ACRO Innovate Advocate Collaborate

August 24, 2026

Benjamin Cook
Office of the Commissioner, Food and Drug Administration
10903 New Hampshire Ave., Bldg. 2, Rm. 2114
Silver Spring, MD 20993–0002

RE: ACRO Comment Submission:
Expedited Investigational New Drug Pilot Program; Request for Information
[Docket No. FDA-2026-N-4699]

Dear Mr. Cook,

Founded in 2001, the Association of Clinical Research Organizations (ACRO) is a non-profit trade association representing the world's leading clinical research and technology organizations, which provide specialized services that are integral to the development of drugs, biologics, and medical devices that enable patients to live longer, healthier, and more productive lives. ACRO members provide a wide range of specialized services across the entire spectrum of drug development—from preclinical, proof of concept, and first in human studies through post-approval, pharmacovigilance, and health data research. ACRO member companies employ more than 470,000 people worldwide and conduct research in every global region.

ACRO thanks FDA for this RFI and is supportive of the Agency's efforts to expedite the time from drug identification to first-in-human (FIH) studies. Our comments are divided into seven sections below.

I. Pre-Launch Stakeholder Workshop would facilitate a successful pilot

In the RFI, FDA introduces the concept of a network of "qualified research institutions" ("QRIs"). There are three key sections of the RFI outlining the scope and objectives of QRIs that ACRO would like to flag here.

First, the RFI notes that the role of QRIs would be to *"partner with sponsors to **develop and review protocols** for FIH clinical trials intended for an IND submission to FDA"* [emphasis added].

Second, entities that would be considered QRIs include:

- academic medical centers (AMCs)
- healthcare networks (HNs)
- contract research organizations (CROs)
- regulatory advisors
- other research or third-party review organizations

Finally, the RFI announcement further clarifies that:

> *"These QRIs would specifically assess and make recommendations for the pharmacology and toxicology, clinical, and chemistry, manufacturing and controls (CMC) components of the Phase*

> *1 FIH IND submission. QRIs are intended to serve as **expert partners to sponsors** in developing higher-quality submissions that will expedite the timeframe to FIH trials and QRI recommendations are, by nature, advisory. Sponsors will maintain ownership over the IND submission"* [emphasis added].

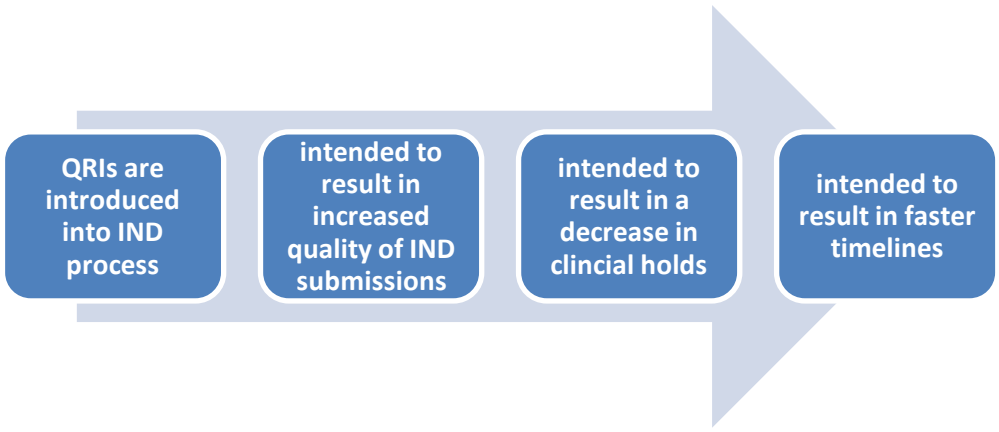
The objective of the introduction of QRIs is to help improve the quality of IND submissions to help reduce the potential for clinical holds and speed up the timeline from drug identification to FIH studies. The introduction of QRI expertise – in protocol design and review, pharmacology, toxicology, CMC, and other areas – has the potential to result in higher-quality submissions with fewer clinical holds, which will expedite the timeframe to FIH trials. However, the establishment of QRIs also introduces a new layer of complexity and bureaucracy into the IND process – necessitating careful execution and implementation. The challenge is to make sure the use of QRIs does not inadvertently (1) introduce *new* bottlenecks to IND timelines (resulting in a zero net effect or an actual increase in timelines to FIH trials) and/or (2) simply *shift* the current, same bottlenecks to a different stage of the QRI-enhanced IND process.

