Current Status and Issues
With Global Acceptance of ICH

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ICH History

- Meeting in April 1990, hosted by the EFPIA in Brussels
- Representatives of the regulatory agencies and industry associations of Europe, Japan and the USA
- ICH Steering Committee established
- Meets at least twice a year, with the location rotating between the three regions
Original ICH Parties

- The regulatory bodies and the research-based industry in the European Union, Japan and the USA:
  - EC (EMEA)-EFPIA
  - MHLW-J PMA
  - FDA-PhRMA

- Observers:
  - WHO
  - EFTA
  - Canada
ICH Administration

- ICH Steering Committee
- ICH Secretariat
- Membership of the ICH Steering Committee
  - Two seats by each member
  - IFPMA provides the Secretariat and participates as a non-voting member of the Steering Committee
  - The Observers attend the ICH Steering Committee Meetings as non-voting participants
Non-I CH Markets

- All other countries not mentioned before
- Specific situation in Europe due to EU expansion
- The “official” link to all other markets - WHO
- Industry basically expected I CH to be followed everywhere
- Most I CH guidelines accepted worldwide but with exceptions
Status of ICH Global Acceptance

- ICH Members
- Non ICH Members
ICH Members

- Harmonization often incomplete:
  - CTD format differences
    - Module 1 region specific
    - Gaiyo
    - Europe: Expert Reports and tabulated summaries are required, and written summaries are recommended
    - Specific NDA guidelines in the US
  - Paper size
  - Etc.
ICH Members

- Harmonization often incomplete (cont’d):
  - Differences in drug development
    - Placebo versus active comparator
    - Number and type of patients
    - Specificities in Japan (full development or bridging)
  - Different technical information
    - CMC
      - Compliance with local pharmacopoeias
      - Manufacturing (GMP information)
  - Different review procedures, timelines, etc.
Non ICH Countries

- No official role in the ICH process
- Expected to simply implement and follow ICH guidelines
- Most general guidelines accepted
- Certain exemptions
  - E-5
  - ACTD
  - ASEAN stability requirements
  - GMP validation
  - Etc.
ICH E-5: Ethnic Factors in the Acceptability of Foreign Clinical Data

- Status of Implementation (Step 5)
  - EU: Adopted by CPMP, March 1998, issued as CPMP/ICH/289/95
  - Japan: Adopted August 98, PMSB/ELD Notification No. 672, PMSB Notification No. 739
Main Points of the E-5

- Most drugs are not ethnically sensitive
- Ethnic populations classified as
  - Asian
  - Black
  - Caucasian
- Assessment of ethnic sensitivity made from bridging data in full clinical data package
- Bridging study may be carried out in a new ethnic population if initial data assessment indicates ethnic sensitivity (Appendix D)
Current Issues With Bridging Studies

- Asia only
- Some authorities more frequently demanding data on ethnical differences than others
  - Japan
  - Korea
  - Taiwan
- Some others “observers”
Recent developments

- Literature review (J Clin Pharmacol, Sept 2003)
- FDA Draft Guideline (January 2003)
- Attempt to revise the E-5 Guideline was refused
- Questions and answers – ICH Steering Committee (February 2003)

- A standardized approach for collecting race and ethnicity information in clinical trials conducted in the United States and abroad for certain FDA regulated products.

- Developed by the Race and Ethnicity Working Group from the Office of the Commissioner, the Center for Biologics Evaluation and Research (CBER) and the Center for Drug Evaluation and Research (CDER) of the Food and Drug Administration (FDA).
Draft Guideline Recommendations:

- consistency in data collection required
- use of a two-question format
- have trial participants self-report their racial and ethnic category to enhance consistency
- individuals should be permitted to designate a multiracial identity.
Studies Performed in the US

- Draft Guideline Recommendations:
  - For **ethnicity**, the FDA recommends the following minimum choices be offered:
    - Hispanic or Latino
    - Not Hispanic or Latino
  - For **race**:
    - American Indian or Alaska Native
    - Asian
    - Black or African American
    - Native Hawaiian or Other Pacific Islander
    - White
Studies Performed Outside of the USA

- FDA recognizes that the categories for race and ethnicity were developed in the United States and that these categories may not adequately describe racial and ethnic groups in foreign countries.

- For ethnicity:
  - Hispanic or Latino
  - Not Hispanic or Latino

- For race:
  - American Indian or Alaska Native
  - Asian
  - Black, of African heritage
  - Native Hawaiian or Other Pacific Islander
  - White
ASEAN

- Harmonization ongoing
- Two main issues in “conflict” with ICH:
  - ACTD
  - Regional ASEAN stability
GMP Harmonization

- GMP Guide for Active Pharmaceutical Ingredients
- EWG was expanded:
  - Six ICH parties and the Observers
  - Experts representing IGPA (generics industry)
  - WSMI (self medication industry)
  - PIC/S
  - Representatives from China, India and Australia
Other GMP Issues

- Manufacturing validation – Taiwan
- Requirements over and beyond ICH
- Discussions ongoing
Global Cooperation Group

- Subcommittee of the ICH Steering Committee (formed 1999)
- Purpose: ICH information source for non-ICH countries
- Membership:
  - One member from each of the six ICH members
  - Secretariat (IFPMA)
  - Two observers (WHO, Canada)
GCG Principles

- Serves as a resource for information and data
- Works as closely as possible with WHO and other international organizations
- Will not cause or require any change to the current ICH structure or procedures of operation
- ICH Guidelines will be used as the basis of ICH’s response whenever information is requested
- GCG will provide information upon request from non-ICH countries and will make information available about the existence of the ICH web site, the address for communications, and related information
Conclusion

- ICH is the current global drug development standard
- Harmonization not complete even within the ICH members
- Drug development is increasingly global and that makes non-ICH countries important players
- GCG is the first attempt to bring ICH to these countries in a more organized way
- More work lies ahead