

# Expanded Access and the Individual Patient IND

**Research Wednesdays**  
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## Expanded Access

- **Expanded access**, sometimes called "compassionate use," is the use of an investigational medical product (i.e., one that has not been approved by FDA) outside of a clinical trial.
- Expanded access is different from investigational studies typically conducted under an IND or IDE.
  - The **goal** of expanded access is to facilitate access to investigational therapies for patients with serious or life-threatening diseases or conditions that lack therapeutic alternatives.
  - The objective is not to obtain information on safety or effectiveness of the investigational product.
  - The primary goal is treatment as opposed to research.

## Expanded Access Regulations

- **312.305** – Requirements for all expanded access use
  - 1) Patient(s) must have **serious** or **immediately life-threatening** disease/condition and no comparable or satisfactory alternative therapy
  - 2) Potential benefit justifies potential risks, and potential risks are not unreasonable in the context of disease/condition
  - 3) Access will not interfere with clinical investigations to support marketing approval of the expanded access use
- **Immediately life-threatening** means that there is a reasonable likelihood that death will occur within a matter of months or that premature death is likely without treatment.
- **Serious disease or condition** means a disease or condition associated with morbidity that has substantial impact on day-to-day functioning.

## Categories of Expanded Access

- Current regulations define three main categories:
  - 1) Expanded access for **individual patients**, including emergency use (21 CFR 312.310)
  - 2) Expanded Access for **intermediate-size patient populations** (21 CFR 312.315)
  - 3) Expanded Access for **large patient populations** under a treatment IND or treatment protocol (21 CFR 312.320)



## How can a physician make an individual patient IND request?

If a physician has an individual patient who qualifies for expanded access use, they need to seek the following approvals in order to use the investigational product:

- **Step 1:** Manufacturer Approval
- **Step 2:** FDA Approval
- **Step 3:** IRB Approval

# How can a physician make an individual patient IND request?

## ■ **Step 1: Manufacturer Approval**

- The company must agree to provide the investigational drug for expanded access use. FDA cannot require a company to provide an investigational drug for expanded access use.
- A company may decide to turn down a request if it is not able or willing to provide access to an investigational drug outside of the clinical trial(s) intended to support marketing approval.
- If an IND exists for the investigational drug, request a Letter of Authorization (LOA) from the sponsor. The LOA permits FDA to refer to information that the sponsor has submitted to FDA.

## How can a physician make an individual patient IND request?

### ■ **Step 2: FDA Approval**

- Submit the individual patient IND request to the appropriate FDA review division.
- Treatment may begin 30 days after FDA receives the IND or earlier if FDA notifies that the use may begin. FDA authorizes over 99% of expanded access requests it receives.
- Document the IND number. The drug manufacturer may require this prior to shipping the investigational drug.

# How can a physician make an individual patient IND request?

## ■ Step 3: IRB Approval

- Physician must ensure that IRB review is obtained in accordance with FDA regulations. This includes obtaining informed consent from the patient.
- Prior IRB review and approval is required for all expanded access use, with the exception of emergency use.
  - Emergency Use: Exempt from prior IRB review and approval, provided that the use is reported to the IRB within 5 working days.
- Expanded access protocols are reviewed by the same process as research protocols by the DUHS IRB.

## Individual Patient: Emergency Use

- Should only be used when treatment of the patient needs to occur within a very limited number of hours or days.
  
- Still required to comply with federal regulations:
  - FDA will grant verbal authorization if sponsor agrees to submit written request (IND or protocol) within **15 working days** to the FDA.
  - If prospective IRB review is not possible, use needs to be reported to the IRB within **5 working days** of initiation of treatment.
  - Must comply with requirements for obtaining informed consent.

# Sponsor-Investigator Roles and Responsibilities

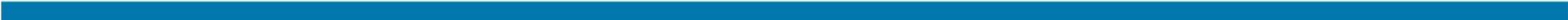
- Under individual patient expanded access INDs, the physician who submits the IND is considered the sponsor-investigator.
  - Responsible for complying with the responsibilities for both sponsors and investigators (Subpart D of 21 CFR part 312).
  - Includes submitting IND safety reports, annual reports, summary of expanded access use and maintaining adequate drug disposition records.
- Institutional Requirements:
  - Register the IND with ORAQ
  - Receive sponsor-investigator training
  - Maintain an active IRB approved protocol
    - Emergency Use: If not approved by a convened IRB board, use will be presented and acknowledged as in compliance with FDA regulations

