



Workshop on ICH M10

Introduction to the Workshop

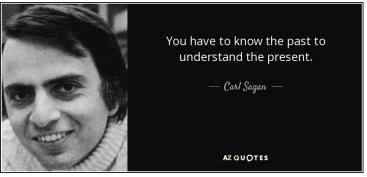
Philip Timmerman – EBF

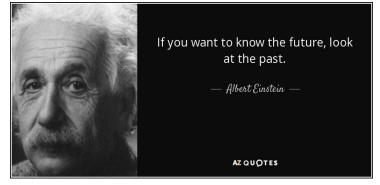
14 November 2023 – Barcelona, Spain



Before we start

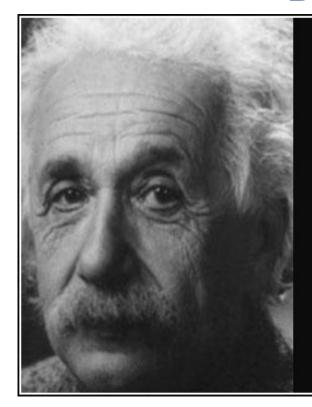








Before we start



If you want to know the future, look at the past.

— Albert Einstein —

AZ QUOTES



The road from 1 guidance to 1 guideline was paved with good intentions

- 2011 @ EBF OS, asking regulators to connect and ICH getting involved - Which couldn't work as ICH requires more regions to have a guideline
- **2012** Open letter from industry to regulators asking for harmonised (interpretation of) guidelines
- 2012 2016 EBF working with industry partners (AAPS and JBF), investigating ICH involvement
 - 2015-2016 working with EFPIA to put BMV on ICH radar
 - 2016 EBF/AAPS/JBF Proposal submitted to EFPIA
- 2016 MHLW submitting (leaner) proposal to ICH MC
- Off we went...

