

# Case Studies for Patient-Centric Specification Setting for a Therapeutic Protein and IQ Readout on Endotoxin Acceptance Criteria

Katrina Kearns



CMC Strategy Forum, Jan-2025

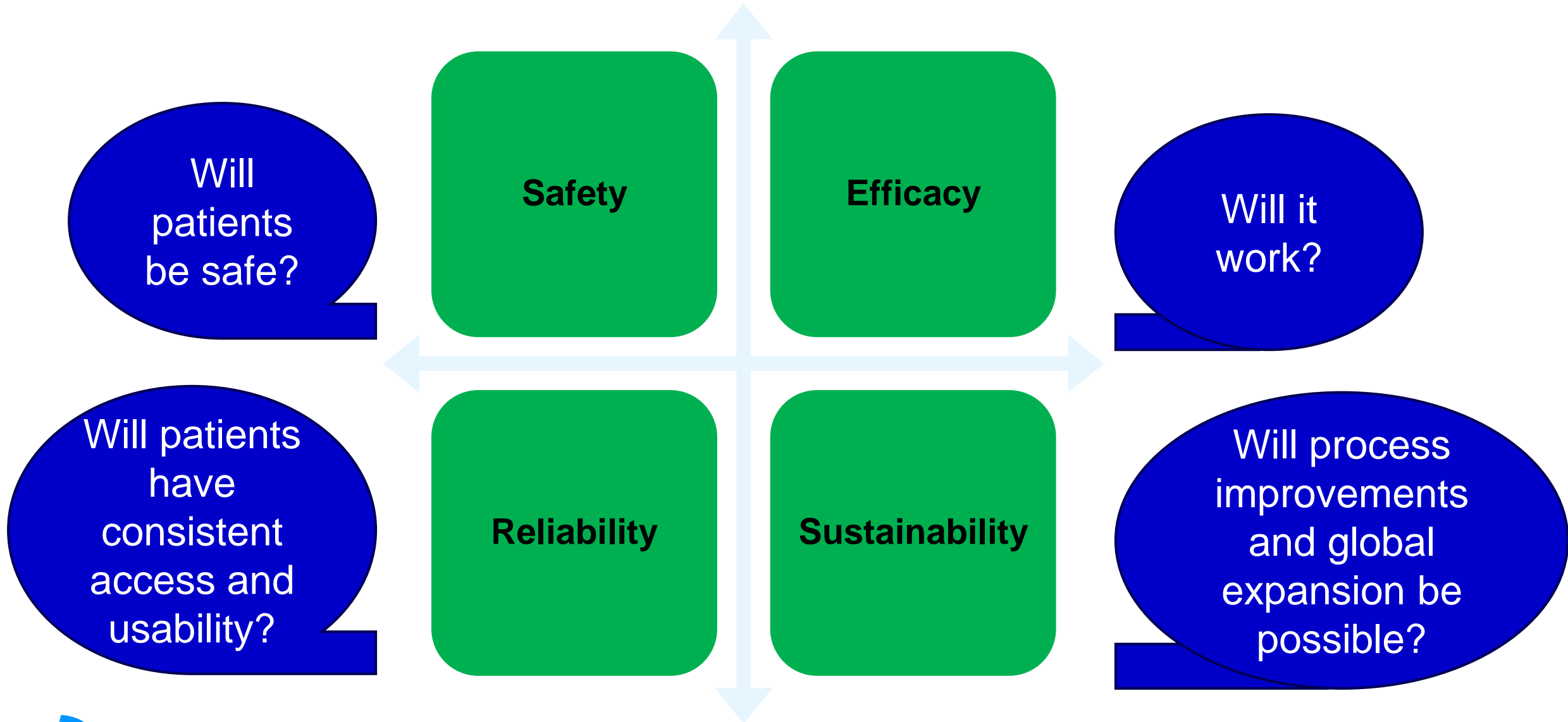
# Part 1: Case Studies for Patient-Centric Specification Setting for a Therapeutic Protein

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# Considerations for Patient-Centric Specifications



# Example 1 – Aggregates (SE-HPLC) Acceptance Criterion

Aggregates considered CQA due to potency and potential immunogenicity impact

Quality Attribute	Justification	Region 1 Proposed Strategy	Region 1 Final	Region 2 Proposed Strategy	Region 2 Final
		4 Markets		EU + Follow-on Markets	
Aggregates	Structure / function studies and clinical batch data	DS Tolerance Interval (2.8%)	DS Tolerance Interval (2.8%)	DS Tolerance Interval (2.8%)	3 SD (2.6%)

