

The Food and Drug Administration's Accelerated Approval Process for New Pharmaceuticals: A Virtual Workshop

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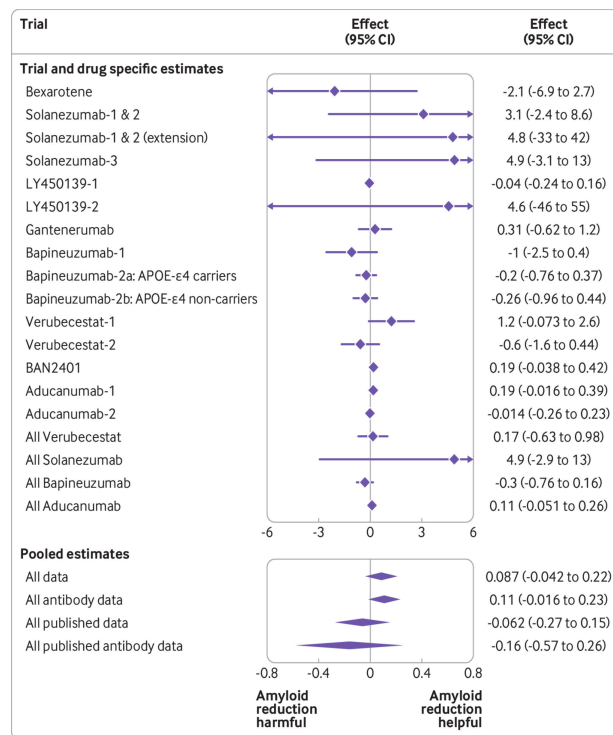
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Meta-analyses cognitive decline vs amyloid reduction

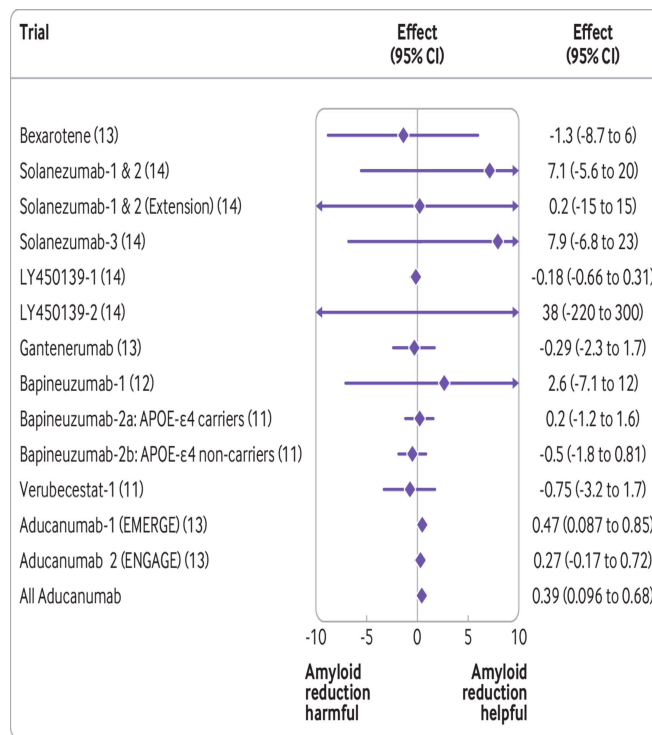
- Estimated change in cognitive decline per 0.1 decrease in SUVR

Ackley, et al. BMJ 2021;372:n156 (25 Feb 21), updated :BMJ 2022;378:o2094 (30 Aug 22)

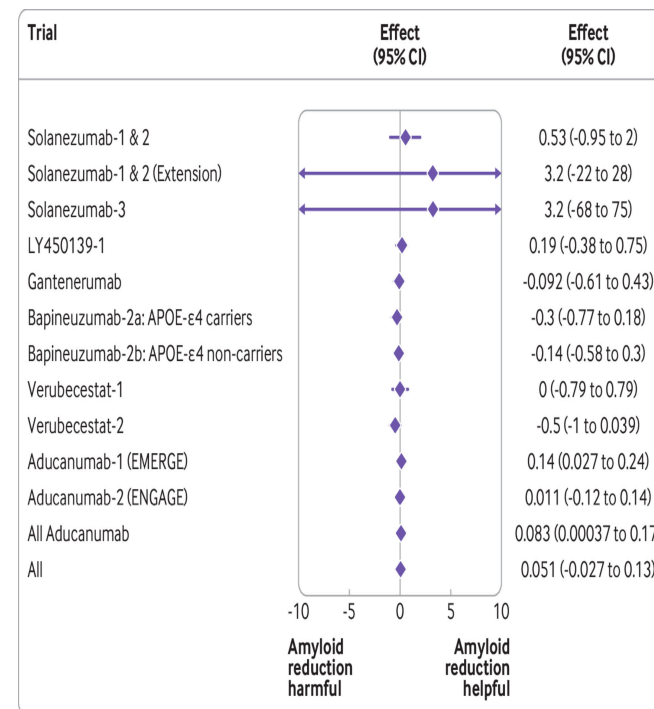
MMSE vs -0.1 SUVR (Fig 1)



