

REGULATORY SUBMISSIONS FOR RARE DISEASES: NAVIGATING ACCELERATED APPROVAL PATHWAYS

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Abstract - Pharmaceutical companies, as well as regulators around the world, are intensifying efforts to get increasingly complex drugs to patients with high unmet medical requirements in the shortest possible time frame. This paper aims to identify the contribution or the role played of “accelerated approval pathways” to cure rare diseases by the selection of secondary research methods. Many regulatory authorities all over the globe have established regulatory pathways for expedited development and approval of drugs for main purpose of reduce patient exposure time for treatment of serious and life threatening diseases and unmet medical need, this trend generates a tendency of increased availability of expedited regulatory pathways and a concomitant developing and modernization processes of regulatory systems necessitating sponsors to revisit the development and regulatory strategy of a given drug.

Index Terms- Rare Diseases, Accelerated Approval Pathways, Regulators, FDA

I. INTRODUCTION

A. Background to the Study

An estimated 7,000 “rare diseases” plague around 400 million people globally, while 70% have a “genetic origin and half” of these diseases impact children [1]. Together, people dealing with “rare diseases” became the widest “underserved patient communities” in the world, of which only 5%

of known rare diseases have one or more approved treatments [1]. Accelerated Approvals like “Orphan Drug Designation”, “Accelerated Approval,” and “Fast Track” are commonly used in rare diseases, making the regulatory submissions complex.

These expedite developing and reviewing drugs for serious conditions with unmet medical needs. The designation for Accelerated Approval Pathways refers to the fact that the incentive it brings for developing drugs for rare diseases includes priority review and market exclusivity. “Treatments for rare diseases” (RDs) are effectively the focus of drug manufacturers [2]. This pathway shortens the time it takes to develop and review drugs intended for treating serious conditions with unmet medical needs.

B. Overview

The regulatory submissions for rare diseases include a journey with accelerated approval pathways to faster access to patient treatments. For instance, agencies such as the FDA and EMA have programs such as the “Orphan Drug Act” and “PRIME” [3]. The scope of their effectiveness, drawbacks, and their influence on drug development, safety, and patient outcomes has been studied.

C. Problem Statement

Apart from accelerated approval pathways benefiting the development of drugs for some rare diseases, threats are present to specify the safety of drugs, on-time treatment, cost, and effectiveness. Barriers through regulatory complexities, lack of clinical trial

data, and high development costs for the pharmaceutical companies and the patients have been cultivated.

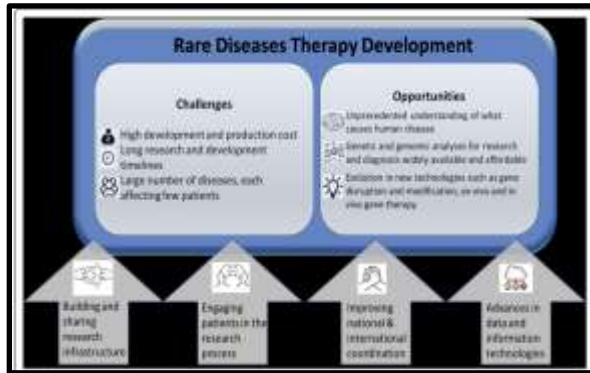


Figure 1: Challenges, opportunities, and initiatives for rare disease therapy [4]

Figure 1 has highlighted opportunities around the “development of rare disease therapy”, including evaluation and incorporation of new technologies. However, the concern is also of balancing expedited approval with when the evaluation is rigorous. Accelerated approval pathways are examined by the agencies and industry impediments in this study of their effectiveness [4]. Using statistical trends and stakeholders' perspectives, it lays out recommendations for improving the accessibility and safety of drug development while keeping innovation high in treating rare diseases.

D. Objectives

The primary objectives of this paper are:

1. To identify the particularity of accelerated approval pathways to quicken drug approvals to cure rare diseases.
2. To highlight the effect of accelerated approval initiatives on market and innovation in the pharmaceutical sector.
3. To analyse regulatory threats linked with balancing and fastening drug approvals by maintaining safety protocols.
4. To propose corrective measures to develop regulatory models to improve accessibility and safety of drugs to diagnose rare diseases.

