END OF PHASE X MEETING PACKAGE

TITLE

IND Number

Name of Sponsor, Affiliations

X Professor, Department

DUKE UNIVERSTIY

Durham, NC

Date of Submission

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ABBREVIATIONS

# APPLICATION NUMBER

# PRODUCT NAME

# CHEMICAL NAME AND STRUCTURE

*The chemical name, established name, and/or structure.*

# PROPOSED REGULATORY PATHWAY

*(e.g., 505(b)(1), 505(b)(2))*

# PROPOSED INDICATION

*Or context of product development*

# DOSAGE AND ADMINISTRATION

## Dosage Form

## Route of Administration

## Dosing Regimen

*(Frequency and duration)*

# PEDIATRIC STUDY PLANS

*If applicable*

# HUMAN FACTORS ENGINEERING PLAN

*If applicable*

# COMBINATION PRODUCT INFORMATION

*If applicable, include constituent parts, including details of the device constituent part, intended packaging, planned human factors studies, etc.*

# LIST OF SPONSOR ATTENDEES

*A list of all individuals, with their titles and affiliations, who will attend the requested meeting from the requester’s organization, including consultants and interpreters.*

# BACKGROUND

## History of Development Program

*A brief history of the development program and relevant communications with the FDA before the meeting.*

## Substantive Changes to Development Plans

*Substantive changes in product development plans (e.g., new indication, population, basis for a combination), when applicable.*

## Current Status of Product Development

# PURPOSE OF MEETING

*A brief statement summarizing the purpose of the meeting and identifying the type of milestone meeting (e.g. End of Phase 1, End of Phase 2).*

# PROPOSED AGENDA

Introductions 5 min

Discussion of questions submitted 20 min

Discussion of issues identified by the Agency 30 min

Summary of conclusions reached at the meeting 5 min

# LIST OF QUESTIONS FOR DISCUSSION

Agreement from FDA is sought on the following questions:

*A list of the final questions for discussion grouped by FDA discipline and with a brief summary for each question to explain the need or context for the question. Questions regarding combination products should be grouped together.*

## Administrative (Delete if there are no questions in this area)

*Example questions:*

1. *Are GLP animal toxicity studies performed in China acceptable to the Agency?*
2. *We plan to submit IND for the Drug XY (or biologic) and a separate IND for the related Drug XXYY (or biologic). After assessing a safety of each drug in each cohort of patients, we propose to study both drugs in combinations. Can the protocol for this combination drug study be submitted to one of the INDs and just cross-reference the second?*

## Quality (Delete if there are no questions in this area)

*Example question:*

1. *We have developed an in vitro potency assay for release and to monitor stability of the drug product, but do not feel that the assay is yet sufficiently precise and accurate to use to dose in our clinical study (see Section…). Therefore, we are planning to dose the XY drug by weight. Is this plan acceptable?*

## Nonclinical (Delete if there are no questions in this area)

*Example questions:*

1. *Section 3. outlines our proposed non-clinical studies. Is the list of studies and the proposed timing of studies acceptable?*
2. *Given the extensive toxicology data already available for the “Drug XY”, and the extensive clinical testing demonstrating safety of the “Drug XY”, is a formal animal toxicology study necessary?*
3. *We propose to perform a 5-dose infusion toxicity study in rabbits. Is this study acceptable to support the 5-dose initial Phase I clinical study?*

## Clinical (Delete if there are no questions in this area)

*Example questions:*

1. *In our initial Phase I study, we propose a multiple dosing paradigm (see section…). Is this clinical study design acceptable?*
2. *Is dosing with Drug XY at concentrations that are proposed acceptable as long as no serious adverse events are observed?*
3. *In our Phase I clinical trial design, we propose to enroll 3 healthy volunteers at each dose in this dose-escalation study design (for details, see section…). Is this study design acceptable?*
4. *Mechanistically, we feel that Drug XY will have an effect in both “this and that” patient population. We would like to pursue a clinical plan that enrolls both patient populations using different inclusion/exclusion criteria and potentially different outcomes. Is this approach acceptable to the Agency?*
5. *The protocol proposes to treat patients for a prolong period of time. Is continuous dosing of Drug XY acceptable as long as there is no serious adverse events associated with the use of the drug?*
6. *In the Section…we propose a detailed plan for managing adverse events should those occur. Does the FDA agree with this plan?*
7. *Independent data safety monitoring will be performed by Dr. John Doe, who is an expert in the field and who has no involvement with the investigation. It is proposed that the safety data assessment will be performed each time five additional subjects have been enrolled to the study. Is this frequency of review acceptable?*
8. *Is the draft informed consent acceptable?*
9. *If in the opinion of the Primary Attending Physician, the patient lacks decision making capability at the time of the initial screening visit, may consent be obtained from the surrogate?*
10. *Does a surrogate need a special consent or may we use the same consent using the wording “patient and surrogate” or “you and your love one”?*
11. *The protocol requires assessment of heart rate, oxygen saturation and blood pressure to be performed every 4 hours after loading dose. Is this acceptable?*
12. *Protocol proposes the increase of the Drug XY loading dose every 30 min. Is this rate of increase acceptable?*
13. *If a randomized control placebo study shows a statistically significant difference in the two proposed parameters, would the Agency consider this as evidence of efficacy?*

# DATA TO SUPPORT DISCUSSION

*The meeting package should provide summary information relevant to the product and any supplementary information needed to develop responses to issues raised by the requester or review division. It is critical that the entire meeting package content support the intended meeting objectives and the questions in Section 14. The meeting package content will vary depending on the product, indication, phase of product development, and issues to be discussed.*

*Protocols, full study reports, or detailed data generally are not appropriate for meeting packages; the summarized material should describe the results of relevant studies and clinical trials with some degree of quantification, and any conclusion about clinical trials that resulted. The trial endpoints should be stated, as should whether endpoints were altered or analyses changed during the course of the trial.*

*For an end-of-phase 2 meeting, this section of the meeting package should include the following: a description and the results of controlled trials conducted to determine dose-response information; adequately detailed descriptors of planned phase 3 trials identifying major trial features such as population, critical exclusions, trial design (e.g., randomization, blinding, and choice of control group, with an explanation of the basis for any noninferiority margin if a noninferiority trial is used), dose selection, and primary and secondary endpoints; and major analyses (including planned interim analyses and adaptive features, and major safety concerns).*

*Data to support the discussion should be organized by FDA discipline and question.*

## Quality – Manufacturing and Control

### Quality Data and Support

### Synopsis of Proposed Changes to Quality

## Nonclinical

### Nonclinical Data and Support

### Synopsis of Proposed Nonclinical Studies

## Clinical

### Clinical Data and Support

### Synopsis of Proposed Clinical Studies

## References

# APPENDIX

*If applicable.*