Regulatory & Pharma News Update January 2018

REGULATORY NEWS

Highlights of EMA Management Board Meeting Dec 2017

The Management Board of the European Medicines Agency (EMA) met on 13-14 December 2017. This was the first management meeting following the announcement of the relocation of the EMA from London to Amsterdam. The EMA's collaboration with the Netherlands has begun and agreement has been reached on the joint governance structure with plans to progress activities within five work streams relating to the temporary and permanent premises, staff relocation, financial and legal aspects, and external communication. The EMA's new permanent headquarters will be in the tailormade Vivaldi building, which is planned for completion in Nov 2019 – temporary premises will be offered by the Dutch government from 1st January 2019, or earlier, if requested by the EMA, for an interim period until the new building is ready. The EMA's Brexit preparedness business continuity plan will enter phase 2 in January 2018. The EU27 Member States and EMA have developed a methodology for the redistribution of the work currently carried out by the UK's Medicines and Healthcare products Regulatory Authority (MHRA) and the Veterinary Medicines Directorate (VMD).

The EMA's preparations for the UK's withdrawal from the EU will impact on the activities of the EMA. Growth in the level of applications for marketing authorisation applications and requests for scientific advice is foreseen. The work programme will be published in the first quarter of 2018 but there are signals that the EMA will have to temporarily reduce or suspend some activities because of the preparations for Brexit.

The Board adopted a budget of 337 million euros for 2018, an increase of 2% over the previous year. The budget for 2018 includes provisions for Brexit-related costs such as IT-related relocation expenses and costs of the physical relocation of EMA staff.

The development of the EU portal and EU database for the EU Clinical Trial Regulation is making important progress. A partially completed version of the system has been subjected for user acceptance testing by representatives from the European Commission, Member States, academia, pharmaceutical industry and contract research organisation (CRO) associations through November, while technical testing and further development continue in parallel. The development of the auditable version is moving forward, and this version will be presented for a next round of comprehensive user acceptance and technical testing. The audit will be carried out in 2018 after which further improvements to the system will be made.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2017/12/news_detail_002875.jsp&mid=WC0b01ac058004d5c1

MHRA Announces New Partnership with Bill & Melinda Gates Foundation and WHO

The MHRA announced a new collaboration in December 2017 with the Bill & Melinda Gates Foundation and the World Health Organization (WHO) that aims to extensively improve the safety monitoring of medicines in low and middle-income countries (LMIC). New medicines and vaccines, for diseases such as malaria and HIV, may be introduced for the first time in LMIC's where there are weak or no regulatory systems in place for effective safety monitoring. WHO and the Gates Foundation have launched 'Project Smart Safety Surveillance' (also known as Project 3-S) to help LMIC's identify, assess and adequately manage the risks associated with new products. MHRA will be joining this initiative to bring regulatory expertise to the project. This will be for a three-year period where it is intended to run three pilot exercises in different LMIC settings.

https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation

MHRA Publishes StEM Summary and Slides

The MHRA GCP Stakeholder and Engagement Meeting (StEM) meets on an annual basis to provide a forum for discussion between the MHRA GCP inspectorate and represented stakeholders on key topics related to the conduct of clinical trials of investigational medicinal products. A summary and slides from the last StEM meeting held on 16th November 2017 are now available on the MHRA website. An update on the progress of the Clinical Trial Regulation was provided at the meeting. An audit of the EU portal and database is expected in Q2 2018, the purpose of which is to confirm that the EU portal and database have achieved full functionality and the system meets the defined functional specifications. The anticipated launch date of the EU portal and database is sometime in 2019. During the meeting, stakeholders discussed three areas of the Clinical Trial Regulation that require national legislation, i.e., who can be an investigator, who can take consent, and requirements for assembly of IMP in hospitals and health centres. A summary of the discussion of these three topics is provided below.

