Department of Health and Human Services | Public Health Service

Food and Drug Administration
Silver Spring, MD 20993

March 22, 2011

Karen Midthun, M.D.
Presiding Officer
Center for Biologics Evaluation and Research
Food and Drug Administration
1401 Rockville Pike
Rockville, MD 20854

Re: Docket No. FDA 2010-N-0621 - Avastin (bevacizumab)

Dear Dr. Midthun:

On behalf of the Center for Drug Evaluation and Research (CDER), I am writing in response to the March 10, 2011 letter from Genentech, though its counsel, Michael Labson.

CDER concurs with your decision to consult with the Oncologic Drugs Advisory Committee (ODAC) as it is currently configured at the June 2011 hearing. CDER vigorously protects the independence and balance of drug advisory committees in accordance with the Federal Advisory Committee Act and FDA regulations. *See* 5 U.S.C. app. 5(b)(3); 21 CFR 14.40(f)(3). Accordingly, CDER disagrees with Genentech's broad characterization of the ODAC as "essentially aligned with CDER," and the company's proposal that CDER share with the ODAC the time allotted for its questioning of Genentech. ODAC's role in this proceeding is to provide "advice and recommendations" to the Commissioner and, therefore, you as the Presiding Officer -- not CDER. 21 CFR 601.43(e)(1). Moreover, although the ODAC voted in 2010 in favor of CDER's proposal to withdraw the metastatic breast cancer (MBC) indication for Avastin, CDER and the ODAC each exercise independent judgment. That independence is illustrated by CDER's approval of Avastin for MBC after the ODAC voted against it in 2007.

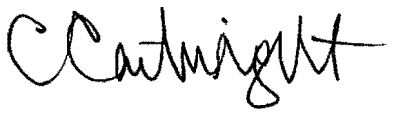
Genentech agreed to abide by the streamlined withdrawal procedures in 21 CFR 601.43 as part of the accelerated approval of Avastin for the MBC indication. When FDA created the accelerated approval process, the agency contemplated that a standing advisory committee that had previously reviewed a drug would participate in a hearing on its withdrawal. The preamble to the proposed rule states that, "especially if they have reviewed the existing data prior to the drug's approval, the committee members should be well situated to provide advice and recommendations concerning withdrawal based on subsequent information in an efficient manner." 57 Fed. Reg. 13234, 13238 (Apr. 15, 1992). If Genentech objected to those procedures, its remedy was to "forego approval under the accelerated process and seek approval under the traditional approval process. Under such circumstances, [the company] would not have benefit of accelerated approval; if the drug were subsequently approved,

however, before withdrawal of approval, [it] would have an opportunity for a [full evidentiary hearing] under 21 CFR part 12[.]" 57 Fed. Reg. 58942, 58955 (Dec. 11, 1992). Genentech agreed to the accelerated approval of the MBC indication for Avastin, and cannot now object to the withdrawal procedure that applies to products approved under that framework.

CDER also agrees with your decision to limit public participation at the hearing to the submission of written testimony. We note that there has been ample opportunity for public participation in this matter. Oral presentations from members of the public were permitted at both the 2007 and 2010 ODAC meetings, and members of the public may submit written comments at any time. Given the streamlined process intended for this hearing and the time constraints under which the agency is operating, allowing additional public testimony could take time away from scientific discussions and deliberations.

Thank you very much for your consideration.

Sincerely,



Carla Cartwright, Esq.
Office of the Chief Counsel
Food and Drug Administration

Abby Brandel, Esq.
Office of the Chief Counsel
Food and Drug Administration

cc: Michael Labson, Esq.
Covington & Burling LLP

Donald Beers, Esq.
Office of the Chief Counsel
Food and Drug Administration

Laurie Lenkel, Esq.
Director, Office of the Ombudsman
Food and Drug Administration