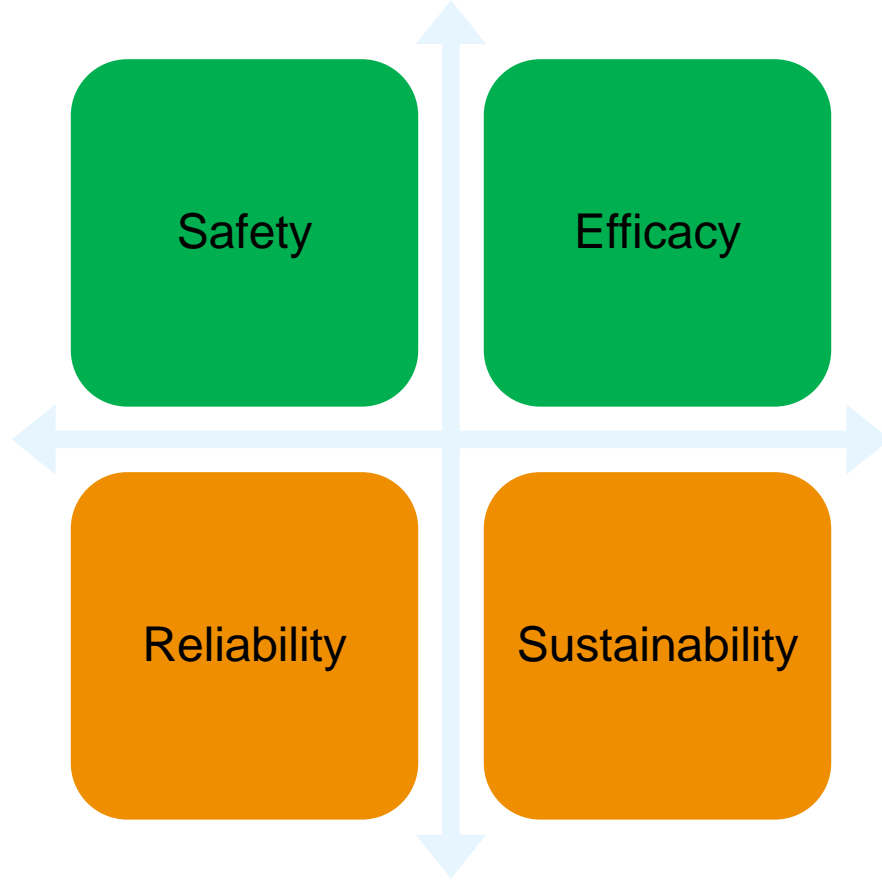
## Manufacturer’s Justification:

- Clinical experience: Material with 4.1% aggregates dosed in Phase 1 and Phase 2 clinical studies with no immunogenicity concerns identified
- Structure/Function: Material containing 7% aggregates maintained full potency

## Reviewer Feedback

- One rapporteur agreed the tolerance interval proposal was “clinically qualified”; however, requested to tighten acceptance criteria based on pivotal batch history

