Alliance for Regenerative Medicine

December 14, 2022

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

Re: Comments for Docket Number FDA-2022-N-2394; Patient Focused Drug Development; Public Meeting; Request for Comments

The Alliance for Regenerative Medicine (ARM) appreciates the opportunity to provide its comments regarding the patient focused drug development (PFDD) public workshop held on November 15, 2022. ARM commends FDA for listening to individual patients in addition to key opinion leaders, patient advocacy groups and patients without direct lived experience with these products. Patient experience with gene therapy products is key to understanding the value of these products (e.g., quality of life before and after receiving therapy) and informing the benefit/risk profile in the context of individual patients. We support FDA's PFDD efforts as it pertains to cell and gene therapy development and is aligned with the discussions at the workshop.

ARM is the leading international advocacy organization dedicated to realizing the promise of regenerative medicines and advanced therapies. ARM promotes legislative, regulatory and reimbursement initiatives to advance this innovative and transformative sector, which includes cell therapies, gene therapies and tissue-based therapies. In its 13-year history, ARM has become the voice of the sector, representing the interests of 450+ members worldwide, including small and large companies, academic research institutions, major medical centers, and patient groups.

We recognize the support the FDA has provided in advancing the development of cell and gene therapies by, among other things, publishing important guidances, participating in key sector meetings and convening public sessions to provide information and seek stakeholder input on timely topics. ARM commends the Agency's ongoing commitment to work with the sector.

Patient Focused Drug Development

We appreciate the Agency's commitment to quickly convene a public PFDD meeting with key stakeholders to better understand patient perspectives on gene therapy products, including cell-mediated gene therapy. These meetings are particularly important to developers of cell and

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gene therapies as they provide an opportunity for the developer to incorporate patient perspectives into development and gain alignment with FDA early in the process.

A key element to understanding how PFDD can be incorporated into gene and cell therapy development is understanding what the FDA considers as Patient Experience Data (PED). The 21st Century Cures Act defines PED as:

> ‘‘(1) are collected by any persons (including patients, family members and caregivers of patients, patient advocacy organizations, disease research foundations, researchers, and drug manufacturers)
>
> ‘‘(2) are intended to provide information about patients’ experiences with a disease or condition, including— ‘‘(A) the impact of such disease or condition, or a related therapy, on patients’ lives; and ‘‘(B) patient preferences with respect to treatment of such disease or condition.’’

The definitions provided above lack clarity on what constitutes patient experience data. We urge FDA to propose a more refined definition and seek comment from stakeholders with respect to how patient experience data can be used to inform clinical trial design and benefit/risk considerations.

Recommendations for Future Consideration and Actions:

ARM requests FDA hold a public forum after the publication of the upcoming report to follow-up on topics from the November 15, 2022 listening session and considerations contained in this letter.

In previous PFDD workshops, common themes addressed were:

- Overviews of what exists at FDA related to the specific workshop topic
- Patient and patient advocate perspectives.

ARM highlights the following key topics for consideration in the future:

- Consistent, direct FDA feedback on patient interactions brought up by advocates and reflections on improvement
- Transparency from FDA on how patient data was used in case examples/can be used; going forward to determine benefit/risk.

ARM also identified the following questions and recommends that they be addressed in a future workshop(s) or other communications:

- Can FDA provide clarity on how patient experience data is viewed across the agency as well as across review divisions?
- How is patient experience data used in the benefit-risk analysis of BLAs?
- Is there a difference in how patient experience data is used in primary analysis versus confirmatory?

- How does patient experience data inform endpoint selection?
- Was patient experience data pre-specified? If it is not pre-specified, can it be considered as confirmatory evidence? (How can non pre-specified data be used?)
- Can Type D Meetings in PDUFA VII be used specifically to discuss patient experience data?

To obtain alignment with FDA on how to consistently use PED to promote PFDD, ARM is harmonizing efforts with the recently issued BIO White Paper, *FDA's Statement of Patient Experience,* and recommends the following for FDA's consideration:

- Establish core information for inclusion in the PED table to promote transparency, consistency, and clarity on the review process. These core elements should describe:
    - Description: what PED was submitted to FDA
    - Assessment Considerations: how that data was considered by reviewers;
    - Exclusion Rationale: the rationale for excluding any submitted PED from consideration
- Include a plain-language summary statement of the impact of PED on regulatory decision-making
- Provide a repository of PED tables and summaries on FDA's website to improve accessibility of this information
- Prompting Questions allows clarity to be gained from FDA on how they view information submitted by sponsors
- Incorporate PED in benefit-risk assessment with the following updates (below in red):

Patient Experience Data Relevant to this Application (check all that apply)			**Section of review where discussed, if applicable**
☐	Was patient experience data submitted as part of this application? ☐ Yes ☐ No The patient experience data that were submitted as part of the application include?		
	☐	Clinical outcome assessment (COA) data, such as	
		☐ Patient-reported outcome (PRO)	
		☐ Observer-reported outcome (ObsRO)	
		☐ Clinician-reported outcome (ClinRO)	
		☐ Performance outcome (PerfO)	
	☐	Qualitative (e.g., individual patient/caregiver interviews, focus group interviews, expert interviews, Delphi Panel, etc.)	
	☐	Patient-focused drug development or other stakeholder meeting summary reports	
	☐	Observational survey studies designed to capture patient experience data	
	☐	Natural history studies	
	☐	Patient preference studies (e.g., submitted studies or scientific publications)	
	☐	Other: (Please specify):	
	Was additional patient experience data, beyond what data were submitted as part of this application considered in the context of this application? ☐ Yes ☐ No		
☐	Patient experience data that were not submitted in the application, but were considered in this review? ☐ Input informed from participation in meetings with patient stakeholders		
	☐	Patient-focused drug development or other stakeholder meeting summary reports	
	☐	Observational survey studies designed to capture patient experience data	
	☐	Other: (Please specify):	

ARM appreciates your consideration and looks forward to continuing to work with the Agency to address PFDD related issues and concerns.

Sincerely,

Robert J. Falb
Director, U.S Regulatory Affairs