Study: Burdensome Regulation Is Barrier to Investigators

The regulatory environment in the U.S. and Western Europe is largely responsible for a decline in the number of physicians who are willing to participate in clinical trials in those regions, according to a recent survey.

Seventy percent of U.S. and Western European physicians participating in the survey, conducted by the Association of Clinical Research Organizations (ACRO) and the Academy of Pharmaceutical Physicians and Investigators, said the current regulatory environment — including medical liability, conflict-of-interest rules and disclosure requirements — is making clinical trials difficult to manage.

Over the past decade, the number of physicians participating in clinical research has decreased in the U.S. and Western Europe,

(See Survey, Page 2)

Sponsors to Share Trial Data To Develop Alzheimer’s Drugs

In a move that could foster faster development of drugs to treat neurodegenerative diseases, a consortium of drugmakers has agreed to share data from Alzheimer’s trials in a new database.

The creation of the database is the first effort of its kind to pool industry data to accelerate development of treatments for brain diseases, the Coalition Against Major Diseases (CAMD) says. The database will allow researchers to design better clinical trials and improve chances of success.

The database includes data from 4,000 Alzheimer’s patients who have participated in 11 company-sponsored trials. The information also is available to researchers worldwide.

“This unprecedented data sharing is game-changing for companies that are developing new therapies for neurodegenerative diseases,”

(See Database, Page 8)
International Drug Industry Wants All Phase III Results Published

The international pharmaceutical industry is calling for the results of all industry-sponsored Phase III studies and those of significant medical importance to be submitted for publication in peer-reviewed journals.

A joint position, adopted by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), recommends that manuscripts of the results, whether positive or negative, should be submitted within 12 months, and no more than 18 months, after the drug is approved or the decision is made to discontinue the trial.

In the case of trials of a drug already on the market, submission ideally should be within 12 months of the completion of the trial but not more than 18 months after that date.

The recommendations include authorship guidelines for manuscripts, with authorship credits going to those who substantially contribute to the design of the trial, data acquisition or interpretation, as well as those who draft, revise or approve the text. Medical writers, statisticians and others who contribute to a manuscript but do not meet the authorship criteria should be mentioned appropriately.

The drugmaker’s involvement in both the research and publication should be disclosed, and sponsors should encourage authors to disclose all relevant interests.

The joint position was previously approved by PhRMA, the European Federation of Pharmaceutical Industries and Associations and the Japan Pharmaceutical Manufacturers Association.

An earlier IFPMA position requires members to disclose the trials they are working on and to publish summary results in online registries at www.ifpma.org/clinicaltrials.

The new joint statement “is a logical extension of that approach,” IFPMA President Haruo Naito, who also is president and CEO of Eisai, says. — LaCrisha Butler

Survey, from Page 1

while double-digit increases have been seen in Asia, Central/Eastern Europe and Latin America. The number of active clinical investigators in the U.S. has declined 3.5 percent since 2001, according to the Center for Information and Study on Clinical Research Participation.

Although ACRO supports strengthening clinical trials all around the world, “physicians in Western Europe and the U.S. represent an important and underutilized resource to help develop new therapies and treatments,” Doug Peddicord, ACRO’s executive director, says.

To boost physician participation in clinical research in these regions, the study recommends:

- Globally harmonizing regulations, including expansion of industry standards to cover academic and federally funded research;

- Addressing liability issues surrounding clinical research;

- Balancing and standardizing conflict-of-interest and financial disclosure requirements;

- Expanding and improving online access to information about clinical research opportunities for current and potential investigators; and

- Guaranteeing health insurance for trial participants to increase enrollment of eligible subjects.

ACRO also suggests expanding Clinical Trials.gov and EudraCT, the online databases in the U.S. and European Union, respectively. Roughly half of respondents to the survey said a more comprehensive online clearinghouse would help increase physician participation.

The study, conducted in April and May, surveyed 210 active investigators and 98 non-investigators in the U.S. and Western Europe. — LaCrisha Butler
Group Looks for Ways to Use EHRs To Accelerate Trial Recruitment

A group of sponsors, sites and health IT organizations is working on the first coordinated effort to accelerate and improve the quality of clinical trials through the use of electronic health records (EHRs) and standardized research protocols.

