Millennium Pharmaceuticals, Inc. 75 Sidney Street Cambridge, MA 02139 Tel 617 679 7000 www.millennium.com



15 July 2003

Dockets Management Branch (Rm. 1061 HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rockville, MD 20852.

Re: Draft Guidance for Industry – Continuous Marketing Applications: Pilot 2 – Scientific Feedback and Interactions During Development of Fast Track Products Under PDUFA [Docket No. 2003D–0229, 68 Federal Register, 35901-35903, 17 June, 2003]

Dear Sir or Madam,

Millennium Pharmaceuticals, Inc. ("Millennium") is a global research-based biopharmaceutical company and leader in genomic drug discovery based in Cambridge, Massachusetts with a European affiliate in London, UK. Millennium's research, development and commercialization activities are focused on genomic approaches to the innovation of breakthrough products to treat cancer and endocrine, metabolic, cardiovascular and inflammatory diseases. Millennium is grateful for the opportunity to provide comments for consideration on this important draft guidance.

Although the draft guidance is generally practical and easy to understand, there seem to be some issues upon which greater detail would be helpful to industry sponsors.

- 1. The draft guidance states that there will be a maximum of one Pilot 2 application per Review Division at FDA. It would be very helpful if FDA would publish the names of the Divisions that have accepted applications under the Pilot after the initial recruitment process, so that other applicants may know where applications may still be considered.
- 2. With the consolidation of certain projects and CBER staff into CDER, there will be only two review divisions eligible for this Pilot from the previous CBER review divisions. In light of the 15 review divisions currently in CDER, it is suggested that additional Pilots be considered for the new review divisions coming from CBER.

2003D-0229

C1



- 3. Given the importance of this Pilot program and the fact that there is a high attrition rate during drug development, it is suggested that if more than a certain percentage of Pilot 2 products are withdrawn or terminated, then additional products should be considered for inclusion in the Pilot. Also, if certain review divisions do not have any products for the Pilot, additional products for the Pilot should be considered; i.e., a review division handling more than one product for the Pilot.
- 4. Since the evaluation of this Pilot program is critical to both the FDA and industry, it is proposed that the evaluation criteria be discussed and commented upon by the industry. As an example, if the product development is terminated by the company as the result of discussions of the criteria for approval with FDA, this should be considered "positive" as research and development costs will be saved.
- 5. Since the goal of the Pilot is to evaluate the potential of additional feedback to enhance drug development, we believe that it would have the best chance to achieve that goal by selecting compounds across many different types and sizes of pharmaceutical sponsors. Otherwise, there is a risk that one or two types of sponsors' applications may predominate in the study, and the data will be less informative about the effects of scientific feedback on all sponsors than they might be. We suggest that FDA should consider adding language to the guidance to reflect an intent to categorize sponsors by size and type, and to use these categories as an aid to selection of applications (providing they receive sufficient applications to permit this diversity).
- 6. The draft guidance states that an application should contain the IND number, the date of fast track designation, and the date of the end of Phase 1 meeting "or equivalent".
 - a. Please clarify what is meant by "or equivalent" in the above statement? As an example, could a pre-IND meeting be considered "equivalent" where the product has already completed Phase I studies outside the US?
 - b. Would FDA consider accepting requests for participation in Pilot 2 with the submission of the IND (including a request for Fast Track Designation) if a pre-IND meeting was held as stated above?
 - c. It would be difficult to move from the pre-IND meeting, noted above, to IND submission and Fast Track Designation by the November 30, 2003 date targeted in the draft guidance. If these scenarios are to be accepted, we would suggest that some additional time be permitted.



We thank you for the opportunity to comment and look forward to seeing clarifications of these questions in the next version of the guidance.

Sincerely,

Robert G. Pietrusko, Pharm.D.

Vice-President

Worldwide Regulatory Affairs and Pharmacovigilance

Millennium Pharmaceuticals, Inc.