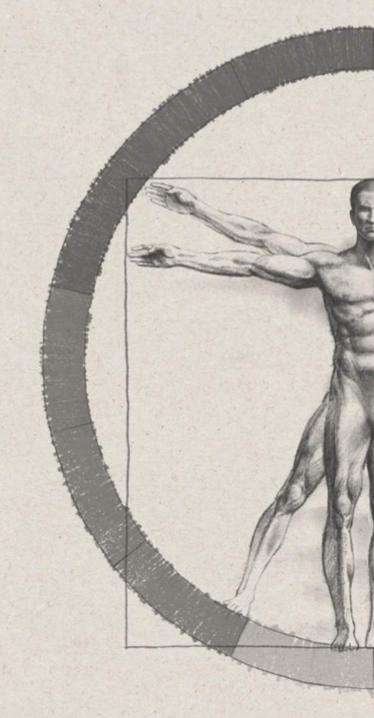
University Joints Industry 14th March 2018 Clinical and Drug Safety

Galenicum



## Presentation



#### Marta Forcadell Ferré

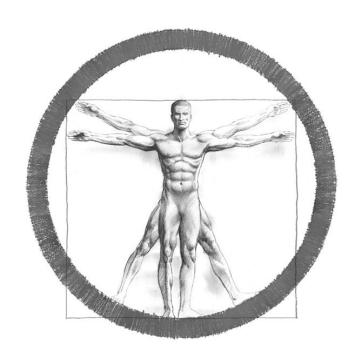
- Graduated in Biochemistry by the University of Barcelona
- Post–graduated in Scientific Departments of the Pharmaceutical Industry by ESAME
- Specialised mainly in Clinical Trials (Bioequivalence studies) and Pharmacovigilance
- Professional Experience in Galenicum since one year ago



#### Clinical Department in Galenicum

- Mainly graduated in Pharmacy
- Post–graduated in a Pharmaceutical Industry related Master
- Specialised mainly in Regulatory Affairs, Clinical Trials (Bioequivalence studies) and Pharmacovigilance



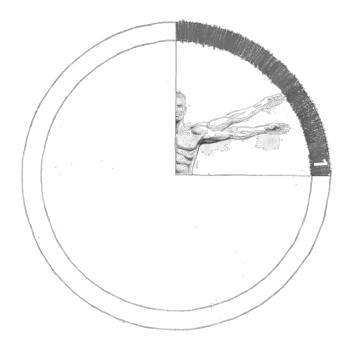


Clinical trials

Generic-Bioequivalence Studies

Pharmacovigilance

Career/Development skills



### Clinical trials

Generic-Bioequivalence Studies

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# Introduction to Clinical Trials

For the purposes of registration, a clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.

The regulation of clinical trials aims to ensure that the rights, safety and well-being of trial subjects are protected and the results of clinical trials are credible.



# Introduction to Clinical Trials



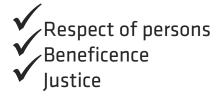
#### **ETHICS**:

#### **Nuremberg Code (1947)**

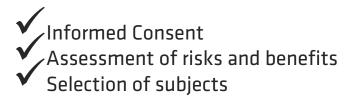
**Declaration of Helsinki (1964)** is a set of ethical principles regarding human experimentation developed for the medical community by the World Medical Association.

### **Belmont Report (1978)**

Core principles:



Areas of application





"Half the diabetics were given the new drug and responded well. The other half got a placebo and went into shock."

# Introduction to Clinical Trials



#### **LEGISLATION:**

**Good Clinical Practice (GCP)** is an international ethical and scientific quality standard for designing, recording and reporting trials that involve the participation of human subjects.

