August 17, 2020

Division of Dockets Management (HFA-305)
U.S. Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: FDA-2020-D-1136-0015: Effects of the COVID-19 Public Health Emergency on Formal Meetings and User Fee Applications - Questions and Answers Guidance for Industry

Dear Sir or Madam,

On behalf of the neuromuscular disease (NMD) patient community, the Muscular Dystrophy Association (MDA) thanks the Food and Drug Administration (FDA or "Agency") for the opportunity to comment on the Agency's Guidance entitled, "Effects of the COVID-19 Public Health Emergency on Formal Meetings and User Fee Applications - Questions and Answers Guidance for Industry". We are grateful for the Agency's efforts to ensure therapeutic development and regulatory review of new therapies for neuromuscular diseases is not decelerated due to the pandemic.

While substantial progress has been made in the research and development of therapies for NMDs, much need remains. Only a handful of NMDs have an FDA-approved treatment, leaving the remaining NMD communities still waiting for their first treatment. For those disorders where a therapy is currently available to patients, the treatment may be unsatisfactory, or limited to a subset of patients who demonstrate a specific genetic mutation that would be amenable to the intervention.

Consequently, any delay in the development and subsequent regulatory consideration of new therapies for neuromuscular diseases is of great concern. In FDA's Draft Guidance on the "Effects of the COVID-19 Public Health Emergency on Formal Meetings and User Fee Applications", the Agency states,

> "With many staff members working on COVID-19 activities, it is possible that we will not be able to sustain our current performance level in meeting goal dates indefinitely…. We intend to focus resources on investigational new drug applications (INDs), new drug applications (NDAs), and biologics license applications (BLAs) (both 351(a) and 351(k) applications) for drugs or biologics related to COVID-19 or certain other life-threatening conditions."

We appreciate and support the expansive and comprehensive approach the FDA is taking to combat the COVID-19 pandemic. However, we ask FDA to do everything necessary to prevent associated delays in regulatory consideration of products for unmet medical needs in the neuromuscular disease community. We also seek clarity on how precisely FDA will approach resource allocation towards COVID and non-COVID activities.

First, we request further information from the Agency on how specific review divisions, namely divisions within the Center for Drug Evaluation and Research's (CDER) Office of Neuroscience and the Center for Biologics Evaluation and Research's (CBER) Office of Tissue and Advanced Therapeutics (OTAT), will be effected by altered resource allocation intended to respond to the pandemic. Both offices, and the divisions within, play critical roles in reviewing new products for neuromuscular disease community.

Two recent neuromuscular disease therapeutic approvals, Risdiplam for the treatment of spinal muscular atrophy and Viltepso for the treatment of individuals with Duchenne muscular dystrophy amenable to Exon 53 skipping, occurred well within the appointed PDUFA timeline, giving us confidence that pandemic-caused regulatory delays may not adversely affect reviews conducted within CDER's Office of Neuroscience.

We are grateful to have learned that the Division of Rare Diseases and Medical Genetics within CDER's Office of Rare Diseases, Pediatrics, Urologic and Reproductive Medicine has been unaffected thus far from staffing reallocation, and has retained all review staff to review rare neuromuscular disease products.[1] We thank FDA for its continued commitment to the rare disease community.

Second, in the above cited excerpt from the Guidance, FDA posits that regulatory review of products for "certain other life-threatening conditions" will not be delayed by the pandemic. We request greater clarity on what constitutes a "life-threatening" condition to FDA as it pertains to resource allocation. Many neuromuscular diseases may not prove immediately life-threatening, but over the progression of the disease, will be 100 percent fatal. Most neuromuscular diseases are also progressive, meaning any delay in FDA review may cause lost muscle in NMD patients without any hope to regain the muscle. Consequently, we argue that most neuromuscular diseases are indeed life-threatening, therefore warranting an expedited review time that the Agency affords in non-pandemic times.

In summary, we request that FDA do everything possible to avoid delays in neuromuscular disease medical product reviews, and if unavoidable, further clarify what neuromuscular disease products or diseases will and will not be prioritized. For questions regarding MDA or the above comments, please contact Paul Melmeyer, Director of Regulatory Affairs, at pmelmeyer@mdausa.org.

Sincerely,

Paul Melmeyer, MPP
Director of Regulatory Affairs

[1] Dr. Kathleen Donohue, Acting Director of the Division of Rare Diseases and Medical Genetics, on MDA's Pompe disease Patient Focused Drug Development Meeting, July 13th, 2020