



March 14, 2013

Office of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, Maryland 20852

Member Organizations

*American Association
for Cancer Research*

*American Cancer Society
Cancer Action Network*

*American Childhood
Cancer Organization*

*American College
of Radiology*

*American Society for
Therapeutic Radiology
and Oncology*

*American Society of
Clinical Oncology*

*American Society
of Hematology*

*Association of American
Cancer Institutes*

*Coalition of Cancer
Cooperative Groups*

*CureSearch National
Childhood Cancer Foundation*

Friends of Cancer Research

Gateway for Cancer Research

*Hematology/Oncology Pharmacy
Association*

*International Cancer
Advocacy Network*

International Myeloma Foundation

Kidney Cancer Association

*The Leukemia and
Lymphoma Society*

*The Lustgarten Foundation for
Pancreatic Cancer Research*

Melanoma Research Alliance

*Pancreatic Cancer Action Network
PanCAN*

Prevent Cancer Foundation

Prostate Cancer Foundation

The Society of Gynecologic Oncology

*The V Foundation for
Cancer Research*

Re: FDA-2013-N-0124; Food and Drug Administration Drug Shortages Task Force and Strategic Plan; Request for Comments

Ladies and Gentlemen:

The National Coalition for Cancer Research is pleased to submit comments in response to the proposed rule implementing provisions of the Food and Drug Administration and Innovation Act (P.L. 112-114) signed into law on July 9, 2012. The *Federal Register* notice of February 12, 2013 solicited recommendations related to Section 1003 of the Act, which addresses the important issue of drug shortages. We appreciate the opportunity to present our recommendations.

The National Coalition for Cancer Research (NCCR) is a nonprofit alliance of 23 national cancer research, cancer care and patient organizations representing cancer patients and survivors; children with cancer and their families; cancer researchers, nurses and physicians; and cancer hospitals, centers, clinics and specialized research institutions. The organization directs its efforts at making widely known the value of cancer research and the major contributions the National Cancer Program has made to the biomedical sciences and related fields to contribute to the reduction of cancer incidence, morbidity and death, and issues faced by cancer survivors. Through education and advocacy, the National Coalition for Cancer Research is committed to transforming public policy to enable every individual to participate in, and benefit from, cancer research.

In response to the aforementioned *Federal Register* notice, and due to the research-oriented focused mission of NCCR, we will limit our response to Question 5 and its impact on cancer research:

What impact do drug and biological product shortages have on research and clinical trials? What actions can FDA take to mitigate any negative impact of shortages on research and clinical trials?

The impact of drug shortages on cancer clinical trials

The shortage of some cancer drugs is not just affecting patients currently undergoing standard or non-investigational treatment, but it is also having a significant negative impact on current and future cancer clinical trials. Approximately half of all active cooperative group cancer clinical trials have at least one drug on the shortages list.

This impact on cancer research is largely due to the fact that placebos are rarely used in cancer clinical trials, and are never used alone if an acceptable treatment is available. Therefore, cancer clinical trials are traditionally designed to test the safety and efficacy of the standard of care against, or in combination with, a new treatment being investigated. When the standard-of-care or investigational drug is in short supply or is no longer being manufactured, it severely compromises high priority clinical trials.

These shortages have resulted in important cancer clinical trials being delayed, suspended and/or halting the accrual of new patients into them. Halting a trial wastes the investment made in the treatment, data management and time investment by the patients and clinical scientists participating in the study and causes the loss of valuable information. In some cases, clinical trial sponsors have been placed in the difficult position of, when permitted, utilizing alternative regimens that are not part of the original protocol due to a shortage of the existing drug being used as part of the investigation. For some clinical trials, particularly those with FDA registration implications and requirements, substitutions of drugs used in the trial are not permitted.

Furthermore, as patients are recruited for clinical research trials with the intent to receive an investigational therapy, the treatment described in the consent form details both the benefits, side effects, and other standard of care treatment options. It is concerning that a patient who opts to receive an investigational treatment in combination with an existing drug, which is short supply, could have instead elected to receive alternative, standard treatment – perhaps in a more timely way. Treatment delays of days to months are critical in the life of a cancer patient and could limit their chances for a cure or remission of their disease.

Another residual impact of drug shortages is the delay in obtaining the data necessary to bring new cancer therapeutics to patients. With more than 400 cancer agents in various stages of development, it is imperative that cancer clinical trials continue uninterrupted in order to obtain the necessary data to seek approval of new anti-cancer drugs as soon as possible.

Actions FDA can take to mitigate any negative impact of drug shortages on research and clinical trials

NCCR was strongly supportive of the drug shortage early notification system established by the Food and Drug Administration and Innovation Act. We have recently contacted several major cancer research centers, which report improvement in the frequency and length of drug shortages. However, while the numbers of drugs newly in shortage began to decline in 2012, many of the existing shortages have not been resolved. We encourage FDA to pay particular attention to drugs which habitually have been in shortage, and take appropriate action to address their causes.

We believe that FDA should remain in regular contact with the Coalition of Cancer Cooperative Groups and other oncology organizations so they may identify which cancer clinical trials may be impacted by drug shortages and adjust their protocols accordingly.

We recommend FDA collaborate with the National Institutes of Health and the pharmaceutical and biotechnology industries to encourage researchers to incorporate into their clinical protocols contingency plans for addressing how the trial will proceed in the event of a shortage of a study drug, including other sources for the drug or alternative drugs that could be used as substitutes when the protocol permits substitutions.

We encourage FDA to consider establishing a method of tracking the impact of drug shortages on clinical trials. Since the clinicaltrials.gov website already provides a listing of all clinical trials, researchers could indicate trials which are terminated, suspended or closed due to a drug shortage, and historical data showing the impact could be collected.

The early notification system established in the Food and Drug Administration and Innovation Act will provide valuable information about a disruption in the manufacturing of a drug, increased demand for the drug or discontinuance of the manufacturing of a drug. Timeliness of such notifications is of critical concern to cancer researchers. It would be helpful if the information contained in the FDA's drug shortage website could be categorized by specific classes of drugs in shortage that are relative to a

particular area of research, such as oncology. By doing so, FDA could quickly notify researchers of drug shortage updates to those drugs in classes frequently used by researchers in a particular specialty. Finally, we encourage FDA to continue to remain vigilant in areas that have disrupted cancer research in the past, including:

- Expedited review of submissions by manufacturers;
- Identification of additional sources of supply of drugs that are in shortage;
- Identification of alternative manufacturers that can initiate or increase production;
- Identification of alternative or new sources of Active Pharmaceutical Ingredients;
- Maintaining communication with sponsors to quickly identify and resolve issues that may cause or exacerbate a drug shortage;
- Maintaining communication with researchers regarding changes in the status of drugs in shortage; and
- When necessary, facilitating the importation of a product not manufactured in the United States after all efforts are undertaken to ensure its safety and effectiveness.

The National Coalition for Cancer Research appreciates the opportunity to provide these recommendations and looks forward to working with the Agency in our mutual effort to prevent or mitigate drug shortages.

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