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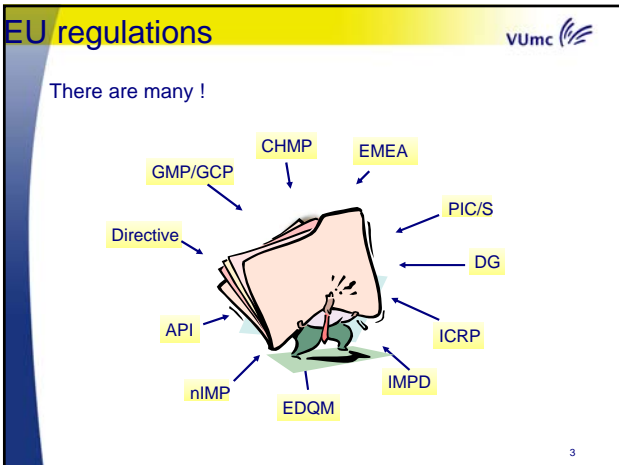
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# Regulatory documents



Directive 2001/20/EC → "Clinical Trial Directive"



Directive 2001/83/EG → Qualified Person,...

Directive 2003/94/EC → GMP

Directive 2004/27/EC → API according to GMP

Directive 2005/28/EC → GCP / Authorization for IMP

CHMP/SWP/28367/2007 → First in human clinical trial guideline (EMA)

Regulation (EC) No 1394/2007 → Advanced therapy regulation

The current challenge for radiopharmaceutical development are **pharmaceutical regulations**, not radiation safety issues

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# Eudralex



The Rules Governing Medicinal Products in the European Union



## Vol 1: Medicinal Products for Human Use

- ★ **Directives**
- ★ **2001/83/EC:** Community code relating to medicinal products for human use (amended by directives 2002/98/EC, 2004/24/EC y 2004/27/EC)
- ★ **2003/94/EC:** laying down the principles and guidelines of (GMPs)
- ★ **Regulations**
- ★ **1394/2007:** advanced therapy medicinal products (amends also dir. 2001/83)



## Vol 4: GMPs

- ★ **Part I:** Basic Requirements for Medicinal Products
- ★ **Part II:** Basic Requirements for Active Substances used as Starting Materials
- ★ **Annexes**



## Vol 10: Clinical Trials

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# Manufacture license



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## EU GMP directive



Regulations to be found at EU website

EUDRALEX 4

[http://ec.europa.eu/health/documents/eudralex/vol-4/index\\_en.htm](http://ec.europa.eu/health/documents/eudralex/vol-4/index_en.htm)

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## GMP directive : chapters



1. Quality Management
2. Personnel
3. Premises and equipment
4. Documentation
5. Production
6. Quality Control
7. Contract Manufacture & analysis
8. Complaints and Recall
9. Self inspection

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## GMP directive : Annexes



19 in total, detailed information

Here important :

- Annex 1 : Manufacture of sterile products
- Annex 3 : Manufacture of radiopharmaceuticals
- Annex 15 : Qualification and validation

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# Annex 1



Describes specifications of premises, personnel

Important : aseptic or end sterilization

Grades for cleanroom : A, B, C or D

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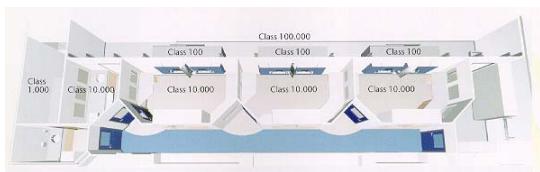
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# GMP cleanroom design



VUmc, Amsterdam

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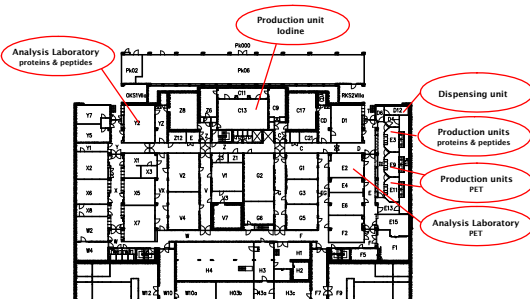
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# Lab



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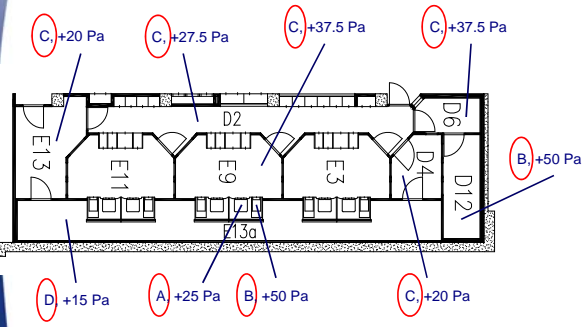
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# GMP cleanroom



