AT THE FOREFRONT
UChicago Medicine

TRANSPLANTATION INSTITUTE

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Norman E. Sharpless M.D.
Commissioner, Food and Drug Administration

Dear Dr. Sharpless,

We are writing to kindly request your assistance with a matter extremely urgent and important to us, our patients with type 1 diabetes mellitus and life-threatening severe hypoglycemic episodes despite optimal insulin treatment and the field of clinical transplantation in the US. Due to the regulation of human cadaveric islets as biologics (biological drug) by the FDA for the last 19 years, US-based clinical islet transplantation has only been performed in the setting of clinical trials. Currently, due to the completion of trials and lack of new funding mechanisms, the procedure is performed very infrequently and is close to extinction in the US.

Consequently, over 70,000 patients with the life-threatening "brittle" form of type 1 diabetes have not had access to this minimally invasive and life-saving procedure. Since human islets are still not approved as a biologic in the US, islet transplantation cannot be reimbursed by insurance. This dilemma has existed for the last 19 years despite the expenditure of over $100 million in funding by the NIH for clinical trials, which proved the safety and efficacy of the procedure. Moreover, the results showed no relevant biologic alteration of islets during the 72-hour incubation period, voiding the FDA's primary justification for classifying islets as a biologic.

Based on the results of US-based trials, Canada, Australia, and many other countries in Europe and Asia have classified human cadaveric islets as only minimally manipulated tissue, limiting costly restrictions and regulations related to their manufacturing. Islet transplantation has already been approved as a standard of care procedure and reimbursed by national health systems worldwide, but not in the US.

Please find enclosed a report describing in greater detail the current status of islet transplantation in the US and the urgent need for islet re-classification for the sake of our patients with the life-threatening form of type 1 diabetes.

Based on our report, the most rational course of action would be to re-categorized human allogeneic islets for regulation solely under Section 361 of the PHS Act, which would allow for their exemption from pre-market FDA approval as is the case currently for reproductive cells and allogeneic cells in close relatives. Over 2,000 procedures performed in over 1,000 patients over the last 19 years has proven not only the safety and efficacy of the procedure but also the safety and reliability of the quoted regulation, as these transplants were performed without pre-market approval. Despite data, FDA has denied any adjustments in the regulation as shown in enclosed documents.
As detailed in the report, lack of prompt action will not only unnecessarily and substantially inflate the costs of bringing this procedure to market but will have other fatal downstream consequences for both the field of clinical transplantation and the patients we care for.

Our motion has been supported with one voice by experts and leaders of the all major professional organizations involved in islet transplantation and care of patients with T1DM- list below.

Please do not hesitate to contact us for additional information. We look forward to hearing from you.

Thank you for your consideration.

Best regards,

Piotr Witkowski MD PhD
Associate Professor of Surgery, The University of Chicago
Director of Pancreatic Islet Transplantation
Member of UNOS Pancreas and Islet Transplantation
Committee

Camilo Ricordi MD, FNAI
Chairperson, Steering Committee of the NIH Clinical Islet Transplantation Consortium
Stacy Joy Goodman Professor of Surgery
Distinguish Professor of Medicine
Professor of Biomedical Engineering, Microbiology and Immunology
Director, Diabetes Research Institute and Cell Transplantation Center, University of Miami

Enclosed:

1. Report- Status of pancreatic islet transplantation for patients with type 1 diabetes in the US.
2. Letter to FDA from principal investigators of the NIH-sponsored CIT trial.
3. Response from the FDA to the letter.

List of key experts and leaders supporting the motion:

1. David Mulligan M.D. – Chair, HHS Advisory Committee for Organ Transplantation and President elect of UNOS/OPTN
2. Lloyd E Ratner M.D. President of American Society of Transplant Surgeons
3. Louis Philipson M.D. Ph.D. President of American Diabetes Association
4. Robert H Eckel MD- President elect of American Diabetes Association
5. James F Markmann M.D. Ph.D. President of International Pancreas and Islet Transplantation Association
6. Silke Niederhaus M.D. Chair of UNOS Pancreas and Islet Transplantation Committee
7. Emily Blumberg MD- President of American Transplantation Society

Others

8. Dixon Kaufmann M.D. previous President of the American Society of Transplant Surgeons
9. Peter Stock M.D- former President of the American Society of Transplant Surgeons
10. Mark A. Hardy- former President of the American Society of Transplant Surgeons
11. R Paul Robertson MD- former President of American Diabetes Association
12. Marilyn Levi MD- HRSA representative at UNOS Pancreas Transplantation Committee
13. Jon Ordorico MD- previous Chair, UNOS Pancreas Transplantation Committee
14. Michael Rickels MD- PI for CIT Consortium at University of Pennsylvania
15. Bernhard Hering MD- PI for CIT Consortium at University of Minnesota