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Center for Biologics Evaluation and Research (CBER)

143rd Meeting of the Vaccines and Related Biological
Products Advisory Committee (VRBPAC)

Open Session

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PROCEEDINGS

Agenda Item: Call to Order and Opening Remarks

DR. EDWARDS: I welcome everyone. I would like to call the meeting to order of the Vaccines and Related Biologics Products Advisory Committee meeting. The goal of this meeting through teleconference, is to discuss the Office of Vaccines Research and Review of the Division of Bacterial, Parasitic, and Allergenic Products in the Laboratory of Bacterial Polysaccharides.

Before we start our discussion we need to have a reading of the conflict of interest.

DR. VIJH: Thank you Dr. Edwards. Hello everyone. I am Sujata Vijh, the Designated Federal Officer for today's meeting of the Vaccines and Related Biological Products Advisory Committee. Ms. Rosanna Harvey is the Committee Management Specialist for VRBPAC, and she is being assisted by our colleague Ms. Denise Royster.

On behalf of the FDA, the Center for Biologics Evaluations and Research and the Office of Vaccines Research and Review, we would like to welcome everyone to the 143rd VRBPAC meeting described in the Federal Register notice of March 16, 2016.

Members are participating via phone today, and the meeting is also being webcast live. Before proceeding

1 to administrative remarks and reading the COI statement, I
2 would like to take a quick roll call of members on the
3 phone for the record. I will be using the roster that you
4 have to follow to check who is on the phone.

5 Dr. Edwards was on. Dr. Ruth Lynfield.

6 DR. LYNFIELD: Yes.

7 DR. VIJH: Dr. Karen Kotloff.

8 DR. KOTLOFF: (No response)

9 DR. VIJH: Dr. Patrick Moore.

10 DR. MOORE: Yes.

11 DR. VIJH: Dr. Janet Englund.

12 DR. ENGLUND: Yes.

13 DR. VIJH: Dr. Ofer Levy.

14 DR. LEVY: (No response)

15 DR. VIJH: Dr. Sarah Long.

16 DR. LONG: Yes.

17 DR. VIJH: Dr. Mark Sawyer.

18 DR. SAWYER: Yes.

19 DR. VIJH: Dr. David Greenberg.

20 DR. GREENBERG: Yes.

21 DR. VIJH: And Dr. Arnold Monto.

22 DR. MONTO: Yes.

23 DR. VIJH: I see that Dr. Karen Kotloff has
24 joined. Dr. Karen Kotloff.

25 DR. KOTLOFF: Yes, I am here.

1 DR. VIJH: Wonderful. Also Dr. Ofer Levy has
2 also joined?

3 DR. LEVY: (No response)

4 DR. VIJH: Okay. I now invite Dr. Kathryn
5 Edwards to handle the introduction of the members on the
6 phone.

7 DR. EDWARDS: I believe the first order of
8 business will be an overview of the CBER Research/Site
9 Visit Process by Dr. Wilson.

10 DR. VIJH: Dr. Edwards, you need to introduce the
11 members on the phone because the public is watching the
12 webcast so they need to know who the members of the VRBPAC
13 Committee are. So if you use the roster perhaps they can
14 just go through their introductions.

15 DR. EDWARDS: So you want me to list the number
16 of all the members on the VRBPAC. I am Kathryn Edwards and
17 I am a professor of pediatrics at Vanderbilt University.

18 Do you want each of the members then to introduce
19 themselves? Is that what you are saying?

20 DR. VIJH: Yes, please.

21 DR. EDWARDS: Dr. Lynfield, would you please
22 introduce yourself?

23 DR. LYNFIELD: Yes, thank you. This is Ruth
24 Lynfield. I am a member of VRBPAC and I am the State

1 Epidemiologist and Medical Director at the Minnesota
2 Department of Health.

3 DR. EDWARDS: Thank you. Dr. Kotloff.

4 DR. KOTLOFF: I am Karen Kotloff. I am professor
5 of Pediatrics and Infectious Diseases at the University of
6 Maryland School of Medicine.

7 DR. EDWARDS: Dr. Moore.

8 DR. MOORE: I am a professor at the University of
9 Pittsburgh Cancer Institute and in the Department of
10 Molecular Genetics and Microbiology at the University of
11 Pittsburgh.