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# GMP cleanroom



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# GMP cleanroom



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## Hot lab considerations



Get in touch with experienced companies in an early stage

Visit other sites

Research and routine in one lab possible, but requires high discipline of personnel

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## Annex 3



Added to handouts

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## Annex 15



Qualification and Validation

Validation Master Plan, VMP

- (a) validation policy;
- (b) organizational structure of validation activities;
- (c) summary of facilities, systems, equipment and processes to be validated;
- (d) documentation format: the format to be used for protocols and reports;
- (e) planning and scheduling;
- (f) change control;
- (g) reference to existing documents.

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## Validation



VMP, [Validation Master Plan](#)

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## Site Master File, SMF



Most important document. Describes the site, personnel, general procedures and responsibilities



Nowadays there is a guidance for SMF:



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## To make life more easy



Purification with prep HPLC, often required

Advantage: everything before HPLC can be considered 'chemistry', everything after HPLC 'pharmacy'

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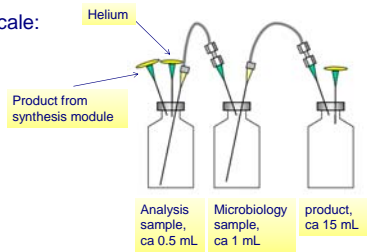
## To make life more easy



Dispensing is often an issue.

Automate? Commercial devices available.

Small scale:



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## Heat sterilization



If possible, gives additional guarantee

20' @ 121 °C (40 min) or 6' @ 134 °C (15 min)

Sometimes used for  $^{18}\text{F}$  products

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## GMP summary



GMP is a burden, but also a necessity

GMP will help you with external partners

GMP will help you getting things organized

Takes a dedicated person to manage it

Responsibility towards the product is in the chemist, not in the SOP

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**Quality Control** 

Not specific

Product dependency

Therefore difficult to determine what specification must be met

Annex 3: Qualified Person is responsible

**Quality assurance**

9. Quality assurance is of even greater importance in the manufacture of radiopharmaceuticals because of their particular characteristics, low volumes and in some circumstances the need to administer the product before testing is complete.

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**Regulations** 

Pharmacopeia is leading!

<http://www.edqm.eu/en/european-pharmacopoeia-publications-1401.html>

A monograph describes the specifications to be met for a certain medicine, also radiopharmaceutical.

If a monograph is available, one should comply to it

Full list to be found in Eur Pharm ed 7.

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**Specifications** 

What specifications to define?

General: all that are of importance for the quality of the product and safety of the patient

For product: active ingredient and excipients

- Control on what has been made: characterization
- Control on quality: purity, specific activity
- Control on manufacturing process: pH, sterility

What specification for preliminary release and which one not?

Set of specifications different for every radiopharmaceutical  
common sense and agreement of pharmacist and chemist

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## Specifications VUmc

Obvious:

- Sterility
- Residual solvents
- pH
- radiochemical purity
- chemical purity
- endotoxins

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## Specifications VUmc

What about these:

- Specific activity
- Osmolarity
- Buffer
- radionuclidic identity and purity
- Bottle
- Chemicals used in manufacture
- Excipients

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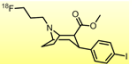
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## Specifications examples VUmc

[<sup>18</sup>F]FP-β-CIT 

Dopamine transporter ligand: SA important? ✓

Dissolve in 10% ethanol in buffer, osmolality? ✗

Buffer: citrate/acetate pH 4.5

Home brew: ✓

Pharmacy: ✗

Radionuclidic purity / identity ? ✓ ✗

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# Specifications

## [<sup>18</sup>F]FP-β-CIT

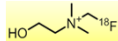
### 3. SPECIFICATIES

ALGEMEEN	EISEN	VRIDAGFTE SPECIFICATI E
Uiterlijk	Helder en kleurloze vloeistof	Ja
pH	4 - 7	Ja
Radiochemische zuiverheid (HPLC)	≥ 98 %	Ja
Specifieke Activiteit (A.R.T.)	≥ 18.5 GBq/μmol	Ja
Integriteit filter	Luchtweerstand steriel filter > 2.0 bar	Ja
Aceton	≤ 50 ppm	Nee
Acetonitril	≤ 50 ppm	Nee
Dimethylformamide	≤ 50 ppm	Nee
Diisopropylamine	≤ 50 ppm	Nee
Diisopropylmethylamine	≤ 50 ppm	Nee
Ethanol concentratie	8 - 12 %	Nee
Halfwaardetijd	105-115 minuten	Nee
Steriliteit	Steriel	Nee
Bacteriële endotoxine gehalte	≤ 2.5 EU/ml (V <sub>inj</sub> = 70 ml)	Nee
Radiochemische zuiverheid	≥ 99.9%	Nee
Radiochemische identiteit door gamma spectrum	0.511 MeV	Nee
Radiochemische identiteit	R <sub>t</sub> = 6 - 8 min (HPLC)	Nee
Chemische zuiverheid	Naast injectiepak en FP-CIT geen andere	Ja

