Medical Imaging: CDER's Perspective

Janet Woodcock, M.D.

Director, Center for Drug Evaluation and Research

April 13/14, 2010 Natcher Auditorium, NIH

2 Topics: 2 Days

Standardization of imaging in clinical trials

and

 Current Good Manufacturing Practices (CGMPs) for PET drugs...

FR publication 12/2009

Not Disparate Topics...

Day one:

 Standardization of image acquisition, interpretation, and management of data in multicenter clinical trials is essential for accurate diagnosis and to assess response to therapies

Day 2:

 Standardization of PET Radiopharmaceuticals production under CGMP 21 CFR 212

This workshop will help us all achieve our goals of facilitating the public access to important, safe and effective products

Imaging in Clinical Trials

- Long history of use in exploratory and confirmatory clinical trials, e.g.,
 - coronary arteriographic patency important to the development of thrombolytic agents in the 1980's and early 90's
 - Changes in tumor size widely used to detect oncologic drug efficacy
- Imaging: essential for accurate diagnosis and in most therapeutic area clinical trials

Importance of Standardization in Trials

- Rapid advances in imaging technology-- increased potential for site-to-site variability in imaging data
- Variability may obscure treatment effects and complicate data verification
- Multiple challenges given wide role for imaging
 - Selection of patients (eligibility)
 - Safety (e.g., decreased ejection fraction)
 - Efficacy (e.g., change in joint architecture or tumor size)

Importance of Standardization in Trials

- Emphasized in the 2007 PDUFA agreements where FDA agreed to develop (by end of 2011) a guidance document on "Imaging Standards for Endpoints in Clinical Trials"
- In this workshop, FDA wants to hear your thoughts on standardization

- Your feedback will inform the imaging guidance:
 - What do you regard as important?
 - How is this standardization best accomplished?

PET CGMP (day 2)

- Publication of PET CGMP (12/2009) has implications for the use of PET drugs in trials as well as clinical practice
- Law requires NDA or ANDA submission for any PET drug used in clinical practice (i.e., non-investigational use) within 2 yrs of CGMP publication (12/2011)
- Investigational PET drug use continues under IND or RDRC pathways
- FDA working to facilitate the submission of NDA and ANDAs for most commonly used PET drugs, e.g., F18-FDG

PET CGMP

- PET producers may find NDA/ANDA submission challenging, particularly the development of the PET drug production and testing information
- CGMP standards for PET drug production: focus of tomorrow's sessions
- PET drug production "on site" necessitates consistency in the manufacturing process—an "added" standardization consideration for imaging in clinical trials

Imaging as a Biomarker

- Concept: Biomarker qualification is a conclusion that within the stated context of use, the results of biomarker measurements (e.g. imaging) or can be relied upon to have a stated interpretation and utility
- Context of use must be clearly specified
- Regulatory implication: Industry relies upon use of the biomarker in the qualified manner in IND, NDA and BLA submissions, without a need to resubmit data for the relevant CDER review group to consider and reconfirm the biomarker usage

Qualified Biomarker Usage

 The use of a qualified imaging biomarker can be applied in drug development and evaluation if there are NO:

- Serious study flaws (e.g., unverifiable data, improper performance of assays, etc.)
- Intention to apply the imaging biomarker outside the qualified context of use
- New and conflicting scientific facts not known at the time the qualification was determined

Qualification Process in General

- A framework for interactions between CDER and sponsors so that CDER can provide guidance towards compiling comprehensive evidence to support qualification of the selected biomarker(s), including imaging biomarkers
- A mechanism enabling CDER to have a well-organized, multidiscipline, CDER-unified, formal review of the data supporting a biomarker, eventually leading to a CDER decision on qualification
- Enables a scientifically well-supported statement by CDER of qualification providing confidence that the evaluation has been comprehensive and the conclusions can be relied upon

Qualification Process within CDER

- Formalized process still under development
- 'Sponsor' brings imaging biomarker concept/information package to CDER
- Interdisciplinary working team assembled within CDER & other FDA components
- Information Package reviewed
- Advice given on how to further progress development for intended use
 - Consultation and advice
 - Continued until development is complete
- Full detailed CDER review and decision on qualification
- Formal statement of qualification if appropriate

Points of Contact at CDER

For Biomarker Qualification:

Marianne Noone Regulatory Project Manager Office of Translational Sciences (CDER) (301) 796-7495

Marianne.noone@fda.hhs.gov

For Regulatory Submissions (IND, NDA):

Kyong "Kaye" Kang Chief, Project Management Staff Division of Medical Imaging Products (CDER) (301) 796-2050 (o) kyong.kang@fda.hhs.gov

Summary

- Standardization of production and use of imaging technologies will facilitate use in drug (and device) development trials, and uptake in clinical practice
- FDA intends to work with the community in standards development

Summary

- The biomarker qualification process will be useful when considering use of an imaging technology as an important component in a drug development process
- Initiating qualification of an imaging biomarker will be contingent upon adequate standardization of the particular imaging process