12 DR. EDWARDS: Thank you. Dr. Englund.

13 DR. ENGLUND: I am Dr. Janet Englund, Professor
14 of Pediatrics in the Division of Infectious Disease at the
15 University of Washington and Seattle Children's Hospital
16 and adjunct at Fred Hutchison Cancer Research Center.

17 DR. EDWARDS: Dr. Levy.

18 DR. LEVY: Hi. I am Dr. Ofer Levy. I am a
19 faculty member in Human Biology and Translational Medicine
20 and an Associate Professor at Harvard Medical School. I am
21 a staff physician and director of the Precision Vaccine
22 Programs in the Division of Infectious Diseases at Boston
23 Children's Hospital.

24 DR. EDWARDS: Thank you. Dr. Long.

1 DR. LONG: I am Dr. Sarah Long. I am a member of
2 VRBPAC. Professor of Pediatrics at Drexel University
3 College of Medicine and Chief of Infectious Diseases at St.
4 Christopher's Hospital for Children in Philadelphia.

5 DR. EDWARDS: Thank you. Dr. Sawyer.

6 DR. SAWYER: Mark Sawyer, Professor of Pediatrics
7 in the Division of Infectious Disease at UC San Diego and
8 Rady Children's Hospital, San Diego.

9 DR. EDWARDS: Thank you. Dr. Greenberg.

10 DR. GREENBERG: I am the industry representative
11 at VRBPAC. Vice President, Scientific and Medical Affairs
12 at Sanofi Pasteur and adjunct Associate Professor of
13 Pediatrics at University of Pittsburgh.

14 DR. EDWARDS: Dr. Monto.

15 DR. MONTO: I am Arnold Monto. VRBPAC member. I
16 am Professor of Epidemiology in the School of Public
17 Health, University of Michigan.

18 DR. EDWARDS: Dr. Andrews.

19 DR. ANDREWS: I am Ellen Andrews. I am a
20 temporary member and a consumer representative. I am the
21 Executive Director of the Connecticut Health Policy
22 Project.

23 DR. EDWARDS: Thank you very much. I would like
24 to now introduce the FDA participants who will be providing
25 information and discussion. The first will be Dr. Carolyn

1 Wilson, Associate Director for Research for CBER, who will
2 be giving us an overview of the site visit process.

3 Dr. Wilson.

4 DR. VIJH: Dr. Edwards, I still need to finish my
5 administrative remarks and my conflict of interest
6 statement before we move on to having the presentation.

7 DR. EDWARDS: Great. Go ahead.

8 DR. VIJH: Because this is a format where people
9 can't really see what is going on, we just have to be very
10 clear about what is going on in the room so the public has
11 an understanding too. There are FDA staff sitting at the
12 table that I would like to quickly go through for the
13 introductions.

14 Dr. Gruber.

15 DR. GRUBER: My name is Marion Gruber. I am the
16 Director of the Office of Vaccines Research and Review at
17 CBER.

18 DR. WILSON: Carolyn Wilson, Associate Director
19 for Research, CBER.

20 DR. BURNS: Drusilla Burns, Deputy Director,
21 Division of Bacterial, Parasitic and Allergenic Products,
22 CBER.

23 DR. SLATER: Jay Slater. I am the Director of
24 the Division of Bacterial, Parasitic and Allergenic
25 Products at CBER.

1 DR. VANN: Willie Vann. I am Chief of the
2 Laboratory of Bacterial Polysaccharides, which is in the
3 Division of Bacterial, Parasitic and Allergenic Products at
4 CBER.

5 DR. VIJH: Thank you. I would like to go through
6 the meeting format. We will begin today's meeting with a
7 session that is open to the public, followed by the open
8 public hearing session. Both of which are available by
9 live webcast. It is anticipated that the open public
10 hearing will take place about 30 to 40 minutes ahead of
11 schedule. So if there are members of the public that would
12 like to present oral comments please sign up outside at the
13 registration table. If there are no comments from the
14 public, the meeting will go to the closed session. That is
15 not webcast.

16 For the closed session, the FDA staff being
17 evaluated for personnel actions will leave the room. Dr.
18 David Greenberg, who is a VRBPAC industry representative,
19 will also disconnect from the phone before the closed
20 session starts.

21 Dr. Ellen Andrews is a temporary voting consumer
22 representative for the meeting. Ms. Debra Gilliam is the
23 transcriptionist, seated in the room and will be present
24 during both open and closed sessions. Please check your
25 cell phones to make sure that they are off or are in silent

1 mode. Members via phone, please mute your lines and unmute
2 to speak as needed.

