



August 3, 2018

Division of Dockets Management
US Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

RE: Considerations for the Inclusion of Adolescent Patients in Adult Oncology Clinical Trials
(FDA-2018-D-1540)

Dear Commissioner Gottlieb:

The Leukemia & Lymphoma Society (LLS) appreciates the opportunity to submit comments on the Food and Drug Administration's (FDA) draft guidance for industry on the inclusion of adolescent patients in relevant adult oncology clinical trials. As the world's largest voluntary organization dedicated to the needs of blood cancer patients, LLS strongly supports initiatives aimed at enhancing access to investigational and approved drugs for all patients.

LLS recognizes that survival improvements for adolescents with cancer have lagged behind the pediatric population, and is concerned that decreased participation in clinical trials may be a contributing factor. Adolescents straddle the pediatric and adult populations; often, they are not eligible for enrollment in adult trials and do not benefit from pediatric trials conducted years after a drug is approved for adults. As a result, the adolescent patient population has delayed access to potentially effective therapies.

While the majority of pediatric patients with cancer are enrolled in clinical trials, enrollment decreases with age. In fact, cancer patients between the ages of 15 and 35 have the lowest rates of accrual to clinical trials.¹ The enrollment rates among blood cancer patients are particularly alarming. When compared to patients younger than 15 years, patients aged 15-19 are 48% less likely to enroll in leukemia trials and 62% less likely to enroll in lymphoma trials.² LLS recognizes that the reasons for lower clinical trial enrollment among this age group are multifaceted, and applauds the FDA for addressing this challenge head-on by recommending the inclusion of adolescents in disease- and target-appropriate adult oncology trials.

LLS supports the FDA's determination that adolescents (ages 12 to 17) should be eligible for enrollment in adult oncology clinical trials at all stages of drug development when the histology and biologic behavior of the cancer under investigation is the same in, or the molecular target of

¹ Bleyer A, "Young Adult Oncology: The Patients and their Survival Challenges," CA Cancer J Clin 2007;57:242-255.

² Liu L, Krailo M, Reaman GH, Bernstein L, "Surveillance, Epidemiology and End Results Childhood Cancer Linkage Group: Childhood Cancer Patients' Access to Cooperative Group Cancer Programs: A Population-Based Study," Cancer 2002;97:1339-1345.



the drug is relevant to, cancers in both adult and adolescent patients. We commend the FDA for acknowledging that while this approach is appropriate for those cancers where the biology in adolescents is similar to that of adults, there is a continued need for novel therapies in the pediatric population.

The recommendations included in this guidance pertaining to dosing and pharmacokinetic (PK) evaluations are clear and consistent with best practice. LLS particularly applauds the FDA for suggesting that juvenile toxicology is not required in order to dose adolescents with relapsed or refractory disease. We strongly agree with the FDA's recommendation that safety data collected during the trial should be examined for any age-related differences. Adequate safety monitoring and longitudinal study of potential developmental toxicities when feasible, particularly with respect to trials enrolling patients in earlier lines of therapy, is crucial to the success of this approach.

LLS welcomes the opportunity to support the FDA's efforts at providing the pharmaceutical industry, clinical investigators, and institutional review boards (IRBs) with information to facilitate the inclusion of adolescents in relevant adult oncology clinical trials, as this population deserves earlier access to investigational and approved drugs. If you have any questions, please contact Liza Holder, Director, Policy in the Office of Public Policy at liza.holder@lls.org.

Sincerely,

Gwen Nichols, MD
Chief Medical Officer
The Leukemia & Lymphoma Society