

### WEBINAR

Pass Your Inspections With a Risk-Based
Approach in Accord With Trends and
Anticipated Ramifications of ICH E6 (R2)

#### **PRESENTED BY:**

**Grace Crawford** 

VP Clinical Quality and Compliance, MedImmune

**Steve Whittaker** 

Senior Consultant, The Avoca Group

**HOSTED BY:** 





### **Topics**

- Compare inspections from different regulatory authorities
- Foci of inspectors
  - What they inspected and didn't inspect to determine compliance
- First-hand experiences of sponsors to uncover common pitfalls
- MHRA's emphasis on conducting a risk-based analysis
  - Study case examples
- Comply with ICH E6 (R2) changes by adapting risk-based tools and methods
- Effect a risk-based approach to inspection readiness with tried and tested strategies



### The Avoca Group®

Transforming clinical trial execution by **driving efficiency**, **increasing quality**, and **mitigating risk**.



Pharma Industry Focus: Quality and Compliance in Clinical Research



### **Avoca Quality Consortium® (AQC)**

Driving efficiency, increasing quality, and mitigating risk in clinical trial execution.

Avoca Quality Consortium

> Industry Leading Practices



Collaboration | Proactive Approaches

Avoca

Research



90+ Member Companies (Sponsors, CROs, Clinical Service Providers)

- Avoca Research: Gathering of quantitative and qualitative data from Members; provision of aggregate data and individual benchmarking reports.
- Leading Practices: Development of guidelines, tools, approaches, standards, and templates focused on proactive quality management.







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MedAvante.











































































### **Polling Question**

Failed inspections can cost \$200MM or more in opportunity costs and direct costs associated with remediation. Which of the following deficiencies are you most concerned that your organization would experience during an inspection? Choose all that apply:

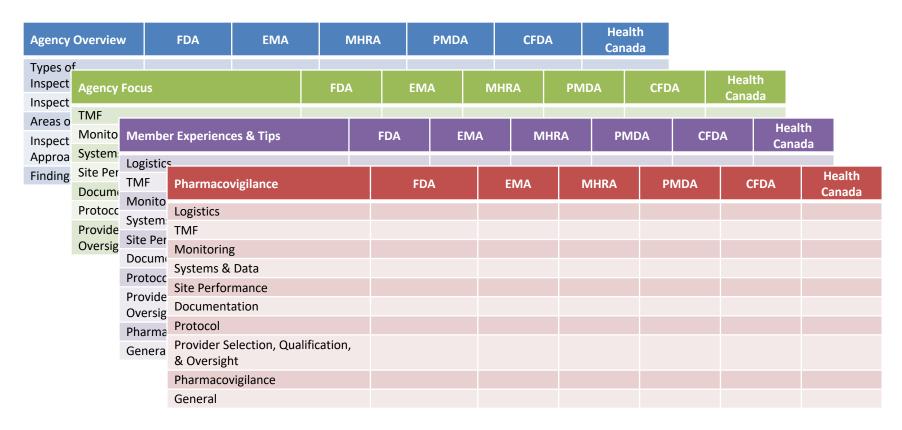
Failure to bring investigators into compliance	41.3%
Failure to follow the investigational plan, regulations	33.9%
Inadequate documentation of quality management systems	53.7%
Inadequate IMP accountability	28.1%
Inadequate monitoring	46.3%
Inadequate oversight of providers	74.4%
Inadequate recordkeeping	50.4%
Inadequate subject protection – ICF and AE reporting issues	31.4%
Protocol deviations	46.3%



### **Knowledge Grid Construct**

### **Four Layer Grid**

- 1) Agency Overview / Agency Focus / Member Experiences & Tips / Pharmacovigilance
- 2) FDA / EMA / MHRA / PMDA / CFDA / Health Canada
- 3) Specific Categories