- Who can take consent?
    - A specific list of professionals that can take consent would not be supported as this would be restrictive in future as new roles develop. There would be a significant reduction in the breadth of trials if consent was restricted to physicians.
    - Suitably qualified individual (rather than registered individual) was put forward as an option for wording.
    - A risk assessment is needed which is not just determined by IMP type.
    - Joint guidance on expectations of consent taking from the MHRA/Health Research Authority (HRA) is critical.
- Who can be an investigator?
    - A Principal Investigator (PI) should be within a current role that involves experience of patient care.
    - The employer of the PI should be responsible for ensuring the general competence of the PI, but the sponsor should be responsible for assessing and assigning the PI on a trial by trial basis.
    - Risk based approaches should be applied for acceptability of a PI.

    - There must be detail in supporting guidance documentation.
- Requirements for assembly of IMP in hospitals and health centres
    - Risk adaptive controls should be explored
    - Assembly does not cover just injectables – need to consider other formulation types
    - Principles of EU GMP supported by PICS (Pharmaceutical Inspection Cooperation Scheme) guidance was recommended as a standard for national legislation.
    - Assuming assembly activities were under the supervision of a pharmacist, the Regulation 37 exemption should apply to phase I units.

https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials#history

MHRA Publishes GDP Inspection Deficiency Data for 2016

The MHRA Good Distribution Practice (GCP) Inspectorate reviewed the GDP inspection deficiency data for 2016 and published a report of the findings on its website in December 2017. A total of 1428 GDP inspections was carried out in 2016. Due to this large number, a sample was created for the review, representing approximately 10% of inspections and included inspections carried out by all 18 GDP inspectors. Inspections included those associated with variations to licences and for-cause inspections in addition to routine inspections. Only major deficiencies were included in the review – critical deficiencies were excluded since they generally cover broader sections of the GDP guidelines and are assessed individually due to the seriousness of issues. Other issues were not reviewed in detail due to the comparative high number and lower impact relative to major deficiencies. The top cited major GDP deficiency groups were as follows:

- Quality systems 22%
- Transportation 13%
- Responsible person 13%
- Supplier qualification 10%
- Equipment 9%
- Documentation 9%
- Temperature control 9%
- Storage 5%
- Customer qualification 5%.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667494/GDP_2016_Deficiency_data.pdf

UK Pushes to Remain Under EU Regulation for Medicines

The Financial Times has reported that the UK is pushing to remain under EU regulation for medicines following Brexit, after warnings that tens of millions of pounds will have to be diverted from developing new drugs to dealing with the impact of Brexit. The Financial times reported that three leading Government officials stated that Britain will need to stick with the EU's rules on standards and safety for medicines. GlaxoSmithKline (GSK) warned it would have to divert up to £70 million from developing new cancer drugs in order to prepare for the impact of Brexit. GSK estimates that

1,700 of its products would be directly affected by the need for new regulation processes and approval systems, leaving less money for clinical trials. The EU's chief Brexit negotiator, Michel Barnier, has warned that Britain "cannot cherry pick" parts of the EU single market it wishes to remain within.

http://www.independent.co.uk/news/uk/politics/brexit-latest-news-medicines-disruption-import-nhs-uk-leave-eu-regulation-european-court-justice-a8147446.html

Highlights from ICH Assembly

The International Council for Harmonisation (ICH) met in Geneva, Switzerland on 11-16 November 2017. Some of the outcomes from the meeting included the following:

- Health Sciences Authority, Singapore was accepted as a new Regulatory Member
- The Instituto Nacional de Vigilancia de Medicamentos y Alimentos, Columbia and the Bill & Melinda Gates Foundation were approved as new Observers.
- A major Guideline on the planning and design of multi-regional clinical trials (MRCTs) – E17 – was adopted. The purpose of this Guideline is to facilitate the acceptability of MRCTs as part of global regulatory submissions in ICH and non-ICH regions, as well as making it easier to seek approval of global trials.
- Following agreement earlier in 2017 on the ICH E11 Guideline on clinical investigation of medicinal products in the paediatric population, the decision was made to establish a Paediatric Expert Working Group. The purpose of the group is to provide centralized and consistent cross-functional and multi-regional paediatric expertise to other ICH expert working groups as issues and questions arise on existing and new Guidelines.
- Work on revising the 1997 ICH E8 Guideline on general considerations for clinical trials progressed, with the adoption of the concept paper and business plan by the Assembly.