3 Participants in the room are also requested to
4 state your name and speak clearly and loudly into the phone
5 or microphone, so that the transcriber and other attendees
6 and those watching via webcast can hear your comments. I
7 would now like to read the Conflict of Interest Statement
8 into the public record.

9 **Agenda Item: Conflicts of Interest Statement.**

10 DR. VIJH: The Food and Drug Administration is
11 convening today's meeting of the Vaccines and Related
12 Biological Products Advisory Committee under the authority
13 of the Federal Advisory Committee Act, FACA, of 1972. With
14 the exception of the industry representative, all
15 participants of the committee are special government
16 employees from other agencies that are subject to the
17 Federal Conflict of Interest Laws and Regulations.

18 The following information on the status of this
19 Advisory Committee's compliance with Federal Conflict of
20 Interest Laws including but not limited to 18 U.S. Code
21 Section 208 of the Federal Food, Drug, and Cosmetic Act, is
22 being provided to participants at this meeting and to the
23 public.

1 FDA has determined that members of this committee
2 are in compliance with Federal Ethics and Conflict of
3 Interest Laws.

4 Today's agenda includes an overview of the
5 research programs in the Laboratory of Bacterial
6 Polysaccharides, Division of Bacterial, Parasitic, and
7 Allergenic Products, Office of Vaccines Research and
8 Review, of the Center for Biologics Evaluation and
9 Research.

10 This overview is a non-particular matter. Based
11 on the agenda, it has been determined that this overview
12 presents no actual or appearance of a conflict of interest.

13 In closed session the committee will review and
14 discuss the draft site visit report from the site visit
15 concluded on February 4, 2016.

16 Dr. David Greenberg, serving as an industry
17 representative, acts on behalf of all related industry. He
18 is employed by Sanofi Pasteur. Industry representatives
19 are not special government employees and do not vote.

20 This conflict of interest statement will be
21 available at the registration table for review. We would
22 like to remind members, consultants, and participants that
23 if discussions involve any products or firms not on the
24 agenda for which an FDA participant has a personal or
25 imputed financial interest, the participant needs to

1 exclude themselves from such involvement and exclusion will
2 be noted for the record.

3 FDA encourages all participants to advise the
4 committee of any financial relationships that you may have
5 with firms that could be affected by the committee
6 discussions.

7 Dr. Edwards, I now hand over the meeting to you
8 to introduce Dr. Carolyn Wilson for her presentation.

9 DR. EDWARDS: Thank you very much. I now would
10 like to introduce Carolyn Wilson, Associate Director for
11 Research at CBER at the FDA, who will present an overview
12 of the CBER Research Site/Visit Process.

13 Dr. Wilson.

14 DR. LONG: This is Sarah Long. May I just ask you
15 - I am still on the title page. Is there something that I
16 need to do here?

17 **Topic: Presentations of the Laboratory of**
18 **Bacterial Polysaccharides, Division of Bacterial,**
19 **Parasitic, and Allergenic Products, Office of Vaccines**
20 **Research and Review, Center for Biologics Evaluation and**
21 **Research**

22 **Agenda Item: Overview of CBER Research/Site Visit**
23 **Process**

24 DR. WILSON: We see the title page here too, in
25 the room so don't worry. We will catch up.

1 While those are being brought up I wanted to
2 provide a special thanks to Drs. Levy and Moore for co-
3 chairing the site visit. We always rely on the good graces
4 of our Advisory Committee members to step up and be willing
5 to chair these site visits throughout their tenure. So we
6 really do appreciate the time and effort involved in doing
7 this.

8 I will try to go through very quickly a quick
9 overview about the Center for Biologics and particularly
10 about our regulatory science and research program. For
11 those of you who are relatively new to the committee what I
12 want to emphasize is that science and regulation really go
13 hand in hand as we look at how the Center for Biologics can
14 advance product development.

15 DR. EDWARDS: We can't hear you.

16 DR. WILSON: You can't? I wonder why.

17 DR. EDWARDS: We can now hear you.

18 DR. WILSON: You can? Fantastic. Everybody can
19 hear me now. All right, I will just try and continue since
20 all you missed was an introductory statement.

