CENTER FOR DRUG EVALUATION AND RESEARCH

APPLICATION NUMBER:

214621Orig1s000

ADMINISTRATIVE and CORRESPONDENCE DOCUMENTS

IND 118736

MEETING PRELIMINARY COMMENTS

Myovant Sciences GmbH
Attention: Carmen Ladner
Vice President, Regulatory Affairs
2000 Sierra Point Pkwy, 9th Floor
Brisbane, CA 94005

Dear Ms. Ladner:

Please refer to your investigational new drug application (IND) submitted under section 505(i) of the Federal Food, Drug, and Cosmetic Act for relugolix.

We also refer to your November 27, 2019, correspondence, received November 27, 2019, requesting a meeting to discuss your proposed NDA submission for the treatment of advanced prostate cancer.

Our preliminary responses to your meeting questions are enclosed.

You should provide, to the Regulatory Project Manager, a hardcopy or electronic version of any materials (i.e., slides or handouts) to be presented and/or discussed at the meeting.

In accordance with 21 CFR 10.65(e) and FDA policy, you may not electronically record the discussion at this meeting. The official record of this meeting will be the FDA-generated minutes.

If you have any questions, contact Fatima Rizvi, Regulatory Project Manager, at (240) 402-7426 or Fatima.Rizvi@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Fatima Rizvi, PharmD
Regulatory Project Manager
Oncology Group 1
Division of Regulatory Operations for Oncologic Diseases
Office of Regulatory Operations
Center for Drug Evaluation and Research

Daniel Suzman, MD
Acting Clinical Team Leader
Division of Oncology 1
Office of Oncologic Diseases
Center for Drug Evaluation and Research

ENCLOSURE: Preliminary Meeting Comments

APPEARS THIS WAY ON ORIGINAL

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

PRELIMINARY MEETING COMMENTS

Meeting Type: B
Meeting Category: Pre-NDA

Meeting Date and Time: February 4, 2020 from 1:00 PM – 2:00 PM
Meeting Location: White Oak Building 22 / Room 1415

Application Number: 118736
Product Name: Relugolix
Indication: Advanced prostate cancer
Sponsor Name: Myovant Sciences GmbH

Introduction:
This material consists of our preliminary responses to your questions and any additional comments in preparation for the discussion at the meeting scheduled for February 4, 2020 from 1:00 PM – 2:00 PM between Myovant Sciences GmbH and the Division of Oncology 1. We are sharing this material to promote a collaborative and successful discussion at the meeting. The meeting minutes will reflect agreements, important issues, and any action items discussed during the meeting and may not be identical to these preliminary comments following substantive discussion at the meeting. If you determine that discussion is needed for only some of the original questions, you have the option of reducing the agenda and/or changing the format of the meeting (e.g., from face to face to teleconference). Contact the Regulatory Project Manager (RPM) if there are any major changes to your development plan, the purpose of the meeting, or the questions based on our preliminary responses, as we may not be prepared to discuss or reach agreement on such changes at the meeting.

1.0 BACKGROUND

The sponsor has requested this Type B, Pre-NDA meeting to discuss submission of data to support the approval of relugolix for the treatment of advanced androgen-sensitive prostate cancer. Relugolix is an oral nonpeptide gonadotropin-releasing hormone receptor antagonist that inhibits secretion of pituitary gonadotropins to be prescribed as 120 mg once daily after a 360 mg loading dose. The sponsor proposes to submit data from the pivotal Phase 3 study MVT-601-3201 with supportive data from two Phase 2 studies (C27003 in the neoadjuvant/adjuvant setting and C27002 in advanced prostate cancer) and a Phase 1 study (TB-AK160108) in patients with non-metastatic prostate cancer.

The primary objective of the prostate cancer program is to demonstrate that relugolix can suppress and maintain castrate levels (50 ng/dL) of serum testosterone in patients with advanced androgen-sensitive prostate cancer.

Secondary objectives include:

- Demonstration of more rapid achievement of castrate levels of serum testosterone, similar in timeframe as GnRH receptor antagonist, degarelix

- Assessment of proportion of men who achieve castrate serum testosterone levels <20 ng/dL

- Assessment of the time course and extent of PSA response.