Thus, these research objectives aim to identify the contribution or the role played of “accelerated approval pathways” to cure rare diseases.

E. Scope and Significance

This paper focuses on the U.S. (FDA) and EMA treatment regulatory framework with respective accelerated approval pathways for rare disease treatments. This delves into approval processes, industry barriers, and agential implications on patient access. Additionally, significance lies in the fact that this is filling regulatory gaps promptly with the availability of lifesaving treatments that are safe and efficacious to patients. This paper analyses stakeholder perspectives and approval trends to recommend policy improvement through optimal regulatory policies. Thus, rare diseases became the core driver of conditional approval [5]. These frameworks can be augmented to further stimulate pharmaceutical innovation, enhance patient outcomes, and streamline the Rare Disease drug approval pathway.

II. LITERATURE REVIEW

A. Significance of accelerated approval pathways

FDA accelerated approval pathways can greatly facilitate the approval of drugs for rare diseases and may thus bring them to the market more quickly and even potentially save lives, but only after being approved in need of post-approval studies confirming clinical benefit. Purpose of accelerated approval is that the FDA's accelerated approval pathway offers a method for expediting the development and approval of treatments for critical cases, especially for those that have unmet medical requirements, by advancing approval based upon a surrogate endpoint or an intermediate clinical endpoint that is likely to predict a drug's clinical benefit. Regulatory authorization in

one jurisdiction can “de facto facilitate accelerated” authorization in another jurisdiction, hence neglecting duplication of effort [6]. The Accelerated Approval process decreases the timeline to potentially life-saving treatments for patients with rare diseases, where prior approval is quite time-consuming. The other alternative for supporting rare disease drug development is through some of the other expedited programmes offered by the “FDA: fast-track designation, “breakthrough therapy designation”, and “priority review”.

B. Effect of accelerated approval initiatives

Accelerated approval initiatives are “fast entry tracking programs” for drugs in rare disease into the market by approving drugs based on surrogate endpoints very early. This allows faster access to potentially life-saving drugs (and innovations) but at the same time raises concerns about later clinical benefits and potential withdrawals. Innovations help mitigate most of the regulatory threats in “rare disease drug development” and encourage the availability of new systems for patients with rare diseases [7].

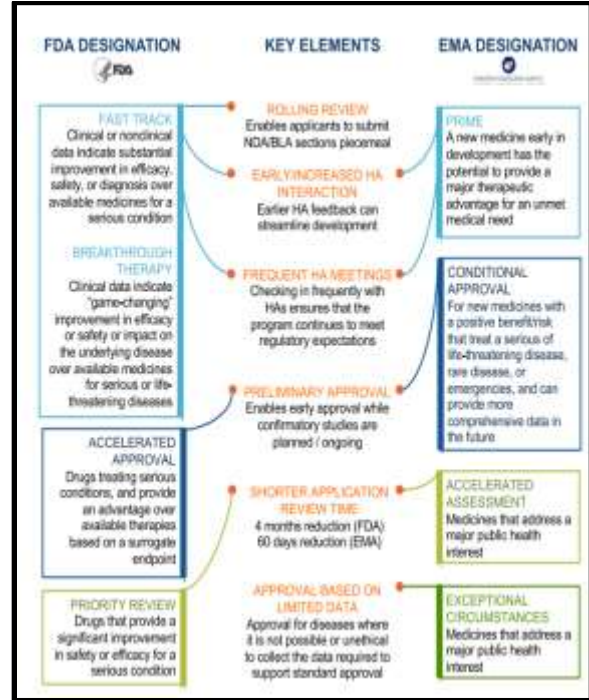


Figure 2: Food and Drug Administration programs [7]

As per Figure 2, drugs can be eligible for all of these initiatives, provided they fulfill the criteria. These programs eliminate or at least reduce regulatory burdens that allow for faster get-to-market of therapies but keep us evaluating safety and efficacy. This promotes innovation since companies are more likely to invest research into less numerous patient problems. For example, *in 2019, FDA approved Novartis’s Zolgensma under the accelerated approval pathway for Spinal Muscular Atrophy (SMA)* [8]. This offered a one-time gene therapy option to infants born with a genetic condition with few other options. The approval of Zolgensma was based on early phase clinical trial case in which motor function and survival improved and further post market studies are still required to confirm long-term safety and efficacy [8]. Therefore, the case illustrates the promise and responsibility of fast programs in bringing new innovations while continuing to offer benefit and safety.