The Partnership to Advance Clinical electronic Research (PACeR), launched last week, hopes to incorporate electronic medical record software into trial-recruitment datasets to provide a clinical network approach to evidence-based drug studies.

By reusing patient data collected during routine medical care, PACeR will create processes to more quickly identify potential subjects for investigational drug trials and possibly “streamline and enhance the actual conduct of the trials themselves,” David Krusch, chief medical information officer for Strong Memorial Hospital and chairman of the PACeR Governing Group, said.

The challenge in tapping into EHR databases is maintaining patient privacy. Systems and approaches are in place that could, from an ethical framework, provide some guidance to mining the databases to recruit for clinical trials, Felix Gyi, founder and CEO of Chesapeake Research Review, said at the Drug Industry Association’s annual meeting last week.

PACeR recognizes the privacy challenges and will look for ways, with patient consent, to use EHRs to enhance clinical research, Krusch said. By better understanding how EHRs are used today and then integrating trial elements into the databases, PACeR plans to:

- Increase the return on investment for pharmaceutical research resources.
- Accelerate the process of delivering new medicines to patients;
- Improve the efficiency and efficacy of research conducted by academic medical centers;
- Improve the ability of IT companies to understand patient and provider needs, resulting in enhanced system offerings; and

The group includes Merck, Pfizer, Quintiles, Johnson & Johnson, the Hastings Center, the Legal Action Committee, the Healthcare Association of New York State and academic medical centers in New York. PACeR, which looks to expand to other sponsors and academic sites, also will work with standards and regulatory agencies such as the FDA, Health Level 7 and the Clinical Data Interchange Standards Consortium.

While this is the first coordinated effort at using EHRs to enhance trial recruitment, it is not the first effort. An earlier patient-recruitment pilot program hit technical snags when querying capabilities proved inadequate. In that pilot, Quintiles mined a database used by nearly 160,000 physicians. The algorithm identified 150 patients potentially eligible for a trial, but a full chart review showed only six were eligible (CTA, March 4). — LaCrisha Butler

Deaths in Two Benicar Trials Lead to FDA Safety Review

The FDA has launched a safety review to determine why some patients in clinical trials of Daiichi Sankyo’s Benicar had a higher rate of cardiovascular death compared with those on placebo.

But the agency cautions that it has not concluded that Benicar (olmesartan) increases the risk of death. The benefits of the angiotensin receptor blocker in patients with high blood pressure continue to outweigh its potential risks, according to a recent MedWatch.

The FDA is reviewing data from two long-term clinical studies, ROADMAP and ORIENT, in which patients with Type 2 diabetes were given either Benicar or placebo to determine if olmesartan would slow the progression of kidney disease. In one trial, 15 patients on Benicar died from cardiovascular-related causes, compared with three on placebo; in the second study, the figures were 10 and three, respectively. — LaCrisha Butler
Merck Serono Resumes NSCLC Trials As FDA Partially Lifts Its Hold

Merck Serono is resuming clinical trials of Stimuvax in patients with non-small cell lung cancer (NSCLC) after it halted the trials earlier this year due to a suspected unexpected serious adverse event.

Two Phase III NSCLC studies will resume following a partial lift of an FDA clinical hold, according to Merck Serono, a division of Merck KGaA and its U.S. subsidiary EMD Serono.

However, a Phase III study in advanced breast cancer remains on clinical hold, and Merck will continue to work with regulatory authorities to decide the next steps for that trial, the company added.

Earlier this year, Merck suspended enrollment and treatment of patients in ongoing worldwide studies of Stimuvax (BLP25 liposome vaccine) after a patient developed encephalitis in a Phase II exploratory trial evaluating the drug in combination with cyclophosphamide in multiple myeloma patients (CTA, April 1).

The FDA subsequently placed a clinical hold on the investigational new drug application for the NSCLC and breast cancer indications.

