



August 15, 2016

The Honorable Dr. Robert Califf  
Commissioner  
Food & Drug Administration  
Attention: FDA-2016-N-1895  
Submitted electronically at <http://www.regulations.gov>

RE: "Prescription Drug User Fee Act; Public Meeting"

Dear Commissioner Califf:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide comments on the reauthorization of the Prescription Drug User Fee Act (PDUFA) for fiscal years 2018 through 2022 (PDUFA VI). Notice of a public meeting and request for comments was published by the Food & Drug Administration (FDA) in the July 19, 2016 issue of the *Federal Register*.

AMIA is the professional home for more than 5,000 informatics professionals, representing front-line clinicians, researchers, educators and public health experts who bring meaning to data, through the systematic collection, analysis and application of data across the health and research enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from the bench to the bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

Historically, AMIA has not engaged with FDA over its priorities for drug review. However, recent FDA musings on evidence generation<sup>1</sup>, along with several recent guidance documents,<sup>2,3,4</sup> signal clear interest by the Agency to leverage informatics tools and methodologies to augment regulatory decision-making. We fully support these efforts and believe AMIA members are well-positioned to help FDA understand the nuances of applying data from nontraditional sources to inform drug reviews and surveillance.

Several aspects of the PDUFA VI commitment letter have garnered our members' attention, including:

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<sup>1</sup> Sherman, R., Califf, R., "What We Mean When We Talk About EvGen Part II: Building Out a National System for Evidence Generation," FDAVoice, May 3, 2016

<sup>2</sup> Use of Electronic Health Record Data in Clinical Investigations; Draft Guidance for Industry

<sup>3</sup> Use of Public Human Genetic Variant Databases To Support Clinical Validity for Next Generation Sequencing-Based In Vitro Diagnostics; Draft Guidance for Stakeholders

<sup>4</sup> Use of Real-World Evidence to Support Regulatory Decisionmaking for Medical Devices; Draft Guidance for Industry

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- Enhancing Use of Real World Evidence for Use in Regulatory Decision-Making (pg. 26);
- Enhancing the Incorporation of the Patient's Voice in Drug Development and Decision-Making (pg. 27);
- Advancing Model-Informed Drug Development (pg. 30);
- Enhancing Capacity to Support Analysis Data Standards for Product Development and Review (pg. 33); and
- Enhancement and modernization of the FDA Drug Safety System (pg. 34)

Together, we interpret these activities as part of a strategy to leverage the digitization of clinical data and the ongoing development of a post-market environment for drug reviews and approvals. We fully support this approach, but would highlight three important aspects regarding the current state of these domains:

- 1) Biomedical data standards at the intersection of clinical care and research are immature and inconsistently applied;
- 2) Policy development on the supplemental use of data for purposes of evaluation and research is needed to ensure consistent and accurate interpretation of privacy & human subjects protection regulations; and
- 3) Ecosystem-wide cooperation and communication is needed to ensure stakeholders understand one another's values and constraints.

For example, AMIA submitted comments to FDA regarding the use of data captured and maintained in EHRs for clinical investigations, and we strongly cautioned FDA from assuming that most EHRs are readily configurable for clinical investigations, even among more advanced institutions.<sup>5</sup> Specifically, we perceive an overreliance on the assurances resulting from ONC's Health IT Certification Program related to data reliability and interoperability. We also indicated that data collected for point-of-care purposes may not meet the more stringent requirements needed for research, such as prospective clinical trials.

Notwithstanding these concerns, AMIA supports FDA's willingness to consider EHR data as a potential source for FDA-regulated clinical research, and we are confident FDA is will be uncompromising in upholding evidentiary standards towards achieving the right balance between innovation and regulation.

AMIA strongly supports the robust agenda described in the PDUFA VI commitment letter, and we are eager to assist. We look forward to continued partnership and dialogue.

Sincerely,

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<sup>5</sup> AMIA Response to FDA Draft Guidance on Using EHRs for Clinical Investigations, July 18, 2016  
<http://bit.ly/2bhQiGN>

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