C. Regulatory Threats

Regulatory threats involve “missed safety signals”, dependence on surrogate endpoints, and the need for strong post-approval monitoring while balancing fasten drug approvals with strong safety standards. This term refers to the fact that expedited approval pathways often rely on surrogate endpoints and the indicators that suggest a drug’s potential benefit but do not reflect clinical benefit and can lead to dependence on surrogate endpoints in the persisting use of the drug over time. “Regulatory pathways” lead the applicants to submit restructured data to support a “drug approval” [9]. Expedited drugs may need additional safety or post-marketing surveillance studies, and they can be difficult to undertake and monitor. Such expedited approvals could happen with less typical safety information than normal approvals, which leads to unknowable dangers or problems occurring after the drug is sold into the market.

D. Corrective Measures around Regulatory Frameworks

Authoritative frameworks to improve safety and accessibility of drugs needs to thrive on compatible pathways, monitor and relies on strong post marketing observation. “Adaptive licensing framework” in this regard, depending on “Regulatory Science Theory” refers that the drug approvals needed to be proactive leading to real-life corrective measures to regulate restricted data of clinical trials. Regulatory submissions and publicly sharing computational framework support regulatory decision-making [10]. At first, partnership among agencies, including EMA, MHRA and FDA, needs to be facilitated to balance authoritative parameters internationally, fast drug approvals globally. After that, regulators need to increase “conditional approvals” rates, requiring organisations to

create a strong post-marketing investigation to specify safety and effectiveness for the long term. Lastly, financial facilities, tax credits, and others need to be diversified to facilitate pharmaceutical organisations to fund the treatment of rare diseases such as EDS, Batten Disease, “Hutchinson-Gilford Progeria Syndrome,” and others.

III. METHODOLOGY

A. Research Design

Research design in methodology acts as a plan or strategy that describes how the research will be performed. This refers to the methods for gathering and interpreting data to answer research questions and fulfil the research objectives. This research has selected “*explanatory research design*” as it investigates the impact of “accelerated approval pathways on rare disease drug accessibility and safety”. Explanatory data were cultivated because the initial quantitative data results are described further with the qualitative measurements [11]. Pharmaceutical innovation, identification of regulatory gaps, and causal relationships can all be explained with its help. Other research designs, including descriptive or exploratory, are not appropriate since they involve observing rather than analysing cause and effect relationships in regulatory frameworks.

B. Data Collection

This research has applied a multi-research approach with the selection of both secondary quantitative and qualitative data collection and analysis strategies. Data sources used for the secondary qualitative research are journal articles, case study examples, and industry reports. After that, statistical charts, graphs, and metrics are collected and further interpreted in a secondary quantitative method.

C. Case Studies/Examples

Case Study 1: Spark Therapeutics

Luxturna acts as a gene cure regarding “Leber Congenital Amaurosis”, which creates blindness among patients. Luxturna is the first FDA-approved gene therapy for a genetic condition of the eyes [12]. This had a very accelerated clinical trial approval process and has been supported with post-market data to continue its use.

Case Study 2: Biogen

In December 2016, the FDA approved Biogen’s patient medicine Spinraza (nusinersen), the first approved treatment of the rare and often fatal genetic disorder Spinal Muscular Atrophy (SMA) [13]. It had received fast track benefits, priority review, and orphan drug status which allowed for the drug to speed through the regulatory process. The Phase 3 clinical trial of approval was for motor function and survival improvements in infants with SMA. The long term efficacy and safety had to be confirmed by post market studies; the decision was a key point for SMA patients and rare disease innovation more generally [13]. Spinraza is a case of an expedited pathway bringing a groundbreaking treatment to patients with high unmet medical needs, especially in pediatric rare diseases.

