October 23, 2018

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20853

Re: Docket No. FDA-2018-N-3159 for Endocrinologic and Metabolic Drugs Advisory Committee

The undersigned organizations appreciate the opportunity to provide comment on the Endocrinologic and Metabolic Drugs Advisory Committee Meeting which is being convened to discuss the "Guidance for Industry: Diabetes Mellitus – Evaluation Cardiovascular Risk in New Antidiabetic Therapies to Treat Type 2 Diabetes."

First, we'd like to thank the FDA for convening the meeting. The Guidance has been in place for a decade now that recommends that all new medications developed to treat type 2 diabetes undergo pre- and post-approval cardiovascular (CV) risk assessment. As a result, there have been ten completed trials, five of which show evidence of CV benefit, three have neutral CV outcomes findings, and two confirm safety based on the primary safety endpoint of major adverse cardiac events (MACE) but identified a potential increased risk of heart failure.

With the results of ten long-term cardiovascular outcomes safety trials (CVOTs), we believe a review of the Guidance at this time is appropriate. While the CVOTs have yielded much valuable information, it is important to evaluate how to prioritize the continued collection of that information in the broader context of unmet need within diabetes research and development.

In FDA's July 2015 report, Targeted Drug Development: Why Are Many Diseases Lagging Behind?, the agency highlights that there is still much to be learned to enable the development of innovative type 2 diabetes therapies. The report notes that "More basic research is needed to increase scientists' understanding of the interaction between genetic, immunologic, metabolic, and environmental factors that cause specific subsets of patients to develop the disease and why the progress, signs, and symptoms of the disease are variable from patient to patient. Scientists still need to understand much more about why and how the immune system attacks the pancreas, to allow development of treatments that target the specific auto-immune process rather than suppressing the entire immune system, which carries serious risks. Further research is also needed to find biomarkers for susceptibility to specific complications of diabetes (as opposed to the disease itself)."

Given the significant burden of diabetes and prediabetes, it is critical that innovative diabetes interventions continue to be developed. According to the Centers for Disease Control and Prevention's (CDC) 2017 Diabetes Report Card, more than 100 million U.S. adults are now living with diabetes or prediabetes. As of 2015, 30.3 million Americans – 9.4 percent of the U.S. population – has diabetes. Another 84.1 million have prediabetes, a condition that if not

treated often leads to type 2 diabetes within five years. Rates of diagnosed diabetes are higher among American Indians/Alaska Natives (15.1 percent), non-Hispanic blacks (12.7 percent), and Hispanics (12.1 percent), compared to non-Hispanic whites (7.4 percent). Nationwide, as many as 1 in 4 people who have diabetes don't know they have it. But for Asian Americans, that number is much higher—1 in 2, the highest of all ethnic/racial groups. In addition, the percentage of adults with diabetes has increased with age, reaching a high of 25.2% among those aged 65 years or older.

In addition, the cost of diagnosed diabetes care continues to climb. According to the American Diabetes Association, the total estimated cost of diagnosed diabetes in 2017 is $327 billion rising from $245 billion in 2012. The $327 billion includes $237 billion in direct medical costs and $90 billion in reduced productivity. People with diagnosed diabetes incur average medical expenditures of $16,752 per year, of which about $9,601 is attributed to diabetes.

Type 2 diabetes is progressive and multiple therapies are needed over the course of the disease. People with diabetes benefit from a wide range of treatment options and from continued efforts to develop products with more favorable benefit/risk profiles.

Thank you for the opportunity to provide this feedback. We look forward to the discussions at the October 24-25 meeting and thank the advisory committee for reviewing the CVOT requirements for type 2 diabetes drugs.

Sincerely,

Alliance for Aging Research
Association of Black Cardiologists
Global Coalition on Aging
Men's Health Network
National Hispanic Medical Association
National Minority Quality Forum
The diaTribe Foundation