21 What I was saying is we think of science and
22 regulations as going hand in hand in advancing product
23 development and the role that CBER plays in that process.
24 We think of it as starting with the public health problem
25 that drives the development of novel products. Those novel

1 products may sometimes pose a challenge to us as regulators
2 because we don't always have all the best information or
3 models available to us or tools even, to assess how these
4 products may perform in the clinic.

5 So that is where regulatory science through a
6 combination of both discovery science and targeted
7 development of new tools, for example, reference materials,
8 perhaps a new animal model that can help assess product
9 pre-clinically, a better mechanistic study to be able to
10 advise sponsors on potency assays and so on. These kinds
11 of studies can help address product issues that would
12 impact a whole class of products, as opposed to what
13 industry does, which is very specific to one product.

14 As we generate this new science and information
15 and tools, it also informs our regulatory policy and
16 decision making and as we get better guidance out to
17 sponsors they are then in a better position to provide
18 improved data to allow us to make a benefit risk decision.

19 So that in the end, we hope that we are licensing
20 a product that has a positive impact on that public health
21 issue that drove the development of that new product. The
22 cycle doesn't really end there as we continue post-
23 marketing to do surveillance for adverse events and in some
24 cases, gaining additional information about efficacy of the
25 product as well.

1 CBER scientists are what are called researcher or
2 regulators or researcher or reviewers. These individuals
3 perform all the same activities as full-time review staff.
4 Meaning that they review submissions, regulatory
5 submissions, participate in inspections, write guidance
6 documents, organize and participate in advisory committees
7 and workshops.

8 While they are firmly rooted in the regulatory
9 processes which allows them to have a view of what is in-
10 house, they are also active engaged members of their own
11 scientific communities; going out to meetings, interacting
12 and collaborating with members of academia and other
13 government agencies. This allows them to also be looking
14 forward in thinking about issues that may face the agency
15 in the future so that we can make sure that we are using
16 our scientific staff in the most useful way in being able
17 to be both proactive and addressing issues as they arise.

18 In 2016, we stood up a new body called the
19 Regulatory Science Council, which is composed of Office and
20 Center leadership. One outcome of that is we developed
21 four new regulatory science and research goals. For the
22 sake of time I won't read through these but they are in
23 your slide set for reference if it is useful.

24 The process that we use to review our research
25 involved an annual process as well as a cyclic process

1 every four years. The annual process is facilitated by an
2 online research reporting database where PIs provide
3 progress reports, future plans, budget request,
4 presentations, publications, and other output may include
5 things like an employee invention report, a patent
6 application, and so on.

7 The information is reviewed at multiple levels.
8 There are lab chief, division, office level supervisory
9 chain, and they are looking for the relevance, productivity
10 and quality of the science. Then funding decisions are
11 made in accordance with those reviews.

12 The cyclic review, which I mentioned, occurs
13 every four years. The site visits, which you are looking
14 at today, is the external component of that whereby the
15 research program is looked at very in-depth through a peer
16 review by scientific experts. That site visit report
17 becomes part of a larger package reviewed by an internal
18 peer review committee called the Promotion, Conversion,
19 Evaluation Committee.

20 These individuals look not just at the research
21 program and the accomplishments, but also at the
22 individual's regulatory performance and accomplishments as
23 well.

24 This year we also developed a research impact
25 framework, which we look at from both the portfolio and

1 project level. The portfolio level includes looking at
2 alignment with major Center and Office-wide strategic
3 initiatives and priorities.

4 We also want to make sure that we have the
5 scientific expertise to address the review needs both
6 currently and anticipated. And we also want to make sure
7 that our research program provides us an agile set of
8 internal capabilities to address unexpected urgent public
9 health needs.

10 Individually, we also want to make sure that we
11 are looking at scientific gaps and questions that are of
12 importance to our regulatory mission. Then of course, also
13 on the project level we need to take into account the
14 scientific merit and the PIs historical productivity.

15 The site-visit report that you will be reviewing
16 today is a draft report generated by the site visit team.
17 Your goal here is to review the final report. You have
18 several opportunities - three different outcomes of that
19 review. One is to accept the report as written. Second is
20 to provide an amendment to the report. Third, if you feel
21 major changes need to be made you can reject the report and
22 send it back to the site visit team for revision.

23 The report is very important for both as I
24 mentioned, the internal peer review process by the PCE.
25 That is of particular importance for those involving

1 personnel actions for promotion or conversion. The PIs
2 obviously take the scientific input very seriously to
3 improve their own research program. Then management is
4 also, obviously, taking into account the important input as
5 well.

