

NCCAM Colloquium: Industrial Perspective

**“Industry and the Role of NCCAM
in the Development of Complementary
and Alternative Medicine Products for the
US Market”**



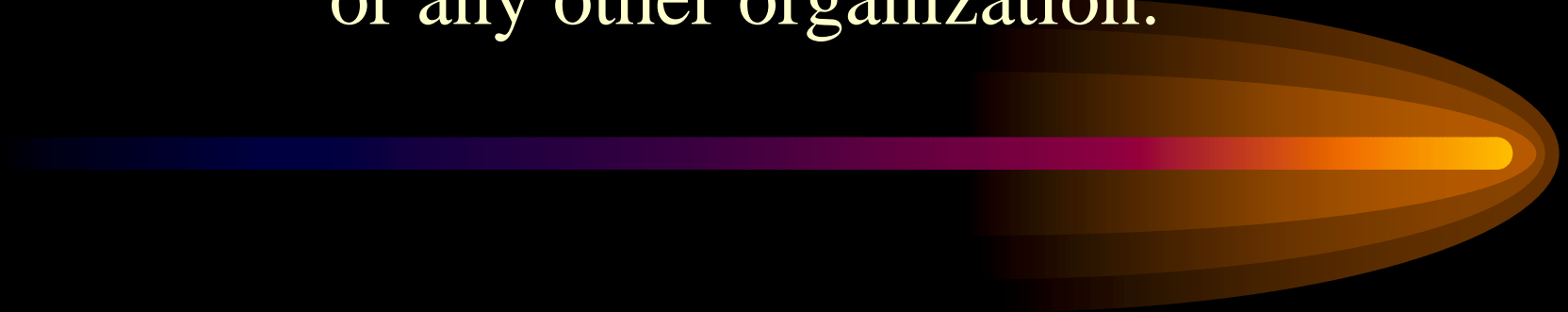
Freddie Ann Hoffman, MD

Warner-Lambert Consumer HealthCare R&D

Pfizer, Inc.,

May 14, 2001

This presentation represents the opinions of the presenter, and may not necessarily be those of Pfizer, Inc. or any other organization.



NIH NCCAM - Industry Colloquim

Questions

- *What is the “industry”?*
- *How does the industry perceive CAM?*
- *What are the needs of the industry?*
- *What role can NIH play in the development of CAM by industry?*

U.S. Regulatory Agencies



- FDA
- FTC
- USDA
- DEA
- ATF
- US Customs
- FWS

U.S. Regulation

- **FDA**

- foods, drugs, biologics, cosmetics, medical devices, radiation producing devices
- labeling of regulated products
- advertising & promotion of Rx drugs

- **FTC**

- advertising & promotion of foods, devices, OTC drugs
- advertising of practices, procedures

- **EPA**

- pesticide tolerances

- **USDA**

- commodities, animal vaccines

Products Used in CAM

Foods



- conventional foods, teas
- spices, “food additives”
- dietary supplements

Products Used in CAM

Drugs



- botanical drugs
- homeopathic drugs
- off-label use of conventional drugs
- use of products not currently marketed as drugs (e.g., foods, dietary supplements)