### **Compare Inspections from Different Regulatory Authorities**

### Example agency overview categories (1 of 2)

Agency Overview	FDA	EMA	MHRA
Types of Inspections	<ul><li>Marketing Application</li><li>For Cause</li></ul>	<ul><li>Marketing Application</li><li>For Cause</li><li>National Programs</li></ul>	<ul><li> IMP in UK</li><li> Serious Breach</li><li> Risk-based Compliance</li></ul>
Inspection Triggers	<ul><li>Marketing Application</li><li>For Cause</li></ul>	<ul><li>Marketing Application</li><li>For Cause</li><li>Identified Programs</li></ul>	<ul><li>Serious Breach</li><li>Identified by Risk</li><li>Completed Trials</li></ul>
Areas of Focus	<ul><li>Data</li><li>Documentation</li></ul>	<ul><li> TMF</li><li> Systems</li></ul>	<ul><li>TMF</li><li>Systems</li></ul>
Inspection Approach	<ul><li>District-based</li><li>Announced</li><li>CTTI Risks</li></ul>	<ul><li>Notification</li><li>TMF</li></ul>	<ul><li>Notification</li><li>TMF</li><li>Grey Guide</li></ul>
Findings	<ul><li>Clinical Investigators</li><li>IRBs</li><li>Sponsor/Monitor/CRO</li></ul>	<ul><li>Investigational Site</li><li>Sponsor/Monitor/CRO</li></ul>	<ul><li>Sponsor</li><li>CRO</li><li>Clinical Research Units</li></ul>



### **Compare Inspections from Different Regulatory Authorities**

### Example agency overview categories (2 of 2)

Agency Overview	PMDA	CFDA	Health Canada
Types of Inspections	<ul> <li>Marketing Application (New or Partial Change)</li> <li>Good Post Marketing Study Practice (GPSP)</li> </ul>	<ul><li>Marketing Application</li><li>For Cause</li><li>Routine for Clinical Research Institutions</li></ul>	Clinical Trial Compliance     Program
Inspection Triggers	<ul><li>Marketing Application</li><li>Post-marketing every 5 yrs.</li><li>For Cause</li></ul>	<ul><li>Marketing Application</li><li>For Cause</li><li>Renewal of GCP certification</li></ul>	Sites for Ongoing Trials
Areas of Focus	<ul> <li>Checklists – GCP and Document Conformity</li> </ul>	<ul><li>Clinical Trial Conditions</li><li>Regulatory Compliance</li></ul>	• GCP • ICH E6
Inspection Approach	<ul> <li>GCP and Document Conformity in Parallel</li> <li>Announced in Advance</li> </ul>	<ul> <li>CDE Determines Products and Targets</li> <li>Self Assessment Forms then On-site Inspections</li> </ul>	<ul> <li>Scheduled and Announced in Advance</li> <li>Pre-inspection Checklist</li> </ul>
Findings	<ul><li>Data Inconsistencies</li><li>Safety Information Provision to Sites</li></ul>	<ul><li>Data Traceability</li><li>Protocol Deviations</li><li>IMP Handling</li></ul>	<ul><li>Systems and Procedures</li><li>Records</li><li>Training</li></ul>



### **Foci of Inspectors**

# Examples of what they inspected and didn't inspect to determine compliance (1 of 2)

Agency Focus	FDA	EMA	MHRA
TMF	<ul><li> TMF Available</li><li> Inspector Requests Docs</li></ul>	<ul><li>Primary Focus</li><li>Direct Access</li></ul>	<ul><li>Primary Focus</li><li>Direct Access</li><li>Provide All Answers</li></ul>
Monitoring	<ul><li>BIMO</li><li>System, Trial, Site Levels</li></ul>	<ul> <li>System, Trial, Site Levels through to CSR</li> </ul>	<ul><li>System, Trial, Site Levels</li><li>Follow SOPs</li></ul>
Systems & Data	Data are primary focus	<ul> <li>Preliminary assessment with specific questions</li> </ul>	Not primary focus
Site Performance	<ul> <li>Algorithm to select sites</li> </ul>	<ul> <li>High-risk sites</li> </ul>	<ul> <li>High-risk sites</li> </ul>
Documentation	<ul> <li>May request documents in advance; no dossier</li> </ul>	• EMA dossier requirements in advance	• MHRA dossier requirements in advance
Protocol	<ul> <li>Protocol deviations</li> </ul>	<ul> <li>Protocol deviations</li> </ul>	<ul> <li>Protocol deviations</li> </ul>
Provider	• Contracts	• Contracts	• Contracts
Selection, Qualification, & Oversight	<ul><li>Documented selection, qualification, oversight</li><li>TORO, Quality Agreement</li></ul>	• Oversight	• Oversight



