DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville, MD 20857

NDA 21-938
NDA 21-968

Pfizer, Inc.
10777 Science Center Drive
San Diego, CA 92121

Attention: Laurie M. Strawn, Ph.D.
Associate Director, Worldwide Regulatory Strategy

Dear Dr. Strawn:

Please refer to your new drug applications (NDAs) dated August 10, 2005, received, August 11, 2005, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for SUTENT® (sunitinib malate) Capsules, 12.5 mg, 25 mg, and 50 mg.

We acknowledge receipt of your submissions dated August 31, September 15 (2), 23, and 30 (2), October 6 (2), 11, 14 (2), 20, 24 (2), 26 (2), and 28 (2), November 11 (2), 14, 16, 23, and 28, December 5, 6, 16, 19, 20 (2), and 21, 2005, and January 5, 10, and 12 (2), 2006. We completed our review of these applications, as amended.

These new drug applications provide for the use of SUTENT® (sunitinib malate) Capsules for the treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate and for the treatment of advanced renal cell carcinoma. Approval for advanced renal cell carcinoma is based on partial response rates and duration of responses. There are no randomized trials of SUTENT demonstrating clinical benefit such as increased survival or improvement in disease-related symptoms in renal cell carcinoma.

NDA 21-938 for the treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate is approved, effective on the date of this letter, for use as recommended in the agreed-upon labeling text.

NDA 21-968 for the treatment of advanced renal cell carcinoma is approved under the provisions of accelerated approval regulations (21 CFR 314.510), effective on the date of this letter, for use as recommended in the agreed-upon labeling text. Marketing of this drug product and related activities must adhere to the substance and procedures of the referenced accelerated approval regulations.

The final printed labeling (FPL) must be identical to the enclosed labeling (text for the package insert and immediate container labels). Marketing the product with FPL that is not identical to the approved labeling text may render the product misbranded and an unapproved new drug.

Please submit an electronic version of the FPL according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format - NDA*. Alternatively, you may submit 20 paper copies of the FPL as soon as it is available but no more than 30 days after it is printed. Individually mount 15 of the copies on heavy-weight paper or similar material. For administrative purposes, designate these submissions "**FPL for approved NDA 21-938**" and "**FPL for approved NDA 21-968**." Approval of these submissions by FDA is not required before the labeling is used.

Products approved under the accelerated approval regulations, 21 CFR 314.510, require further adequate and well-controlled studies to verify and describe clinical benefit. We remind you of your post marketing study commitments specified in your submission dated January 25, 2006, for NDA 21-968 for the treatment of advanced renal cell carcinoma. These commitments, along with any completion dates agreed upon, are listed below.

1. Provide the response rate and duration of response data from the first interim efficacy analysis of study titled "A Phase 3, Randomized Study of SU011248 versus Interferon-α as First-Line Systemic Therapy for Patients with Metastatic Renal Cell Carcinoma". Also, submit the comparative safety data that are available at the time of data cutoff for the interim analysis. This will include an interim study report as well as raw and derived datasets.

Protocol Submission:	submitted 06/2004
Study Start:	08/2004
Final Report Submission:	by 03/2006

2. Submit efficacy data obtained at the final analysis, including progression-free survival, overall survival, response rate and duration of response; as well as updated safety data for study titled "A Phase 3, Randomized Study of SU011248 versus Interferon-α as First-Line Systemic Therapy for Patients with Metastatic Renal Cell Carcinoma". This submission will include the final study report as well as raw and derived data sets.

Protocol Submission:	submitted 06/2004
Study Start:	08/2004
Final Report Submission:	by 07/2006

3. Submit raw and derived datasets containing the core imaging facility assessments used to derive the updated response rate and median duration of response on study titled "A Pivotal Study of SU011248 in the Treatment of Patients with Cytokine-Refractory Metastatic Renal Cell Carcinoma".

Protocol Submission:	submitted 11/2003
Study Start:	02/2004
Final Report Submission:	by 03/2006

4. Submit follow-up left ventricular ejection fraction (LVEF) data for patients 16, 46, and 81 on the study titled "A Pivotal Study of SU011248 in the Treatment of Patients with Cytokine-Refractory Metastatic Renal Cell Carcinoma". Case narratives should be submitted and should include additional cardiac evaluations that were performed and treatments that were administered for congestive heart failure. Additionally, submit LVEF data and clinical narratives for any patient who, after the data cutoff for the initial NDA submission, had a documented LVEF of ≤ 40% and/or signs and symptoms of cardiac failure.

