

Lilly Research Laboratories

A Division of Eli Lilly and Company

Lilly Corporate Center Indianapolis, Indiana 46285 317.276.2000

January 25, 2000

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Oncology Drug Products, HFD-150
Attn: Mr. Alvis Dunson, Project Manager
1451 Rockville Pike
Rockville, Maryland 20852-1448

TYPE A
MEETING REQUEST

IND # 40,061 - LY231514 (MTA, MultiTargeted Antifolate) Serial No.: 203 Formal Type A Meeting Request to Discuss Changes of Vitamin Supplementation Instituted for the Ongoing Mesothelioma Registration Trial

Reference is made to Eli Lilly and Company's submissions to the MTA IND (#40,061) on November 8 1999 (serial no. 191), on November 24, 1999 (serial no. 194), on December 3, 1999 (serial no. 195), on December 22, 1999 (serial no. 200) and on December 22, 1999 (serial no. 201). Additionally the FDA Medical Officer has commented on these submissions in FAX communications to Lilly on December 21, 1999 and on January 6, 2000.

As per the February 1999 Guidance for Industry, "Formal Meetings with Sponsors and Applicants for PDUFA Products", Eli Lilly and Company wishes to request a Type A meeting (critical path meeting) to discuss recent changes in the ongoing mesothelioma registration trial. Please see the attached "Formal Meeting Request" with details regarding the proposed meeting.



TRIAL EXHIBIT

TX 333



We again thank Division of Oncology Drug Products for their assistance in the development of LY231514. Please call Mr. John Worzalla at (317) 276-5052 or me at (317) 277-3799 if there are any questions. Thank you for your continued cooperation and assistance.

Sincerely,

ELI LILLY AND COMPANY

Gregory T. Brophy, Ph.D.

Director

U.S. Regulatory Affairs

Enclosure (Formal Meeting Request)



DEPART MENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE		Form Approved OMB No. 0910-0014. Expiration Date: September 30, 2002. See OMB Statement on Reverse.			
INVESTIGATIONAL NEW	CADMINISTRATION DRUG APPLICATION (IND) REGULATIONS (CFR) PART 312)	investigation begun ur	OTE: No drug may be shipped or dinical vestigation begun until an IND for that vestigation is in effect (21 CFR 312.40).		
1. NAME OF SPONS OR ELI LILLY AND COMPANY		2. DATE OF SUBMISSION January 25, 2000			
3. ADDRESS (Number, Street, City, State and Zip C	Portia)	4. TELEPHONE NUMBER			
Lilly Corporate Center		(Include Area Code)			
Indíanapôlis, IN 46285		317) 276-2000			
5. NAME(\$) OF DRUG (include all available names: Compound LY231514 Disodium (MTA		6. IND NUMBER (If previously assigned) IND 40,061			
7. INDICATION(S) (Covered by this submission)		· · · · · · · · · · · · · · · · · · ·			
NA					
B. PHASE(S) OF CLINICAL INVESTIGATION TO BE CONDUCTED: PHASE 1 PHASE 2 PHASE 3 OTHER NA					
9 LIST NUMBERS OF ALL INVESTIGATIONAL NEW	/ DRUG APPLICATIONS (2) CER Port 312) NEW DRU	IG OR ANTIBIOTIC APPLICA	(Specify)		
9. LIST NUMBERS OF ALL INVESTIGATIONAL NEW DRUG APPLICATIONS (2) CFR PORT 312), NEW DRUG OF ANTIBIOTIC APPLICATIONS , (2) CFR PORT 314), DRUG MASTER FILES (2) CFR PORT 314.420), AND PRODUCT LICENSE APPLICATIONS (2) CFR PORT 601) REFERRED TO INTHIS APPLICATION.					
10. IND submission should be consecutively numbered. The initial IND should be in "Serial number: 000." The next submission (e.g., amendment, report, or correshould be numbered "Serial Number: 001." Subsequent submissions should be		umbered spondence)	SERIAL NUMBER		
numbered consecutively in the order i	in which they are submitted.		203		
11. THIS SUBMISSION CONTAINS THE FOLLOWING: (Check di that apply) INITIAL INVESTIGATIONAL NEW DRUG APPLICATION (IND) RESPONSE TO CLINICAL HOLD					
PROTOCOL AMENDMENT (S): INFORMATION AMENDMENT (S): IND SAFETY REPORT (S):					
☐ NEW PROTOCOL	CHEMIST RY MICROBIOLOGY	INITIAL WRITTEN REPORT			
CHANGE IN PROTOCOL	PHARMACOLOGY/I OXICOLOGY CLINICAL	FOLLOW-UP TO A V	VRITTEN REPORT		
RESPONSE TO FDA REQUEST FOR INFORMATION ANNUAL REPORT SENERAL CORRESPONDENCE					
REQUEST FOR REINSTATEMENT OF IND THAT IS WITHDRAWN, INACTIVATED, TERMINATED OR DISCONTINUED		y)			
	CHECK ONLY IF APPLICABLE				
JUST IFICATION STATEMENT MUST BE SUBMITTED WITH APPLICATION FOR ANY CHECKED BELOW. REFER TO THE CITED CFR. SECTION FOR FURTHER INFORMATION.					
TREATMENT IND 21 OFR 312.35(b)	REATMENT PROTOCOL 21 CFR 312.35(a)	CHARGE REQUEST NOTIF	ICATION 21 CFR312.7(d)		
FOR FDA USE ONLY					
OR/DBIND/DGD RECEIPT STAMP	DDR RECEIPT STAMP	DIVISION ASSI	GNMENT:		
		IND NUMBER A	SSIGNED:		