- 2009 – 2018



Tsunami of regional guideline



The ICH Process

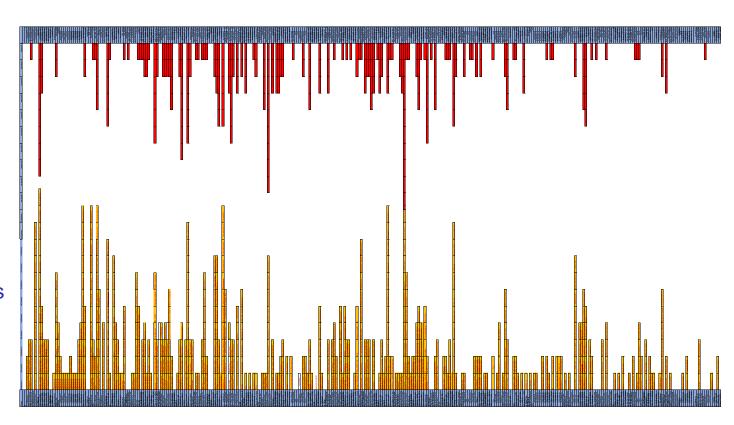


http://www.ich.org/products/process-of-harmonisation/formalproc.html



Public Consultation-2019

disagree



ambiguous



Ambigous **Ambigous** 1. INTRODUCTION 1.1 Objective 6 4.1.2 Critical Reagents 9 1.2 Background 4.2 Validation 1.3 Scope 8 38 4.2.1 Specificity 12 2 14 2. GENERAL PRINCIPLES 4.2.2 Selectivity 14 14 29 19 2.1 Method Development 26 4.2.3 Calibration Curve and Range 11 8 6 6 2.2 Method Validation 4.2.4 Accuracy and Precision 25 2.2.1 Full Validation 21 4 4.2.4.1 Preparation of Quality Control Samples 2.2.2 Partial Validation 4 4.2.4.2 Evaluation of Accuracy and Precision 18 2 20 2.2.3 Cross Validation 4 12 4.2.5 Carry-over 23 13 36 3. CHROMATOGRAPHY 4.2.6 Dilution Linearity and Hook Effect 19 3.1 Reference Standards 18 4.2.7 Stability 26 12 38 3.2 Validation 0 4.3 Study Sample Analysis 2 16 3 3.2.1 Selectivity 14 4.3.1 Analytical Run 12 18 3.2.2 Specificity 4.3.2 Acceptance Criteria for an Analytical Run 3.2.3 Matrix Effect 12 4.3.3 Calibration Range 4 13 3.2.4 Calibration Curve and Range 18 9 27 11 10 21 4.3.4 Reanalysis of Study Samples 3.2.5 Accuracy and Precision 5. INCURRED SAMPLE REANALYSIS (ISR) 24 10 34 8 n 1 3.2.5.1 Preparation of Quality Control Samples 15 6. PARTIAL AND CROSS VALIDATION 1 23 23 18 5 17 3.2.5.2 Evaluation of Accuracy and Precision 6.1 Partial Validation 3.2.6 Carry-over 3 6.2 Cross Validation 26 10 48 12 3.2.7 Dilution Integrity 16 7. ADDITIONAL CONSIDERATIONS 3 3 3.2.8 Stability 42 22 64 7.1 Analytes that are also Endogenous Compounds 10 13 2 8 3.2.9 Reinjection Reproducibility 7.1.1 Quality Control Samples 3 3.3 Study Sample Analysis 7.1.2 Calibration Standards 6 12 3.3.1 Analytical Run 3 3 7.1.3 Selectivity, Recovery and Matrix Effects 3 13 13 26 3.3.2 Acceptance Criteria for an Analytical Run 7.1.4 Parallelism 3 3.3.3 Calibration Range 6 13 7.1.5 Accuracy and Precision 13 18 3.3.4 Reanalysis of Study Samples 7.1.6 Stability 7.2 Parallelism 3.3.5 Reinjection of Study Samples 3.3.6 Integration of Chromatograms 5 2 7.3 Recovery 2 4. LIGAND BINDING ASSAYS 7.4 Minimum Required Dilution 4.1 Key Reagents 7.5 Commercial and Diagnostic Kits 4.1.1 Reference Standard 3 7.6 New or Alternative Technologies 7.6.1 Dried Matrix Methods



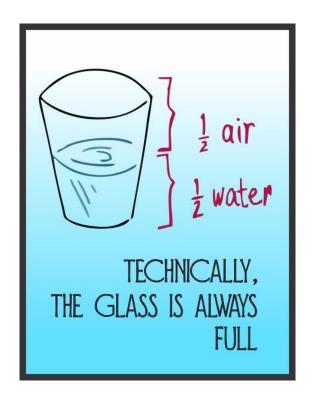
On a positive note

Although 1140 comments were received suggesting otherwise, many comments and discussions recognized the positive changes in the draft guideline. Changes that will contribute to the removal of ambiguity or non-added value work. A few examples include:

- The overall comment that the draft guideline is well written, which can only be improved for the final version;
- A separate section for LBA, removing the risk of 'chromatography creep', in other words, undue copying of
 requirements for chromatographic-specific assessments to LBA or cross-referencing back to chromatography
 sections;
- Biomarkers and immunogenicity assays being out of scope;
- Removal of the matrix factor as a mandatory test;
- Refinement of blood stability evaluation to a scientifically more meaningful test;
- Possibility to include in silico data for selectivity testing in chromatographic assays;
- Acceptability to extrapolate the stability at one temperature (e.g., -20°C) to lower temperatures (e.g., -70°C) for chemical drugs;
- The use of singlicate versus duplicate wells for LBA methods;
- For critical reagents, the use of re-test dates rather than inflexible expiry dates;
- Parallelism to be assessed on a scientific basis rather than a routine parameter as per some regional guidelines;
- No need for detailed certificate of analysis (CoA) or evidence of purity for the internal standard (IS);
- No freshly prepared quality control sample (QCs) required for assessment of accuracy and precision;
- Monitor quality of critical reagents by performance of the actual bioanalytical assay;
- Refinement of ISR sample selection process;
- Refinement of the re-analysis process for bioavailability (BA)/bioequivalence (BE) studies.



