ACT-AD
Accelerate Cure/Treatments for Alzheimer's Disease

December 5, 2014

Janet Woodcock, M.D.
Director
Center for Drug Evaluation and Research
U.S. Food and Drug Administration
Division of Dockets Management (HFA-305)
5630 Fishers Lane, RM. 1061
Rockville, MD 20852

RE: Docket No. FDA-2012-N-0967 Prescription Drug User Fee Act Patient-Focused Drug Development; Request for Comments

Dear Dr. Woodcock,

The coalition to Accelerate Cure/Treatments for Alzheimer's Disease (ACT-AD) is made up of more than 50 national organizations representing patients, caregivers, researchers, health professionals, and other health advocates. For the past nine years we have led efforts to expedite the development, review, and approval of transformational therapies for Alzheimer's disease (AD). On behalf of ACT-AD, we would like to thank you for the opportunity to comment on CDER's preliminary list of disease areas for patient-focused drug development meetings during fiscal years (FYs) 2016-2017. The patient-focused drug development meetings held to date covered aspects of disease that are most important to those living with diseases like Narcolepsy, Fibromyalgia and Lung Cancer. These meetings resulted in valuable publicly-available resources written in the voice of patients to help inform new endpoint development, outcome measure selection in clinical trials, and benefit/risk decision making by the FDA. We urge you to add Alzheimer's disease to the list of nominated diseases and ask that you prioritize a meeting on AD early in FY 2016 so that current and future trials for Alzheimer's disease could benefit from such useful resources.

Alzheimer's disease fits the established criteria for a disease to be considered for a patient-focused drug development meeting. It is chronic, symptomatic, affects functioning and impairs a person's ability to carry out activities of daily living in later stages. There are aspects of this disease that are not yet formally captured in studies due to limitations of current instruments employed in clinical trials. Only 5 treatments exist for Alzheimer's disease. No treatments are approved to change the trajectory of AD. As a degenerative and fatal disease, it has a severe impact on each person diagnosed. No population is more affected by Alzheimer's disease than the elderly, with the risk of developing Alzheimer's doubling every five years after age 65.

We appreciate the work FDA has been engaged in with ACT-AD and others in the Alzheimer's disease community. In particular, the leadership of the Division of Neurology Products and the Office of Health and Constituent Affairs have been active partners in identifying barriers to the development of treatments for this disease.

Their participation in annual meetings convened by the coalition on these barriers lend a richer understanding of the collective challenges we all face in bringing new treatments to people with Alzheimer's disease and those who will develop it in the future. At each meeting FDA's representatives demonstrate a willingness to remain flexible and adapt to emerging research. This openness to new information and commitment to finding solutions will ultimately help us turn the corner in lessening the global burden of this disease.

Though the track record of drug approval for Alzheimer's disease has been limited in the last two decades, promising strides were made to better understand this disease and the point at which treatments may be most useful. Several late-phase therapeutic development programs for AD were discontinued due to marginal or negative results. Most of these treatments were given to people with fairly advanced symptoms. With growing knowledge of Alzheimer's disease, it is widely hypothesized that in order for treatments to have the greatest impact, they may need to be administered earlier in the disease. This knowledge has set the field on a course toward earlier intervention in patients with very early signs of disease where cognitive symptoms are developing, but functional impairment may not be overt. Current tools are not sensitive enough to capture subtle deficits in these earlier stages of disease that include MCI due to AD, prodromal AD and preclinical AD. The use of a patient reported outcome (PRO) measure might be useful in evaluating the disease and impact of treatment at these stages, but the development and use of PROs for AD are not advancing quickly enough. A structured patient-focused drug development meeting where patients share their experiences on aspects of everyday life with Alzheimer's disease, challenges with carrying out activities of daily living, and issues related to social functioning would provide important context to those who are working to improve outcome measures for use in clinical trials.

ACT-AD previously submitted comments in May of 2013 on the FDA's draft PDUFA V benefit-risk plan. We remain keenly interested in how FDA's benefit-risk framework is employed throughout the drug development process. We understand that decision-making on the risks and benefits of new treatments is not always straightforward, particularly for neurodegenerative diseases where the potential benefits of new treatments are likely to occur prior to the onset of manifest symptoms. A patient-focused drug development meeting on Alzheimer's disease would elicit critical insights into the aspects of disease that are most troubling to people with the disease and the tradeoffs they might be willing to make for a treatment that provided relief. This conversation has not yet occurred publicly with patients who now comprise the population being targeted for intervention. The sample risk-benefit table that is a product of each "Voice of the Patient" report developed from a patient-focused drug development meeting could be instructive for drug development, particularly in the preclinical stage and those at-risk of developing Alzheimer's disease in the future.

With more than 5 million people living with Alzheimer's disease today and as many as 14 million people expected to live with the disease by 2050, there has never been a more urgent need to approach AD with higher priority. If Alzheimer's disease is the focus of a patient-focused drug development meeting in FY 2016, ACT-AD and others in the Alzheimer's serving community stand ready to provide input into the topics of discussion, to help disseminate information on the meeting when it is scheduled, and to facilitate the participation of patients and their families.

Thank you again for the opportunity to comment and for your careful consideration of the views expressed above. If we can be of assistance to the center as it contemplates its final list of diseases for FY 2016-2017, please contact us at (202) 293-2856.

Sincerely,

Daniel Perry
Chairman

Cynthia Bens
Vice President, Public Policy

CC: Theresa Mullin, Ph.D., Director, Office of Strategic Programs
Richard Klein, Director, Office of Health and Constituent Affairs
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