This RFI and its pilot program are important first steps to help expedite the time from drug identification to FIH studies. However, as outlined above, useful regulatory policy and guidance around QRIs are currently undeveloped or missing. To enable and facilitate much-needed FDA and industry engagement to enrich our understanding of QRIs – and to facilitate a successful pilot that can fully test and explore the QRI concept – we urge the Agency to consider holding one or more stakeholder workshops with industry *before* the launch of the pilot. Such a pre-launch stakeholder workshop would provide an appropriate opportunity to begin generating the much-needed detail on concepts introduced in the RFI such as "QRIs," "rolling submission/review," and "parallel activities" – which require more attention and discussion than is possible in an RFI process.

II. Pilot transparency is essential (1) to facilitate sponsor participation in the pilot and (2) to assess the success of the pilot (and the use of QRIs) in reducing timelines

We request more clarity on the pilot's objectives. Current practice is that once a sponsor has submitted an IND, the FDA has 30 days to review the IND application. Once the sponsor has waited the 30 days after submitting, they are able to commence clinical trials. The exception to the 30-day timeline is a complete or partial clinical hold.

The theoretical premise supporting the pilot seems to be:



However, it is currently unclear whether the objective of the pilot is:

- to test the practicalities of having a QRI network
- to reduce the number of clinical holds (i.e., reduce the number of approvals that take longer than 30 days)
- to explore the feasibility of shortening the actual 30-day timeline
- all of the above

It will be a considerable challenge to help enable the choice of a QRI-enabled, US-based Phase I trial as a more attractive option for sponsors who are considering pursuing China or Australia as a Phase I trial location. The key to making the QRI-enabled, US-based Phase I trial the most attractive option will be (1) *transparency* and (2) *metrics*. The FDA will need to track comparative timeline success and report timelines for each of the various types of QRIs (CROs, AMCs, and others). To assess the success of the use of QRIs, we urge FDA to publicly disclose and report:

- The current, pre-pilot breakdown of metrics on Phase I INDs – including the total number of IND applications for a specified time period; how many of the total IND applications that received a clinical hold; and useful details about the profile of applications receiving a clinical hold (e.g., therapeutic area; small molecule vs biologic; et cetera)

- Pilot results – including the total number of IND applications in the pilot; how many of the total IND applications in the pilot that received a clinical hold; useful details about the profile of applications receiving a clinical hold (e.g., therapeutic area; small molecule vs biologic; et cetera); and – most importantly – details on the comparative, timeline performance for each QRI type (CROs, AMCs, et cetera)

III. A Fit-for-Purpose Approach to QRI Qualifications is Key to Pilot Success

It is essential that QRIs be fit for purpose and possess the necessary expertise to carry out their advisory role. Therefore, it is important to distinguish between commercial and non-commercial INDs. For non-commercial INDs, the FDA allows certain flexibilities with regard to supportive data requirements and rigor of study design. AMCs and HNs typically operate within the space of non-commercial IND submissions and typically do not possess the requisite experience, expertise, and functional capabilities to understand and advise on commercial INDs and FIH studies for commercial development programs. The only organizations that are already positioned to support commercial INDs are clinical research organizations.

For optimal efficiency and streamlining of the pilot, ACRO recommends that the Agency consider establishing a clear and detailed list of "qualifications," with an emphasis on evaluating an institution's demonstrated ability to develop and execute an integrated drug development and regulatory strategy across the IND lifecycle, development and regulatory strategy across the IND lifecycle. Qualification should emphasize objective evidence of successfully supporting high-quality IND submissions and FIH development programs, robust cross-functional governance, and effective coordination with sponsors, investigators, Institutional Review Boards (IRBs), manufacturing partners, and other key stakeholders.