In a note to investors, Rodman & Renshaw analyst Simos Simeonidis writes that the nearly three-month hold would not significantly impact Stimuvax’s NSCLC development since many of the 1,300 patients in the Phase III START trial were enrolled and treated with initial and maintenance doses prior to the March hold.

At that time, Merck spokeswoman Phyllis Carter told CTA that 40 percent of patients in the START study had started treatment, while the breast cancer trial was just beginning.

“We wanted to get [the NSCLC trial] back on schedule as soon as possible,” she said.

— April Hollis

Device Sponsor Gets Warning For Clinical Trial Deviations

Otologics received a warning letter citing problems with a device clinical trial it sponsored, but a company official says it already has a closeout letter from the FDA.

The Boulder, Colo., company had claimed there were no deviations from the investigational plan, but an FDA inspector found at least 13 deviation forms from one site and one deviation form at each of five other sites, according to the March 5 letter posted to the FDA website this month.

In responding to a Form 483, the device-maker said it had developed new standard operating procedures (SOPs) and would train principal investigators at all sites to address the issue.

The FDA deemed the response inadequate in that Otologics did not provide corrective action to prevent a recurrence. The response did not explain how the sponsor would ensure sites adhere to the protocol and that errors are promptly discovered and appropriately corrected. It also did not include a copy of the SOPs.

The company also was cited for failure to maintain device shipment records. At least three discrepancies were noted at one of the trial sites where invoices did not correspond with the device lot numbers on surgical report forms.

Otologics responded to the warning letter within 15 days and received a closeout letter April 7, company CEO Jose Bedoya told CTA.

However, the FDA had not posted a closeout letter by press time and indicated on its database that no closeout had been issued.

The warning letter is available at www.fda.gov/ICECI/EnforcementActions/WarningLetters/ucm214164.htm. — Virgil Dickson
Observational Study Adds Pressure To FDA to Halt Trial of Avandia

A new observational study co-authored by outspoken FDA drug reviewer David Graham has found that GlaxoSmithKline’s (GSK) drug Avandia increased the risk of stroke, heart failure and death when compared with Takeda’s diabetes treatment Actos.

The study adds further pressure on the FDA to halt an ongoing postmarket trial comparing the two drugs and to remove Avandia from the market.

About 48,000 elderly patients experienced serious cardiovascular harm or death as a result of using Avandia (rosiglitazone maleate) instead of Actos (pioglitazone HCl).

But the national impact is undoubtedly much greater because that estimate does not account for about 62 percent of Avandia patients who were under age 65, according to the study, which was submitted recently for publication in the *Journal of the American Medical Association*.

Lack of Benefits

“Given the lack of any proven, unique and medically important health benefits of [Avandia] compared to [Actos], there is no rationale for its continued availability on the market or its use by prescribing physicians or patients,” the study says.

Graham, an FDA safety officer who has pressed for the agency to remove Avandia from the market, became well-known for raising concerns over the safety of Merck’s painkiller Vioxx (rofecoxib) before the drug was removed from the market in September 2004.

Graham, who did not respond by press time to a request for comment, is not the only one to criticize the agency’s decision to allow the TIDE trial to continue. The Senate Finance Committee conducted a two-year investigation of Avandia, culminating with a February report calling the FDA’s decision to allow a postmarket trial alarming because two agency safety officials warned of a strong cardiovascular risk associated with the drug (*CTA*, March 4).

Others in Congress, including Sen. Chuck Grassley (R-Iowa) and Rep. Rosa DeLauro (D-Conn.), also have criticized the trial.

“What is the purpose of a drug safety office if its recommendations are ignored at the agency?” DeLauro said in a hearing of the House Agriculture Appropriations Subcommittee in April (*CTA*, May 13).

For its part, the FDA has indicated that it will conduct a review of Avandia’s safety. Two advisory committees are planning to hold a joint meeting July 13 and 14 to review Avandia’s risks and recommend whether the drug should remain on the market.

Graham’s study will be considered by the committees at that meeting, Karen Riley, an FDA spokeswoman, told *CTA*.

