

# Benefit-Risk Assessment of Human Drugs and Biologics at FDA

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The views and opinions expressed in this presentation are those of the individual presenter and should not be attributed to or considered binding on the U.S. Food and Drug Administration (FDA).

# What is benefit-risk assessment in human drug review?



**Evaluation** of the demonstrated benefits and risks of a medical product, and

Making a **judgment** as to whether the expected benefits outweigh the potential risks associated with its expected use

# FDA's Benefit-Risk Framework: Structured approach for human drug review

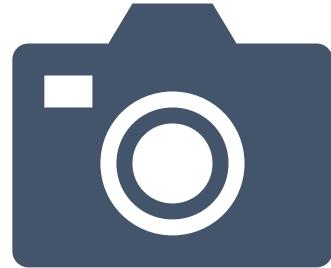
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- Structured approach for B-R assessment and communication
- Implemented into new drug review Satisfying 2012 PDUFA\* commitment and FDASIA\*\* requirement
- Reflects reality: B-R assessment is fundamentally a qualitative exercise
- Flexible to include supporting quantitative analyses

Dimension	Evidence and Uncertainties	Conclusions and Reasons
Analysis of Condition		Therapeutic context for weighing benefits and risks
Current Treatment Options		
Benefit		Product-specific assessments based on available evidence
Risk and Risk Management		
Conclusions Regarding Benefit-Risk		

\*Prescription Drug User Fee Act; \*\*Section 905 of the Food and Drug Administration Safety and Innovation Act of 2012

# FDA's Benefit-Risk Framework: Desired outcomes



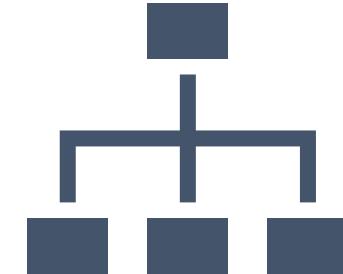
## Clear and concise snapshot

- Sharpen focus on the most relevant issues
- Articulate the applied clinical reasoning and judgment
- Faithfully capture deliberations



## Consistent and accessible

- Improve transparency in the decision-making process
- Provide standard structure for communication
- Provide an accessible record of the decision for reference



## Aligned with review process

- Fit naturally within existing review processes
- Apply broadly to the range and lifecycle of regulatory decisions

# FDA's Benefit-Risk Framework: Key considerations for assessments

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BRF Section	Key Considerations <i>Patient input and uncertainty considered throughout</i>
<b>Analysis of Condition</b>	<ul style="list-style-type: none"><li>Proposed indication: severity, target population, relevant clinical aspects</li><li>Patient-focused disease burden</li></ul>
<b>Current Treatment Options</b>	<ul style="list-style-type: none"><li>Available therapies: efficacy, safety, and utilization</li><li>Unmet need: unaddressed aspects of patient's disease burden</li></ul>
<b>Benefit</b>	<ul style="list-style-type: none"><li>Strengths/limitations of clinical trials and development program</li><li>Clinical trial results: significance and generalizability to expected use by target population</li><li>Relationship between study endpoints and clinical outcomes important to patients</li></ul>
<b>Risk &amp; Risk Management</b>	<ul style="list-style-type: none"><li>Strengths/limitations of clinical trials and development program</li><li>Serious adverse events, tolerability concerns, product quality</li><li>Expectations about real-world use and risk mitigation strategies</li></ul>
<b>Conclusions Regarding Benefit-Risk</b>	<ul style="list-style-type: none"><li>How the therapeutic context affects threshold for benefit and tolerance for risk &amp; uncertainty</li><li>If approved, need for labeling, REMS, or additional postmarket data collection</li><li>Additional information needed to inform uncertainties in benefit-risk assessment</li></ul>

## We have received positive feedback ...

External organization completed evaluation in Sept 2017

Reviewed documentation for 43 applications

Interviewed >300 stakeholders:

- FDA review staff and signatories
- Drug Applicants
- Patients and healthcare providers



