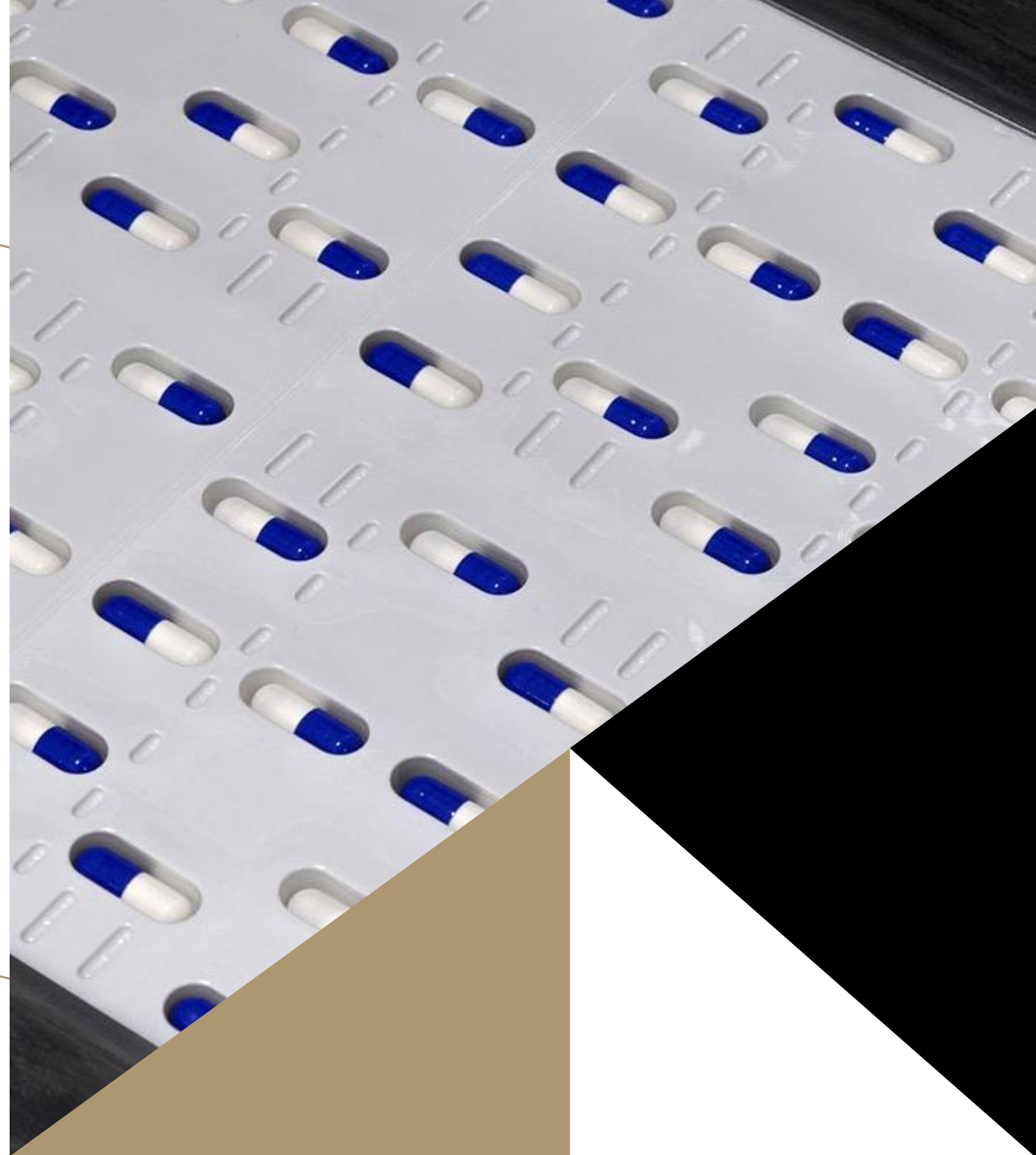


Necessity as the mother of
documentation

Developing a site to site
transfer procedure

Paula Figueiredo
Clinical Supplies Lead



The necessity Circumstances



Russia – Ukraine conflict

Impossibility to re-supply depot



Depot re-supply stuck in customs

Coverage at sites reduced



Medication stolen from patient's car

Impossibility to resupply the site

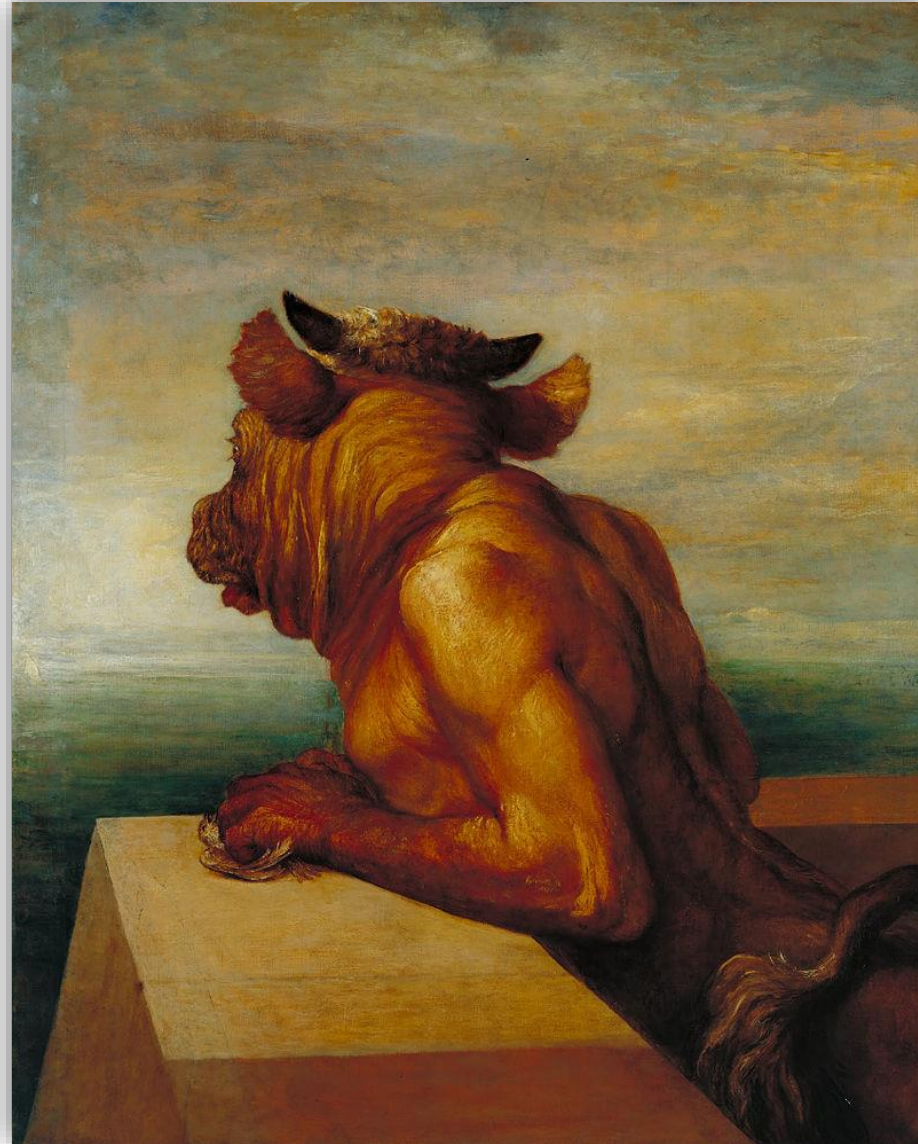
(depot stock out)

The existential despair



Jean-François-Pierre Peyron, *Athenian Girls Drawing Lots to determine which amongst them shall be sent to Crete for Sacrifice to the Minotaur*, 1778, oil on paper laid on canvas, 188.1x 94.5cm, Wellington Collection, Apsley House

The fate Inescapable



George Frederic Watts, *The Minotaur*, 1885, oil on canvas, 188.1x 94.5cm, Tate Britain

Pathos is dead! Long live logos

Regulations

“Transfers of investigational medicinal products from one trial site to another **should remain the exception**.

Such transfers should be **covered by standard operating procedures**.

The **product history while outside of the control of the manufacturer**, through for example, trial monitoring reports and **records of storage conditions at the original trial site** should be reviewed as part of the **assessment of the product’s suitability for transfer** and the **advice of the Qualified person should be sought**.

The product should be returned to the manufacturer, or another authorised manufacturer, for re-labelling, if necessary, and certification by a Qualified Person.

Records should be retained and full traceability ensured.”

Pathos is dead! Long live logos

Regulations

«Transfers of IMPs from one trial site to another should remain the exception.

Such transfers should be covered by standard operating procedures.

The product history while outside of the control of the manufacturer should be established, including review of trial monitoring reports and records of storage conditions at the original trial site. This should be part of the assessment of the product's suitability for transfer and the advice of the certifying QP should be sought.

