November 20, 2013

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

Re: Docket No. FDA-2013-N-0745, Comments on FDASIA Section 907 Report: "Collection, Analysis, and Availability of Demographic Subgroup Data for FDA-Approved Medical Products"

To whom it may concern:

Our organizations are writing to offer comments on the Food and Drug Administration's (FDA) recent report, *Collection, Analysis, and Availability of Demographic Subgroup Data for FDA-Approved Medical Products*. Our organizations believe it is critically important that data about how new drugs and devices work in women, minorities, and older Americans be publicly available to patients, clinicians, and researchers on a consistent and reliable basis.

The FDA's report reveals that, although progress has been made in the last two decades, there are still gaps in the participation of women, minorities, and the elderly in clinical trials, the analysis of subgroup differences, and the availability of subgroup-specific data to clinicians, researchers, and patients. These shortfalls are particularly evident with respect to minority participation and in device trials. We believe that if the Action Plan that FDA is required to issue by July 2014 includes our specific recommendations and enforcement, these gaps can be narrowed; important subgroup-specific data will be more widely and consistently available to the public.

Availability of Demographic Subgroup Information in Applications by Age, Sex, and Race

The report found that trial composition by subgroup was generally being reported by age, sex, and race in new drug and biologic applications for FDA approval. However, applications were credited with including this information even when the rates of participation for specific subgroups (particularly racial or ethnic subgroups) were very low or even zero. With respect to devices, the FDA report found that, while device manufacturers generally addressed trial composition by age and sex in their applications, race and ethnicity information was not consistently available. We make the following recommendations for ensuring that age, sex, and racial and ethnic subgroup information is being consistently reported in all applications for new drug, biologic, and device products:

- FDA should issue regulations that require new device applications and investigational device exemption reports to present safety and effectiveness data by sex, age, and race/ethnicity, similar to the regulations that already exist for drugs and biologics. FDA should also finalize the draft guidance for sex-specific analysis that it proposed in 2011 and issue similar guidance for racial and ethnic minorities and the elderly.
- FDA regulations, guidance, and actions should make clear that lack of inclusion of required demographic subgroup data will result in withholding of product approval until such data is provided.
- FDA regulations should require the separate collection and reporting of ethnicity and race, as recommended by the FDA's guidance *Collection of Race and Ethnicity Data in Clinical Trials*, so

that future analysis can determine whether specific ethnic groups are underrepresented in research.

Subset Analyses by Sex, Age, and Race

The report also examines the extent to which demographic subset data were analyzed to determine if and how differences in product performance by subgroups could be detected. Although the report finds that drug and biologic applications generally mention subset analyses and that device applications address subset analyses to a lesser extent, the report reveals that *meaningful* subgroup-specific analyses for safety and efficacy are often not being conducted. To ensure that meaningful subset analyses are being conducted and that FDA reviewers are taking this information into account when making approval decisions for medical products, we recommend:

- FDA should consistently enforce its existing regulations and guidance requiring the analysis of subgroup data and should exercise its regulatory authority to reject applications that do not include the required information or that do not have sufficient numbers to draw relevant conclusions.
- The FDA should strengthen its existing regulations and guidance to require subgroup-specific analyses to be conducted for primary safety and efficacy endpoints for all products, unless a reasonable justification exists for why such analyses cannot be conducted for a specific product.
- FDA should ensure adequate monitoring and enforcement of post-market surveillance studies to obtain information about how a product performs in a specific subgroup once it is being used in a much larger population. Post-market surveillance should be in addition to (not instead of) pre-approval demographic subgroup analyses for safety and efficacy.

Subgroup Representation in Clinical Trials

A close examination of the data in this report indicate many instances where the number of women, minorities, and the elderly in trials is not representative of the prevalence of the disease in these subgroups. This inadequate representation of women, racial and ethnic minorities, and the aged in clinical trials is the basis for many of the gaps revealed throughout the report. It is critical that we close this gap in participation in clinical trials, which creates the knowledge gap that is contributing to substantial inequities in health care for women, minorities, and older Americans. We encourage the FDA to take the following steps:

- FDA should require that representative proportions of women, minorities and the elderly be included in clinical trials, consistent with the disease's prevalence in the underlying population, as the NIH required 20 years ago. Adequate representation of patient subgroups that will ultimately be using the drug or device is critical to ensuring safety and efficacy for all people.
- FDA should implement procedures to routinely track and publicly report compliance with these recommendations and take action as needed to ensure compliance.
- Study sponsors should be required to develop a plan to enroll sufficient proportions of women, minorities, and older adults in all phases of clinical research. There are proven strategies to bolster the participation of underrepresented people, and more should be done to encourage these efforts.

