November 21, 2016

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

Re: Docket No. FDA-2016-N-0001: Coordinated Development of Antimicrobial Drugs and Antimicrobial Susceptibility Test Devices; Draft Guidance for Industry and Food and Drug Administration Staff:

Dear Sir/Madam:

The Biotechnology Innovation Organization (BIO) is pleased to submit the following comments on the Food and Drug Administration (FDA) Draft Guidance entitled, "Coordinated Development of Antimicrobial Drugs and Antimicrobial Susceptibility Test (AST) devices" ("Draft Guidance").

BIO is the world's largest trade association representing biotechnology companies, academic institutions, state biotechnology centers and related organizations across the United States and in more than 30 other nations. BIO's members develop medical products and technologies to treat patients afflicted with serious diseases, to delay the onset of these diseases, or to prevent them in the first place. In that way, our members' novel therapeutics, vaccines, and diagnostics not only have improved health outcomes, but also have reduced healthcare expenditures due to fewer physician office visits, hospitalizations, and surgical interventions.

General Comments

AST devices are critical in guiding effective treatment selection for patients suffering from infection, informing antimicrobial stewardship, and for supporting epidemiological surveillance of trends in antimicrobial resistance. When a new antimicrobial enters the market, FDA-approved AST devices should ideally also be available to help guide their appropriate use. However, BIO is concerned that a significant delay often occurs before these new AST devices are available. Many factors contribute to this delay, including lengthy development timelines for automated AST devices, regulatory review, complex software updates, drug-specific issues, access to appropriate isolates, and the uncertainty of engaging with competing antimicrobial candidates that may not be ultimately licensed. In the absence of susceptibility guidance, new antimicrobials may be underutilized or inappropriately prescribed, contributing to the emergence and spread of antimicrobial resistance and poor patient outcomes.

BIO applauds FDA's efforts to encourage coordinated development of antimicrobials and AST devices. Provisions within the Draft Guidance, such as concurrent review by the Center for Drug Evaluation and Research (CDER) and the Center for Devices and Radiological Health (CDRH), can improve availability of AST devices for newly marketed antimicrobials. BIO also acknowledges that regulatory guidance cannot address all of the factors contributing to

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this delay and welcomes the opportunity to engage with FDA and other stakeholders to identify solutions to these barriers.

More detail is requested from the guidance

FDA indicates that interactions between drug sponsors and AST device manufacturer can take many forms, and BIO agrees that coordinated development plans should be flexible in nature. However, coordinated development plans do not currently exist between many antimicrobial sponsors and AST manufacturers. To help guide stakeholders through this process, BIO encourages FDA to include suggested best practices and lessons learned based on prior experiences with coordinated development. This could include recommending critical topics that must be addressed to facilitate a coordinated review as well as challenges the Agency believes can be addressed through earlier and more effective coordinated development.

BIO also urges FDA to include timelines for initiating these discussions that will enable effective, coordinated review between CDER and CDRH. These should include key milestones for when critical information should be finalized and communicated between the coordinating parties. For example, an antimicrobial candidate's susceptibility breakpoint or labelled indication is often not finalized until late in the new drug application (NDA) review process. This information may not be available in a timely manner to inform an AST sponsor's 510(k) review. A procedure to establish and communicate information such as this as early as possible would help address uncertainty for both sponsors in committing resources to a coordinated development plan. More detailed guidance would also help bring this document in line with other similar guidances and improve FDA's consistency on this topic. These documents include the 2015 Draft Guidance "Formal Meetings between the Food and Drug Administration and Sponsors or Applicants of Prescription Drug User Fee Act (PDUFA) Products" as well as the recent Draft Guidance entitled "Principles of Codevelopment of an In Vitro Companion Diagnostic Device with a Therapeutic Product."

Finally, FDA stated the following in the Draft Guidance "The CDRH pre-submission process should be used to communicate with CDRH plans for coordinated development of antimicrobial drugs and AST devices. In addition, drug sponsors should submit such information in their investigational new drug application (IND)." To avoid misinterpretation that this is a requirement for all drug sponsors, we request FDA clarify the final sentence to indicate that only sponsors actively seeking a coordinated development plan should submit this information in their IND.

Additional regulatory considerations to streamline coordinated development

BIO applauds the efforts by FDA to encourage the coordinated development of AST devices and antimicrobials, and encourages FDA to consider additional regulatory measures to streamline AST development and review that were suggested during the September 29 workshop "Coordinated Development of Antimicrobial Drugs and Antimicrobial Susceptibility Test Devices," if appropriate. These may culminate in updates to the 2009 "Class II Special Controls Guidance Document: Antimicrobial Susceptibility Test (AST) Systems" or other regulatory vehicles.

We also encourage the FDA to continue to seek ways to update susceptibility breakpoints for marketed drugs as out-of-date breakpoints remain an ongoing barrier to updating AST

devices. BIO recognizes that there are many reasons why breakpoints are not updated in a timely manner, including many outside of the Agency's control. However, we urge FDA to consider all of the tools available to ensure the rapid updating of breakpoints as well as how to streamline the review process for clearing AST devices using the updated breakpoints.

BIO also strongly supports FDA's current accelerated review mechanisms for antimicrobials. We encourage the Agency to work with AST manufacturers to explore similar incentives to bring critical ASTs to market more quickly, including ASTs for qualified infectious disease products (QIDP). We stand ready to assist the Agency as it examines and improves the coordinated development process to bring antimicrobials and AST devices to market together.

We would be pleased to provide further input or clarification of our comments, as needed.

Respectfully submitted,

/s/

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