6 I will stop where I finished with a large thank
7 you to the site visit team, which was chaired by Drs. Levy
8 and Moore. In case you did not hear at the beginning, I
9 started the talk by thanking them for their time and
10 effort. The site visits are fairly significant in terms of
11 the amount of time it takes to perform these. We really
12 rely on the volunteerism of these Advisory Committee
13 members to chair these site visit teams.

14 Thank you very much. I will stop there and
15 answer any questions.

16 DR. EDWARDS: Thank you Dr. Wilson. Are there
17 any questions?

18 DR. WILSON: I just wanted to mention we are
19 right next door to a fairly noisy meeting so when you hear
20 huge rounds of applause and laughter, that is not in here.

21 DR. EDWARDS: Thank you very much. If there are
22 no further questions then we will ask Dr. Gruber to give an
23 overview of the OVR.

24

25

1 **Agenda Item: Overview of OVR**

2 DR. GRUBER: My name is Marion Gruber. I will
3 provide, as Kathy stated, with an overview of the OVR
4 Research Program. I will abbreviate this presentation to
5 allow plenty of time for the closed session discussion.

6 OVR's research mission and its program is
7 designed to complement and support the regulatory mission.
8 It focuses on issues that are related to the development of
9 safe and effective vaccines and other biological products
10 that this Office regulates.

11 The Office is organized in the immediate Office
12 of the Director. We have three different Divisions. The
13 Division of Bacterial, Parasitic, and Allergenic Products
14 is one of our two laboratory based divisions. Dr. Slater
15 will talk a little bit more about the organization of this
16 Division in the next presentation.

17 We regulate a very complex area and range of
18 biological products. We not only regulate licensed
19 investigational preventive and therapeutic vaccines for
20 infectious disease indications, but also allergenic
21 products and diagnostic tests. Lately we also regulate a
22 new class of products such as fecal microbiota
23 transplantations as well as probiotic products.

24 Our core activities include the review and
25 evaluation of investigational new drug applications,

1 biologics license applications, and supplements for
2 vaccines and related biological products.

3 We develop policies and procedures that govern
4 the pre-marketing review of regulated products. Of course
5 we do conduct research that is related to the development,
6 manufacture, and evaluation of vaccines and related
7 biological products.

8 It is very important to conduct research in this
9 Office because as you all appreciate, preventive vaccines
10 administered to healthy individuals, the majority perhaps
11 being children, and then place a special emphasis on the
12 safety of these products. There is a high-level of
13 scrutiny by the public. And of course we have to keep up
14 with the pace of technology as new manufacturing
15 technologies are rapidly evolving.

16 There is a wide variety of rapidly evolving
17 technical and scientific issues that concern the safety,
18 purity, potency, and effectiveness of vaccines and related
19 biological products. That of course, does require
20 knowledge of new developments in basic research in these
21 disciplines.

22 Our research program addresses the scientific
23 aspects of regulatory issues, as stated by Dr. Wilson. We
24 evaluate and implement when applicable, innovative
25 technology to improve testing methods for both currently

1 licensed products and those that are currently under
2 development.

3 The purpose of the OVRP Research Program is
4 stated in the slide.

5 . It contributes to the regulation of vaccines
6 and related products by addressing scientific aspects of
7 critical regulatory issues.

8 . It maintains and develops the scientific base
9 for establishing methods and standards that are designed to
10 ensure the continued safety, purity, potency and
11 effectiveness of the products that we regulate.

12 . We recruit and maintain highly trained
13 scientists who possess the expertise that is necessary to
14 review these rather complex biologic products submissions.

15 . Of course, we provide scientific expertise and
16 advice to our stakeholders.

17 I am going to skip this slide and go onto the
18 next slide that gives you an overview of OVRP's research
19 goals and objectives. In the interest of time, I am only
20 talking about the goals and objectives associated with what
21 is on these slides.

22 Research goal #1 is safety. We thrive to enhance
23 the safety of preventive vaccines and related biological
24 products through the development of methods and models and

1 reagents that are needed in the manufacture and evaluation
2 of the products that we regulate.

3 Research goal #2 is efficacy. We try to improve
4 the effectiveness of vaccines and related biological
5 products through the development of models, methods and
6 reagents that are needed to measure and predict the
7 effectiveness of these products.

