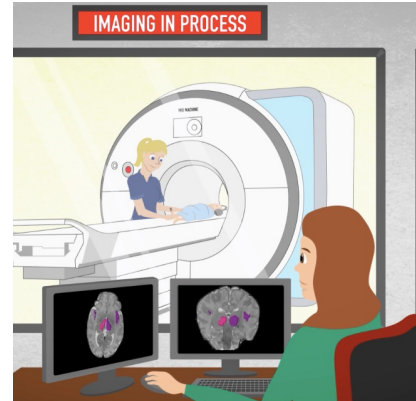
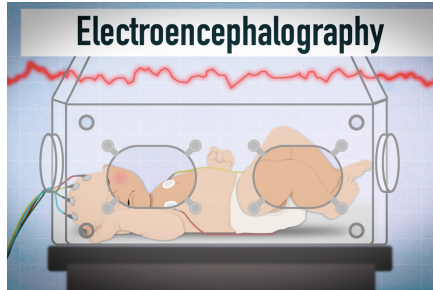


FDA Public Workshop: 13th - 14th October 2021

Analgesic Clinical Trial Designs, Extrapolation, and Endpoints in Pediatric Patients from Birth to Less Than 2 Years of Age



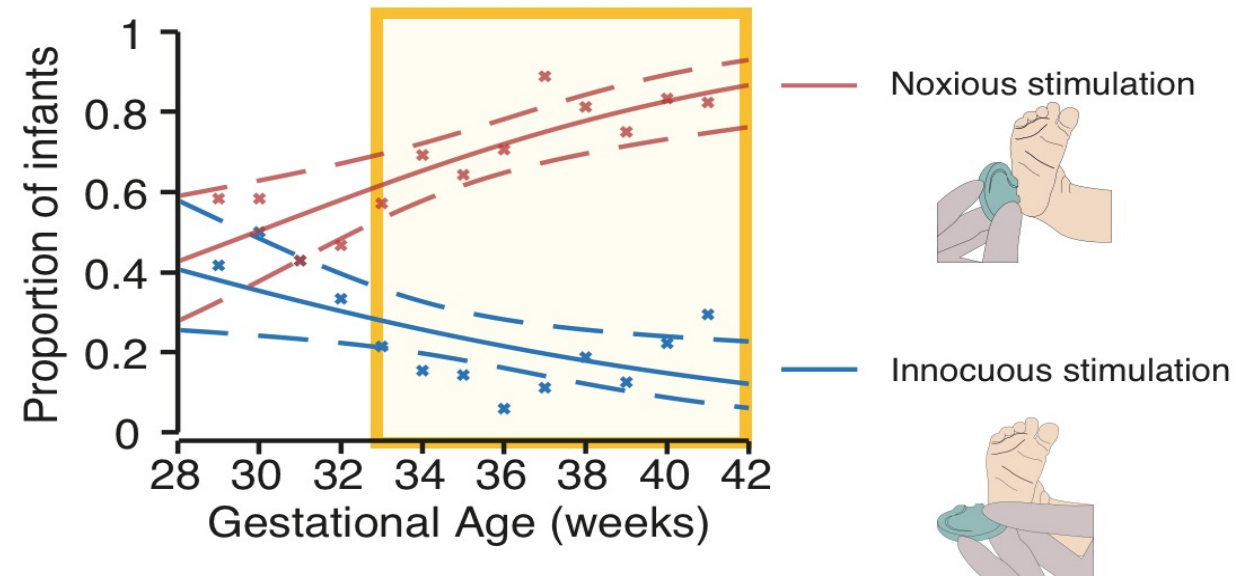
**Brain-derived
approaches to assess
neonatal & infant pain**

