Trends-in-Medicine

Quick Takes

by Lynne Peterson

July 25, 2010

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…Highlights from this week's news affecting drugs and devices in development…

SHORT TAKES

- **ABBOTT** got a warning letter from the FDA about manufacturing problems with its Diabetes Care Division's FreeStyle and Navigator blood glucose monitoring systems manufactured at its Alameda CA plant. The FDA said the company did not follow proper procedures for testing and inspecting the devices and that certain employees lacked necessary experience, education, and training to perform their required duties.
- **ACORDA THERAPEUTICS** received a $1 million grant from the National Heart, Lung, and Blood Institute (NHLBI) to study glial growth factor 2 in heart failure to see if it can help promote the repair of heart tissue damage caused by disease or injury and, thus, improve heart function. The company expects to begin clinical testing "in the next few months."
- **ACTELION** has an option to acquire privately-held **Trophos**, which has olesoxime in development to treat amyotrophic lateral sclerosis (ALS). The pivotal Phase III trial is fully enrolled, with data expected in late 2011.
- **ALCON's Constellation Vision System –** The FDA announced a recall of this ophthalmic microsurgical system used by ophthalmologists to perform various types of eye surgery, including cataract surgery, after both software and hardware problems were identified that could cause eye injuries and even blindness. The problems included unexpected system shutdowns (loss of power), unintended system error messages, unresponsive touch screens, and system setting and infusion performance problems.
- **AMGEN's denosumab** was granted priority review status for the prevention of skeletal issues in cancer patients. It is already approved as Prolia for osteoporosis in women at high risk of fractures, but it will have another name in cancer. The PDUFA date is November 18, 2010.

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- **ASPENBIO PHARMA's AppyScore –** The company canceled plans to file this appendicitis detection blood test with the FDA because results from a clinical trial showed too many false positives. The company said it will continue to develop a smaller version of the test and expects to start clinical trials of that test by next year.

- **ASTRAZENECA's Crestor (rosuvastatin) –** A retrospective post hoc analysis by researchers at Brigham & Women's Hospital of 17,802 patients in the JUPITER trial has raised questions about the importance of HDL levels in patients with very low LDL on a statin. The analysis, which was published in ***The Lancet***, found that if normal, healthy individuals achieve very low LDL with a statin, then the HDL level no longer bears any relation to the remaining cardiovascular risk. The researchers reported HDL levels were *inversely* related to vascular risk at the end of study for patients on placebo, but Crestor patients had the same risk regardless of HDL level.

- **BIOMET** acquired "substantially all of the assets" of **Cytosol Laboratories**, which makes small volume anticoagulants. Cytosol has three FDA-approved products – TriCitrasol, noClot-50, and Rejuvesol. Reportedly, Cytosol has technology that will be useful with Biomet's existing GPS III Platelet Separation System and BioCue Platelet Concentration System.

- **BLUE CROSS/BLUE SHIELD –** A Consumers Union analysis found that some non-profit health insurers may be setting aside unnecessarily large surpluses while at the same time raising premiums. The consumer rights group found "7 of 10 Blue Cross/Blue Shield affiliates" it examined had surpluses more than three times the level regulators consider necessary for solvency.

- **Bone morphogenetic proteins (BMPs)** will be discussed at a Medicare Evidence Development and Coverage Advisory Committee (MEDCAC) meeting on September 22, 2010. The question for the panel will be whether or not there is enough evidence for Medicare to continue to pay for any BMPs.

- **BRISTOL-MYERS SQUIBB's Sustiva (efavirenz) –** Researchers successfully shrank Sustiva, an HIV therapy, into nano-sized particles to reduce the dose and the side effects without losing efficacy. A South African researcher said, "We think that these capsules will allow us to deliver smaller doses of efavirenz that will be able to penetrate tissue better than current efavirenz products."

- **CLEVELAND BIOLABS' CBLB-502** for acute radiation syndrome was granted fast track status by the FDA.

- **EDWARDS LIFESCIENCES' Sapien XT –** The start of the pivotal trial for the Sapien XT percutaneous heart valve (PARTNER-II) has been delayed until 3Q10, which the company said is due to additional questions from the FDA. The pivotal trial for Sapien's competitor, Medtronic's CoreValve, still hasn't gotten underway, but it now is expected to start by fall 2010.

