

1 problem, it is on the market. So when you add a
2 new approach, then that--something becomes visible.
3 So it's a different question in a sense. Under the
4 current paradigm, there's no issue at all. So for
5 this--sorry, for this class of problems,
6 quote/quote, "problems," I don't know what whether
7 we should even call them problems because they're
8 not problems. So these are really variability and
9 observations which are not visible under the
10 current system.

11 DR. MARK: So, it does go deviation
12 handling, Ajaz, and that goes to compliance, that
13 goes to regulatory issues, that goes to, you know,
14 what we were talking about this morning. So,
15 suppose the damn sensor goes off and it goes wacky,
16 okay, so there's 5 minutes or 10 minutes of product
17 that's being redirected into a different stream of
18 product collection. Now, how do we handle that
19 deviation, do we go back and find out that, okay,
20 the sensors off, so we get that fixed, we then do
21 we take the material and put it back through the
22 system or do we test it by the current applicable,
23 approved methodology? These are the nuances--

24 DR. HUSSAIN: That's a sort of different
25 example. What we're talking about here is, a

1 company is willing to put PAT on line and go
2 through the validation development process. I
3 think the better example is one which is was
4 supplied to us by G.K. Raju, and it's in Janet
5 Woodcock's presentation. And the example simply
6 is, a company would like to--and it's a real-life
7 example, it is the data that he has supplied--would
8 like to do online blending uniformity analysis.
9 And now, when they are doing this in an R&D efforts
10 they're using the same product, the same condition,
11 but not in the manufacturing setting. They see
12 non-normal distribution or trends which show that
13 the current blending, well, as it's being
14 manufactured, may have some deviations there which
15 are not visible under the current system.

16 It's also an example that I'll sort of
17 ferret you, as in the sense, due to the PQRI blend
18 uniformity process, a company, which will remain
19 nameless, wanted to do the stratified sampling and
20 get data to support the PQRI proposal. A validated
21 product, on the market, meets U.S. content
22 uniformity, a history of that--even meets the blend
23 sampling analysis, without any problem. So when
24 they did the stratified sampling, they found
25 towards the end of the run, there was a deviation.

1 That happened. But they did that only to sort of
2 be nice and give some data to PQRI, so are they in
3 trouble now? So they send the data to me, I didn't
4 hide it, I showed it to you guys before--to fix the
5 problem, right, and how. And that's the scenario
6 we're talking about.

7 MR. FAMULARE: Again, the aim is, you
8 know, there's so much focus on what will happen in
9 compliance, but the aim is to go to product
10 improvement and if the compliance enforcement
11 policy is such that it penalizes you, then we will
12 have defeated our purpose.

13 DR. BOEHLERT: I was going to point out
14 these things happen now, as Joe says. And, you
15 know, I've run into situations where somebody, in
16 analytical testing, say, has set a limit on
17 impurities of 1 percent and they've been testing it
18 all along and find less than 1 percent. They
19 improve the method and now they find out they have
20 2 percent. It doesn't meet their filed regulatory
21 specifications, so the question is, has it been
22 there all along?

23 And the best you can do, very often is
24 infer that it has because you haven't changed the
25 process and you haven't done a lot of things, but

1 you can't go back and reanalyze samples that are
2 beyond your retain period. So the best--you know,
3 so you might want to talk about an approach on how
4 you might handle those situations but, in fact,
5 people fact it all the time right now.

6 DR. HUSSAIN: I think that's a very good
7 example. And maybe--let me try to answer that
8 question, maybe that'll help the committee.

9 The current testing paradigm that we have
10 and so--which is the sort of limited testing and
11 release, so we don't have--we have data which is
12 very limited. A company wishing to do PAT on line
13 my say, all right, we are going to establish a
14 baseline which would be, collect all the
15 information, the history of that product and so
16 forth, and have that available, too, for discussion
17 because that becomes a baseline for that product
18 already. And that any deviations that are apparent
19 under the new system are either corrected or not
20 corrected depending on if it should be corrected or
21 not.

22 But then the reference point is the
23 baseline data. That maybe a bit more data that
24 they need collect.

25 DR. MORRIS: Can I ask a question then?

1 And maybe it's for both you and Joe, Ajaz, but 4c,
2 then, is sort of a question that differentiates the
3 way we are currently handling, say, out of trend
4 data that are not part of the manufacturing process
5 compliance testing now, versus how we would handle
6 it during PAT implementation. Is that a fair
7 assessment?