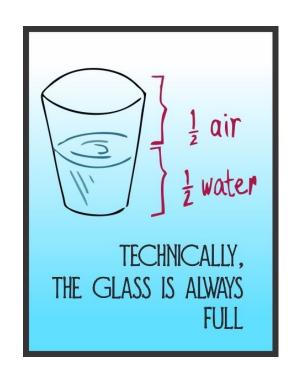
In spite of the positive note...many of industries comments give during public consultation didn't condensate





No or only partial uptake of industry comments to include science and experience based refinements

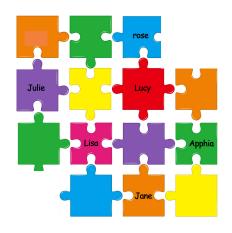
- > 3Rs incl. surrogate matrix
- > FDC
- Documentation
- Scope
- Stability
- > ISR
- Mdev
- Partial and cross validation
- ➢ GCP
- Specificity testing
- ➤ LTS Stability -80° LBA
- Decision base acceptance criteria
- Hybrid assays challenges
- > And more...



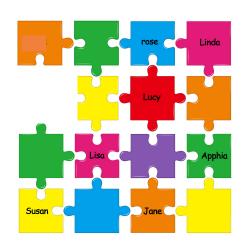


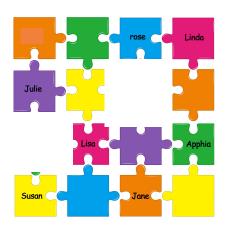
The end product ICH M10





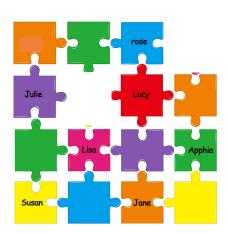
HA 1 HA 2



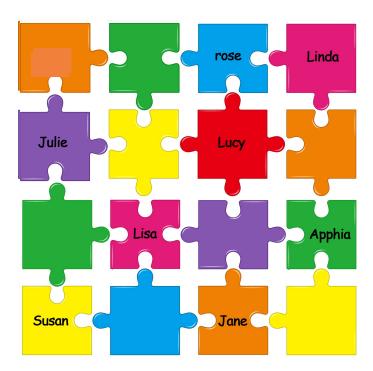


HA 3

HA 4

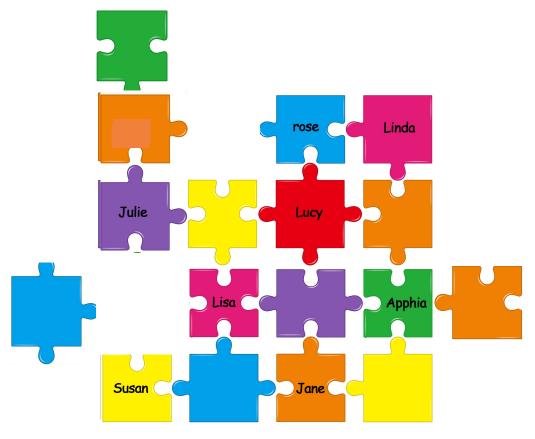






Harmonisation = sum of all?





Or...Harmonisation = Sum of all plus or minus refinements based on public comments?



BF

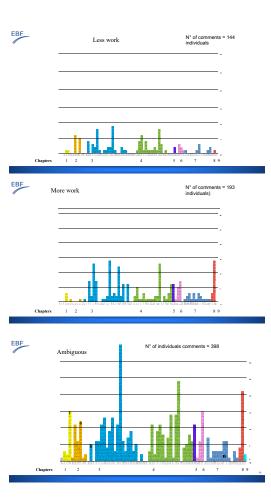
Are we there?