The agency's list of a set of qualifications to function as a QRI should be based on experience and expertise – including, but not limited to:

- Integrated protocol development, strategy and design
- Protocol review
- Pharmacology/toxicology/CMC
- Regulatory consulting
- Biostatistics
- Medical writing
- Quality assurance
- Project management of a wide range of product types (including, but not limited to, small molecules, biologics, CGTs, vaccines, combination products)
- Identifying, developing, and troubleshooting the unique trial design considerations for FIH studies and experience across a wide variety of designs (e.g., seamless, adaptive, in patients vs healthy volunteers)
- A deep understanding of drug law, FDA and global requirements for drug development
- Critical assessment of the data to support trial initiation
- Anticipating and mitigating issues that can lead to IND clinical holds – and addressing and resolving hold issues when they do occur

ACRO supports a streamlined, transparent qualification process with:

- Clearly defined metrics
- Ongoing performance standards
- A formal appeals mechanism
- De-selection for QRIs that fail to meet performance objectives

ACRO member companies – clinical research organizations (CROs) and clinical technology organizations (CTOs) – act as system-level partners and enablers for success in global clinical research innovation and execution. CROs and CTOs already act as *"expert partners to sponsors"* and have a long history of acting as strategic advisors to sponsors to provide essential expertise and collaboration in trial optimization and innovation (e.g., protocol development and review). ACRO members operate at the intersection of sponsors, health systems, regulators, and patients. CROs and CTOs provide platforms that provide end-to-end operational delivery, including rapid site activation, performance-based enrollment management, and integrated data systems. These capabilities enable studies to be launched and scaled quickly, with predictable timelines and accountability mechanisms. Startup timelines at AMCs consistently rank among the longest in the clinical trial ecosystem.

CROs and CTOs will be pivotal to the success of this pilot. CROs have dramatically transformed from their origin in the 1980s as arms-and-legs extensions and overflow vendors for their biopharmaceutical clients to their role today as essential strategic partners who catalyze drug development via unique frontline, on-the-ground expertise in the conduct, management, and innovation of global clinical trials. CROs and CTOs are trusted scientific and regulatory intermediaries, rather than merely operational service providers. CROs and CTOs today drive success and innovation in a clinical trial ecosystem that is increasingly digitized, personalized, and geographically global.

- CROs and CTOs can play an important role in practical implementation and future scale of this pilot. CROs, for example, operate the trial in a way that no other party does – acting as the

integration layer across sponsors, sites, technology providers, and FDA for clinical operations, privacy-preserving analytics, and validated AI governance.

- Emerging biopharma companies (EBPs) play a fundamental and increasingly large role in modern, global drug development – and CROs play a crucial role for EBPs as essential partners.

  According to the *IQVIA Institute* *Global R&D Trends 2026*:
  - EBPs accounted for 68 percent of trial starts in 2025
  - EBPs accounted for 86 percent of CAR-T trials, 94 percent of stem cell trials, and 85 percent of non-cellular gene therapy trials over the last five years
  - EBPs originated 61 percent of new drugs in 2025

  Because EBPs must grapple with a narrow financial runway of extreme funding constraints and navigate a complex, dynamic regulatory policy landscape, EBPs rely heavily on their CRO partners.

- CROs conduct early-phase trials across dozens of sponsors and hundreds of sites. CROs are positioned to evaluate trials across many sponsors, sites, and protocols simultaneously, generating a class of evidence no single sponsor can match. In 2025 alone, ACRO members conducted or participated in 7,634 studies involving 1.4 million patients and volunteers across a wide range of therapeutic areas and geographies that provide drugs, biologics, and medical devices integral to delivering better health outcomes.

A pre-launch stakeholder workshop on the pilot could explore the benefits of differentiation and tiering of QRIs and how QRIs and sponsors may be matched. Different entities within the QRI umbrella might have limited scopes or roles that are fit for purpose. Sponsors may have distinct preferences for the type of QRI they wish to engage with, due to the nature of their product development plans.

