GLOBAL COOPERATION GROUP MEETING FINAL REPORT
TUESDAY NOVEMBER 13, 2012

San Diego, CA, USA
(Hilton Bayfront Hotel)

PARTICIPANTS:
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EU
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MHLW (GCG Co-Chair)
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Mr. Mike Ward
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Ms. Jane Mashingia
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Mr. Xu Xiaoqiang
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Dr. Sun Hee Lee
DRA of Korea
Dr. Young Lim Kim
DRA of Korea
Dr. Christina Lim
DRA of Singapore
Dr. Huei-Xin Lou
DRA of Singapore
Ms. Siew Wei Chua
DRA of Singapore

Also Present:
Dr. Theresa Mullin
FDA
Ms. Joan Wilmarth Blair
FDA
Dr. Michelle Limoli
FDA
Dr. Michael Garvin
PhRMA
Dr. Spiros Vamvakas
EU/EMA
Dr. Sébastien Goux
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Dr. Sabine Haubenreisser
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Dr. Nobumasa Nakashima
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Dr. Jun Kitahara
MHLW/PMDA
Ms. Yasuko Inokuma
MHLW
Dr. Kurajiro Kishi
JPMA
Dr. Harry Rothenfluh
WHO
Dr. Louise Déry
Health Canada
Dr. Sarah Adam
ICH Secretariat
Dr. Dawn Ronan
ICH Secretariat
1. Welcoming Remarks and Adoption of the Agenda

Mr. Naoyuki Yasuda (GCG Co-chair, MHLW) and Dr. Sabine Luik (GCG Co-chair, EFPIA) welcomed all participants to the meeting of the ICH Global Cooperation Group (GCG).

2. Review of Current Membership

The GCG noted the recent nomination of Dr. Hironobu Saito (Vice President, New Drug Regulatory Affairs Department, R&D Division, Daiichi Sankyo Co., Ltd.) as representative for JPMA in replacement of Mr. Kohei Wada. The GCG also noted that in September 2012, Dr. Harry Rothenfluh stepped down as representative for the DRA of Australia and participated to the GCG meeting as a representative for WHO.

Apologies were received from Dr. James Fitzgerald (PANDRH), Dr. John Donohoe (DRA of Australia), Dr. Dirceu Brás Barbano and Mrs. Soares Jucá da Silveira e Silva (DRA of Brazil), Dr. Chen Zhen (DRA of China), Mr. Gyanendra Nath Panda (DRA of India), Dr. Elena Barmanova and Dr. Alex Terekhov (DRA of Russia).

Dr. Adam (ICH Secretariat) invited the GCG, RHIs, DRAs/DoH to communicate to the ICH Secretariat any forthcoming changes in GCG membership.

A warm welcome was also extended to several alternate representatives who were attending the GCG meeting for the first time.

3. Final Approval of the Report of the GCG webconference held on October 4, 2012 (Ref: GCG 163R)

The GCG noted that the draft report of the GCG webconference (Ref # GCG163) which was held on October 4, 2012 was circulated for comments to the ICH GCG, RHIs/DRAs/DoH on October 24, 2012 with a deadline for comments by November 1, 2012. EFPIA and the DRA of Singapore provided some minor editorial comments on the draft document, and the DRA of Korea accepted the draft report without comments.

Actions/Decisions:

- The GCG approved as final the report of the GCG webconference held on October 4, 2012;
- The ICH Secretariat will post the final report of the GCG webconference on the members’ only section of the ICH website.

4. Overview of ICH Q3D Guideline on Metal Impurities

Dr. Schweitzer (Q3D Rapporteur, PhRMA) presented to the GCG on the development of the draft ICH Q3D Guideline on Metal Impurities for which technical experts from the DRAs of China and Korea, and the DoH of Chinese Taipei were participating. The GCG noted that the ICH Q3D document was designed after the ICH Q3C(R2) Guideline and combined safety assessments of metal impurities with a risk based approach to the development of a metal impurity control strategy. Dr. Schweitzer presented the general safety assessment approach developed by other organisations including important factors to be considered. The GCG noted the classification of
metal impurities in three different levels depending on their level of toxicity. Dr. Schweitzer highlighted the four streams for assessing and controlling metal impurities and also presented the potential source of metal impurities in drug products. The GCG noted the systems in place to control metal impurities (including incoming component, in-process and quality system controls and the establishment of specification). The current status of development of this new guidance was also presented to the GCG, RHIs and DRAs/DoH.

The GCG noted that currently several countries had different limit levels for metal impurities and had set up specific safety levels for specific products. Dr. Schweitzer explained that the draft Guideline would cover 24 metals with the highest toxicological concerns and for which permitted daily exposure are available and would be indicated in the document.

