

# Advanced Patient Training Workshop

*June 3-4, 2016*

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# **What Patients Need to Know About the FDA: Advanced Workshop**

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National Center for Health Research

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# FDA Approval of Drugs and Devices

- ◆ **Safe and Effective means the benefits outweigh the risks for most patients**
- ◆ OK if most patients don't benefit as long as most aren't harmed
- ◆ Cost is NOT considered

# FDA Approval of Drugs and Devices

Does **NOT** mean

- ◆ **Nobody will die** from this product
- ◆ **Few will be harmed** by this product
- ◆ This product is **safe for long-term** use
- ◆ This product is **more effective** than other  
**OR cheaper** products on the market

# Clinical Trials

- ◆ Studies of humans that are used to prove whether product is safe and effective
- ◆ What matters to most patients?
  - ◆ Survival
  - ◆ fewer days in hospital
  - ◆ Fewer serious or unpleasant side effects
  - ◆ quality of life
  - ◆ Fewer symptoms such as pain, nausea, \_\_\_\_\_.

# Randomized Double Blind Clinical Trial

- ◆ Gold Standard
- ◆ Patients randomly assigned to get drug 1 or drug 2 (or placebo)
- ◆ Patient doesn't know which drug
- ◆ Doctor/researcher doesn't know which



# Standard Drug Approval Criteria

- ◆ **Safe** (2 short-term Clinical Trials)
- ◆ **Effective** (compared to placebo)



# Faster Clinical Trials

- ◆ **Fast Track or “expedited” reviews often rely on just one study.**
  - ◆ **Science is based on replication**
  - ◆ **Often, results from one study aren't typical**

# Faster Clinical Trials

- ◆ **Fast Track or “expedited” review often rely on surrogate endpoints or biomarkers:**
  - ◆ **cholesterol levels**
  - ◆ **glucose levels**
  - ◆ **bone mineral density**
  - ◆ **Progression free survival**

# What's the Difference?

- ◆ A drug can lower glucose but not help diabetics live longer or healthier lives
- ◆ A drug can lower blood pressure but not save lives
- ◆ A screening test can prevent death from cancer but patient won't necessarily live longer

# What's the Difference?

- ◆ Chemo can kill cancer cells and also make a patient's life miserable
- ◆ **KEY QUESTION:** How sure are you that the biomarker = health?

# Fast Tracked Cancer Drugs

- ◆ **67% of all cancer drugs are now approved on the basis of surrogate endpoints such as tumor shrinkage**
- ◆ Post-market studies are required
- ◆ **Most are not proven to prolong life or improve quality of life** in post-market studies.

# Farxiga for Diabetes



In studies, FARXIGA:

Removed **some** blood sugar<sup>†</sup>

Significantly **lowered A1C**

Additionally, FARXIGA **may help** you:

Lose weight—on average 3%<sup>‡</sup>

# Farxiga for Diabetes

- ◆ **No evidence of living longer or better**

## **RISKS:**

- ◆ **Causes kidney damage**
- ◆ **Causes urinary/genital track infections**
- ◆ **Patients more 5x more likely to be diagnosed with bladder cancer**
- ◆ **Increases risk of breast cancer?**

# Post-market Studies

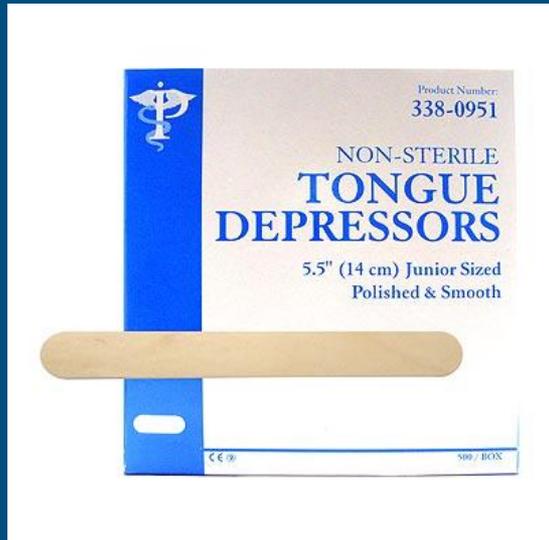
- ◆ When pre-market studies do not provide evidence of living longer or better, FDA usually requires a longer-term post-market study for more info
- ◆ Patients pay to be guinea pigs
- ◆ Little incentive to do study quickly, include diversity, or complete it
- ◆ Ineffective products are sold to you

