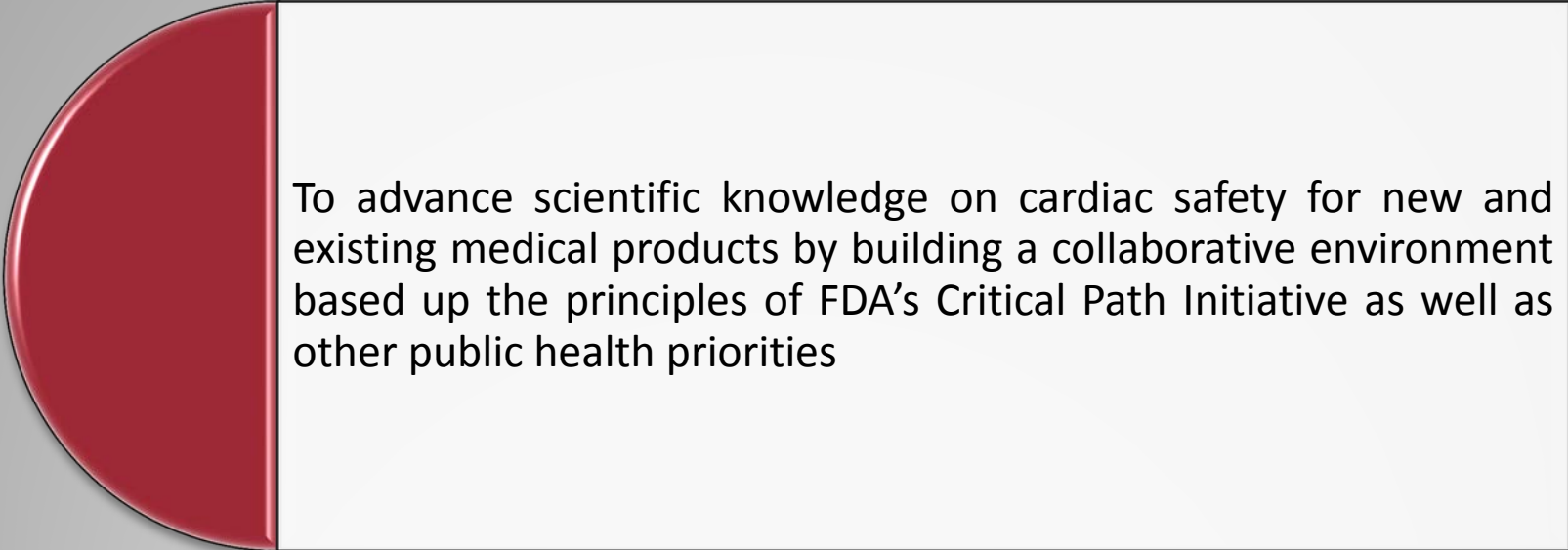


# **CSRC: Who We Are And What We Do**

**John Finkle MD**

# Mission



To advance scientific knowledge on cardiac safety for new and existing medical products by building a collaborative environment based up the principles of FDA's Critical Path Initiative as well as other public health priorities

# Who We Are

2005: 5 people sitting in an office at FDA



2006: MOU establishing PPP  
(committees, membership charter)



2013:

42 Member  
Companies

10 Academic  
Institutions

FDA, Health Canada, PMDA,  
EU Regulators

Collaborations with ICOS, HESI,  
DIA, ACC, AHA, American Heart  
Journal, Center for Business  
Intelligence

