



Development of Novel Endpoints for Clinical Trials in Substance Use Disorder

Chairs:

Tanya Ramey, MD, PhD

Martin Mumenthaler, PharmD, PhD

Disclosures

- Tanya Ramey
 - Medical Officer, Program Director, NIH/NIDA, Division of Therapeutics and Medical Consequences (DTMC)
- Martin Mumenthaler
 - Adjunct Professor, Stanford University, Department of Psychiatry and Behavioural Sciences
 - Consultant for AfaSci, Inc



Speakers

Marc Auriacombe, MD

Vlad Dragalin, PhD

Kelly Dunn, PhD, MBA

Brian Kiluk, PhD

Martin Mumenthaler, PharmD, PhD

Tanya Ramey, MD, PhD

Marta Sokolowska, PhD

Innovation in Substance Use Disorder Therapeutics Development

Reasons & Needs

- **Opioid Crisis** in the United States was declared a public health emergency in 2017
- **Overdose (OD) deaths** are still increasing exponentially: more than 10 times increase from 2009 to 2019 (CDC data): nearly 450,000 opioid OD deaths alone

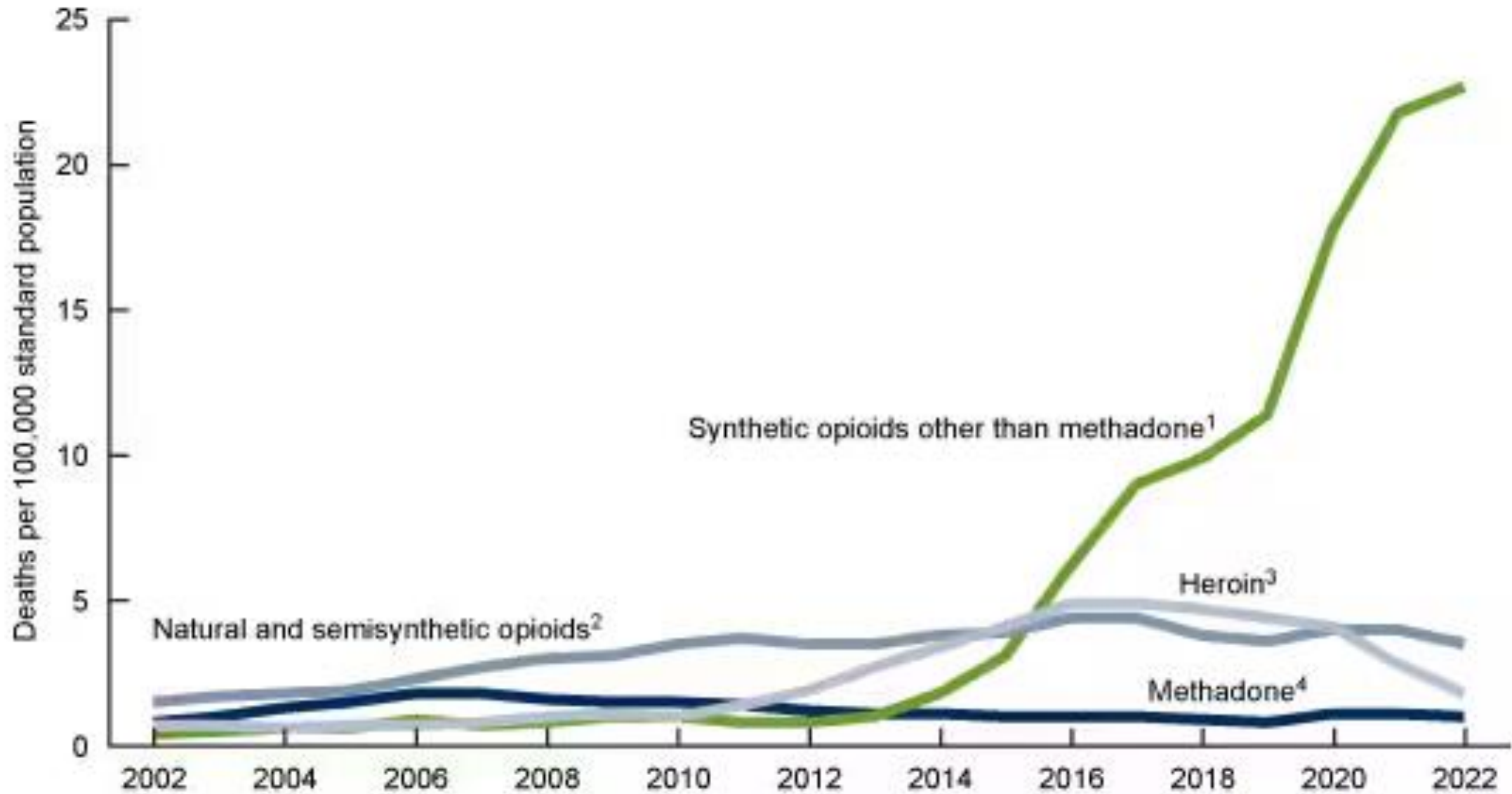
In the meantime, on the clinical front:

- **Dichotomous primary endpoint of total abstinence** is still the main clinical outcome used by the FDA (except for alcohol use disorder): hard to achieve, high technical risk; needs to be confirmed by urinalysis, while it is not equated with what patients themselves see as beneficial for their treatment needs
- **Harm reduction model:** Recently the US regulators became open to drug use decrease as a primary endpoint. However, they want to see that decreased drug use endpoint correlates with a salutary benefit for a patient, reflecting the FDA endpoint definition of “how patients feel, function, or survive”. Demonstrating such a correlation presents a separate issue for clinical drug and therapeutics development
- **Heterogeneity of the SUD population** is another issue, especially in the SUD population defined by DSM-5

And so,

- **None** of the ten largest pharmaceutical companies have active addiction medicine programs or drug candidates, and the pharmaceutical industry as a whole has only pursued minimal substance use-focused drug development
[According to the Biotechnology Innovation Organization \(BIO\)](#)

Deaths from Opioids



SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.
<https://www.cdc.gov/nchs/products/databriefs/db491.htm#fig4>

Slow Modernization of Regulatory Approach – Harm Reduction Model – Decrease in Drug Use Pattern, but More is Needed

- Need to shift from abstinence-based, response/remission binary endpoints to continuous endpoints
- Endpoints can mirror those used for other mental disorders to assess efficacy via rating scales, e.g., symptom improvement rating scale
- Craving: Endpoint, Measurement, Indication. European findings & novel perspective
- Innovative clinical trial statistics and trial designs can be applied to the Substance Use Disorder field
- Roadmap for the future, universal outcomes across SUD
 - Benefits of the Drug Development Tool (DDT) FDA/CDER pathway for clinical trials in SUD (Alcohol Use Disorder) are awaited to be seen.
 - Novel endpoint for alcohol use disorder received the DDT Qualification Letter on Jan 14, 2025 after a multi-year effort