Value of doing things differently

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Today's environment

Is getting increasingly complex

- Partnerships, collaborations, co-sponsorships
- Innovative products (gene therapy, CAR T, ...)
- New pathways to regulatory approval (non human primate studies, transporter studies, ...)

Has less standardized regulatory expectations

More and more pivotal non-GXP studies and "grey zone" regulatory expectations

And as a consequence we need to

- -Become more proactive, agile and solution driven
- -Move from 1 size fits all to fit for purpose approaches

What does survival of the fittest mean today?



It's all about the right mindset

Quality = fitness for purpose = can mean different things in different circumstances (however, regulations need to be followed!)

Risk management = Focusing your money, time, energy and people on the things that are really important, i.e. things which have potential to impact patients

Solution oriented approaches

These concepts can be applied:

- At program level. Regulators welcome upfront discussions/alignment on program and study setup to allow for successful submissions
- At process level risk management should be applied e.g. data integrity validation

How do we use risk management in a good way?



We apply risk management on a daily basis



Most of the time we use common sense



Risk management in our work environment

Saying "let's take a risk based approach" does not mean:

- Hoping nothing bad happens and not worrying about controls
- Using risk assessment as a reason to be out of compliance with applicable regulations
- Allowing sloppiness since the likelyhood of regulators noticing it is very small

So what does it mean?



ICH Q9 "Quality Risk Management" - 2006

Two primary principles of quality risk management are:

- The evaluation of the risk to quality should be based on scientific knowledge and ultimately link to the protection of the patient; and
- The level of effort, formality and documentation of the quality risk management process should be commensurate with the level of risk.

ICH Q9 provides a common language and an agreed process for the pharmaceutical industry and regulators.

Do regulators take this seriously?



Example of regulators stimulating risk management

OECD17 "Application of GLP principles to computerized systems" - 2016

- Emphasises **risk assesment as the central element of a validation process** with focus on data integrity.
- Decisions on the extent of validation and data integrity controls should be based on a documented rationale and documented risk assessment.
- Driven by intended use



Example of regulators stimulating risk management

MHRA "GXP data integrity guidance and definitions" – 2018

- Expectation is that people have:
 - a wholistic view on data governance and data lifecycle (collection - processing – reporting - review)
 - a mature risk assessment process and controls in place proportionate to the risk
- Risk is a central concept and drives the way MHRA inspects data integrity

So now it is up to us...



The environment has been created



Up to us to make the move

How to make a good move?



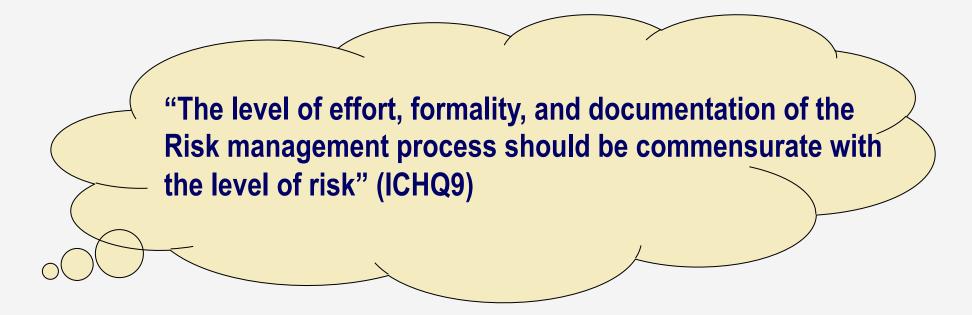
How do you know you make a good move?

- Collect facts get right people around the table
- Identify what is important & what can go wrong (likelyhood impact detectability)
 - Patient = central
 - Stay compliant
- Focus your effort on what is important
- Communicate and document decisions
- Check if it works





Pitfalls: Overengineering





Pitfalls: Putting in place disproportionate risk controls



Pitfalls: Fear of the unknown



Pitfalls: Trying to avoid all risks



Quick poll – raise hands

In your personal opinion:

What has been the effect of the introduction of risk management in regulatory guidelines (such as ICHQ9)?

- A. They resulted in an attitude to raise the bar (to avoid all risks)
- B. They have helped us focus on what really matters



Do you recognize examples in your area?

How might it be done differently?

