Plasma Protein Therapeutics Association

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Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

VIA E-MAIL & USPS

SUBJECT: FDA Public Workshop entitled, "Biological Products for Treatment of Rare Plasma Protein Disorders" [Docket No. 2005N-0347]

Dear Sir or Madam:

The Plasma Protein Therapeutics Association (PPTA) is pleased to provide these comments on the Food and Drug Administration's (FDA) public Workshop entitled, "Biological Products for Treatment of Rare Plasma Protein Disorders" [hereinafter, "Workshop"] held on June 13 and 14, 2005. PPTA is the international trade association and standards-setting organization for the world's major producers of plasma-derived and recombinant analog therapies. Our members provide 60 percent of the world's needs for Source Plasma and protein therapies. These include clotting therapies for individuals with bleeding disorders, immunoglobulins to treat a complex of diseases in persons with immune deficiencies, therapies for individuals who have alpha-1 anti-trypsin deficiency which typically manifests as adult onset emphysema and substantially limits life expectancy, and albumin which is used in emergency room settings to treat individuals with shock, trauma, burns, and other conditions. PPTA members are committed to assuring the safety and availability of these medically needed life-sustaining therapies.

PPTA appreciates FDA's initiation of a process for reviewing available laws, regulations, and policies with the focus on facilitating the development of biological products used to treat patients with rare plasma protein disorders. PPTA believes opportunities, such as this Workshop, are important to discuss the medical issues related to patients with rare plasma protein disorders and the scientific and regulatory challenges that manufacturers face in product development and approval.

PPTA recognizes that this Workshop was only the first-step in a long process but believes it opened the doors of communication among FDA, the patient communities, and industry. PPTA would like to take this opportunity to reiterate points that were discussed at the Workshop that may assist in bringing more life-saving therapies to fruition. First, PPTA believes that the Workshop points to the need for a new paradigm for review and approval of therapies to treat rare plasma protein disorders. In order to

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effect change in the traditional methods of approval of therapies for rare plasma disorders, attention and support for change must come from the highest echelons of FDA. It must be communicated within FDA from the top down, that this is a priority and change is imperative. In absence of a clear message within the Agency change will be met with opposition and progress will be stalled.

Second, industry needs a variety of incentives beyond the traditional set of possibilities represented by the Orphan Drug Act. The Orphan Drug Act offers exclusivity, grants, and tax incentives; however, most of these programs are focused at small businesses. In the case of developing therapies for patients with rare plasma protein disorders, it is likely that current fractionators would be the targeted industry, not small business. For this reason, it would be better to fashion a program for "small indications," not necessarily for "small business," perhaps by redefining existing law or enacting additional legislation. It may be useful for FDA to examine international incentive programs and implement those types of programs, if possible, in the U.S.

Finally, the most important point to emphasize in regards to developing therapies for those living with rare plasma protein disorders is the use and utility of clinical trials and the regulatory requirements governing them. Industry is not interested in short-cuts around facilities management, product safety, or Good Manufacturing Practice (GMP) validation. However, it is imperative that standards be developed that recognize the difficulty in meeting current clinical trial requirements for therapies developed for such a small and unique patient population. Areas of particular interest that should be examined with regards to clinical trial requirements are clinical trial design - including Phase IV studies, size of studies, recruitment of participants, participant compliance issues, endpoints, use of surrogate/biomarkers, patient registries, and post-market surveillance. Moreover, as FDA considers this issue, it is important to capitalize on the opportunity to harmonize with other regional regulators, specifically in Europe. Acceptance of studies conducted abroad would be a key component in expediting the approval process in the U.S. Optimizing on a global structure will reduce the cost of development and decrease the approval process time, resulting in life-saving therapies being brought more quickly to those who need them.

In summary the issues to consider are: 1) developing incentives beyond the current programs; 2) developing a new paradigm globally for assessing clinical efficacy; 3) developing a strategy to allow acceptance of clinical trial and/or clinical experience for therapies currently marketed in other regions; and 4) developing better mechanisms for recruitment of patient and clarify the role of post-market studies and post-market surveillance.

As stated above, PPTA thanks FDA for initiating the Workshop and recognizing the uniqueness of developing therapies for those with rare plasma disorders. We are eager to make a meaningful contribution to this effort and look forward to working closely with

FDA on this topic. Should you have any questions regarding these comments or would like more information, please contact PPTA.

Respectfully submitted,

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