8 DR. HUSSAIN: In my mind, it is, because,
9 in my mind, you're trying to create a whole new
10 team for review as an inspector. And in some ways
11 a new process for handling all these issues--

12 DR. MORRIS: Right, I mean, because--

13 DR. HUSSAIN: --I mean, hopefully, a
14 better, more efficient approach, so.

15 DR. MORRIS: I would just say that the
16 idea of a safe harbor doesn't, I mean, what you're
17 describing, Joe, is sort of what's done now anyway.
18 And all I'm saying is that if you have foresee
19 implemented somehow that does differentiate in
20 terms of extending the harbor, if you will.

21 MR. FAMULARE: That's true in the sense
22 that, as Ajaz, started out before. It is a new
23 paradigm, you know, all we have now is based on the
24 conventional methods of analysis. So it is a new
25 paradigm because you're voluntarily introducing a

1 new factor towards product improvement. So it
2 would change--that's why, as Ajaz says, we have the
3 team approach, training that we're going to be
4 talking about, et cetera, and ways to deal with
5 that new paradigm.

6 DR. SHEK: Yes, if we go back to the
7 specific question whether a priori we should have
8 some guidelines. I just listened to the
9 discussion, in real life, I don't know whether that
10 will be practical until you don't go right and do
11 the test. And the scenario's a little bit
12 different today. We are changing, let's say, the
13 sensitivity, okay, of the tool that is in our hand
14 now. So by definition, we are going to see things
15 that we haven't seen before. Then you have to go
16 and ask the question what does it mean, right,
17 whatever we call it--is it important or it's not
18 important? And that's going to be based on
19 case-by-case. So the best approach would be, of
20 course, we are taking the understanding could be
21 both from the regulatory, you know, agencies, as
22 well as from the manufacturer. It has to be
23 case-by-case and understanding what's really is
24 happening there. Today, we establish specification
25 based on analytical tools that are in our hands and

1 based on the process capabilities. And we might
2 come to a situation where the PAT will indicate to
3 us that you should go some direction, and maybe the
4 process would enable you to reach there. This
5 thing happened over and over again in analytical,
6 right? We developed sensitive, you know, perfect
7 separation, but we didn't have a detector who can
8 pick out those differences. Then we came out with
9 super detectors who were able to now, improve on
10 the columns.

11 The same thing might happen here, but it
12 might take, maybe, a little bit longer. So the
13 most important thing is to have this dialogue going
14 on and understanding what PAT is doing and what we
15 are observing there, but to come out with a priori
16 rules, I think it will be difficult.

17 DR. HUSSAIN: With respect to sort of
18 impurities, in the sense, in one sense because of
19 its presence all along, it's qualified on that
20 basis, I mean, so that would be the approach.

21 So in some cases, the availability of
22 whatever flaw we see, would that be qualified on
23 the basis of historical presence. And that would
24 be one approach.

25 So there wouldn't be any issue remaining

1 at all.

2 DR. KIBBE: Just--I'm having a hard time
3 imagining these disasters, which--but I'm going to
4 work my way through it. If we put a new way of
5 monitoring a process in place and because we are
6 ethical manufacturers we want to always improve our
7 process and we suddenly find that a certain portion
8 of our batch is always out of compliance. Okay?
9 Now, what does that mean to the end user? And, as
10 a company, first, you're--you should be overjoyed
11 that you found this problem, because you now will
12 then be able to not disadvantage your end user,
13 okay? And finding it, whether we use PAT or we do
14 something else or somebody else finds it for you,
15 it still has to be remedied.

16 My personal opinion is, however, that what
17 you will find are things about your process that
18 really don't disadvantage the end user. You'll
19 find things out that are within the general scope
20 of what we've used as a way of clearing each batch
21 already. And any change or any variation which
22 does not exceed the batch requirements that we
23 already have in place, are yours to deal with and
24 not the regulatory agencies to deal with. They're
25 not going to say you have to throw that batch out

1 because you have some variation within it that's
2 still within the framework of how you get the batch
3 approved.

4 And if we do find that the last 600
5 tablets of every batch you ever made are junk and
6 should be canned. Then we're going to ask you to
7 fix that because we don't want you to keep sending
8 out those 600 tablets. And you don't want to do it
9 either, all right?