Dr Rebecca Slater
Professor of Paediatric Neuroscience

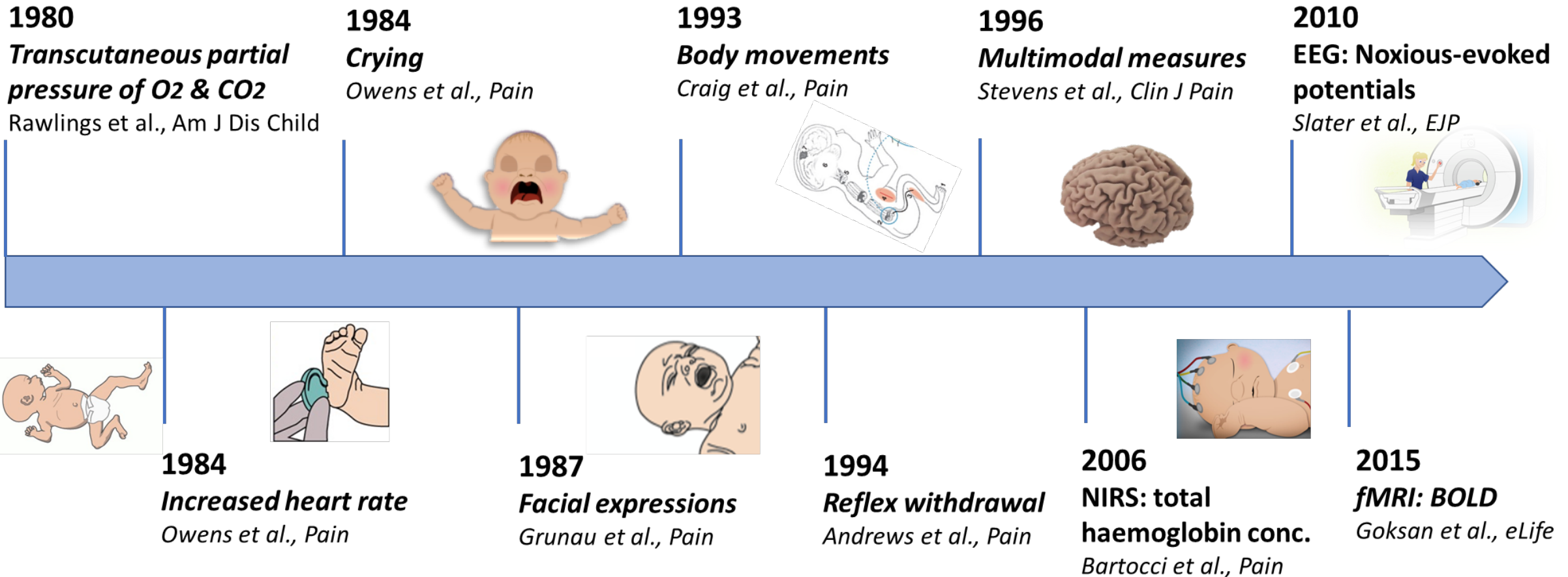


Challenges with current pain measurement approaches

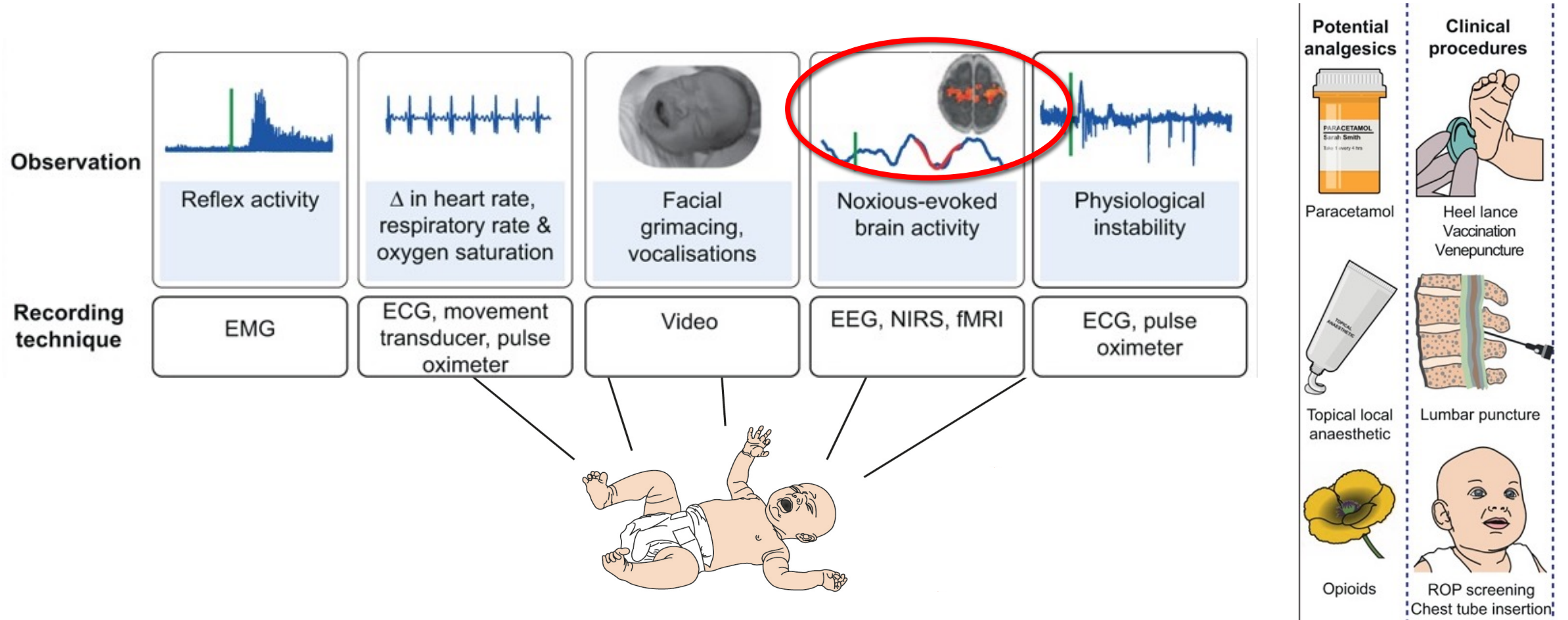
- Neonatal pain measurement is primarily reliant on observing changes in behavioural and physiological activity (e.g. heart rate).
- These measures are subjective, lacking specificity and sensitivity
 - Non-noxious stimuli (e.g. diaper change) can evoke high pain scores
 - Noxious stimulation may not elicit behavioral change in high % of neonates leading to low pain scores
- Advances in understanding neonatal physiology have occurred in recent years that may help improve measures of neonatal pain



