

1
2 **Qualification of Biomarker—Plasma Fibrinogen in Studies**
3 **Examining Exacerbations and/or All-Cause Mortality in Patients**
4 **With Chronic Obstructive Pulmonary Disease**

5
6 **Draft Guidance for Industry**
7
8

9
10 This draft guidance, when finalized, will represent the current thinking of the Food and Drug
11 Administration (FDA or Agency) on this topic. It does not create any rights for any person and
12 is not binding on FDA or the public. You can use an alternative approach if it satisfies the
13 requirements of the applicable statutes and regulations. To discuss an alternative approach,
14 contact the Center for Drug Evaluation and Research (CDER) Biomarker Qualification Program
15 (email: CDER-BiomarkerQualificationProgram@fda.hhs.gov).
16

17
18
19 **Drug Development Tool (DDT) Type: Biomarker**
20 **Referenced Biomarker(s): Plasma fibrinogen**

21
22 Fibrinogen is an acute phase protein that is elevated in inflammation. It is a soluble plasma
23 glycoprotein that is converted by thrombin to fibrin during blood clot formation.
24

25 **I. SUMMARY OF GUIDANCE**

26
27 **A. Purpose of Guidance**

28
29 This draft guidance provides a qualified context of use (COU) for the biomarker plasma
30 fibrinogen, in interventional clinical trials of patients with chronic obstructive pulmonary disease
31 (COPD) at high risk for exacerbations and/or all-cause mortality. This draft guidance also
32 describes the experimental conditions and constraints for which this biomarker is qualified
33 through the CDER Biomarker Qualification Program. This biomarker can be used by drug
34 developers for the qualified COU in submissions of investigational new drug applications
35 (INDs), new drug applications (NDAs), and biologics license applications (BLAs) without the
36 relevant CDER review group reconsidering and reconfirming the suitability of the biomarker.
37
38

DDT Tracking Number: [DDTBMQ-000021]

39 **B. Application of Guidance**

40
41 This guidance applies to the use of plasma fibrinogen in investigational studies for exacerbations
42 and/or all-cause mortality in COPD patients. It does not change any regulatory status, decisions,
43 or labeling of any in vitro diagnostic test used in the medical care of patients.

44
45 Fibrinogen use in drug development outside of the qualified COU will be considered by FDA on
46 a case-by-case basis in regulatory submissions. In such cases, additional information relevant to
47 the expanded use may be requested by the CDER product review team.

48
49 **II. CONTEXT OF USE**

50
51 **A. Use Statement**

52
53 This draft guidance provides qualification recommendations for the use of plasma fibrinogen,
54 measured at baseline, as a prognostic biomarker to select patients with COPD at high risk for
55 exacerbations and/or all-cause mortality for inclusion in interventional clinical trials. This
56 biomarker should be considered with other demographic and clinical characteristics, including a
57 prior history of COPD exacerbations, as an enrichment factor in these trials.

58
59 **B. Conditions for Qualified Use**

60
61 1. *Assay*

62
63 An analytically validated assay should be used for measurement of plasma
64 fibrinogen. (Please see supporting documentation for details at [Biomarker
65 Qualification Program: Qualified Biomarkers and Supporting Information.](#))

66
67 2. *Plasma Fibrinogen-Based Patient Selection in Clinical Trials*

68
69 a. PLASMA FIBRINOGEN LEVEL

70
71 The plasma fibrinogen level of patients selected for clinical trials should
72 be determined at baseline.

73
74 b. PATIENT POPULATION

75
76 Patients should have a clinical history of COPD as defined by the
77 American Thoracic Society/European Respiratory Society (ATS/ERS)

Contains Nonbinding Recommendations

Draft — Not for Implementation

DDT Tracking Number: [DDTBMQ-000021]

78 standards¹ prior to enrollment, which involves a history of cigarette
79 smoking 10 pack-years or greater and obstructive lung physiology
80 consistent with an increased risk for exacerbations and/or all-cause
81 mortality (i.e., Global Initiative for Chronic Obstructive Lung Disease
82 (GOLD Stage II or higher). Patients enrolled in COPD exacerbation trials
83 should also have a prior history of COPD exacerbations in the year prior
84 to enrollment in the clinical trial.

85
86 c. PATIENT SELECTION

87
88 Plasma fibrinogen can be used as an enrichment factor, in addition to
89 standard inclusion/exclusion criteria, in COPD clinical trials with
90 endpoints of COPD exacerbation and/or all-cause mortality.

91
92 Because fibrinogen was qualified using multiple assays, an optimal
93 enrichment threshold has not been determined. Therefore, a drug sponsor
94 should propose an appropriate threshold for a baseline plasma fibrinogen
95 level and discuss it with FDA during the protocol development phase.
96 (Please see supporting information for details at [Biomarker Qualification
97 Program: Qualified Biomarkers and Supporting Information.](#))

98
99 d. MEASUREMENT APPLICABILITY

100
101 Fibrinogen was qualified primarily based on the Evaluation of COPD
102 Longitudinally to Identify Predictive Surrogate End-points (ECLIPSE)
103 study data that used an immunological assay that measured a range of
104 fibrinogen concentrations between 100-900 milligrams/deciliter. Any
105 analytically validated method can be used to measure fibrinogen. (Please
106 see supporting information for details at [Biomarker Qualification
107 Program: Qualified Biomarkers and Supporting Information.](#))

108
109 e. SAMPLE ACQUISITION AND DOCUMENTATION

110
111 Please follow the Clinical and Laboratory Standards Institute (CLSI) H21-
112 A5 recommendations² for specimen collection, transport, and processing.
113
114

¹ ATS/ERS, 2004, Standards for the Diagnosis and Management of Patients with COPD, available on the Internet at <https://www.thoracic.org/copd-guidelines/resources/copddoc.pdf>.

² CLSI, 2008, Collection, Transport, and Processing of Blood Specimens for Testing Plasma-Based Coagulation Assays and Molecular Hemostasis Assays; Approved Guideline—Fifth Edition, H21-A5, 28(5).