October 28, 2021

Janet Woodcock, MD
Acting Commissioner
Food and Drug Administration
5630 Fishers Lane, Rm 1061
Rockville, MD 20852

Via Electronic Submission: https://www.regulations.gov

Re: Docket No. FDA-2021-N-0891, “Reauthorization of the Prescription Drug User Fee Act; Public Meeting; Request for Comments.”

Dear Acting Commissioner Woodcock,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, appreciates the opportunity to comment on the Food and Drug Administration’s (FDA) proposed recommendations for the performance goals and procedures for the reauthorization of the Prescription Drug User Fee Act (PDUFA) for fiscal years (FYs) 2023 through 2027 (PDUFA VII), commonly referred to and referred to in our comments as the PDUFA VII Commitment Letter (Commitment Letter).

As the largest direct provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

On August 21, 2020, CSC submitted comments in response to the FDA’s July 23, 2020, virtual public meeting on the proposed recommendations for the reauthorization of the Prescription Drug User Fee Act (PDUFA) for fiscal years (FYs) 2023 through 2027. The Agency posed three specific questions to stakeholders:

- What is your assessment of the overall performance of PDUFA VI thus far?
- What current features of PDUFA should be reduced or discontinued to ensure the continued efficiency and effectiveness of the human drug review process?
- What new features should FDA consider adding to the program to enhance the efficiency and effectiveness of the human drug review process?”
(FDA, 2020). Since our comments to this prior request remain particularly pertinent and serve as the basis for the overriding portion of these comments, they warrant, in large part, repeating here.

Patient Experience Data
Passage of the 21st Century Cures Act in 2016 and the Food and Drug Administration Reauthorization Act (FDARA) in 2017 heightened the importance of collecting “patient experience data” (PED) that not only includes the physical impacts of a condition, therapy, or clinical investigation/trial but also the psychosocial impacts. Congress’ well-established and strong support for inclusion of PED in clinical trials empowers the FDA to standardize and formalize the methodology for collecting and using PED.

FDA Requirement to Sponsors Lacks Clarity and Uniformity
The FDA currently requires clinical trial sponsors to report what (if any) patient experience data were collected during the trial. To date, there has not been clear and uniform guidance on how patient experience data could and should be captured and communicated to patients and providers to benefit the shared decision-making process. PDUFA provides the appropriate mechanism and mandate for the FDA to design and implement a mechanism to fulfill this requirement. We cannot hope to make progress until stakeholders – regulators, insurers, industry, clinicians, and patients alike—have the clarity they need and the data is collected, reported on, and made available to the public in a meaningful manner.

FDA Responsibility
Meaningful PED not only provides sponsors with a better understanding of patient needs and concerns related to their experience receiving the drug during the development process, but also gives patients and providers important data points as they determine treatment pathways that best meet a patient’s unique needs.

Patient Experience Data captures the experiences, perspectives, needs, and priorities related to (but not limited to): 1) the symptoms of their conditions and its natural history; 2) the impact of the conditions on their functioning and quality of life; 3) their experience with treatments; 4) input on which outcomes are important to them; 5) patient preferences for outcomes and treatments; and 6) the relative importance of any issues as defined by patients (21st Century Cures, 2016).

Understanding a patient’s social and emotional well-being is so fundamental to care that it is a required patient-centered standard in the accreditation process for the Commission on Cancer. Further, in oncology, the Institute of Medicine concluded “it is not possible to deliver good quality cancer care without using existing approaches, tools, and resources to address patients’ psychosocial health needs” (IOM, 2008). For manufacturers, tracking patient experience and offering interventions throughout the trial could very likely improve outcomes and may also allow for more efficient trials by improving a patient’s compliance and retention in the trials.

Trial sponsors increasingly recognize their responsibility to measure and record the full patient experience - both physical and psychosocial. In fact, a 2019 study found that 48 of the 59 drug and biologics applications to the FDA in 2018 voluntarily included a table
summarizing PED (Kieffer et al., 2019). Of note, seven of the 11 products that did not include a PED table were submitted before Section 3001 of the 21st Century Cures Act went into effect. Approximately 71% of the drugs approved by the FDA voluntarily reported using PED in the review, with patient-reported outcomes (PROs) the most significant source of PED. Although PROs are important, they are only one type of PED, and we believe it is critical that FDA help researchers fully understand and navigate the difference in and importance of collecting the full breadth of PED. In addition, CSC is concerned by the study’s finding that other sources of PED such as studies designed to gather patient input around disease or treatment burden, experiences during or after a clinical trial, patient preference, or other information gleaned from meetings with patient groups such as PFDD meetings and/or summary reports, are considered less frequently by the FDA in the context of drug application review.

