AMERICAN COLLEGE OF RHEUMATOLOGY
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January 19, 2018

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, Maryland 20852

Submitted via Regulations.gov

Re: [FDA-2017-D-6380] Clarification of Orphan Designation of Drugs and Biologics for Pediatric Subpopulations of Common Diseases

Dear Sir or Madam:

The American College of Rheumatology (ACR) represents over 9,500 rheumatologists and health professionals. Rheumatologists provide ongoing care for 50 million Americans with complex chronic and acute conditions that require specialized expertise, including frequent prescription of biologic immunomodulator therapy. We appreciate the opportunity to provide comment on the Food and Drug Administration's (FDA) draft guidance *Clarification of Orphan Designation of Drugs and Biologics for Pediatric Subpopulations of Common Diseases.* We applaud the FDA for working to increase needed pediatric studies and reduce current complications that inhibit achievement of that goal.

The FDA has proposed to resolve an unintended loophole in the Pediatric Research Equity Act (PREA) orphan exemption process, wherein a sponsor holding a pediatric-subpopulation designation may submit a marketing application for use of its drug in the non-orphan adult population of that disease and then when approved, due to this designation, be exempt from conducting the pediatric studies normally required under PREA when seeking approval for use in the adult population. **The ACR fully supports the FDA's proposal to no longer grant orphan drug designation to drugs for pediatric subpopulations of common diseases unless the use of the drug in the pediatric subpopulation meets the regulatory criteria for an orphan subset, or unless the disease in the pediatric subpopulation is considered a different disease from the disease in the adult population.**

Many rheumatic diseases occur in both the adult and pediatric populations. As an example of how this loophole is jeopardizing the FDA's ability to require pediatric studies under PREA, if a drug were approved for dermatomyositis in the adult population, that same drug could be granted an orphan designation for the small pediatric population with dermatomyositis. However, due to the current loophole, this orphan designation actually exempts the sponsor from PREA requirements, which would otherwise mandate that the sponsor study the drug in a

pediatric population for this or other uses. The unintended outcome would be fewer pediatric studies, a stark contrast to PREA's goal of ensuring more high quality research in pediatric populations.

For the pediatric population, gold standard clinical trials are often not available, and therefore practitioners must often rely on either less definitive information, such as expert opinion for the age group that they are treating, or use evidence from a different population to guide practice. This situation is especially true when treating rare diseases or sparse populations such as neonates. Our view is that development of therapies for children with rheumatic diseases should be encouraged and that pediatric patients with these diseases must not be deprived access to effective therapy because of lack of adequate clinical trial data.

We believe this proposal by the FDA will significantly increase studies in the pediatric population, revealing new information regarding safety, efficacy, and dosing. The ACR supports any additional measures that would provide physicians with vital information to assess the safety and efficacy of new innovative therapies. This proposal from the FDA also has the potential to open a pathway for significant changes and improvements in drug labeling, ultimately increasing safety for pediatric patients.

The ACR shares the FDA's goal of ensuring that more affordable treatments reach patients as quickly as possible. We applaud the FDA's measured and thoughtful approach to addressing the unintended orphan drug loophole through PREA. We look forward to being a resource for you and to working with you as you address this issue and future labeling issues. Please contact Kayla L. Amodeo, Ph.D., Director of Regulatory Affairs, at kamodeo@rheumatology.org or (202) 210-1797, if you have questions or if we can be of assistance.

Sincerely,

David I. Daikh, MD, PhD
President, American College of Rheumatology