**International Conference Harmonisation (ICH)** 

Directive 2001/20/EC

Regulation EU NO 536/2014





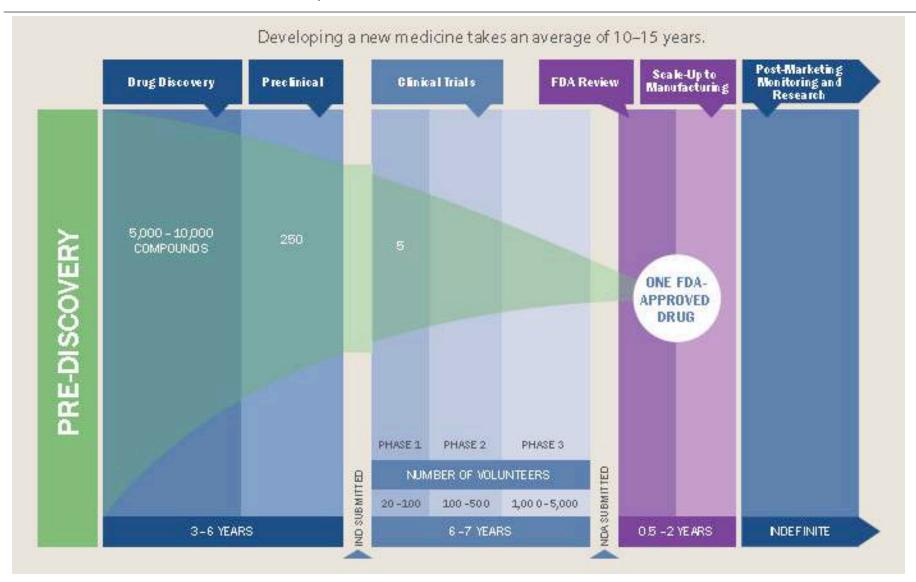
**Real Decreto 1090/2015** 







# The Research and Development Process



SOURCE: Pharmaceutical Research and Manufacturers of America, Drug Discovery and Development (www.innovation.org)

# Summary of Clinical Trial Phases

#### PRECLINICAL

Testing of drug in non-human subjects, to gather efficacy, toxicity and pharmacokinetic information (in vitro and in vivo only)

#### PHASE o

Phamacokinetics particularly oral bioavailability and half-life of the drug

10 volunteers

#### **PHASE I**

Testing of drug on healthy volunteers for dose-ranging

20-100 volunteers

#### PHASE II

Testing of drug on patients to assess efficacy and side effects

100-300 patients with specific diseases

#### PHASE III

Testing of drug on patients to assess efficacy, effectiveness and safety

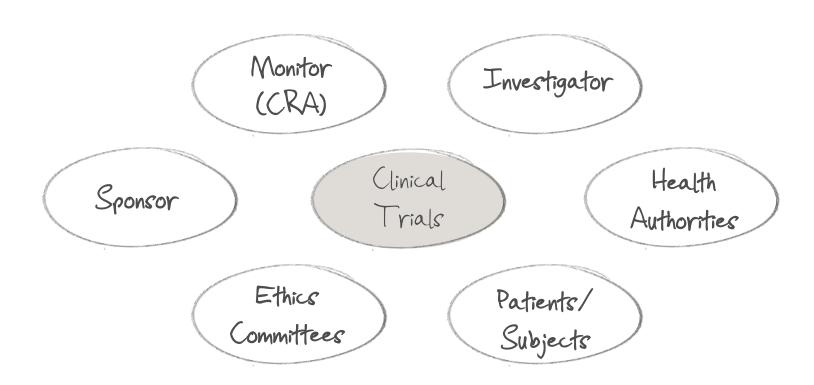
300-3000 patients with specific diseases