Most FDA staff believed the BRF has value in organizing thinking and documenting concise view of review

External stakeholders largely felt that BRFs are

- Effective at communicating reasoning behind FDA's regulatory decision
- Clear and understandable to motivated readers who have some background
- Useful to inform their own decision making (e.g., developing, prescribing, using therapies)

# FDA's Benefit-Risk Framework: ... and suggestions for improvement



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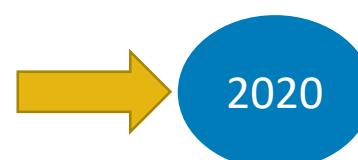


Stakeholders offered insightful  
suggestions:

- Improve presentation of content and consistency among BRFs
- Expand use of BRFs to more applications
- Enhance incorporation of patient perspectives, clinical considerations, and quantitative B-R assessments
- Make it easier for stakeholders to find and access BRFs

# PDUFA VI commitments on benefit-risk: FDA committed to continuing the effort



-  2018 March 30, 2018 - Published updated plan for continued implementation of structured benefit-risk assessment
-  2019 May 16, 2019 - Conducted a public meeting to gain stakeholder input
-  2020 Publish draft guidance on FDA's approach to B-R assessment
-  2021 Conduct a 2<sup>nd</sup> evaluation of the Benefit-Risk Framework implementation

# FDA Benefit-Risk Guidance: Topics outlined in statute

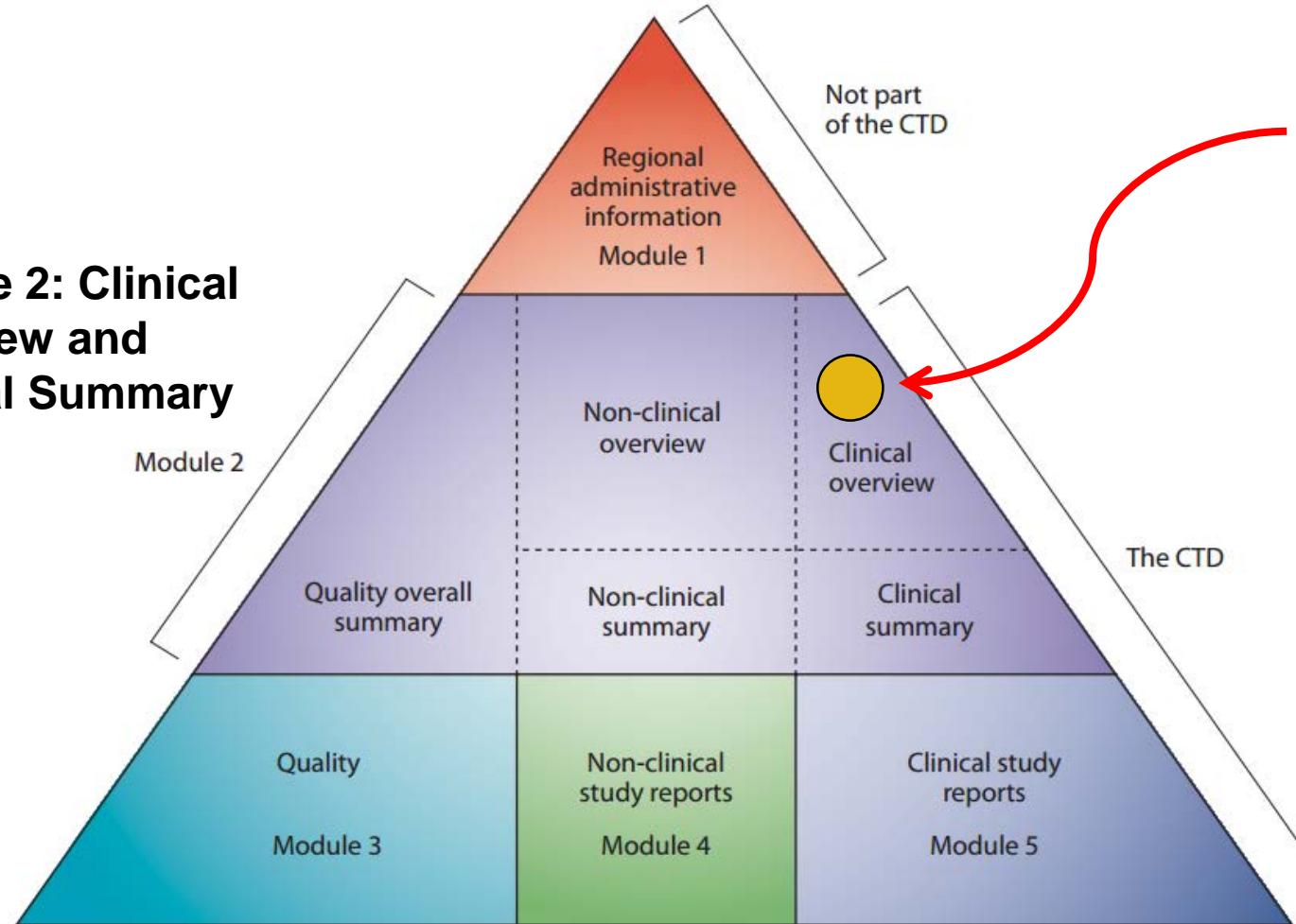
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- From PDUFA VI:
  - Articulate FDA's decision-making context and framework for benefit-risk assessment **throughout the human drug lifecycle**
  - Discuss appropriate **interactions between sponsors and FDA** during drug development to understand the therapeutic context for regulatory decisions
  - Discuss appropriate approaches to **communicate to the public FDA's thinking** on a product's benefit-risk assessment, such as through using the B-R framework at AC meetings
- From 21 CC: discuss how **patient experience data** can be used to inform benefit-risk assessment