578 Industry  
Participants

53 Society  
Participants

220 Regulatory Agency  
Participants

290 Academic  
Participants

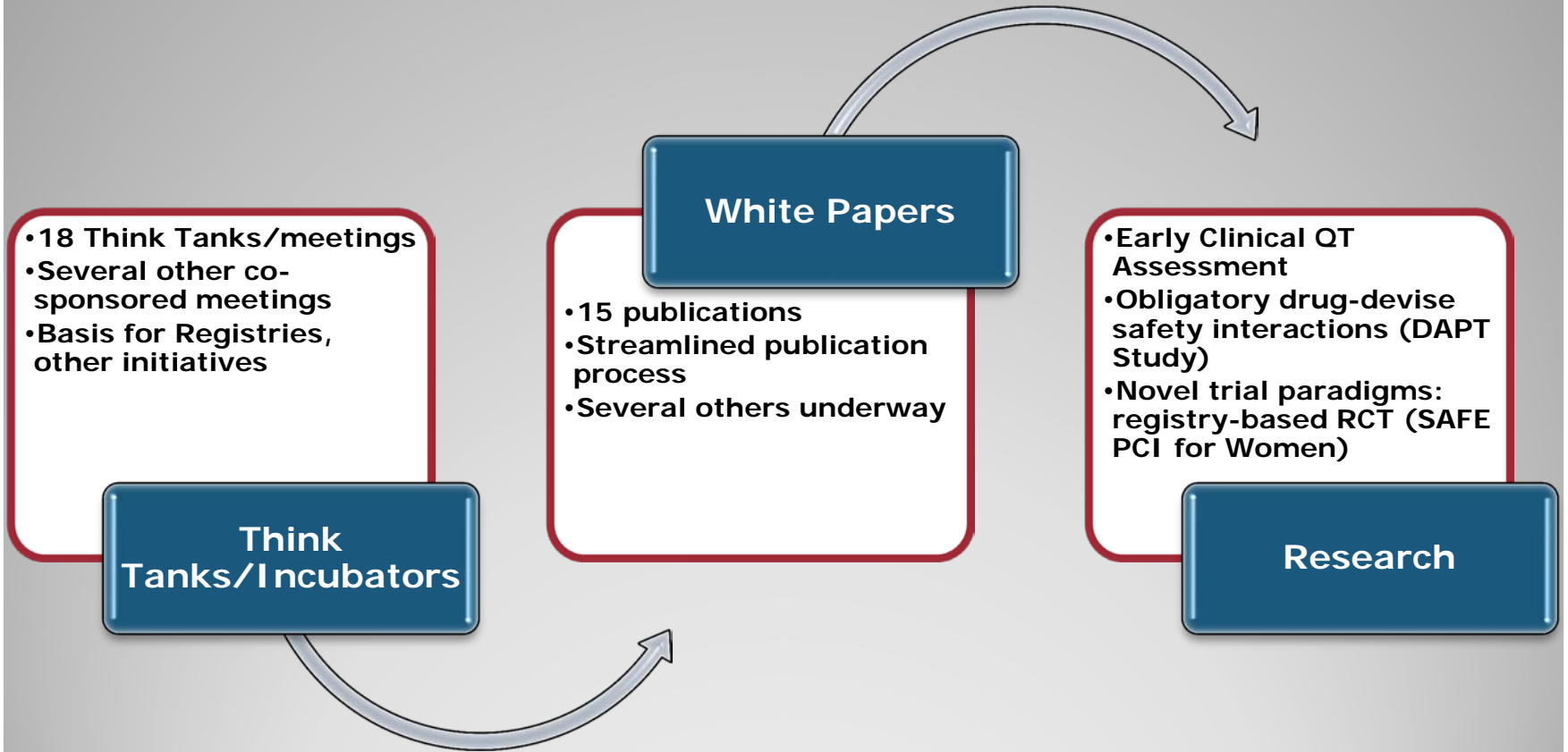
# What We Do

Bring people and groups together to address cardiac safety issues for drugs and devices in all therapeutic areas