# Device Approval Criteria

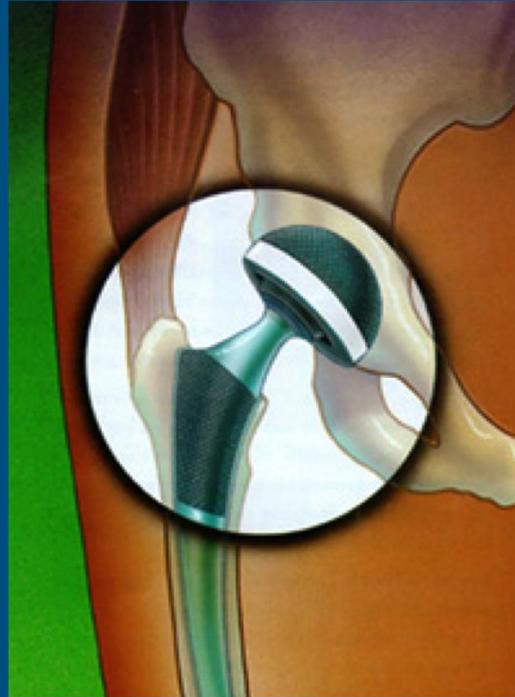
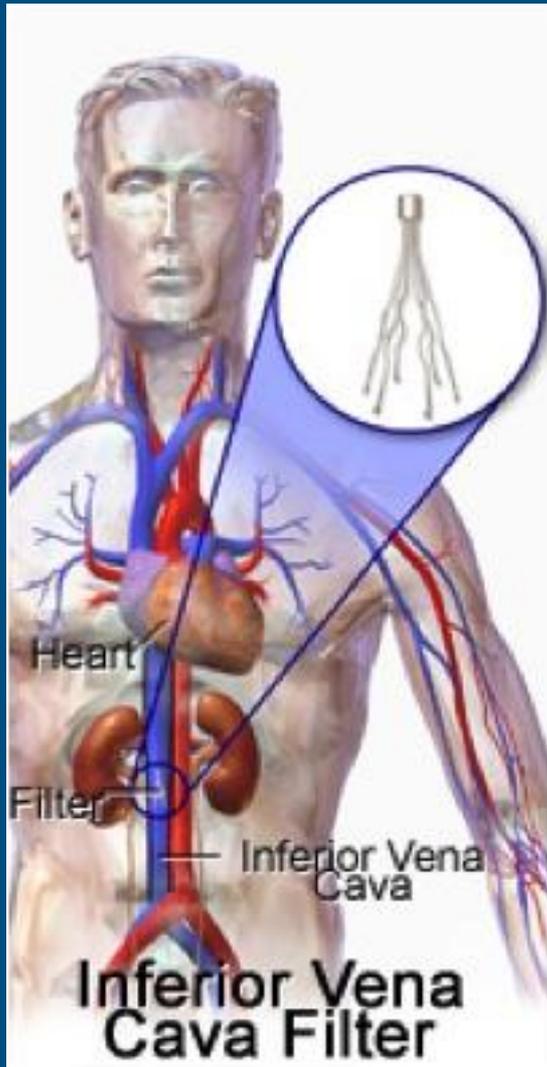
- ◆ Reasonably Safe
- ◆ Reasonably Effective
- ◆ 95+% are not studied in clinical trials



