August 22, 2016

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

Re: Docket Number FDA-2016-N-1895, Prescription Drug User Fee Act; Public Meeting

Dear Sir or Madam:

The Bipartisan Policy Center (BPC) is pleased to provide comments on the Food and Drug Administration's (FDA's) proposed recommendations for the reauthorization of the Prescription Drug User Fee Act for fiscal years 2018 through 2022.

BPC is a non-profit organization that drives principled and politically viable solutions through rigorous analysis, painstaking negotiation, and aggressive advocacy. BPC's Health Innovation Initiative conducts research and engages experts and stakeholders to advance policies that improve health and health care for Americans. Through its *Advancing Medical Innovation* effort—led by former Senate Majority Leader Bill Frist, MD and former Congressman Bart Gordon—BPC is advancing policies that promote medical innovation and reduce the time and cost associated with the discovery, development, and delivery of safe and effective medical products for patients in the United States.

BPC commends the FDA for recognizing the need for and proposing reforms in the following areas, included in BPC's July 2015 report, Advancing Medical Innovation for a Healthier America.

1. **Incorporating the Patient's Voice in Drug Development and Decision-making**. The FDA will strengthen staff capacity to facilitate the development and use of patient-focused methods to inform drug development and regulatory decisions. It will develop a series of guidance documents to focus on approaches and methods to collect meaningful patient and caregiver input for ultimate use in regulatory decision-making.

2. **Enhancing Use of Real-World Evidence for Use in Regulatory Decision-making.** The FDA will conduct public workshops to gather input on real-world evidence, including benefits; challenges associated with availability, quality, and access, as well as ways to address them; and methodological approaches. FDA will publish guidance on how real-world evidence can contribute to the assessment of safety and effectiveness in regulatory submissions.

3. **Improving the Review of Combination Products.** The FDA will enhance staff capacity and capability across centers to more efficiently, effectively, and consistently review drug and device-led combination products. It will streamline the process for combination product review and establish new performance goals.

4. **Enhancing Benefit-Risk Assessment in Regulatory Decision-making**. The FDA will further its implementation of structured benefit-risk assessment, including incorporation of the patient voice in regulatory decision-making, by updating its implementation plan, conducting an evaluation of the implementation of the benefit-risk framework, developing guidance, and revising policies and procedures to include new approaches.

5. **Enhancing Drug Development Tools Qualification Pathway for Biomarkers.** The FDA will convene a public meeting to discuss taxonomy and a framework with standards for biomarkers used in drug development; develop guidance on biomarker taxonomy, contexts of uses, and general evidentiary standards; and improve transparency of biomarker qualification submissions and decisions.

6. **Improving FDA Hiring and Retention of Review Staff**. The FDA will fully implement corporate recruiting practices, augment hiring capacity with expert contractor support, complete establishment of a dedicated function to ensure needed scientific staffing for the human drug review program, and conduct a comprehensive and continuous assessment of hiring and retention performance.

BPC's detailed comments on FDA proposed recommendations are summarized below.

Enhancing the Incorporation of the Patient's Voice in Drug Development and Decision-making

FDA plans to develop systematic approaches to bridge from patient-focused drug development meetings to fit-for-purpose tools to collect meaningful patient input that can be incorporated into regulatory review.

FDA's proposed steps to facilitate input from patients and caregivers to inform drug development and regulatory decision-making include conducting public workshops, developing guidances, and revising Manuals of Policies and Procedures (MAPPs) as needed to incorporate patient input. The planned guidance documents will include feedback on burden of disease, disease impacts most important to patients, and clinical outcome assessments including patient-reported outcomes (PROs) into endpoints.

BPC supports the prioritization and implementation of these enhancements to incorporate patient input into drug development. A recent study has shown that the number of PRO claims approved by the FDA for inclusion in drug labeling has declined

in recent years, falling from 30 percent of drug approvals granted between 1997 and 2002 to 24 percent of drugs approved between 2006 and 2010.

BPC supports FDA's commitments to strengthen staff capacity to facilitate the development and use of patient-focused methods to inform drug development and regulatory decisions and develop a series of guidance documents to focus on approaches and methods to collect meaningful patient and caregiver input for ultimate use in regulatory decision-making.