5. Training and Capacity - Building

- APEC Life Sciences Innovation Forum (LSIF)

  Regulatory Harmonisation Steering Committee (RHSC) Activities – Mr. Ward (Health Canada) reported to the GCG on the outcome of the APEC LSIF Regulatory Harmonisation SC (RHSC) meeting held in Singapore on August 22 – 25, 2012. The GCG noted the recent launch of a regulatory network and the establishment of four Industry coalitions representing the following sectors: Medical Devices, Generics Pharmaceutical, Research-based Pharmaceutical, and Biotechnological Products. The GCG noted also the different ways for the Industry to contribute. Mr. Ward commented that additional “floating” membership was also foreseen to accommodate future needs such as in the area of advanced technologies. The GCG noted the importance of looking at outreach with other initiatives and organisations such as the Asian Harmonisation Working Party (AHWP), the International Medical Device Regulators Forum (IMDRF), PANDRH, WHO and the EMA. Mr. Ward presented the priority work areas of the RHSC including the project led by Japan on Multi Regional Clinical Trials and the project on Supply Chain Integrity led by the US FDA whose Roadmaps had both been completed. Other ongoing projects, including: Good Review Practices and Combination Products led by Chinese Taipei, Biotech Products and Pharmacovigilance led by Korea. Cellular Therapies led by Singapore and GCP Inspection led by Thailand were described.

  APEC Harmonisation Center (AHC) Activities – Dr. Park (APEC) presented to the GCG an overview of the 2012 APEC Harmonisation Center (AHC) activities including the outcome of the following four international workshops on: Biosimilars (April 2 – 5, 2012), AHC/RHSC Awareness (August 21, 2012), Pharmacovigilance (October 25 – 26, 2012) and Medical Device Combination Products (November 4, 2012). Dr. Park also presented to the GCG the AHC 2013 workshop plan. The GCG noted the organisation of a workshop on Supply Chain Integrity to be held on May 22 – 23, 2013 in Seoul, Korea which will focus on Falsified/Counterfeit Medicines Public Awareness. The importance to use virtual conference tools to facilitate participation without financial and time constraints and the importance to strengthen the collaboration with other initiatives (e.g., ICH, WHO, AHWP, Drug Information Association (DIA) and, IMDRF) were also highlighted.

Dr. Ronan (ICH Secretariat) presented on the outcome of the “ICH Endorsed” DIA Training on ICH Pharmacovigilance Guidelines held in South Africa and China on October 22 – 24 and October 22 – 23, 2012 respectively. The report included background information on the organisation of the training and the review of the training materials by an ICH Review Committee.
Future GCG Training

**SADC** – Mrs. Fakudze presented to the GCG a training request from SADC on *Pharmaceutical Quality System* (ICH Q8/Q9/Q10) to be held in April 2013 and a second training request from the region on *Validation of Analytical Procedures* ICH Q2(R1) to be held in July 2014. Mr. Sillo (EAC) questioned whether it would be possible for EAC to jointly organise with SADC the ICH Quality training in order to maximize the utilisation of resources.

**China** – Ms. Dong presented to the GCG a training request from the DRA of China on *Clinical Investigation of Medicinal Products in the Paediatric Population* (ICH E11) to be held in April 2013. A draft agenda was also discussed for this one-day workshop and interest to have the participation of speakers from both Regulatory Authorities and Industry.

The GCG welcomed both SADC’s and China’s respective training requests and tasked the ICH Secretariat to follow-up on these requests. The GCG also noted the importance to consider alternative ways to conduct training such as using videocasts and other technologies when meeting face-to-face might not be possible.

**GCG Training Strategy Proposal** – Dr. Adam (ICH Secretariat) presented to the GCG an analysis of ICH training/educational materials currently available on the ICH website from: GCG-endorsed workshops, GCG meetings, MedDRA Special Sessions, webinars on ICH Guidelines, and ICH-endorsed training (e.g., ICH Q8/Q9/Q10 Guidelines). The importance to map ICH training materials available on the public website and to fill the gaps was highlighted. The GCG also noted the need to develop overviews on Quality, Safety, Efficacy and Multidisciplinary topics based on lessons learnt and to explore modern technologies such as Camtasia and iSpring Presenter to develop e-learning tools.

Mr. Ward presented to the GCG a training proposal aiming to promote better understanding of the use of ICH Guidelines and ICH as an organisation. The GCG noted the considerations of the Training Working Group (TWG) and the outcome of the survey on training circulated amongst the TWG and GCG members in September 2012 (e.g., limited internal resources, ICH materials and available tools; and the value to partner with external parties). A measured approach and suggested path forward were also highlighted including: the importance to build on best practice, to reorganise the ICH website (e.g., consolidation and reorganisation of training materials according to topic areas, development of brief descriptors to orientate readers and development of “basics” and “special topics” presentations). Mr. Ward also highlighted the need to start filling the materials gaps on the ICH website; the need to invest in new technology (audio-visual format) to develop e-learning tools, to partner with external providers, and to take advantage of the ICH “Advisory” Groups (on Safety and Quality topics) and the GCG, to more strategically address training needs.