# Example 1 – Aggregates Acceptance Criterion



## Aspects of Patient Centricity Applied to Review

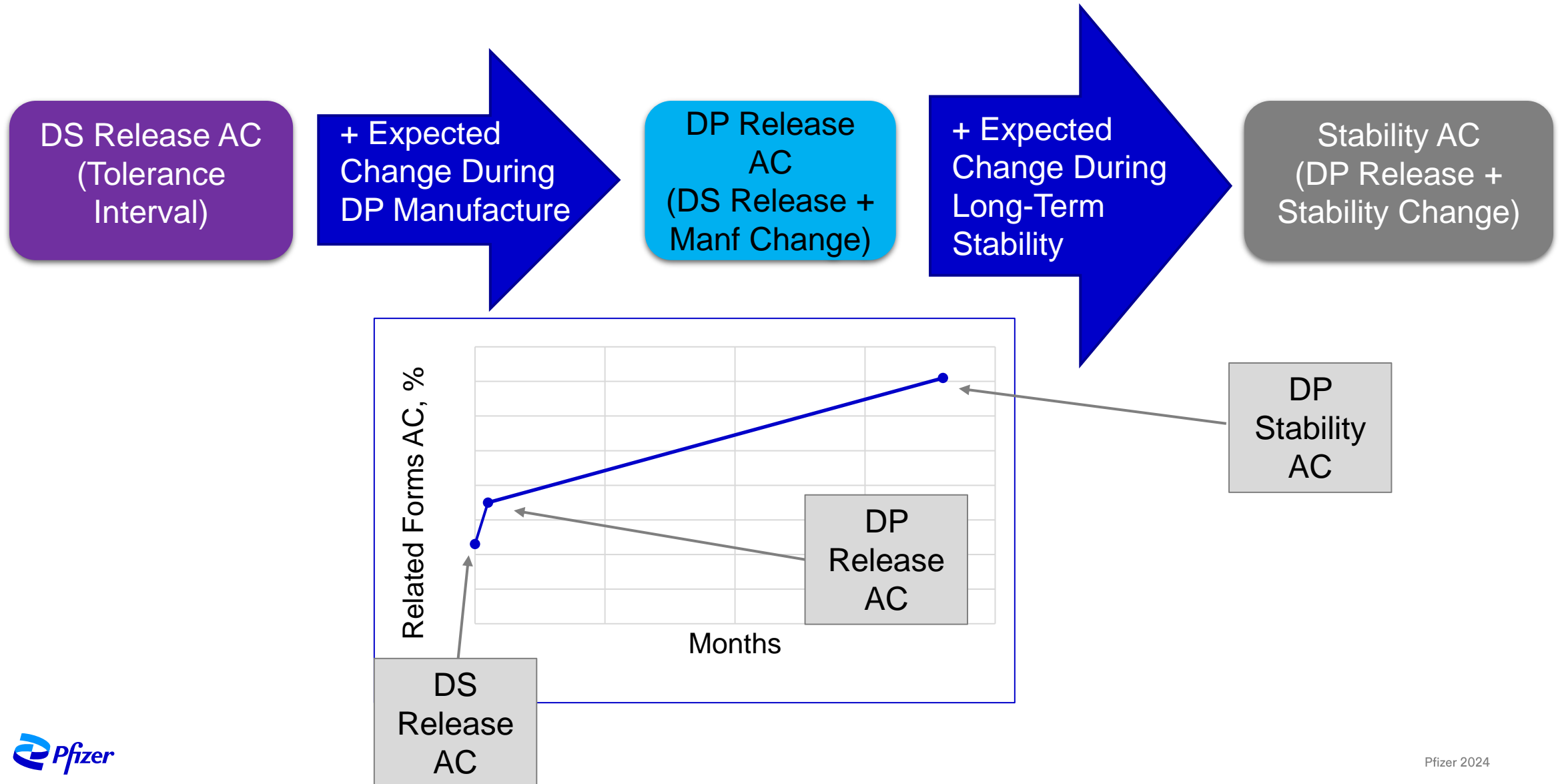
- ✓ Safety – The reviewer requested a tightening of the limit well within safe exposures.
- ✓ Efficacy – The reviewer’s request did not adversely impact the delivered dose to the patient.
- ✗ Reliability – The manufacturer determined the risk of failing the new limit was high and could put supply at risk.
- ✗ Sustainability – Future process improvements (scale-ups to enable global supply, changes to decrease environmental concerns) put at risk by tight acceptance criterion.

