Form FDA 483 Response Best Practices Announced by the FDA

In Draft Guidance published this week by the U.S. Food and Drug Administration (FDA), **Guidance for Industry – Processes and Practices Applicable to Bioresearch Monitoring Inspections**, the Agency provides some wisdom on best practices for responding to Form FDA 483s, albeit in the context of its Bioresearch Monitoring (BIMO) program inspections, but very much translatable to *any* Form FDA 483 response. FDA notes the following best practices:

> A response should demonstrate the establishment's acknowledgment and understanding of FDA's observations. It should also demonstrate the establishment's commitment to address the observations, including a commitment from senior leadership.
>
> Responses should be well-organized and structured to:
>
> - Address each observation separately
> - Note whether the establishment agree(s) or disagree(s), and why
> - Provide both corrective and preventive actions and timelines for completion
> - Provide both completed and planned actions and related timelines
> - Provide a method of verifying or monitoring the effectiveness of the actions
> - Submit documentation (e.g., training, Standard Operating Procedures (SOPs), corrective action plans, records, etc.)

Importantly, FDA also states that timely Form FDA 483 responses that include "appropriate corrective and preventive actions could impact FDA's determination of the need for subsequent Agency action." FDA encourages responses within 15 business days after the end of an inspection and, helpfully, notes that any responses received within that window "will be considered before further Agency action or decision." Interested stakeholders may submit comments **here** on FDA's Draft Guidance until August 5, 2024.

*Please contact **Julie Tibbets** or any member of our **Life Sciences Regulatory & Compliance practice** with questions on FDA's Draft Guidance or on responding to Form FDA 483s.*

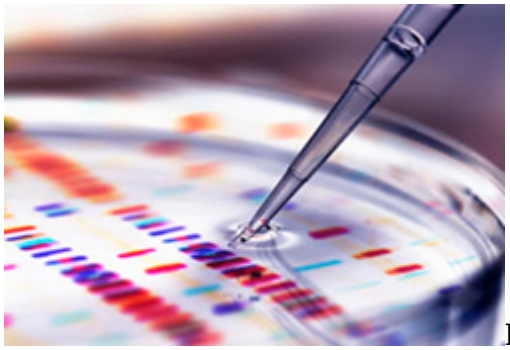
Lawsuit Filed Challenging FDA Final Rule Regulating Laboratory Developed Tests

On May 29, 2024, a lawsuit was filed in the U.S. District Court for the Eastern District of Texas, challenging the U.S. Food and Drug Administration's **final rule** concerning the regulatory status of laboratory developed tests ("LDTs") under the Federal Food, Drug and Cosmetic Act ("FDCA"). As detailed in our prior analysis (**here**), the final rule amended the FDA's existing regulations to make explicit the agency's interpretation that LDTs are "devices" under the FDCA, and established a five-stage plan to phaseout the agency's current general policy of "enforcement discretion" with respect to LDTs.

With the final rule's July 5 effective date looming, two entities—a trade association and a laboratory—filed suit in federal court to overturn the final rule. In this Insight, we briefly summarize the legal theories advanced in the lawsuit and likely next steps.

Read the full alert **here**.

2nd BCLT Advanced Life Sciences Institute



Rapid advancement in life sciences technologies has made keeping up with the legal implications more important than ever. Join the **Berkeley Center for Law and Technology** for the **2nd BCLT Advanced Life Sciences Institute**, where you will learn from the experts about cutting-edge issues impacting your life sciences practice.

The programming will share key insights and best practices related to the rapid rise of AI in the life sciences and new trends for licensing, deals, and life sciences funding models. Expert will review

key developments in the law (Section 112, obviousness-type double patenting), anti-counterfeiting and patient safety, and the ever-complex interplay of regulatory and IP exclusivities. Finally, don't miss in-depth discussions on future pandemic preparedness and use of trade secrets v. patents for portfolio protection!

The Advanced Life Sciences Institute will be launched virtually through **B-CLE** on May 21 and 22.

Registration is free and available to all, and CLE will be offered.

