Whereas, patient safety necessitates that physicians have access to sound, unbiased information about the safety and effectiveness of drugs; and

Whereas, physicians rely on data and evidence provided by the Food and Drug Administration (FDA) to guide patients in sound clinical decision-making; and

Whereas, recent trends in FDA approvals have resulted in pharmaceuticals coming to market and gaining FDA approval faster and with less evidence of their efficacy; and

Whereas, clinical trial data for new pharmaceuticals increasingly relies on surrogate endpoints rather than direct measure of clinical benefit, as seen by an increase from 44 percent of pivotal trials based on surrogate endpoints between 2005 and 2012, to 60 percent based on surrogate endpoints between 2015 and 2017; and

Whereas, medications such as the FDA-approved Aducanumab demonstrate that surrogate endpoints that are “reasonably likely” to predict clinical benefit do not always result in actual clinical efficacy; and

Whereas, approximately three quarters of all new drugs in recent years were approved using an expedited regulatory pathway, making it more challenging to assess longer-term benefits and risks; and

Whereas, lack of sufficient data has significant implications for patients, medical professional, and health care spending; and

Whereas, Researchers have found that over half of post-market commitment studies and post-market requirement studies have produced novel information for clinical practice or have led to regulatory action, such as confirmation of benefit or a labeling change; and

Whereas, insufficient data can lead to concerns regarding patient safety and potential negative side effects; and

Whereas, drug manufacturers sometimes fail to complete “post-marketing” follow up trials in a timely manner, if at all; and

Whereas, studies have found that among more than 600 post-marketing studies imposed in 2009 and 2010, 20 percent were never started after five to six years, while others were significantly delayed; and
Whereas, the FDA Amendments Act of 2007 gave the FDA more authority to ensure timely completion of post-marketing requirements, however the FDA has yet to impose a civil monetary penalty for a delay; therefore be it

RESOLVED, that our American Medical Association advocate that the Food and Drug Administration use its authority to require and enforce timely completion of post-marketing trials or studies whenever sponsors rely on surrogate endpoints to support approval (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that the Food and Drug Administration use its authority to require that pharmaceuticals that received approval using surrogate endpoints demonstrate direct clinical benefit in post-market trials as a condition of continued approval (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that the Food and Drug Administration require drug manufacturers to make the findings of their post-market trials publicly available. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 8/31/23

RELEVANT AMA POLICY

Reforming the FDA Accelerated Approval Process H-100.944
Our AMA supports: (1) mechanisms to address issues in the Food and Drug Administration (FDA)'s Accelerated Approval process, including but not limited to: efforts to ameliorate delays in post-marketing confirmatory study timelines and protocols for the withdrawal of approvals when post-marketing studies fail; and (2) specific solutions to issues in the FDA’s Accelerated Approval process if backed by evidence that such solutions would not adversely impact the likelihood of investment in novel drug development.
Citation: Res. 525, A-22

Real-World Data and Real-World Evidence in Medical Product Decision Making H-480.938
1. Our AMA supports the generation and use of real-world data (RWD) and real-world evidence (RWE) fit for regulatory purpose to: (a) evaluate effectiveness and safety of medical products, while assuring patient privacy and confidentiality; (b) improve regulatory decision-making; (c) decrease medical product costs; (d) increase research efficiency; (e) advance innovative and new models of drug development; and (f) improve clinical care and patient outcomes.
2. Our AMA supports the aim of the U.S. Food and Drug Administration (FDA) to expand and clarify the use RWD and RWE in regulatory decision-making including in: (a) understanding the potential of RWE to meet the established standards for adequate and well-controlled clinical investigations; (b) pursuing the integration of RWE into medical product development and regulatory review; and (c) utilizing RWE to support new indications for approved medical products, and its ability to satisfy post-approval study requirements.
3. Our AMA supports that there be adequate funding of data infrastructure to allow for transparent data management capabilities, improved access to data by clinicians, especially physicians, as well as researchers and other stakeholders, and improved reliability and relevance of data.
4. Our AMA supports cooperation and collaboration of stakeholders to facilitate the collection and use of RWD and RWE that is deemed fit for regulatory purpose.
5. Our AMA will evaluate and develop a response to the educational needs of physicians seeking to understand the use of fit for purpose RWD and RWE in clinical practice.
Citation: CSAPH Rep. 2, I-19