10 So I think--

11 DR. MORRIS: I think that's the easier
12 case, though, Art, I mean, I don't anybody's
13 arguing that. I think the question and--on the
14 table, really deals more with paving the way for
15 companies to try. If they don't want to have to
16 trigger and OOS investigation if it's one of the
17 variations that you're talking about that doesn't
18 effect the end product.

19 DR. KIBBE: And that's what I'm saying, if
20 it doesn't affect the product then that's where we
21 draw the line.

22 DR. MORRIS: I mean, I can't speak for
23 Ajaz here.

24 DR. KIBBE: You don't have to do anything
25 else. If you find a variation and it doesn't

1 affect the quality of the product, vis-a-vis the
2 standards that you've already established for an
3 ongoing product, the agency isn't going to make you
4 do anything outstanding.

5 DR. MORRIS: Well, then, maybe that's the
6 a priori criteria then.

7 DR. KIBBE: All right, and then if there
8 is an impact on the patient, you better do
9 something because once we find out, we want you to
10 do something.

11 DR. HUSSAIN: In that regard, I think the
12 proposal to--sort of the definition of safe harbor
13 covered that and you'll not need anymore things,
14 okay.

15 DR. LAYLOFF: I guess--did you want to--

16 MR. HALE: Yeah, just a quick one. The a
17 priori part of this in my mind is if you're going
18 to make an effort to collect more data, what is the
19 purpose of collecting data in the first place? I
20 mean, putting a sensor on for the sake of putting a
21 sensor on, makes absolutely no sense unless you
22 have a plan that you're going to look for
23 something. And it goes back to the idea of
24 development, even if you're in manufacturing there
25 needs to be a purpose up front for doing it. And

1 if you have a purpose, then that thought process
2 should be played out that you're--that you have a
3 process to react to the data. I mean, putting on
4 for the sake of sensors doesn't make any sense to
5 me without a thought process that goes into it.

6 DR. MARK: Yeah, it's sort of--a good
7 point, it occurs to me that if you say, okay, we're
8 going to use this to improve our process, you're
9 sort of saying, we're going to use this as a way of
10 telling us when the process is not as satisfactory
11 as it could be, if you will, and that's almost
12 tantamount to defining the process as being
13 unsatisfactory then, which has a danger or a
14 pitfall you might fall into, if you're not careful
15 and it could, you know--you want to make--to
16 improve the process, but you don't want to say,
17 well, the process isn't satisfactory now, because
18 we can improve it.

19 MR. CHISHOLM: Yeah, I'm just thinking as
20 I do, if I was a man from Mars and landed in this,
21 I'd be listening to an industry that's absolutely
22 scared because it doesn't believe that its existing
23 process isn't good enough. And I think, as an
24 industry, we better be somewhat careful of that. I
25 totally support Arthur across here. We're an

1 ethical pharmaceutical industry, if we're putting
2 rubbish out there that ain't helping the patients,
3 we want to know about it.

4 I think the problems you're talking about
5 relate to other things. I think that we will have
6 more trouble with our internal regulators and QA
7 people sticking to your rules than anything else.
8 I mean we'll be simply embargoing and putting into
9 quarantine more and more batches if we're not
10 careful. And that's up to us as an industry, to
11 sort out. We've got to sort out both sides of the
12 fence.

13 The thing that concerns me is I think
14 we're moving away from yes and no to maybe, which I
15 said, this morning, but I mean, if you try and
16 define that a bit better. But it's when you
17 actually want to control the process. If you are
18 finding something's going slightly wrong at the end
19 of a batch. And I'm quite sure there must be lots
20 of examples of it, through blending, et cetera, et
21 cetera, et cetera. Do you have to throw away the
22 whole batch of which 95 percent might be good. In
23 the currently existing situation, you would. These
24 are the sort of questions I think that we have to
25 address. Because if you're actually monitoring

1 quality assurance in real time, then you know when
2 it's going wrong. You know what's wrong and what's
3 bad.

4 And, in fact, if you got to stage in a
5 tablet press towards the end of a batch that was
6 going out of spec, stop the process. So we have to
7 try and think in a different way. I mean, I'm a
8 control engineer by degree, think more along these
9 lines and away from the old yes and no and into the
10 control system philosophy. And we all have to do
11 that, I think. And stop painting this dead lakes
12 scenario I keep hearing.

