OFFICE OF THE CENTER DIRECTOR

Drug Safety Oversight Board (DSB)

CONTENTS

PURPOSE

- This MAPP describes the organizational structure, roles, and responsibilities of the Drug Safety Oversight Board (DSB) in the Center for Drug Evaluation and Research (CDER).

POLICY

The DSB has been established to provide independent oversight and advice to the Center Director on the management of important drug safety issues and to manage the dissemination of certain safety information through FDA's Web site to healthcare professionals and patients. Among other responsibilities described in more detail below, the Board and its staff:

- Identify, track, and oversee the management of important drug safety issues
- Adjudicate organizational disputes concerning the management of drug safety issues
- Establish policies regarding management of drug safety issues in CDER
- Prepare safety alerts on important, and often emerging, drug safety issues (available on FDA's Index to Drug-Specific Information Web page) and update their status, as appropriate
- Oversee the development of patient and healthcare professional information sheets in CDER
- Track important emerging safety issues and ensure that they are resolved in a timely manner
- Ensure that CDER decisions about a drug's safety benefit from the input and perspective of experts within and outside FDA who have not conducted the primary review or served as a deciding official in the ongoing pre-market evaluation or post-market surveillance activities with respect to that drug

Individuals on the DSB who have conducted the primary review of the data or served as a deciding official for a regulatory action under consideration will be recused from voting on issues concerning that drug.

DEFINITIONS

- **Important Drug Safety Issue:** A drug safety issue that has the potential to alter the benefit/risk analysis for a drug in such a way as to affect decisions about prescribing or taking the drug. Examples of important drug safety issues include identification of serious side effects after approval or from a new use, and new studies identifying different effects in a subpopulation of patients.

- **Emerging Drug Safety Information:** Information that FDA is monitoring or analyzing that may have the potential to alter the benefit/risk analysis for a drug in such a way as to affect decisions about prescribing or taking the drug (i.e., an important drug safety issue), but that has not yet been fully analyzed or confirmed.

- **FDA's Index to Drug-Specific Information Web Page:** Information on the Web about drugs, including drugs that FDA is actively evaluating to determine the meaning and potential consequences of early safety signals. Drugs on this Web page with an active safety alert are identified with an asterisk. The Index to Drug-Specific Information Web page address is: http://www.fda.gov/cder/drug/DrugSafety/DrugIndex.htm.

REFERENCES

- Guidance on *Drug Safety Information—FDA's Communication to the Public*
- CDER MAPP 4151.2, *Documenting Differing Professional Opinions and Dispute Resolution –Pilot Program*

ORGANIZATION

Membership

The Center Director requests nominations for members (and alternates) from the directors of each organization represented on the DSB and recommends members to the FDA Commissioner. The Commissioner appoints members to the Board from those recommended by the Center Director. The Office of Special Health Issues (OSHI) in the Office of the Commissioner manages the process for engaging consumer/patient consultants.

Members are initially appointed to serve 18, 24, 30, or 36 month terms with subsequent terms set at 2 years. Appointments are scheduled so that no more than 1/3 of the Board membership will change at a time.

The CDER DSB includes representatives from various Center organizations, as follows:

- **Chair.** The Associate Director for Safety Policy and Communication, CDER, is the non-voting chair of the DSB

- **Voting Members**

1. Three individuals and three alternates from each of the following Center organizations:

- Office of Surveillance and Epidemiology (OSE)
- Office of New Drugs (OND)

2. One individual and one alternate from each of the following Center organizations:

- Office of Translational Sciences
- Office of Counterterrorism and Emergency Coordination
- Office of Medical Policy
- Office of Compliance (OC)
- Office of Pharmaceutical Science (OPS)
- Office of Clinical Pharmacology and Biopharmaceutics (OCPB)
- Office of Biostatistics (OB)

3. One individual and one alternate from each of the following non-CDER organizations:

- Center for Biologics Evaluation and Research (CBER)
- Center for Devices and Radiological Health (CDRH)
- Non-FDA DHHS Agency (e.g., NIH)
- Non-DHHS health care providing Agency (e.g., VA, DoD)

Members who have conducted the primary review of the data or served as a deciding official for a regulatory action under consideration will be recused from voting on issues concerning that drug.

- **Consultants**

The DSB may engage as consultants the Chairs of FDA Advisory Committees and other external scientific experts, as well as consumer and patient representatives to present their views regarding emerging drug safety issues.

- **Executive Director and Staff**

A small staff carries out all operational, administrative, and other functions of the DSB. The staff works with the appropriate program offices to frame and develop issues to be taken before the DSB. The staff is responsible for developing templates for presenting issues to the DSB. (Presentations should include clear position statements and options to be considered.) The staff is also responsible for developing patient and healthcare professional safety information.

The staff operates under the supervision and oversight of an Executive Director, who is appointed by the Director, CDER. The Executive Director serves as the non-voting Executive Secretary to the DSB and is responsible for all staff activities.