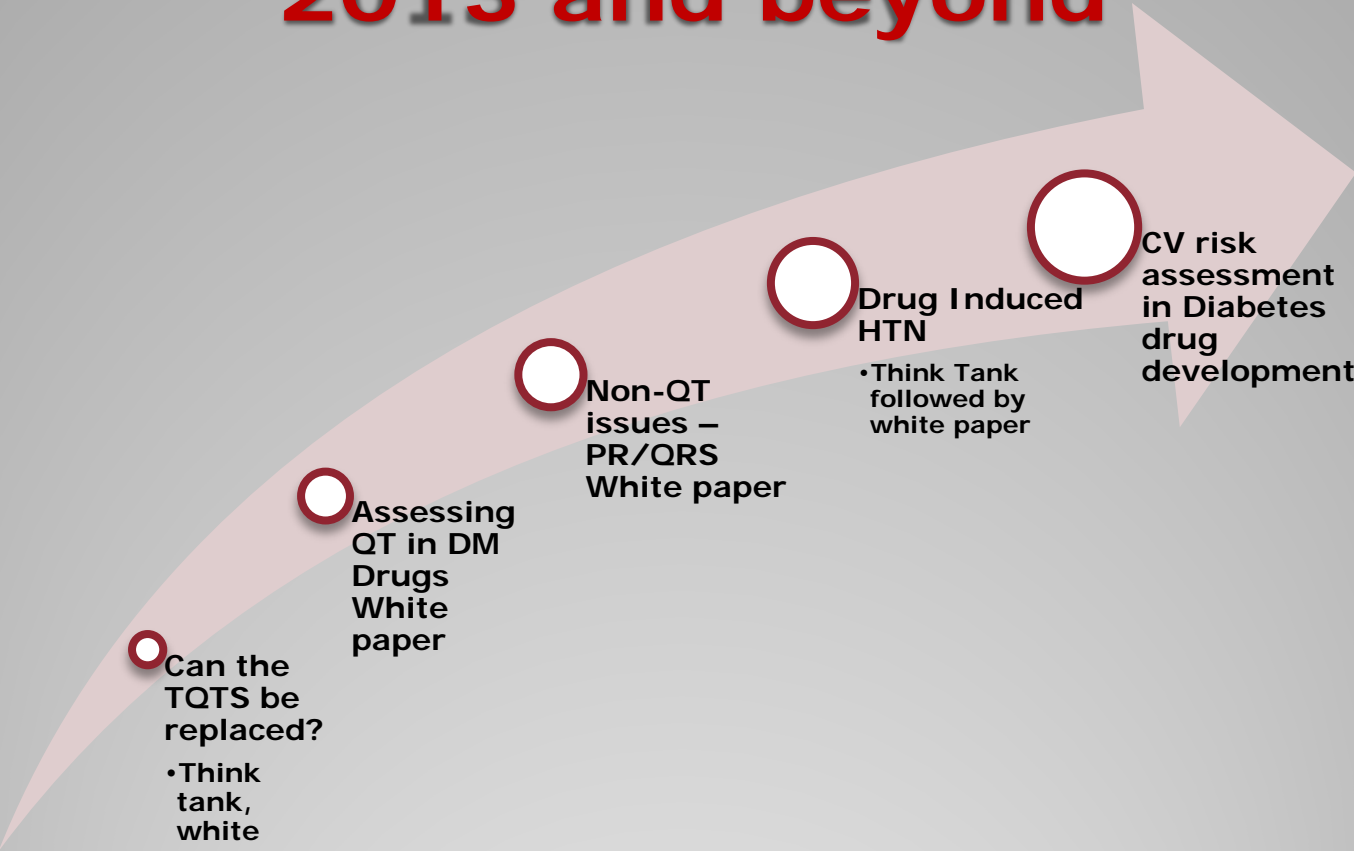
Pre-competitive environment – designed so that participation will benefit everyone – goal of improving public safety

Pooling of resources allows us to address issues that we all face but may not be able to solve on an individual basis

# How We Do It



# Major Areas of Focus: 2013 and beyond



Can the TQTS be replaced?  
•Think tank, white paper, research proposal

Assessing QT in DM Drugs  
White paper

Non-QT issues – PR/QRS  
White paper

Drug Induced HTN  
•Think Tank followed by white paper

CV risk assessment in Diabetes drug development

# Major Areas of Focus: 2013 and beyond

Use of CV targeted follow up forms for enhanced data collection in clinical trials

Cardiac Adjudication in clinical trials

Cardioncology – prevention and treatment of iatrogenic complications of cancer therapy

Registry based IDE/IND studies (SAFE PCI for STEMI)

# What Is Success?

**Everything  
we do is  
focused on:**

- **Common issues we all face but perhaps cannot address on our own**
- **Practical advice, suggestions, approaches that we can apply in our day to day work as drug/device developers or clinicians**
- **Improving efficiency, effectiveness, overall safety of drugs/devices that ultimately make it to patient use**



# CSRC Benefits

What I do better now  
as a result of CSRC

- QT evaluation – in oncology and other populations /biologics/early clinical development
- Use of various biomarkers in drug development
- Understanding and treating drug induced HTN
- CV data collection in clinical trials
- Cardiac Adjudication

There are many other areas where the CSRC have contributed – but these are the ones that have had impact on my professional work

# Summary

There are areas that everyone can find direct benefit/take home for their "day jobs"

Success is dependent upon your participation

Participation on a  
project team

Leading a project

We need your  
proposals!

CSRC will provide infrastructure to ensure your project/area of interest successful in a reasonable time frame