Products Used in CAM

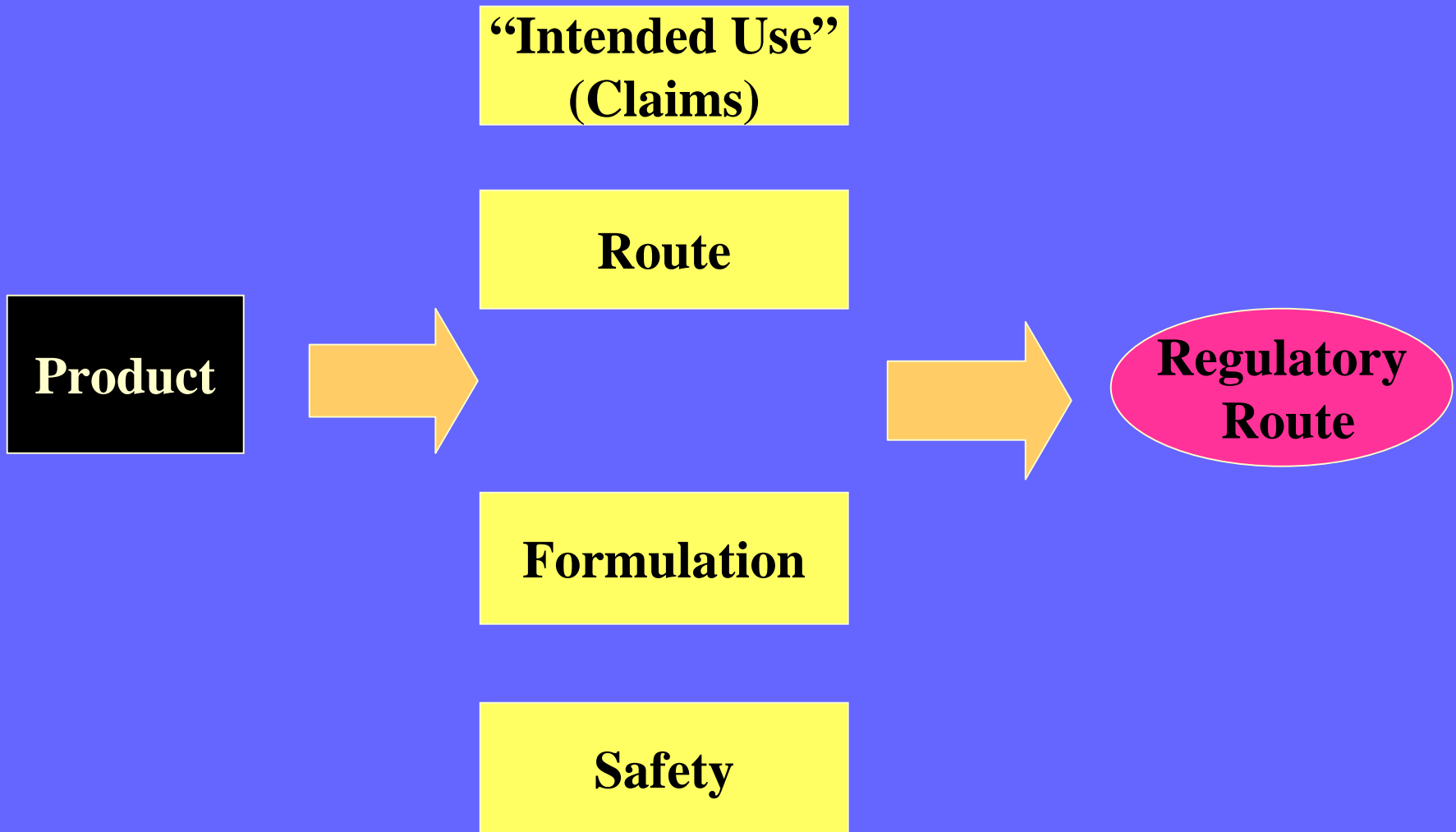
Biologics

- vaccines (e.g., Coley's toxin; allergenic --to pollens, grasses)
- antibodies (colostrum, whey)
- cytokines (homeopathic, etc.)
- blood-derived products
- diagnostic test kits related to blood-borne diseases (e.g., HIV, hepatitis)

Products Used in CAM Medical Devices

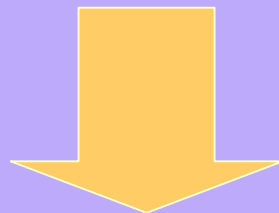
- acupuncture devices (needles, etc.)
- biofeedback
- electromagnetism
- all diagnostic test-kits not regulated as biologics (e.g., heavy metal screens)
- radiation and light

Factors in the Selection of Regulatory Route



Product

Formulation



Parenteral

Pill:
Tab
Cap

Food Form,
Beverage,
gum, etc.