#### PHASE IV

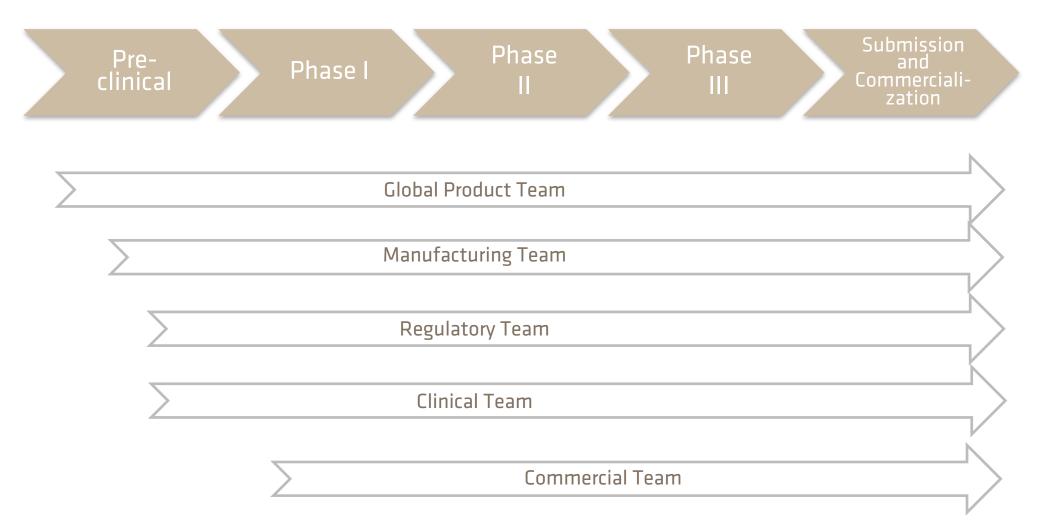
Post-marketing surveillance

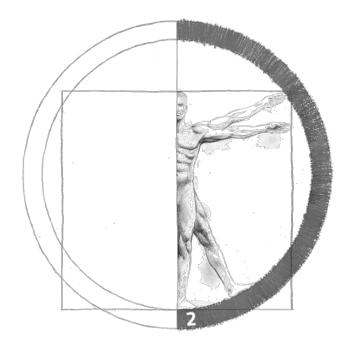
Watching drug use in public
Anyone seeking treatment from

their physician



# Stakeholders in Clinical Trials





Clinical trials

Generic-Bioequivalence Studies

Pharmacovigilance

Career/Development skills



# Ley Garantias 29/2006 Dir. 2001/83/EC (1990 Ley del Medicamento)

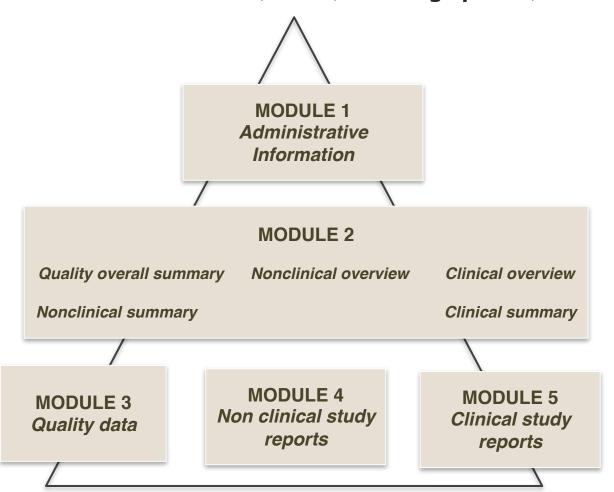
- La misma composición cualitativa y cuantitativa en principios activos
- La misma forma farmacéutica
- Bioequivalencia con el medicamento de referencia

Diferencias con los productos de referencia:

- V Excipientes (condicionan la prescripción en casos muy concretos)
- ✓ Apariencia (color, tamaño, forma, sabor, embalaje)
- ✓ Laboratorio fabricante (puede ser el mismo)