‘Inherent Limitations’ of Study

GSK declined to comment on the content of the study, saying it would be premature because it is unclear whether the study was peer-reviewed. However, “it is important to note that there are inherent limitations with retrospective observational studies, including variables that were not considered nor corrected for when conducting the study, which can significantly impact the validity of the data,” Mary Anne Rhyne, a GSK spokeswoman, said in an interview.

The company previously has said that it stands behind the safety and efficacy of Avandia when used appropriately and according to its label.

If Avandia were to be removed from the market, it would be a major revenue loss for GSK. Avandia had worldwide sales of about $1.2 billion in 2009, according to the company’s annual report. — David Belian

June 24, 2010
FDA Sends Warning to Wayne State For IRB Minutes, Voting Problems

Wayne State University has received a warning letter from the FDA for failure to maintain adequate IRB meeting records and approval issues for proposed research.

In reviewing records for several IRBs at the Detroit university during a January inspection, FDA inspectors found no minutes for eight meetings of the Clinical and Translational Sciences rapid review board held between May 21, 2008, and October 2009. In its response to the Form 483, Wayne State says it was aware that the research compliance administrator responsible for this task was not generating the minutes, and the person is no longer employed at the university.

The response is inadequate, the FDA says, because the university did not provide corrective action to prevent a recurrence. The agency requests evidence of corrective actions along with a time frame of when they will be implemented.

Two IRBs at the school approved studies without documenting the number of members voting, according to the April 15 letter posted recently to the FDA website. In its response, Wayne State says it was aware of the problem prior to the inspection, and it is working with a software developer to determine the cause of the problem and create a solution.

The inspectors also noted that membership lists for two IRBs incorrectly indicated that a voting member of both boards was a consultant. The university acknowledges the problem in its response and says a new associate director will take responsibility for managing the IRB membership rosters, ensuring updates are made and developing a standard operating procedure. In addition, the IT department will create dynamic IRB membership reports, Wayne State says.

But the response is inadequate, the FDA says, because the university is relying on reports generated by a database that the school has acknowledged is having programming problems. The school needs to specify the measures it is taking to ensure its electronic recordkeeping system creates, maintains and archives accurate, complete documentation of the university’s IRB activities. The agency also requests a formal job description for the associate director.

The final citation points out that one of the IRBs reviewed and voted on FDA-regulated research three times between July 2007 and November 2008 without a majority present. The university responds that an additional staff member will attend IRB meetings to ensure a majority is present and to verify attendance and the accuracy of vote counts. The response is inadequate, the FDA says, because the university failed to designate who will be responsible for the task.

Wayne State did not respond to a request for comment by press time. The warning letter is available at www.fda.gov/ICECI/EnforcementActions/WarningLetters/ucm214352.htm.
— LaCrisha Butler

Falsified Data and the FDA: Requirements for Clinical Trials Sponsors

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Poor-Performing Sites Can Cost Sponsors Millions of Dollars

Since a poor performing site can cost sponsors millions of dollars, the future of a site depends on its ability to successfully conduct clinical trials.

Because of the costs involved, sponsors need to select sites they know can recruit the right patients and follow the study protocol, Larry Blankstein, senior director of clinical research at Genzyme, said at the Drug Information Association’s annual meeting last week.

He estimated that a bad site could cost a sponsor $5 million to $15 million.

A site that’s the correct fit for a trial can aid in protocol optimization, Vicky DiBiaso, director of study feasibility and patient enrollment at Genzyme, added.

Participation Considerations

In considering whether to participate in a specific trial, a site should make sure it truly meets the site characteristics included in the protocol. These characteristics should be well defined and communicated to all parties.

The site should review the study feasibility questions and answer them honestly. It is worth pennies on the dollar for the sponsor and site to have a conversation about the feasibility, DiBiaso said.

Also, sites should have the right person respond to the questions. The study coordinator, for example, may know better than the investigator whether it’s possible to move a patient from radiology to the lab within 10 minutes.

Sites should plan for recruitment based on reality, keeping in mind that studies are not all linear — they do not all begin and end at the same time.