8 Finally, research goal #3 is to develop and study
9 approaches to enhance the availability of vaccines and
10 related biological products.

11 As Dr. Wilson stated, the function can be
12 described using the research regulator model. The research
13 regulator model integrates regulatory review
14 responsibilities with mission-directed research. And in
15 addition to performing research that is relevant to the
16 evaluation of specific product safety and efficacy, or
17 manufacturing issues, our researchers also review
18 investigational new drug applications, BLA applications,
19 and they participate as subject matter experts in
20 inspections.

21 Of course, there is always the challenge to
22 balance and integrate investigator-initiated research with
23 the need to address public health threats, as illustrated
24 by the Ebola epidemic in the past year or two, where OVR
25 research was really integral and played an integral part of

1 the regulatory review team that critically evaluated
2 investigational products.

3 OVRP has established a research management
4 process. Its function is to periodically review research
5 priorities, identify gaps and unnecessary redundancies, and
6 also to assure uniform approaches to the allocation of
7 resources.

8 We have established a process for resource
9 allocation by investigators request funding of their
10 projects in connection with research reporting, that was
11 described by Dr. Wilson. The requests are evaluated by lab
12 chiefs, division directors, and office management, and
13 recently by our newly formed Regulatory Science Council.

14 This will be my last slide, in the interest of
15 time. We evaluate the validity of research projects,
16 taking into consideration the following factors; public
17 health significance, scientific merit, as well as
18 qualifications and productivity.

19 Thank you very much.

20 DR. EDWARDS: Thank you, Dr. Gruber. Are there
21 any questions? If not, then we will go onto Dr. Slater,
22 who will give us an overview of the DBPAP. Dr. Slater.

23 **Agenda Item: Overview of DBPAP**

24 DR. SLATER: Thank you very much, Dr. Edwards.

25 The purpose of all of these introductory talks is to hone

1 in on the activities of LBP. We are now at the stage of
2 talking about the Division of Bacterial, Parasitic and
3 Allergenic Products.

4 My purpose here is to really give you an idea of
5 what the scientific environment is for LBP and its members
6 in terms of our regulatory and research function.

7 The Division of Bacterial, Parasitic and
8 Allergenic Products is itself a product of a merger of the
9 old Division of Bacterial Products and the Division of
10 Allergenic Products and Parasitology.

11 You can see on slide two the four laboratories
12 that are in this lab now. Of course there is the Immediate
13 Office of the Director, which consists of me and my Deputy,
14 Drusilla Burns, and six other FTEs that assist us in our
15 activities.

16 Of the four laboratories, the one in the upper
17 left hand corner is the Lab of Bacterial Polysaccharides.
18 I am not going to say anything more about that because that
19 is the one that you are going to learn the most about in
20 terms of presentation today from Dr. Vann. That is the one
21 that the site visit committee focused on on February 4th.

22 Another lab in the lower left hand corner of
23 slide two, is the Lab of Immunobiochemistry. Ron Rabin is
24 the Chief of that Lab and I am a principal investigator in
25 that lab as well.

1 The next is the Lab of Respiratory and Special
2 Pathogens. Mike Schmitt is the Lab Chief. Drusilla Burns,
3 who is the Deputy of the Division, is also a PI in that
4 Lab, along with two other PIs.

5 Finally, the Lab of Mucosal Pathogens & Cellular
6 Immunology, with Scott Stibitz as the Chief, and three
7 other principal investigators.

8 This is the group of organisms, both licensed
9 products and investigational products, that roughly
10 speaking, covers the ground of DBPAP research and
11 regulatory portfolio. As I go through it you will see the
12 color change on the slide to demonstrate which laboratories
13 cover which organisms. So for example, on slide four we
14 are going to the Lab on Bacterial Polysaccharides. You can
15 see that the organisms mainly focused on in that Lab
16 include three organisms that are invasive and for which the
17 protective responses are to the polysaccharides. That
18 includes Haemophilus influenza, Neisseria meningitides, and
19 Strep pneumoniae.

20 The Lab also is involved in the regulation of one
21 of the vaccines against Salmonella typhi, the injected
22 vaccine, since that is a polysaccharide vaccine.

23 Next slide is the Lab of Immunobiochemistry.
24 This is the Lab that I am a member of. Our Lab covers
25 allergenic products, which although it only occupies one

1 line in slide five, is a group of products of great
2 complexity and diversity that occupies us quite a bit in
3 both research and regulatory activity.