CSC’s August 20, 2021, comments urged the FDA to work with trial sponsors to establish clarity and uniformity for stakeholders – regulators, insurers, industry, clinicians, and patients alike – on the incorporation of the patient’s voice in drug development. Specifically, we advocated for the FDA to publish draft guidance by the end of FY 2023 that sets formal requirements on the capture, reporting, and meaningful communication of patient experience data collected in clinical trials.

**Proposed PDUFA VII Commitment Letter**

FDA’s proposed PDUFA VII Commitment Letter discusses several procedures and goals to facilitate patients’ timely access to safe, effective, and innovative medicines. Included among these are programs that expedite patient access to novel uses for existing therapies (Split Real Time Application Review (STAR) Pilot Program), advance and facilitate the development and timely approval of drugs and biologics for rare diseases (including the Rare Disease Endpoint Advancement (RDEA) Pilot Program), advance Real-World Evidence for use in regulatory decision-making, enhance CBER’s capacity to support development, review, and approval of cell and gene therapy products, and enhance the use of digital health technologies (DHTs) to support drug development and review.

While all of these goals present significant opportunities to facilitate patients’ timely access to safe, effective, and innovative medicines, CSC strongly urges FDA to expedite the publication of draft guidance by the end of FY 2023 that sets forth formal requirements on what PED is collected in clinical trials and how it is uniformly captured, reported, and meaningful and consistently communicated to ensure all stakeholders – including the FDA, insurers, sponsors, patients, caregivers, and providers – realize the full benefit offered by these programs.

**Expediting PED Guidance**

Section I, Paragraph L.1. of the PDUFA VII performance goals and procedures currently establishes a timetable of 2026 and beyond to enhance the incorporation of the patient’s voice in drug development and decision-making. CSC asserts this timetable is far too long to fulfill Congress’ intent in 21st Century Cures to heighten the importance of PED in the drug development and approval process.

CSC appreciates and applauds the FDA’s plan to continue to strengthen capacity to facilitate
development and use of Patient-Focused methods to inform drug development and regulatory decisions, including expanding internal staff training and external outreach to industry sponsors and other involved stakeholders with the emphasis on patient-focused drug development (PFDD) methods and tools-related guidance and practice to achieve broad acceptance and integration into regulatory decision making across review divisions and industry development programs (FDA, 2021). We also welcome FDA’s engagement with external experts that possess extensive knowledge in methods and approaches related to PED to augment FDA’s internal expertise, with one caveat – that these methodological experts, as well as FDA staff and sponsors, recognize and fully incorporate the experiences captured by the true experts – patients and their caregivers.

CSC’s strong reservation about Section 1, Paragraph L.1 of the Commitment Letter lies, in great part, with the extensive and ongoing delay in providing guidance to ensure PED serves the important role in drug development and approval that Congress intended. Currently, the Commitment Letter calls for the FDA to conduct at least 2 public workshops that focus on methodological issues that stem from input, including the submission and evaluation of PED in the context of risk-benefit assessment and product labeling, received from an FDA Request for Information (RFI) issued no later than the end of June 2023. However, the timetable for these workshops – namely 2024 and 2025 – unnecessarily and detrimentally delays the development and implementation of methodologies to ensure PED is fully incorporated in the review process. Specifically, the written summary emanating from these workshops is scheduled to be issued no later than the end of FY 2026 and yet, even after this passage of several years, will identify priorities for future work.

Similarly, PDUFA VII’s call for publication of a draft guidance on the use and submission of patient preference information to support regulatory decision making by September 30, 2026, leaves mid-2028 as the earliest potential date, and mid-2031 as the outside potential date, for the publication of corresponding final guidance. This timetable results in the considerable lapse of anywhere from twelve to over fourteen years from passage of the 21st Century Cures Act in 2016 and FDARA in 2017 before final guidance is available on the use and submission of patient preference information to support regulatory decision making. This delay thwarts not only Congress’ intent behind 21st Century Cures to elevate the importance of collecting and incorporating PED, but also the ability of the FDA, insurers, sponsors, patients, caregivers, and providers to benefit from the valuable information PED provides to both the drug development and patient and provider shared decision-making process.