FDA Issues Final Rule on Regulation of Laboratory Developed Tests

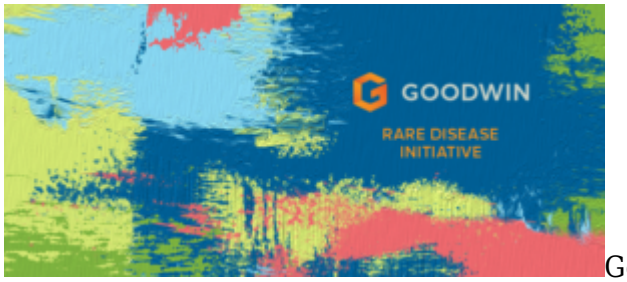
 On April 29, 2024, the U.S Food and Drug Administration (FDA) announced its **final rule** on Laboratory Developed Tests (LDTs). This final ruling amends the FDA's regulations to make explicit that *in vitro* diagnostic products (IVDs), including those manufactured by laboratories, are devices under the Federal Food, Drug, and Cosmetic Act (FD&C Act). Alongside the amendment, FDA issued its policy to phase in regulatory requirements for certain LDTs over the course of four years.

The FDA will host a webinar to provide an overview of the final rule on May 14, 2024. A link to register can be found **here**. The final rule is expected to have profound effects on many LDT developers. Goodwin's **Life Sciences Regulatory & Compliance Team** are ready to work with clients to navigate the challenges that the final rule may pose. Our breakdown and analysis of the rule will be upcoming on **Goodwin's LDT Resource page**.

The European Parliament Adopts Position on the European Commission's Proposal for the First Major Overhaul of the EU Medicines Regulatory Framework in 20 Years

 In April 2023, we published an **alert** in relation to two European Commission legislative proposals: new **Regulation 2023/0131** and new **Directive 2023/0132**, to replace the current EU regulatory framework for all medicines (including those for rare diseases and children). On April 10, 2024, the European Parliament adopted its position on the European Commission's legislative proposals with respect to (i) Regulation 2023/0131 that can be found **here** and (ii) Directive 2023/0132 that can be found **here**. For certain key areas covered in the proposed EU legislation, we have set out a brief summary of (i) the European Commission's original proposals and (ii) the European Parliament's proposed amendments. You can read more **here**.

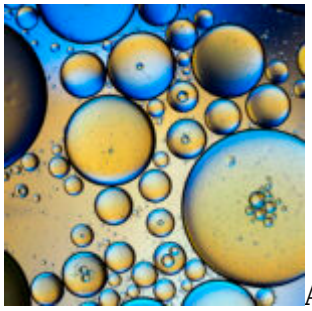
Recap: Goodwin Rare Disease Symposium 2024



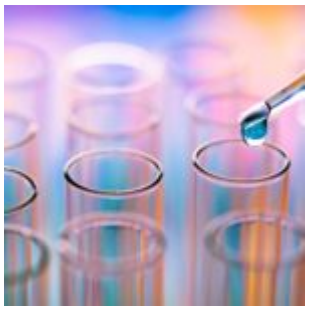
Goodwin's **Rare Disease Initiative** hosted its Annual Rare Disease Symposium in Boston on March 13, 2024. Participants were invited to join for an afternoon of engaging and inspirational conversations led by **Julie Tibbets**, **Matt Wetzel**, and **Danielle Lauzon**, in addition to networking with peers in the rare disease community. The program included speakers covering the patient, advocacy, policy, research, and CEO perspectives.

For more event highlights and key takeaways from our speakers, please visit the **Goodwin Rare Disease Symposium 2024** page.

A Look Ahead in Life Sciences: What We Are Tracking in Q2 2024 and Beyond

 As the life sciences, medtech, and diagnostic industries continue to expand and grow increasingly complex, so does the legal, regulatory, and compliance landscape. To help companies and investors navigate the many evolving and emerging laws and regulations across pharmaceuticals, biologics, medical devices, diagnostics, and laboratory testing, our Life Sciences Regulatory & Compliance team has provided an overview of key developments. We update and publish a quarterly tracker detailing these developments. You can read about the Q2 2024 updates **here**.

FDA's Laboratory Developed Test (LDT) Final Rule Under OIRA Review; Subcommittee on Health to Hold Hearing on Regulation of Diagnostic Tests



On March 1, 2024, the Office of Information and Regulatory Affairs ("OIRA"), Office of Management and Budget ("OMB"), Executive Office of the President **received** the final version of FDA's rule on regulation of laboratory developed tests ("LDTs") for administrative review. Having swiftly moved to OIRA review in under 5-months from the publication of the **proposed rule** and under 3-months from the end of its comment period, the rule has undoubtedly been a top priority for the FDA. Further, as of the date of this post, OIRA has **scheduled** four back-to-back meetings with interested stakeholders, all of which are to be held the week of March 18th. All of this signals that the final rule remains on track for potential issuance in April 2024, the target date for final action on the rule as we previously discussed **here**.