Quantifying noxious-evoked activity in the neonate



Quantifying noxious-evoked activity in the neonate



Advances in brain-derived approaches to better understand neonatal pain

2006

J Neuro, Pain

Recording noxious-evoked haemodynamic activity (NIRS).



2008

EJP

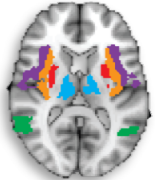
Recording noxious-evoked electrical brain activity (EEG).



2011

Current Biology

Early development of noxious-evoked brain activity.



2017

Current Biology

Impact of stress on noxious-evoked brain activity



2006

Pain

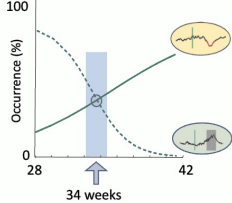
Long-term consequences of early life pain.



2010 & 2018

Lancet

Using brain-derived endpoints in clinical trials.



2015, 2017

eLife, Acta Paed

Measuring noxious-evoked brain activity using fMRI.

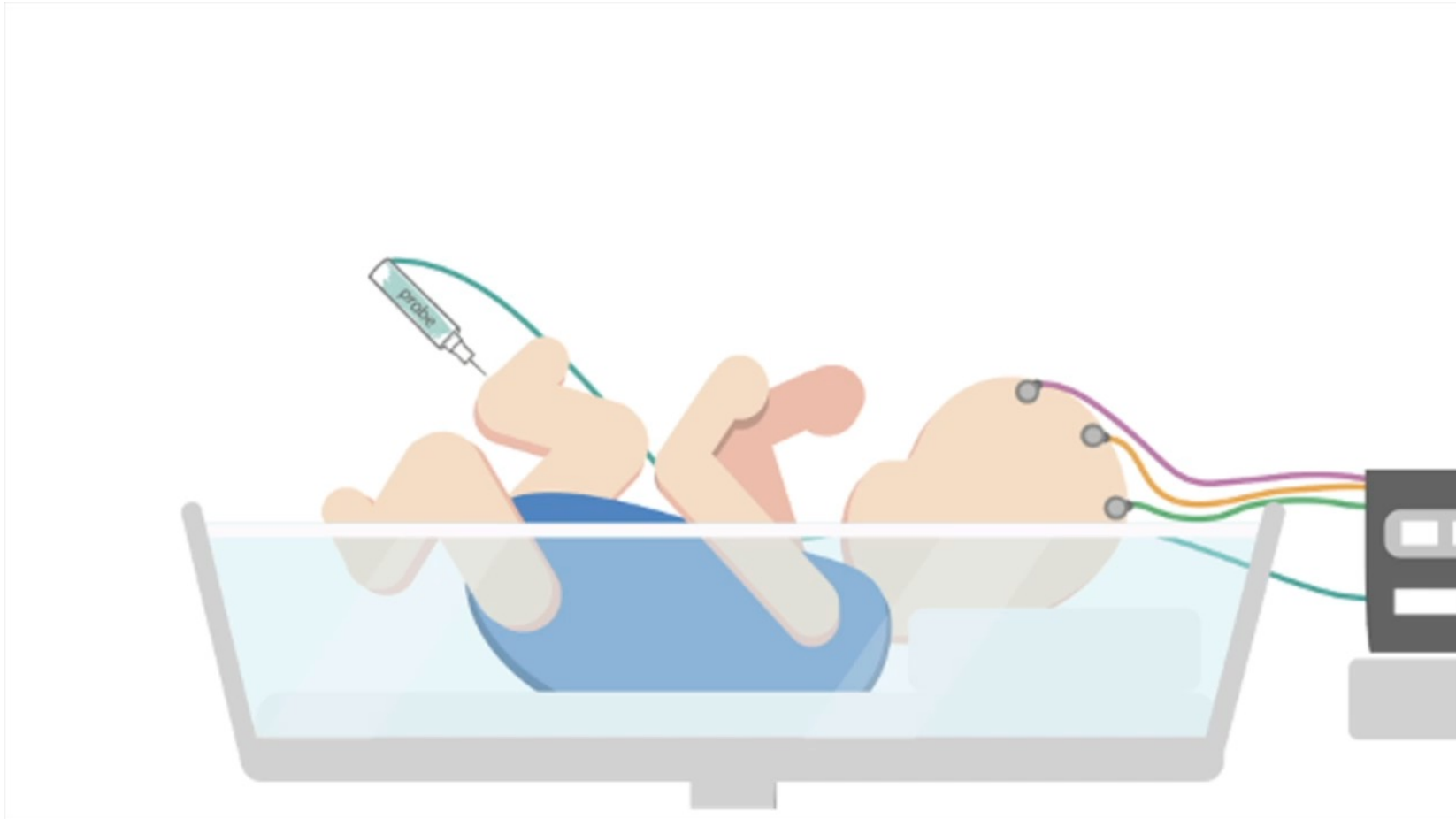


2021

Nature Comms

Understanding individual variability in pain responses.

Measuring noxious-evoked brain activity in the infant brain



Measuring noxious-evoked brain activity

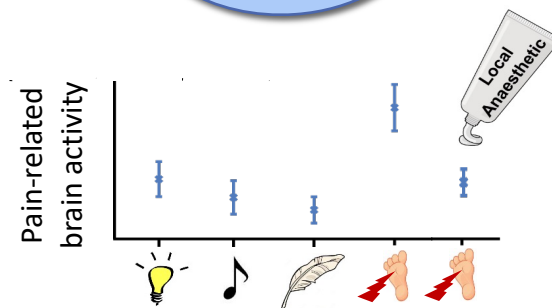
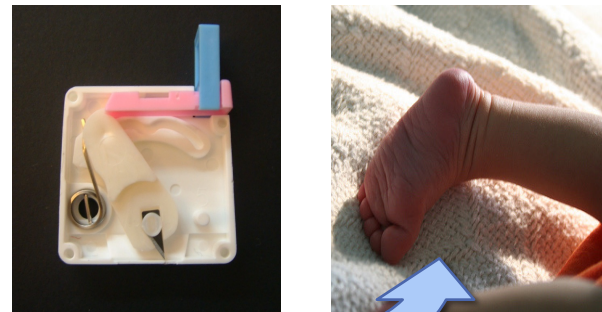
Near-infrared spectroscopy



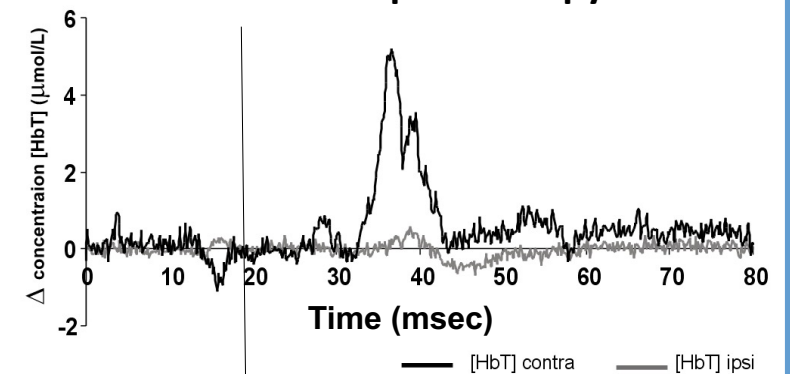
Electroencephalography (EEG)



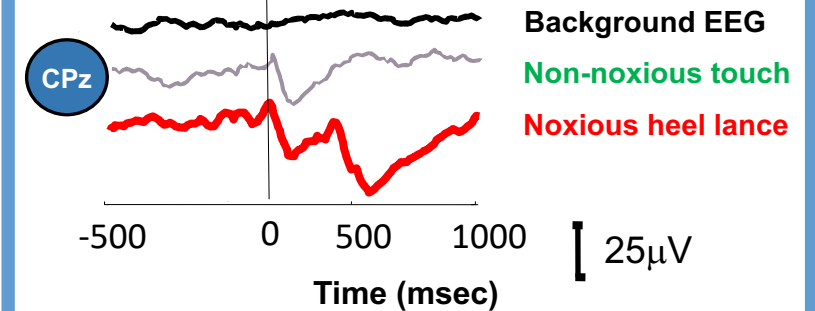
Clinically required noxious procedure (heel lance for blood sampling)