In addition to the delayed timetable, limiting the identified applicability of the eventual guidance to “patient preference information” significantly reduces the full breadth of PED that Congress intended to be incorporated. As mentioned above, PED captures many patient experiences, perspectives, needs, and priorities (21st Century Cures, 2016). While patient preference information is important, it represents just one type of PED. To achieve the full intent of 21st Century Cures, optimize the benefit of PED in the drug development process, and best inform the patient and provider shared decision-making process, the reach of the FDA’s guidance on PED should be expanded to encompass the full breadth of PED in the drug development and review process.

In addition to the need to expand what PED (beyond patient-preferences and PROs) is collected,
two striking facts were revealed from the 2019 study mentioned above. First, there was inconsistency in the FDA’s consideration of PED with orphan drug designation (ODD), fast track designation (FTD), and priority review (PR) as compared to non-ODD, non-FTD, and non-PR product reviews, respectively. Equally important, PED information submitted was not uniformly reported or made available in an easily accessible manner for use by the public (Kieffer, et al., 2019).

**Expeditious Implementation of Digital Health Technology as a model for PED**

CSC points to the Commitment Letter’s performance goals and procedures in Section IV, Paragraph C on Enhancing Use of Digital Health Technologies (DHTs) to Support Drug Development and Review as being illustrative of a timely and expeditious plan to solicit and gain valuable input and develop guidance on matters essential to informing the drug development process.

Much like PED, that includes both the physical and psychosocial impacts of a condition, therapy, or clinical investigation/trial, provides critical information to the drug development and patient and provider shared decision-making process, CSC recognizes that DHTs allow for remote data acquisition from patients and clinical trial participants to measure a wide range of activities, behaviors, and functioning in real life settings that can inform important clinical endpoints. Both PED and DHTs provide intrinsic benefit to the drug development process, making the disparate attention and urgency devoted to their incorporation into the review process irreconcilable.

Below are just a few examples of the FDA’s objectives and accompanying timetables for DHTs set forth in the Commitment Letter:

- Establish a **DHT framework document guide for use of DHT-derived data in regulatory decision-makings for drugs and biological products by the end of Q2 FY 2023** that will include activities such as developing methodologies for evaluating DHTs proposed as measuring key endpoints, managing submissions to develop acceptable approaches to capture adverse events, and developing a **standard process for data management**
- Establish a committee including members from CDER and CBER to support **implementation of the commitments by the end of Q2 of 2023** with responsibilities that include, but are not limited to, **promoting consistency across centers regarding DHT-based policy, procedure, and analytic tool development and engaging with external stakeholders on DHT-related issues**
- Convene the **first of a series of 5 public meetings or workshops with key stakeholders including patients, biopharmaceutical companies, DHT companies, and academia by the end of Q2 of 2023** to gather input into issues related to the **use of DHTs in regulatory decision-making**
- Identify **at least 3 issue-focused demonstration projects to inform methodologies for efficient DHT evaluation that may include engagement with researchers from academia, biopharmaceutical industry, patient groups and other stakeholders to cover key issues to inform regulatory policy development and regulatory advice**
- **Publish draft, revised or final guidance on the use of DHTs in traditional and decentralized clinical trials by Q1 of FY 2023 that include the validation of measurements** made by DHTs, the development of **novel endpoints using DHTs**, the
uses of DHTs as new ways to **measure existing endpoints**, and approaches to using the patients’ own DHTs such as cell phones or smart watches

- **Publish additional draft guidances** in identified areas of need informed by stakeholder engagement by the **beginning of FY 2024**

(Emphasis added). CSC strongly urges the FDA to move with the same deliberate speed and attention to PED as it is committed to doing with DHTs including, but not limited to, planning and completing activities equivalent to those set forth in Section IV, Paragraph C of the Commitment Letter that are necessary to culminate in the **publication of a draft guidance by the end of FY 2023 that sets formal requirements on what PED is collected in clinical trials and how it is uniformly captured, reported, and meaningfully and consistently communicated to inform drug development and review as well as the patient and provider shared decision-making process.**

**Conclusion**

The Cancer Support Community appreciates the opportunity to share these comments and we look forward to working with the FDA, sponsors, and other stakeholders to ensure that clinical trials consistently identify, collect, and communicate the full breadth of patient experience data to better inform the drug development process as Congress intended. Should you have any questions or would like to discuss these comments in more detail, please reach out to Kim Czubaruk at kczubaruk@cancersupportcommunity.org.

Sincerely,

Kim Czubaruk, Esq.
Senior Director, Policy and Advocacy
Cancer Policy Institute
Cancer Support Community Headquarters

**References**


21st Century Cures Act (Title III, Section 3002(c)).