Case Study 3: Novartis

FDA approved a gene therapy for “Spinal Muscular Atrophy” (SMA) “Zolgensma”. The therapy, which is an infusion of one time, is used to treat the genetic condition in children under 2 years of age [14]. The first gene therapy for SMA was Zolgensma, and this drug delivered great improvement in survival and motor function. A treatment with around a \$2.1 million price tag cost both

the price and a quicker path to a breakthrough.

D. Evaluation Metrics

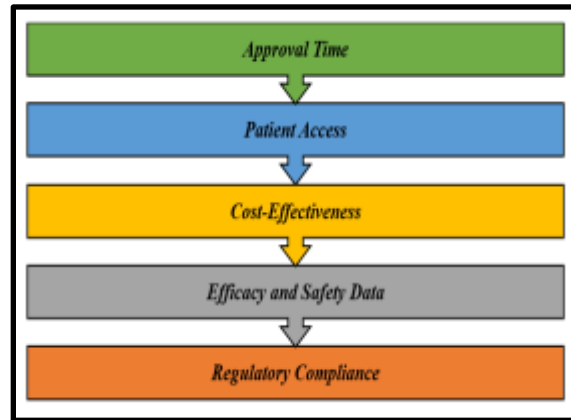


Figure 3: Evaluation Metrics

[Source: Self-Created]

As per the above figure, metrics such as “time,” “projects accelerating patient access,” “Regulatory Compliance,” and others are used to evaluate these accelerated pathways to help ensure that they achieve the speed at a cost or safety and patient benefit [15]. They provide insights into how effective these pathways are in ensuring quick access to these drugs while upholding high standards for drug evaluation.

IV. RESULTS

A. Data Presentation

Regulators and pharmaceutical companies are on the edge across the world to get complex and innovative drugs to the affected ones with high unmet medical requirements in the shortest time-bound. This way through the regulatory approval is based on a surrogate or early endpoint.

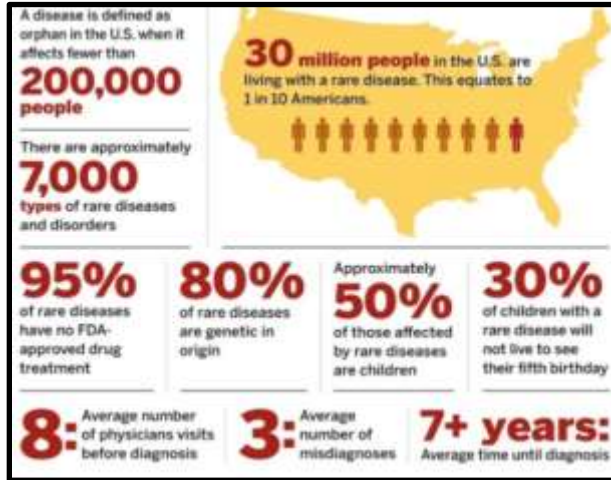


Figure 4: Rare Diseases Overview

[16]

As per the above figure, there are more than 7,000 different types of rare diseases that exist, and they are currently discovering them daily. It is thought that 350 million people across the globe suffer from rare diseases [16]. Additionally, all of those people put on their own country would rank as the third most populous country in the world.

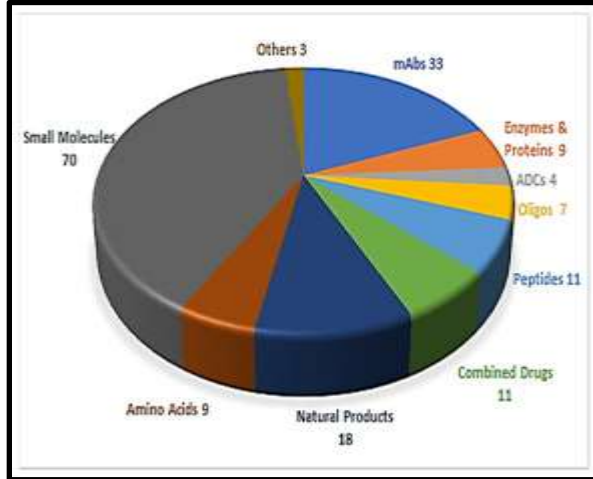


Figure 5: Drugs approved by the FDA

[17]

The figure shows that around 175 new drugs were approved by the FDA from 2016 to 2019, including “Monoclonal antibodies,” “oligonucleotides,” “antibody drug conjugates,” and others [17].