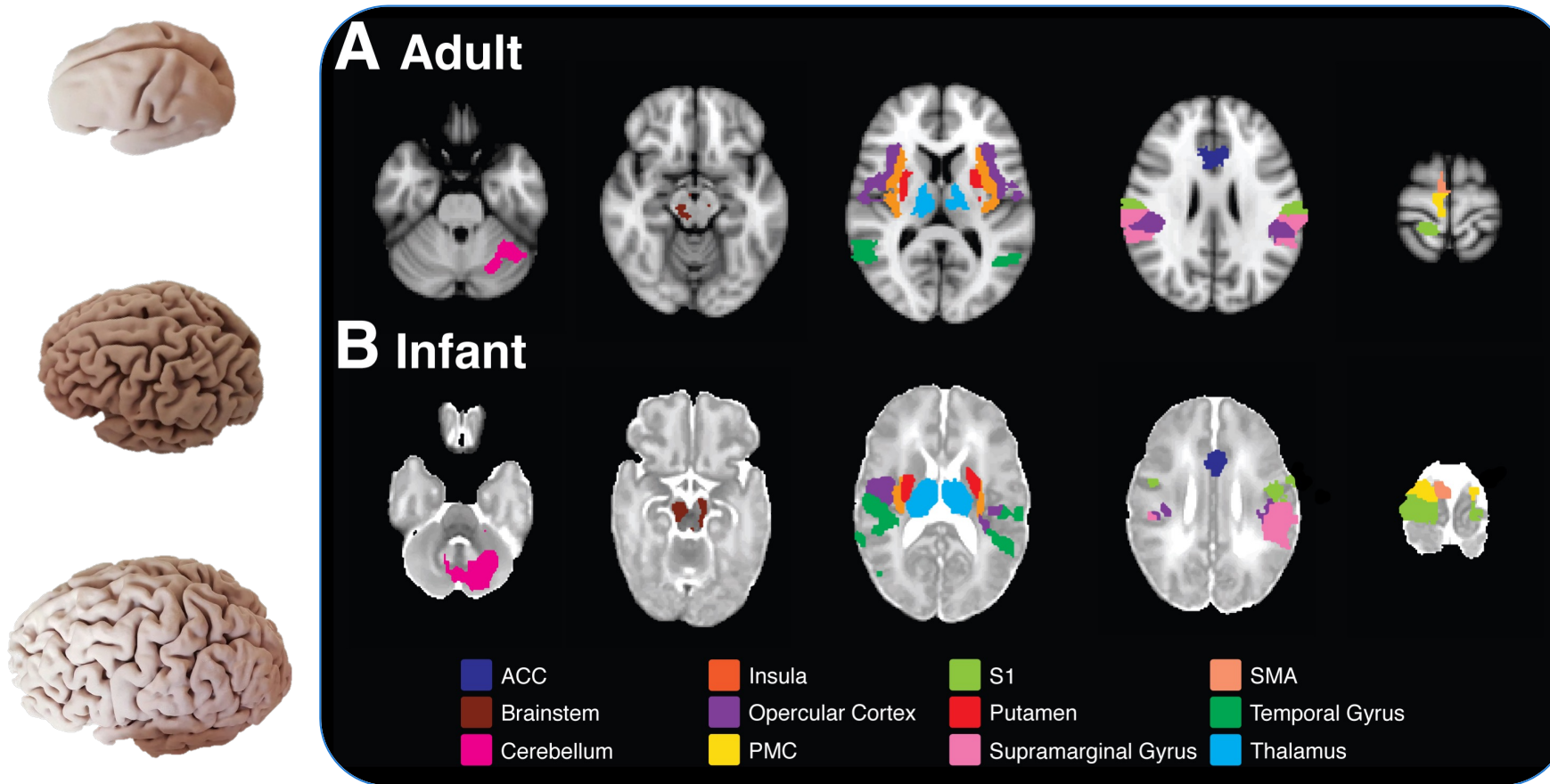
Near-infrared spectroscopy



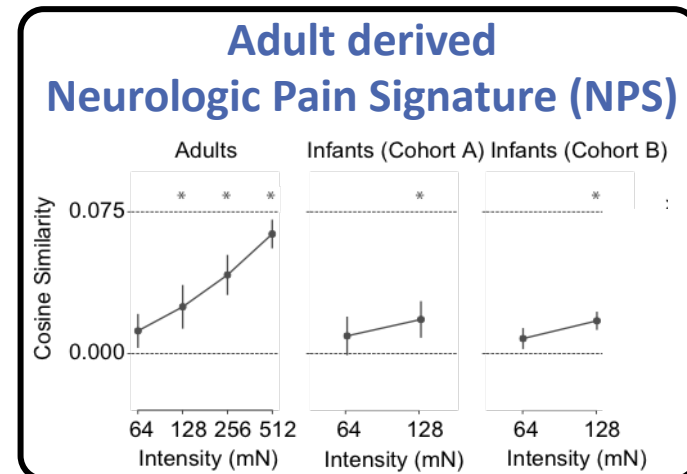
EEG



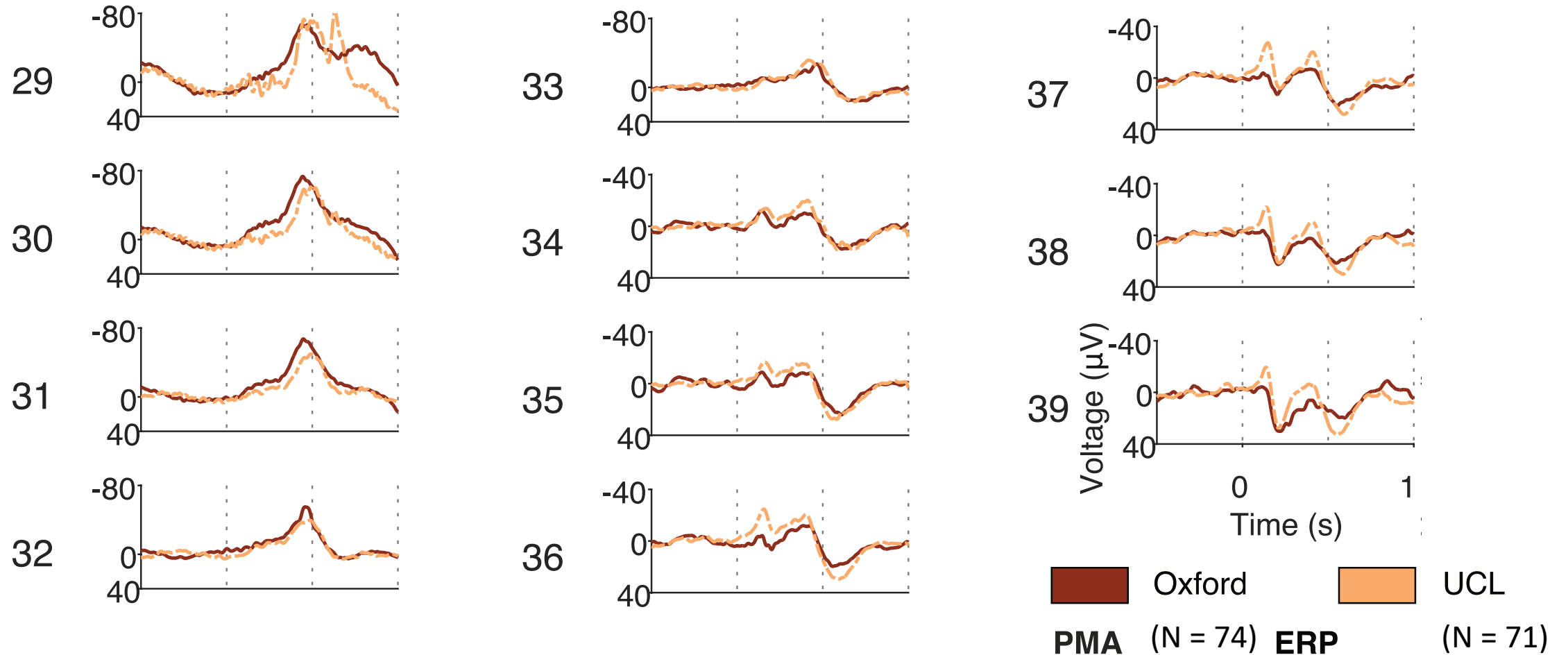
Noxious-evoked brain activity in adults compared with infants



