What we can do
to Ensure the Quality

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The views presented in this presentation are those of the author and should not be understood or quoted as being made on behalf of Pharmaceuticals and Medical Devices Agency (PMDA).
Introduction of PMDA
Pharmaceuticals and Medical Devices Agency

- Our mission: To continue to improve the public health and safety of our nation by reviewing application for marketing approval of pharmaceuticals and medical devices, conducting safety measures, and providing relief to people who have suffered from adverse drug reactions.
- Established in April 2004
- Number of permanent staff
  256 (Apr.’04)
  → 341 (Apr.’07)
  → 604 (Mar.’11)
  → 751 (by the end of FY 2013)
- PMDA submits performance report to MHLW annually.
Quality
Clinical trials
New-drug Application
Approval
Application for Re-examination
Result of Re-examination
Pharmacovigilance
Post-marketing Surveillance
Consultation
Inspection
Inspection

GLP: Good Laboratory Practice, GCP: Good Clinical Practice, GPMSP: Good Post-marketing Surveillance Practice, GPSP: Good Post-marketing Study Practice
Major factors influencing the Quality of Clinical Trials

✓ Protocol
✓ Implementation system

Key to Ensure the Quality

✓ Capture the problems on conducting clinical trials (e.g., interpretation of inclusion criteria, exclusion criteria, etc.) as early as possible.
✓ Feed back the solutions to all related sites.
⇒ Monitoring · · · Initiation, Intervals, etc.
⇒ Audit
Trend in Notified CT in Japan

- Initial CT notification
- Initial CT Notification (NCEs only)
- CT notification

J-GCP
Larger Acceptance of Foreign Clinical Data
J-GCP Enforcement
CT Activation Plan

Year:
- 1996: 95
- 1997: 71
- 1998: 54
- 1999: 52
- 2000: 63
- 2001: 43
- 2002: 60
- 2003: 60
- 2004: 56
- 2005: 96
- 2006: 105
- 2007: 107
- 2008: 109
- 2009: 119

Values:
- 1996: 722
- 1997: 500
- 1998: 406
- 1999: 463
- 2000: 424
- 2001: 438
- 2002: 414
- 2003: 497
- 2004: 504
- 2005: 530
- 2006: 495
- 2007: 553
New 5-Year Clinical Trial Activation Plan

1. Build clinical study infrastructure
2. Human resource development for clinical research
3. Publicly promote clinical trials and encourage participation
4. Improve clinical research management efficiency and ease for sponsors
5. Other

- Review GCP regulations and Clinical Research Guidelines for international harmonization and patient protection

MEXT / MHLW March 2007
Our major activities for the purpose

✓ Consultation
  • Before application

✓ Inspection
  • After application

✓ Workshop
  • Conduct every year
  • Intended participants
    (Sponsors, Medical institutions, CRO, SMO, etc.)
  • Provide information on inspection
    (Purpose, Points to consider, Findings in recent inspections, etc.)
Application-based
Conducted after the clinical trials (or surveys) have finished
⇒ By verifying the implementation status of the finished clinical trials (or surveys), we aim to secure the quality of ongoing clinical trials (or surveys), and/or trials (or surveys), scheduled in the future.

Timing
• New-drug Application <Pre-approval>
• Re-examination Application <Post-marketing>
We conduct Application-based Inspection.

Medical Institutions
- Source documents (medical records, ECG, CT film, patient diaries, etc.)

GCP On-site Inspection

Document retained by the sponsors (e.g. Case Report Form)

Sponsor
- Documents from all medical institutions and Sponsor’s records (Case Report Form, monitoring reports, etc.)

PMDA
- New drug/medical device application for approval

Our office Ensure conformity of the data of clinical trial
Conclusion of Inspection

Compliance:
accepted as application dossier
(Voluntary, improvements are indicated)

Compliance with condition:
the violation of GCP was confirmed for a part of the subjects
→ accepted as application dossier after deleting the data from NDA package.

Non-compliance:
the violation of GCP was found generally and systematically
→ no reliability
→ whole clinical trial data should be deleted
## Trend of GCP on-site Inspections

<table>
<thead>
<tr>
<th></th>
<th>FY '05</th>
<th>FY '06</th>
<th>FY '07</th>
<th>FY '08</th>
<th>FY '09</th>
<th>FY '10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of drugs (NMEs)</strong></td>
<td>50 (1)</td>
<td>51 (0)</td>
<td>82 (0)</td>
<td>95 (3)</td>
<td>74 (7)</td>
<td>82 (7)</td>
</tr>
<tr>
<td><strong>Number of sponsors</strong></td>
<td>59 (1)</td>
<td>66 (0)</td>
<td>90 (0)</td>
<td>97 (4)</td>
<td>76 (7)</td>
<td>85 (8)</td>
</tr>
<tr>
<td><strong>Number of medical institutions</strong></td>
<td>120 (2)</td>
<td>100 (0)</td>
<td>177 (0)</td>
<td>214 (6)</td>
<td>180 (14)</td>
<td>200 (14)</td>
</tr>
</tbody>
</table>

(): The number of inspections in foreign countries
Inspection for New-drug Application

Applicable Regulatory Requirements

✓ Good Laboratory Practice (GLP)
✓ Good Clinical Practice (GCP)
✓ Data Reliability Standards for Applications
  – Article 43 of Ordinance for Enforcement of the Pharmaceutical Affairs Act –
Our point of view

<GCP>
✓ Protection of trial subjects
✓ Appropriate implementation of clinical trials in accordance with the protocols and related standard operation procedures
✓ Implementation of clinical trials under appropriate system

<Data Reliability Standards for Applications>
– Article43 of Ordinance for Enforcement of the Pharmaceutical Affairs Act–
✓ Accuracy
✓ Completeness
✓ Retention
How can we get involved?

