June 30, 2026
Dockets Management Staff (HFA-305),
Food and Drug Administration,
5630 Fishers Lane, Rm. 1061,
Rockville, MD 20852

RE: Docket No. FDA-2026-N-3947 for "Impacts of Patient-Focused Drug Development Meetings; Establishment of a Public Docket; Request for Information and Comments."

Dear Acting Commissioner Diamantas,

On behalf of the EveryLife Foundation for Rare Diseases, we are pleased to provide comments relevant to the proposed rule on patient-focused drug development (PFDD).

The EveryLife Foundation for Rare Diseases is a 501 (c)(3) nonprofit, nonpartisan organization dedicated to empowering the rare disease patient community to advocate for impactful, science-driven legislation and policy that advances the equitable development of and access to lifesaving diagnoses, treatments, and cures. Our comments reflect the insights and experiences of our diverse coalition, comprised of patient organizations, industry leaders, and other relevant stakeholders who together inform our policy efforts.

Foundational to today's Patient-Focused Drug Development (PFDD) ecosystem was the establishment of a formalized engagement between regulators and patient community experts through FDA's initiation of the first twenty Patient-Focused Drug Development Workshops under PDUFA V, whose success gave rise to the expanded Externally-Led PFDD Workshop mechanism. These meetings represented a transformative shift in how the Agency engaged with patient communities, creating a structured process to systematically capture insights and data on disease progression, community subpopulations, lived experiences, treatment priorities, and benefit-risk perspectives of both patients and caregivers.

The knowledge generated through these meetings helped demonstrate the value of patient experience data as a meaningful component of regulatory science and served to build broader stakeholder support for expanding patient engagement across the medical product lifecycle. As the PFDD movement matured through the 21st Century Cures Act, PDUFA VI, and PDUFA VII, the lessons learned from these meetings informed the development of FDA's Benefit-Risk Framework and the Assessment of the Use of Patient Experience Data in Regulatory Decision Making (PED table), increased opportunities for patient participation in FDA advisory committees and regulatory discussions, and ultimately helped drive the creation of the PFDD Guidance Series.

Together, these efforts have established a scientific and regulatory framework for systematically incorporating patient perspectives into drug development and review, resulting in more patient-centered clinical development programs and helping ensure that therapies for rare diseases are evaluated based on outcomes that matter most to patients and families.

FDA Question 2 - What scientific questions, research initiatives, or identified gaps in the understanding of a disease or condition have resulted from PFDD meetings?

While the PFDD meeting mechanism has been transformative within individual diseases and conditions, the PFDD meeting initiative has also been foundational for new collaborations and convenings that focus on building alignment on pre-competitive, regulatory-science issues affecting one or more specific communities' drug development opportunities.

While the PFDD meetings have yielded tremendous insights, they were not structured to enable patient community experts, scientific experts, and regulators to reach consensus around specific issues. In instances in which disease- or condition-specific communities have encountered scientific or regulatory quandaries, there has been a need for a distinct, complementary meeting mechanism designed to enable scientific and regulatory experts to overcome specific bottlenecks.

The Science-Focused Drug Development (SFDD) meeting would convene developers, regulators, scientific and academic experts, and patient advocates to proactively and systematically discuss drug development considerations, in particular rare diseases or groups of rare diseases that share a specific drug development challenge (e.g. study design, study duration, intended population, endpoints).

Building on the strides in patient engagement and the success of the externally-led PFDD Workshop model, the establishment of a new mechanism for community engagement around scientific and regulatory challenges, referred to as the Science-Focused Drug Development initiative, provides an opportunity to systematically discuss specific scientific development considerations in particular rare diseases, many of which are highlighted in PFDD meetings and the resulting Voice of the Patient Reports.