If deemed appropriate, re-labelling or re-packaging of the product may be performed in accordance with the provisions under Article 61(5)(a) of Regulation (EU) No 536/2014 and any national legislation which may apply. Otherwise the product should be returned to the original manufacturer, or another authorised manufacturer, for re-labelling or re-packaging and certification by a QP.

Records should be retained and full traceability ensured as described in Article 51 of Regulation (EU) No 536/2014.”

Guideline on the responsibilities of the sponsor with regard to handling and shipping of investigational medicinal products for human use in accordance with Good Clinical Practice and Good Manufacturing Practice, EMA, 14-Sep-2022

Pathos is dead! Long live logos

Regulations

Article 61

Authorisation of manufacturing and import

1. The manufacturing and import of investigational medicinal products in the Union shall be subject to the holding of an authorisation.

5. Paragraph 1 shall not apply to any of the following processes:

(a) re-labelling or re-packaging, where those processes are carried out in hospitals, health centres or clinics, by pharmacists or other persons legally authorised in the Member State concerned to carry out such processes, and if the investigational medicinal products are intended to be used exclusively in hospitals, health centres or clinics taking part in the same clinical trial in the same Member State;

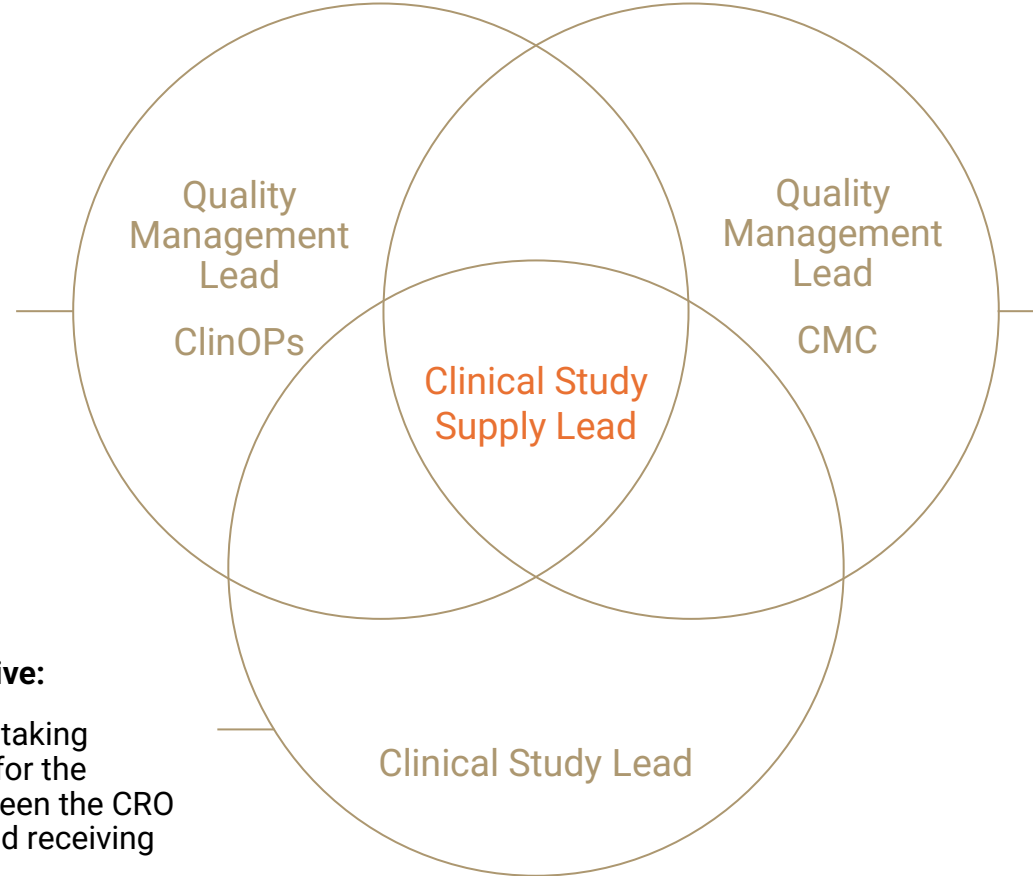
Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC Text with EEA relevance

Process development stakeholders

Mix of resistance and receptiveness

Main source of resistance:

- Conviction that the need to transfer supplies between sites derive from a lack of oversight by the Clinical Study Supply Lead



Very receptive:

- Agreement in taking accountability for the communication between the CRO and the donating and receiving sites

THE promotor:

- His focus was on **following the regulatory requirements** and making sure they were translated into a **clear process** that would
 - a) support its performer
 - b) ensure process documentation

The document (form)