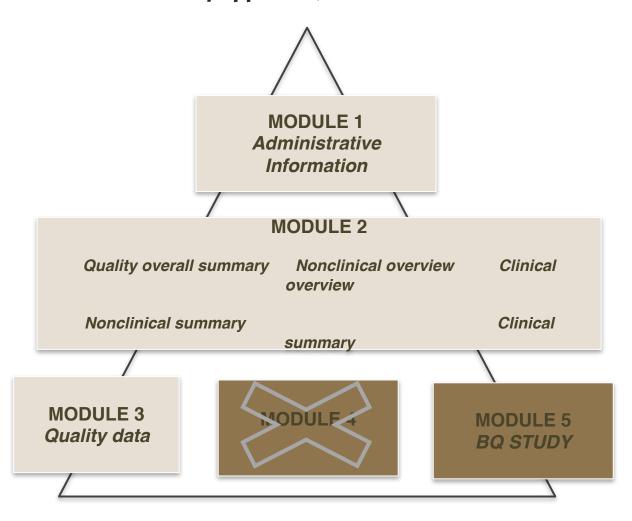
#### **TYPE OF DOSSIERS:**

1. COMPLETE/STAND-ALONE: Innovator (Art 8.3) or Bibliographical (Art. 10a)



#### **TYPE OF DOSSIERS:**

2. ABRIDGED: linked to one already approved, ex. GENERIC





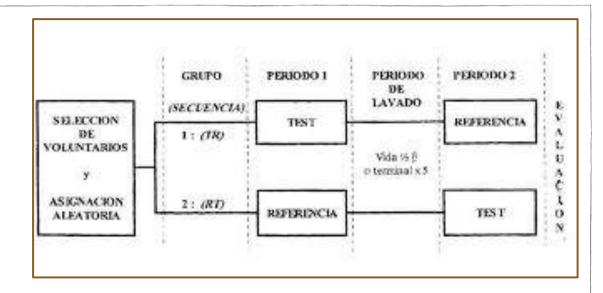
# BIOEQUIVALENCE based on CPMP/EWP/QWP/1401/98, Jan 2010:

Two medicinal products containing the same active substance are considered bioequivalent if they are pharmaceutically equivalent or pharmaceutical alternatives and their bioavailabilities (rate and extent) after administration in the same molar dose lie within acceptable predefined limits. These limits are set to ensure comparable in vivo performance, i.e. similarity in terms of safety and efficacy.

# Bioequivalence studies

# Design of the study

- Clinical trials Phase I:
  - Pilot study
  - Pivotal study
  - Simple o replicative
- Principal parameters:
  - Cmax
  - AUC
  - tmax

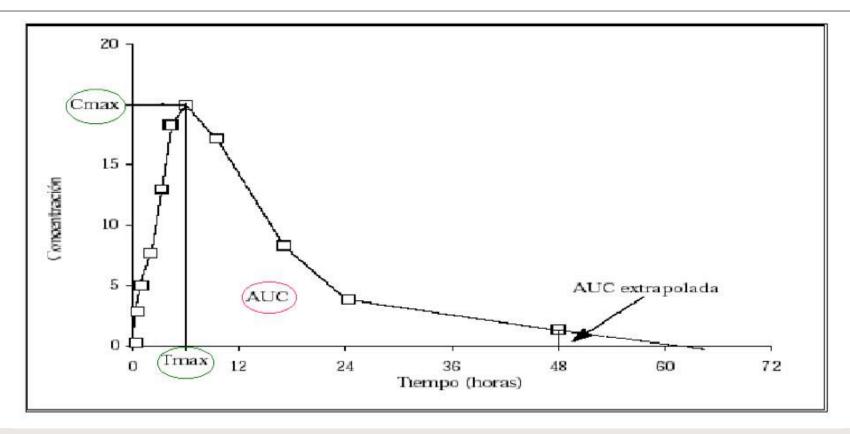


Principal parameters should show 90% confidence interval

Interval for AUC and Cmax of 80-125%

Tmax is a secondary parameter

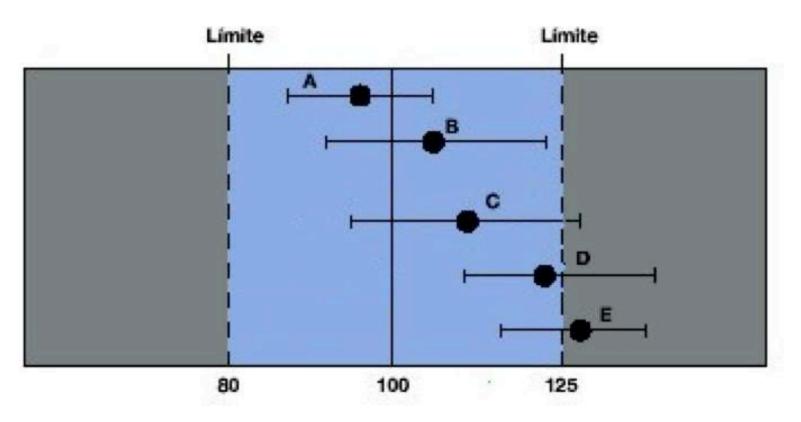
# Graphic representation



### Two medicinal products are bioequivalent, if they present:

- Same quantity of active substance
- Same dosification form
- Same bioavailability after administration of same doses at identical conditions Pharmacological effects are the same for both drugs.