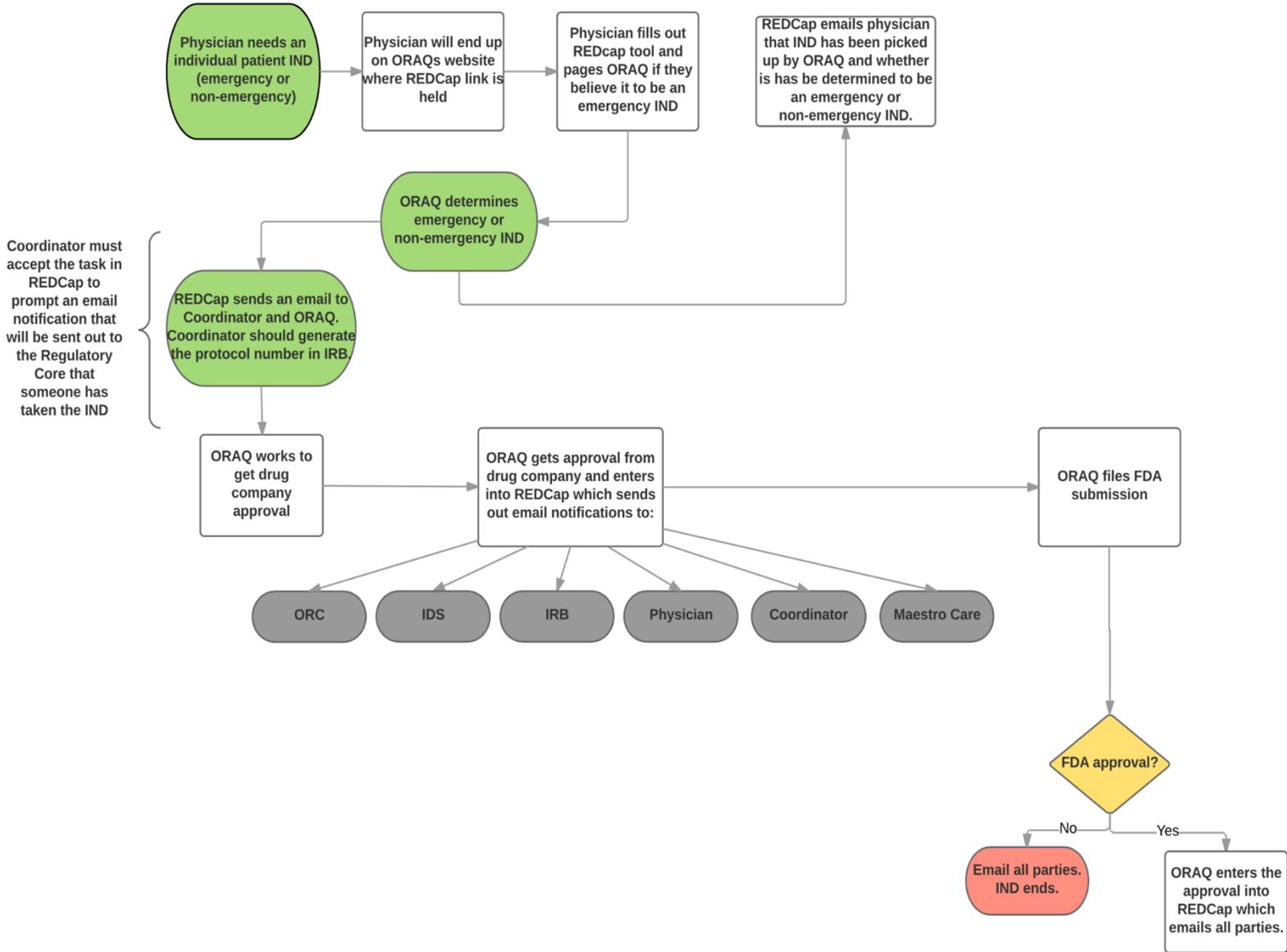
## Individual Patient IND Support at Duke

- Duke University Health System (DUHS) is committed to helping physicians obtain access to medical products to treat patients with serious or life-threatening conditions for which no alternative therapy exists.
- DUHS is collaborating with the School of Medicine to help physicians submit individual patient expanded access INDs.
- SOM Research Infrastructure to be Utilized:
  - ORAQ Staff to assist with obtaining sponsor approval and perform IND submission and maintenance
  - Regulatory Coordinator Core to perform IRB submission
  - ORC to assist with contractual agreements
  - Maestro Care Analysts and IDS to handle drug receipt and preparation
  - REDCap database to capture uniform and comprehensive data



# **Processing Individual Patient INDs at Duke**





# Submitting Patient IND Requests



- Faculty submits IND request in REDCap located on ORAQ website:
- <https://medschool.duke.edu/oraq>
  - Clinical information
  - Treatment information
  - Treating physician information
  - Emergency/Non-emergency

# The ORAQ Website

[Home](#) › [Research](#) › [Research Support Offices](#) › [Office of Regulatory Affairs and Quality](#) › [Individual Patient IND Support](#)

## Individual Patient IND Support

When a patient has a serious or immediately life-threatening condition that is not addressed by currently approved therapies, a physician may wish to offer an investigational drug (i.e., one that has not been approved by FDA) to treat the patient. While investigational drug use is usually limited to clinical trials where an investigational new drug (IND) application allows the product to be administered to human subjects, there are circumstances where a physician may be granted permission to use an investigational drug under expanded access.

Expanded access is the use of an investigational drug outside of a clinical trial to diagnose, monitor, or treat patients with serious or immediately life-threatening diseases or conditions for which there are no acceptable alternative therapies. Physicians that have identified a patient who may benefit from an investigational drug must request approval from the FDA to treat the patient through submission of an individual patient IND. These requests must also be approved by an Institutional Review Board (IRB) and be conducted in compliance with FDA regulations on informed consent.