### **Foci of Inspectors**

# Examples of what they inspected and didn't inspect to determine compliance (2 of 2)

Agency Focus	PMDA	CFDA	Health Canada
TMF	<ul> <li>Documents from TMF         Available</li> <li>Compares Documents         against Checklist</li> </ul>	<ul><li>Documents from TMF or LIMS available</li><li>Facility Certifications</li></ul>	Systems and Procedures     with some Sent in Advance
Monitoring	<ul><li>Monitoring SOP and Documentation</li><li>Trial, Site and Subject Levels</li></ul>	<ul> <li>Oversight of CRO Conducting Monitoring</li> </ul>	<ul><li>Evidence of Risk-based Approach</li><li>Monitoring SOP</li></ul>
Systems & Data	<ul><li>Process and Data Oriented</li><li>Data Discrepancies</li></ul>	<ul> <li>Focus on Data Integrity and Potential Fraud</li> </ul>	• Focus on ICH E6 Section 5.5.3
Site Performance	Annex 8 of PMDA Procedure	<ul> <li>Site Conditions and Compliance</li> </ul>	<ul> <li>Focus on Inspection         Document Checklist     </li> </ul>
Documentation	<ul> <li>Documents Requested in Advance – Annex 8</li> </ul>	Document Reviews	Document Reviews
Protocol	<ul> <li>Protocol deviations</li> </ul>	Concomitant Drug Use	<ul> <li>Protocol Documentation</li> </ul>
Provider Selection, Qualification, & Oversight	Contracts Compliance to JCP     Article 12	Compliance to Contracts,     GCPs and Protocol	<ul><li>Contracts</li><li>Delegation of Activities</li></ul>



## Glimpse\* of AQC Member company experiences and tips (1 of 2)

Member Experiences & Tips	FDA	EMA	MHRA			
Logistics	Multiple Days on Site	Multiple Days on Site	Multiple Days on Site			
TMF	Documents to be Provided	eTMF Access	Extensive eTMF Access			
Monitoring	<ul><li>Monitoring Plan</li><li>Issue Resolution</li></ul>	<ul><li>Monitoring Plan</li><li>Issue Resolution</li></ul>	<ul><li>Monitoring Plan</li><li>Issue Resolution</li></ul>			
Systems & Data	<ul><li> Validation</li><li> Analytics</li></ul>	<ul> <li>Data Integrity Relative to time Entered</li> </ul>	<ul><li> Quality Metrics</li><li> Data Queries</li></ul>			
Site Performance	Qualification, Training	Systems and Procedures				
Documentation	BIMO Required Docs Available	<ul> <li>Contracts and Proof of Insurance</li> </ul>	<ul> <li>Relevant Persons Present to Discuss</li> </ul>			
Protocol	CSR Reportable Violations	Monitor Reports to CSR	• Deviations			
Provider Selection, Qual., & Oversight	<ul> <li>Credibly Speak to Inspectors about oversight</li> </ul>	Demonstrate Effective     Oversight Process	<ul> <li>Prospective Oversight for trial Management</li> </ul>			
Pharmacovigilance	Late Reports	Assessments w/i Trials	Process, Timeline, Quality			
General	Proactively Prepare Sites	Present to Inspectors	GCP Inspection Dossier			