# FDA Benefit-Risk Guidance: Alignment with ICH guidelines

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## Module 2: Clinical Overview and Clinical Summary



## 2.5.6 Benefits and Risks Conclusions

- ICH guidelines (M4E(R2)) updated in 2016<sup>1</sup>
- FDA Revised our CTD-Efficacy Guidance to Industry in 2017<sup>2</sup>
- Sections of 2.5.6 align with the Benefit-Risk Framework

1. ICH m4E(R2): [https://www.ich.org/fileadmin/Public\\_Web\\_Site/ICH\\_Products/CTD/M4E\\_R2\\_Efficacy/M4E\\_R2\\_\\_Step\\_4.pdf](https://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/CTD/M4E_R2_Efficacy/M4E_R2__Step_4.pdf)

2. ICH M4E(R2) – Efficacy Guidance for Industry: <https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM465221.pdf>

# FDA Benefit-Risk Guidance: FDA 2019 discussion document



**FDA U.S. FOOD & DRUG ADMINISTRATION**

**Benefit-Risk Assessment Throughout the Drug Lifecycle:**  
**FDA Discussion Document**  
**May 3, 2019**

The information contained in this document is for discussion purposes only and should not be interpreted as advice, guidance, or statements on policy from the U.S. Food and Drug Administration (FDA).

I. Introduction

In accordance with commitments established in the sixth authorization of the Prescription Drug User Fee Act (PDUFA VI) in 2017,<sup>1</sup> the FDA intends to publish draft guidance in 2020 on benefit-risk assessment for new drugs and biologics (referred to collectively in this document as drugs). The planned guidance will articulate the approach of FDA's Center for Drug Evaluation and Research (CDER) and FDA's Center for Biologics Evaluation and Research (CBER) to conducting the benefit-risk assessments that guide drug regulatory decision-making.<sup>2</sup> It will discuss opportunities for FDA and sponsors to effectively discuss benefit-risk considerations throughout the drug development lifecycle. It will also discuss how benefit-risk information may effectively be communicated to the public. To meet requirements established in the 21<sup>st</sup> Century Cures Act,<sup>3</sup> the planned guidance will also discuss how relevant patient experience data may be used to inform benefit-risk assessments. Further information on FDA's commitments are found in the 2018 PDUFA VI implementation plan entitled "[Benefit-Risk Assessment in Drug Regulatory Decision-Making](#)".