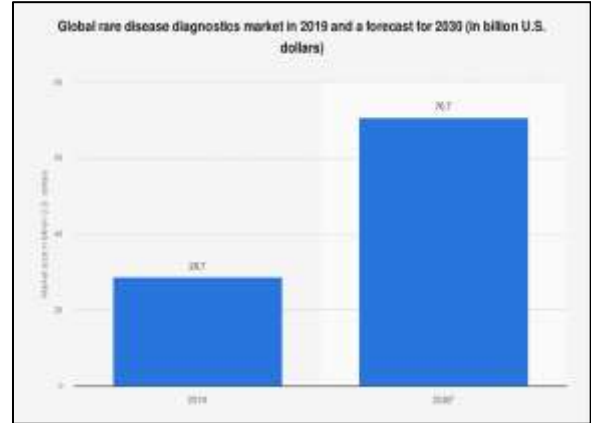


Figure 6: Global rare diseases diagnostics market in 2019

[18]

In the above figure, the graph shows the estimated growth of global rare disease diagnostics market from 2019 to 2030. According to the facts, the market had a value of \$28.7 billion in 2019 and is expected to reach \$70.7 billion by the year 2030 [18]. Such an increase is due to advancements in the diagnostic technologies, the increase in the disease’s awareness, and the supportive regulatory frameworks [18]. The more than twofold growth underscores the increasing role of early and early diagnosis in medicine of rare diseases and reflects the commercial and clinical relevance of this segment.

B. Findings

Regulatory compliance regarding rare diseases with the help of the process of “accelerated approval” has a wide access to major treatments, referring to unsatisfied medical requirements. These processes lead to a seamless medical approval depending on the data and information initially. The first graph in this regard has highlighted a statistical overview of rare diseases. There are roughly 7,000 types of rare diseases, and more are being discovered each day [16]. 350 million people around the world suffer from rare diseases. 35% of the deaths within the first year of life are caused by rare diseases [16]. One would expect these diseases to be

curable, but 95% of rare diseases possess no such FDA-approved drug treatment. On the other hand, the second graph highlights the range of FDA approvals from 2016 to 2019 [17]. Finally, the last graph brings out growth potential of the global rare disease diagnostics market, which was worth about \$28.7 billion in 2019 and is expected to increase to about \$70.7 billion by 2030 [18]. This dramatic increase of the field is caused by increasing investment, technological advancements and regulatory incentives towards early identification and management of rare diseases, which are highly encouraged by accelerated approval practices.

C. Case Study Outcomes

Case study	Company name	Outcome	Relevance to current research
Luxturna	Spark Therapeutics	Effectiveness and safety have been solidified by continued post-marketing surveillance of the case study, which has shown a continued improvement in visual	Spark’s leadership in gene therapy was underscored in the example, and the flexibility in the case cantered on regulation delivers life-changing

		acuity [12].	treatments for rare conditions. At the same time, it also established a tradition for future gene therapies by reinforcing the importance of always updating regulatory innovation.
Spinraza	Biogen	Fast track, priority review, orphan drug in approve in 2016 from FDA. Improved motor function and survival in infants with SMA	This shows how early clinical data can be the difference in providing early access to the first approved treatment for a fatal

		[13].	pediatric disease, a case of accelerated pathways allowing for fast track to treatment in the early clinical data.
Zolgensma	Novartis	The one-time gene therapy Zolgensma improved motor function and survival rates for young children with spina bifida. The high price tag earned discussion after it received accelerated approval based on early-phase clinical	Zolgensma was a successful example for Novartis, and it was a story of how Novartis navigates the regulatory framework and brings innovative solutions to rare, life-threatening conditions.

		trials. Its efficacy and long-term benefits were affirmed by post-approval studies [14].	
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Table 1: Case Study Outcomes

[Source: Self-Created]

Moreover, these case study examples strengthen the trend of therapies and reinforce the company's position as a core area for further development.