Enhancing Use of Real World Evidence for Use in Regulatory Decision-making

FDA's proposed steps over a five-year timeframe to incorporate data from real-world evidence as a new tool for evaluating product safety and effectiveness include conducting a public workshop to gather input into topics related to the use of real-world evidence for regulatory decision-making. Further, FDA will initiate appropriate activities (e.g. pilot studies or methodology development projects) to address key issues in the use of real-world evidence for regulatory decision-making purposes. Finally, FDA will publish draft guidance on how real-world evidence can contribute to the assessment of safety and effectiveness in regulatory submissions (e.g. supplemental applications, postmarketing requirements).

BPC supports the prioritization and implementation of these enhancements to the use of real-world evidence. BPC supports utilization of real-world evidence for pre- and post-market activities. Using real-world evidence drawn from claims and clinical and patient-generated data sources is critical to improving the development and delivery of drugs and devices.

Advancing Development of Drug-Device and Biologic-Device Combination Products Regulated by CBER and CDER

FDA's proposed steps to improve staff capacity and transparency for combination product reviews among CDER, CBER, and CDRH include streamlining processes for inter-center consultations, establishing MAPPs to promote efficient, effective and consistent combination product development and review, and updating MAPPs and submission procedures based on findings from a third-party evaluation that engages FDA review teams and sponsors.

BPC supports the prioritization and implementation of these enhancements to combination product reviews. BPC recognizes that innovative treatments are often hybrids, employing a combination of devices, drugs or biologics. FDA expects to receive

large numbers of combination products for review as technological advances continue to merge product types and blur these historical lines of separation among FDA's medical product centers.

BPC supports FDA's commitments to enhance staff capacity and capability across centers to more efficiently, effectively, and consistently review drug and device-led combination products, streamline the process for combination product review, and establish new performance goals.

Enhancing Benefit-Risk Assessment in Regulatory Decision-making

FDA plans to strengthen sponsors' and the public's understanding of FDA's approach to benefit-risk assessment throughout the drug life-cycle. FDA will publish an update to the Benefit-Risk Implementation plan titled "Structured Approach to Benefit-Risk Assessment in Drug Regulatory Decision-Making", develop guidance on benefit-risk assessments for new drugs and biologics, conduct an evaluation of the implementation of the framework implementation, and as appropriate, revise relevant MAPPs and SOPPs.

BPC supports these enhancements to integrate patient perspectives into the benefit-risk framework. Patients' perspectives can add significant value to the drug development process, particularly on the risks of specific treatments.

Enhancing Drug Development Tools Qualification Pathway for Biomarkers

FDA proposed recommendations for enhancing the qualification pathway for biomarkers includes improving capacity to review and the predictability of the biomarker qualification process by clarifying evidentiary standards for biomarkers and refining processes related to review of qualification submissions and communication among FDA and other stakeholders.

BPC commends FDA's commitment to discuss taxonomy and a framework with standards for biomarkers used in drug development; develop guidance on biomarker taxonomy, contexts of uses, and general evidentiary standards; and improve transparency of biomarker qualification submissions and decisions.

The timely implementation of these enhancements will facilitate FDA's increased use of biomarkers in helping to develop medical products.

Improving FDA Hiring and Retention of Review Staff

FDA plans to improve its ability to hire and retain qualified staff. FDA's proposed approach includes modernizing the hiring system and infrastructure, augmenting human resources capacity through the use of dedicated expert contractors, dedicating efforts

for scientific staffing, setting clear goals for hiring, and conducting a comprehensive and continuous assessment of hiring and retention processes.

BPC supports the prioritization and implementation of these enhancements to FDA's hiring and retention practices. BPC recognized in its July report the need to strengthen FDA's capacity and scientific expertise to keep pace with medical innovation. BPC is pleased to see the commitments made by FDA, and encourages further action. BPC recommends that FDA be allowed to direct-hire staff, increase the number of exceptions to salary caps, and permit greater staff attendance of scientific meetings.

Thank you for the opportunity to participate in the public stakeholder process over the last several months and to provide further feedback on the proposed commitment letter.

We applaud FDA's efforts to incorporate enhancements to accelerate the development and delivery of safe and effective treatments and cures to patients.

We look forward to continued engagement with FDA and the timely implementation of these improvements through the reauthorization of PDUFA for fiscal years 2018 through 2022.

If you have any questions or wish to discuss BPC's comments, please contact me at 202.379.1634 or jmarchibroda@bipartisanpolicy.org.

Sincerely,

Janet M. Marchibroda
Director, Health Innovation Initiative