- **EISAI's Banzel (rufinamide oral suspension)** was accepted by the FDA for review as a non-drug therapy for seizures associated with Lennox-Gastaut syndrome in patients age ≥4. The FDA will review whether the treatment has the same bioequivalence as a tablet version, which is already available.

- **JOHNSON & JOHNSON –** In the latest manufacturing problems, the FDA found "irregularities" at the company's Lancaster PA plant, which makes over-the-counter cold remedies and pain medicines.

- **MELA SCIENCES' MelaFind –** The FDA General and Plastic Surgery Devices Advisory Committee consideration of MelaFind was postponed from August 26, 2010, to November 2010.

- **MERCK's Gardasil –** This HPV vaccine appears effective in reducing anal area pre-cancerous lesions in men who have sex with other men. In a large, 3-year, international, randomized, placebo-controlled trial of 4,065 men, only 3 men who got the vaccine developed external genital lesions vs. 31 in the placebo arm (efficacy 90.4%). The vaccine also reduced anal intraepithelial neoplasias in men who had sex with men (5 cases vs. 24 with placebo, or efficacy of 75.5%). Persistent infections were also reduced (15 vs. 101 for an efficacy rate of 85.6%).

- **MOMENTA PHARMACEUTICALS' generic enoxaparin** was approved by the FDA, making it the first generic for Sanofi-Aventis's low molecular weight heparin, Lovenox.

- **NOVAVISION** is selling its assets following bankruptcy filing. Those assets include the FDA-approved Visual Restoration Therapy (VRT) System to restore vision following stroke, traumatic brain injury (TBI), amblyopia (lazy eye), and other disorders. Although NovaVision has not been successful, it believes there is still a good market opportunity for VRT and hopes someone else will buy the system and continue selling it.

- **ROCHE/GENENTECH's Avastin (bevacizumab) –** The FDA's Oncologic Drugs Advisory Committee (ODAC) voted 12 to 1 that Avastin should ***not*** keep its label for first-line metastatic breast cancer. The panel said the risk:benefit in two postmarketing trials were ***not*** favorable and did not confirm the original benefit seen in the E2100 trial, on which accelerated approval was granted.

- **SEATTLE GENETICS** and **ASTELLAS/AGENSYS' ASG-5ME –** An open-label, dose-escalation Phase I trial of ≤50 patients with metastatic pancreatic cancer has been initiated. ASG-5ME is an antibody-drug conjugate, which is designed to deliver monomethyl auristatin E (MMAE), a cytotoxic agent, directly to tumor cells using a novel linker system. The trial is designed to identify the maximum tolerated dose, assess the pharmacokinetics

(PK) and antitumor activity, and identify a recommended dose for future trials. In preclinical models of pancreatic, prostate, and colon cancer, ASG-5ME induced long-term regressions.

- **WARNER CHILCOTT's Actonel delayed-release (risedronate) –** The FDA extended its review for three months. The new PDUFA date is October 24, 2010.

NEWS IN BRIEF

ABBOTT's

- **MitraClip –** This percutaneous mitral valve repair device still is waiting for FDA approval, but the company does not expect a decision until 2011.
- **Synchrony –** This accommodative intraocular lens (IOL) also is waiting for FDA approval, and, again, the company now does not expect a decision until 2011.
- **Certriad**, a combination of Abbott's Trilipix (fenofibric acid) and AstraZeneca's Crestor (rosuvastatin) – In March 2010 Abbott received a complete response letter from the FDA, and Abbott now says it plans to submit response to that letter "shortly" and to meet with the FDA in the coming months.

ACHILLION PHARMACEUTICALS' ACH-2928 – another potential HCV drug

The company announced that ACH-2928, its latest hepatitis C virus (HCV) drug candidate, demonstrated good potency against HCV RNA replication in preclinical studies and has good PK and safety profiles that suggest it may be able to be dosed once-daily. ACH-2928 appears highly active against genotypes 1a and 1b as well as across other genotypes. The company also believes ACH-2928 is "highly effective in combination with NS3 protease inhibitors, NS5B polymerase inhibitors, and interferon and ribavirin." The drug also gives Achillion an oral therapy it could combine with its protease inhibitors, ACH-1625 and ACH-2684, and the company plans to initiate combination studies in 2011.