Our Ariadne's thread



Edward Burne-Jones, *Theseus and the Minotaur*, 1861, ink and pen drawing, 25.5x 26.1cm, Birmingham Museum and Art Gallery

Process

1. REQUEST OF TRANSFER OF CLINICAL SUPPLIES BETWEEN TRIAL SITES

To be completed by the Clinical Study Supply Lead (CSSL)

CSSL name	
Date of reporting	
Need to perform a transfer of clinical supplies between clinical trial sites identified by (Name/ function/ company)	
Date the request to perform a transfer of clinical supplies between clinical trial sites was received	
Clinical trial concerned	
(Blinded) Description of product being considered to be transferred	
Batch number	
Serial number of clinical supplies being considered to be transferred	
Identification of patients receiving clinical supplies being considered to be transferred (Subject/patient number)	
Identification of donating site (Investigator name, site number, country)	
Identification of receiving site (Investigator name, site number, country)	
Justification for transfer of Clinical Supplies between trial sites	

Process

2. EXECUTION OF TRANSFER OF CLINICAL SUPPLIES BETWEEN TRIAL SITES

To be completed by the CSSL (ensuring blinding of the treatment assignment is maintained)

Before clinical supplies transfer between trial sites	
Confirmation of remaining temperature allowance (from date of first shipment arrival to the site; i.e., date of acknowledgement of receipt in Randomization and Trial Supply Management system)	<input type="checkbox"/> Annex 1 (temperature logs of the storage equipment at the donating site)
Confirmation of adequacy of manual assignment of the serial number of clinical supplies being considered to be transferred *	<input type="checkbox"/> Annex 2 (Confirmation by e-mail)
Confirmation of Quarantined status of serial number of clinical supplies being considered to be transferred	<input type="checkbox"/> Annex 3 (Print from study RTSM or confirmation of segregation of supplies from inventory eligible for dispensation to patients)
Agreement and details for planned pick-up at donating site	<input type="checkbox"/> Annex 4
Agreement and details for planned delivery at receiving site	<input type="checkbox"/> Annex 5
Expected delivery date at receiving site	
Notification of Quality Management Lead (QML) about transfer of Clinical Supplies between trial sites	<input type="checkbox"/> Annex 6

Process

2. EXECUTION OF TRANSFER OF CLINICAL SUPPLIES BETWEEN TRIAL SITES

To be completed by the Quality Management Leader (QML) CMC

Notification of transfer of clinical supplies to the Qualified Person of the entity which released the batches of clinical supplies	<input type="checkbox"/> Annex 7
Agreement from the Qualified Person to transfer the clinical supplies being considered to be transferred	<input type="checkbox"/> Annex 8

Process

2. EXECUTION OF TRANSFER OF CLINICAL SUPPLIES BETWEEN TRIAL SITES

To be completed by the Clinical Study Supply Lead (CSSL)

Transfer of clinical supplies between trial sites	
Request to vendor to transfer clinical supplies between donating and receiving sites	<input type="checkbox"/> Annex 9
Acknowledgement of delivery at receiving site	<input type="checkbox"/> Annex 10
Provision of temperature monitoring logs during transfer (If applicable)	<input type="checkbox"/> Annex 11
Confirmation of update of inventory logs at donating site	<input type="checkbox"/> Annex 12
Confirmation of update of inventory logs at receiving site	<input type="checkbox"/> Annex 13
Confirmation of a) virtual transfer of clinical supplies between trial sites b) appropriate clinical supplies status (If applicable – RTSM)	<input type="checkbox"/> Annex 14

Process

3. IMPACT ASSESSMENT AND ROOT CAUSE ANALYSIS

To be completed by the Clinical Study Supply Lead (CSSL)

Impact assessment Describe the impact associated with this event (service level of vendors, subject safety, subject treatment, data quality, business integrity, regulatory, etc.)	
Root cause analysis Describe possible causes for the need to perform a transfer of clinical supplies between trial sites	

Process

4. CORRECTIVE AND PREVENTIVE ACTIONS (CAPA)

To be completed by the QML CMC and QML Clinical Operations

Corrective and Preventive Actions (CAPA)* Summarize corrective and/or preventive actions planned in response to the root cause analysis	
CAPA owner	
CAPA number and due date	

*Justify if not needed

Process

5. SIGNATURES

CSSL	Date and signature
Unblinded role confirming serial numbers to be transferred	Date and signature
QML CMC	Date and signature
QML Clinical Operations	Date and signature



Timendi causa est nescire
Ignorance is the cause of fear

John Walker, *Minotaur and the Yellow Bird*, 2019, acrylic, Stone Sparrow NYC

Thank you!

