% females, *Bluejepa* (to treat urinary tract infections), *Inluriyo* (to treat metastatic breast cancer), *Avmapki Fakzynja Co-Pack* (for ovarian cancer), and *Lynkuet* (to treat symptoms due to menopause), and two drug programs that enrolled 0% females, *Qfitlia* (to prevent bleeding episodes in hemophilia A or B) and *Forzinity* (to improve muscle strength in patients with Barth Syndrome), were excluded in the analysis since they are sex-specific indications.

For race, the percentage of White participants enrolled in the drug programs ranged from 1% to 93% across therapeutic areas. White participants comprised more than 50% of the trial population enrolled for a majority of the drug programs. The second largest race category was Asian participants ranging from 0% to 98% across all therapeutic areas. The drug programs evaluating Cancers enrolled the highest percentage of Asian participants averaging 36%. Black or African American (herein referred to as Black participants) accounted for the lowest enrollment, ranging from 0% to 55% across all therapeutic areas. The drug programs evaluating Infectious Diseases enrolled the highest percentage of Black participants. Since enrollment of American Indian or Alaskan Native race categories has historically been less than 1% to 2%, or not available, we did not include these race categories in the table but encourage readers to look at the individual DTS summaries or FDA labels for the additional data. Finally, the percentage of Hispanic or Latino participants ranged from 0% to 36% of the overall study population across all therapeutic areas.

Age groups varied across therapeutic areas, with the percentage of participants ≥65 years of age ranging from 1% to 79%. The drug programs evaluating Autoimmune, Inflammatory, and Lung Diseases (36%) had the highest enrollment of participants ≥65 years of age while 26% of the participants enrolled in the drug programs evaluating Cancers were 65 years of age or older.

All pivotal trials supporting each of the novel therapy approvals were conducted at multiple sites and the majority were multinational. Many of the drug programs had a higher number of non-U.S. participants; drugs evaluating Heart, Blood, Kidney, and Endocrine Diseases (80%) and Cancers (80%) enrolled the highest number of participants outside the United States.

The goal of the DTS program is to make demographic data in key pivotal trials more available and transparent to the public. It is important to understand the enrollment of participants by sex, race, age, and ethnicity in drug development programs for highly prevalent diseases and compare these findings to the demographic makeup of patients with the disease in the United States. This will provide an opportunity to identify barriers to overcome and to leverage best practices that contribute towards improving representation in clinical trials. We hope the information obtained from Drug Trials Snapshots can contribute to this dialogue.

Acknowledgements

We acknowledge and appreciate the diligence of FDA review staff in providing additional analyses to support our transparency goals related to diversity and inclusion in clinical trials to support novel new drugs.

We also acknowledge the following contributors to this report:

Jeff Siegel, MD, Director, ODES, OND, CDER

Vanitha Sekar, PhD, RPH, Director, DBIRBD, ODES, OND, CDER

Aden Asefa, MPH, DTS Lead, ODES, OND, CDER

Ariel Armstrong, PhD, Health Informaticist, ODES, OND, CDER

Jinzhong Liu, PhD, Deputy Office Director, ODES, OND, CDER

Mark Rothmann, PhD, Director, Division of Biometrics II, Office of Biostatistics, OTS, CDER

Jizu Zhi, PhD, MS, Lead Clinical Analyst, Clinical Data Science Staff, OND, CDER

DeAngelo McKinley, PhD, PharmD, Lead Clinical Analyst, Clinical Data Science Staff, OND, CDER

Ling Cao, PhD, Senior Staff Fellow, Clinical Data Science Staff, OND, CDER

Qunshu Zhang, PhD, Lead Clinical Analyst, Clinical Data Science Staff, OND, CDER

Megan Peach, PhD, Data Scientist, Clinical Data Science Staff, OND, CDER

Richard Klein, PhD, Data Scientist, Clinical Data Science Staff, OND, CDER

William Quarles, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Zachary Moldwin, PharmD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Jun Zhu, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Leora Willner, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Niyati Parikh, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Salman Hosain, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Yu Wang, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Zach Osking, PhD, Clinical Analyst, Clinical Data Science Staff, OND, CDER

Alexander Williamson, Medical Editor, OND, CDER

U.S. Food and Drug Administration
www.fda.gov

Center for Drug Evaluation and Research
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, Maryland 20993

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