http://www.ich.org/fileadmin/Public_Web_Site/News_room/B-Press_Releases/ICH_Press_Releases/Press_Release_ICH_Geneva_November_2017_Final.pdf

TransCelerate Publishes New eConsent Guidance and Tools

TransCelerate Biopharma is a non-profit organisation whose mission is to collaborate across the global biopharmaceutical research and development community to identify and facilitate implementation of solutions designed to drive effective and high-quality delivery of new medicines. TransCelerate's eConsent Initiative aims to create general awareness and enable broad voluntary implementation of eConsent. eConsent includes the use of multimedia components to develop an interactive and engaging informed consent experience, offering flexibility for diverse learning styles (e.g. auditory, visual). A survey conducted by TransCelerate in 2016, revealed that 29 countries have had eConsent submissions to health authorities and institutional review boards (IRBs)/independent ethics committees (IECs), of which 12 actively consented patients using eConsent. The eConsent Initiative has developed practical guidance and tools describing potential implementation considerations and eConsent components, which are available on the TransCelerate website. While the Guidance does not provide sample consent language, standards or requirements, it does provide information about whether eConsent is a feasible approach, which multimedia components are a good fit for a study, and the internal and external processes to consider when implementing. The Guidance and tools were generated in collaboration with patients and sites, health authorities and IRBs/IECs, and clinical research organisations.

http://www.transceleratebiopharmainc.com/econsent/

PHARMA NEWS

NHS Selects New Batch of Clinical Entrepreneurs

The UK's National Health Service (NHS) has now chosen 138 clinical entrepreneurs to design and deliver new technological solutions and innovations in healthcare. The Clinical Entrepreneurs Programme, which was launched in 2016, is designed to offer opportunities for junior doctors and wider health professionals to develop their entrepreneurial aspirations during their clinical training period. The programme offers support to NHS workers, including mentoring and coaching from leading health and technology industry experts. The first year of the programme has seen the launch of 50 start-ups, and clinical entrepreneurs have been awarded over £3.7 million of public sector funding in the form of grants and seed-funding while raising over £48 million from the private sector. The latest innovations chosen for the next round of the annual programme include: a wearable, voice-controlled data collection app that will monitor patient health for better care; the Allergy Assist app, designed to help allergy sufferers come together to share information and support on their condition and treatment; and a new, online service, sci-connect, that will provide tailored online support and resources to undergraduates and junior staff studying healthcare and biomedical sciences.

INC Research/inVentiv Health Becomes Syneos Health

Following the merger between INC Research and inVentiv Health in 2017, which created one of the largest biopharmaceutical outsourcing providers, the merged companies have re-branded and will now be known as Syneos Health, effective 4 January 2018. The company has a combined staff of more than 21,000 employees across more than 60 countries. The word Syneos (pronounced SIN-ee-ohs) communicates the value of synchronizing clinical and commercial capabilities to accelerate customer performance. The name is also derived from "neo", signalling a new approach to problem-solving and a new biopharmaceuticals solution category for the healthcare workforce.

Shire Announces Plans to Divide its Operation in Two

Shire announced plans this month to split its operations into two separate divisions – a Rare Disease Division and a Neuroscience division. This follows the first stage of a strategic review of its neuroscience business, which concluded that it warranted additional focus and investment. Each division would benefit from sharper management focus, greater strategic clarity, and an increased ability to deploy resources to key growth priorities. Operational performance metrics of each division are expected to be reported separately beginning with the first quarter of 2018. The second stage of the review will further evaluate all strategic alternatives, including the merits of an independent listing for each of the two divisions.