4 Next is the Lab of Mucosal Pathogens and Cellular
5 Immunology. This has an interesting portfolio of products
6 due to the fact that it also is the product of a lab merger
7 between a lab that previously had regulated intercellular
8 organisms such as MTB and bovis, and investigationaly,
9 Francisella tularensis, as well as collaborative activity
10 with the Office of Blood on research involving malaria.

11 The other lab involved in that merger focused on
12 enteric organisms; Salmonella typhi, as well as
13 Campylobacter and Shigella and new research interest in
14 that lab in Clostridium difficile.

15 That Lab is also part of a collaborative effort
16 across the Division, in addressing issues related to Staph
17 aureus. That Lab also is involved deeply in regulation of
18 probiotics and the emerging fields of fecal transplant and
19 bacteriophage associated products.

20 Finally, in slide seven, we see the Lab of
21 Respiratory and Special Pathogens. This is a lab that has
22 focused on non-invasive organisms that produced toxins. You
23 can see a list of those in the upper left hand corner of
24 slide seven, including obviously, pertussis, tetanus,
25 diphtheria, and anthrax.

1 Other emerging organisms covered by this Lab
2 include collaborative effort on Staph aureus, as well as
3 some interest in Yersinia pestis.

4 On February 4th the site visit committee heard
5 from the people listed on this slide in terms of their
6 orientation regarding LBP's research activities. It
7 included Willie Vann, Margaret Bash, Marcos Battistel, John
8 Cipollo, Daron Freedberg, Wei Wang, Mustafa Akkoyunlu. I
9 will turn over the podium after your questions, to Dr.
10 Willie Vann, who will tell you more about LBP's research
11 activities. Are there any questions?

12 DR. EDWARDS: Thank you. Any questions? Dr.
13 Vann, would you provide us overview of LBP?

14 **Agenda Item: Overview of LBP**

15 DR. VANN: Yes. The Laboratory of Bacterial
16 Polysaccharides investigated the biochemistry, biology,
17 chemistry, and immunology of virulence factors of
18 encapsulated bacteria.

19 These virulence factors include capsular
20 polysaccharides, lipopolysaccharides, and outer membrane
21 proteins.

22 These basic research fields are related to the
23 regulatory activities of the Laboratory of Bacterial
24 Polysaccharides which include, review and approval of BLA
25 and IND submissions related to polysaccharide and

1 polysaccharide conjugate vaccines in addition to non-
2 capsular immunogens of encapsulated bacteria.

3 We have product responsibilities for a number of
4 products; licensed polysaccharide vaccines, which include
5 polysaccharides for pneumococcus, meningococcus and Typhoid
6 Vi. The more recent vaccines are licensed Glycoconjugate
7 vaccines and we have responsibilities for several conjugate
8 vaccines, two meningococci, pneumococci, Haemophilus, et
9 cetera.

10 We also have responsibility for two new
11 recombinant protein vaccines. Again, it is meningococci.
12 Responsibility for BLA supplements, inspections, lot
13 release, et cetera, for all of these products.

14 Some of our major regulatory accomplishments
15 since the last site visit include the licensure of a
16 meningococcal Groups C and Y and Haemophilus b Tetanus
17 Toxoid Conjugate Vaccine in June of 2012.

18 Then in October of 2014, Meningococcal Group B
19 protein vaccine was licensed. And a second protein vaccine
20 against Meningococcal Group B was licensed in January of
21 2015.

22 The Laboratory is organized into several research
23 groups. Structural Biology, which is headed by Dr. Daron
24 Freedberg. Vaccine Structure, headed by Dr. John Cipollo.
25 Cellular Immunology by Dr. Mustafa Akkoyunlu. Molecular

1 Epidemiology by Dr. Margaret Bash. Bacterial Pathogenesis
2 by Dr. Wei Wang, and Glycobiology by myself.

3 The major research areas are as follows; the
4 Cellular Immunology Group investigates the immunobiology of
5 host response to capsular polysaccharides of encapsulated
6 bacteria.

7 The Vaccine Structure Group uses a mass spec base
8 approach to investigate the role and significance of
9 glycoconjugates in the infective process.