The pivotal trial, study MVT-601-3201, randomized patients with advanced prostate cancer and PSA biochemical relapse following primary definitive therapy with curative intent, newly diagnosed metastatic prostate cancer, or advanced localized disease unlikely to be cured with primary definitive therapy who required one year of continuous ADT to relugolix or leuprolide in a 2:1 fashion. The study met its primary endpoint and demonstrated sustained testosterone suppression below castrate levels (<50 ng/dL) from Week 5 Day 1 (Day 29) to Week 49 Day 1 (Day 337) (95% CI: 94.9%, 97.9%). Results remained consistent with the primary analysis after multiple sensitivity analyses were performed. The between group difference of 7.9% (95% CI: 4.1%, 11.8%) demonstrated both non-inferiority and statistically significant superiority compared with leuprolide.

The overall incidence of adverse events was consistent across treatment groups with 92.9% (578 patients) on the relugolix arm experiencing at least one TEAE and 93.5% (28 patients) in the leuprolide arm. The most common (>10%) TEAEs were hot flush, fatigue, constipation, diarrhea, arthralgia, and hypertension. Constipation and diarrhea were reported more frequently in the relugolix group (12.2% each) compared to the leuprolide group (9.7% and 6.8% respectively), while the other TEAEs had a similar incidence across treatment groups. Serious adverse events (SAEs) occurred in 12.2% in the relugolix group and 15.3% in the leuprolide group. There were fewer AEs leading to fatal outcome in the relugolix group (1.1% vs 2.9%). In a prespecified analysis of major adverse cardiovascular events, including non-fatal myocardial infarction, non-fatal stroke, and death from any cause over 48 weeks of treatment, the MACE incidence was 2.9% in the relugolix group and 6.2% in the leuprolide group, with a 54% lower risk of MACE (HR=0.46, 95% CI: 0.24, 0.88) associated with the relugolix group compared with leuprolide. In the subgroup of patients with reported medical history of MACE, the MACE rate on study drug treatment was 3.6% in the relugolix group compared with 17.8% in the leuprolide group, reflecting a 5.8-fold higher odds of having an event in men treated with leuprolide compared with relugolix.

2.0 DISCUSSION

Question 1: Does the Agency agree that the results of the pivotal phase 3 study MVT-601-3201 in men with advanced prostate cancer supported by the results of the phase 2 study C27003 in the neoadjuvant/adjuvant radiotherapy setting, two additional clinical studies in patients with prostate cancer (phase 2 study C27002 and phase 1 study TB-AK16018), the clinical pharmacology program, and the nonclinical program are adequate to support review of an NDA for the treatment of men with advanced prostate cancer?

FDA Response to Question 1: Your proposed nonclinical and clinical pharmacology programs appear appropriate to support a NDA submission for the treatment of men with advanced prostate cancer. The adequacy of the nonclinical and clinical pharmacology data to support approval will be made following review of your NDA.

The safety and efficacy data presented in the background package for the pivotal and supportive trials for relugolix in the treatment of men with advanced androgen-sensitive prostate cancer are likely sufficient to support review of a marketing application. The final determination of whether the information is sufficient to support review of an NDA will happen when the application is filed.

Question 2: Does the Agency agree with the proposed plan for the integrated analysis of efficacy, including the decision not to pool studies to support the efficacy of relugolix 120 mg for the treatment of men with advanced prostate cancer?

FDA Response to Question 2: The proposed plan for the integrated analysis of efficacy is acceptable.

Question 3: Does the Agency agree with the proposed integrated analysis of safety, including pooling strategy, to support the safety of relugolix 120 mg for the treatment of men with advanced prostate cancer?

FDA Response to Question 3: The proposal to pool data from the pivotal Phase 3 study MVT-601-3201 with data from study C27002 for the primary integrated analysis of safety is acceptable. However, your primary safety analysis should focus on data from MVT-601-3201.

Question 4: Does the Agency agree that advanced prostate cancer is a serious condition and that if approved, relugolix would provide a significant improvement in benefit:risk relative to the currently available treatment options including the standard of care leuprolide and may, therefore, be considered eligible for a priority review designation?

FDA Response to Question 4: Whether relugolix provides a significant improvement in benefit:risk relative to all available treatment options, including leuprolide and degarelix, and whether priority review is appropriate, will be determined at the time of NDA submission. You should further justify this potential advantage in your NDA submission.

Question 5: Myovant plans to include the narrative portions of the Integrated Summary of Efficacy (ISE) in Section 2.7.3 (Summary of Clinical Efficacy) and Integrated Summary of Safety (ISS) in Section 2.7.4 (Summary of Clinical Safety). Tables, figures, and datasets of the pooled safety data will be included in Section 5.3.5.3. Does the Agency agree with the proposed plan for the integrated analyses?