Step 5 Implementation
Step 4 Adoption of an ICH Hammonized Guideline
Step 3 Regulatory consultation and Discussion
Step 2 a ICH Perster consensus on Technical Document / b. Draft Guideline adoption by Regulators
Step 1 Consensus building - Technical Document

Industry working together and with regulators towards harmonised interpretation and implementation

A first readout in 2022

9





March 2023 – EBF Strategy Meeting

During ICH Sessions

- 1. Different interpretations
- 2. Different implementations
- 3. Disbelieve on some public consultation comments rejected
- 4. ICH M10 already at risk of becoming the next guideline with individual mis-, over-interpretation by industry, and differently applied by regulators

Decision:

- ➤ Need to stay connected as industry in this first phase of implementation to prevent bullet 1, 2 and 4
- ➤ Need to stay connected with HA to prevent above bullet 4 and communicate on bullet 3 for our future generations



Area of focus – why did we select these?

From a survey in the EBF Community,

- ca. 20 areas were identified as 'at risk' of creating confusion.
- For each, a mini-survey was issued to delegates and full EBF community
- From those responses, we decided on 'round table' and 'plenary'

For round table

- Round tables General Themes: Scope interpretation A primary matrix definition
 - Scope interpretation B rare matrix vs. tissues
 - Scope interpretation C Defining Pivotal studies definition
 - Updating historical validations when, how and why (not)?

 - Is it allowed to re-analyse positive predose in BE study? · Cross validation - working in the new paradigm
 - Logistic break move to Chrom or LBA tables/rooms

Round tables CHROM Themes:

- hvbrid assavs in ICH M10 our dav-to-day practice
- · Whole blood stability
- · Analytes and matrices: focus on urine and metabolites
- Dilution QCs during assay validation & sample analysis
- Stock and working solutions stability
- · Surrogate/rare/preclinical matrix for CHROM

Round tables LBA Themes:

- Dilutional Linearity & Parallelism
- · Singlicate vs duplicate analysis
- · Surrogate/rare/preclinical matrix for LBA
- Chrom, requirements infecting LBA, incl. tissues and blood stability
- Dilution QCs during sample analysis

For plenary discussion

- Choosing the right regression model
- Matrix effect special population, haemolysed and lipemic
- Carry over assessment during samples analysis (.....)
- Metabolites
- ISR

Continued at 16th OS

- 3R surrogate matrix
- Xval
- Tissues
- GCP



Intended outcome

- 1. Hoping to answer most of your questions (likely utopia)
- 2. <u>Provide recommendations</u> for our industry on areas of ambiguity identified today

3. Create awareness

- and <u>share our worries</u> where the industry already observes different interpretation by regulators and for which industry/regulators need to stay connected
- and <u>provide FB to HA</u> on ambiguities and jointly resolve these.



Not for today

> The areas of disagreement

- Areas where we believe the guideline requires either too much work, there is no scientific basis, i.e. items not accepted from public consultation
- Should we keep them on our radar (e.g. some ICH Guideline get revised..)? Or live with it and stop whining

> Chapter 7:

Not the bulk of our work - Requires separate discussion



Not for today

7. Additional considerations	27
7.1. Methods for analytes that are also endogenous molecules	
7.1.1. Quality control samples for methods for analytes that are also endogenous molec	
7.1.2. Selectivity, recovery and matrix effects for methods for analytes that are also endogenous molecules	29
7.1.3. Parallelism for methods for analytes that are also endogenous molecules	29
7.1.4. Accuracy and precision for methods for analytes that are also endogenous molecular than the second s	
7.1.5. Stability for methods for analytes that are also endogenous molecules	
7.2. Parallelism	
7.3. Recovery	30
7.4. Minimum required dilution	
7.5. Commercial and diagnostic kits	
7.6. New or alternative technologies	
7.6.1. Dried matrix methods	32



