LUNGEVITY
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September 28, 2022

Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Submitted electronically via http://www.regulations.gov

Dear Sir or Madam:

On behalf of LUNGevity Foundation, the nation's preeminent lung cancer nonprofit organization that funds research, provides education and support, and builds communities for the more than 230,000 Americans diagnosed with lung cancer each year[1] and the more than 400,000 Americans living with the disease[2], we appreciate the opportunity to submit comments on the draft guidance "Patient-Focused Drug Development: Selecting, Developing, or Modifying Fit-for-Purpose Clinical Outcome Assessments" (Docket No. FDA-2022-D-1385).

We commend the Food and Drug Administration (FDA) for its continued focus on patient-focused drug development (PFDD), including through the preparation and application of the PFDD guidance series, of which this draft guidance is the third installment. The collection and use in medical product development of patient experience data aligns with LUNGevity's mission of improving lung cancer survivorship and quality of life for patients living with the disease. As a patient advocacy group that does not develop COAs, our comments on the guidance come from the perspective of making the clinical trial experience more patient-centric and less burdensome, and are less focused on the methodological advice offered to sponsors.

First and foremost, LUNGevity stresses the importance of choosing a concept of interest that reflects an aspect of health that matters to patients. We appreciate the call to sponsors to share COAs to "promote efficiency and maximize the returns on the efforts made by patients" (page 13, footnote 16 and page 15, line 485). However, we urge sponsors not to default to relying solely on existing measures but to consult and engage patients to ensure the relevance of the chosen concept of interest, and subsequently the measurement instrument, for both the investigational medicine and the intended patient population. Thus, we find the intent of section III.B.2—regarding sponsors' options depending on the availability, or lack thereof, of appropriate COAs—to be helpful.

LUNGevity supports the development and testing of a product-specific COA strategy from early on in the product's development program, and agrees with FDA's recommendation not to begin

[1] National Cancer Institute Surveillance, Epidemiology, and End Results Program, Cancer Stat Facts: Lung and Bronchus Cancer. https://seer.cancer.gov/statfacts/html.lungb.html. Accessed 9/26/2022.
[2] Centers for Disease Control and Prevention. United States Cancer Statistics. https://gis.cdc.gov/Cancer/USCS/#/NationalPrevalence/. Accessed 9/26/2022.

such evaluation in registration trials (page 15, line 471). However, we feel that wording used in the guidance to convey this idea—to use data from "earlier trials" to evaluate the measurement properties of COAs (page 15, line 473)—should be clarified to indicate whether "earlier" means early-phase trials for the medical product under consideration, or any trial conducted previously, or both.

Moreover, as drug development timelines have become compressed for many indications, and in light of FDA initiatives like Project Optimus for which PRO data is suggested to be collected in early-phase studies to help with dose optimization[3], additional clarification on acceptable timing of COA evaluation may be needed. For example, if PRO assessments are being used to inform dosing ahead of a registration trial, the COA/PRO would need to have already been developed and its performance confirmed for use in phase I trials. The subsequent suggestion to conduct an observational study in advance of the pivotal trial to evaluate COA performance (page 15 line 476) may also be challenging, especially for those working with rare and/or biomarker-defined diseases. The pool of patients available and willing to participate would make conduct of such a standalone study difficult, if not impossible. Our concern is that without specific, actionable guidance from the FDA, the incorporation of patients' experiences while on treatment could be undermined by practical challenges.

The guidance touches only briefly on the use of digital health technologies (DHTs) to implement COAs (Section III.B.4). LUNGevity thinks DHTs have the potential to provide valuable insights into how patients feel and function while on clinical trials. However, their inclusion must be thoughtful in order to account for and address the digital divide that exists in health care[4], and should not exacerbate existing disparities. Given the FDA's commitment to improving diversity and representativeness in clinical trial populations[5][6][7], we feel this point merits mention in the guidance.

Regarding mode of administration of COAs (Section IV.D.4), LUNGevity would like to see the guidance incorporate robust research that has highlighted the good equivalence between paper-and-pencil measures and electronic adaptations when items rely on commonly used scales[8]. It is our opinion that if the choice comes down to a different mode of administration or a missing assessment, that the change in mode is likely to be less biasing than a completely missing

[3] Sutter, S. "Build Patient-Reported Outcomes Into Cancer Drug Dose Optimization, US FDA Says." *Pink Sheet* 05/09/2022.
[4] Saeed, SA, Masters, RM. "Disparities in Health Care and the Digital Divide." *Curr Psychiatry Rep* 23, 61 (2021). https://doi.org/10.1007/s11920-021-01274-4.
[5]Enhancing the Diversity of Clinical Trial Populations- Eligibility Criteria, Enrollment Practices, and Trial Designs, Guidance for Industry. November 2020.
[6] Fashoyin-Aje, L, Beaver, JA, Pazdur, R. "Promoting Inclusion of Members of Racial and Ethnic Minority Groups in Cancer Drug Development." *JAMA Oncol* 7, 10 (2021). doi:10.1001/jamaoncol.2021.2137.
[7] Diversity Plans to Improve Enrollment of Participants From Underrepresented Racial and Ethnic Populations in Clinical Trials, Draft Guidance for Industry. April 2022.
[8] Rutherford, C, Costa, D, Mercieca-Bebber, R, et al. "Mode of administration does not cuase bias in patient-reported outcome results: a meta-analysis." *Qual Life Res* 25, 3 (2016). doi:10.1007/s11136-015-1110-8.

assessment. Additionally, offering patients/observers the option to complete the assessment using their mode of preference is at the heart of patient centricity.

LUNGevity thanks the FDA for the thoughtfulness that has gone into drafting the PFDD guidance series to date. By outlining important considerations around the selection, development, or modification of fit-for-purpose COAs, the FDA has taken an important step toward incorporating the voices of patients in the drug development and regulatory decision-making processes.

Please feel free to reach out to me at 240-454-3100 or aeferris@lungevity.org if you have any questions or would like to engage me or my staff in further dialogue.

Sincerely,

Andrea Stern Ferris
President and Chief Executive Officer
LUNGevity Foundation

ABOUT LUNGEVITY: LUNGevity's mission is to improve outcomes for people diagnosed with lung cancer. Our goals are three-fold: (1) to accelerate research to patients that is meaningful to them; (2) to empower patients to be active participants in their care and care decisions; and (3) to help remove barriers to access to high quality care. We have the largest lung cancer survivor network in the country and actively engage with them to identify, understand, and address unmet patient needs. We also have a world class Scientific Advisory Board and Health Equity Council that guide the programs and initiatives of the organization.