The intent of the planned benefit-risk guidance is to provide drug sponsors and other stakeholders with better clarity about how considerations about a drug's benefits, risks, and risk management factor into FDA's regulatory decisions about its marketing authorization. Industry stakeholders have indicated that having a clearer understanding of FDA's assessments can help inform sponsors' decisions about their drug development programs and the evidence they generate in support of their new drug application (NDA) or biologics license application (BLA). It may also help patients and other stakeholders gain further insight into the regulatory framing of drug development and evaluation.

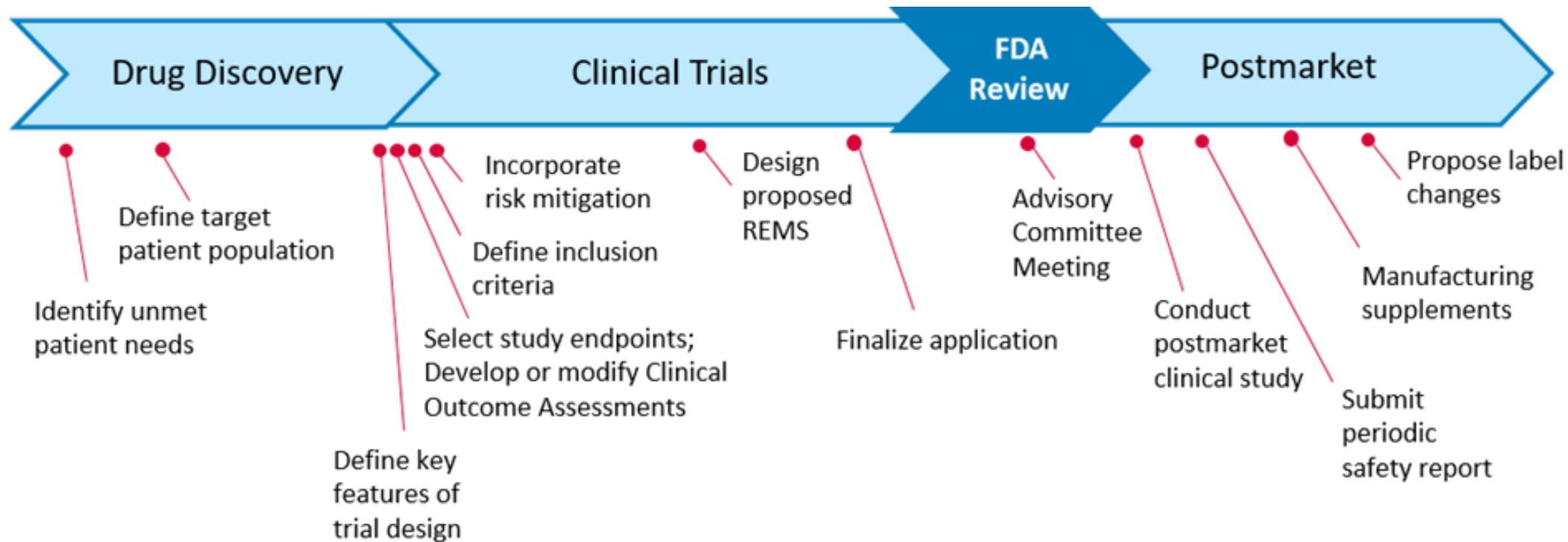
On May 16, 2019, the Duke-Margolis Center for Health Policy will convene a public meeting, on behalf of FDA, entitled "Characterizing FDA's Approach to Benefit-Risk Assessment Throughout the Medical Product Life Cycle." The stakeholder input obtained from this meeting will inform development of the draft guidance. Information on the public meeting is found at [healthpolicy.duke.edu/events/](#). The public is encouraged to contribute input through participation at the meeting and through the public docket.<sup>4</sup>

