NATIONAL HEALTH COUNCIL

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November 29. 2021

Food and Drug Administration
Dockets Management Staff (HFA-305)
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

RE: FDA-2020-D-2316 for "Benefit-Risk Assessment for New Drug and Biological Products; Draft Guidance for Industry."

Dear Acting Commissioner Woodcock:

The National Health Council (NHC) appreciates the opportunity to provide a response to the Food and Drug Administrations (FDA's) request for comments on the draft guidance "Benefit-Risk Assessment for New Drug and Biological Products."

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 140 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic, and payer organizations.

The NHC appreciates the FDA's attention to integrating the perspectives of individual patients and family caregivers in benefit-risk assessments and its overall acknowledgement of involving patient experience data throughout the regulatory review process. Such changes will enable FDA to better accommodate the dynamic nature of benefit-risk assessments, integrate new findings from clinical investigations, and entail patient preferences and risk tolerances for developing a patient-focused treatment landscape.

The NHC applauds the FDA's commitment to patient-centered benefit-risk assessment by recognizing that "patient experience data can inform nearly every aspect of the FDA's benefit-risk assessment throughout the drug

lifecycle as patients are experts in the experience of their disease or condition, and they are the ultimate stakeholders in the outcomes of medical treatment" in this guidance. We value the FDA's commitment to patient-focused drug development and welcome this opportunity to encourage the agency to further clarify whether and how the Agency considers patient experience data (PED) in its benefit-risk assessment.

While we note this guidance refers to other existing and forthcoming guidances, we believe additional clarity can be added to this guidance in several key areas. To ensure the benefit-risk assessment fully considers PED and best serves the needs of patients, we have identified these potential modifications and improvements:

- The FDA should elaborate on how they intend to use various types of PED in their benefit-risk assessments and the role the Agency will play in advancing the use of PED in benefit-risk assessment;
- The FDA should ensure opportunities are available for early interaction between FDA and sponsors to obtain feedback on PED collection strategy; and
- The FDA should enhance the transparency and communication of the collection and use of PED to create consistent benefit-risk assessments across therapeutics areas.

The FDA should elaborate on how they intend to use various types of PED in their benefit-risk assessments and the role the Agency will play in advancing the use of PED in benefit-risk assessment

While many New Drug Applications (NDA's) and Biologics License Applications (BLA's) reviewed by FDA are beginning to contain some patient experience data (PED), there is considerable variability among different FDA Centers and review divisions in how patient experience data informs regulatory decisions.[1] Further, it is often unclear whether and how various sources of PED such as Voice of the Patient Reports from FDA's Patient-Focused Drug Development (PFDD) meetings, natural history studies, and observational studies are included in the benefit-risk assessment, as these are rarely referenced in review materials.

It will be beneficial for stakeholders to understand how the FDA will use PED and the length of time after a study is completed that such data will be applicable for the benefit-risk assessment. The FDA's clarity on these topics will help stakeholders understand the Agency's expectations and use of PED in regulatory decisions.

The FDA should ensure opportunities are available for early interaction between FDA and sponsors to obtain feedback on PED collection strategy

The NHC agrees that FDA and sponsors would benefit from earlier interaction to discuss plans to incorporate PED in benefit-risk decisions. The guidance states: "FDA encourages sponsors who are considering collecting and utilizing PED as part of their evaluation of effectiveness or safety to have early interactions with FDA during the design phase of such studies to obtain feedback from the relevant FDA review division on appropriate research design and any applicable regulatory requirements." However, we note findings from the FDA's June 2021 Assessment of the Use of Patient Experience Data in Regulatory Decision-Making Report that "many applicants stated that they cannot always get a meeting with FDA reviewers early and often (in a timely manner) to discuss patient experience data during drug/biologic development."

[1] Kieffer CM, Miller AR, Chacko B, Robertson AS. FDA Reported Use of Patient Experience Data in 2018 Drug Approvals. Ther Innov Regul Sci. 2019 Oct 9:2168479019871519. doi: 10.1177/2168479019871519. Epub ahead of print. PMID: 31597462.