10 Structural Biology studies the confirmation of
11 bacterial polysaccharide antigens.

12 Molecular Epidemiology explores outer membrane
13 protein diversification as it relates to vaccine safety and
14 efficacy.

15 Bacterial Pathogenesis Group studies the role of
16 nitric oxide metabolism in the pathogenesis of *Moraxella*
17 *catarrhalis*.

18 The Glycobiology Group has two focuses, one,
19 capsular polysaccharide biosynthesis and targeted design of
20 conjugate vaccines and the development of methodologies for
21 low cost conjugate vaccines.

22 Some highlights of research effort in the
23 Laboratory of Bacterial Polysaccharides include the
24 following:

1 Dr. Akkoyunlu has noticed a deficiency of TACI in
2 infants. And his expiration of macrophage could explain the
3 poor response of infants to polysaccharide vaccines.

4 Dr. Margaret Bash used an immunoassay that she
5 developed to assess the effectiveness of meningococcal
6 Group A conjugate vaccine in a clinical trial.

7 Dr. John Cipollo has developed glycomics platform
8 where he is looking at haemagglutinin in flu vaccine and
9 has revealed some of the impact of glycosylation on antigen
10 exposure, interaction with host immune system, and the
11 vaccine structural heterogeneity.

12 Dr. Freedberg had made some interesting
13 discoveries on hydrogen-bonding of a very important
14 polysaccharide, polysialic acid and has developed a model
15 for the structure which actually could give us some insight
16 into the interaction of these polysaccharides with
17 antibodies.

18 In her co-cultures model to investigate the
19 pathogenesis of Moraxella, Dr. Wang has shown that nitric
20 oxide derived in co-culture arrests host cell proliferation
21 and induces host cell apoptosis, which could explain some
22 of the phenomenon observed in Moraxella infections.

23 Perhaps one of the most significant developments
24 that has happened is the development of the meningococcal

1 Group A vaccine resulting in Group A epidemics in the
2 Meningitis belt becoming a thing of the past.

3 In December of 2010, young people across Burkina
4 Faso, Mali, and Niger became the first to receive the
5 MenAfriVac vaccine. The technology for the development of
6 MenAfriVac was developed in the Laboratory of
7 Polysaccharides.

8 By 2015, not a single case of meningitis Group A
9 in 250 million vaccinees in these hyper-endemic countries
10 was observed. In the 1996 to 1997 epidemic - this epidemic
11 resulted in 25,000 deaths.

12 The Laboratory of Bacterial Polysaccharides has
13 regulatory responsibilities for vaccines against
14 encapsulated bacteria and products containing bacterial
15 polysaccharides.

16 The overall goal of this research program of the
17 Laboratory of Bacterial Polysaccharides, is to understand
18 the virulence factors that are components of vaccines
19 against bacterial pathogens.

20 The research programs of the Laboratory of
21 Bacterial Polysaccharides are directed toward understanding
22 the physical, chemical, and immunological properties of
23 bacterial polysaccharides, and vaccines against
24 encapsulated bacteria.

1 The knowledge and expertise gained in this
2 research endeavor provide a scientific basis for our
3 decisions related to the review of manufacturing, purity,
4 potency, safety and efficacy of vaccines against
5 encapsulated bacteria.

6 I will accept any of your questions.

7 DR. EDWARDS: Thank you very much, Dr. Vann. Are
8 there any questions? Are there any questions that have
9 come up to any of the other speakers in the interim?

10 (Pause)

11 **Agenda Item: Open Public Hearing**

12 DR. EDWARDS: Okay, if not, then this is open for
13 open public hearing. Are there any people who are going to
14 be speaking in the Open Public Hearing?

15 DR. VIJH: Give us one second. We are going to
16 check. I don't believe there are any but we are going to
17 check and then maybe take a break for five minutes if there
18 is no person who would like to speak, to stop the webcast
19 and then move onto the closed session.

20 Please give me one or two minutes.

21 (Pause)

22 DR. VIJH: So Dr. Edwards there is no member of
23 the public that is signed up and nobody is here in the room
24 to present any comments so I will not read the open public
25 hearing statement. If the committee members can give us

1 about five minutes. It is 1:41 - maybe around 1:46 we can
2 resume and just clear the room out and have the staff that
3 are not supposed to be in the room leave the room. Plus we
4 will just take a minute to stop the webcast because we are
5 now going into closed session.

6 (Whereupon, the open session adjourned at 1:42
7 p.m.)