FDA Response to Question 5: This is acceptable.

Question 6: Myovant prepared the datasets following contemporary Clinical Data Interchange Standards Consortium (CDISC) guidelines (Study Data Tabulation Model [SDTM], Analysis Data Model [ADaM]) for all clinical studies included in this NDA, as well as for the integrated analysis of safety. Myovant also plans to submit software programs used to create all ADaM datasets and tables and figures associated with the primary and secondary efficacy analyses for the pivotal study to support the NDA. Does the Agency agree that the prepared CDISC datasets, along with the analysis programs, are sufficient to support the filing of our NDA? Would the Agency be interested in a demonstration of how to navigate and utilize the provided datasets?

FDA Response to Question 6: Adequacy of the datasets for the clinical studies submitted in this NDA will be assessed during the filing review period.

Immediately following your application orientation meeting, you should plan for a 30 minute technical walkthrough presentation that describes how to navigate the datasets.

Question 7: For the phase 1, 2 and 3 studies included in the NDA, Myovant intends to provide case report forms and narratives for those patients who died, reported a serious adverse event, or discontinued treatment due to an adverse event. In addition, Myovant intends to provide narratives for patients with protocol-specified adverse events of clinical interest. Does the Agency agree with this proposal for submission of case report forms and patient narratives?

FDA Response to Question 7: This proposal is acceptable. Additional information and patient narratives may be requested during the NDA review.

Question 8: Does the Agency agree that the proposed plan for the 120-Day Safety Update is acceptable?

FDA Response to Question 8: This is acceptable. Data files submitted in the 120-Day Update should include parameters that clearly indicate the trial source and treatment indication. You should only submit an update of the MVT-601-3201 study patients.

Question 9: Myovant plans to submit English translations of original Takeda clinical study reports (CSRs) and their associated appendices, which are currently written in Japanese, and does not plan to submit the Japanese originals. Myovant also plans to include only English translation of the case report forms for Japanese patients with reported deaths, other serious adverse events, withdrawals for an adverse event, and adverse events of special interest. Does the Agency agree with the proposed plan for submission of English translations of key original Japanese documents?

FDA Response to Question 9: This is acceptable.

Question 10: Myovant plans to submit (b) (4)

FDA Response to Question 10: Yes. We agree.

Question 11: Does the Agency agree that the proposed format and content of the planned NDA for relugolix is acceptable to support the Agency's review for the proposed indication?

FDA Response to Question 11: The proposed format for submission of the planned NDA is acceptable. Whether the NDA submission is acceptable to support review for the proposed indication will be determined at the time of filing of the NDA.

In your efficacy analysis datasets, include a variable that describes reasons for censoring (e.g., two or more missed visits, discontinuation, etc.). You should also include the sensitivity analyses of the primary endpoint in your analysis datasets.

We additionally recommend that you submit an analysis dataset focused on MACE that includes detailed data on prior cardiovascular history, concomitant medications, study drug exposure, type of cardiovascular event, and outcome of event including hospitalizations, procedures, or surgeries.

Also, refer to Additional Information section below regarding Assessment Aid.

3.0 ADDITIONAL INFORMATION

DISCUSSION OF THE CONTENT OF A COMPLETE APPLICATION

As stated in our December 3, 2019 communication granting this meeting, if, at the time of submission, the application that is the subject of this meeting is for a new molecular entity or an original biologic, the application will be subject to "the Program" under PDUFA VI. Therefore, at this meeting be prepared to discuss and reach agreement with FDA on the content of a complete application, including preliminary discussions on the need for risk evaluation and mitigation strategies (REMS) or other risk management actions and, where applicable, the development of a Formal Communication Plan. You and FDA may also reach agreement on submission of a limited number of minor application components to be submitted not later than 30 days after the submission of the original application. These submissions must be of a type that would not be expected to materially impact the ability of the review team to begin its review. All major components of the application are expected to be included in the original application and are not subject to agreement for late submission.

Discussions and agreements will be summarized at the conclusion of the meeting and reflected in FDA's meeting minutes. If you decide to cancel this meeting and do not have agreement with FDA on the content of a complete application or late submission of any minor application components, your application is expected to be complete at the time of original submission.

In addition, we remind you that the application is expected to include a comprehensive and readily located list of all clinical sites and manufacturing facilities.