- Provides background on FDA's approach to benefit-risk assessment for regulatory decisions regarding marketing authorization.
- Identifies topics that FDA may address in draft guidance
- The intent is to provide a **clearer understanding of how considerations on a drug's benefits, risks, and uncertainties factor into FDA's regulatory decisions about marketing authorization.**
- This understanding can **help inform sponsors' decisions about their drug development programs.**

# FDA Benefit-Risk Guidance: Development activities along drug lifecycle

FDA

Sample milestones along the drug lifecycle that may have a particular bearing on benefit-risk assessment of a marketing authorization. Milestones may not apply to all drug development programs.



# Public comments on discussion document

- Strong support for incorporating the patient voice throughout the lifecycle to support benefit-risk assessment
- Explore the use of more structured tools and quantitative methods – value trees, effects tables, explicit weighting, MCDA
- Early communication between FDA and sponsors on benefit-risk assessment and related issues – End of Phase 2 meeting critical
- Align guidance with other efforts, such as ICH
- Increase use at Advisory Committee and make final frameworks more accessible

## Final Thoughts:

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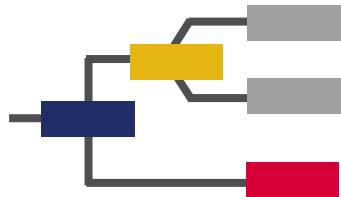
# Benefit-risk assessment must be fit-for-purpose

- It must fit within FDA's regulatory context
  - Our mission is to protect and promote public health
  - We are bound to our laws
  - Our decisions set precedent
- It must fit within FDA's processes
  - There are hundreds of regulatory decisions every year, most are time-sensitive
  - Decision making involves large multi-disciplinary teams of experts
  - Reviews are conducted within a highly structured set of policies, procedures, and templates

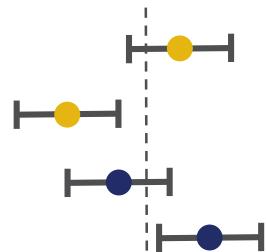
## Final Thoughts:

FDA

# How might more advanced analyses add value?

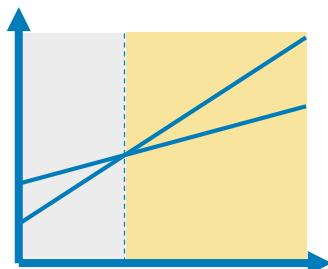


The Benefit-Risk Framework can accommodate use of decision-analytic tools to help **address uncertainty** and **assess tradeoffs**.



### Critical questions:

- When would their application add the greatest value?
- How can we adapt the methods to fit the regulatory and operational constraints?
- How do we build the necessary capacity?
- What should be the measures of success?



# FDA Resources on Benefit-Risk Assessment



“Benefit-Risk Assessment Throughout the Drug Lifecycle”

## 2019 FDA Discussion Document

[https://healthpolicy.duke.edu/sites/default/files/atoms/files/discussion\\_guide\\_b-r\\_assessment\\_may16.pdf](https://healthpolicy.duke.edu/sites/default/files/atoms/files/discussion_guide_b-r_assessment_may16.pdf)

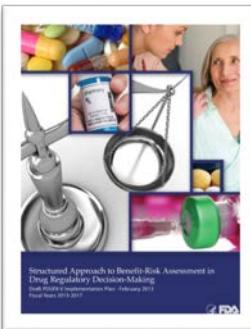


“Benefit-Risk Assessment in Drug Regulatory Decision-Making”

## PDUFA VI Implementation Plan

March 2018

<https://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM602885.pdf>



“Structured Approach to Benefit-Risk Assessment in Drug Regulatory Decision-Making”

## PDUFA V Implementation Plan

February 2013

Relevant reading: Sections 1 and 2

<https://www.fda.gov/downloads/ForIndustry/UserFees/PrescriptionDrugUserFee/UCM329758.pdf>