AVID RADIOPHARMACEUTICALS' florbetapir (formerly 18F-AV-45) – positive Phase II and Phase III data

At the Alzheimer's Association's International Conference on Alzheimer's Disease (ICAD) in Honolulu, Avid officials reported very good Phase III histopathology data on this new tracer – a "near-perfect" correlation between positron emission tomography (PET) brain imaging using the tracer and amyloid load measured postmortem in the same patients. Based on these results, the company plans to submit florbetapir to the FDA by late summer, putting it in the lead among several 18F-labeled compounds in development. A validated 18F PET tracer would expand the commercial availability of amyloid imaging in Alzheimer's disease, which so far has been restricted to ~60 major research centers.

Additional Phase II data on florbetapir suggested it may be useful in predicting whether people with mild cognitive impairment (MCI) are likely to develop Alzheimer's disease. Researchers from Brigham & Women's Hospital reported follow-up data on 138 of 184 MCI, normal, and Alzheimer's patients in the study who had their brains imaged with florbetapir at baseline, with symptoms assessed every six months, and neuropsychological and clinical evaluations at 18 months. The results were:

- Healthy seniors: None worsened noticeably in that timeframe, regardless of brain amyloid status.
- MCI: More amyloid-positive than amyloid-negative patients progressed to Alzheimer's disease, suggesting that amyloid imaging using florbetapir may help identify those at risk for progressive cognitive decline.

BANYAN BIOMARKERS – making progress on a brain injury biomarker test

Brain injuries can be difficult to diagnose due to subtle symptoms, and this can lead to improper treatment and potentially catastrophic consequences. Doctors often miss brain injury in a patient with a head trauma but no loss of consciousness, and they may not be able to determine whether an unconscious patient suffered a brain injury, a stroke, or something else. The Army, in particular, is anxious for a portable blood test device – like the hand-held troponin test for heart attacks – that a medic could carry onto the battlefield to diagnose brain injuries.

That wish is getting closer. Researchers say they are close to identifying biomarkers that may make it possible to pinpoint brain injuries with a simple blood test. In animal studies and studies in >300 brain-injured humans, Banyan Biomarkers, a privately-held Florida company, showed that their blood test could identify brain injuries by measuring the level of proteins such as UCH-L1 that are produced by an injured brain.

The Department of Defense is expected to provide $17 million for a major study of Banyan's biomarker test in more than 1,000 human patients at 20 hospitals in the U.S. and overseas. The 18-month study is expected to start next year, and if the results are positive, Banyan hopes to get FDA approval of the test.

A peer-reviewed study of 66 patients led by Banyan scientists and published this year in the journal ***Critical Care Medicine*** showed that patients with the most severe brain injury had levels of a biomarker called UCH-L1 that were 16 times the level found in patients without brain injury.

BOSTON SCIENTIFIC – more ICD problems

The FDA told Boston Scientific to warn doctors that three older implantable cardiac defibrillators (ICDs) have switches that can become stuck, causing the device to fail. The ICDs –

Contak Renewal 3, Contak Renewal 4, and Vitality HE – are no longer sold, but ~34,000 people have them implanted. The failure rate is 1:670 devices, and no deaths or injuries have been reported. FDA is not recommending the devices be explanted; they can be repaired with reprogramming.

Comparative effectiveness research – the feds want an inventory

The Office of the Assistant Secretary for Planning and Evaluation in the Department of Health and Human Services (HHS) has requested input on approaches to developing a comparative effectiveness research (CER) inventory. The American Recovery and Reinvestment Act of 2009 (ARRA) provided $1.1 billion in research and development funding in this area, with $400 million allocated to HHS, $400 million to the National Institutes of Health, and $300 million to the Agency for Healthcare Research and Quality (AHRQ). HHS wants to catalog CER activities and infrastructure, saying this inventory "will be critical to tracking ongoing and future investments in CER…to ensure that patients, clinicians, and other decision makers can identify and locate relevant CER in a timely manner." Public input must be submitted by August 9, 2010.

Electronic medical records – industry may be happy but Congress has concerns

When the federal government finally issued the definition of meaningful use, industry comments were generally very favorable. However, some members of Congress are concerned that the rules do not properly ensure patient privacy and the efficient flow in information. Rep. Sam Johnson (R-TX), a member of the House Ways and Means Health Sub-committee, said, "The final rule requires just one test to give proxy information. It doesn't even have to be [a real patient]."

