

Reflections on Existing Paradigms for Antibacterial Drug Development

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Disclosures

- ▶ Within the past 36 months: Board compensation and/or consultancy fees from Actelion, Basilea, Cempira, Cerexa, Durata, Cubist-Calixa, Fab Pharma, J&J, Kalidex, Meiji, Merada, Merck, Nabriva, Wyeth/Pfizer (DSMB).
- ▶ Equity: Durata, Calixa, Cerexa, Kalidex, Nabriva
- ▶ Member, IDSA Antimicrobial Availability Task Force
- ▶ Co-Chair FNIH Project Team, *Addressing Endpoints for Clinical Trials of Drugs for the Treatment of CABP and ABSSSI*
- ▶ Today: Representing Talbot Advisors LLC

Topics

- ▶ The influence of regulatory science on antibacterial drug development
- ▶ The role of – and our responsibility to - NI trial designs in antibacterial drug development
- ▶ Most pressing unmet clinical needs
 - ▶ Where Guidance is needed
- ▶ Activities to support antibacterial drug development

Theses

- ▶ Regulatory Science should always be in evolution
 - ▶ Science advances.....Stasis can be detrimental
 - ▶ Evolution occurs in fits and starts... incrementally
 - ▶ Periods of rapid evolution bring uncertainty and are stressful
 - ▶ Ideally, evolutionary dead ends may occur, but this should be outweighed by many more opportunities for progress
- ▶ Evolution should be encouraged, but not at the cost of paralysis in new drug development
 - ▶ Goal: pragmatic solutions that facilitate approval of safe and efficacious new drugs... due to, or despite, evolution in regulatory science
- ▶ Evolution should be managed to result in a “Win-Win” for all stakeholders: Patients, physicians, industry and regulators

Dealing with Evolution in Regulatory Science

- ▶ Regulatory decisions should be communicated broadly and in a timely, transparent manner
- ▶ Stakeholders should be open-minded until success or failure of new approaches can be judged based on accruing evidence
- ▶ Selection of the appropriate *fora* for discussion is critical
 - ▶ Global harmonization essential
 - ▶ Inclusive of varying viewpoints
 - ▶ All stakeholder groups represented
 - ▶ Non-politicized
 - ▶ Opportunity for continuing, iterative interactions
 - ▶ Ability to compromise when necessary to move forward

The Risk of Stasis Mandates New Approaches

- ▶ Drafting and issuing Guidance Documents has been laborious and time-consuming for FDA
- ▶ Workshops and advisory committees appear to have often been an inefficient way to obtain the expert input on which FDA can then base new Guidances
- ▶ Delay, uncertainty...no *New Drugs* despite more *Bad Bugs*
- ▶ New models needed to ensure timely progress on issues of regulatory science and to avoid stasis
 - ▶ Brookings Institute
 - ▶ FNIH
 - ▶ Transparent interactions with other regulators
 - ▶ Other?

NI Trials in Antibacterial Drug Development

- ▶ The bread and butter of antibacterial drug development
 - ▶ Won't change...shouldn't except in specific situations
- ▶ Hypotheses should be informed in a “Bayesian” manner by robust, highly predictive preclinical data
- ▶ But, we shouldn't pick and choose *which* preclinical data sets to accept based on purely pragmatic considerations
 - ▶ Example: prior antibiotic therapy, which could affect baseline bacterial burden and therefore confound assessment of treatment effect
- ▶ If we want to use NI trial design, we must conform to the requisite principles, and/or provide an opportunity for data accrual during future registrational studies
 - ▶ Example: major abscess in ABSSSI
 - ▶ We can't have our cake and eat it too

Most Pressing Unmet Needs/ Questions for Which Guidance is Needed

- ▶ Approval pathways for (currently) uncommon, emerging MDR pathogens
- ▶ Hospital-acquired Bacterial Pneumonia/ Ventilator-Associated Pneumonia
- ▶ Evidence-based Guidance for allowable use (or not) of prior antibiotics
- ▶ Integration of rapid diagnostics into clinical trial design to enrich study populations and avoid dilution in NI trials

Potential Future Activities to Support Antibacterial Drug Development

- ▶ Rapid issuance of new/ revised Guidances
 - ▶ CABP
 - ▶ ABSSSI
 - ▶ cIAI
 - ▶ MDR pathogens
- ▶ External review of Guidances that address Pressing Unmet Clinical Needs
 - ▶ MDR pathogen development pathways
 - ▶ HABP/VABP development
 - ▶ Approach to prior antibacterial therapy in NI trials



Thank you