Information on the Program is available at FDA.gov.[1]

PREA REQUIREMENTS

Under the Pediatric Research Equity Act (PREA) (codified at section 505B of the Federal Food, Drug, and Cosmetic Act (FD&C Act), 21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived or deferred (see section 505B(a)(1)(A) of the FD&C Act). Applications for drugs or biological products for which orphan designation has been granted that otherwise would be subject to the requirements of section 505B(a)(1)(A) are exempt pursuant to section 505B(k)(1) from the PREA requirement to conduct pediatric assessments.

[1] https://www.fda.gov/ForIndustry/UserFees/PrescriptionDrugUserFee/default.htm

Title V of the FDA Reauthorization Act of 2017 (FDARA) amended the statute to create section 505B(a)(1)(B), which requires that any original marketing application for certain adult oncology drugs (i.e., those intended for treatment of an adult cancer and with molecular targets that FDA has determined to be substantially relevant to the growth or progression of a pediatric cancer) that are submitted on or after August 18, 2020, contain reports of molecularly targeted pediatric cancer investigations. See link to list of relevant molecular targets below. These molecularly targeted pediatric cancer investigations must be "designed to yield clinically meaningful pediatric study data, gathered using appropriate formulations for each age group for which the study is required, regarding dosing, safety, and preliminary efficacy to inform potential pediatric labeling" (section 505B(a)(3)). Applications for drugs or biological products for which orphan designation has been granted and which are subject to the requirements of section 505B(a)(1)(B), however, will not be exempt from PREA (see section 505B(k)(2)) and will be required to include plans to conduct the molecularly targeted pediatric investigations as required, unless such investigations are waived or deferred.

Under section 505B(e)(2)(A)(i) of the FD&C Act, you must submit an Initial Pediatric Study Plan (iPSP) within 60 days of an End of Phase 2 (EOP2) meeting, or such other time as agreed upon with FDA. (In the absence of an EOP2 meeting, refer to the draft guidance below.) The iPSP must contain an outline of the pediatric assessment(s) or molecularly targeted pediatric cancer investigation(s) that you plan to conduct (including, to the extent practicable study objectives and design, age groups, relevant endpoints, and statistical approach); any request for a deferral, partial waiver, or waiver, if applicable, along with any supporting documentation; and any previously negotiated pediatric plans with other regulatory authorities. The iPSP should be submitted in PDF and Word format. Failure to include an Agreed iPSP with a marketing application could result in a refuse to file action.

For additional guidance on the timing, content, and submission of the iPSP, including an iPSP Template, please refer to the draft guidance for industry *Pediatric Study Plans: Content of and Process for Submitting Initial Pediatric Study Plans and Amended Pediatric Study Plans*.

For the latest version of the molecular target list, please refer to FDA.gov.[2]

FDARA REQUIREMENTS

Sponsors planning to submit original applications on or after August 18, 2020 or sponsors who are uncertain of their submission date may request a meeting with the Oncology Center of Excellence Pediatric Oncology Program to discuss preparation of the sponsor's initial pediatric study plan (iPSP) for a drug/biologic that is intended to treat a serious or life-threatening disease/ condition which includes addressing the amendments to PREA (Sec. 505B of the FD &C Act) for early evaluation in the pediatric

[2] https://www.fda.gov/about-fda/oncology-center-excellence/pediatric-oncology

population of new drugs directed at a target that the FDA deems substantively relevant to the growth or progression of one or more types of cancer in children. The purpose of these meetings will be to discuss the Agency's current thinking about the relevance of a specific target and the specific expectations for early assessment in the pediatric population unless substantive justification for a waiver or deferral can be provided.

Meetings requests should be sent to the appropriate review division with the cover letter clearly stating "**MEETING REQUEST FOR PREPARATION OF iPSP MEETING UNDER FDARA.**" These meetings will be scheduled within 30 days of meeting request receipt. The Agency strongly advises the complete meeting package be submitted at the same time as the meeting request. Sponsors should consult FDA's Guidance on Formal Meetings Between the FDA and Sponsors or Applicants[3] to ensure open lines of dialogue before and during their drug development process.

