› CASE STUDY

VERISTAT

NDA Success Strategy: Using Non-US Clinical Data in an NDA Submission

Maximize the value of foreign trial data by meeting FDA requirements for NDA inclusion—even when studies weren't conducted under a U.S. IND

Background

A sponsor that had recently acquired an investigational asset from an international company approached Veristat with a critical regulatory challenge: Could clinical data from foreign trials not conducted under a U.S. IND be included in a New Drug Application (NDA)?

Veristat applied its deep experience in global regulatory strategy to assess the acceptability of the data and to design a pathway to meet FDA expectations.

1 Sponsor Challenge

Determining Acceptability of Non-IND Foreign Data

The sponsor sought to include both efficacy and safety data from multiple foreign clinical studies, but these trials were not conducted under an IND and the CSRs deviated from ICH E3 format. Ensuring their suitability for use in the NDA's ISS and ISE required careful evaluation and remediation.

Veristat Solution

Veristat conducted a regulatory gap analysis guided by FDA's March 2012 "Guidance for Industry and FDA Staff – FDA Acceptance of Foreign Clinical Studies Not Conducted Under an IND." Using the 11-point checklist* from the guidance, Veristat systematically evaluated GCP compliance, documentation completeness, and alignment with NDA expectations.

SPECIFICATIONS

SUBMISSION TYPE
- New Drug Application (NDA) – U.S.

DATA ORIGIN
- Foreign clinical studies not conducted under a U.S. IND

THERAPY TYPE
- Acquired therapeutic asset from overseas sponsor

DATA PURPOSE
- Efficacy and safety data for use in the Integrated Summary of Safety (ISS) and Integrated Summary of Efficacy (ISE)

SECONDARY ENDPOINTS
- Overall Survival (OS)

SERVICES PROVIDED
- NDA Strategy Development
- Regulatory Gap Analysis
- ICH E3 and GCP Mapping
- FDA Meeting Support
- Submission Planning and Authoring
- Support during the FDA review

Key Findings

- Demographic comparability between foreign and U.S. populations was unclear; Veristat recommended subgroup analyses (e.g., sex, race, ethnicity, baseline medication) to support data relevance.
- Potential differences in standard of care required investigation to determine if local practices aligned with U.S. clinical norms.
- CSRs lacked ICH E3 formatting. Veristat mapped each required element using hyperlinks and annotations to enable FDA reviewers to locate necessary content, even in nonstandard formats.

2 Sponsor Challenge

Addressing Missing U.S.-Specific Regulatory Elements

FDA acceptance also required documentation that was not collected during the foreign trials, such as investigator financial disclosures and U.S.-specific forms (e.g., Form 1572).

Veristat Solution

Veristat guided the sponsor in preparing supplemental documentation and provided strategic recommendations to address gaps:

- Created a cross-referenced ICH E3 map of CSRs using the FDA's checklist.
- Documented missing Financial Disclosure information per 21 CFR Part 54.
- Exercised due diligence to secure written certification of investigator GCP compliance in lieu of Form 1572.
- Identified discrepancies in drug supply and comparator agents, recommending narrative justifications.
- Addressed variation in safety coding dictionaries (e.g., MedDRA versions).
- Flagged potential pre-approval inspection (PAI) targets, including drug substance/product manufacturers, study sites, vendors, and the sponsor's home office.

Impact

- Enabled NDA inclusion of foreign efficacy and safety data with documented GCP compliance.
- Facilitated regulatory reviewer access to critical information through hyperlinked, annotated CSRs.
- Positioned the sponsor for productive FDA interactions, efficient submission planning, and NDA review that adhered to their PDUFA goal.

*__Table:__ Checklist from the March 2012 guidance[1] used to guide a gap analysis on clinical trials not conducted under an IND

Element	Regulation (21 CFR)	Description
Investigator qualifications	312.120(b)(1)	Documentation to show that the investigator is qualified to serve as a study investigator based on their training and experience specifically related to the proposed clinical investigation. The CSR usually includes a list of investigators who participated in the study including copies of their CVs and clinical affiliations. **Hyperlinks** to each investigator's qualifications should be included in this column.
Description of the research facilities	312.120(b)(2)	Provide descriptions of each of the research facilities at each study site to allow FDA to determine the adequacy of the facilities to conduct the study according to the protocol. Use **hyperlinks** to relevant information in the CSR on study site staff, laboratory certifications, lab ranges, staffing, equipment needed to perform protocol assessments, storage of clinical supplies and biological samples, emergency support (as necessitated by the protocol). It may be necessary to create the information needed, if not available in the CSR.
Detailed summary of the protocol and study results and, if requested, case records or additional background data	312.120(b)(3)	The NDA is required to include an integrated, full CSR that complies with ICH E3 (GCP requirements). A **hyperlink** to the CSR in Module 5 should be included in this column. Information, such as medical records and signed informed consent forms, may be requested by FDA during NDA review and should be available upon request.
Description of the drug substance and drug product, including the components, formulation, specifications, and, if available, the bioavailability of the drug product	312.120(b)(4)	**Hyperlinks** to Module 3 should be included in this column. CMC information included in the CSR may also be linked from this column (e.g., Certificates of Analysis for supplies use in the study).
Information showing that the effectiveness2,3 study is adequate and well-controlled	314.126 and 312.120(b)(5)	A **hyperlink** to CSR sections pertaining to efficacy should be included in this column.
The name and address of the EC that reviewed the study and a statement that the EC meets the definition in 21 CFR 312.3(b) (Section 312.120(b)(6))	312.3(b) @ 312.120(b)(6)	ECs are usually composed of at least five members, including at least one member whose primary area is in a nonscientific area and at least one member who is independent of the institution where the research will be conducted. Include **hyperlinks** in this column to EC approvals located in the CSR.
Summary of the IEC's decision to approve or modify and approve the study, or to provide a favorable opinion	312.120(b)(7)	Include **hyperlinks** in this column to EC approvals located in the CSR.
Description of how informed consent was obtained	312.120(b)(8)	Describe the informed consent process, or **link** to the description in the CSR, if possible. Include a sample Informed Consent Form or **link** to it in the CSR, if possible. It may be necessary to create the description of the consent process.
Description of what incentives, if any, were provided to subjects to participate	312.120(b)(9)	**Link** to the information in the ICD, if stated. Otherwise prepare a narrative of incentives offered, if any were offered.
Description of how the sponsor monitored the study and ensured that the study was carried out consistently with the study protocol	312.120(b)(10)	**Link** to sections of the CSR regarding Quality Assurance and Data Management. Include links to any site audits and related certifications that are included in the CSR.
Description of how investigators were trained to comply with GCP and to conduct the study in accordance with the study protocol, and written commitments by investigators to comply with GCP and the protocol	312.120(b)(11)	**Link** to statements in the CSR related to training done at Investigator Meetings or other venues to complete training (e.g., video conferences).

[1] March 2012 "Guidance for Industry and FDA Staff – FDA Acceptance of Foreign Clinical Studies Not Conducted Under an IND; Frequently Asked Questions".
[2] Note: the sponsor or applicant should also explain how the foreign data are applicable to the U.S. population and U.S. medical practice.
[3] Efficacy data may not be used in the determination of benefit.