PDUFA Public Meeting
Remarks of Cynthia A. Bens
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Good morning everyone.

My name is Cynthia Bens and I am vice president of public policy at the Alliance for Aging Research.

I would like to thank FDA for inviting me to serve on the panel today to share some insights on the importance of the prescription drug user fee program.

For those of you who are not familiar with the Alliance for Aging Research, we are a patient advocacy organization based in Washington, DC. We were founded in 1986 and since then our mission has been to support research and its' application to improve the experience of aging.

In the early days of the Alliance, our focus was on advocacy for increased funding of aging research at the National Institutes of Health. It was about 10 years ago when we broadened the scope of our activities to include FDA regulatory issues.

Most of us are keenly aware that our population is aging at an unprecedented rate.

10,000 Baby Boomers are turning 65 each day. This is up from 6,000 per day just 4 years ago.

People age 80 and older make up the fastest growing segment of our population.

Right now about 10% of the US population is 80 or older and that will triple by the middle of this century.

The good news is that many people are living healthier as they age. But the truth is that most older adults still face significant periods of illness and disability later in life. They experience forms of cardiovascular disease, cancer, diabetes, bone and joint degeneration, muscle wasting, vision and hearing loss, neurological diseases, persistent pain, and incontinence.

It's our view that the need for innovative treatments that respond to declines people face with age has never been greater.

We believe that we will only realize the benefits of new therapies if FDA has access to the resources necessary to evaluate them, industry is certain that their products are reviewed in a timely manner, and that we're all working together to serve the interests of patients.

Recognizing the critical role FDA plays in shaping how medical products are developed, the Alliance began a coalition of more than 50 non-profit groups in 2005 called Accelerate Cure/Treatments for Alzheimer's Disease (ACT-AD). Through this coalition, we convene patients, patient advocacy organizations, leading researchers, and industry scientists to engage directly with senior leadership at the FDA and representatives from the review divisions for neurologic products to tackle overarching challenges in Alzheimer's disease drug development. ACT-AD has been incredibly successful at establishing close connections with the review division at FDA and facilitating exchanges on topics such as clinically meaningful benefit for Alzheimer's patients, issues with phase II Alzheimer's disease clinical trials, and the potential for combination therapy in

treating Alzheimer's disease. Our advocacy contributed to FDA making a number of positive changes including the creation of a patient/caregiver consultant program, a trans-center working group called "Neurology Across FDA," and draft disease-specific guidance for AD .

Acknowledging that in addition to Alzheimer's disease physical disability is another leading cause of institutionalization among older adults, the Alliance started the Aging in Motion (AIM) coalition in 2010. AIM is trying to clear a regulatory pathway for significant muscle wasting in older adults, called sarcopenia. Sarcopenia is not currently a recognized condition so we are tackling issues with drug development for this condition on a number of fronts, including being one of the first patient advocacy groups to pursue FDA qualification of a functional endpoint for use in clinical trials.

The Alliance continues to engage in the PDUFA reauthorization process because we understand that user fees play an essential role in maintaining an FDA review process that efficiently delivers safe and effective treatments for patients who need them.

I had the pleasure of representing the Alliance throughout the patient/consumer stakeholder consultation phase leading up to fifth reauthorization of PDUFA. After such positive experiences with ACT-AD and AIM, we were fierce supporters of the Patient Focused Drug Development (PFDD) Initiative during PDUFA V, like many of the patient groups here today. It was no surprise to us that FDA was receptive to the idea of conducting patient-focused drug development meetings and a priority of ours in PDUFA VI will be funding for the continuation of FDA-led PFDD meetings. We believe these meetings are valuable for several reasons. First, they provide unfiltered testimony of patients for medical reviewers evaluating

treatments for diseases they may not have first-hand experience with. Second, the PFDD meetings have largely been targeted at diseases where FDA has identified knowledge gaps. Lastly, they allow FDA to have a chance to learn about diseases and conditions they would like to better understand. This is especially true for sarcopenia, which was selected to be one of eight conditions granted a PFDD meeting in FY 2016 or 2017. We've observed that the PFDD meetings have led to a cultural shift across the FDA elevating the way in which regulators view the value of patient input in the drug development process. We are thankful that this is also being embraced by other stakeholders, including industry.

