

**Kacuba, Alice**

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**From:** Kacuba, Alice  
**Sent:** Thursday, January 29, 2009 3:53 PM  
**To:** 'sibylle.jennings@novartis.com'  
**Cc:** Cottrell, Christy L.  
**Subject:** NDA 22334: Information request

**Importance:** High

Hi,

Then Stats reviewer has the following Information Request. Please submit an amendment ASAP.

Thank you.

Alice  
Alice Kacuba, RN, MSN, RAC  
Chief, Project Management Staff  
Division of Drug Oncology Products  
Office of Oncology Drug Products  
OND/CDER/FDA  
301-796-1381  
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alice.kacuba@fda.hhs.gov

Please explain the reasons for discrepancy between the following two tables. The first table is constructed based on a\_anp dataset in the analysis folder and the second one from anp dataset in the listing folder. Both datasets used are from September 30, 2008 submission (SN 011).

**Table 1: Antineoplastic Therapies for Cut off Date 28 Feb 2008 (Based on Analysis Data)**

Therapy type	Number of patients with ANP	
	RAD001	Placebo
Missing	18	15
Chemotherapy	12	0
Hormone therapy	0	1
Immunotherapy	8	2
Anticonvulsant	11	1
Hepatic chemoembolization	14	7
Targeted therapy	54	12
Other	5	4
All	96	35

**Table 2: Antineoplastic Therapies for Cut off Date 28 Feb 2008 (Based on Listing Data)**

Therapy type	Number of patients with ANP	
	RAD001	Placebo
Missing	18	15
Chemotherapy	13	1

Hormone therapy	0	1
Immunotherapy	10	2
Anticonvulsant	15	8
Hepatic chemoembolization	1	0
Targeted therapy	60	15
Other	5	6
All	103	41

**Tracking:**

**Recipient**

**Read**

'sibylle.jennings@novartis.com'

Cottrell, Christy L.

Chattopadhyay, Somesh

Read: 1/29/2009 3:54 PM

**APPEARS THIS WAY ON ORIGINAL**

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/s/

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Alice Kacuba  
1/29/2009 03:58:46 PM

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION		<b>REQUEST FOR CONSULTATION</b>		
TO (Office/Division): OSE, Sandy Griffith			FROM (Name, Office/Division, and Phone Number of Requestor): Alice Kacuba, DDOP	
DATE 12-30-2008	IND NO.	NDA NO. 22-334	TYPE OF DOCUMENT labeling for NDA	DATE OF DOCUMENT 12-22-08
NAME OF DRUG Afinitor	PRIORITY CONSIDERATION P	CLASSIFICATION OF DRUG Oncology	DESIRED COMPLETION DATE March 1, 2009	
NAME OF FIRM: Novartis				
<b>REASON FOR REQUEST</b>				
<b>I. GENERAL</b>				
<input type="checkbox"/> NEW PROTOCOL	<input type="checkbox"/> PRE-NDA MEETING	<input type="checkbox"/> RESPONSE TO DEFICIENCY LETTER		
<input type="checkbox"/> PROGRESS REPORT	<input type="checkbox"/> END-OF-PHASE 2a MEETING	<input type="checkbox"/> FINAL PRINTED LABELING		
<input type="checkbox"/> NEW CORRESPONDENCE	<input type="checkbox"/> END-OF-PHASE 2 MEETING	<input type="checkbox"/> LABELING REVISION		
<input type="checkbox"/> DRUG ADVERTISING	<input type="checkbox"/> RESUBMISSION	<input type="checkbox"/> ORIGINAL NEW CORRESPONDENCE		
<input type="checkbox"/> ADVERSE REACTION REPORT	<input type="checkbox"/> SAFETY / EFFICACY	<input type="checkbox"/> FORMULATIVE REVIEW		
<input type="checkbox"/> MANUFACTURING CHANGE / ADDITION	<input type="checkbox"/> PAPER NDA	<input type="checkbox"/> OTHER (SPECIFY BELOW):		
<input type="checkbox"/> MEETING PLANNED BY	<input type="checkbox"/> CONTROL SUPPLEMENT			
<b>II. BIOMETRICS</b>				
<input type="checkbox"/> PRIORITY P NDA REVIEW	<input type="checkbox"/> CHEMISTRY REVIEW		<input type="checkbox"/> OTHER (SPECIFY BELOW):	
<input type="checkbox"/> END-OF-PHASE 2 MEETING	<input type="checkbox"/> PHARMACOLOGY			
<input type="checkbox"/> CONTROLLED STUDIES	<input type="checkbox"/> BIOPHARMACEUTICS			
<input type="checkbox"/> PROTOCOL REVIEW	<input type="checkbox"/> OTHER (SPECIFY BELOW):			
<input type="checkbox"/> OTHER (SPECIFY BELOW):				
<b>III. BIOPHARMACEUTICS</b>				
<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> DEFICIENCY LETTER RESPONSE			
<input type="checkbox"/> BIOAVAILABILITY STUDIES	<input type="checkbox"/> PROTOCOL - BIOPHARMACEUTICS			
<input type="checkbox"/> PHASE 4 STUDIES	<input type="checkbox"/> IN-VIVO WAIVER REQUEST			
<b>IV. DRUG SAFETY</b>				
<input type="checkbox"/> PHASE 4 SURVEILLANCE/EPIDEMIOLOGY PROTOCOL	<input type="checkbox"/> REVIEW OF MARKETING EXPERIENCE, DRUG USE AND SAFETY			
<input type="checkbox"/> DRUG USE, e.g., POPULATION EXPOSURE, ASSOCIATED DIAGNOSES	<input type="checkbox"/> SUMMARY OF ADVERSE EXPERIENCE			
<input type="checkbox"/> CASE REPORTS OF SPECIFIC REACTIONS (List below)	<input type="checkbox"/> POISON RISK ANALYSIS			
<input type="checkbox"/> COMPARATIVE RISK ASSESSMENT ON GENERIC DRUG GROUP				
<b>V. SCIENTIFIC INVESTIGATIONS</b>				
<input type="checkbox"/> CLINICAL		<input type="checkbox"/> NONCLINICAL		
COMMENTS / SPECIAL INSTRUCTIONS: The purpose of this consult is request review of the PPI that sponsor revised based on our letter based on your review. The revised PPI is in the edr under the Dec 22, 2008 submission.				
Thank you. Alice Kacuba				
SIGNATURE OF REQUESTOR Alice Kacuba		METHOD OF DELIVERY (Check one) <input checked="" type="checkbox"/> DFS <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> HAND		
PRINTED NAME AND SIGNATURE OF RECEIVER		PRINTED NAME AND SIGNATURE OF DELIVERER		

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/s/

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Alice Kacuba  
12/30/2008 08:10:51 PM

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