Summary Minutes of the
Advisory Committee Pharmaceutical Science
Clinical Pharmacology Subcommittee
October 18-19, 2006
Location: Center for Drug Evaluation and Research Advisory Committee
5630 Fishers Lane, Rockville Md. Rm: 1066

All external requests for the meeting transcripts should be submitted to the CDER, Freedom of Information office.

These summary minutes for the October 18-19, 2006 of the Advisory Committee for Pharmaceutical Science, Clinical Pharmacology Subcommittee of the Food and Drug Administration were approved on 11/02/06

I certify that I attended the October 18-19, 2006, meeting of the Advisory Committee for Pharmaceutical Science, Clinical Pharmacology Subcommittee of the Food and Drug Administration meeting and that these minutes accurately reflect wha transpired.

Mimi T. Phan, Pharm.D., R.Ph.
Designated Federal Officer

Jürgen Venitz, M.D., Ph.D.
Subcommittee Chair

Meeting of the Advisory Committee for Pharmaceutical Science
Clinical Pharmacology Subcommittee
October 19, 2006

Prior to the meeting, the members and the invited consultants were provided the background materials from the FDA and any written statements submitted by the public. The meeting was called to order by Jürgen Venitz, M.D., Ph.D. (Subcommittee Acting Chair); the conflict of interest statement was read into the record by Mimi T. Phan, Pharm.D., R.Ph (Designated Federal Officer). There were approximately 60 individuals in attendance.

On October 19, 2006, the subcommittee will consider the third new topic: the impact of using prior knowledge on drug development and regulatory decisions. Prior knowledge of disease change over time and covariates, placebo variation and drug effects can be used to make better decisions and design more informative clinical trials. Examples will be used to demonstrate these principles.

Attendance:

Advisory Committee for Pharmaceutical Science Members Present (voting):
Meryl Karol, Ph.D.; Jürgen Venitz, M.D., Ph.D. (Subcommittee Acting Chair)

Advisory Committee for Pharmaceutical Science Consultants (non-voting):
Jeffrey S. Barrett, Ph.D., FCP; David D'Argenio, Ph.D.; Marie Davidian, Ph.D.; William J. Jusko, Ph.D.; Jaap W. Mandema, Ph.D.; Howard L. McLeod, Pharm.D.; Paul B. Watkins, M.D.

FDA Participants at the Table:
Joga Gobburu, Ph.D.; Shiew-Mei Huang, Ph.D.; Robert O'Neill, Ph.D.; Robert Powell, Pharm.D.;

FDA & Guest Speakers Presentations:

Topic 3: Using Disease, Placebo, and Drug Prior Knowledge to Improve Decisions

Decisions in Drug Development and at FDA: How Combining Prior Knowledge with Quantitative-based Decisions Can Improve Productivity and Quality .	Bob Powell, Pharm.D. Director, PM, OCP, FDA
Impact of Prior Knowledge on Drug Development Decisions: Case Studies Across Companies.	Jaap W. Mandema, Ph.D. Quantitative Solutions Inc.
Disease Models at FDA: Overview and Case Studies (Diabetes and Obesity)	Joga Gobburu, Ph.D. Team Leader, PM, OCP
Disease Models at FDA: Parkinson's Disease	Atul Bhattaram, Ph.D. PM, OCP, FDA Ohid Siddiqui, Ph.D., OB, FDA

Open Public Hearing

1) Carl C. Peck, M.D. (University of California, NDA Partners LLC)

Advisory Subcommittee Discussion & Recommendations	Jürgen Venitz, M.D., Ph.D. Acting Chair, CPSC of ACPS
Summary of Recommendations	Shiew-Mei Huang, Ph.D. Deputy Director for Science, OC

Questions to the Subcommittee on Topic 3: Using Disease, Placebo, and Drug Prior Knowledge to Improve Decisions

1. Is the overall approach to quantifying various part of the disease models reasonable?

The Subcommittee appreciated the efforts and encouraged the Agency to continue the process to develop disease models. The Subcommittee did recognize some of the limitations and/or difficulties that the Agency will face as the project progress to the next step. However, the Subcommittee urged the Agency to look the following: a) the analogy with the use of modeling in simulation b) technical validation/qualification of the model for the intended purpose(s), c) development of flow chart to indicate the Agency's direction into the future d) identification of more specific objectives e) communication of the modeling approach to industry and public and f) defining of criteria for pooling studies and assessment of their impact on the final conclusions.

2. Is the approach to qualifying the models reasonable?

While the Subcommittee applauded the process that the Agency initiated, the Subcommittee would like the Agency to identify a) the overall and/or primary objectives of qualified models b) quantitative methods for risk assessment (consider the consequences of false-negative and false-positive findings)) c) distribution of information to the public (i.e. simple models) and d) revalidation of the models frequently.

3. What appropriate forum does the committee suggest for sharing these advances with the public?

The Subcommittee suggested the Agency to consider: a) form a strong biostatistics component in networking (where the primary goal is to develop a national clinical research which enables the Agency to carry out multi-center trials, get feedback and publicize the new models) b) circulate the new models information among the clinical research community and patients' advocacy groups c) present at society meetings and d) publish guidances.

The Meeting adjourned for the day at approximately 1230 hours on October 19, 2006.