In addition, you may contact the OCE Subcommittee of PeRC Regulatory Project Manager by email at OCEPERC@fda.hhs.gov. For further guidance on pediatric product development, please refer to FDA.gov.[4]

PRESCRIBING INFORMATION

In your application, you must submit proposed prescribing information (PI) that conforms to the content and format regulations found at 21 CFR 201.56(a) and (d) and 201.57 including the Pregnancy and Lactation Labeling Rule (PLLR) (for applications submitted on or after June 30, 2015). As you develop your proposed PI, we encourage you to review the labeling review resources on the PLR Requirements for Prescribing Information[5] and Pregnancy and Lactation Labeling Final Rule[6] websites, which include:

- The Final Rule (Physician Labeling Rule) on the content and format of the PI for human drug and biological products.
- The Final Rule (Pregnancy and Lactation Labeling Rule) on the content and format of information related to pregnancy, lactation, and females and males of reproductive potential.
- Regulations and related guidance documents.
- A sample tool illustrating the format for Highlights and Contents, and

[3] See the guidance for industry *"Formal Meetings Between the FDA and Sponsors or Applicants."*
[4] https://www.fda.gov/drugs/development-resources/pediatric-and-maternal-health-product-development
[5] https://www.fda.gov/drugs/laws-acts-and-rules/plr-requirements-prescribing-information
[6] https://www.fda.gov/drugs/labeling/pregnancy-and-lactation-labeling-drugs-final-rule

- The Selected Requirements for Prescribing Information (SRPI) − a checklist of important format items from labeling regulations and guidances.

- FDA's established pharmacologic class (EPC) text phrases for inclusion in the Highlights Indications and Usage heading.

Pursuant to the PLLR, you should include the following information with your application to support the changes in the Pregnancy, Lactation, and Females and Males of Reproductive Potential subsections of labeling. The application should include a review and summary of the available published literature regarding the drug's use in pregnant and lactating women and the effects of the drug on male and female fertility (include search parameters and a copy of each reference publication), a cumulative review and summary of relevant cases reported in your pharmacovigilance database (from the time of product development to present), a summary of drug utilization rates amongst females of reproductive potential (e.g., aged 15 to 44 years) calculated cumulatively since initial approval, and an interim report of an ongoing pregnancy registry or a final report on a closed pregnancy registry. If you believe the information is not applicable, provide justification. Otherwise, this information should be located in Module 1. Refer to the draft guidance for industry *Pregnancy, Lactation, and Reproductive Potential: Labeling for Human Prescription Drug and Biological Products – Content and Format*.

Prior to submission of your proposed PI, use the SRPI checklist to ensure conformance with the format items in regulations and guidances.

DISCUSSION OF SAFETY ANALYSIS STRATEGY FOR THE ISS

After initiation of all trials planned for the phase 3 program, you should consider requesting a Type C meeting to gain agreement on the safety analysis strategy for the Integrated Summary of Safety (ISS) and related data requirements. Topics of discussion at this meeting would include pooling strategy (i.e., specific studies to be pooled and analytic methodology intended to manage between-study design differences, if applicable), specific queries including use of specific standardized MedDRA queries (SMQs), and other important analyses intended to support safety. The meeting should be held after you have drafted an analytic plan for the ISS, and prior to programming work for pooled or other safety analyses planned for inclusion in the ISS. This meeting, if held, would precede the Pre-NDA meeting. Note that this meeting is optional; the issues can instead be addressed at the pre-NDA meeting.

To optimize the output of this meeting, submit the following documents for review as part of the briefing package:

- Description of all trials to be included in the ISS. Please provide a tabular listing of clinical trials including appropriate details.

- ISS statistical analysis plan, including proposed pooling strategy, rationale for inclusion or exclusion of trials from the pooled population(s), and planned analytic strategies to manage differences in trial designs (e.g., in length, randomization ratio imbalances, study populations, etc.).

- For a phase 3 program that includes trial(s) with multiple periods (e.g., double-blind randomized period, long-term extension period, etc.), submit planned criteria for analyses across the program for determination of start / end of trial period (i.e., method of assignment of study events to a specific study period).

- Prioritized list of previously observed and anticipated safety issues to be evaluated, and planned analytic strategy including any SMQs, modifications to specific SMQs, or sponsor-created groupings of Preferred Terms. A rationale supporting any proposed modifications to an SMQ or sponsor-created groupings should be provided.

When requesting this meeting, clearly mark your submission "**DISCUSS SAFETY ANALYSIS STRATEGY FOR THE ISS**" in large font, bolded type at the beginning of the cover letter for the Type C meeting request.