# Low Risk: Not Tested



# Moderate Risk (510k)



# 98% are “Moderate Risk”

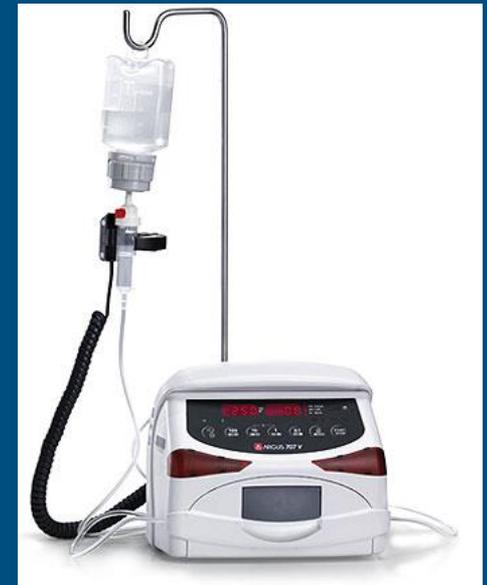
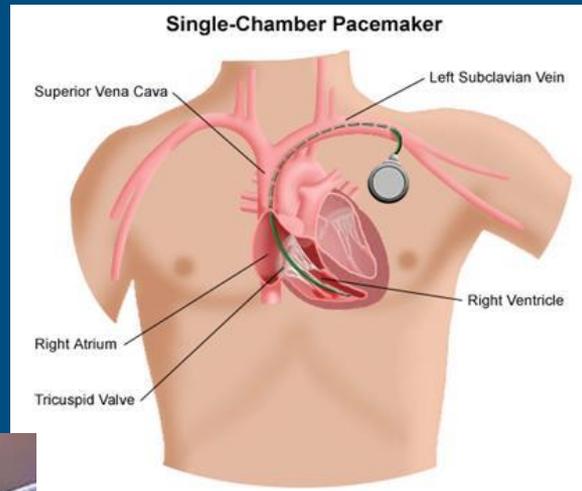
Reviewed through the 510(k) process

Not tested for safety or efficacy

**Must be Substantially Equivalent** to other devices legally on the market

- ◆ No clinical trials
- ◆ No inspections
- ◆ No studies required post-market

# High Risk Medical Devices (pacemaker, heart, infusion pump)

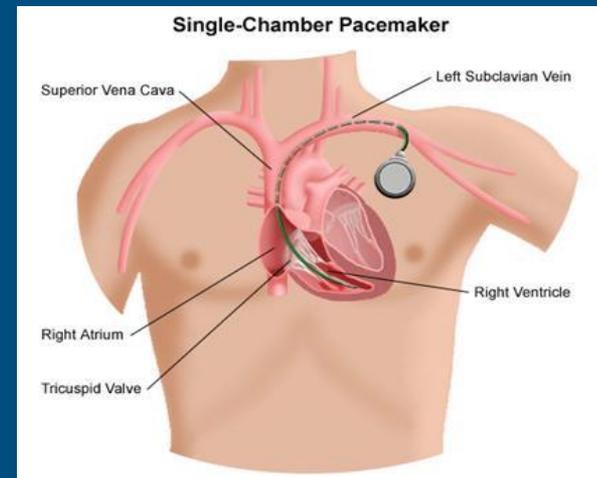


# Highest Risk Devices: PMA

**IMPLANTS, LIFE-SAVING or LIFE-SUSTAINING**

**Premarket Approval**

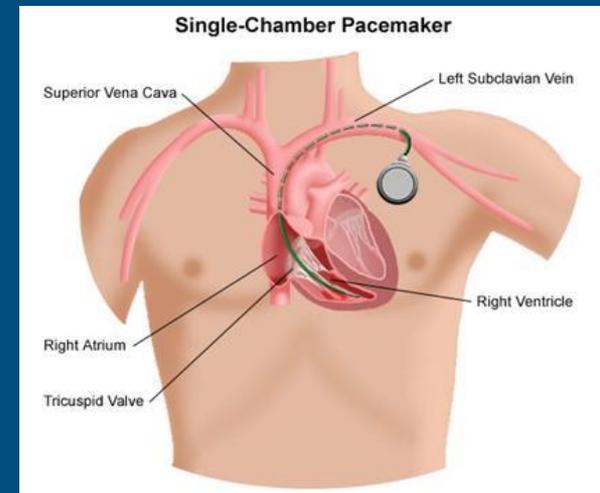
- ◆ Reasonably Safe
- ◆ Reasonably Effective



**One clinical trial (not double blind) with smaller sample than required for prescription drug data**

# Controlled (Not Random) Clinical Trial

- ◆ Patients or doctors choose who gets which device
- ◆ Compare patients receiving new device with patients who don't
- ◆ 2 patient groups are similar or matched on age, sex, diagnosis