## Glimpse\* of AQC Member company experiences and tips (2 of 2)

Member Experiences & Tips	PMDA	CFDA	Health Canada			
Logistics	Follow Checklists Closely	• 4 – 5 Sites for 6- 8 Days	<ul> <li>Risk-based Compliance Program</li> </ul>			
TMF	Documents to be Provided	• Documents to be Provided	Documents to be Provided			
Monitoring	<ul><li> Monitoring plan</li><li> Sponsor Follow-up to Issues</li></ul>	Monitoring plan	<ul><li>Monitoring plan</li><li>Visit Reports</li></ul>			
Systems & Data	<ul> <li>Compliance and Consistency of Data in EDC</li> </ul>	<ul> <li>Data Integrity for Specific Subjects</li> </ul>	Systems Deep Dive			
Site Performance	PI Interviews Important	Systems and procedures	Site Process and Performance			
Documentation	• Published Inspection Checklists	<ul> <li>Focus on Documentation</li> </ul>	• Documentation to Follow SOPs			
Protocol	Evidence of Draft Protocols with Functional Inputs	Compliance to Protocol	Compliance to Protocol			
Provider Selection, Qual., & Oversight	Compliance to JCP Article 12	Focus on Financial Information	Focus on Oversight			
Pharmacovigilance	<ul> <li>Good Post-Marketing Study Practice (GPSP)</li> </ul>	AE and PSUR Reporting	Compliance to SOPs			
General	Focus on Management of IMP	• 3 Day Site Response	Focus on Management of IMP			



<sup>\*</sup>Time only permits sharing a glimpse during today's session.

### Example Pharmacovigilance Insights (1 of 2)

Pharmacovigilance	FDA	EMA	MHRA
Supporting References	FDA Compliance Manual	<ul><li> GVP Module III</li><li> Annual PV Report</li></ul>	<ul><li> GPvP</li><li> PV Metrics</li></ul>
Types of Inspections	<ul> <li>CT Inspections</li> <li>Post-Marketing Drug Experience (PADE)</li> <li>Risk Evaluation and Mitigation Strategies (REMS)</li> </ul>	<ul> <li>CT Inspections</li> <li>Routine PV Inspections</li> <li>"For Cause" PV Inspections</li> <li>PV Systems</li> <li>Product Related</li> </ul>	<ul><li>CT Inspections</li><li>Routine PV Inspections</li><li>"For Cause" PV Inspections</li></ul>
Inspection Triggers	<ul><li>Market Application</li><li>PADE Directed</li></ul>	<ul><li>Market Application</li><li>QPPV Qualification</li><li>Adequacy of PV System</li></ul>	<ul><li>Market Application</li><li>GPvP Breach</li></ul>
Inspection Approach	<ul> <li>Focus on Products with Greatest Safety Risks</li> </ul>	<ul> <li>Request for Pharmacovigilance System Master File (PSMF)</li> </ul>	Request for PSMF
Inspection Findings	<ul> <li>Inadequate Subject Protection</li> <li>Failure to Report AEs, including on time</li> </ul>	<ul><li>Failure to Report AEs, including on time</li><li>Quality Management System</li></ul>	<ul><li>Inadequate Resolution of Prior Findings</li><li>Quality Management System</li></ul>
Areas of Focus	Safety Reports	Safety Reports	Safety Reports