# Example 2 – Related Forms (RP-HPLC) Acceptance Criteria

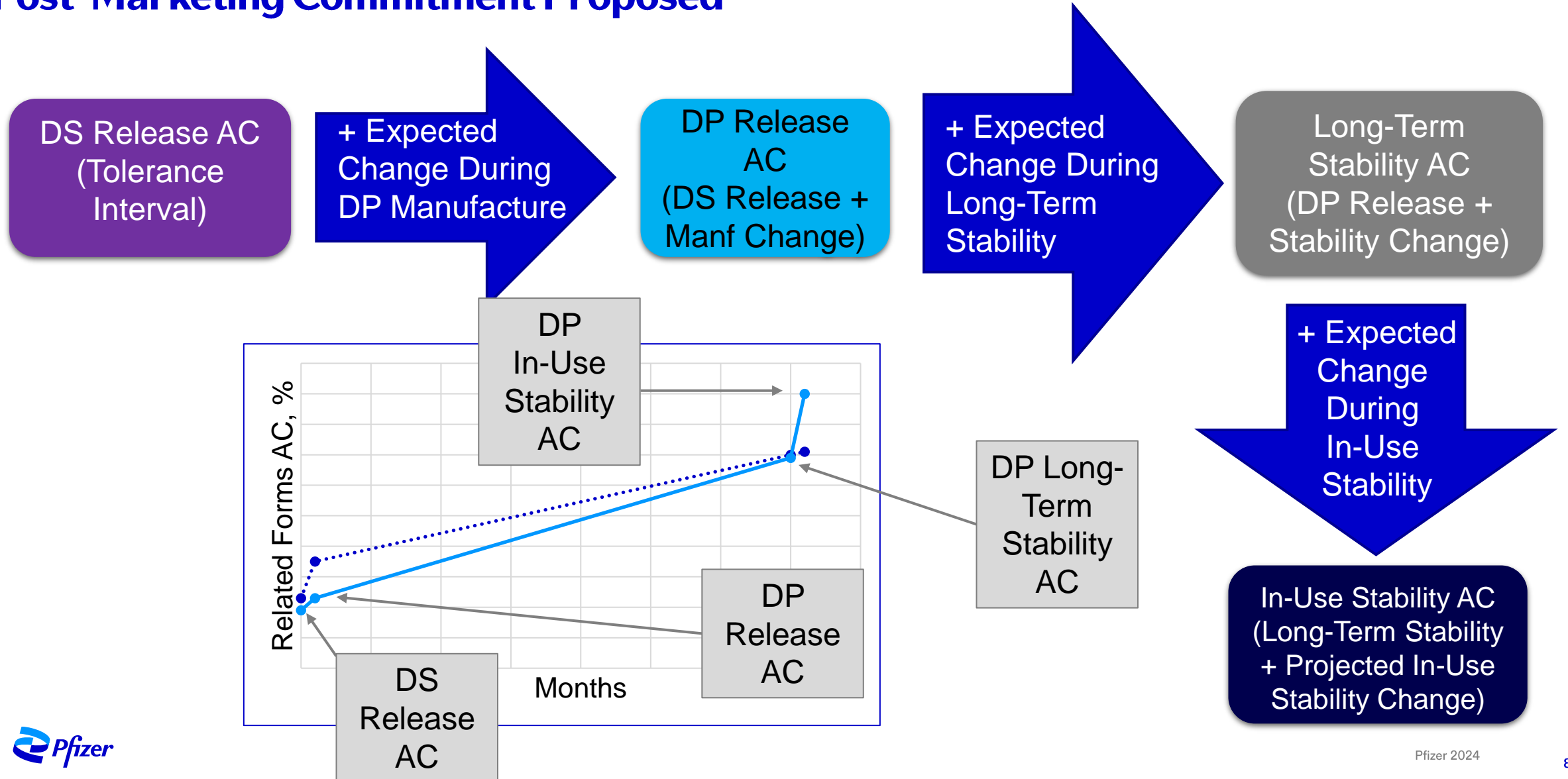
- Multi-use autoinjector with weekly dosing at home for a maximum of 28 days
- Temperature-sensitive attribute

Quality Attribute	Justification	Proposed Strategy	Approved Strategy	Post-Marketing Update Strategy
Related Forms (Deamidation, Oxidation, Isomerization, etc.)	Structure / function studies, literature supporting safety and efficacy at high levels, and clinical batch data	<b>DP Release:</b> DS Tolerance Interval + Change During DP Manufacture <b>DP Stability:</b> DP Release + Change During Stability	<b>DP Release:</b> DS 3x SD + Change During DP Manufacture <b>DP Long-Term Stability:</b> DP Release + Change During Stability <b>DP In-Use Stability:</b> DP Long-Term Stability + Projected Change During In-Use Stability	<b>DP Release:</b> DS 3x SD + Change During DP Manufacture <b>DP Long-Term Stability:</b> DP Release + Change During Stability <b>DP In-Use Stability:</b> DP Long-Term Stability + Change During In-Use Stability