ADAS-Cog vs -0.1 SUVR (fig 3)



CDR-SB vs -0.1 SUVR (Fig 4)

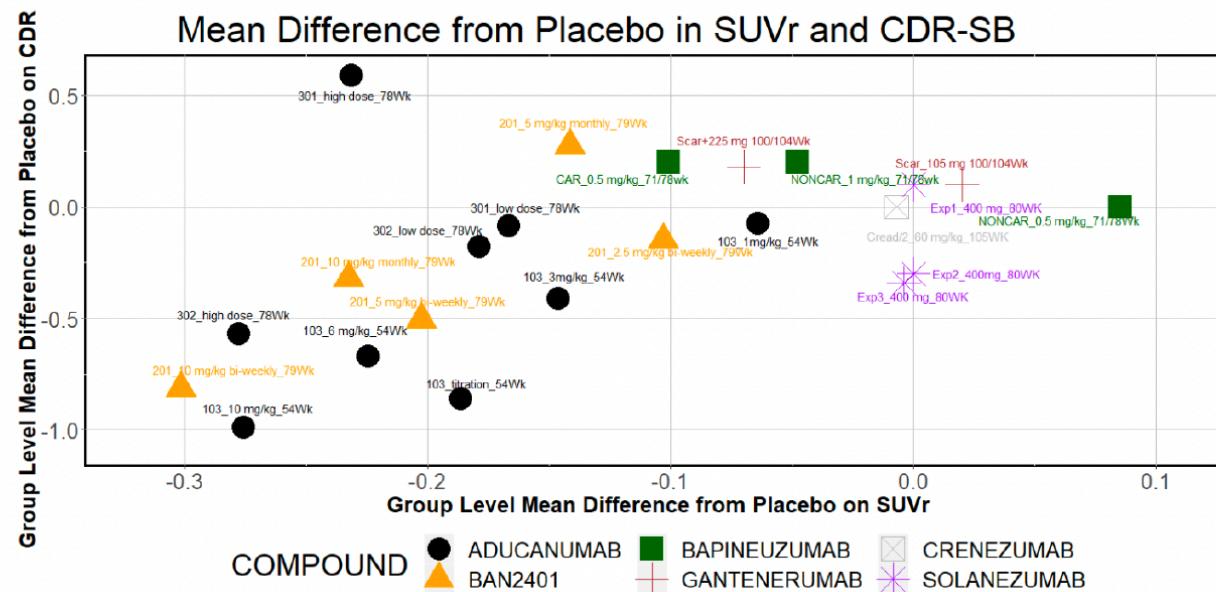


FDA CDER Office of Clinical Pharmacology Review

- Association of Amyloid Plaque Reduction and Clinical Outcomes

https://www.accessdata.fda.gov/drugsatfda_docs/nda/2021/761178Orig1s000ClinPharm_Redacted.pdf

Figure 5 Group Level Comparison of Reduction in A β Plaque Burden (Described by SUVR (A.) and Centiloid (B.)) and Preserving of Clinical Function across All Available Programs of Anti-A β Antibodies under Development. Multiple dose levels for each drug candidate are presented.



General Comments re Surrogacy

- Best approach: Meta-analysis across (relevant?) classes of drugs
 - Surrogacy at Individual vs group level
 - Slopes, not correlation
- But still, many places to go astray, including:
 - Need to be clear on measure of clinical endpoint
 - Need to be clear on measure of surrogate
 - Need to include unbiased data from all (available) studies
 - Need to try to assess random effects of drugs / classes
 - Need to understand linearity of associations