Sites also should make sure they have the specific patient population necessary for a study. In a diabetes trial, for instance, it is not enough simply to have a large pool of patients with the disease if the study calls for diabetic subjects without co-morbidities.

Since sponsors are encouraged to score sites objectively, using pre-identified and agreed-upon criteria, sites should:

- Understand their scores from an investigator management strategy. The score combines the investigator’s availability, capability and willingness with the potential patient population. If a site has an investigator interested in the trial but with low access to patients, the site needs to discuss how it can make the trial work, DiBiaso said. A site with an investigator with low interest but high patient access can work with a junior fellow who has more interest in the study, she added;
- Know the sponsor’s must-haves for site criteria. For example, a sponsor may require a site to have a minimum of 1,500 patients in its database; and
- Ensure that it has all the information it needs to make a decision about participating in a study.

A site should ask for a sponsor point of contact and should never be afraid to back out of the study.

“Just say no if you can’t do the study. We will be back,” DiBiaso said.

A site’s failure to meet some selection criteria may not rule it out of a study. Potential fixes to site selection problems may include having a discussion with the sponsor about potential study obstacles or critical success factors. Sites also can suggest ways to make the study more operationally possible and easier to enroll and retain subjects. — LaCrisha Butler
Pfizer Stops Postmarket Study, Withdraws Its Leukemia Drug

Pfizer is voluntarily withdrawing its leukemia drug Mylotarg from the U.S. market after a postmarket trial showed a higher incidence of death in patients taking the drug compared with chemotherapy alone.

The postmarket trial was stopped early after Mylotarg-treated patients showed no improvement in clinical benefit and an increased death rate, the FDA said Monday.

Mylotarg (gemtuzumab ozogamicin), developed by Wyeth, was approved in May 2000 under the FDA’s accelerated approval program to treat patients 60 and older suffering from recurrent acute myeloid leukemia who are unable to take other chemotherapy treatments.

Accelerated approval gives the agency the power to approve a drug for an unmet medical need based on a surrogate endpoint, but it requires the drugmaker to conduct postapproval trials to confirm the drug’s efficacy.

Mylotarg’s initial approval was based on a surrogate endpoint of response rate in three trials with a total of 142 patients. However, Mylotarg also was associated with a risk of developing veno-occlusive disease, a potentially fatal liver disease, which the FDA said has increased in the postmarket setting.

Patients currently on Mylotarg can continue after speaking with their physician, but the drug should not be made available to new patients, Pfizer said. Physicians who want to prescribe the drug to new patients must first submit an IND to the FDA. — Jonathan Block

Database, from Page 1

according to Raymond Woosley, CEO of the Critical Path Institute, which manages CAMD. “Scientists around the world will be able to analyze this new combined data from pharmaceutical companies, add their own data, and consequently better understand the course of these diseases.”

Participants in the coalition include Pfizer, Johnson & Johnson, Novartis, Eli Lilly and Genentech. Other members include research foundations and regulatory agencies, such as the FDA and the European Medicines Agency.

The coalition also is identifying biomarkers that will make it easier to diagnose patients with Alzheimer’s and Parkinson’s in the early stages of the diseases.

Collaboration in the Alzheimer’s arena could not come at a better time as sponsors have faced a spate of drug failures. In March, a pair of Phase III trials for Pfizer’s Dimebon (latrepirdine) failed to meet primary endpoints.

Many of the Alzheimer’s treatments under development target beta amyloid, a plaque found in the brains of some patients and thought to spread the disease. The experimental treatments aim to modify the course of the disease as opposed to current drugs, which primarily treat Alzheimer’s symptoms. — Jonathan Block

Conducting Clinical Trials in the EU
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Understanding the Process Leads To Faster Trial Launch in China

Sponsors that understand the regulatory process can shave months off the approval time for clinical trials in China.

Early planning helped BSP win State Food and Drug Administration (SFDA) approval to test its cancer drug Naxavar (sorafenib) in September 2006 — less than two months after it was approved for study in the U.S., Tony Yang, senior regulatory analysis manager with Paraxel International, said during a Regulatory Affairs Professional Society webcast last week.

