



QT Assessment in Early Clinical Development: Setting the Stage

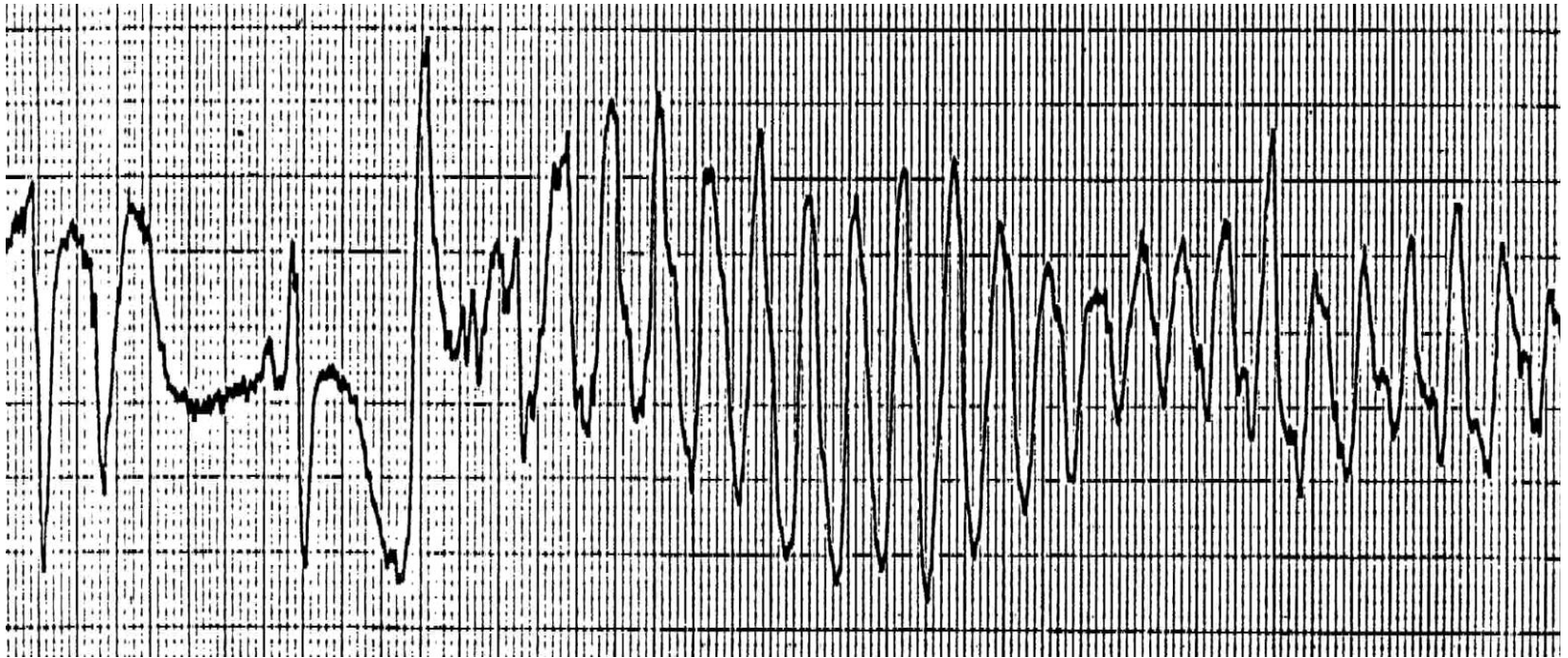
***Douglas C. Throckmorton, M.D.
Deputy Director for Regulatory
Programs, CDER, FDA
February 2, 2012***



U.S. Department of Health and Human Services
Food and Drug Administration



Drug-Induced Torsade de Pointes (TdP)



■ ■ ■ QT Prolongation: Abbreviated Hx

- Symposium: 'QTc Interval Prolongation: Is It Beneficial or Harmful?'
 - Amer Jnl of Cardiology 1993
- Mechanisms and Models to Predict a QTc Effect
- Relation of QTc Prolongation on the Electrocardiogram to Torsades de Pointes: Definitions and Mechanisms
- How to Measure QT Interval-- What is Normal?
- Rate-Corrected QT Interval: Techniques and Limitations

■ ■ ■ Abbreviated Hx (cont)

- 1990-2000: 5 drugs withdrawals due to QT (hismanal, cisapride, grepafloxacin, LAAM, terfenadine)
- Late 1990's- 2005: work on approaches to identify and assess risks of TdP and E14
- 2005- present: 248 TQT studies later, can we do better?

QT in Larger Safety Context



PHOTO: JB REED/BLOOMBERG VIA GETTY IMAGES





Societal Interest in Drug Safety

- Societal expectations higher than ever:
 - Faster development of needed therapeutics, but.....
 - Safer therapies
 - More safety information with less uncertainty faster
 - Comparative safety and effectiveness

■ ■ ■ FDA Approach to Common Safety Concerns Affecting Drug Development

- Examples:
 - TdP
 - Hepatotoxicity and other organ toxicities
 - Genotoxicity

■ ■ ■ FDA Approach to Common Safety Concerns Affecting Drug Development (cont)

- Initially: systematic testing
 - Guidance—ICH S7A, S7B, S(2)R and E14, FDA Guidance on Hepatotoxicity...
 - Review standards and process: TQT team, Safety Review template, CAC
- Experience Collection
- Re-Assessment

■ ■ ■ What About the TQT?