The Rare Disease Innovation Hub has initiated a distinct meeting series, the RISE Workshops, to address common regulatory science challenges experienced across rare disease medical product development. With appropriate resources, the Hub can also facilitate the creation of SFDD meetings. Such an initiative would be distinct from existing mechanisms, such as the Critical Path Innovation Meetings and INTERACT meetings, which are more likely to occur between specific companies or organizations and the FDA and focus on general scientific innovation

(CPIM) or be specific to early product regulatory advice (INTERACT). Congress has proposed a formal SFDD initiative in the Scientific EXPERT Act, and the concept has been widely embraced across the rare disease ecosystem.

FDA Question 3 - In what ways has patient input from PFDD meetings informed medical product development programs or strategies (*e.g.,* endpoint development, clinical trial design, identification of unmet needs, industry partnerships)?

PFDD meetings are an integral tool for leveraging patient voices and experiences to inform rare disease therapy development strategies and designing programs that rely on results meaningful to patients. PFDD meetings have identified concepts of clinical benefit for many rare disease communities; examples include the yield from PFDD convenings that were subsequently incorporated into the endpoint development programs for Duchenne Muscular Dystrophy, Angelman Syndrome, and other neurological disorders. Further, externally- led PFDD meetings have been used to identify common concepts of interest across diseases to support the development of clinical outcomes assessments (COAs) that can be repurposed across diseases[1].

Notably, the Expanding the Observer- Reported Communication Ability (ORCA) Measure Project, supported by the CDER Pilot Grant Program in collaboration with COMBINED Brain and Duke University, has worked to validate the ORCA Measurement as an effective COA for an additional 13 neurological disorders beyond the original rare Angelman Syndrome for which it was created. The successes in the ORCA project have led to this methodology, which is being replicated to study toileting progress using the Observer-Reported Toileting Abilities Survey (ORTAS), further expanding the impact of leveraging patient community priorities across disease groups.

As diagnostic advances enable the identification of more ultra-rare therapies, sponsors and patients will need continued guidance on establishing measures of meaningfulness for smaller patient populations that are validated across disease states. Additional specificity related to the use of within-patient comparisons and the use of data demonstrating changes from baseline, trends from baseline, maintenance of function from baseline, within an individual patient, and as related to significance between group comparisons.

Lessons learned from PFDD meetings informed the development of the PFDD Guidance series. This series builds on existing FDA guidance recognizing that patient input on trial design and logistics can help to improve and accelerate clinical study recruitment, enrollment, and completion with fewer protocol amendments and better overall data quality. This series

[1] Association for Creatine Deficiencies. Association for Creatine Deficiencies. 2023. [cited 2025 Aug 18]. Externally Led Patient-Focused Drug Development Meeting for Cerebral Creatine Deficiency Syndromes (CCDS) Voice of the Patient Report. Available from: https://creatineinfo.org/wp-content/uploads/2023/10/CCDS-VOP-report_Final.pdf

provides advice on systemic and integrated ways to engage patients and caregivers in trial design and clinical operations, including patient burden for qualitative versus quantitative measures. This series has been helpful in integrating patient-driven measurements into clinical trial design; however, communities still need additional infrastructure to support the development of outcome measures and measures that apply to multiple conditions as more rare diseases are discovered, better studied, and better understood.

FDA Question 5 - Please describe any other outcomes or effects resulting from PFDD meetings, with examples, that were not addressed in the questions above.

The PFDD meetings, Guidance Series, and the Agency's commitment to more meaningful integration of patient experiences into regulatory decision-making have resulted in a shift from PFDD activities being a "nice to have" to a "must do." This shift has placed a greater imperative on sponsors and patient advocacy organizations to collaborate early and consistently on the precompetitive collection and analysis of PFDD-related information. It has enabled the inclusion of patient advocacy organizations' perspectives in clinical trial design, the development of recruitment materials, and the dissemination of information. Fundamentally, the PFDD meeting series institutionalized and amplified the role of rare disease patient organizations in translating patient experiences and preferences into data and evidence that guides the direction of medical product development in their disease areas.