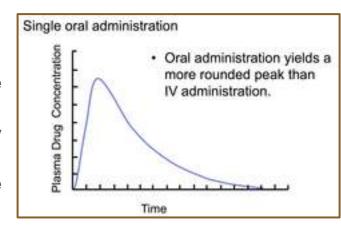
# Interpretation of results



- ▶ Bioequivalence Test (Media +- confidence interval 90%)
- A, B Bioequivalent
- C, D, E No bioequivalent

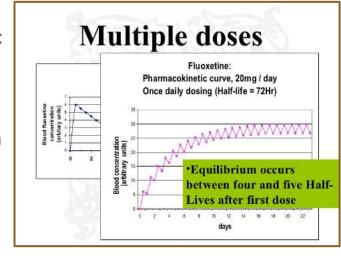
### Immediate release form

- One study for each strength
  - A partial bio-waiver of some strengths if they are proportional
    - If innovator is administered with food, the study will be in FED conditions
    - If innovator is administered without food, the study will be in FASTING conditions



### Prolongedrelease form

- ▶ Three studies for each strength if they are not proportional
  - Single-dose in fed conditions
  - Single-dose in fasting conditions
  - Multiple-dose in fed or fasting conditions (depends on the SmPC of innovator product)



# Exceptions for bioequivalence - CPMP/EWP/QWP/1401/98 Jan2010

Aqueous oral solutions: if excipients do not affect GI tract, absorption, nor stability in-vivo of the active substance



Parenteral solutions: aqueous IV solutions, solutions IM or SC of the same type (aqueous or oily)





Local action (nasal spray, inhalation, dermic, etc): without systemic absorption. Pharmacodynamic or Clinical comparative studies, or justification are required.





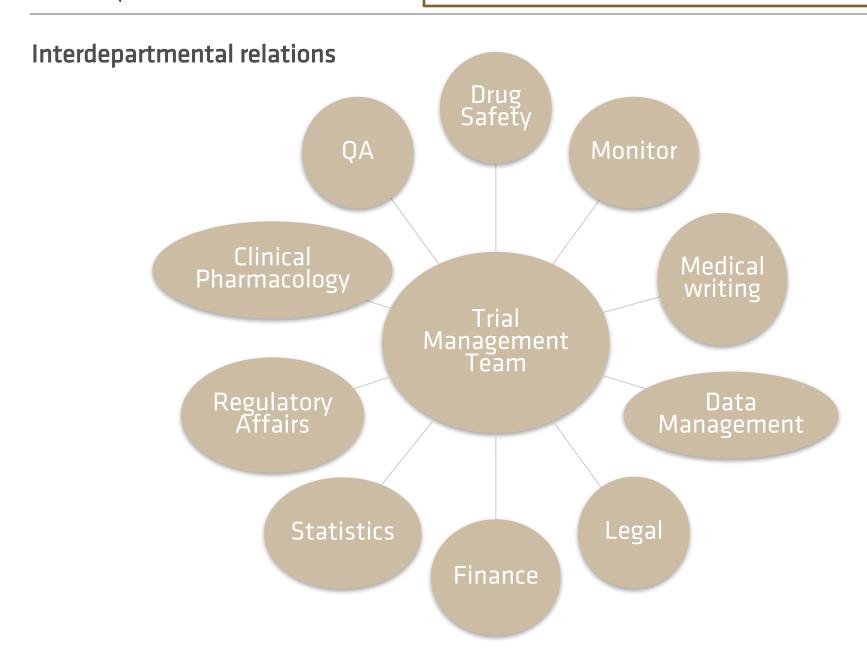


## Department tasks and responsibilities - SPONSOR



- Protocol/ Informed consent/ Case Report form/ Investigator brochure (IB)
- Investigator/monitor selection
- Ethics Committee and Health Authorities approval
- Provide drug study medication
- Submit any serious adverse event occurred during study
- Provide insurance to patients participants
- Collection and Analysis of patient data
- Elaborate final report
- Publish results following transparency policy

