FDA Guidance on Clinical Trial Diversity

The U.S. Food and Drug Administration (FDA) on November 9 issued final guidance to ensure that individuals in clinical trials represent the populations most likely to use the potential medical product under investigation. In an accompanying statement, Stephen M. Hahn, MD, FDA Commissioner, noted that one important step that researchers and medical product sponsors can take to confront health care disparities is to make sure that clinical trials for medical products are more inclusive of multiple populations.

The statement read, in part: "We have seen these health care disparities, for example, during our fight against COVID-19, as certain segments of the population (e.g., older adults, pregnant women, children, and racial and ethnic minorities) are affected in different ways. This difference in impact illustrates why we must encourage developers of any medical product such as treatments or vaccines for COVID-19—as well as medical products more broadly—to endeavor to include diverse populations to understand their risks or benefits across all groups. To further promote and protect public health, it is important that people who are in clinical trials represent the populations most likely to use the potential medical product." The guidance includes recommendations on designing and executing clinical trials of drugs and biologics that include people with different demographic characteristics (e.g., sex, race, ethnicity, age, location of residency) and nondemographic characteristics (e.g., patients with organ dysfunction, comorbid conditions, and disabilities; those at weight range extremes; and populations with diseases or conditions with low prevalence).

The guidance, first issued as a draft in 2019, provides the agency's current thinking on steps to broaden eligibility criteria in clinical trials through inclusive trial practices, trial designs, and methodologic approaches. The guidance aims to provide recommendations on how sponsors can increase enrollment of underrepresented populations in their clinical trials as well as on how product sponsors can improve clinical trial diversity by accounting for logistic and other participant-related factors that could limit participation. For example, clinical trials requiring frequent visits to specific sites may place an added burden on participants. Sponsors are encouraged to think about reducing visit frequency, when appropriate, in addition to considering whether flexibility in visit windows is possible and whether electronic communications (such as phone, email, social media platforms, or other digital health technology tools) can replace site visits and provide investigators with real-time data.

The guidance provides recommendations on broadening clinical trial eligibility criteria for investigational drugs intended to treat rare diseases and on improving enrollment and retention of participants with rare diseases. The guidance notes that sponsors should consider early engagement with patient advocacy groups and patients to elicit suggestions for designing trials in which participants would be willing to enroll. The guidance also includes other high-level considerations about inclusion of other important groups, including but not limited to: women (including pregnant women), racial and ethnic minorities, children, and older adults, and provides references to more specific guidances. The complete guidance document is available at: https://www.fda.gov/media/127712/download.

U.S. Food and Drug Administration

^{64}Cu-SARTATE Receives Rare Pediatric Disease Designation

Clarity Pharmaceuticals (Sydney, Australia) announced on September 9 that the U.S. Food and Drug Administration (FDA) had granted Rare Pediatric Disease Designation (RPDD) to ^{64}Cu-SARTATE, a diagnostic for clinical management of neuroblastoma. Alan Taylor, PhD, Clarity's Executive Chair, said, "We are very excited to have received the RPDD status for the diagnostic application of SARTATE in children with neuroblastoma. This comes shortly after Clarity has been granted RPDD for the treatment of neuroblastoma with ^{67}Cu-SARTATE for the therapeutic application, announced on the 3rd of June 2020."

The FDA defines an RPD as a serious or life-threatening disease primarily affecting individuals aged 18 years or younger that impacts fewer than 200,000 people in the United States. The program is intended to facilitate development of new drugs and biologics for prevention and treatment of RPDs. Neuroblastoma accounts for ~15% of pediatric cancer mortality, and high-risk neuroblastoma accounts for ~45% of all neuroblastoma cases, with 5-year survival rates of only 40%–50%.