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# Specifications examples

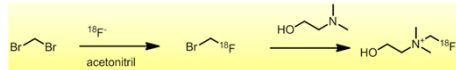
## [<sup>18</sup>F]fluormethylcholine



To study uptake in tumor, especially prostate cancer

Specific activity important?

Cartridge purification, precursor?



Dibromomethane is toxic, synthesized in first step with intermediate purification, analyze?

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# Specifications

## [<sup>18</sup>F]fluormethylcholine

### 3. SPECIFICATIES

Algemeen	Eisen	Vrijgite Specificatie
Uiterlijk	Helder, kleurloze vloeistof	Ja
HPLC (System suitability test):		
- System geëquilibreerd (SST)	Equilibrerings-chromatogram stabiel	Ja
- Blanco formuleringbuffer (SST)	Identiek aan mastechromatogram	Ja
HPLC Analyse:		
- Radiochemische zuiverheid	≥ 98 %	Ja
- Radiochemische identiteit	R <sub>t</sub> van product 5 - 7 min	Ja
- Chemische zuiverheid	Naast injectiepak, geen andere UV pieken dan in blanco	Ja
Integriteit filter	Luchtweerstand steriel filter > 2 bar	Ja
pH	4 - 8	Ja
Dibromomethaan	≤ 50 ppm	Ja
N,N-Dimethylaminoethanol	≤ 1000 ppm	Ja
Ethanol concentratie	≤ 2 %	Nee
Aceton	≤ 50 ppm	Nee
Acetonitril	≤ 50 ppm	Nee
Steriliteit	Steriel	Nee (Intern)
	Extern: Autoclavegegevens: printdruk temperatuur ≥ 134°C printdruk overdruk ≥ 3.0 bar	Ja (Extern)
Bacteriële endotoxine gehalte	Sample value ≤ 2.5 EU/ml (V <sub>inj</sub> = 70 ml)	Nee

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## Methods



Purity / identity: HPLC

Design of HPLC method

If you have a HPLC purified product: HPLC for QC must be different (stationary phase and eluent)

Prior to analysis: system suitability test  
inject blanc + reference on HPLC for analysis before QC of product

Be sure that QC HPLC is quantitative: check for compounds sticking on HPLC column: gradient of validate

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## Methods



HPLC continued

Chemical purity difficult.

What to measure  
What to define as impurity  
Quantification of impurities  
Known and unknown impurities

Often: defined as 'no irregular signal in UV chromatogram'  
Or 'total of impurities less than 10% of UV of product'

In case of known impurities: quantitative analysis, eg stavudine in [<sup>18</sup>F]FLT synthesis

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## Methods



Purity / identity : TLC or ITLC

Comes from radiometals and works excellent: large difference between bound and unbound.

In general make sure that product runs on TLC and unbound does not: good analysis

For fluor-18 chemistry products TLC is not preferred.  
possible to identify unreacted [<sup>18</sup>F]fluoride  
not possible to identify product

Use of TLC in chemistry development: fast and reliable

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## Methods



Measure pH:

Electronically, preferably with print-out. Saves copying raw data with extra signature, makes life in GMP more easy.

Paper can be applied, but less accurate and no print out possible (photo is!)

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## Methods



Residual solvents:

Several method possible, packed columns and capillary columns

Head space injection or solution

Internal standard methods

Preferably not a first release specification, but a validated one

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## Sterility



Microbiological testing of product according to Eur. Pharm.  
Can be done yourself or at dedicated lab

Sterility filter: test afterwards if filter was intact by 'bubble point' test.

First release: filter, indicative for sterility

Final release: including the microbiological test. Final and definitive proof of sterility

If you can: do heat sterilization!

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## Methods



### Endotoxins

Can be determined within 20 min after synthesis with commercially available analyzer (Charles Rivers PTS100)

Alternative methods are possible, but far more laborious

Disadvantage: PTS100 cartridge is expensive (ca 50 euro)

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## Further reading



Molecular Imaging: radiopharmaceuticals for PET and SPECT  
by Shankar Vallabhajosula

Chapter 13

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