Clinical trials of Novartis’ Gleevec (imatinib mesylate) for adult leukemia and Eli Lilly’s Alimta (pemetrexed) for lung cancer were green-lighted in China within a year of U.S. approval, he added. In contrast, Wyeth had to wait more than 62 months to launch Chinese trials of Neumega (oprelvekin) for treatment of low platelet formation in chemotherapy patients.

Trial Permission Process

Generally, China’s clinical trial permission (CTP) process takes eight to 18 months, compared with 30 days in the U.S., Xin Min Yue, a senior consultant with Paraxel, said. Requirements vary based on whether the product is a chemical or biological drug and whether it is already marketed overseas.

China has six categories of chemical drugs and 15 categories of biologics, each with its own set of CTP and licensing requirements. For new drugs, for instance, sponsors must conduct a multinational Phase IIb and Phase III trial. They also may be asked to repeat a Phase I study with Chinese patients, Xin said.

Chemical drugs already marketed overseas must undergo Phase II and III trials in China. Phase I through III trials are required for biologics, and sponsors must have a local certificate of analysis. Biologics also are required to undergo quality tests by the National Institute for the Control of Pharmaceutical and Biological Products.

Sponsors must submit clinical trial requests in Chinese and follow the SFDA’s four-part format: general data and administrative documents; chemical, pharmaceutical and biological data; pharmacological and toxicological data; and clinical data. Translating a full dossier and quality control tests into Chinese can take three to four months, Xin said.

A panel of external experts and reviewers from the Center of Drug Evaluation will meet with the sponsor four to five months after the initial submission to discuss the documents and potential issues. Following that meeting, the sponsor can address questions and present additional information. The SFDA makes its decision two to three months following the meeting, Yang said.

Questions Commonly Asked

Questions raised during the review process often involve liver toxicity, comparative drugs, data on the Asian trial population, ethnic differences in the population, sufficiency of preclinical safety data, the dosage to be used and China-specific medical practice.

The trial protocol must be approved by an ethics committee, Yang said. The frequency of the ethics meetings varies, but approval letters are typically released within two weeks of the review meeting.

All trials must be conducted at GCP-compliant sites, Yang said, noting that about 95 percent of China’s GCP is compatible with international standards.

The SFDA last year implemented a special review process aimed at speeding the launch of new active ingredients, drugs and biologics not marketed in any country; new drugs for AIDS, cancer and orphan diseases; and drugs for diseases for which there is no effective therapy, Xin said. The program offers more advice to sponsors on how to develop clinical protocols. — Meg Bryant
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Reactions in Trial Will Delay Roche Diabetes Drug Filing

Roche has pushed back its taspoglutide regulatory filing date another 12 to 18 months, from a previously expected filing in 2011, due to hypersensitivity reactions associated with the diabetes drug.

Despite the reactions occurring in fewer than 1 percent of clinical trial participants, Roche and its development partner Ipsen thought it was necessary to implement a risk mitigation plan for the Phase III trial.

The plan monitors for anti-drug antibodies, which the companies have identified as the potential cause of the reactions.

David Warlin, an Ipsen spokesman, declined to discuss the exact nature of the reactions with CTA, but Jeffrey Holford, an analyst for Jefferies International, describes them as “serious hypersensitivity reactions” in an investor note released Friday.

Taspoglutide, a GLP-1 analogue given once a week, has had a history of delays. The companies originally expected to submit findings to the FDA in the fourth quarter of this year, but they moved the filing to 2011 after the agency required diabetes drug sponsors to evaluate cardiovascular risk (CTA, Feb. 19).

The further delay of getting taspoglutide to market has darkened the financial prospects of the drug, Holford says. He now expects a product launch no earlier than 2014 — if at all.

“We see this as a failure to conduct sufficient studies in Phase II, most likely to gain a competitive launch timeline versus its competitors, which has clearly now backfired,” he says.

“We see taspoglutide as being too late to market now to be a major driver for Roche even if the hypersensitivity issues are overcome,” Holford adds.