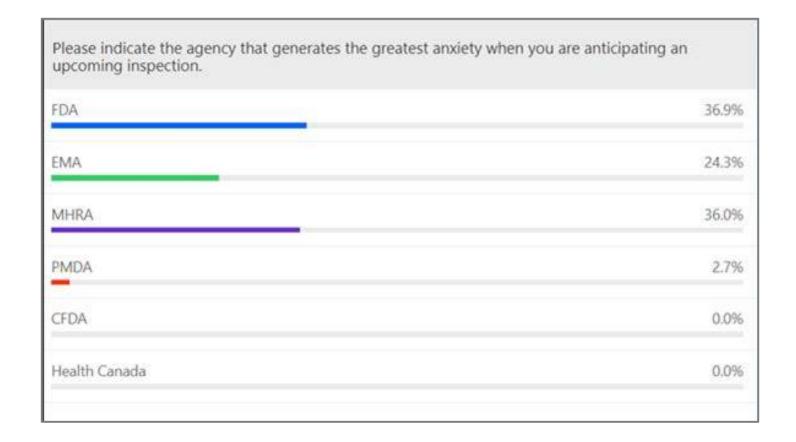


### Example Pharmacovigilance Insights (2 of 2)

Pharmacovigilance	PMDA	CFDA	Health Canada			
Supporting References	<ul><li>PMDA Webpage</li><li>PMDA Safety Online</li></ul>	CFDA Circular	<ul><li> GVP Guidelines</li><li> Compliance and Enforcement Policy</li></ul>			
Types of Inspections	<ul><li>CT Inspections</li><li>GVP Compliance</li><li>Reliability Assurance</li></ul>	<ul><li>CT Inspections</li><li>Routine PV Inspections</li><li>"For Cause" PV Inspections</li></ul>	<ul><li>CT Inspections</li><li>Post-Marketing</li></ul>			
Inspection Triggers	<ul> <li>Market Application</li> <li>Good Post-Marketing Surveillance Practice (GPMSP)</li> </ul>	<ul><li>Market Application</li><li>Routine Inspections</li><li>"For Cause" Inspections</li></ul>	<ul><li>Facility Compliance</li><li>ADRs</li></ul>			
Inspection Approach	On-site Surveys and Document Review	<ul> <li>Locations Where Drug Manufacturers Participate in ADR</li> </ul>	Advance Notice and Inspection     Duration Vary			
Inspection Findings	<ul> <li>May be Accessed from Japan Society of QA</li> </ul>	Not Publicly Available	<ul> <li>Serious Adverse Drug Reporting (SADR) Reports</li> </ul>			
Areas of Focus	Safety Reports	<ul><li>Cluster AEs</li><li>SAEs</li></ul>	Safety Reports			



### **Polling Question**



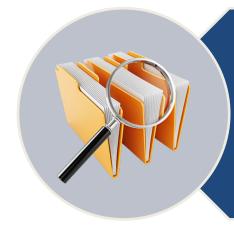


### Study Case Examples – Inspection Experiences



#### **TMF**

- Completeness of the TMF
- Directly accessible by inspectors
- Review Original/Certified copy documents
- Record/Data Integrity (audit trails)
- Inspector Access to Unblinded content (and measures to protect)



#### **CRO Oversight - Data quality/integrity findings**

- Data critical to quality (inc/exl criteria, 1º Efficacy, Endpoints, etc.)
- Audit trails from vendor systems in xls format



### **Study Case Examples – Inspection Experiences**



#### **Risk Based Monitoring**

- Encouraging adoption of this approach
- Training of monitors (site and central)
- Sufficient time to do the work
- Delivers in accordance with established plans
- Governance & Controls



### MHRA's Emphasis on Conducting a Risk-based Analysis

# Sponsors need to identify and prepare all sites that they feel could be identified as "high risk"

#### High risk can include:

- High or low dropout rate
- High or low screening failure rate
- Low or high AE and SAE reporting
- High number of protocol deviations
- Low use of concomitant medications
- Low medical history reporting
- High enrolling sites
- Sites with investigator change

#### Additional risk areas include:

- Sites with a low or high number of data queries
- Sites with high resolution time/open duration for data queries
- Sites with unusually high or low volume of monitoring issues in MVRs
- Sites with high duration of monitoring issues remaining open in a trial



### Adapted Risk-based Tool: Example Weighted Decision Grid

#### Avoca Quality Consortium Quality Oversight Module: Governance Tool- Decision Scorecard

		DECISION SCORECAR	D			
INSTRUCTIONS						
1. Engage relevant team members during development to er	nsure decisions represent a b	balanced viewpoint.				
2. High Level: Try to keep the number of categories to < 7 so	it does not dilute critical cor	ncerns.				
3. Add additional comments or smaller concerns as 'commer	nts'.					
DECISION DETAILS			•			
WHAT? Decision needs to be made			1			
WHY? Decision needs to be made			1			
WHEN? Decision needs to be made			1			
Responsible: Accountable: Consulted:						
COMMUNICATION Who is informed about the decision?	Informed: Meeting updates required:	ŧ				
			ALTERNA	TIVE OPTIONS		
KEY DECISION FACTORS		1) OPTION 1		OPTION 2		
Factor	Factor Weight (1-10)	Score*	Comments	Score*	Comments	
Factor 1:						
Factor 2						
Factor 3						
Factor 4						
Factor 5						
Factor 6						
Factor 7						
TOTAL (highest score = best alternative)		0		0		
*SCORING LEGEND						
Strong Positive	Score = 10					
Neutral Strong Negative	Score = 5					
	Score = 1					



