BC

# **GLOBAL BIOANALYSIS CONSORTIUM**

## S1: Small molecule specific run acceptance

Ben Gordon On behalf of HT S1 EBF Symposium Barcelona 2011



## Which Harmonization Teams? Overview





# **GBC Harmonizing Team-S1**

### **Team Members**

### North America (US + Canada)

#### Team lead

- Douglas Fast NA <u>douglas.fast@covance.com</u>
- Amy LaPaglia NA <u>Amy.LaPaglia@proteabio.com</u>
- David Hoffman NA <u>david.hoffman@sanofi-aventis.com</u>
- Richard LeLacheur NA <u>RichLeLacheur@gmail.com</u>
- Scott Reuschel NA <u>scott.reuschel@labcorp.com</u>

#### N=5

### Latin America (South America + Mexico)

- Gabriel Marcelin Jimenez LA –
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## Asia Pacific (Asia + Pacific area)

- Noriko Inoue APAC <u>n.inoue@jclbio.com</u>
- Ravi Sankar APAC <u>ravi.sankar@gvkbio.com</u>

#### N=2

### **Europe** (Europe + Africa/Middle East)

- Ben Gordon EU <u>Ben.Gordon@uk.netgrs.com</u>
- Matt Barfield EU <u>Matthew.Barfield@gsk.com</u>
- Michael Blackburn EU <u>Michael.Blackburn@covance.com</u>





#### **Global Bioanalysis Consortium**

On harmonization of bioanalytical guidance

## S1: Small molecule specific run acceptance

#### In scope

- Linearity, Accuracy, Precision
- Appropriate calibration curve and QC ranges (during validation and for study specific)
- Selection of regression analysis (linear vs. best fit)
- Individual runs and overall run acceptance during validation
- Individual runs acceptance during samples analysis



# **Validation Run Acceptance**

- 1. Linearity, Accuracy, Precision
- 2. Appropriate calibration curve range and QC placement across range for certain study types
  - Considerations for ascending dose/FIH studies
    - When, How to change calibration range
    - How to address sample results in limited/low portion of range only (linearity issues, number of calibrant points, QC placement)
  - > Other study designs: repeat dose (steady-state results vs. PK results), high dose tox, etc.
- 3. Criteria on selection of regression analysis model (linear, quadratic, weighting)
- 4. Criteria for individual runs and overall acceptance during validation
  - > IS response acceptance criteria, variability permitted (individual samples or groups of samples)
  - Minimum levels of IS response needed
    - S2 team interaction
  - > How to address, report failed validation runs
    - Inclusion, exclusion from summary and statistics
- 5. Validation of plasma blank samples
  - Stability of blank samples
  - > Use of predose samples for calibrators and controls from subjects
    - How long can they be used?
- Cross validation of anticoagulants and counterions: requirements to perform, acceptance criteria when performed



# **Sample Analysis Run Acceptance**

- 1. Individual run acceptance during sample analysis
  - > Single analyte vs. Multiple analyte with mixed pass/fail outcomes
- 2. Internal standard criteria: acceptance criteria, variability permitted
  - > Minimum levels of IS response needed
  - Decisions on anomalous IS response: anomaly in individual sample or between groups of samples (i.e., QCs/Calibrants vs. dosed samples)
- 3. Carryover: acceptance criteria, role of standard (double) blank and standard zero
  - > Determination of and criteria for contamination vs. carryover
  - > Carryover decisions based on sample-to-sample results rather than just carryover samples
  - Interaction with S2 Team
- 4. Implications of positive control or predose samples
  - Limits for acceptance of sample results and entire run results
  - Impact on carryover/contamination considerations
  - > Guidance on actions/remediation to be taken
- 5. Implications of anomalous sample results on run acceptance (contamination, sample switch issue?)
- 6. System suitability testing
  - Purpose of and criteria for suitability testing (approve or not approve a run start or entire run itself)
  - Consider multiple plates and unattended operation: suitability review done at run start or after run completion
  - Is suitability testing only considered at run start or also during run?
- 7. Sample and run reinjection: when, how to perform reinjection; how to address results
- 8. System conditioning with matrix samples: guidance on when required, how to perform



## **Additional Topics Considered for Inclusion**

- 1. Is S1 Team about molecule size ("small molecule) or detection technique?
  - > Inclusion of all analytes determined by LC/MS techniques: anitbodies, proteins, oligos, small molecules
  - > Use of small molecule criteria for all LC-MS determinations?
- 2. Metabolite screening: flexible acceptance criteria, fit for purpose criteria
  - Addressed by A2 Team?
- 3. Determination of dosed endogenous materials (e.g. steroids)
  - > Role of small molecule criteria, biomarker criteria
- 4. ISR Guidance
  - > Actions if ISR fails: implications for entire analytical run
  - Discussion for A7 team?



# HT S1: Source

- GBC will focus on a harmonised science-based approach
- To come forward with recommendations to Health Authorities and regulatory bodies worldwide on globally agreed best practices for Bioanalytical Method Validation (BMV) and application of such methods/technologies to the analysis of drugs of small molecules in support of clinical and nonclinical studies.
- Regulatory Documents [FDA (2001), EMA (2011), Crystall City, EBF and others]



# **GBC: Goals and Objectives**

- To invite relevant stakeholders, from industry, academia, Health Authorities and regulatory bodies, to jointly discuss the GBC recommendations at a global conference(s) in order to achieve globally agreed guidelines on bioanalysis.
- Going forward, to serve as a **pivot point** on the continued harmonized interpretation and/or updates of globally agreed guidelines.



## Acknowledgment

### HT S1 Team:

Douglas Fast Team Lead - NA

Amy LaPaglia – NA David Hoffman – NA Richard LeLacheur – NA Scott Reuschel – NA Gabriel Marcelin Jimenez – LA Maristela Andraus – LA Noriko Inoue – APAC Ravi Sankar – APAC Matt Barfield – EU Michael Blackburn – EU

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