




# **The Drug Development Paradigm in Oncology: Concluding Remarks**

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# Historical Context and Rationale for Change

- Traditional phased drug development paradigm
    - Primarily cytotoxic cancer therapies
  - What is different now?
    - Rapid progress in cancer research has led to better biological understanding of disease, more and better characterized drug targets, new drug classes with better therapeutic indexes
    - Biomarkers to better characterize patient populations
    - New sources of data and analytical methods (RWE)
    - Supportive regulatory environment with broader authority
    - Recognition of the importance and urgency of addressing cancer among many stakeholders
  - How can we capitalize on these changes moving forward to improve the drug development process?
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# Goals of a New Oncology Drug Development Paradigm

- Features of a new paradigm
  - Patients at the center of the paradigm
    - Clinically meaningful endpoints, PROs
  - Learning throughout the entire continuum of the drug development process, not just individual trials
  - Focus on learning and confirming (sequentially and/or in parallel) rather than artificial phases
  - Efficiency (rather than speed) in drug development
    - Avoid waste (failing late, me-too drugs)
    - Recognition that there is risk both in moving too fast and too slow
  - Fit-for-purpose
    - Utilize the right study at the right time with the right data sources to address the question at hand
    - Balance rigor in study design with flexibility to adapt to new information
  - Improved collaboration and information sharing among all parties






# Challenges

- Aligning culture and science
    - Culture within a company (early/late development teams), within industry, within academia, within government, and across all stakeholders typically driven by clinical/business opportunity, competitive landscape, risk-tolerance
  - Zeal to move quickly, but cannot forget first principles of drug development
    - Understanding basic science (biology and target) as well as the drug (pharmacology, formulation, structure/function relationship, dosing, PK and PD)
  - Determining the level of confidence in information about a drug to make key decisions across drug development process
  - Biomarker/diagnostic development lags behind therapeutic development
  - Numerous endpoints in oncology, each with challenges
  - Conducting post-marketing research difficult in U.S. health care system
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# Strategies to Advance Oncology Drug Development

- Regulatory approaches aligned with a new paradigm (flexibility, enhanced communication, adaptations, consideration of unmet need, striking signals, etc)
  - Incentives for investigators & sponsors to spend more time at earlier phases of drug development; will improve both safety and effectiveness in intended use population
  - Modeling for dose finding, combination strategies may improve efficiency and precision
  - New imaging approaches for in vivo assessment of drug-target interactions and anti-tumor effects
  - Use of real world data and evidence as appropriate to clinical question and regulatory need
  - Broaden eligibility criteria and consider how to learn from expanded access experiences
  - Clinical trial design considerations
    - Invest up-front time in determining the appropriate design
    - Minimize waste (common control arm designs)
    - Leverage innovations (master protocols, adaptive features, expansions)
    - Recognize randomized designs are usually the most informative but not always required
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# Next Steps

- Ongoing analysis of the impact of current policies on oncology drug development (21<sup>st</sup> Century Cures, Moonshot, PDUFA, PMI, etc)
  - More emphasis on data standardization, quality (biomarkers/diagnostics, RWE)
  - Focus on the disease context (role of RT, surgery, combinations in treatment)
  - Opportunities to better align culture and science of drug development
  - Reducing silos across the learning lifecycle
  - Consider appropriate design and timing (pre- vs post-market) of confirmatory studies
  - Drug development is inherently risky and the drug development paradigm is essentially about managing uncertainty in the context of unmet medical need and business opportunity.
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