IV. Rolling Submission/Review

The FDA RFI introduces the concept of reducing FDA review time through a rolling submission process:

> *As part of the proposed pilot, FDA is exploring the use of a rolling submission platform that would allow FDA to review QRI recommendations regarding completed components of the IND submission on a rolling basis. Similar to the rolling review of an NDA or BLA under FDA's expedited review programs, this approach would facilitate FDA review of completed individual IND components prior to formal IND submission. Once the last component of the Phase 1 IND is submitted, the IND would be considered submitted such that the 30-day IND review clock starts.* ***Since all the IND submission components would have been reviewed by FDA on a rolling basis, the sponsor may receive a safe to proceed notification before the 30-day IND review period ends.*** *The rolling review could minimize the need for FDA to impose a clinical hold because it would provide an earlier opportunity for FDA to identify deficiencies, prior to the 30-day review period starting. Similarly, the rolling review could minimize the need for FDA to issue a clinical hold or information request. The pilot aims to test whether these processes may accelerate Phase 1 FIH study initiation* [emphasis added].

There are three key elements of rolling submission/review that have the potential to result in material improvements to the IND process:

- First, rolling submission and review may surface potential, hold-triggering deficiencies before the clock starts. The rolling submission/review could minimize the need for FDA to impose a clinical hold because it would provide earlier, real-time opportunities for FDA to identify deficiencies.

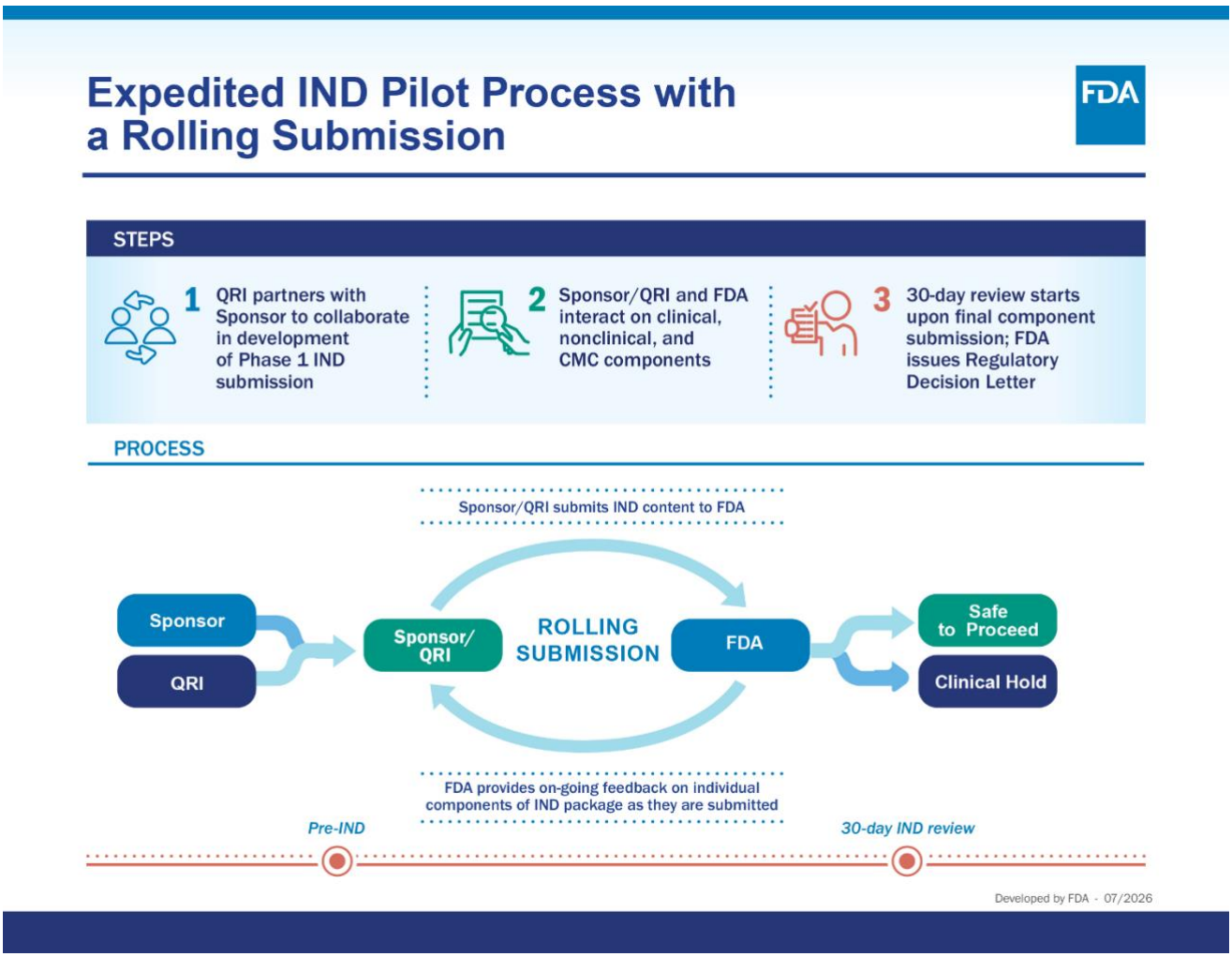
- Second, the sponsor may receive a safe to proceed notification before the 30-day IND review period ends, which could offer a measurable improvement from the current process.