# Example 2: Related Forms (RP-HPLC) – Initial Proposal Based on Release and Long-Term Stability Data Only

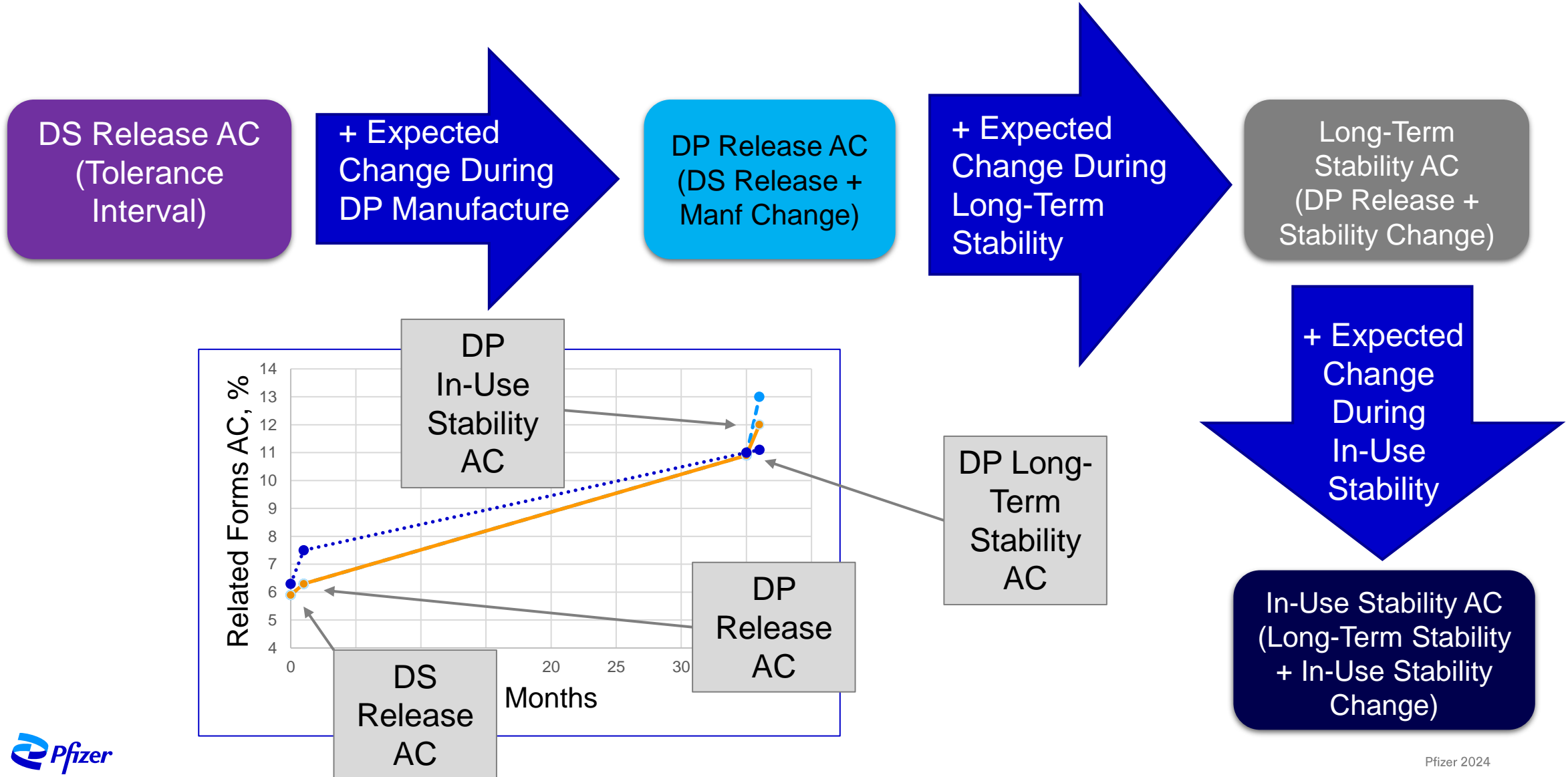


# Example 2 - Proposal Approved at Time of Marketing Submission Approval Based on Release and Long-Term Stability Data Only Post-Marketing Commitment Proposed





# Example 2 - Post-Marketing Commitment AC Adjustment In-Use Stability AC Tightened After Study Completion



## Example 2 – Related Forms Acceptance Criteria Review



### Aspects of Patient Centricity Applied to Review

- ✓ Safety – The reviewer requested a tightening of the limits and enabled addition of an in-use criterion, all within safe exposure levels.
- ✓ Efficacy – The reviewer’s request did not adversely impact the delivered dose to the patient.
- ✓ Reliability – The final limits enabled consistent supply and user-friendly label conditions.
- ✓ Sustainability – Future process improvements (scale-ups to enable global supply, expansion to Zone IV global markets) were enabled by wider in-use acceptance criteria.