We are encouraged to see commitment in the next reauthorization of the Prescription Drug User Fee Act (PDUFA) to hold new types of meetings and encourage the agency to emphasize the use of these meetings to discuss PED collection plans.

We recommend that this guidance offer greater clarity on how sponsors can seek feedback from the agency on their patient engagement plans related to benefit-risk assessment.

The FDA should enhance the transparency and communication of the collection and use of PED to create consistent benefit-risk assessments across therapeutics areas

The NHC recommends that the FDA make the process of the collection and review process related to PED as transparent as possible. Timely communication of the relevant information, and its use, collected through participation in various PFDD meetings by the FDA should be shared and discussed with sponsors early in the development timeline to increase efficiency and transparency in the use of PED for regulatory decision making.

In order to accelerate the integration of the patient voice into therapeutic development and regulatory review process, the Center of Devices and Radiological Health (CDRH) has implemented initiatives to proactively engage with patients, to further develop rigorous scientific patient input, and to systematically encourage the inclusion of patient perspectives in medical device development, clinical investigation, and ongoing monitoring processes. In 2013, CDRH organized a public workshop to discuss how to incorporate patient preference information (PPI) into the benefit-risk decision making process for medical devices. CDRH has defined PPI as "qualitative or quantitative assessments of the relative desirability or acceptability to patients of specified alternatives or choices among outcomes or other attributes that differ among alternative health interventions." We are pleased to see CDER has committed to soliciting input and crafting similar guidance as part of the next reauthorization of PDUFA and are hopeful it will help relevant stakeholders to better identify priority areas in which decisions are patient preference sensitive and PPI can play a significant role in the benefit-risk assessments and regulatory decision-making process.

However, we do urge consistency across Centers and review divisions. Where appropriate, harmonization of efforts across the Agency to conduct rigorous patient-centered benefit-risk assessment can create consistency and greater understanding of FDA's decision making. One potential step toward this consistency would be the FDA's support of the creation of patient-centered core impact sets (PC-CIS), disease and/or population-specific, patient-prioritized lists of the impacts a disease and/or its treatments have on patients, caregivers, and families' lives. A PC-CIS helps researchers, regulators, policymakers, and others to align around the impacts most important to patients and families. Having a greater understanding of these impacts can help the agency understand how patients view the tradeoffs between potential benefits and potential risks. The NHC would welcome the FDA's support on the socialization of PC-CIS across government with industry, guidance on PC-CIS development and use, and methods development and infrastructure for PC-CIS development by the patient community. We view this as aligned with and advancing the FDA's pivotal work on patient-focused drug development meetings and Voice-of–the-Patient reports.

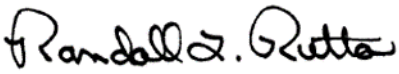
Finally, once a product is approved, the use of PED for the benefit-risk assessment is shared in product reviews with a statement outlining how PED was considered in the approval of new drug. Yet, this material may not be accessible for all patients and lacks consistency across review divisions. FDA should further co-develop mechanisms and materials with patients to inform patients on how the PED was utilized in the benefit-risk assessment during the review process.

Conclusion:

The NHC strongly supports the FDA's efforts to highlight the Agency's commitment to patient-focused drug development by recognizing the importance of PED for assessing the benefits and risks in the regulatory decision-making process of drug development. Overall, the NHC believes that the draft guidance provides helpful information for emphasizing the importance of benefit-risk considerations throughout the drug development lifecycle. However, it would be more relevant if the guidance included more specific recommendations about how and when patient input would be most impactful to inform benefit-risk assessment. Additionally, the NHC urges the FDA to provide more clarity on how patient input, including but not limited to PED and PPI, will be used in communicating the rationale behind the regulatory decision.

The NHC is eager to continue to partner with FDA as it works toward facilitating greater patient participation and ensuring the patient voice is prominent in the regulatory review process. Please do not hesitate to contact Eric Gascho, Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at egascho@nhcouncil.org.

Sincerely,



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