D. Comparative Analysis

Author	Aim	Findings	Gaps identified
[6]	This article aims to “facilitate regulatory pathways during disease.”	Regulators are normally quite willing to discuss development plans and regulatory issues along with product developers.	Lack of incorporation of primary evidence.
[7]	“This paper aims to identify authoritative	Innovation has a pivotal role in mitigating	No primary or statistical investigation

	ve initiatives for rare diseases under current global regulatory statutes.”	g many regulatory threats in rare disease drug development and facilitating the availability of new diagnoses for patients dealing with rare diseases.	included.
[9]	“This article aims to review supplemental applications within a total of 10 months.”	Both the “US and EU regulatory pathways” lead applicants to submit restricted data to support a drug approval, with the anticipation that complete data will be provided to support a regular approval.	Lack of primary research incorporation.

[10]	“This paper aims to identify the contribution of computational modelling for medical tools.”	The power of the particularity relies on the ability to alternate costly and time-consuming clinical trials for new imaging processes with completely “silico trials”.	Lack of statistical Research
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Table 2: Comparing Secondary Sources
[Source: Self-Created]

V. DISCUSSION

A. Interpretation of Results

Both secondary analyses were done to fulfil the research aim and objectives. The first objective has highlighted the particularity of accelerated approval pathways to quicken drug approvals to cure rare diseases, and this was fulfilled by showing several case study examples of different companies. Additionally, statistical graphs were presented to highlight the effect of accelerated approval initiatives on the market and innovation in the pharmaceutical sector and create an idea of “accelerated approval pathways” to cure rare diseases, fulfilling research objectives. Furthermore, “Reliance on Surrogate Endpoints,” “missed safety signals,” “Limited Safety Data,” and “Increased Pressure on Regulators” have

been identified as regulatory threats linked with fastening the drug approvals [9].

B. Practical Implications

Accelerated approval pathways for rare diseases also have great practical implications for the pharmaceutical industry and healthcare systems, as such. For organisations, referring to these models needs a balance of the speed and scientific rigor that is required for companies. They need to be ready to supervise the management of the challenges of following the new treatments to provide optimal healthcare to the patients [19]. They can allow faster access to life-saving treatments, a particular benefit for conditions with few available treatments, to improve patient outcomes. Closely related, they also express concern that the drugs have no data from clinical trials to support their long-term safety or efficacy. Moreover, these ways show the recruitment for ongoing innovation and flexibility in the process of drug approval for rare diseases.

C. Challenges and Limitations

However, this paper had its limitations, such as selection and dependence on one method, such as secondary data collection and analysis processes, which led to a threat of bias in the findings of this research. After that, only 3 instances of case studies limit the wider scope of this research [14]. Furthermore, this paper is faced with challenges and limitations, such as the difficulty in having constant and long-term post-market drug safety and efficacy data because of the scope of accelerated trials. Coupled with high costs of limited patient access to treatments approved through accelerated pathways, the analysis becomes more complicated.

D. Recommendations

For professionals who want to implement accelerated approval pathways for rare diseases, they need to consider both speed of access and safety monitoring, in balance, and be open and transparent with the patients, other stakeholders in communicating about treatment outcomes and expenses. Innovative, accessible mitigations can also be fulfilled by incorporating funds in rare disease research and development and the creation of public-private partnerships [20]. A need for strengthening collaboration with regulatory bodies and coordinating their position with the available data from preclinical, clinical, and post-market data. The safety of the patients and diagnosis rely on indicators depending on real-world evidence that can be used to create adaptive regulatory initiatives.

VI. CONCLUSION AND FUTURE WORK

Accelerated approval is necessary to advance new, safe, and effective drugs to patients with serious and life-threatening diseases and conditions as quickly as possible. The FDA has put together submission pathways, also known as regulatory processes, for medical device manufacturers to follow to be sure that such products are safe and effective before they hit the market. The AA pathway allows the FDA to substitute a surrogate endpoint in evaluating the safety and efficacy of medical products used to treat serious diseases in need of medical products.

Moreover, future efforts related to this topic would be to improve regulatory settings by including a greater amount of real-world evidence in the accelerated approval policy development. This also may investigate to see how effective and safe treatments approved under these pathways turn out to be long term. Interpreting the internationalism of the authoritative protocols and their effects

on the safety and access of the patient creates proactive measures for further drug development operations.

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