

Towards a recommendation of bioanalytical qualification or validation of microdosing and microtracer studies – part 2:

Details from Survey 1

Presenter: David Higton on behalf of EBF

EBF 4th Open Symposium – Less is More
17 November 2011
Barcelona

Introduction

- EBF recommendation
 - On appropriate qualification/validation of methods for the quantification of drug and/or metabolites.
 - For clinical microdosing and microtracer studies with a variety of design aims, in a variety of phases of discovery and development.
 - Using LC-MS/MS and LC+AMS

- Details of Survey 1

- *Current slide deck contains EBF work in progress and are consensus ideas of the EBF Topic Team - potentially supplemented with EBF-survey results on the topic*

Cold microdosing studies

1. 5 companies have experience

- Early development: 4
- Early and late development: 1

2. Number of studies executed

- 1 company: 1
- 2 companies: 1 - 3
- 2 companies: 3 – 10

3. Purpose of the study

- Fabs: 3
- Mass balance: 1
- Candidate selection: 1
- PK optimisation: 2

Cold microdosing studies

4. Purpose

- Mainly decision making
- One for future filing

5. Bioanalytical quality

- We apply the same quality standards for ED & LD
Yes: 4 No: 1
- Full validation in accordance with guidance for ED studies
Yes: 3 No: 1
 Only Meth dev, linearity, LLOQ, Acc&Prec for QC
- Full validation in accordance with guidance for LD studies
Yes: 1
- Sensitivity required :
 - o 40-100 fold lower (5-25 pg/ml), 10 fold lower (5 pg/ml)

Microtracer studies (AMS)

1. 9 companies have experience

- ED only: 3
- LD only: 2
- ED & LD: 4

2. Number of studies executed

- 3 companies: 1
- 2 companies: 1 - 3
- 4 companies: 3 -10

3. Purpose

- Fabs: 6
- Mass balance: 5
- Metabolite quantification: 3
- Other : 2

Microtracer studies (AMS)

4. Filing to Health Authorities

- Yes, following a request for Fabs: 1
- Not yet, but in future: 6
- Internal decision making: 2

5. Bioanalysis guided by Regulated Bioanalysis staff

- No, PK & AMS staff: 4
- Yes, PK & AMS & Regulated Bioanalysis: 1
- Other
 - o Initially (DM)PK & AMS then Regulated Bioanalysis added: 3
 - o BA for cold, metabolism for ^{14}C
 - o Regulated Bioanalysis, AMS, pre clin ADME & clinical

Microtracer studies (AMS)

6. We apply the same quality standards for ED & LD

Yes: 6

No: 2

7. Redevelop sample preparation for AMS

Yes: 7

No: 2 (as cold assay)

Don't know: 1

Both: Mass Balance different, profiling as pre clin ADME

Microtracer studies (AMS)

8. Sample prep development and validation

- Partial validation: 1
- Scientific validation: 5
 - o Linearity
 - o Selectivity
 - o Reproducibility
 - o Carbon content
 - o Xceleron/Vitalea recommendation
 - o AMS is considered as a balance
 - o Total ^{14}C recovery from protein pellet
 - o Recovery curve of range
 - o HPLC recovery of total ^{14}C

Microtracer studies (AMS)

9. LC method development

Yes: 5

No: Exact copy of cold LC-MS/MS (2)

10. Sample prep development and validation

– Scientific validation

o On-column recovery: 1, Repeatability: 1,
Peak separation: 1, Resolution: 1

o LC retention cfr cold material: 1

o Specificity as metabolism method: 1

o Xceleron/Vitalea approaches used: 1

o Method is hybrid of cold Bioanalysis & Metabolism: 1

Microtracer studies (AMS)

11. Method qualification parameters and acceptance criteria

- Accuracy & precision: +/- 15%
- ¹⁴C recovery, repeatability, variability, stability
- Within run controls (blinds, QC, Cal monitored and discussed in report)
- Selectivity assessed with carryover, 1 pooled blank
- Reproducibility, 2 occasions
- Carryover of IS in LC; LC carryover in UV & ¹⁴C; Graphitization carryover
- Linearity ($R^2 > 0.99$)
- Prec. & Acc +/- 20% except LOQ +/- 25%: 2
- Radiochemical purity >95%; impurity <1%
- Cross reference to validated cold LC-MS/MS for stability, freeze/thaw, processed sample: 2
- Recovery of cal range

Microtracer studies (AMS)

12. LC+AMS instrument subject to computer system validation (CSV)

- Yes: 1
- No, not considered: 1
- No, not needed: 2
- No, considered but unable for all aspects relating to AMS: 1

13. Analysis of microtracer samples by LC+AMS needs:

- “Scientific” validation: 4
- Method qualification, reflect on guidelines, relate to AMS: 3
- Partial method validation: 0
- Full validation, where possible

14. Use of cold microdosing or microtracer for pre-clinical studies

- Yes, prep for human: 2
- Yes stand alone: 1
 - o Profiling to support safety studies
- No: 7

Poll on cold microdosing studies

Is Full validation required?	ED	LD
Yes	4	7
No, partial validation based on full validation of a method with higher concentration range	3	7
No, qualified method is sufficient	10	3
Don't know	0	0

Poll on microtracer studies (LC+AMS)

What type of Validation is required, if study is used forinternal decision?	...filing?
“Scientific”	8	7
Qualified method (focus on specific AMS parameters & regulated bioanalysis (7)	7	7
More validation (method validation cf FDA guidance on regulate bioanalysis & qualification of specific AMS parameters	0	0

Poll on microtracer studies (LC+AMS)

Full or partial validation of a LC+AMS method, as described in the appropriate guidelines on regulated bioanalysis (FDA 2001, EMA 2011) is:	# answers
Not needed, AMS is not served by existing guidelines.	2
Not possible, but needed	6
Possible but not needed, current guidelines can be adapted	5
Not needed and not possible	0
No idea	1
Possible and needed, current guidelines can be adapted for AMS	1

Summary

- People are gaining experience in the field of “cold and hot microdosing”
- People are not sure on what is needed wrt validation and we see all colours of validation being tentatively applied
- Most people are pretty sure of what is not needed (i.e. overdoing validation)
- More discussion is needed and your input is appreciated – Survey 2 (30th Nov)
- EBF will continue the discussion

Towards EBF Recommendation

- Too soon to propose?
 - more discussion needed in TT, EBF community and beyond
- Plan for publication in 1st half of 2012
- Plan to provide input as EBF in GBC discussion (Philip & Graeme)

Acknowledgement

- Topic Team 08
 - Philip Timmerman, Janssen
 - Graeme Young, GSK
 - Leif Svensson, Active Biotech
 - Richard Abbott, Shire Pharmaceuticals
 - Magnus Knutsson, Ferring
 - David Higton, AstraZeneca

- EBF members for survey data
- AMS providers for discussion & survey data