We understand that there is the desire for some patient-focused drug development activities to be shift into public-private partnerships and we would offer a word of caution. As an organization leading two effective coalitions in the regulatory space, we've learned that there is no one-size-fits-all solution to gathering and employing patient input effectively. For both Alzheimer's disease and sarcopenia, our methods of advancing therapeutic development have had to be very different. We think that FDA is headed in the right direction with PFDD and we feel they are best positioned to continue to lead this initiative independently.

In PDUFA V, the Alliance also prioritized enhancements at FDA aimed at furthering the use of Patient Reported Outcome (PRO) measures in clinical trials. We were pleased that FDA held a public meeting on PROs and other drug development tools to clarify the ways in which stakeholders can pursue their development. FDA released a guidance broadly outlining the principles for PROs in 2009 and how they might be incorporated into labeling. Despite the recent public meeting and this guidance, challenges remain in utilizing PROs for diseases like Alzheimer's disease. We would encourage the dedication of resources in

PDUFA VI to support additional workshops aimed at feasibility and reliability of incorporating PROs in trials for complex diseases.

Going through the qualification process for a drug development tool where there is no existing guidance, like we are with Aging in Motion, presents obstacles of its own. For this reason, we would support the addition of user fee funds in PDUFA VI to allow for new guidance on performance outcome measures, observer reported outcome measures, and clinician reported outcome measures.

We were pleased with the emphasis in PDUFA V on expanding the availability of data on age, sex, and ethnicity. CDER's public process for developing an action plan on subpopulations and placing snapshots of data that is available from clinical trials on FDA's website is a positive first step in uncovering were there are data gaps that must be filled to better understand how certain people respond to treatment. We would like to see this work continue and be expanded. The European Medicines Agency adopted a Geriatric Medicines Strategy in 2010 that encompassed activities related to the incorporation of elderly people in clinical trials, ensuring appropriate representation of older people in clinical studies, considerations for comorbid conditions, and the development and use of age-specific endpoints. Support for increased representation of older adults in clinical trials and the framework for this type of strategy already exist at FDA. We would encourage FDA to pursue it.

There is great interest in FDA promoting the use of evidence from observational studies or registries to support the approval of a new use for a drug or to satisfy post-approval study requirements. This interest was evident during discussion on Capitol Hill regarding 21st Century Cures. We see great potential use in the future

for a well-designed, real-world evidence program in many diseases but do not feel that there is widespread agreement yet on the best methods for collecting real-world evidence for use in supporting regulatory decisions. We would encourage FDA to start a pilot program on this that lays the foundation for future guidance on the application of real-world data in approval decisions. PDUFA VI fees would be important to launch such a pilot program.

Finally, I would like to recognize the resounding success of the breakthrough therapy designation across a number of different diseases. While we support the continuation of this pathway we remain concerned about FDA's ability to conduct the high number of breakthrough reviews and meet timelines for reviewing other types of drug applications, without any dedicated resources. We believe it is worth considering the addition of funds in PDUFA VI to support breakthrough therapy pathway.

Like many of the representatives on the panel today, the Alliance for Aging Research advocates for overall funding of FDA with strong emphasis on finding a balance between user fees and appropriated funding. We feel that our asks of PDUFA VI are modest and are intended to reduce the time it takes to bring safe and effective treatments to the U.S. market. All of us here know that this is the primary purpose of the PDUFA program.

I'll close by saying that the Alliance has been pleased with the progress FDA has made under PDUFA V. We know that this meeting is the start of a year-long process of soliciting input from various stakeholders so we welcome the opportunity to provide additional information to the agency as the reauthorization of PDUFA moves forward.

Thank you for your attention and to again thank you to FDA for the allowing me to comment today.