CONFIDENTIAL ELAP00013454

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FORM FDA 1571 (10/99)

PREVIOUS EDITION IS OBSOLETE.

١	12. CONTENTS OF APPLICATION					
1	This application contains the following items: (Check all that apply)					
	1. Form FDA 1571 (21 CFR 312.23(q)(1))	Ý				
İ	2.7 dale of Contents (21 CFR 312.23(a)(2))					
١	3. Introductory statement (21 CFR 312.23(a)(3))					
١	4. General Investigational plan (21 OFR 312.23(a)(3))					
	5. Investigator's brochure (21 CFR 312.23(a)(5))					
1	6. Protocol(s) (21 CFR 312.23(q)(6))	·				
١	a Study protocol(s) (21 CFR 312.23(a)(6))					
1	b. Investigator data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572					
Ì	c. Facilities data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572					
1	d. Institutional Review Board data (21 CFR 312.23(a)(6)(iii)(b)) or completed Form(s) FDA 1572					
١	7. Chemistry, manufacturing, and control data (21 CFR 312.23(a)(7))					
١	Environmental assessment or daim for exclusion	sion (21 CFR 312.23(a)(7)(iv)(e))				
١	8. Pharmacology and toxicology data (21 CFR 312.23(a)(8	I))				
ĺ	9. Previous human experience (21 CFR 312.23(a)(9))					
١	10. Additional information (21 CFR 312.23(a)(10))					
1						
-	3. IS ANY PART OF THE CLINICAL STUDY TO BE CONDUCTED BY A CONTR.	ACT RESEARCH ORGANIZATION? YES	K) NO			
1	IF YES, WILL ANY SPONSOR OBLIGATIONS BETRANSFERRED TO THE CO	INTRACT RESEARCH ORGANIZATION? 🔲 YES	□NO			
	IF YES, ATT ACH A STATEMENT CONTAINING THE NAME AND ADDRESS OF THE CONTRACT RESEARCH ORGANIZATION, IDENTIFICATION OF THE CLINICAL STUDY, AND A LISTING OF THE CBLIGATIONS TRANSFERRED.					
ļ	4. NAME AND TITLE OF THE PERSON RESPONSIBLE FOR MONITORING THE INVESTIGATIONS	CONDUCT AND PROGRESS OF THE CLINICAL				
	James Rusthoven, M.D.					
		·				
ļ						
T	5. NAME(S) AND TITLE(S) OF THE PERSON(S) RESPONSIBLE FOR REVIEW AN SAFETY OF THE DRUG	ID EVALUATION OF INFORMATION RELEVANT T	OTHE .			
ı	Same as #14 Above					
ĺ						
L						
	I agree not to begin clinical investigations until 30 days after					
	FDA that the studies may begin. I also agree not to begin studies are placed on alinical hold. I agree that an Institution					
	fourth in 21 CFR Part 56 will be responsible for initial and					
	proposed dinical investigation. I agree to conduct the inv	restigation in accordance with all oth	ner applicable regulatory			
	requirements. 6. NAME OF SPONSOR OR SPONSOR'S AUTHORIZED	17. SIGNATURE OF SPONSOR OR SPONSOR'S	AUTHORIZED			
ľ	REPRESENT ATIVE	REPRESENT AT LYE				
1	Gregory T. Brophy, Ph.D., Director	16/1				
ļ	U.S. Regulatory Affairs	XIV /				
1	8. ADDRESS (Number, Street, City, State and Zip Code)	19. TELEPHONE NUMBER	20. DATE			
ľ	Eli Lilly and Company	(Indude Area/Code)				
	Lilly Corporate Center Indianapolis, IN 46285	(317) 277-3799	January 25, 2000			
ļ	moranapons, na 40205	1				
(WARNING: A willfully fase statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)						
h	Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions,					
1	searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate a any other aspect of this collection of information, including suggestions for reducing this burden to:					
1	Food and Drug Administration Food and Drug Administration "An agency may not conduct ar spansar, and					
U	CBER (HFM-99) CDER (HFD-94) a person is not required to respond to, a 1401 Rodville Pike 5516 Nichalson Lane calledian of information unless it display					
1	Rodkville, MD 20852-1448 Kensington, MD 20895 currently volid CMB control number."					
Ļ		s application to this address.	CT 1 CT 1			
F	FORM FDA 1571 (10/99) PAGE 2 OF 2					



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