- The FDA should establish an FDA Advisory Group for groups underrepresented in clinical research studies to make recommendations to improve participation rates.

Public Availability of Demographic Subgroup Information

Finally, Congress required that the report analyze the extent to which product safety and efficacy subgroup data is "readily available to the public in a timely manner by means of the product labeling or the Food and Drug Administration's Internet Web site." In our review of the report, we found numerous examples where safety and efficacy information by subgroup was not readily available to the public through the product labeling or in some cases, was not available at all. We do not believe that safety and efficacy information that is only available on the Internet through the review packages or Summaries of Safety and Effectiveness Data should be considered readily accessible to the public. We recommend the following for making safety and efficacy information by demographic subgroup readily available:

- The FDA should require that sex and race/ethnicity demographic information are required sections in all medical product labeling, as is the case for pediatrics and geriatrics information, even if subgroup-specific analyses suggest no difference in outcomes.
- If the proportion of subgroup members participating in product studies is not sufficient to evaluate whether differences exist, we recommend that FDA require this be stated on the label.
- FDA should develop standard label content requirements for medical devices.

In closing, we appreciate the FDA's work in preparing this report, and we look forward to working with FDA on the drafting of the Action Plan that will guarantee greater diversity and increased reporting in all clinical trials conducted on the safety and effectiveness of new therapies. Thank you for your consideration of our comments.

Sincerely,

AIDS Project Los Angeles
AIDS United
Alliance for a Just Society
American Association of Colleges of Pharmacy
American Association on Health and Disability (AAHD)
American Congress of Obstetricians and Gynecologists
American Heart Association/American Stroke Association
American Kidney Fund
American Medical Women's Association
American Nurses Association
American Public Health Association
American Society of Echocardiography
The Annie Appleseed Project
Asian & Pacific Islander American Health Forum
Asian Women for Health
Association of Asian Pacific Community Health Organizations
Association of Black Cardiologists

Association of Nurses in AIDS Care
Association of University Centers on Disabilities (AUCD)
Association of Women's Health, Obstetric and Neonatal Nurses
Breast Cancer Action
Business and Professional Women's Foundation
California Center for Rural Policy, Humboldt State University
California NOW
Centering Healthcare Institute
Coalition for Asian American Children & Families
Coalition for Disability Health Equity
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Community Access National Network (CANN)
Community-Campus Partnerships for Health
Community Service Center of Greater Williamsburg (NY)
Connors Center for Women's Health and Gender Biology (MA)
CT Center for Patient Safety
Dignity Health
Disability Policy Consortium
Families USA
Family and Community Service of Delaware County
Gay Men's Health Crisis (GMHC)
The Global Justice Institute
Heart Failure Society of America
Hepatitis Foundation International
HMS – Center for Health Innovation
Housing Works
Hypertrophic Cardiomyopathy Association
Jacobs Institute of Women's Health
Jewish Women International
Latino Commission on AIDS
Latino Health Insurance Program, Inc.
Lesbian Health Initiative of Houston, Inc.
Louisiana Housing Alliance
Lung Cancer Alliance
Maryland Women's Coalition for Health Care Reform
Maternity Care Coalition
Metro-Detroit Chapter of the Coalition of Labor Union Women (CLUW)
Metropolitan Community Churches
Midwest Asian Health Association (MAHA)
NAACP
National Asian Pacific American Women's Forum
National Center for Lesbian Rights
National Coalition of STD Directors
National Council of Women's Organizations
National Hispanic Medical Association
National Latina Institute for Reproductive Health
National Women's Health Network

9to5
Our Bodies Ourselves
Pacific Pride Foundation (CA)
The Pride Center (FL)
Reproductive Health Technologies Project
SADS (Sudden Arrhythmia Death Syndromes) Foundation
Senior Moments
Sinai Health System (IL)
Society for Public Health Education
Society for Women's Health Research
South Los Angeles Health Projects
Southwest Women's Law Center
Staten Island LGBT Community Center
Summit Health Institute for Research and Education, Inc.
TEQUN- EquityNow
Tewa Women United
The TMJ Association
Truth in Medicine Incorporated
Wisconsin Alliance for Women's Health
WomenHeart: The Coalition for Women with Heart Disease
Women's Research and Education Institute
Woodymatters