Not for today

> The areas of disagreement

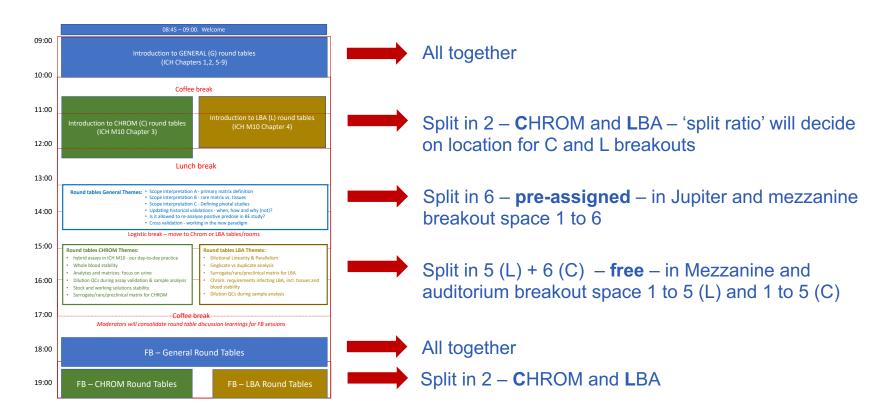
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> Chapter 7:

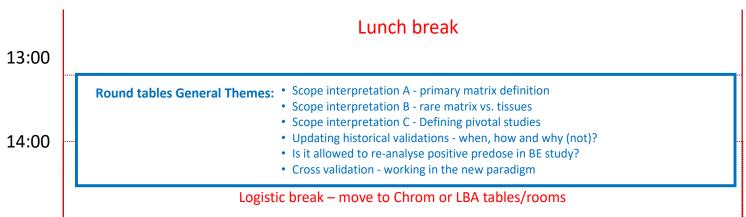
- Not the bulk of our work Requires separate discussion
- > Chapter 8: documentation
 - Significant increased workload Requires separate discussion
- Method development (documentation) and
- > ADA and Biomarkers
 - Not in scope

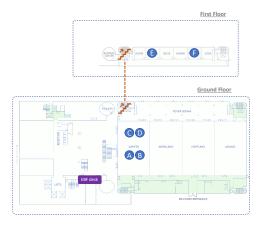


Our plans for today...a logistic nightmare





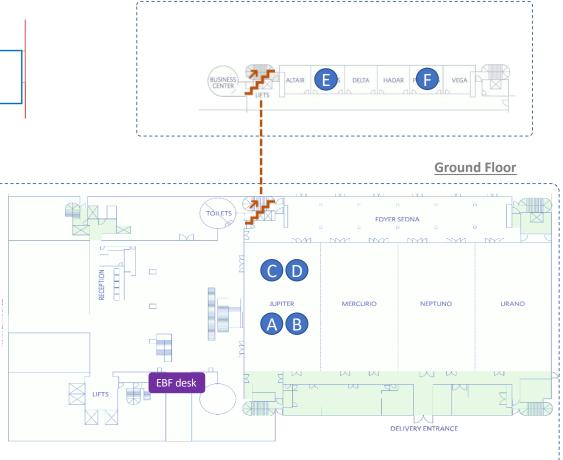






Lunch break 13:00 Round tables General Themes: * Scope interpretation A - primary matrix definition * Scope interpretation B - rare matrix xx. tissues * Scope interpretation C - Defining pivotal studies * Updating historical validations - when, how and why (not)? * is it allowed to re-analyse positive predose in BE study? * Cross validation - working in the new paradigm Logistic break – move to Chrom or LBA tables/rooms

First Floor





G Round tables - moderating order

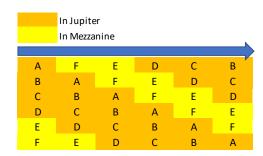
- 1. Scope interpretation primary matrix definition (M: Enric Bertran/Delphine)
- 2. Scope interpretation rare matrix vs. tissues (M: Steve White/Salvatore)
- 3. Scope interpretation Defining Pivotal studies definition (M: Katja Zeiser/Michaela)
- 4. Updating historical validations when, how and why (not)? (M: Lee Goodwin/Robert)
- 5. Is it allowed to re-analyse positive predose in BE study? (M: Tom Verhaeghe/Gwenda)
- 6. Cross validation working in the new paradigm (M: Tsvetelina Ivanova/Matthew Barfield)