To further evolve the Patient Focused Drug Development meeting mechanism and the PFDD engagements between patient communities and the agency, EveryLife Foundation and our coalition partners have the following recommendations:

Provide More Information on How and When to Engage with the Agency through PFDD Convenings.

The conversations in PFDD meetings yield questions and solutions that inform product and endpoint development and disease understanding. Patient communities have become increasingly involved in conducting research, starting registries, and developing natural history studies to inform the therapy development process. To aid in these efforts, patient communities are looking to the FDA for guidance on how and when to engage with the FDA on PFDD workshop-related topics to ensure solutions are relevant and actionable to advance therapy development. We encourage the Agency to provide further detail on all available opportunities for sponsors and patient advocacy organizations to engage with the Agency on PFDD-related topics outside of point-in-time PFDD meetings or the one-off inclusion of patients in Type D meetings when deemed appropriate by the sponsor.

Establishment of a "Type P" Meeting
Often, scientific and regulatory resource development is conducted by patient advocacy organizations in a collaborative space and outside of a specific company's program. To help communities adopt the "early and often" approach, we encourage the Agency to establish a meeting mechanism to discuss PFDD follow-up actions, including ways for relevant data and/or expertise to be considered as part of the review process. These meetings would serve to develop expedited-process considerations for rare-disease COA, biomarkers, and intermediate clinical endpoint measures. Additionally, the Agency could consider developing guidance on which criteria are used to define primary vs secondary vs exploratory endpoints, on developing usable endpoints across diseases, and on how to climb that hierarchy of endpoints (e.g., bridging studies).

Further Operationalizing Guidances that Inform the Inclusion of Patient Experience Data
To maximize the uptake of the activities described throughout the FDA Guidances that inform the inclusion of patient experience data, rare disease stakeholders have expressed a need for more consistent and transparent operationalization of the Guidances, including a better understanding of how the Agency will approach the challenging task of learning and interpreting the patient experience data that is gathered. A recent study by Jewell Martin and colleagues found that only 30% of applications included patient experience data in the benefit-risk framework, and just 27% included PED in labeling[2].

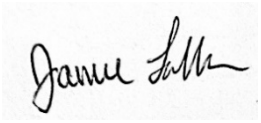
The evolution of PFDD within PDUFA VIII, marked by more transparency and consistency in the consideration and utilization of PED in the regulatory space to optimize and grow the commitment to collecting PED and its incorporation into clinical and payer decision-making. We encourage the FDA to commit to regular and robust sharing of information related to how patient experience data is being considered for regulatory decision making, including the sharing of best practices in the timing and structure of engagements with sponsors and patient advocacy organizations.

The EveryLife Foundation believes the PFDD initiative is, and will continue to be, transformative for rare disease medical product development. We are grateful to the Agency officials who continue to identify opportunities to improve the impact of the Agency's PFDD-related efforts and look forward to supporting the ongoing work to optimize the ability to develop safe and effective therapies that improve outcomes that matter to patients.

[2] Martin JD, Frear D, Roberts SA, Dohnal VA, Kieffer C, Morin SL, Lock I, Balogun A, Chhina N. Patient Experience Data (PED) in 2019-2023 US FDA NME Drug Approvals: Analysis and Recommendations. Ther Innov Regul Sci. 2025 Jul;59(4):859-870. doi: 10.1007/s43441-025-00788-w. Epub 2025 May 9. PMID: 40346376.

We welcome the opportunity for continued dialogue and are available to discuss any aspect of these comments in further detail. For additional information, please contact Annie Kennedy, akennedy@everylifefoundation.org, or Jamie Sullivan, jsullivan@everylifefoundation.org.

Sincerely,



Annie Kennedy
Chief Mission Officer
EveryLife Foundation for Rare Diseases

Jamie Sullivan, MPH
Senior Vice President of Policy & Advocacy
EveryLife Foundation for Rare Diseases

CC: Michael Pearlmutter, CEO, EveryLife Foundation for Rare Diseases
Amy Gaviglio, MS, CGC, Chair, Board of Directors