To support Duke physicians interested in obtaining expanded access to investigational drugs for individual patients, Duke University Health System (DUHS) and Duke University School of Medicine (SOM) have teamed up to provide a resource for the preparation and submission of regulatory applications, including IND and IRB requests. Regulatory work will be performed by a select group of experienced staff with extensive training and education in the regulatory field. The Office of Regulatory and Quality (ORAQ) will assist with obtaining approval from the drug company and submitting the IND, while a core of regulatory coordinators will process the IRB application. As a means to organize and expedite the workflow, the requesting physician will be informed of progress via email notifications. All individual patient expanded access requests will be supported by this resource, including both emergency and non-emergency use situations.

**Interested in utilizing this resource?** Please complete the survey of required information and key team members and staff will be notified of your request.

**Individual Patient IND Request-Coming Soon!**

[Meet the Team](#)

[Regulatory Template Documents](#)

[Regulatory Affairs Training Program](#)

[Educational Seminars](#)

[Individual Patient IND Support](#)

[Contact Us](#)

## Individual Patient Emergency Use (eIND)

Patient has an immediately life-threatening condition that requires treatment within a very limited number of hours or days. An emergency IND should be requested when a patient may need to be treated before a written submission can be sent to the FDA to authorize the drug use.

Faculty will page ORAQ if they select emergency IND:  
919-206-3564



## Individual Patient Non-Emergency Use

Patient has a serious or immediately life-threatening condition that requires treatment outside of the criteria defined by emergency use.

Unless FDA notifies the physician that treatment may begin earlier, there is a 30-day waiting period before treatment with the drug may begin for these types of requests.

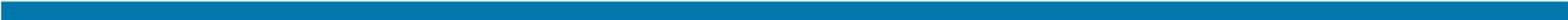
## The Process Begins

- Faculty REDCap submission through [ORAQ website](#)
- Confirmation of use by ORAQ staff
- ORAQ works with drug company for use under expanded access
- Coordinator opens IRB application



## The Process Continues

ORAQ receives approval from drug company which notifies the team:

- ORC
  - IDS
  - IRB
  - Treating physician
  - Maestro Care analyst
  - Coordinator
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# IRB Submission

The coordinator can prepare and submit the IRB application.  
List title of the study in the IRB as listed here:

## **Emergency – Skips CRU review**

Long name: Expanded access: Individual Patient Emergency IND  
for treatment of (insert indication) with (insert drug name)

Short name: Emergency IND: Drug Name

## **Non-emergency – Goes thru DOCR CRU for quick CRU review**

Long name: Expanded access: Individual Patient Non-emergency  
IND for treatment of (insert indication) with (insert drug name)

Short name: Non-emergency IND: Drug Name

## IRB Submission Timeline



Emergency: Begin IRB submission immediately (no longer than 2 hours after email is received from REDCap during hours of 8am to 8pm or by 10am if alerted overnight).

Once there is sponsor approval the protocol must be submitted to the IRB within 10-15 hours.



## FDA – Safe To Proceed

ORAQ files submission to the FDA and 'approval' is granted, the following will occur:

**Coordinator**– Completes the IRB submission (if not already completed) and will enter IRB approval in REDCap or will enter the date that they received IRB Chair concurrence if it was an emergency.

**IRB**—If not already scheduled for an IRB board meeting, IRB will notify appropriate board members so board meeting is set expeditiously.

**MaestroCare Analyst**--The MC analyst will make the order available in MC Investigational Drug Services (IDS). IDS can begin drug preparation following IRB approval.

**IDS** - can begin drug preparation following IRB approval

**Physician** – The treating physician can administer the drug to patient once IRB and FDA approval and informed consent have been obtained.

**Exception: Emergency use:** Patient can receive drug in a true emergency prior to receiving IRB approval, as long as the IRB is notified within 5 days.



## FDA - Clinical Hold

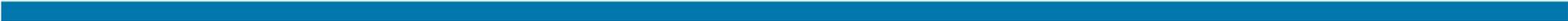
In the event the FDA does not feel the expanded access use is safe to proceed, the IND will be placed on clinical hold. ORAQ enters this information into REDCap and the REDCap will email all parties that the request is on clinical hold. ORAQ will work with FDA and will alert the team when the hold is lifted and activities can resume



## Documentation in REDCap

**Coordinator** and ORAQ enter completion data in REDCap

- For data tracking
  - Because this work is happening in the clinical space (outside of research) there is supplemental pay from DUHS. If you are interested in participating please contact us.
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# Getting Help

## DOCR:

- Terry Ainsworth – 919 681 7084  
[terry.ainsworth@duke.edu](mailto:terry.ainsworth@duke.edu)
- Jennifer Hamill – 919 681 4680  
[Jennifer.hamill@duke.edu](mailto:Jennifer.hamill@duke.edu)
- [DOCR-Jobs@dm.duke.edu](mailto:DOCR-Jobs@dm.duke.edu)

## ORAQ

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