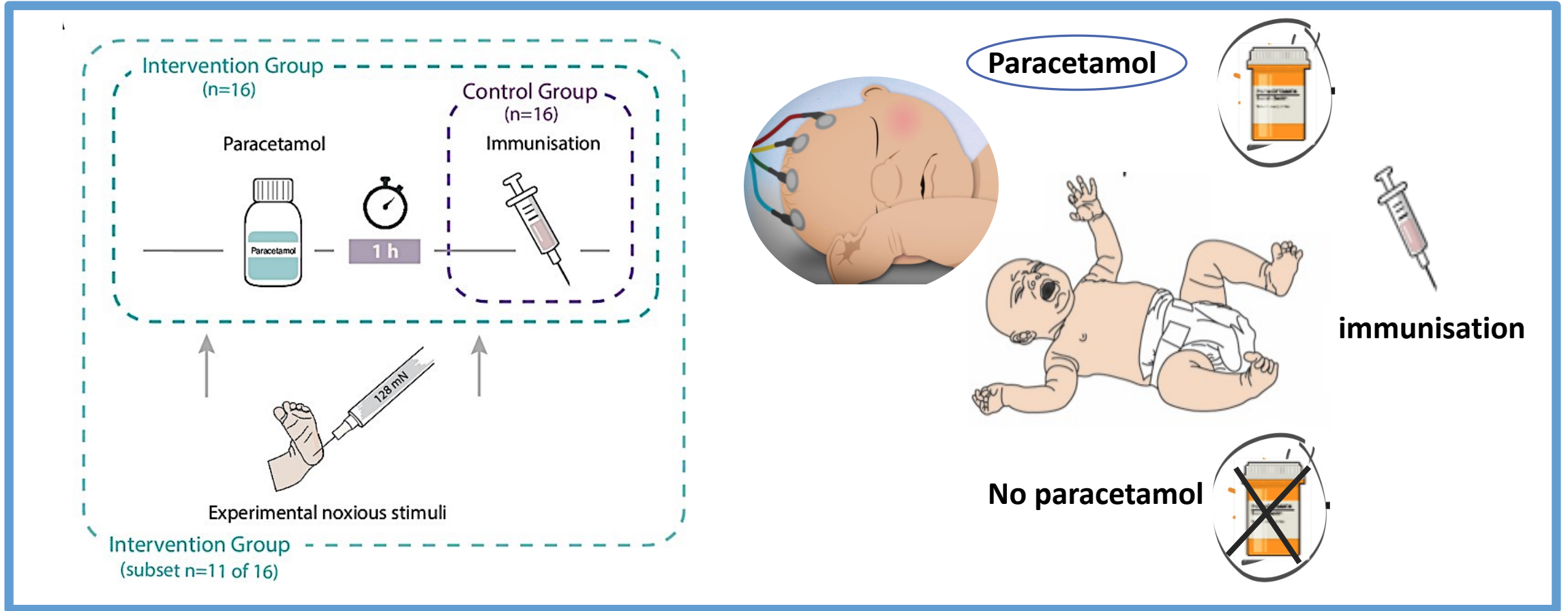
Similar patterns of noxious-evoked brain activity are recorded in neonates and adults when the same intensity nociceptive input is applied to the body, and adults verbally report that the stimuli are mildly painful.