# **Clinical Trial Team - Internal**



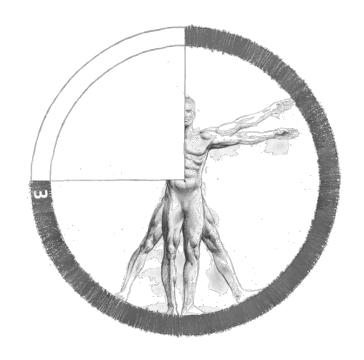
# **Clinical Trial Team - External**



### ONE DAY IN THE OFFICE

- Best/worse of the job position
- What you have to lead with?
  - GENERICS COMPANY HIGHT PRESSURE TO BE THE FIRST IN THE MARKET
  - STRICT TIMELINES AND DEADLINES PLANIFICATION AND PROJECT MANAGEMENT
  - SUPERVISE THE CRO'S TASKS
  - BE IN CONTACT WITH HEALTH AUTHORITIES
  - DETAILED REVISION OF PROTOCOLS AND INFORMED CONSENT





Clinical trials

Generic-Bioequivalence Studies

Pharmacovigilance

Career/Development skills

# Background history

- 1937 Renal failure by dietilenglicol/sulfamide elixir
- 1938 FDA demands toxicological and preclinical controls for drug investigation
- ▶ 1950 Cloranfenicol, causal agent of aplastic anemia
- ▶ 1960 FDA initiates the collection of Adverse Drug Reactions in the Johns Hopkins H & Boston Collaborative Drug Surveillance Program: intrahospitalary monitorization.
- ▶ 1960-62 "The talidomide disaster" cases of focomelia (congenital malformation). The first case was published in Lancet (WG McBridel) suggesting a relationship with the thalidomide ingestion.

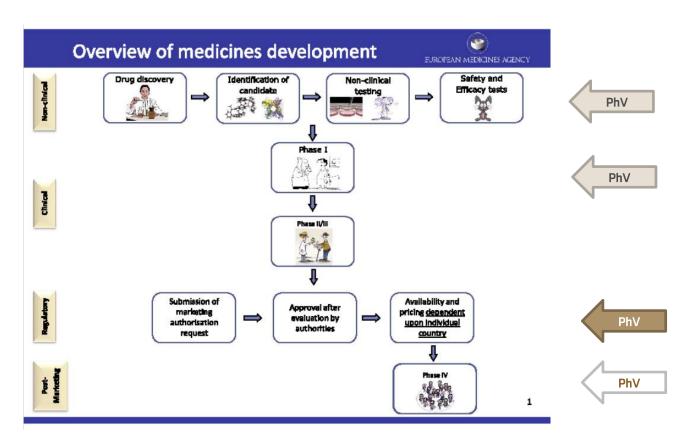
Thalidomide was withdrawn in 1962 after more than 4.000 cases were registered worlwide.

1962 WHO initiates an international program to collect and monitor adverse drug reactions.

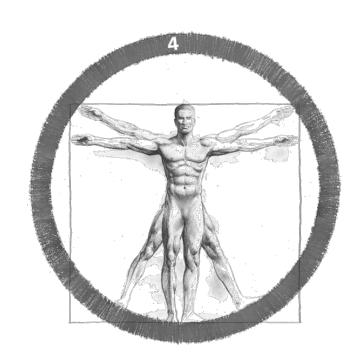


# Definition of Pharmacovigilance

Pharmacovigilance: Detection, assessment and prevention of adverse drug reactions.



Objective: optimise the benefit-risk balance of medicinal products



Clinical trials

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## WHAT IS THE MARKED LOOKING FOR? ARE YOU THE PERSON?

### Personal skills for the job positon



Attitude: self-motivated, easy learning, multi-task and decisive



Organised, tidy, responsible and focused



Search engine, resolutive and flexible



## Previous Knowledge



Graduate in Health Science, preferibly Pharmacy (Medicine, biology, biomedicine, biochemistry, etc)



Normally, post-graduate focused in Pharmaceutical Industry is required, including intership. For example, CESIF, UB, ESAME, etc.



High English level

### CAREER DEVELOPMENT

### High quality Future opportunities



Clinical, Pharmacovigilance and Regulatory affairs.



Technical and high specialization in Generics valued by the company.

### Knowledge development



In vivo studies - Bioequivalence studies - Fase I



In vitro studies - Dissolution Profiles



Pharmacokinetics & Pharmacodinamics



Scientific Bibliographical search - Medial writing



Pharmacovigilance

thank you!