- Finally, and most importantly, the RFI gives great weight to the introduction of QRIs for improving the IND process. However, the introduction of the rolling submission/review element into the pilot has the potential to be equally, or more, impactful for streamlining the IND process in the US than the introduction of QRIs, due to the challenges of assembling and submitting the IND package at a single point in time under the current regulatory framework. FIH studies are becoming increasingly complex, and the preparation of the initial IND filing to support such studies can drive the primary time and cost burden considerations that lead sponsors to consider other ex-US markets for their FIH study. Sponsors consistently cite time and resources to assemble the IND package itself as a key barrier to initiating trials in the United States. Rolling submission/review is a key element in enabling earlier and more flexible FDA interactions and engagement.

  The RFI notice in the Federal Register acknowledges that the rolling submission/review component of this pilot takes its inspiration from FDA's expedited review programs for NDAs and BLAs. However, the success of the rolling submission/review process used in the Fast Track Designation (for serious or life-threatening conditions with an unmet medical need) and the Breakthrough Therapy Designation (for serious or life-threatening conditions with promising early clinical evidence of substantial improvement over available therapies) is due to two complementary, interdependent features of these programs: (1) rolling submission/review + (2) enhanced communication with FDA. A key feature of the success of Fast Track and Breakthrough Therapy is that the rolling submission/review is complemented by "enhanced Communication" – sponsors gain more frequent opportunities to meet with the FDA. The FDA FAQ webpage on Breakthrough discusses *"providing timely advice to, and interactive communication with, the sponsor"* and *"intensive FDA guidance"* to sponsors – along with FDA organizational commitment of senior managers for sponsors.

  Any notion of similar "enhanced communication" for an expedited IND program is currently inadequate and underdeveloped in in the RFI notice in the Federal Register, as it is only vaguely alluded to in a single mention within the RFI: "*FDA will implement a new technology platform to perform a rolling IND submission by submitting individual IND components and* ***receiving FDA feedback in real time*** [emphasis added].

  Interestingly, the concept of increased FDA communication on IND submissions becomes a bit more developed in the August 5, 2026 FDA Voices blog "America Must Address Early Clinical Development." In this blog, the following illuminating visual depiction is introduced:



[Source: August 5, 2026 FDA Voices blog "America Must Address Early Clinical Development"]

FDA's visual diagram of rolling submission/review notes that *"FDA provides on-going feedback on individual components of IND package as they are submitted."* However, to be meaningful to sponsors, this concept of ongoing FDA feedback needs further elaboration and clarification. Does it include the meaningful communication commitments that are coupled with rolling submission/review under Fast Track and Breakthrough, such as:

- *"enhanced Communication"* – where sponsors gain more frequent opportunities to meet with the FDA
- *"providing timely advice to, and interactive communication with, the sponsor"* and *"intensive FDA guidance"* to sponsors, as discussed on the FDA FAQ webpage on Breakthrough

- FDA organizational commitment of senior managers for sponsors

> In order to increase sponsor confidence in regulatory predictability, certainty, and reliability, the currently underdeveloped concept of FDA "real-time feedback" (in the RFI) or "ongoing feedback" (in the blog) as an element of the expedited IND program pilot need to include the kinds of robust regulatory communication commitments contained in Fast Track and Breakthrough. This means providing sponsors with increased capacity for reviewers to be available in a collaborative and iterative way – including adequate opportunities for scientific advice from FDA during the Agency's IND submission *evaluation and assessment* – above and beyond the QRI third-party advice role in IND submission *preparation*.

