

#### Workshop

# Towards harmonised implementation of the ICH M10 Guideline

**Chapter 5: ISR** 

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#### Flow of the session

- Background Any news?
- Survey results
  - Investigation of failed ISR
  - Definition of Pivotal
  - How to select samples for ISR
- Panel discussion

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### **ISR** revisit - prior to ICH M10

- ➤ ISR failure rate was low (app. 1.5%) and failures were mostly in earlier development studies.
- ➤ Agreement among EBF members that ISR creates value as a post method-validation parameter.
- ➤ ISR criteria are clear on pass/fail, however the scope for study selection is not clear for all.
- > Industry perform ISR in more studies than called for in guidance/guideline.
- Guidance on handling sporadic flyers (single samples with large variations) is not clear.





#### **Evolution of ISR**

There are several situations where the performance of standards and QCs may not adequately mimic that of study samples from dosed subjects (incurred samples).

Examples include metabolites converting to the parent species, protein binding differences in patient samples, recovery issues, sample inhomogeneity, and mass spectrometric ionization matrix effects.

These <u>factors</u> can affect both the <u>reproducibility and accuracy</u> of the concentration determined in incurred samples. While these <u>effects</u> are often characterized and minimized during method development using QC samples, it is important to ensure that <u>they</u> are under control when the method is applied to the analysis of incurred samples.





# **Evolution of ISR - Purpose**

- ➤ EMA 2012: It is therefore recommended to evaluate accuracy of incurred samples by reanalysis of study samples ... (in separate runs at different days).
- FDA 2018:
  ISR is a necessary component of bioanalytical method validation and verifies the reliability of the reported study sample analyte concentrations.
- ➤ ICH M10: ISR is intended to <u>verify the reliability</u> of the reported sample analyte concentrations.





# **Evolution of ISR**

Requirement	ICH M10	FDA	EMA
What	TK species FIH Pivotal BA/BE (Pivotal) FIP (Pivotal) hepatic/renal	All Pivotal for labelling or approval: TK/species All BE, pivotal PK and PD	TK/species BE, FIH, FIP, hepatic/renal
When	Not on the same day as the original analysis	In separate runs	In separate run, at different days
Amount	10% first 1000	10% first 1000	10% first 1000
	5% > 1000	5% > 1000	5% > 1000
Selection	Near $C_{\text{max}}$ and elimination phase - representative for the whole study	Near C <sub>max</sub> and elimination phase	Near C <sub>max</sub> and elimination phase
Acceptance Criteria	2/3 (67%) within 20% (LC/MS), 30% (LBA)	2/3 (67%) within 20% (LC/MS), 30% (LBA)	2/3 (67%) within 20% (LC/MS), 30% (LBA)
Failures	SOP based investigation	SOP based investigation	Investigation



# Any news: more work, less work, ambiguous?

- > "Flyers' do not need to be investigated" Yes!, clear guidance
- ➤ "ISR not required for all studies" Never was!
- > Pivotal?
- > Investigations for failed ISR





#### A few nuts to crack

- ➤ Definition of Pivotal and Patient Population.
- ➤ How, when and where to conduct and document investigation for failed ISR?
- ➤ How to set objective criteria for choosing the subset of study samples for ISR?





#### **Panel discussion**

- 1. How do you define Pivotal and how do you ensure that the BioA Scientist/ Sponsor is aware of the overall scope and intentions of a given study (in relations to a submission)?
- 2. What would trigger an investigation of failed ISR in your lab and how do you document?
- 3. Please share how you define objective criteria for selection of samples for ISR





# **Proposal**

- ➤ Know your project and understand the purpose of each and every study you conduct.
- ➤ ISR is indented as a Post Validation tool. Be clear how to distinguish between ISR conduct pr. guidance requirements and how to used ISR to mitigate business risks for pivotal studies.





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### **Contact Information**

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