# Clinical Trial with no Control Group

- ◆ Patients or doctors choose who gets new device
- ◆ All we know is how they feel and whether they get better, don't get pregnant, etc. We don't know how that compares with other patients



# Is a uncontrolled Clinical Trial better than none at all?

- ◆ If researchers are looking for **truth**, any clinical trial can be helpful
- ◆ If goal is to **prove a product is safe** and effective, uncontrolled trials make that easier



# No Clinical Trials: Are these substantially equivalent?

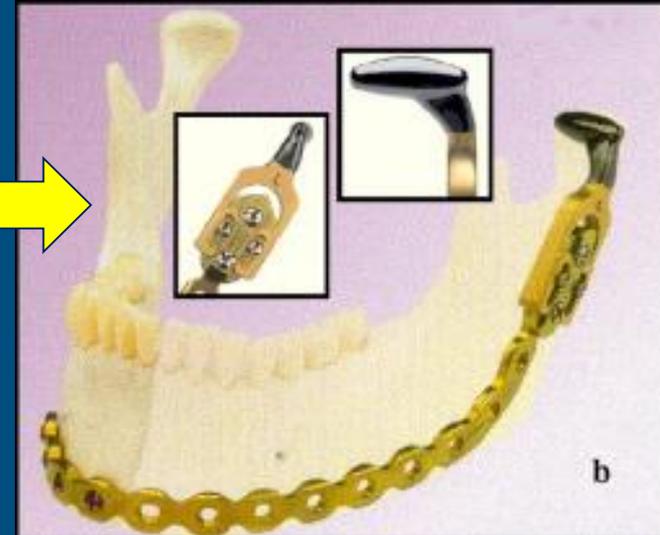
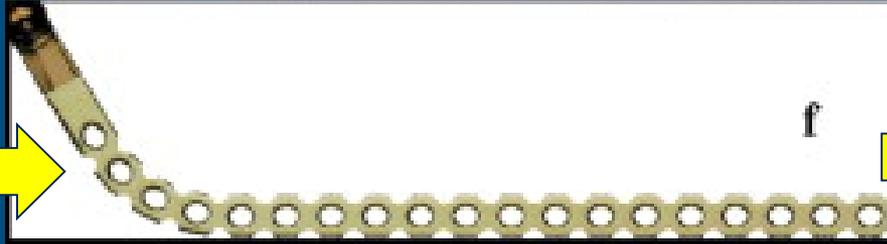


Vitek TMJ implants



Dow silicone sheet

# OsteoMed Temporary Condylar Attachment System



*Images from Driemel, O. et al. Int. J. Oral Maxillofac. Surg. 2009*

- ◆ “Substantially equivalent?” “New design includes moveable parts

# DePuy VIPER Spinal System

- ◆ **Changed dramatically** since 1996
- ◆ Added or modified parts, new complex systems have not been tested



DePuy Spinal System, 2011



Anterior Plate Fixation System

# Nonthermal Shortwave Diathermy Devices for Pain

- ◆ Not enough safety & effectiveness data for old ones or new ones
- ◆ Example: Ivivi Zeobi
- ◆ Substantially equivalent ?
- ◆ Differences: Length & frequency of treatment time



# Device Recalls

- ◆ Almost **half a billion 510(k) devices** were recalled as **high risk** in one year, including contaminated alcohol swabs that killed this boy.



# Conclusions

- ◆ **Gold standard:** 2 double blind randomized clinical trials studying patients' health
- ◆ Today's FDA rarely requires that for fast track **drugs** and almost **never** requires that for **devices**
- ◆ **95+%** of medical devices have **no clinical trials or proof of safety or efficacy**
- ◆ **Ads sell hope** not facts!

# Implications

- ◆ Whether you care more about speed of approving new treatments or good safety data depends on your options.
- ◆ Desperate patients may choose riskier treatments and pay for unproven ones.
- ◆ Unproven treatments can mean shorter life, worse quality of life.

# Implications

- ◆ **Good quality research takes years to do and to replicate.**
- ◆ **Meanwhile, some patients die waiting for a new approved treatment or are harmed by an unproven approved one.**
- ◆ **New medical products may be better or worse: that's why pre-market controlled trials on all groups are needed**

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