- **Subcommittees and Working Groups**

1. The DSB may form subcommittees or working groups to review scientific issues, make recommendations, or implement activities related to the function of the DSB. Chairs, co-chairs, and members of subcommittees and working groups need not be members of the DSB, but will be selected by the DSB.

2. When possible, the DSB will draw upon existing CDER/FDA working groups and committees and coordinate with ongoing activities.

RESPONSIBILITIES

- **The DSB and its staff will:**

1. Oversee the management of important drug safety issues, including:

- Identification of emerging and ongoing important drug safety issues
- Tracking the management of these issues with regular Board updates
- Oversight of management approaches to important drug safety issues. If the Board does not concur with a management approach being taken, it may vote to recommend different course of action.
- Convening meetings to obtain information about the issues and developing advice for the Center Director on how to resolve the issues
- Resolving disputes between organizations over approaches to drug safety (as opposed to individual differences of professional opinion (DPO) which are resolved through the process described in MAPP 4151.2)
- Evaluating program recommendations for MedGuides to determine the need for specific MedGuides

2. Recommend and oversee implementation of Center-wide drug safety policies as needed.

3. Identify important drug safety issues, including emerging drug safety information, and communicate appropriate information and updates through safety alerts and related materials, available on FDA's Index to Drug-Specific Information (see guidance on *Drug Safety Information—FDA's Communication to the Public*)

4. Develop patient and healthcare professional information sheets

5. Track important emerging safety issues and ensure that they are resolved in a timely manner

6. Ensure that CDER decisions about drug safety benefit from the input of experts from within and outside of FDA who have not conducted the primary review or served as a deciding official in the ongoing pre-market evaluation or post-market surveillance activities with respect to that drug. In part, the membership of the DSB ensures such input. Furthermore, the Board has the authority to consult outside experts, including patient and consumer representatives, as it deems appropriate on specific matters.

- **The DSB Chair will:**

    1. Ensure that DSB meetings are held, as appropriate
    2. Formulate the agenda for each meeting
    3. Chair meetings of the DSB
    4. Ensure that decisions made by the Board are communicated to the Center Director and other relevant Center managers
    5. Choose members of DSB subcommittees and working groups

- **The Executive Director will**:

    1. Arrange and organize meetings. Issues to be brought before the DSB should be directed to the attention of the Executive Director (directly or through the DSB staff), who will schedule them in consultation with the Chair of the DSB.
    2. Supervise the DSB staff
    3. Serve as the primary point of contact for coordinating and responding to inquiries related to the activities of the Board
    4. Maintain files of DSB activities

PROCEDURES

Referrals to the DSB

- Any organizational unit in CDER may refer a drug safety issue to the DSB for assessment by submitting a request to the Executive Director (directly or through the DSB staff), who, in consultation with the Chair, prioritizes and organizes topics for the meeting agenda.

- On a monthly basis, OND and OSE can nominate safety items to the Executive Director for DSB evaluation on the regular agenda.

- OND and OSE will maintain lists of any ongoing (i.e., unresolved) "important drug safety issues," to include a description of each issue's current management approach, using a defined template. Updated lists will be submitted to the Executive Director of the DSB on a monthly basis. The Board will review these issues on an ongoing basis and may request presentation of an issue for evaluation.

- OND and OSE will refer emerging important drug issues in a timely manner to the Executive Director for consideration for issuing a drug safety Alert.

- The Therapeutic Inequivalence Action Coordinating Committee (TIACC) will refer unresolved therapeutic inequivalence issues to the Executive Director to evaluate for discussion by the DSB.

- Recommendations and questions about requiring Medication Guides will be referred to the Executive Director for discussion by the DSB. Usually, OND will be the referring office; however, any CDER office may make such a referral.

- The DSB will develop and maintain templates for presentation of the data and for evaluation of recommendations.

Decision Making

- Decisions made by the DSB will serve as recommendations to the Center Director.
- Most recommendations are expected to be reached through consensus. When consensus cannot be reached, a vote will be taken.
- Eleven members, with at least two members each from OSE and OND, constitute a quorum.
- Recommendations will be made by a 2/3 majority of a quorum.
- If a vote is closer than a 2/3 majority, no recommendation will be forwarded, but the Center Director will take the points of discussion into account in any decision to be made.
- Decisions made by the Center Director, based on recommendations made by the DSB, will be implemented through the appropriate program office. For example, if the Center Director decides, on the basis of a DSB recommendation, that an Advisory Committee meeting should be held, the organization that would ordinarily be responsible will carry out the activity.
- The Center Director retains final authority for Center decisions. All recommendations of the DSB may be appealed to the Center Director by the dissenting Office Director before the Center Director makes a final decision.

Conflict of Interest

- All non-FDA members will be screened for conflicts of interest related to the matters before the DSB.

EFFECTIVE DATE

This MAPP is effective upon date of publication.