### Effect a Risk-based Approach to Inspection Readiness

### **Tried and Tested Strategies**

### ICH E6 (R2) Elements Quality Management System

- Design
- Conduct
- Recording
- Evaluation
- Reporting
- Archiving

#### **Risk-based Approach**

- Critical Process and Data Identification
- Risk Identification
- Risk Evaluation
- Risk Control
- Risk Communication
- Risk Review
- Risk Reporting



#### 21 CFR 820

### Quality System *Regulation*System **Requirements**

- · Management Responsibility
- Quality Audit
- Personnel

#### Controls

- Design
- Document
- Purchasing
- Identification & Traceability
- Production and Processing
- Acceptance Activities
- Nonconforming Product
- CAPA
- Labeling & Packaging
- Handling, Storage and Distribution
- · Maintain Records
- Records

#### ISO 13485:2016

Quality Management System – International Standard

#### **QMS Requirements**

- Quality Manual
- · Medical Device File
- · Control of Documents
- Control of Records

#### **Management Responsibility**

- Planning
- · Responsibility, authority, communication
- Management Review

#### **Resource Management**

- Human Resources
- Infrastructure
- Work environment

#### **Product Realization**

- Planning
- Customer-related processes
- Design and development
- Purchasing
- Production and Service Provision

#### Measurement, Analysis and Improvement

- · Monitoring and measurement
- Control of nonconforming product
- · Analysis of data
- Improvement

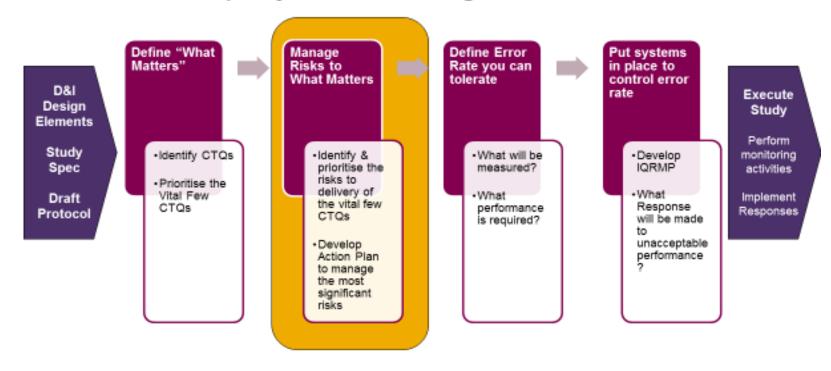


### **Example Approach**

### Identify Potential Risks, Assess, & Focus on What Matters

### **Quality Planning: Deliverables**

Failure Mode & Effect Analysis (FMEA) is a structured way to identify the few critical quality risks where mitigation needs to be carried out





### **Integrated Quality Risk Management Plan (IQRMP)**

/_	Α	В	С	D	E	F	G	Н	I	J	K	L	М	N
1	Quality	/ Managei	ment Plan	Study(s	<b>)</b> :				Version:					
2	_,				<i>j</i> -				Date:					
3														
4	Qualit	ty Planning	Risk	( Mitigation	n				(	Control duri	ng the study	/		
5							Per	formance Stand	lards	Measurement Plan		lan	Planned responses if threshold crossed	
6	CTQ Factor	Risk Failure Mode	Action	Who	By When	For details, refer to	CTQ Measure	Study Target	Threshold for Action	Data source	Frequency of Checks	Who checks	What	By Whom
7	EXAMPLE: Inclusion /exclusion criteria fulfilled	EXAMPLE: Inclusion/exclusion violation: Recruit several incorrect patient	EXAMPLE: 1. Train investigators 2. Autmate IVRS checks of key criteria 3. Contracts state "no payment if not conform to protocol" and emphasise in investigator meetings				EXAMPLE: % violation across the study	96% of patients	EXAMPLE: As each violation occurs		EXAMPLE: Weekly	EXAMPLE: CDAM	EXAMPLE: 1. Review 1st violation with principal investigator 2. Close site after 2nd violation	EXAMPLE: 1. Monitor 2. Local study team
8														
9														
10														
11														
12														
	<b>4</b> →	CTQ Brainstormi	ng   FMEA Template	FMEA	Scoring	IQRMP	(+)	l	·	: 1	1	1	1	
Rea	eady													