# In-Use and Thermal Cycling Considerations



Excessively tight specifications place a patient's ability to have consistent, usable supply at risk



Overly restrictive label and/or temperature excursion requirements can result in destruction of material that was safe and efficacious and can prevent certain markets from access



In-use and thermal cycling data should be considered for specifications in addition to release and long-term stability data



Patients are less likely to be compliant with dosing instructions if label instructions are too restrictive



Goal → Enable patients to have consistent access to life-changing, safe and efficacious medicines with in-use instructions that fit into their environments and lives

# Example 3 – Endotoxin Acceptance Criterion

Product is a subcutaneous injection with no reconstitution or dilution at point of use.

Quality Attribute	Justification	Region 1 Proposed Strategy	Region 1 Final	Region 2 Proposed Strategy	Region 2 Final
		5 Markets		3 Major Markets + Follow-on Markets	
Endotoxin	Compendial limit of 5 EU/kg/hr	2-fold Safety Factor (50 & 125 EU/mL, equivalent to 2.5 EU/kg/hr)	2-fold Safety Factor (50 & 125 EU/mL, equivalent to 2.5 EU/kg/hr)	2-fold Safety Factor (50 & 125 EU/mL, equivalent to 2.5 EU/kg/hr)	2x Worst-Case LOQ (10 EU/mL, equivalent to 0.5 & 0.2 EU/kg/hr)

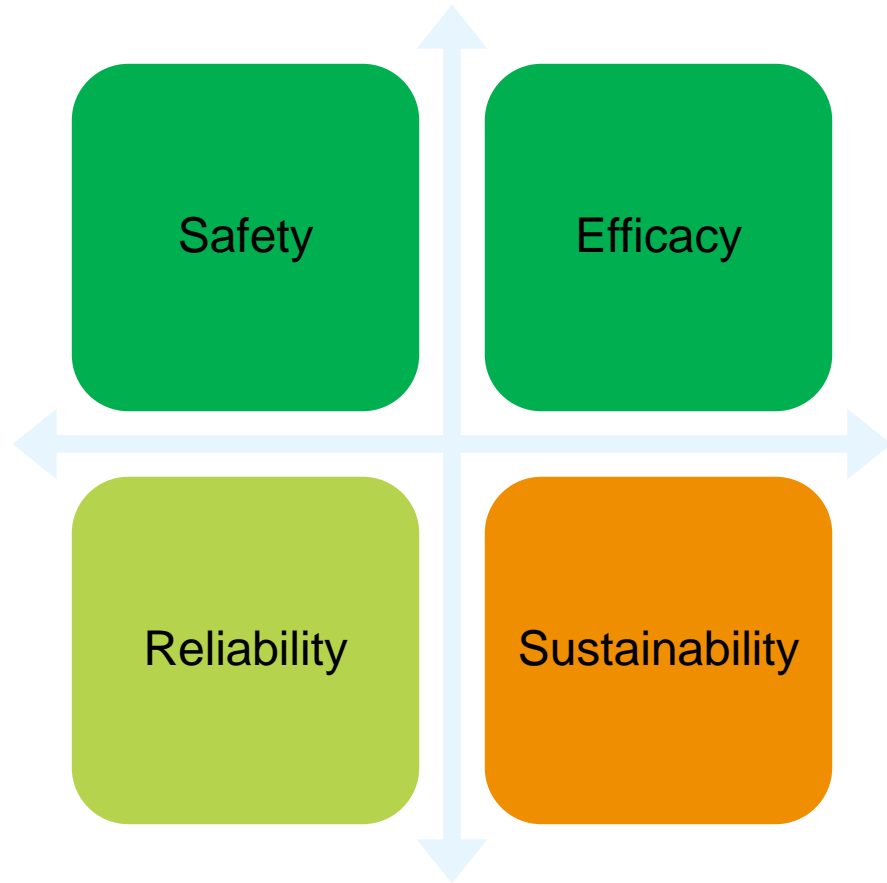
## Manufacturer’s Justification:

- The manufacturer provided a safety-based justification for a 2-fold safety factor compared to compendial guidance

## Reviewer Feedback

- Reviewers insisted that limits needed to be based on batch data alone

## Example 3 – Endotoxin Acceptance Criterion Review



### Aspects of Patient Centricity Applied to Review

- ✓ Safety – The reviewer requested a tightening further within the demonstrated safe levels.
- ✓ Efficacy – The reviewer’s request did not impact the delivered dose.
- ? Reliability – Based on the 11 batches of data available, it is likely the tightened limit would not impact reliability of supply *in the short-term*.
- x Sustainability – Longer term process improvement options could be hindered by the unnecessary tightening of the endotoxin limit.

# Acknowledgements (Part 1)

- Tom Lerch
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**Thank You!!!**