SUBMISSION FORMAT REQUIREMENTS

The Electronic Common Technical Document (eCTD) is CDER and CBER's standard format for electronic regulatory submissions. The following submission types: **NDA, ANDA, BLA, Master File** (except Type III) and **Commercial INDs** must be submitted in eCTD format. Submissions that do not adhere to the requirements stated in the eCTD Guidance will be subject to rejection. For more information please visit FDA.gov.[7]

The FDA Electronic Submissions Gateway (ESG) is the central transmission point for sending information electronically to the FDA and enables the secure submission of regulatory information for review. Submissions less than 10 GB must be submitted via the ESG. For submissions that are greater than 10 GB, refer to the FDA technical specification *Specification for Transmitting Electronic Submissions using eCTD Specifications*. For additional information, see FDA.gov.[8]

[7] http://www.fda.gov/ectd
[8] http://www.fda.gov/ForIndustry/ElectronicSubmissionsGateway

MANUFACTURING FACILITIES

To facilitate our inspectional process, we request that you clearly identify *in a single location*, either on the Form FDA 356h, or an attachment to the form, all manufacturing facilities associated with your application. Include the full corporate name of the facility and address where the manufacturing function is performed, with the FEI number, and specific manufacturing responsibilities for each facility.

Also provide the name and title of an onsite contact person, including their phone number, fax number, and email address. Provide a brief description of the manufacturing operation conducted at each facility, including the type of testing and DMF number (if applicable). Each facility should be ready for GMP inspection at the time of submission.

Consider using a table similar to the one below as an attachment to Form FDA 356h. Indicate under Establishment Information on page 1 of Form FDA 356h that the information is provided in the attachment titled, "Product name, NDA/BLA 012345, Establishment Information for Form 356h."

Site Name	Site Address	Federal Establishment Indicator (FEI) or Registration Number (CFN)	Drug Master File Number (if applicable)	Manufacturing Step(s) or Type of Testing [Establishment function]
(1)				
(2)				

Corresponding names and titles of onsite contact:

Site Name	Site Address	Onsite Contact (Person, Title)	Phone and Fax number	Email address
(1)				
(2)				

OFFICE OF SCIENTIFIC INVESTIGATIONS (OSI) REQUESTS

The Office of Scientific Investigations (OSI) requests that the items described in the draft guidance for industry *Standardized Format for Electronic Submission of NDA and BLA Content for the Planning of Bioresearch Monitoring (BIMO) Inspections for CDER Submissions* (February 2018) and the associated *Bioresearch Monitoring Technical Conformance Guide Containing Technical Specifications* be provided to facilitate development of clinical investigator and sponsor/monitor/CRO inspection assignments,

and the background packages that are sent with those assignments to the FDA ORA investigators who conduct those inspections. This information is requested for all major trials used to support safety and efficacy in the application (i.e., phase 2/3 pivotal trials). Please note that if the requested items are provided elsewhere in submission in the format described, the Applicant can describe location or provide a link to the requested information.

Please refer to the draft guidance for industry *Standardized Format for Electronic Submission of NDA and BLA Content for the Planning of Bioresearch Monitoring (BIMO) Inspections for CDER Submissions* (February 2018) and the associated *Bioresearch Monitoring Technical Conformance Guide Containing Technical Specifications*.[9]

ONCOLOGY PILOT PROJECTS

The FDA Oncology Center of Excellence (OCE) is conducting two pilot projects, the Real-Time Oncology Review (RTOR) and the Assessment Aid. RTOR is a pilot review process allowing interactive engagement with the applicant so that review and analysis of data may commence prior to full supplemental NDA/BLA submission. Assessment Aid is a voluntary submission from the applicant to facilitate FDA's assessment of the NDA/BLA application (original or supplemental). An applicant can communicate interest in participating in these pilot programs to the FDA review division by sending a notification to the Regulatory Project Manager when the top-line results of a pivotal trial are available or at the pre-sNDA/sBLA meeting. Those applicants who do not wish to participate in the pilot programs will follow the usual submission process with no impact on review timelines or benefit-risk decisions. More information on these pilot programs, including eligibility criteria and timelines, can be found at the following FDA websites:

- RTOR[10]: In general, the data submission should be fully CDISC-compliant to facilitate efficient review.

- Assessment Aid[11]

[9] https://www.fda.gov/media/85061/download
[10] https://www.fda.gov/about-fda/oncology-center-excellence/real-time-oncology-review-pilot-program
[11] https://www.fda.gov/about-fda/oncology-center-excellence/assessment-aid-pilot-project

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This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

FATIMA M RIZVI
01/30/2020 01:57:57 PM

DANIEL L SUZMAN
01/30/2020 05:20:03 PM