Topical

RX Drugs

OTC Drugs

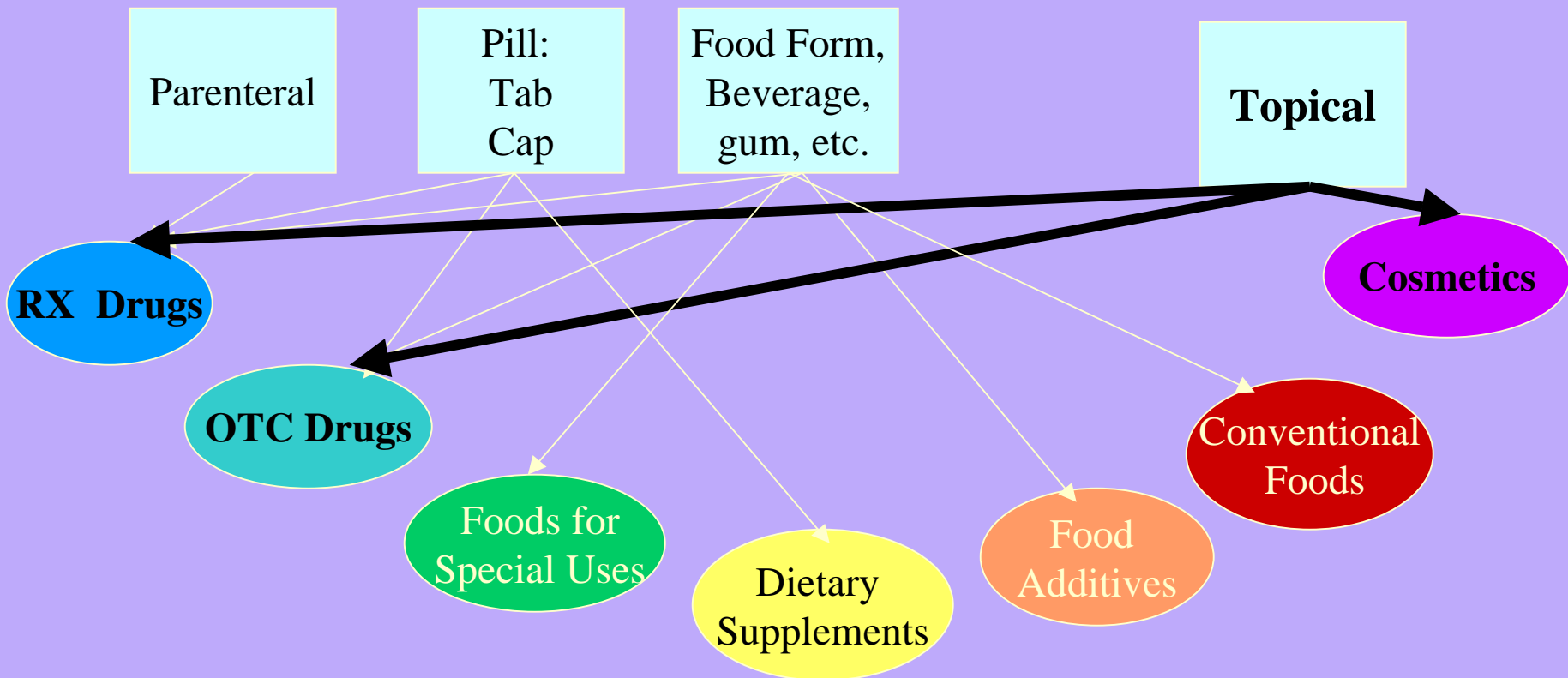
Foods for
Special Uses

Dietary
Supplements

Food
Additives

Conventional
Foods

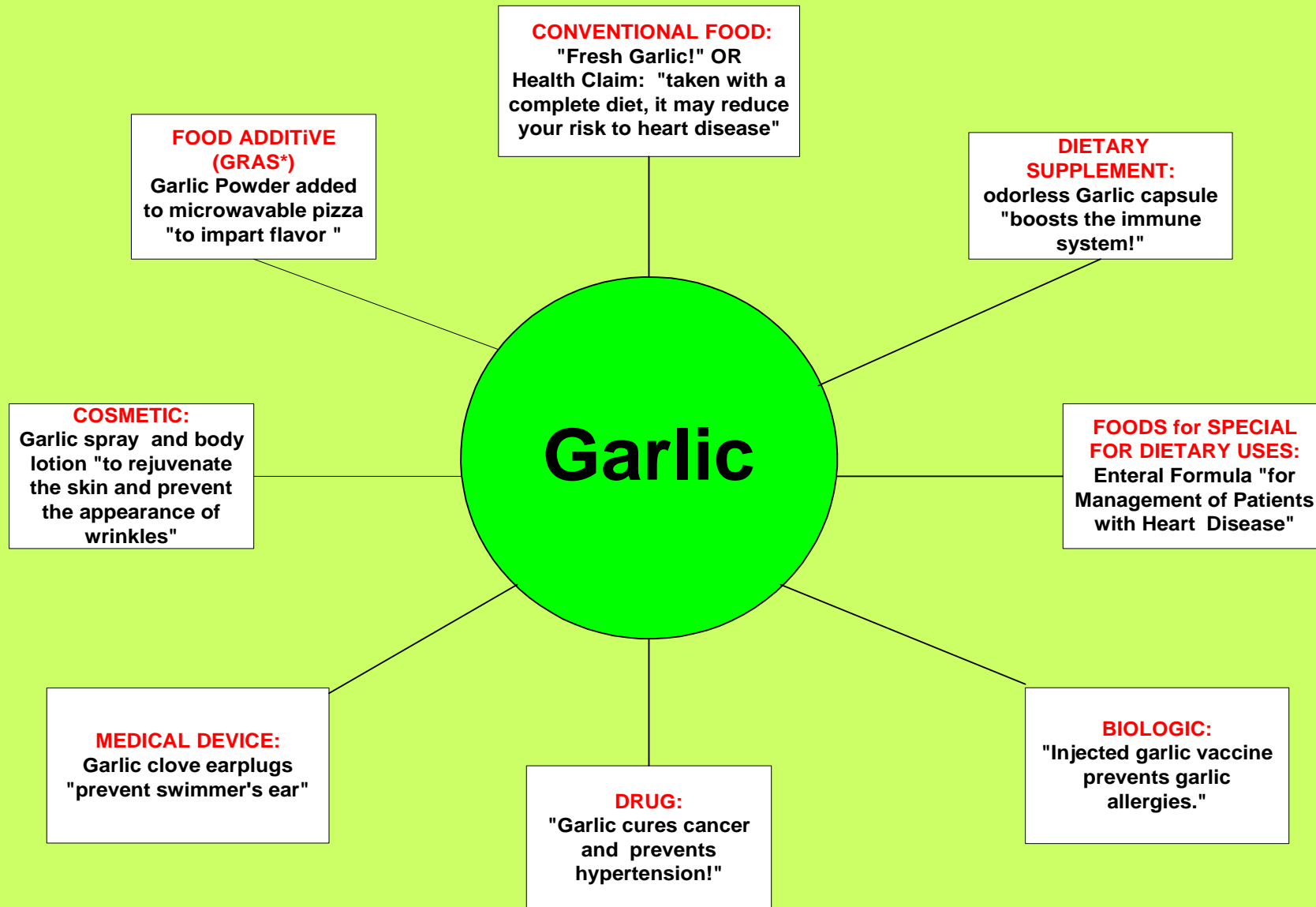
Cosmetics



Intended Use Defines the U.S. Regulatory Classification

Example: Claims for Garlic Products

From: FA Hoffman and T Garvey IV; Textbook of Legal Medicine, 5th ed/ 2001



* Garlic is Generally Recognized As Safe (GRAS) based on its common use in food prior to January 1, 1958.

21 CFR 570.30(a)(1).

What *is* the “Industry?”



More than one industry

Regulated Industries producing CAM products:

- Food
- Dietary Supplement
- Herbal
- OTC
- Pharmaceutical
- Rx Pharmaceutical
- Device
- Diagnostic
- Biologics
- Cosmetic
- Veterinary

Botanicals: A “Growing” Market

Consumer sales in \$Millions all retail channels, direct sales, MLM, mail order, practitioner sales

- 1994 \$ 2,020
- 1995 \$ 2,470
- 1996 \$ 2,990
- 1997 \$ 3,530 > 100% ↑
- 1998 \$ 3,980 in < 6 years
- 1999 \$ 4,400
- 2000 \$ 4,800

• **Source: Nutrition Business Journal 2001**

POTENTIAL US MARKETS for Botanicals 1998 (1997) in \$ Billions

- **Prescription Drug Market** \$ 81.3 (94.0)

Source: Pharmaceutical Research and Manufacturers of America

- **OTC Drug Market** \$ 16.7 (16.7)

Source: Consumer Healthcare Products Association
(Nonprescription Drug Manufacturers Association)

- **Supplement Market** \$ 25.8 (10.4)

Source: Nutrition Business Journal

- **Current Botanical Market** \$ 3.9 (3.2)

Source: Nutrition Business Journal

Adapted from Floyd E. Leaders, Jr. - Botanical Enterprises, Inc.

Factors Influencing the Development of CAM Products




