DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
10903 New Hampshire Avenue
Building #51
Silver Spring, MD 20993

JAN 22 2013

Michael A. Carome, M.D., Deputy Director
Sidney M. Wolfe, M.D., Director
Public Citizen Health Research Group
1600 20th St., N.W.
Washington, D.C. 20009

Dear Drs. Carome and Wolfe,

Thank you for your letter of July 19, 2011, submitted following your testimony presented at the June 21, 2011 meeting of the Food and Drug Administration's (FDA or the Agency) Arthritis Advisory Committee (AAC) regarding the supplemental Biologics License Application (sBLA) submitted by Novartis Pharmaceuticals for the drug canakinumab (ILARIS).

Your letter registered your opposition to approval of canakinumab at a dose of 150 milligrams for treatment of gouty arthritis attacks in patients who cannot obtain adequate response with nonsteroidal antinflammatory drugs (NSAIDs) or colchicine. We note your opposition and the reasons for this opposition as outlined in your letter. However, as you know, several federal statutes and regulations, including the Freedom of Information Act (FOIA) [5 U.S.C. 552], the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 331(j)], and FDA regulations [21 CFR 20.61(c); 21 CFR 312.130(b); 21 CFR 314.430(c) and (d)(1)], preclude the Agency from discussing the specifics of pending applications or investigational new drug applications (INDs). There are limited exceptions to these restrictions. For example, FDA may discuss a pending application or IND at an Advisory Committee, as allowed under 21 CFR 314.430(d)(1); when a sponsor provides a written authorization permitting FDA to disclose non-public information about its pending application or IND, or the sponsor has itself publicly disclosed information.

Your letter also expressed concern regarding two clinical studies involving canakinumab. You questioned whether both of these studies might fail to satisfy the requirements of the FDA human subjects protection regulations. The first study is *A Randomized, Double-Blind, Placebo-Controlled, Event Driven Trial of Quarterly Subcutaneous Canakinumab in the Prevention of Recurrent Cardiovascular Events Among Stable Post-Myocardial Infarction Patients With Elevated hsCRP*. While we note your concern, we cannot discuss this study based on the restrictions noted in the paragraph above.

The second study that you reference, *Effects of Canakinumab on the Progression of Type I Diabetes in New Onset Subjects*, is the subject of Freedom of Information Act (FOIA) requests from you to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and FDA. Documents related to this FOIA request, including Drug Safety Monitoring Board (DSMB) minutes from July and November, 2010, and June -

August, 2011; the Study Participant Handbook, and Model Screening and Intervention Assent forms have been provided to you by NIDDK.

You also asked us to "promptly investigate the adequacy of the IRB review for all sites participating in this study" and to provide a response to several questions related to IRB study approvals and informed consent. While we note this request, we are unable to comment on your questions that relate to IRB involvement in clinical studies under the statutes and regulations referenced above. In addition, our FOIA office has determined that the results of an IRB inspection cannot be publicly shared.

We are aware of your letters to the Office of Human Research Protections (OHRP) on July 19, 2011 and February 28, 2012 in which you raise additional questions related to *Effects of Canakinumab on the Progression of Type I Diabetes in New Onset Subjects*. Please also note that your FOIA requests to FDA for copies of the sample informed consent documents for all ongoing studies involving canakinumab are pending and under review at this time.

Sincerely,

Janet Woodcock, M.D.
Director
Center for Drug Evaluation and Research