✓ Protocol

=at the consultation=
Reviewers (not inspectors) help design the protocols to fit the purpose within the consulting service.
At notification, safety assurance is priority, but reviewers also check the reflection of the consultation conclusions.

✓ Implementation System
How can we get involved?

✓ Protocol
  = at the inspection =
  • Deviation from the protocol
    ⇒ Often quality of the protocol has a large impact on quality of clinical trials.

✓ Implementation System
Findings and our point of view

- Deviation from the Protocol
- The eligibility of subject was not examined appropriately.
  ⇒ Was the criteria well-defined?
  ⇒ Was the criteria reasonable from ethical and/or scientific point of view?
Findings and our point of view

Deviation from the Protocol

- Noncompliance with the rules on evaluating product efficacy and/or safety

⇒ Was the method and/or index for evaluation well-defined, and reasonable from the scientific point of view?

⇒ Did PI (or responsible person) ask about or confirm the interpretation to the sponsor when he/she was not sure about it?

⇒ Did sponsor provide the answer for the question to all related sites as necessary?

⇒ Did sponsor revise the protocol as necessary?

...
How can we get involved?

✓ Protocol
✓ Implementation system

=at the consultation=

• Composition of DMC and/or IRB
• Change of IRB in the course of trial
• Handling of Adverse Event
• Requirement for application using EDC
  ...
<Structure of our EDC checklist>

–For Sponsor–
1. Summary of the system
2. Sponsor’s organization, outsourcing status, etc. relevant to EDC system operation
3. Validation
4. User management
5. Data storage
6. Creation, amendment and signature of eCRF

–For medical institution–
1. User management
2. Data storage

Although we conduct the inspection using the checklists noted above, we are prepared to modify our approach according to feedback from inspectee.
How can we get involved?

✓ Protocol
✓ Implementation system

=at the inspection=

▪ Appropriateness of the procedure to obtain informed consent
▪ Pertinency of the IRB review
  ...
Findings and our point of view

- Inappropriately obtained informed consent
  - Although the written information document was revised, nor were the subjects informed in a timely manner or was the communication of this information documented.
  
  ⇒ Check if the subject decided to continue participation with his/her own will.
Findings and our point of view

- Inappropriately obtained informed consent
  - Informed consent was obtained by using the not fully explained information document.
  ⇒ Check if the IRB reviewed the document appropriately.
The IRB/EC might not meet the qualifications required.

A member appointed as independent of the medical institution might have a stake in the institution.

⇒ Check the background of appointment and his or her statement in the committee based on related documents
In Japan, severe damages caused by adverse reaction to drugs like thalidomide, clioquinol, etc. were experienced.

In accordance with the lessons learned, drug re-examination system was introduced to prevent additional tragedy, within the partial amendment of the Pharmaceutical Affairs Law in 1979, coupled with the enactment of the Law for the Adverse Drug Reaction Relief Service Fund.

As data obtained by approval is very limited, Safety, Efficacy and Quality of the product are to be assessed based on data collected during a certain period after approval.
Inspection for Re-examination Application

Applicable Regulatory Requirements

✓ Good Post-marketing Surveillance Practice (1997.3) (GPMSP)
✓ Good Post-marketing Study Practice (2004.12) (GPSP)
✓ GCP
✓ Data Reliability Standards for Re-examination Application
  – Article 61 of Ordinance for Enforcement of the Pharmaceutical Affairs Act –
What is required within GPSP? (1/2)

- Preparation of operating procedures for Post-marketing surveillance (study)
- Appointment of supervisor of Post-marketing surveys
- Implementation of survey, Self-inspections, Training, Retention of Records in accordance with the operating procedures

...
What is required within GPSP? (2/2)

✓ Responsibilities of the marketing authorization holder etc.
  • Pharmaceutical development
  • Knowledge Transfer between Development branch and Post–marketing branch
  • Post–marketing
  • Product–discontinuation

➢ ICH Q10: Quality System
Our point of view

<GPSP>

✓ Was the operating procedures for Post–marketing surveillance(study) prepared appropriately?
✓ Was the supervisor of Post–marketing surveys appointed properly?
✓ Were the Survey, Self–inspections, Training, Retention of Records, etc. conducted in accordance with the operating procedures?
✓ Was(Were) the marketing authorization holder etc. informed in a timely manner by document?

... 

< Data Reliability Standards for Re–examination Applications>

–Article61 of Ordinance for Enforcement of the Pharmaceutical Affairs Act–
✓ Accuracy
✓ Completeness
✓ Retention
Post-marketing safety measures and Inspection for Re-examination Application

Check if the marketing authorization holder etc. collect(s) and provide related information appropriately.

✓ Preparation of the standard operation procedure for collecting information
✓ Appropriateness of the keywords, information source, interval, etc. to collect necessary information
✓ Adequateness of the evaluation (known or unknown, severity) and clarification of the locus of responsibility
✓ Appropriateness of information provision (report to the authority, amendment of package insert, etc.)
Pharmacovigilance activities in Japan

Pre market

- ADR/AE reporting
- Creating Pharmacovigilance Plan
- Post market commitment If necessary

Post market

- Re-examination period (usually 8 years)
- EPPV

- Spontaneous ADR, infection reporting
- Periodic report
- Strategic risk management Plan*
- Drug Use Result Survey
- Registry, Clinical trial, etc...

Authorization

Re-examination

Re-evaluation if necessary

EPPV: Early Phase Post-marketing vigilance
We try to help improve public health by watching the pre-approval and post-marketing stages also from inspectors’ point of view.

Thank you for your attention!