Autumn Focus Workshop
Managing GCP in Regulated Bioanalysis

FB from EBF GCP team discussions on the role of QA

Floris Bové, on behalf of the EBF

15-16 September 2022 – Malaga, Spain

Disclaimer

- In following slides, you can read most the bullets as if it was for a GLP study…difficult to see the difference
- The challenge for our industry (lab, “study responsible”, QA, mgmt and HA) is to understand the nuance and differences to prevent the “GLP-trap”

Not taking a position, just asking the question…

"I told you, it's the same as OECD GLP"

Picture removed

"It's a reflection paper to allow you to shape your process"

Role of QA

- EMA reflection paper: § 6.17
- content:
  - Quality systems
  - QA program: aim & implementation
  - QA personnel
  - QA activities
  - Reporting & CAPA's

6.17. Quality Assurance (QA) processes
The following recommendation on quality assurance is provided to assist in the development of quality systems and to provide examples of best practice.
Commission Directive 2005/28/EC requires that; "the necessary procedures to secure the quality of every aspect of the trials shall be complied with". Consequently, quality systems should be developed which include in-process quality control procedures and independent quality assurance audits designed to ensure data integrity and safeguard patient safety and confidentiality.
It is strongly recommended that facilities assess and document their approach to the implementation of quality assurance processes. Factors to consider in this assessment include, but are not limited to, the nature of the work performed, the number of trials conducted (or samples analysed) and the resources available to support the laboratory's operations.
The frequency, duration and content of quality assurance checks will vary depending on the nature of the work conducted by the laboratory. However, QA programmes should always be designed to assure compliance with the relevant European Union Directives, associated guidance and the facility's internal policies and SOPs.
Quality assurance processes should be developed to ensure that:
Patient safety and confidentiality are not compromised.
The analysis or evaluation of clinical trial samples is conducted in accordance with the principles of GCP .
• Analysis or evaluation of samples is performed in accordance with the protocol and, where applicable, the contract/agreement, the work instruction and associated methods.
• The laboratories policies and SOPs are adhered to.
• Trial data is recorded and reported accurately, legibly, completely and in a timely manner.
• Trial data is archived.
Laboratories may appoint dedicated quality assurance personnel or alternatively resources may be drawn from other areas of the organisation. However, it would be inappropriate for members of the organisation who are directly involved in generating trial data to be involved in a quality assurance programme. Consequently, before appointing quality assurance personnel, consideration should be given to any potential conflict of interest which may undermine their effectiveness or the independence of quality assurance processes.
Quality assurance personnel should be appropriately qualified and trained to perform the tasks assigned to them. A record of their qualifications and relevant experience should be maintained.
It is recommended that quality assurance activities include, but are not limited to the following:
Regular facility audits to ensure that the laboratory and associated equipment used to conduct analysis or evaluation of clinical trial samples remain fit for purpose.
Periodic review of the laboratory's quality systems, including control of standard operating procedures and/or laboratory policies, archiving and the maintenance of training records.
The audit of technical procedures and methodologies used to conduct the analysis or evaluation of clinical trial samples.
The audit of critical analytical phases if not covered by (3).
Audits performed to assess the conduct of routine and repetitive processes which are common to all trials such as; sample receipt, sample storage, temperature monitoring, pipette and balance controls, and cleaning procedures. The most robust audit schedules will ensure that all key functions, personnel and procedures are reviewed over the course of one audit cycle.
The audit of documentation generated during the validation of computerised systems or analytical equipment.
It would be appropriate for quality assurance personnel to review completed data sets and reports before they are sent to the sponsor to confirm that the analysis or evaluation of the clinical trial samples has been conducted and reported in accordance with the protocol, the contract/agreement, the work instruction and in compliance with the principles of GCP.
Quality assurance personnel should report audit findings to both laboratory management and other relevant personnel within agreed timelines. Quality assurance departments will usually take responsibility for monitoring the progress of corrective and preventative actions (CAPA) identified during audits. It is appropriate to implement a process for escalating the requirement to perform corrective actions should quality assurance personnel encounter delays or resistance from those concerned. Escalation policies should be agreed with, and supported by, laboratory management if they are to be effective.
A mechanism for informing the sponsor and the concerned investigator or coordinating investigator (as appropriate) of significant deviations (those that may impact on data integrity, patient safety etc.) should be agreed prior to the initiation of laboratory work.
Quality assurance personnel will normally require the underlying cause of a deficiency to be addressed as well as the specific deficiency itself. The most effective quality assurance programmes will include a documented CAPA procedure.
All routine quality assurance activities should be documented in standard operating procedures or laboratory policies.
A system should be implemented to ensure that the quality assurance personnel are working in accordance with their own procedures and in compliance with the principles of GCP.

Quality systems

- Quality systems including both:

QA program

- QA processes should ensure:
  - patient safety & confidentiality
  - conformance with GCP
  - conformance with protocol, contract/agreement, WI's and methods
  - lab policies & SOPs adhered to
  - trial data recorded and reported accurately, legibly, completely and in a timely manner
  - trial data is archived

not in accordance with GLP compliance
(as in EMA guideline on bioequivalence § 4.1.7)

QA program

- assess how to implement QA processes:
  - nature/complexity of the work performed
  - number of trials conducted/samples analyzed
  - resources available to support the laboratory's operations

= risk based audit program

→ monitor/adjust program based on quality indicators / metrics

→ need for documentation of risk evaluation/monitoring

QA personnel

- dedicated staff or resources from other areas of the organization

  → avoid conflict of interest – independence of QA

- appropriately qualified and trained for their task

  → records of qualifications and relevant experience

QA activities

- Recommended list:
  - Facility: laboratory & equipment
  - Quality systems: procedures, archiving, training
  - Technical procedures/methodologies for sample analysis
  - (Any critical analytical phases)
  - Routine processes: sample receipt & storage, pipette/balance control, cleaning
  - validation computerized systems and analytical equipment

  - Study data sets / reports

Reporting

- audit findings
  - to laboratory management and other relevant personnel within agreed timelines
  - monitoring progress of resulting corrective and preventative actions (CAPA)
    → incl. escalation process
  - significant deviations (e.g. data integrity, patient safety etc.)
    → mechanism to inform sponsor and concerned investigator

Discussion to continue in the round table

- Where are the nuances and where is the different focus?

Acknowledgements

Contact Information

Questions: info@e-b-f.eu

European Bioanalysis Forum vzw
www.e-b-f.eu