Historical Background

The Need for the Accelerated Approval Pathway

1980s

At the height of the HIV/AIDS epidemic in the 1980s, the collective voice of patients and advocacy groups demanded that FDA reconsider the drug development and approval process for incurable, fatal diseases that represent unmet medical needs. In the face of these demands, FDA reviewed and approved HIV therapies based upon the use of **surrogate endpoints**, that is, endpoints reasonably likely to predict clinical benefit. To obtain traditional approval, sponsors conduct phase 4 confirmatory trials to verify clinical benefit.

The reliance on surrogate endpoints allowed HIV/AIDS treatments to reach the market, save patient lives and demonstrated that the drug approval process could be enhanced to bring drugs to patients more quickly while still meeting FDA's safety and efficacy standards.

1992

FDA instituted the Accelerated Approval regulations (21 CFR 314 Subpart H and 601 Subpart E) to **formalize the process for approving drugs to treat serious conditions that filled an unmet medical need** based on a study of surrogate endpoints. Patients with HIV drove this shift in policy based on *their* willingness to accept some reasonable level of uncertainty in exchange for earlier treatment access.

1997

Accelerated Approval regulations are partially codified.

2012

The FDA Safety and Innovation Act (FDASIA) rewrote the Accelerated Approval provision to clarify the types of clinical endpoints that could be eligible for use as the basis of accelerated approval. **As evidenced in the Findings of FDASIA, it was acknowledged that patients benefit from expedited access to safe and effective innovative therapies for serious and life-threatening conditions**. The Findings also note that the amendments were intended "to enhance the authority of the FDA to consider appropriate scientific data, methods, and tools, and to expedite development and access to novel treatments for patients with a broad range of serious or life-threatening diseases or conditions."[1]

FDA should be encouraged to implement more broadly effective processes for expedited development and review (for serious and life-threatening conditions) ... using a broad range of surrogate or clinical endpoints..."

–FDA Safety and Innovation Act

[1]Pub. L. No. 112-144 § 901(a)(1)(C) & (D), 126 Stat. 993, 1082-83 (2012)