### **Effect a Risk-based Approach to Inspection Readiness**

### Tried and Tested Strategies

## Documentation of plans and strategies:

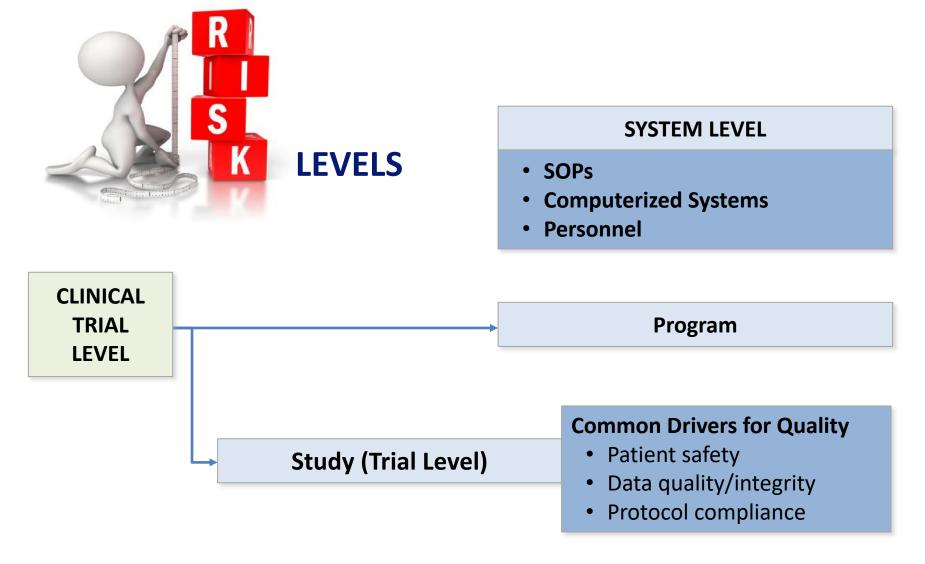
- Risk Based Auditing
- Vendor Selection Process
- Vendor Oversight Plan(s)
- Integrated Quality Management Plans
  - Trial Oversight
  - Risk Based Monitoring (and links to all other plans)
  - Monitor, Review, Re-assess risk, and
     Update plans throughout study
  - Quality Summary report

## **Examples of tiered** approach based on risk:

- Vendor Due Diligence
- Exploratory analysis & reporting
  - White Paper if risk changes (document how quality was built in)
- Legacy Study TMFs
- Mergers/Acquisitions/Spin Offs
- Inspection Preparations



### ICH E6 (R2) and Risk Management





# **QUESTIONS?**





### **Other Upcoming Events**

ExL's 7th Clinical Trials Inspection Readiness Summit, August 13-14, 2018 | Philadelphia, PA

Monday, August 13 | 1:45pm

Comparing how agencies (FDA, EMA, MHRA, Health Canada, PMDA, and CFDA) conduct inspections. What are the implications of ICH E6 (R2), based on recent inspection experiences? Presented by Steve Whittaker, Senior Consultant, The Avoca Group

Monday, August 13 | 11:00am

Case Study: Challenges Of Quality Oversight With Business Stakeholders: Vendor Management
Presented by Grace Crawford, VP Clinical Quality and Compliance, and Gerry Grove, Director,
Clinical Operations, Respiratory, Inflammatory and Autoimmunity, MedImmune

Webinar: AQC Knowledge Center Monthly Demo

August 14, 2018 | 11:00am – 12:00pm EDT

ExL's 9th Clinical Quality Oversight Forum, October 10-12, 2018 | Philadelphia, PA

Friday, October 12 | 11:15am

The Impact of (R2) on Sites Presented by Steve Whittaker, Senior Consultant, The Avoca Group

Friday, October 12 | 1:45 pm

**Panel Discussion: Inspection of Oversight Activities** *Led by Steve Whittaker, Senior Consultant, The Avoca Group* 



### **Thank You!**

The Avoca Group

179 Nassau St.
Suite 3A
Princeton, NJ 08542

(609) 252-9020

www.theavocagroup.com info@theavocagroup.com