ACRO strongly supports the introduction of rolling submission/review – which together with a "parallel activities" approach (as discussed immediately below under "Parallel Activities") – represents major advancements in the coordination and integration of clinical trial authorization to speed up the initiation of first-in-human (FIH) studies. However, as with NDA/BLA Fast track and Breakthrough designations – which are the source of inspiration for the introduction of rolling submission/review into the IND submission process – we recommend that the use of rolling submission/review for IND submissions should be coupled with timely, enhanced, interactive communication opportunities for sponsors with FDA.

V. Parallel Activities

The RFI introduces the idea of supporting "parallel activities" concurrent with FDA review – such as IRB review and clinical trial site contracting/activation to facilitate timely trial initiation upon FDA IND review.

ACRO strongly supports the use of parallel IRB review and parallel clinical trial site contracting/activation – which together with a "rolling submission/review" approach (as discussed immediately above under "Rolling Submission/Review") – represents major advancements in the coordination and integration of clinical trial authorization to speed up the initiation of first-in-human (FIH) studies.

VI. ACRO supports the RFI's affirmation of FDA authority and oversight and sponsor ownership

We support the FDA's emphasis throughout the RFI that the introduction of QRIs should not be construed as any kind of delegation of the Agency's current regulatory oversight – nor should it be viewed as a diminishment of the sponsors' current roles.

Regarding FDA authority, the RFI notes:

> *Throughout the proposed pilot, FDA will maintain full oversight of IND submissions, retaining full authority to make regulatory determinations, including the ability to issue a clinical hold, disqualify investigators, and conduct inspections.*

The RFI later continues:

> *FDA would retain full regulatory authority including:*
>
> - *Authority to disqualify an investigator from conducting clinical research;*

- *Authority to disqualify or impose other administrative restrictions on an IRB or its parent institution;*
- *Current Good Clinical Practice clinical trial inspection program;*
- *Requirements for safety reporting;*
- *Ability to issue a clinical hold.*

The goal of this new pilot program is to accelerate the time from nonclinical research to FIH studies while maintaining full FDA oversight and regulatory authority.

Regarding sponsors, the RFI notes that *"Sponsors will maintain ownership over the IND submission."*

VII. Additional Considerations to Explore for Pilot Inclusion in a Pre-Launch Stakeholder Workshop

The convening of a pre-pilot-launch stakeholder workshop would enable the exploration of a handful of relevant recommendations in the Reagan-Udall Report *on Enhancing Early-Stage Drug Development in the United States* that may be worth testing and exploring in the pilot, such as:

- Recommendation #1 – adopting risk-proportionate IND submission requirements (e.g., 14-day IND review for well-characterized platforms, simple formulations, microdosing, exploratory INDs)

- Recommendation #6 – improving "safe-to-proceed" and "clinical hold" communications

- Recommendation #16 – streamlining IRB and site activation processes
  While the "parallel activities" concept introduced in the RFI is welcome for its potential to streamline the IND process, the RFI poses specific questions related to the use of IRBs which should be replaced with the more effective solution of finalization of the single IRB rule

Conclusion

The RFI notes that the objective of the IND pilot program is to shorten the time it takes from drug identification to FIH study, while protecting clinical trial participants. The key to meeting this objective is getting the problems and solutions right – by identifying the primary problems and barriers and the most impactful solutions. It may be helpful to consider: What are the assumptions underpinning the identified barriers and solutions – are they accurate? These larger questions are difficult to explore within the confines of an RFI. Moreover, the RFI introduces key concepts such as "QRI," "rolling submission/review," and "parallel activities." But, an RFI does not enable the full development and enrichment of these core pilot concepts, which would benefit from policy exploration and generation. We urge the Agency to consider convening an in-person, pre-pilot-launch stakeholder workshop where both fundamental questions underpinning the pilot and the core concepts could be more fully explored.

Respectfully submitted,

Karen Noonan
Senior Vice President, Global Regulatory Policy