"We have seen incredibly strong support from our collaborators and advisors in the development of SARTATE for neuroblastoma and are looking forward to the results from our U.S.-based trial at the Memorial Sloan Kettering Cancer Center [MSKCC; New York, NY]," said Taylor. "It is evident that there is a large unmet need in the management and treatment of this devastating disease, and we are aiming to improve outcomes for this important patient population with both the diagnostic and therapeutic applications of SARTATE." The trial, "^{67}Cu-SARTATE peptide receptor radionuclide therapy administered to pediatric patients with high-risk neuroblastoma: A multi-center, dose-escalation, open-label, non-randomized, phase 1-2a theranostic clinical trial" (NCT04023331), plans to enroll 34 participants in the investigation of the paired radiopharmaceuticals. MSKCC is currently recruiting, and sites in Ohio, South Carolina, Texas, and Wisconsin will begin enrollment soon. Clarity announced on November 3 that ^{67}Cu-SARTATE treatment had been initiated

in the first patient at MSK, following a positive diagnostic scan with ^{64}Cu-SARTATE.

One incentive the FDA provides to companies for the investment required in developing agents for diagnosis and treatment of RPDs is eligibility for a tradable Priority Review Voucher (PRV). The PRV shortens the FDA review period for a New Drug Application (NDA) for another product to an expedited period of 6 months, which is a significant benefit for drug developers. PRVs may be sold or transferred to another company. To date, PRVs have been sold for between $67.5 million and $350 million, with the most recent PRV being purchased by Merck from Lumos Pharma for a value of $100 million in July 2020.

Clarity Pharmaceuticals

IAEA and GACCF to Advance Oncology Training

The International Atomic Energy Agency (IAEA) and the Global Access to Cancer Care Foundation (GACCF) announced on November 3 the signing of a collaboration to help authorities in low- and middle-income countries train nuclear medicine and radiation treatment professionals in cancer care, with a special focus on training to provide quality cancer care for women and children. The program will work through virtual training courses and on-location teaching to practitioners in health facilities, will mobilize resources to support countries in the establishment of nuclear and radiation medicine services, and will raise awareness of unequal access to cancer services. Both organizations already provide training to the staff of treatment centers across the developing world and indicated that by harmonizing their efforts, these activities can more easily be scaled up.

"This new partnership will not only support the work the IAEA is already doing in terms of enhancing training for cancer care professionals worldwide, but it also represents a new way of engaging with global partners like foundations and the private sector to accelerate the adoption of latest know-how on how to use nuclear technologies to effectively and sustainably offer cancer treatment to much larger numbers of patients in developing countries," said IAEA Deputy Director General Dazhu Yang.

"GACCF is on the front lines providing life-saving cancer treatment education for medical specialists and creating access to radiotherapy treatments throughout the developing world. Together with the IAEA we will be able to provide cancer care professionals with the education and tools they need to save lives," said Tonya Steiner, Executive Director and CEO of GACCF.

International Atomic Energy Agency

Pheo Para Alliance CoE Clinical Care Program

Pheo Para Alliance (Bethesda, MD), a patient advocacy group, announced on November 17 the launch of its Center of Excellence Program intended to "provide an environment where patients receive the best possible pheochromocytoma and paraganglioma care through a geographically diverse network of clinical centers." An open call for applications from interested health care institutions was set to open on January 1, with a deadline of March 15. The group's medical advisory board, including physicians and researchers in pheochromocytoma and paraganglioma, created the program's criteria with the goals of: increasing access to multidisciplinary, coordinated clinical care for diagnosis and treatment of these diseases; educating professionals and newly diagnosed patients and their families; and facilitating related research. The program offers 2 designations. The Clinical Center designation recognizes emerging centers providing quality, multidisciplinary patient care and facilitate pheochromocytoma and paraganglioma research. The Center of Excellence designation recognizes centers that provide cutting-edge, quality, multidisciplinary care and actively participate in pheochromocytoma and paraganglioma research. The Alliance plans to announce its first designated centers in early 2021. More information is available at http://www.pheopara.org/coe.