How the FDA perceives CAM:



FDA has no legal, regulatory, or policy
definition of

“complementary” or “alternative”
medicine.



“There are no alternative
products ----
only alternative sponsors.”

*How does the industry
perceive CAM?*



Industry Perceptions



*Mainstream industries are-----
mainstream!*

US Industry Perceptions of CAM Product Factors



- Quackery?!?-- no scientific rationale; no “proof of concept”
- too available to the public
- unavailable/ “not invented here” (inventor is unwilling to release details of product or procedure; foreign owned)

US Industry Perceptions of CAM Milieu



Regulatory confusion

- DSHEA Structure/Function claims
- no dietary supplement GMPs
- ?CMC section of IND for complex products
- foreign regulatory pathways don't match up to US

US Industry Perceptions of CAM Barriers

- unusable “data”: product sold for a use for which it is was not intended (i.e., GMP issues)
- individualized intervention - not generalizable for product labeling
- other, e.g., environmental (protection, biodiversity)

US Industry Perceptions of CAM

Industry Factors



- outside core competencies
 - (e.g., foods being used as drugs)
 - no expertise (medical botanists; naturapaths; homeopaths)
- scale up (local or environmental impact)

US Industry Perceptions of CAM Marketing Factors



- no proprietary insulation (e.g., unpatentable)
- culturally unrecognized or novel indication
- cost of development outstrips ROI (e.g., commodity pricing)
- distribution is outside usual channels (e.g., health food stores)

What are the needs of the industry?