Suggested next steps were also presented and discussed including the development of a proposal for enhanced training presence and format on the ICH website, assessment and piloting of recording software and the development of a modular ICH training package based on a Health Canada ICH Safety Overview. The GCG welcomed the ICH training proposal. Dr. Molzon (FDA) commented that a similar approach was undertaken within AHC. Prof. Bawazir (GCG) pointed out the need to partner with local facilitators to ensure training fits the needs in the region/country. Dr. Javroongrit commented that this new approach would also be beneficial to Academia.
The GCG also discussed the importance of selecting the right pilot and developing a training platform which would be technically compatible within different regions/countries.

### Actions/Decisions:
- The GCG noted the training requests from the DRA of China and SADC and tasked the ICH Secretariat to follow-up on these requests;
- The GCG supported the next steps of the training strategy;
- The Secretariat will continue to assist the Training Working Group on its activities.

### 6. RHI and DRA/DoH meeting Reports

**RHI Meeting** – Mrs. Fakudze (SADC) reported on the outcome of the RHI meeting where RHIs reviewed the GCG Terms of Reference endorsed by the SC in November 2003, and recommended to the GCG some changes. The RHIs also discussed the development of a guiding document “Rules and Procedures and Modus Operandi” for RHI representatives attending the ICH meetings (e.g., gain common understanding on the ICH process and products, gain knowledge on how to implement ICH Guidelines and share RHI activities). Mr. Ward suggested that the document, once finalised, could be integrated in the GCG Procedures as an Annex. The GCG acknowledged the value of this proposal.

**Action/Decision:**
- The Secretariat will revise the GCG Terms of Reference with a final review by the SC prior to publication on the ICH public website.
- The Secretariat following GCG review will integrate as an Annex of the GCG Procedures the “RHI Rules and Procedures and Modus Operandi”.

**DRA/DoH Meeting** – Dr. Lim (Singapore) presented to the GCG the outcome of the second meeting of the DRA/DoH including the establishment of procedures for the DRA/DoH meeting (e.g., role and responsibility of the chair). Dr. Lee (Korea) also shared issues faced in the implementation of ICH Guidelines in Korea and suggested the creation of a database of Frequently Asked Questions related to ICH Guidelines to be posted on the ICH website. The harmonisation of technical guidelines for Biosimilars and Generic drugs was also proposed.

**Action/Decision:**
- The GCG considered the development of a database on Frequently Asked Questions related to ICH Guidelines to be developed by the Training Working Group and posted on the ICH website.
7. **ICH Q7 Guideline on Good Manufacturing Practice for Active Pharmaceutical Ingredients**

Mr. Keller (Q7 IWG, interim Rapporteur, EFTA) presented to the GCG an overview on scope, content and application of the ICH Q7 Guideline – *Good Manufacturing Practice for Active Pharmaceutical Ingredients* (GMP for API). The implementation of the Q7 Guideline within ICH regions and beyond was also presented. The objective of the Q7 IWG to develop a Q&A document, working in close collaboration with the Pharmaceutical International Cooperation Scheme (PIC/S) and taking into account technical issues and the content of the Q8/Q9/Q10/Q11 Guidelines, was also outlined.

**ASEAN** – Dr. Javroongrit reported on the use of the ICH Q7 Guideline in the ASEAN region. The GCG noted that ASEAN had not directly adopted the ICH Q7 Guideline but followed the “International GMP Standard” (i.e., PIC/S’s Code of GMP and WHO’s Code of GMP). Dr. Javroongrit explained that ASEAN was therefore complying with PIC/S GMP of API.

**EAC** – Mr. Sillo presented to the GCG some background information on the East African Community Medicines Registration Information project including milestones to be achieved and current progress. The GCG noted the establishment of four Technical Working Groups (TWGs) on *Medicines Evaluation and Registration, Good Manufacturing Practice (GMP) Inspection, Quality Management System (QMS) and Information Management System (IMS)*. Mr. Sillo reported on the progress made by the TWG on GMP to finalise its terms of reference and an annual work plan and to develop a draft EAC guideline on GMP and an EAC manual for GMP inspection based on the current ICH Q7 Guideline. The progress made by the TWGs on Medicines Evaluation and Registration, QMS and IMS were also presented.