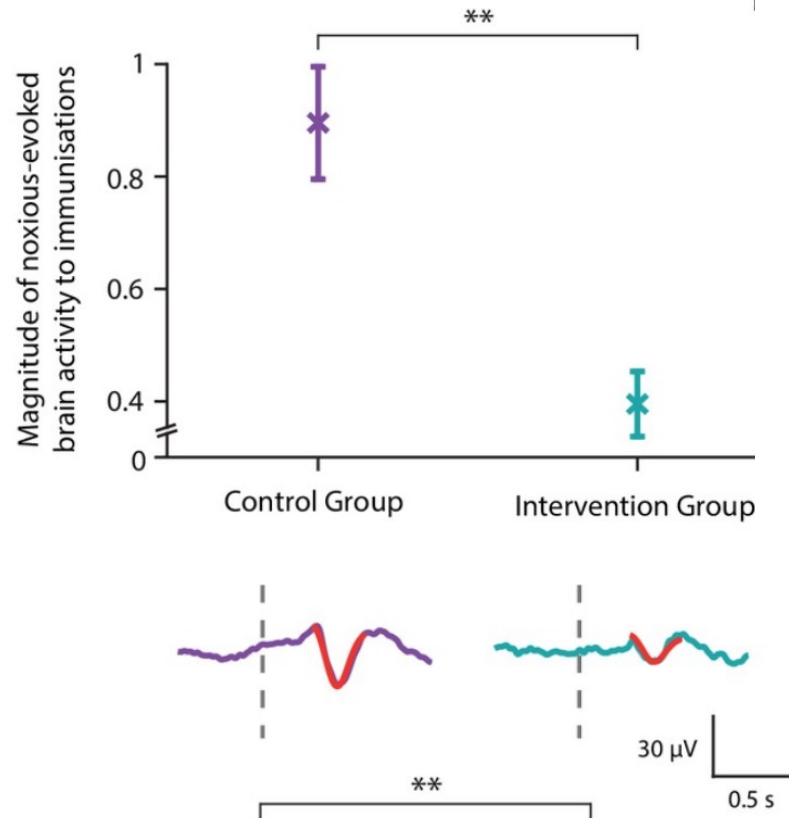
Data reproducibility at independent sites: noxious-evoked brain activity



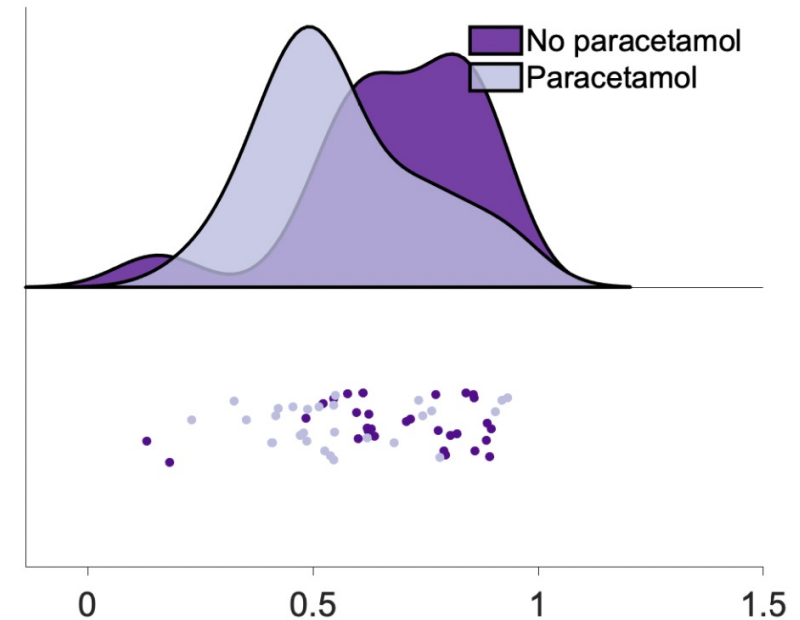
Pilot data: paracetamol modulates neonatal noxious-evoked brain activity