- No new drugs withdrawn for TdP risk since E14
 - Pathway for assessing older drugs with potential QT liabilities has assisted post-marketing assessment of adverse events reports
- TQT study
 - Additional dedicated study
 - Labor-intensive process of data collection and analysis
- Features of QT prolongation suggest it could be a target for alternate testing

■■■ Alternate Assessment of Arrhythmic Risk: Why it Makes Sense

- Mechanistic toxicity (i.e., largely K-channel blockade mediated)
- Mechanism reasonably well-defined, concentration-dependent, and shared between animals and humans
- Other data routinely collected can potentially inform risk ID and assessment
- Recognize that QT interval prolongation is an imperfect surrogate for arrhythmic risk



Alternate Assessment of Arrhythmic Risk: Why It's Hard

- More than one mechanism for drug-induced QT prolongation
- Protocols for data collection in non-clinical and early-phase data variably standardized between labs
- Rigorous analysis of correlation between non-clinical and early-phase data not done
- High degree of surety required for a non-clinical test in the area of CV safety in order to eliminate the need for clinical testing
 - Few worked examples in drug development



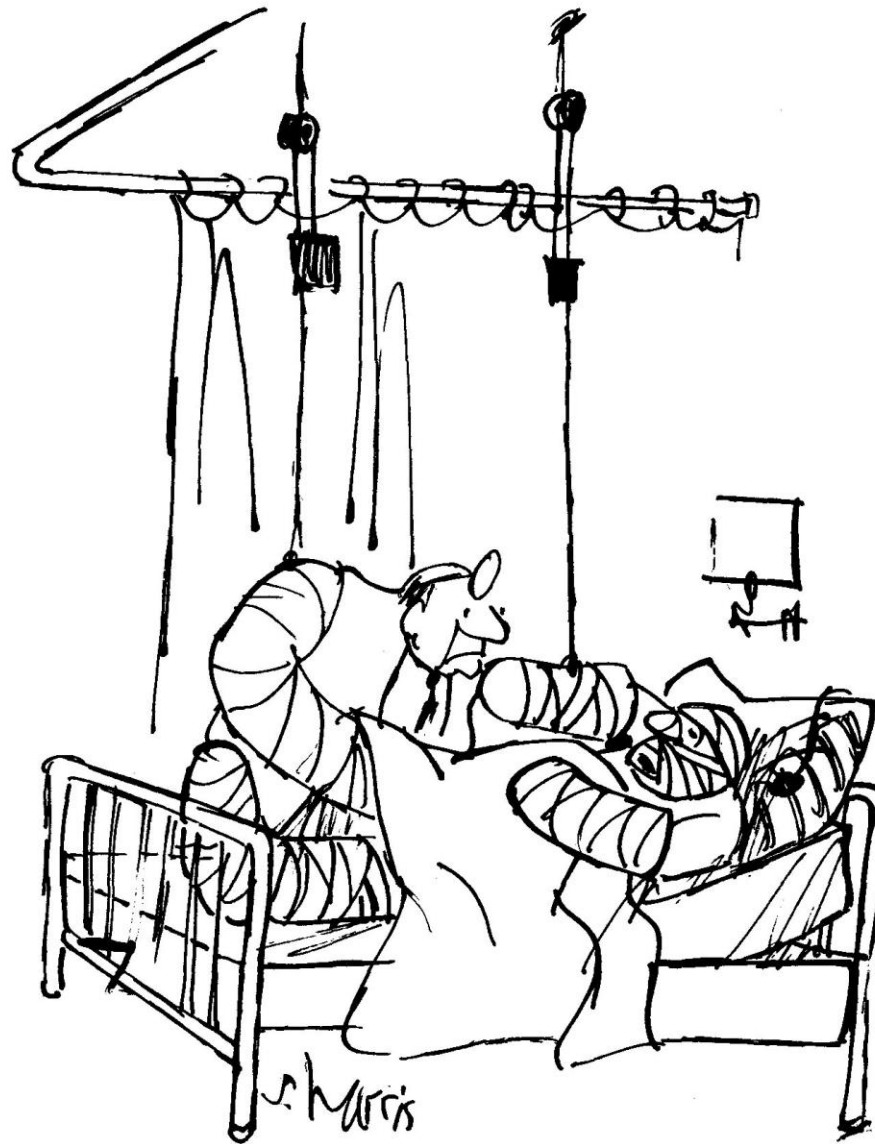
Paths Forward: Cardiac Database

- Collaboration: HESI, industry, academia and FDA
- Quantitative comparison of nonclinical QT data with clinical QT interval trial results, with the purpose of determining how well nonclinical studies predict clinical QT study results
- > 75 compounds in the database at present
- Can early phase data clinical help?
 - Focus of this meeting
 - Intensive monitoring of small #s of subjects
 - Standardized data collection?



Summary

- Current approach has been successful at preventing the need to remove drugs from the market, but at a cost
- Identification and assessment of arrhythmic risk fits within normal approaches to drug safety
- Advances in data collection and characteristics of TdP suggest it's time to re-evaluate assessment methods:
 - Use of non-clinical data alone most efficient change if possible
 - Early phase data another target for important information



You call this an adverse drug reaction?