Dr. David Blumenthal, national coordinator for health information technology at the HHS, stressed the importance of getting information exchange started, "We have a system in which there's virtually no information exchange going on at all. We're doing a lot of things to make exchange easier, such as setting standards for interoperability...We are moving toward robust exchange, but we are starting where we think industry is, and putting them on notice that they are going to have to move fairly rapidly while we help them along."

Erythropoiesis stimulating agents (ESAs) – stopping better than dose reductions

Stopping ESAs may be more effective than reducing the dose for normalizing high hemoglobin levels in hemodialysis patients, according to a study in the ***Clinical Journal of the American Society of Nephrology (CJASN)***. Researchers at Tufts University measured hemoglobin levels for 2 months in 2,789 dialysis patients who discontinued Amgen's Epogen (epoetin alfa) and 754 dialysis patients who reduced their dose by 20%-30% after hemoglobin levels rose to ≥13 g/dL. During that timeframe, stopping Epogen was more effective in getting hemoglobin <11 g/dL and had fewer patients >12 g/dL, but it also caused more patients' hemoglobin to drop to <10 g/dL.

Comparison of Stopping ESA vs. Reducing Dose

Measurement	Stopped n=2,789	Dose reduced n=754
Hemoglobin reduced to <11 g/dL	21.5%	10.1%
Lowest hemoglobin >12 g/dL	31.1%	62.8%
Likelihood of lowest hemoglobin <10 g/dL	1.9 times higher	---
Likelihood of hemoglobin >12 g/dL	---	4.41 times higher

Flu vaccine skin patch – will it replace flu shots?

Researchers at the Georgia Institute of Technology and Emory University are developing a skin patch with microneedles that people could get in the mail, put on themselves, and receive their flu vaccine right at home, painlessly. The Band-Aid-like patch has needles that dissolve after releasing the vaccine and doesn't have to be stored in the refrigerator. After successful rat testing, the researchers have begun to seek funding to begin Phase I trials and hope to have the patch on the market in five years.

GlaxoSmithKline's Avandia (rosiglitazone) – TIDE trial enrollment halted

Shortly after the July 13-14, 2010, joint meeting of the FDA's Endocrinologic and Metabolic Drugs Advisory Committee *and* the Drug Safety and Risk Management Advisory Committee on the future of Avandia, the FDA put a partial clinical hold on the TIDE trial – an FDA-mandated, post-marketing head-to-head comparison of two thiazolidinediones (TZDs), Avandia and Takeda's Actos (pioglitazone). Patients already enrolled in the trial may continue, but no new patients will be enrolled. GSK also was asked to update investigators and ethics committees about information from the FDA advisory panel which heard from the Institute of Medicine about the ethics of continuing a trial with these types of questions and then voted that

1. Avandia should stay on the market – but only with a strict risk management plan.
2. The TIDE trial should continue if Avandia stays on the market.
3. The data raise significant safety concerns about ischemic cardiovascular events with Avandia in Type 2 diabetics vs. both Actos and non-TZD therapies.

GSK said it will work with the TIDE Steering Committee to send a summary of recent safety data and a summary of the FDA advisory committee meeting on Avandia to all TIDE investigators and Institutional Review Boards (IRBs) to ensure

they have the latest information for patients. "This pause in enrollment will give clinical trial investigators and patients time to learn about the data presented to the FDA advisory committee and the committee's recommendations," said Dr. Ellen Strahlman, GSK's chief medical officer.

Healthcare IT – CPOE simulations find missed alerts

Computerized physician order entry (CPOE) systems have a high chance of failing to alert doctors to medication errors, according to a study by the Leapfrog Group, an employer-backed health advocacy organization. The study evaluated simulations at 214 hospitals and found that more than half of drug orders entered contained non-fatal errors but did not trigger warnings. In addition, 33% with potentially fatal errors also were not detected.

HIV – new guidelines recommend earlier treatment

In an article in the ***Journal of the American Medical Association***, an international panel of AIDS experts recommended that HIV treatment begin sooner – when CD4 levels fall below 500 cells/mm^3 rather than waiting for them to fall to 350 cells/mm^3. The goal of the new guideline is to prevent the development not only of full-blown AIDS but of other complications of infection as well. The guidelines now also state, among other things, that antiretroviral therapy (ART) is "recommended for patients who are pregnant, older than 60, or have an active or high risk for cardiovascular disease, and for those with hepatitis B or C infections, HIV-associated kidney disease, opportunistic diseases, or symptom-atic primary HIV infection."