What role can NIH play in the development of CAM by industry?

US Industry Stakeholders

In search of...



- adequate “size of the opportunity”
- validation of “proof of concept”
- assurance of regulatory outcome
- sustainability of intellectual property
- competitive advantage
- ROI

US Industry Stakeholders Preclinical Needs

- characterization/standardization the “product” (includes nomenclature, taxonomy)
- mechanism of action
- “modeling studies” (in vitro/animals)
- safety (pharmacology/toxicology)

US Industry Stakeholders Clinical Needs

- Defining and Confirming Safety
 - collection/analysis of prior human use
- Defining and Confirming Efficacy
 - scientific plausibility of response
 - strength of association (dose/response; temporal)
 - reproducibility of outcome measurements
 - breadth of response (extrapolation beyond current/historical use)

Historical Perspective

Role of the

NIH Office of Alternative Medicine:

- Acupuncture devices
- Botanical drugs

NIH

Office of Alternative Medicine



RFA (FY94):

- 800 “letters of intent”
- >400 grant applications received
- 2 dozen grants with regulated products for indications: to “diagnose, treat, prevent, mitigate or cure” disease

Acupuncture Needles Status - 1994

- unapproved at change in law [5/76] thus:
“investigational” Class 3 medical devices
- no interested company resulted in:
 - no manufacturing controls or assurances
 - no labeling
 - not reimbursed

NIH - OAM

Acupuncture Needles

- NIH OAM - FDA Symposium on Acupuncture Devices (Apr 1994)
- focus: outstanding regulatory issues
- participants: academia, industry, NIH, FDA
- resulted in 5 Citizen Petitions to FDA

Acupuncture Needles Status - 1996

FDA reclassification of acupuncture needle devices (4-01-96), results in:

- legally marketed devices
- labeling review
- GMPs
- new research >> new products

NIH- Office of Alternative Medicine

Botanical INDs

- 3 grants required INDs:
 - Columbia U - post menopausal symptoms
 - Emory - topical plantar warts
 - SF AIDS Clinic - chronic sinusitis w/HIV+
- All multiple Chinese herbals regimens

NIH-OAM
NIH-FDA Symposium 12/94

*“What Role (if any) might Botanicals play
in US Healthcare?”*

- How are botanicals **used** today?
- How do we know they **work**?
- How do we know they are **safe**?
- How do we know what they **are**?
- What are the **incentives and barriers** to bringing botanicals to the US market?

Drug Information Association Botanical Conferences

- DIA (w/NIH, FDA): 3/95 - Worldwide Use
- DIA (w/NIH, FDA, USP): 4/96 - Chemistry, Taxonomy, Nomenclature
- DIA (w/NIH, FDA): 1/97- Pharm/Toxicology
- DIA (w/NIH, FDA): 11/97-Clinical/Regulatory
- DIA (w/FDA): 2/98 [Cape Town]- Trade/patent
- DIA (w/ FDA): 3/99 Pharmacoeconomics

Botanical Drugs: FDA's Activities



- Guidance for Industry for development of Botanical Drugs [8/10/00]
- Revising its regulations [i.e., Combination Rule]
- Proposed Rules: Use of foreign marketing experience for OTC monographs[12/20/99]

NIH - Office of Alternative Medicine

Transparency of the Process

If NIH-funded,
grantees would acknowledge
existence of their INDs----
*clarification of the regulatory
pathway*

Botanicals as Future Drugs in the US marketplace

- > 100 investigational new drug (IND) applications now in the system



Summary

NCCAM's Role

- Fund/conduct “proof of concept” and mechanism of action studies through SBIR grants, etc.
- stimulate evolution of US regulation by:
 - encouraging transparency of the process
 - supporting public discussion

Summary

NCCAM's Role--contd.

- New approaches for evaluating technologies that work through unusual unconventional mechanisms
- Support quality and standards development (e.g., Botanical Center Grants)
- Technology assessment (Consensus Conferences)
- Identify unmet clinical and consumer needs
- Identify/support needs of independent investigators