Protocol Submission:	submitted 11/2003
Study Start:	02/2004
Final Report Submission:	by 05/2006

5. Submit comparative LVEF and cardiac safety data for patients enrolled on the adjuvant renal cell carcinoma trial, E2805 titled "A Randomized, Double-Blind Phase III Trial of Adjuvant Sunitinib versus Sorafenib versus Placebo in Patients with Resected Renal Cell Carcinoma". The protocol will be revised to include a plan acceptable to the FDA for ejection fraction monitoring at baseline and follow-up.

Initial Protocol Submission:	submitted 11/2005
Revised Protocol Submission:	by 05/2006
Study Start:	by 03/2006
Final Report Submission:	by 06/2011

Submit final study reports to NDA 21-968 as a supplemental application. For administrative purposes, all submissions relating to these postmarketing study commitments must be clearly designated "**Subpart H Postmarketing Study Commitments**."

All applications for new active ingredients, new dosage forms, new indications, new routes of administration, and new dosing regimens are required to contain an assessment of the safety and effectiveness of the product in pediatric patients unless this requirement is waived or deferred. We are waiving the pediatric study requirement for these applications.

In addition, we note your following postmarketing study commitments for both NDAs, specified in your submission dated January 25, 2006, that are not a condition of the accelerated approval for NDA 21-968. These commitments are listed below:

6. Provide an analysis of the relationship between exposure and efficacy outcomes from the study titled "A Phase 3, Randomized Study of SU011248 versus Interferon-α as First-Line Systemic Therapy for Patients with Metastatic Renal Cell Carcinoma".

Protocol Submission:	submitted 06/2004
Study Start:	08/2004
Final Report Submission:	by 07/2006

7. Submit the completed report and datasets for study titled "A Phase 1 Study to Evaluate the Effect of SU011248 on QTc Interval in Subjects with Advanced Solid Tumors".

Protocol Submission:	submitted 07/2004
Study Start:	08/2004
Final Report Submission:	by 03/2006

8. Submit the completed report and datasets for study titled "A Phase 1 Study to Evaluate the Pharmacokinetics of SU011248 in Subjects with Impaired Hepatic Function".

Protocol Submission:	submitted 08/2005
Study Start:	09/2005
Final Report Submission:	by 05/2006

9. Submit completed final study report for study titled "A Phase III, Randomized, Double-Blind, Placebo-Controlled Study of SU011248 in the Treatment of Patients with Imatinib Mesylate (Gleevec®, Glivec®)-Resistant or Intolerant Malignant Gastrointestinal Stromal Tumor".

Protocol Submission:	submitted 11/2003
Study Start:	12/2003
Final Report Submission:	by 12/2006

Submit clinical protocols to your IND for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all study final reports to both NDAs. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii), you should include a status summary of each commitment in your annual report to both NDAs. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies, number of patients entered into each study. All submissions, including supplements, relating to these postmarketing study commitments must be prominently labeled "**Postmarketing Study Commitment Protocol**", "**Postmarketing Study Commitment Final Report**", or "**Postmarketing Study Commitment Correspondence**."

For NDA 21-938 for the treatment of gastrointestinal stromal tumor after disease progression on or intolerance to imatinib mesylate, submit three copies of the introductory materials that you propose to use for this product. Submit all proposed materials in draft or mock-up form, not final print.

As required by 21 CFR 314.550, for NDA 21-968 for the treatment of advanced renal cell carcinoma, submit all promotional materials at least 30 days before the intended time of initial distribution of labeling or initial publication of the advertisement. Send one copy to the Division of Drug Oncology Products and two copies of all promotional materials and the package insert directly to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Drug Marketing, Advertising, and Communications
Food and Drug Administration
5901-B Ammendale Road
Beltsville, MD 20705-1266

We have not completed validation of the regulatory methods. However, we expect your continued cooperation to resolve any problems that may be identified.

We remind you that you must comply with the reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at www.fda.gov/medwatch/report/mmp.htm.

If you have any questions, call Christy Cottrell, Consumer Safety Officer, at (301) 796-1347.

Sincerely,

{See appended electronic signature page}

Richard Pazdur, M.D.
Director
Office of Oncology Drug Products
Center for Drug Evaluation and Research

Enclosure

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