Home genetic testing – gets a failing grade

The Government Accountability Office (GAO) tested home genetic tests from four companies – 23andMe, deCODE genetics, Navigenics, and Pathway Genomics – and found their tests had incomplete, contradictory, and misleading results. The GAO told the House Energy and Commerce Subcommittee on Oversight and Investigations that its "undercover" experiment using 10 tests from each company turned up some "horrifying" results, and the stories the GAO agents told the congressional panel were dramatic. The GAO also cited 10 examples of what it described as deceptive marketing practices.

The GAO study is likely to further intensify the FDA's scrutiny of the tests. The FDA regulates the tests as *in vitro* diagnostic devices when they are used to diagnose a disease or condition and/or to determine the state of a person's health, but the FDA does not regulate the tests if they are used for things like tracing ancestry. Dr. Jeffrey Shuren, director of the FDA's Center for Devices and Radiological Health (CDRH), told the congressional panel that the FDA is working toward "a reasonable and fair approach to regulation that can give patients and doctors confidence in these tests and facilitate progress in personalized medicine."

None of the genetic tests currently offered to consumers has undergone FDA premarket review. The Agency recently sent letters to a number of companies informing them that their products appear to meet the definition of a medical device. Dr. Shuren said the FDA will be meeting with some of the genetic testing companies soon to discuss the regulatory status of their products, and the Agency may take additional action after that meeting. The FDA's goal is not to ban all consumer-marketed tests but to be sure they are scientifically sound.

Insulin pumps – better than injections

According to a study in the ***New England Journal of Medicine***, patients who used an insulin pump with a continuous glucose sensor "achieved better control of their blood sugar than patients taking insulin injections." Researchers followed 485 Type 1 diabetics who had been unable to achieve optimal glucose control with insulin injections, with half getting continued injections and the other half using a pump. After one year, patients in the pump group had significantly lower HbA_{1c} levels than those in the insulin injection group.

LILLY's Effient (prasugrel) – many doctors unaware of benefits

Interventional cardiologists may be aware of the benefits of Effient, but other doctors are not as well informed. Those are the findings from a study by Decision Resources, a market research firm, which surveyed 57 interventional cardiologists, 52 non-interventional cardiologists, 50 emergency department physicians, and 20 pharmacy directors for managed care organizations about various antiplatelet therapies. The study found:

- Two-thirds of interventional cardiologists said they believe Effient is the "top" antiplatelet drug for reducing adverse events. The other respondents were split almost evenly between Sanofi-Aventis's Plavix (clopidogrel) and Effient.
- 47% of interventional cardiologists, 40% of non-interventional cardiologists, and 30% of emergency room physicians said that AstraZeneca's Brilinta (ticagrelor) is a "major advance" in treating cardiac conditions.
- Effient is excluded from 35% of Medicare prescription drug plans and is a Tier 3 in 60% of commercial payors. In comparison, Plavix is a Tier 1 or Tier 2 in 70%-85% of the managed care drug plans surveyed.

MEDTRONIC's Amplify (rhBMP-2) – FDA reviewers concerned about safety

The FDA's Orthopedic and Rehabilitation Devices Advisory Committee will review Amplify on Tuesday, July 27, 2010,

but the FDA briefing documents released ahead of the meeting suggest that the FDA has serious safety concerns with the product and may want another trial before approval. Among the FDA concerns are:

- The clinical significance of the reported cancer events (especially pancreatic cancer) and whether there is sufficient safety data on the cancer issue.
- Reproductive toxicity risk to women of childbearing potential, pregnant women, and fetuses.
- The adequacy of the follow-up rates.
- The "high number" of serious back and/or leg pain adverse events (10.0%) and reoperations and whether they should be considered as "failures."
- Reduced or delayed ossification.

PFIZER's tanezumab – more studies halted

The FDA ordered a halt to tanezumab studies in low back pain and diabetic neuropathy. Last month, Pfizer announced a clinical hold on all arthritis studies of this humanized monoclonal antibody that selectively targets nerve growth factor (NGF) at the request of the FDA due to reports of a "small number" of patients (~13) experiencing severe osteoarthritis (OA) leading to joint replacement surgery. All of the joint replacements occurred in patients with OA; none occurred in the non-OA patients on tanezumab. Pfizer said it plans to work with the FDA to determine "the appropriate scope of continued clinical investigation of tanezumab."

