Male Breast Cancer: Developing Drugs for Treatment

Guidance for Industry

DRAFT GUIDANCE

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For questions regarding this draft document, contact (CDER) Julia Beaver at 240-402-0489 or (CBER) the Office of Communication, Outreach, and Development at 800-835-4709 or 240-402-8010.

U.S. Department of Health and Human Services
Food and Drug Administration
Oncology Center of Excellence (OCE)
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

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Clinical/Medical

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I. INTRODUCTION

This guidance provides recommendations to sponsors regarding the development and labeling of cancer drugs, including biological products,[2] regulated by CDER and CBER for the treatment of male patients with breast cancer.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

II. BACKGROUND

Breast cancer is rare in males, with less than one percent of all breast cancer cases occurring in male patients. In addition, males are more likely to be diagnosed at an older age, with a more advanced stage of disease, and are more likely to have lymph node involvement compared to females with breast cancer. The prognosis for males with breast cancer is similar to that for females with comparable stages of disease.

Males have historically been excluded from clinical trials of breast cancer drugs because breast cancer in males is rare. This exclusion has resulted in limited FDA-approved treatment options for males with breast cancer. Treatment strategies for males with breast cancer are not based on data from prospective, randomized clinical trials. Rather, clinical management of male breast cancer is generally based on clinical experience with breast cancer in females and data from studies conducted in females with breast cancer.

[1] This guidance has been prepared by the Oncology Center of Excellence, Center for Drug Evaluation and Research (CDER), and Center for Biologics Evaluation and Research (CBER) at the Food and Drug Administration.

[2] For the purposes of this guidance, references to *drugs* include drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological drug products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

III. RECOMMENDATIONS

FDA encourages sponsors to discuss their breast cancer drug development plan early in development with CDER or CBER, as applicable, and recommends the following:

- Eligibility criteria for clinical trials of breast cancer drugs should allow for inclusion of both males and females
    - Scientific rationale should be included in the protocol when proposing to exclude males from breast cancer trials. FDA does not intend to consider low expected accrual rates of male patients with breast cancer to be a sufficient scientific rationale for excluding them from a clinical trial.
- When males have not been included or when inclusion of males is very limited in clinical trials for a specific breast cancer drug:
    - It may be possible to extrapolate findings to include male patients in the FDA-approved indication for the drug where no difference in efficacy or safety is anticipated between males and females based on the mechanism of action of a drug. The use of extrapolation should be supported by data from earlier stages of development (e.g., nonclinical testing), literature, or both.
    - Further data may be necessary to support extrapolation of findings to support an FDA-approved indication for male patients with breast cancer where there is a concern for differential efficacy or safety between males and females. In breast cancer, this may be relevant when a drug results in or relies upon manipulation of the hormonal axis, as with endocrine therapy. The additional data to support efficacy and safety for male patients with breast cancer can be generated through a variety of trial designs using different data sources, including small-single arm trials and studies using real-world data sources.