ENDOCRINOLOGIC AND METABOLIC DRUGS ADVISORY COMMITTEE MEETING July 1 – 2, 2008
Hilton Hotel, Silver Spring
Silver Spring, Maryland

"POINTS FOR DISCUSSION"

1. What specific cardiovascular assessments should be required as part of the approval process for drugs and biologics developed for the treatment of type 2 diabetes, and why?

2. Should these cardiovascular assessments occur prior to approval of new treatments for type 2 diabetes or during the post-approval setting?

3. Should these cardiovascular assessments apply to every new treatment for type 2 diabetes or only to those treatments that have a scientific basis for these assessments?

4. Should these cardiovascular assessments be applied to already marketed treatments for type 2 diabetes?

5. Design considerations for a cardiovascular trial:
• Should the trial's objective be to show cardiovascular benefit or rule out an increase in cardiovascular risk? If the objective is to rule out a pre-specified magnitude of increase in cardiovascular risk, what is an acceptable magnitude of increased risk?
• What should the primary endpoint be?
• What type of patient population should be enrolled?
• Which treatment comparator(s) should be used?
• How will deteriorating glycemic control be handled?
• Should investigators be encouraged to manage blood pressures, lipid profiles, aspirin use, and other cardiovascular factors to current guidelines (which will not necessarily ensure comparability across treatment groups) or should algorithms be used post-randomization to ensure that these risk factors are equalized across treatment groups?
• Are there other critical features that should be considered when designing these trials?

6. Should cardiovascular endpoints be blindly and independently adjudicated in phase 2 and 3 clinical trials of all treatments developed for type 2 diabetes?