TAMIR BIOTECHNOLOGY (formerly Alfacell) – positive early results in Dengue fever

Tamir announced that scientists, supported by the National Institute of Allergy and Infectious Diseases (NIAID), confirmed that testing of three of the company's compounds Onconase (ranpirnase), Natural P31, and Recombinant Amphinase 2 showed surprisingly strong *in vitro* results against the Dengue fever virus. Usually, Selectivity Index (SI) scores are ≤10, and Tamir's drugs ranged from 110-130. The company said, "The government has informed us they will be conducting studies in Dengue animal models in the near future. This study expands the potential use of our compounds against other viruses and other life-threatening diseases with the strong possibility of development of a new class of therapies. We intend to use all resources that are available to us by the government in our pursuit of discovering other viral targets for our compounds. We have only begun to see the effectiveness of our compounds outside the field of oncology."

VIVUS's Qnexa (phentermine + topiramate) – FDA panel rejects this diet drug on safety

After what looked like a pretty negative vote on Qnexa – the panel voted 10 to 6 against approval – the senior FDA official at the meeting put a more positive spin on it. His comments make the outlook somewhat more positive for Arena Pharmaceuticals' lorcaserin, which will go before the same panel on September 16, 2010, and for Orexigen Therapeutics' Contrave (naltrexone + bupropion), which faces the panel on December 7, 2010. Dr. Eric Colman, deputy director of the FDA's Division of Metabolism and Endocrinology Products, Center for Drug Evaluation and Research (CDER), told reporters that he had expected the vote to be more positive, "I was a little surprised the vote went as it did."

Dr. Colman also suggested Qnexa may not be dead, "When you listen to even the No votes, you got the sense that a lot of people had a little hesitancy. They weren't strongly against the drug, but they had lingering concerns that were enough to make them lean to voting no…We have to go back to the office, and the group of people involved in making the decision will get together…and talk about what happened today... and talk about the panelists who voted no – what were the reasons for voting no. And what were the reasons for the people who voted yes."

FDA NEWS

FDA advisory committee rejects Agency's planned REMS for opioids – but the FDA may go ahead with it anyway

The Anesthetic and Life Support Drugs Advisory Committee *and* the Drug Safety and Risk Management Advisory Committee, meeting together, voted 25 to 10 that the FDA's proposed Risk Evaluation and Management Strategy (REMS) for long-acting (LA) and extended-release (ER) opioids is too weak. Panel members urged the FDA to put some teeth into the plan. The FDA proposal basically sets the bar pretty low, calling for a Medication Guide, a voluntary education program for prescribers, patient education materials for prescribers to use voluntarily with patients, and a timetable for the assessment of the effectiveness of the REMS in reducing serious adverse outcomes (overdose, addiction, death).

Panel members called the problem of opioid abuse and misuse huge – the No. 1 cause of accidental death in 10 states – and getting worse. They not only want the LA/ER opioid REMS strengthened; they recommended immediate-release opioids be included as well. The panel also would like to see a registration program for prescribers and pharmacists, either administered by the Drug Enforcement Administration (DEA) or the FDA or both, whichever is easier and faster.

However, it appears likely that the FDA will not listen to the advisory committee and will implement its proposed REMS as planned, with little or no strengthening. After the meeting, Dr. John Jenkins, director of the FDA's Office of New Drugs, CDER, told reporters, "We have to discuss it internally and decide if we want to make significant modifications to what we proposed or go forward with what we proposed." He said

the panel "blurred the line" about what the actual discussion topic for the meeting was – "medical" use of opioids, "Much of the panel's discussion was focused on non-medical use or inappropriate use or pill mills."

FDA public hearing on neglected tropical diseases

On September 22, 2010, the FDA will hold a public hearing to discuss challenges in developing medical devices, biotech drugs, and other treatments for neglected tropical diseases. The Agency will seek feedback on the topic through October 20, 2010.

FDA reorganization

In 2011, the FDA's Office of New Drugs will change the Office of Oncology Drug Products (OODP) from three divisions to four. OODP will also get a new name – the Office of Hematology and Oncology Products (OHOP). With the reorganization the review of biologic and drug products will be integrated within each review division. Previously, separate divisions reviewed either biologic products or drug products, but the new plan is to integrate them.