Eli Lilly and Amylin also are developing a once-weekly diabetes treatment, Bydureon, a long-acting version of their Byetta (exenatide).

However, study results released recently showed Bydureon failed to best generic metformin and Takeda’s Actos (pioglitazone HCl) in reducing blood sugar. — Virgil Dickson

FDA Gives Repros the Go-Ahead For Low-Dose Proellex Study

The FDA has allowed Repros Therapeutics to run a single, low-dose study of its uterine fibroid and endometriosis drug Proellex under a partial clinical hold.

In the new study, escalating doses (1, 3, 6, 9 and 12 mg) of the drug will be compared with placebo. No higher doses will be studied until Repros is confident that it is safe to proceed to the next dose and has reported safety findings to the FDA, the company said. Repros expects to enroll 60 subjects in the low-dose study.

The move follows a request by Repros in April to lift the full clinical hold placed by the FDA last year following reports of serious adverse events involving liver toxicity associated with some Phase III trial patients (CTA, April 15).

The FDA told Repros last month that not all of its concerns about elevated liver enzymes were answered by six months of follow-up data from previous patients and indicated the sponsor would have to alter its proposed dose-ranging study to get the clinical hold lifted (CTA, May 13).

Repros also would like to find a licensing partner for Proellex, though that effort was sidetracked following the clinical hold. “Our company’s goal is not to become a fully integrated biotech company [since] we don’t intend to develop a full marketing staff,” Proellex President Joseph Podolski told CTA. “Our goal is to get the drug licensed and do some good with it.”

— LaCrisha Butler
BRIEFS

FDA Delays Chelsea RA Trial

The FDA has asked Chelsea Therapeutics to delay the start of a Phase II clinical trial of its rheumatoid arthritis (RA) candidate CH-4051.

The agency requested additional detail to more fully characterize the safety of the proposed doses in the Phase II trial. Chelsea does not anticipate any significant problems meeting the agency’s request, CEO Simon Pedder said during a presentation at the Needham Healthcare Conference.

CH-4051 is an isomer of Chelsea’s lead antifolate compound, CH-1504, in Phase II trials as a treatment for RA.

Genzyme Drug Fast Tracked for MS

In an indication of the FDA’s desire to get more multiple sclerosis (MS) therapies approved, the agency has granted Genzyme’s oncologic Campath fast-track status as a potential treatment for relapsing-remitting forms of the disease.

Campath (alemtuzumab), approved to treat B-cell chronic lymphocytic leukemia, is now in Phase III trials for the new MS indication. Complete results from those trials are expected next year, though under the fast-track designation, the company can submit data on a rolling basis to the FDA.

Phase II data released in 2008 comparing alemtuzumab with EMD Serono/Bayer’s Rebif buoyed Genzyme’s efforts. Data showed that treatment-naïve patients treated with alemtuzumab reduced their risk of relapse by 74 percent and risk of sustained accumulation of disability by 71 percent compared with those on Rebif (interferon beta-1a).

The Phase III program under way also compares the two therapies, but it adds a second trial with patients who failed on a previous MS therapy, according to the company.

St. Jude Begins LAP Trial

St. Jude Medical has begun a clinical trial for its implantable left atrial pressure (LAP) management system.

The LAPTOP-HF study seeks to show that St. Jude’s LAP system, which allows patients to adjust heart medications similar to how diabetics manage insulin, improves outcomes, the company says.

The study, which will last several years, will enroll 700 patients with a history of ischemic or nonischemic cardiomyopathy for at least six months and at least one heart failure hospitalization within the past 12 months.

Nexavar Fails to Meet Endpoint

Bayer HealthCare Pharmaceuticals and Onyx Pharmaceuticals’ liver and kidney cancer treatment Nexavar failed to meet its primary endpoint in a trial the companies were hoping would expand the drug’s indications to include a first-line treatment for lung cancer.

Nexavar (sorafenib tosylate), in combination with gemcitabine and cisplatin, failed to improve overall survival in patients with advanced nonsquamous nonsmall cell lung cancer when compared with placebo, Onyx said.

The drug did meet its secondary endpoint of progression-free survival.
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