Pilot data: paracetamol modulates neonatal responses to immunisation

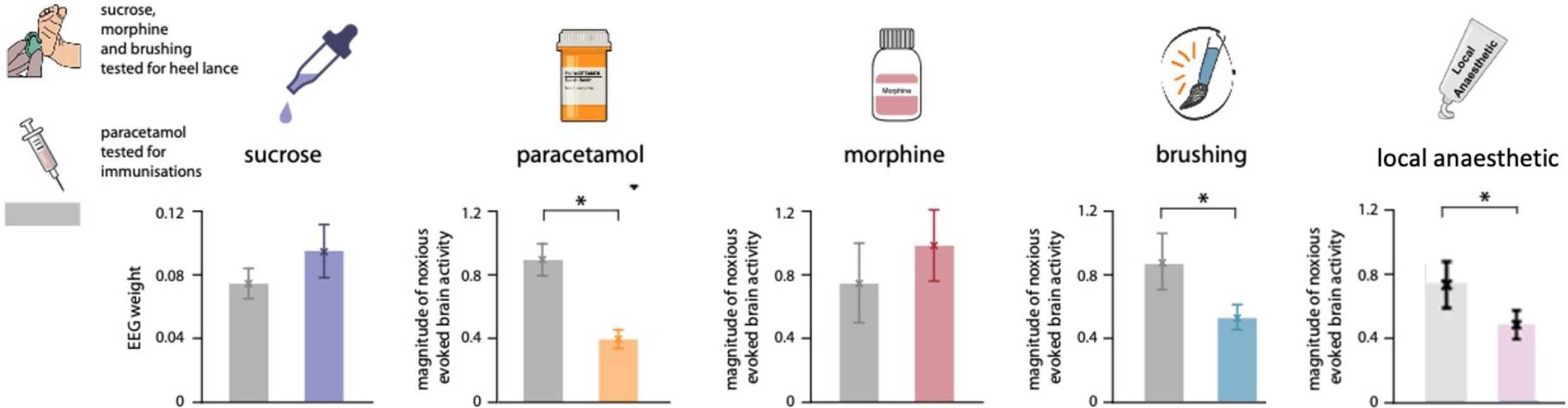


Probability that the procedure is noxious



Classifier correctly classified **85 %** of observations as noxious in neonates who did not receive paracetamol prior to the immunisation. The scores were significantly lower when the infants were treated with paracetamol ($p = 0.025$)

Using brain activity as a measure of analgesic efficacy in infants



Collaboration with regulators, industry, clinicians and academics

Preterm health: time to bridge the evidence gap

[Rebecca Slater](#)  • [Fiona Moultrie](#) • [Ralph Bax](#) • [John van den Anker](#) • [Aomesh Bhatt](#)

Published: September 26, 2020 • DOI: [https://doi.org/10.1016/S0140-6736\(20\)31977-2](https://doi.org/10.1016/S0140-6736(20)31977-2) •



CrossMark

Preterm health: time to bridge the evidence gap



Despite the development of revolutionary life-sustaining advances in neonatal medicine, medications are frequently administered in an ad-hoc and suboptimal way. Most drugs prescribed in neonatal care have not been submitted to the stringent regulatory processes of drug licensing that are standard in adult medicine.¹ Although clinical research and licensing regulations differ between countries, the scarcity of licensed medications and inevitable use of off-label

but repetitive underdosing. Doing research in preterm infants presents considerable ethical, logistical, and commercial challenges. Specific barriers include the challenging ethics of gaining consent from vulnerable parents of critically ill infants,⁹ high rates of morbidity and mortality, a greater risk of adverse drug events in this population,¹⁰ issues surrounding clinical equipoise with the widespread use of drugs without evidence,¹¹ the acceptability of placebo use,¹² and concerns over liability for potential drug toxicity.¹³ Furthermore,

Make pain **matter**



Brain-derived approaches can be used as end points in clinical trials.

Make pain **visible**



Advances in imaging and analytical methods provide an opportunity to test the efficacy of analgesics across a range of clinical procedures.

Make pain **understood**



Develop methods to improve treatments, through better understanding of the pharmacokinetic and pharmacodynamic properties of analgesics.

Make pain **better**





Thank you