**SADC** – Mrs. Fakudze presented to the GCG a brief overview of the priority strategic action areas of the SADC Pharmaceutical Programme. The GCG noted also the outcome of the GCG-endorsed workshop on the ICH Q7 Guideline which was held in Arusha, Tanzania on June 27 – 30, 2011. The GCG also noted the implementation challenges faced within the SADC region such as an inadequate capacity within regulatory authorities to implement the Q7 Guideline, and the disparities in regulatory capacity across the region. It was also noted that none of the member states within the region had either adopted or adapted the ICH Q7 Guideline and that the region heavily relied on the WHO pre-qualification program to carry out most of the work. In conclusion, the SADC strategy for training was presented which included the establishment of a regional training centre for regulatory affairs to deliver short term courses in regulation, propose ways of twinning and work sharing and to establish centres for excellence.

8. **Recent Development/Challenges of RHIs and DRAs/DoH on ICH-related Matters**

**GCC** – The GCG noted the report provided by Prof. Bawazir (GCC) on the Cooperation Council for the Arab States of the Gulf including recent activities for 2012/2013 - outcome of the GCC-DR meeting held in Oman, in September 16 – 19, 2012 and the GCC-DR pricing meeting held in November 5 – 6, 2012; and organisation of the second Saudi International Regulatory and Registration workshop to be held in Riyadh in May 2013.

9. **Supply Chain Integrity**

Dr. France (EFPIA) presented to the GCG an Industry view and perspectives on how to secure supply chain integrity in the global environment. The GCG noted the importance of considering
the major trend of global economy and major changes in the regulatory environment. Dr. France highlighted also the challenging paradox faced by the Industry to reduce the cost and strengthen the quality oversight. The GCG noted the importance of global regulatory convergence to increase transparency internally and externally, to facilitate quality oversight, to decrease regulatory complexity, to indirectly facilitate visibility of substandards, and the management of complex supply chain.

Dr. Clark (FDA) presented to the GCG on issues and strategies for preventing counterfeit/falsified/substandard pharmaceutical products and their components. The threats and the complexity of the drug supply chain were highlighted. Dr. Clark presented the strategies for combating substandard pharmaceutical components and the importance to improve transparency, accountability, and integrity of the component supply chain. The pathway to global product safety and quality was presented including the value to partner with foreign counterparts to create global coalitions of regulators, to build global data-information systems and networks, and to expand intelligence gathering with an increased focus on risk analytics. Dr. Clark highlighted the importance of global cooperation/collaboration (e.g., inter-agency leveraging, bilateral/multilateral capacity building). The GCG also noted the creation of a new FDA office of drug security, integrity and recalls.

10. ICH Secretariat Report

Time did not allow the Secretariat to provide a report, therefore a written report is provided for GCG information.

**Step 2/Step 4 Webinars** – In San Diego, the ICH S10 Guideline on *Photosafety Evaluation* and the ICH E2C(R2) Guideline on *Periodic Benefit-Risk Evaluation Report* reached Step 2 and Step 4 respectively.

**Participation of RHIs/DRAs/DoH in ICH Technical Working Groups** – To date, sixteen (16) technical experts have been nominated from China (on Q3D, S10, M7 and E2C(R2)), Chinese Taipei (on Q3D and E2C(R2)), Korea (on Q3D, Q7, S1, S10, M7 and E2C(R2)), and Singapore (on Q7, S1, M7 and E2C(R2)). A technical expert from Korea was also recently nominated to participate in the newly established Q7 EWG; and Singapore also nominated two experts to participate in the activities of the S1 EWG and Q7 IWG respectively.

**Special Session of the ICH MedDRA Management Board** – The Special Session of the Board took place on November 11 (14h30–17h00) and was attended by all RHIs/DRAs/DoH in attendance of the San Diego meeting. The agenda for the session was developed based on feedback from previous Special Sessions.

Dr. Sabine Brosch (EU) gave a presentation on *MedDRA & the Use of MedDRA for Data Analysis* which was followed by a presentation from Dr. Meir-Chyun Tzou on *Chinese Taipei Experience with MedDRA. Highlights of China ICH “M” Guidelines Workshop* which included feedback on the recent workshop from the Chinese SFDA (Ms. Jiangping Dong), an *Overview of
ICH E2B ICSR, including MedDRA’s use within and current status (Ms. Lise Stevens – FDA); and an Overview of ICH M8 eCTD, including MedDRA’s use within and current status (Mr. Gary Gensinger – FDA) were also presented.

11. Any Other Business – Closing Remarks

GCG Co-Chairmanship Rotation
The GCG will note that following the San Diego meeting the Regulatory Co-Chairmanship will rotate from Mr. Yasuda (MHLW) to Dr. Molzon (FDA).

Dates of the Next GCG Meetings in 2013
June 4, 2013 La Hulpe, Brussels, Belgium
November 12, 2013 Osaka, Japan.