The Division of Oncology Products 1 and 2 will each specialize in specific oncologic diseases (e.g., breast cancer, gastrointestinal cancer, melanoma). The FDA hopes that this disease-specific orientation will help reviewers with their professional growth while also improving the consistency of the Agency's advice and decisions.

Office of New Drug Reorganization

Previous 3 Divisions	New 4 Divisions
Division of Oncology Drug Products	Division of Oncology Products 1
	Division of Oncology Products 2
Division of Biologic Oncology Products	Division of Hematology Oncology Toxicology *
Division of Hematology Products	Division of Hematology Products

*** This division will be dedicated to revising the non-clinical pharmacology and toxicology of oncology products.**

FDA warns doctors not to use unapproved IUDs

The FDA warned medical practitioners that using unapproved intrauterine devices (IUDs) raises concerns about effectiveness and safety as well as the potential for fraud and counterfeiting.

FDA withdraws pediatric study requirement

The FDA had issued a rule, effective August 16, 2010, requiring manufacturers to include data on pediatric patients whenever submitting a device for approval. However, the outcry from industry was so loud that the Agency reversed itself and withdrew the pediatric data rule. The FDA plans to issue a separate rule about pediatrics, but there will be a comment process.

Senators ask NIH and FDA to expedite treatments for rare diseases

At a Senate hearing, FDA and NIH officials were asked what they could do to accelerate the development of drugs and devices that affect relatively small numbers of patients. Sen. Tom Harkin (D-IA) called on the agencies to use their regulatory authority to coordinate "more closely" with industry "to bring to market drugs and devices that are often less profitable" than those that treat millions of people. The Institute of Medicine is scheduled to release a report that will "scrutinize current policies affecting drug and device development...and make recommendations for improvement." The FDA also is working on its own report with suggestions for improving patient access to drugs and devices for rare diseases.

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Upcoming FDA Advisory Committees and Other Regulatory Meetings of Interest

(items in red are new since last week)

Date	Topic	Committee
	July 2010	
July 27	**Medtronic's Amplify rhBMP-2 Matrix**	Orthopedic and Rehabilitation Devices Panel of the Medical Devices Advisory Committee
July 27-28	Meeting to obtain input on issues and challenges associated with the development and implementation of risk evaluation and mitigation strategies (**REMS**)	Public hearing
July 28	**AstraZeneca's Brilinta** (ticagrelor)	Cardiovascular and Renal Drugs Advisory Committee
July 30	**Glaukos's iStent Trabecular Micro-Bypass Stent** for treating open-angle glaucoma during cataract surgery	Ophthalmic Devices Advisory Committee
	August 2010	
August 11	**Valeant/GSK's Potiga** (ezogabine, formerly retigabine) for epilepsy	Peripheral and Central Nervous System Drugs Advisory Committee
August 19	**Lilly's Cymbalta** (duloxetine) for chronic pain	Anesthetic and Life Support Drugs Advisory Committee
August 20	**Jazz Pharmaceuticals' Xyrem** (sodium oxybate, JZP-6) for fibromyalgia	Arthritis Advisory Committee joint meeting with the Drug Safety and Risk Management Advisory Committee
August 26 Postponed until November 2010	**Mela Sciences' MelaFind**, an optical device for melanoma detection	General and Plastic Surgery Devices Advisory Committee
	September 2010	
September 7	**Forest/Cerexa's ceftaroline fosamil injection** for infection	Anti-Infective Drugs Advisory Committee
September 16	**Arena Pharmaceuticals/Eisai's lorcaserin**, a diet drug	Endocrinologic and Metabolic Drugs Advisory Committee
September 17 (not confirmed)	**Boehringer Ingelheim's Pradaxa** (dabigatran)	Cardiovascular and Renal Drugs Advisory Committee
September 22	Meeting on the challenges in developing medical devices, biotech drugs, and other treatments for neglected tropical diseases	Public hearing
	Other future meetings	
December 7	**Orexigen Therapeutics' Contrave** (naltrexone + bupropion), a diet drug	Endocrinologic and Metabolic Drugs Advisory Committee
Date TBA	**Abbott's Meridia** (sibutramine), a diet drug	Endocrinologic and Metabolic Drugs Advisory Committee to review the SCOUT trial data
2011	Review of accelerated drug approval process	Oncologic Drugs Advisory Committee (ODAC)