Further, on March 14, 2024, the House Energy and Commerce Committee Chair and Subcommittee on Health Chair announced a subcommittee hearing titled "Evaluating Approaches to Diagnostic Test Regulation and the Impact of the FDA's Proposed Rule." The hearing is scheduled for Thursday, March 21, 2024 at 10:00 AM ET. Additional information on attending or viewing the hearing is available **here**.

Be sure to bookmark our dedicated **LDT Resource Page** to stay informed on the latest news and

analyses on LDTs.

Goodwin's Annual Rare Disease Symposium

Goodwin's Life Sciences team will be hosting an upcoming event in our Boston office on March 13, 2024 to spotlight the critical work being done to address the 7,000+ rare diseases that impact more than 300 million people globally.

Join us **in person** in our Boston office or attend **virtually** for our Annual Rare Disease Symposium on March 13, 2024. Look forward to an afternoon of engaging fireside chats, inspirational presentations, and networking with your peers in the rare disease community. This year's program will include speakers covering the patient, advocacy, policy, research, and CEO's perspectives.

Master(ing) Protocols for Randomized Umbrella and Platform Trials


The U.S. Food and Drug Administration (FDA) recently issued a draft guidance, "**Master Protocols for Drug and Biological Product Development**", that echoes and builds on principles that the Agency previously set forth in guidance for **COVID-19 master protocols (2019)**, **master protocols in oncology (2022)** and **clinical trials for multiple versions of cellular or gene therapy products (2022)**. The draft guidance offers numerous (and at times *very* detailed) recommendations to facilitate the design, efficient analysis of data, and regulatory review of clinical trials conducted under such master protocols.

As a starting point, this draft guidance defines several key terms, including the types of trials that can be conducted under a master protocol:

Master Protocol	a protocol designed with multiple substudies, which may have different objectives and involve coordinated efforts to evaluate one or more medical products in one or more diseases or conditions within the overall study structure.
Umbrella Trial	evaluates multiple medical products concurrently for a single disease or condition
Platform Trial	evaluates multiple medical products for a disease or condition in an ongoing manner, with medical products entering or leaving the platform
Basket Trial	evaluates a medical product for multiple diseases, conditions, or disease subtypes

Master protocols offer sponsors the ability to streamline drug development through shared control groups, study infrastructure and oversight. However, these protocols also involve increased complexities and design challenges that generally require a higher degree of coordination. Here, we highlight some key design and analysis considerations addressed in the draft guidance:

Randomization

Sponsors should consider allocating more subjects to control arms than for each individual drug arm to increase power and reduce the risk of a poorly or highly performing control arm. For a platform trial, a sponsor should create a plan for changes to the randomization ratios that can occur as products enter and exit a platform trial. In umbrella or platform trials comparing different drugs, the sponsor should ensure that the randomization process prevents subjects from being randomized to drugs they are not eligible to receive given each drug's exclusion criteria.

Informed Consent

Sponsors should cover all treatment arms in their informed consent and obtain consent prior to randomization. In a platform trial where drugs are entering and exiting the study, consent forms should be modified accordingly to reflect the drugs currently under evaluation. FDA also recommends the use of a central IRB to review informed consent forms, the protocol, and other relevant documents for monitoring of a trial conducted under a master protocol.

Blinding

Given the potential for different administration methods for various drugs included in umbrella or platform trials, unique blinding challenges may arise and sponsors should discuss their proposed approach to blinding with FDA early in the planning stage.

Safety Data

Safety data from a master protocol can be considered part of overall safety database but data from other sources may be needed to support approval. The type of master protocol and the drugs being evaluated will impact the approach to safety data collection. FDA also recommends that a data monitoring committee (DMC) or other independent, external entity review accumulating safety and efficacy data to minimize inadvertent dissemination of information that could pose risks to trial integrity.

Regulatory Review Considerations

Each master protocol should be submitted as a new IND, and FDA recommends that the sponsor request a pre-IND meeting to discuss the protocol and other IND submission details. Given the potentially rapid pace of changes in a master protocol, the draft guidance recommends specific procedures for protocol amendments, including cover letters for each protocol amendment that update on the status of each drug and notifying the RPM at least 48 hours before submitting any protocol amendment that could substantively affect the master protocol. The IND should also include a well-designed communication plan to facilitate timely and effective communication between multiple stakeholders, including rapid communication of serious safety information and protocol amendments to investigators and FDA.

* * * *

Comments on this draft guidance are due February 22, 2024. Please contact the authors or your Goodwin attorney with any questions or if you would like to submit a comment.