March 18, 2015

A New PATH Against Superbugs

On behalf of The Pew Charitable Trusts, the Infectious Diseases Society of America, and the Trust for America's Health, we are writing to urge you to co-sponsor S. 185, the Promise for Antibiotics and Therapeutics for Health (PATH) Act, introduced this Congress by Senators Orrin Hatch (R-UT) and Michael Bennet (D-CO). This critical bipartisan legislation will establish a much needed limited population approval pathway to bring new antibacterial drugs that treat serious or life-threatening infections to patients with few or no other options.

The Threat of Antibiotic Resistance

Antibiotic resistance is a serious patient safety and public health concern. We are reminded of this by the recent outbreaks of Carbapenem-resistant Enterobacteriaceae (CRE) –a superbug that U.S. Centers for Disease Control and Prevention (CDC) Director Dr. Tom Frieden referred to as "nightmare bacteria." Put simply, we do not have a sufficient pipeline of new antibiotics, and infections are becoming increasingly resistant to the drugs we do have. This puts patients at risk of serious illness and even death. In fact, according to conservative CDC estimates, resistant bacteria sicken over 2 million people in the United States every year, and 23,000 people ultimately die from these infections. The actual numbers are likely far higher, but current surveillance capabilities cannot capture the full burden. On top of those estimates, new data show that a single type of bacteria, C. difficile, contributes to 15,000 to 29,000 deaths per year. **Without the PATH Act, we are deeply concerned that needed drugs will not be developed for patients who have few or no other treatments.**

Bringing Antibiotics to Patients Who Most Need Them

This legislation maintains the existing standard of safety and effectiveness that drugs have to meet for the U.S. Food and Drug Administration (FDA) to approve them. The challenge for developers of drugs to treat highly resistant bacterial infections is that it can be very difficult to identify and enroll patients with these infections in sufficient numbers for traditional, large-scale clinical trials. This is because while these infections are very serious and often deadly, they are still rare enough to make large trials difficult—sometimes impossible. PATH would address this challenge by allowing FDA to approve antibiotics that treat serious or life-threatening infections on the basis of human clinical trials in limited populations of patients who have an unmet medical need. Because the there are fewer patients with multidrug resistant infections than with treatable infections, these trials would likely be smaller than trials for broader indications.

Under this legislation, FDA would consider the benefits and risks for the sickest patients with few or no treatment options. These patients will likely tolerate a higher level of risk than patients with treatable infections. The pathway this legislation would adopt does not guarantee that FDA would expedite the review time for the drug, nor does it require that FDA rely on "surrogate endpoints" as a proxy for a patient's clinical response. It maintains FDA's authority in determining what an antibiotic developer will have to demonstrate in order to prove that a drug is safe and effective and should be approved.

Prioritizing Patient Safety

This bill would not limit a physician's ability to choose the most appropriate drug, as it would be inappropriate to do so. Treating patients with severe infections is challenging—particularly when a patient presents with a new emerging infection for which there are no existing treatments. In such instances, a physician must retain the ability to use his or her best clinical judgment to provide optimal patient care. **Importantly, the bill does contain several important provisions that would greatly reduce the likelihood that limited-population drugs would be used in broader populations.** The bill requires that the drug bear a label that would signal to prescribers and dispensers that the drug was approved under this alternate pathway. Such labeling will allow hospitals and physicians to limit these drugs' use. The bill would also give FDA the authority to review promotional materials about the drug prior to the distribution of these materials, exactly as is done under the existing Accelerated Approval pathway. In addition, it would require that the Department of Health and Human Services monitor the use of antibiotics approved under this pathway. Further, because this bill is targeted only to antibiotics to treat extremely sick patients, it is likely that drugs approved under this bill would primarily be utilized in hospitals, significantly lowering the risk of inappropriate use.

We recognize that the PATH Act alone will not solve the problem of antibiotic resistance. We are working tirelessly on other efforts to promote antibiotic stewardship, surveillance, development of new diagnostics, and economic incentives for antibiotic development. But the PATH Act remains a necessary component of the broader effort to combat resistance. Our best efforts can slow resistance, but we can never stop it. New antibiotics will always be needed. And without the PATH Act, some the most urgently needed new antibiotics will be unable to be developed, and patients will continue dying from highly resistant infections.

Sincerely,

The Pew Charitable Trusts

Infectious Diseases Society of America

Trust for America's Health

The Pew Charitable Trusts is driven by the power of knowledge to solve today's most challenging problems. Pew's antibiotic resistance project supports policies that would spur the creation of new antibiotics, establish stewardship programs to ensure that antibiotics are prescribed only when necessary, and end the overuse of antibiotics in food animals. Learn more at www.pewtrusts.org/antibiotics.

IDSA represents over 10,000 infectious diseases physicians and scientists devoted to patient care, disease prevention, public health, education, and research in the area of infectious diseases. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, tuberculosis, HIV/AIDS, antibiotic-resistant bacterial infections such as those caused by methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), and Gram-negative bacterial infections such as Acinetobacter baumannii, Klebsiella pneumoniae, and Pseudomonas aeruginosa, and emerging infections such as Middle East respiratory syndrome coronavirus (MERS-CoV) and Ebola. Learn more at www.idsociety.org.

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. Learn more at www.tfah.org.