C Round tables - moderating order

- 1. Fitting hybrid assays in ICH M10 day-to-day practice (M: Luca Ferrari/Kamil Sklodowski)
- 2. Whole blood stability (M: Jörg Faber/Enric Bertran)
- 3. Analytes and matrices: focus on urine (M: Delphine Maux/Steve White)
- 4. Dilution QCs during assay validation & sample analysis (M: Petra Struwe/Rob Wheller)
- 5. Stock and working solutions stability (M: Tom Verhaeghe/Rebecca Sleigh)
- 6. Surrogate/rare/preclinical matrix for CHROM (M: Stuart McDougall/Lee Goodwin)

L Round tables - moderating order

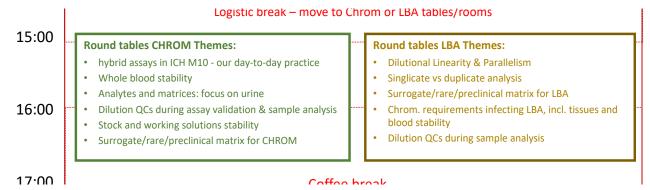
- 1. Dilutional Linearity & Parallelism (M: Robert Nelson/Katja Zeiser)
- 2. Singlicate vs duplicate analysis (M: Richard Hughes/Gwenda Pynaert)
- 3. Surrogate/rare/preclinical matrix for LBA (M: Gregor Jordan/Michaela Golob)
- 4. Chrom. infecting LBA, incl. tissues/blood stability (M: Jo Goodman/Kyra Cowan)
- 5. Dilution QCs during sample analysis (M: Salvatore Calogero/Anna Laurén)



	@ Mezzanine					
C1	C6	C5	C4	C3	C2	
C2	C1	C6	C5	C4	C3	
C3	C2	C1	C6	C5	C4	
C4	C3	C2	C1	C6	C5	
C5	C4	C3	C2	C1	C6	
C6	C5	C4	C3	C2	C1	

	@ Audit	torium		
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L5	L4	L3	L2	L1





C Round tables - moderating order

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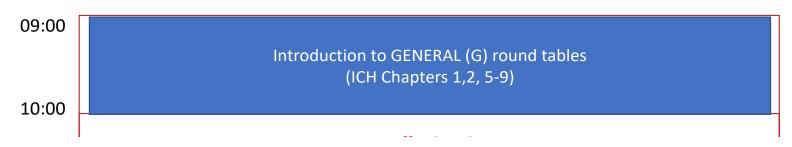
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C4	C3	C2	C1	C6	C5
C5	C4	C3	C2	C1	C6
C6	C5	C4	C3	C2	C1

L Round tables - moderating order

- 1. Dilutional Linearity & Parallelism (M: Robert Nelson/Katja Zeiser)
- 2. Singlicate vs duplicate analysis (M: Richard Hughes/Gwenda Pynaert)
- 3. Surrogate/rare/preclinical matrix for LBA (M: Gregor Jordan/Michaela Golob)
- 4. Chrom. infecting LBA, incl. tissues/blood stability (M: Jo Goodman/Kyra Cowan)
- 5. Dilution QCs during sample analysis (M: Salvatore Calogero/Anna Laurén)

	@ Audi	torium		
L1	L5	L4	L3	L2
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L4	L3	L2	L1	L5
L5	L4	L3	L2	L1





Session 1: Setting the Scene - General items (Plenary)

Feedback from pre-meeting surveys on ICH M10 themes/chapters identified by the EBF and meeting delegates either as introduction to the afternoon GENERAL round tables or limited to session 1

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09:00 - 09:15: Scope interpretation - matrix definition - pivotal studies (Philip Timmerman)
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09:15 - 09:25: updating historical validations (Lee Goodwin)

09:25 - 09:35: Cross validation - working in the new paradigm (Tsvetelina Ivanova)

09:35 - 09:40: Is it allowed to re-analyse positive predose in BE study? (Tom Verhaeghe)

09:40 - 09:50: ISR, incl. case study rom regulatory Feedback (Stuart McDougall)

09:50 - 10:00: Feedback on General items from a recent JBF meeting on ICH M10