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What's New in GCP? FDA Updates Guidance on Collection of Race and Ethnicity Data in Trials

The FDA updated its guidance on the collection of race and ethnicity data in clinical trials for the first time in 11 years in late October.

As was the case with the earlier guidance, the "recommended standardized approach is based on the Office of Management and Budget (OMB) Directive 15."

The guidance added, "FDA also strongly recommends the collection and reporting of ethnicity data (Hispanic-Latino/not Hispanic-Latino) consistent with OMB standards and guidelines."

The guidance said the use of the OMB categories "will help ensure consistency in demographic subset analyses [and] may make the demographic subset analysis more useful in evaluating potential differences in the safety and effectiveness of medical products among population subgroups."

The agency noted the OMB categories "are social-political constructs and should not be interpreted as being scientific or anthropological in nature."

"FDA expectations are that sponsors enroll participants who reflect the demographics for clinically relevant populations with regard to age, gender, race and ethnicity. A plan to address inclusion of clinically relevant subpopulations should be submitted for discussion to the agency at the earliest phase of development and, for drugs and biologics, no later than the end of the Phase 2 meeting," the guidance said, noting that, while "patient characteristics, such as age, sex, gender, geographic location (e.g. rural), emotional, physical, sensory and cognitive capabilities, can often be important variables when evaluating medical product safety and efficacy," they are not covered in this guidance.

The guidance noted 21 C.F.R. §312.33(a)(2) requires Investigational New Drug (IND) sponsors to report the total number of subjects initially planned for inclusion in the study; the number entered into the study to date, tabulated by age group, gender, and race; the number whose participation in the study was completed as planned; and the number who dropped out of the study for any reason. In addition, 21 C.F.R §314.50(d)(5)(v) and (vi)(a) require sponsors of New Drug Applications (NDAs) to present a summary of safety and effectiveness data by demographic subgroups (age, sex, race and other subgroups, as appropriate), as well as an analysis of whether modifications of dose or dosage intervals are needed for specific subgroups. "The FDA recommends the identification of a subject's race and/or ethnicity in such summaries," the guidance said.

The guidance noted an FDA review of drug approvals between 2008 and 2013 found that approximately one-fifth of new drugs demonstrated some differences in exposure and/or response across racial/ethnic groups. "Collecting data on race and/or ethnicity is critical to identifying population-specific signals." In addition, "genetic studies may explain the basis for observed differences in pharmacokinetics, efficacy or safety across racial or ethnic subgroups, and FDA has recommended collection of DNA samples in clinical trials for such purposes."

What To Do

"To be consistent with OMB and other recommended best practices, FDA recommends using the two-question format for requesting race and ethnicity information, with the ethnicity question preceding the question about race. Example:

Question 1 (answer first): Do you consider yourself Hispanic/Latino or not Hispanic/Latino?

Question 2 (answer second): Which of the following five racial designations best describes you?

More than one choice is acceptable," the guidance said.

For ethnicity, the guidance recommends as "minimum choices:"

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (The term, "Spanish origin," can be used in addition to "Hispanic or Latino.")
- Not Hispanic or Latino.

For race, the guidance recommends as "minimum choices:"

- American Indian or Alaska Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American – a person having origins in any of the black racial groups of Africa. (The guidance added, "Terms such as 'Haitian' or 'Negro' can be used in addition to 'Black or African American.'")
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The guidance recommends "offering an option of selecting one or more racial designations or additional subgroup designations. Recommended forms for the instruction accompanying the multiple-response questions are 'Mark one or more' or 'Select one or more,'" the guidance said.

The FDA said sponsors should report the number of respondents in each racial category who self-reported as Hispanic or Latino. "When aggregate data are presented, data producers should provide the number of respondents who marked (or selected) only one category, separately for each of the five racial categories. In addition to these numbers, data producers are encouraged to provide the detailed distributions, including all possible combinations of multiple responses to the race question. If data on multiple responses are collapsed, at a minimum, the total number of respondents reporting 'more than one race' shall be made available."

The guidance noted that "in certain situations, as recommended in OMB Policy Directive 15, more detailed race and ethnicity information may be desired. For example, for clinical trials conducted outside the United States, the FDA recognizes that the recommended categories for race and ethnicity were developed in the United States and that these categories may not adequately describe racial and ethnic groups in foreign countries. Furthermore, White can reflect origins in Europe, the Middle East, or North Africa; Asian can reflect origins from

areas ranging from India to Japan. In situations where appropriate, FDA recommends using more detailed categories by geographic region to provide sponsors the flexibility to adequately characterize race and ethnicity."

The guidance also recommends that trial participants self-report race and ethnicity information and be permitted to designate a multiracial identity. "When the collection of self-reported designations is not feasible (e.g., because of the subject's inability to respond), we recommend that the information be requested from a first-degree relative or other knowledgeable source," the guidance said.

"Race and ethnicity should not be assigned by the study team conducting the trial," the FDA said. In addition, "the term 'non-white' is not acceptable for use in the presentation of federal government data," the guidance said. "It should not be used in publication or the text of any report."

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