REGULATORY ISSUES

FDA: DEVICES, DIVISIONS, AND DISCUSSIONS

WASHINGTON, D.C.—The Food and Drug Administration (FDA) has approved many more biotech-derived diagnostics than it has drugs or biologics, yet the concerns and controversies seem reserved for therapeutics. Nevertheless, some diagnostics—officially known as medical devices—can raise as many thorny questions as biologics or drugs.

Speaking at the Association of Biotechnology Companies (ABC, Washington, D.C.) meeting here in March, Kshitij Mohan, the director of FDA's Office of Device Evaluation, stressed that research on human subjects has to be limited to situations where there is no other way to obtain the information; moreover, the individual patient must receive some personal benefit.

For most experimental *in vitro* diagnostics, there is no need to involve the patient directly; the patient does not have to be counseled or advised based on the outcome of an experimental test. A problem arises, however, when there is no confirmatory test—the situation that exists now for diagnosing predisposition to genetic disorders. This situation, stresses Mohan, *does* ultimately involve the patient. "The kinds of questions [techniques such as DNA probes] raise about clinical benefit become very important for the Devices people," he adds.

Mohan does not question that medical science will benefit from using DNA probes to better understand the basis of genetic disorders, perhaps even to illuminate a strategy for genetic therapy. What is not as clear, he says, is the clinical benefit of screening healthy individuals for the predisposition to genetic disease. How will they benefit? "What is the clinical value of those tests," he queries, "if no intervention is available?" And what are the appropriate confirmatory tests for those diseases that are currently diagnosed purely by phenotypic expression? "These are the kinds of issues," he concludes, "that need to be addressed on a case-by-case basis with the Agency *before* gathering the data."

In fact, all of FDA's divisions are emphasizing how important it is for companies to consult with the Agency. For Drugs and Biologics—which are in the midst of administrative reforms—this issue is especially pertinent. To improve its efficiency in evaluating new biotech therapeutics, FDA has set up two separate Centers: Paul Parkman heads the Center for evaluating biologics; Carl Peck is in charge of drug evaluation. Unfortunately, many biotech products still fall into a "gray zone;" Parkman, also speaking at the ABC meeting, says FDA officials are devising strategies to assign these ambiguous products.

And Peck promises that all therapeutic items now pending before the Agency will remain in the Center where they were first assigned; applicants need not panic about their products being switched around. In fact, FDA plans to set up a "triage team" to assign new therapeutic applications to the appropriate Center, thereby preventing applicants from "shopping" for a presumably better evaluation. The manufacturing process itself will not be the sole or even the principal criterion for assigning an item to one of the Centers, concludes Peck; end use also will be given significant weight.

—Jennifer Van Brunt and Jeffrey L. Fox