13 DR. LAYLOFF: I have a comment. I think
14 we've drifted off a lot into what is possible,
15 rather than to what is probable. I reviewed, not
16 too long ago, the content uniformity data on 10,000
17 different batches analyzed in one FDA lab in St.
18 Louis and it was quite striking how consistent the
19 products were and how few there were out of limits.
20 I don't think there was a big elephant out there
21 that people are going to trip on. I think what
22 we're going to see is efficiencies in production.
23 I think we'll see a better consistency in product,
24 but I don't think there's an elephant out there
25 that the industry's missed. It's a very good

1 industry and we've got lots of good product out
2 there and I'd like to move on to the next question.
3 The next question? Yeah, go ahead.

4 DR. RUDD: Yeah, could I just briefly add
5 one comment? And, actually, to re-enforce what Bob
6 as said. We need to think much more about the
7 positive aspects and not get hung up on the
8 potential ghosts and shadows that are out there to
9 catch us. Can I give one example of where I think
10 we could implementation PATs overnight. We've had
11 debate, already, about, you know, is it a
12 development thing, is it a manufacturing thing?
13 And we all have view on that, but we could
14 implementation the following example overnight for
15 existing products.

16 And I'll call this a hypothetical
17 situation, although it may ring true with some of
18 us in the industry. Not with GSK, I hasten to add.
19 But imagine a liquid suspension product, where the
20 bulk suspension is being filled into unit
21 containers. We've all had experience of
22 homogeneity issues there, whether it's
23 sedimentation, foaming, flocculation, that sort of
24 thing, such that it's possible that towards the end
25 of the filling run, you may have to discard a

1 certain amount of the bulk or the fill material
2 because it's subpotent material or superpotent
3 material, it doesn't happen in GSK, but some of us
4 may of products like that.

5 The current approach that we're using is
6 to play safe, you know, we do some validation
7 studies and we say, okay, the last 10 percent maybe
8 is at risk, so we'll reject and discard the last 20
9 percent. Kind of rule-of-thumb there, you know,
10 that's the way we solved the problem at the moment.
11 how about, overnight, if we implement a PAT
12 approach, if we put some fiber optic UV, fiber
13 optic approach in there and we continue filing
14 until the point at which we begin to get close to
15 subpotent or superpotent material, that may be 20
16 percent on some occasions, it may be 10 percent on
17 other occasions. It may be 1 percent on subsequent
18 occasions. So, without investigating the process,
19 without doing any development work, simply by
20 implementing the measurement, what we've achieved
21 is a level of control, the thing that Bob was
22 talking about. And that level of control has
23 improved our process, because now, we're not
24 working within this, you know, belt-and-braces,
25 safety barrier of rejecting, for example, 20

1 percent every time, we're rejecting the amount that
2 needs to be rejected and probably, routinely, that
3 would be a lot less than 20.

4 So the point, really, is just to recognize
5 that there are different levels of implementation
6 here and we really shouldn't get hung up on the
7 potential risk and ghosts and shadows. Let's look
8 at the positive bits and let's do those if they're
9 quick and easy to do. Let's do them and let's do
10 them overnight. Thanks.

11 DR. HUSSAIN: An excellent example, I
12 think, sir.

13 DR. RUDD: Purely hypothetical and not
14 GSK, exactly.

15 DR. LAYLOFF: Okay, going on to Question
16 4d, What other mechanisms do you recommend for
17 consideration? We've pretty much beat that up.

18 DR. HUSSAIN: Just, I think I want to sort
19 of bring a perspective up. Listening to Bob and
20 David and so forth, I think a lot of these
21 questions we were driven in this direction because
22 every meeting I have been to, every place I have
23 been to is that's the only question, the flaws, the
24 flaws, the flaws. I mean, I'm getting scared here.
25 I totally agree with Bob, in this instance. I

1 think we need to focus on the quality of this.
2 These questions were. sort of, with that mind set
3 in mind. So.

4 DR. MORRIS: Just follow up on that,
5 though, I don't think you should be too hard on
6 yourself here, only because not representative of
7 any companies, but GSK and perhaps AstraZeneca, I
8 mean, these are--these may be lower energy barriers
9 for PAT implementation in other companies and it's
10 the companies who aren't already sort of embracing
11 the mentality that you don't want to scare off.

12 So, I don't, I think it's fine to address
13 them, I think you have to.

14 DR. LAYLOFF: Okay, let's move on to
15 Question 4e: What are your recommendations for
16 training needs and criteria for certification of
17 the proposed PAT-Team?

18 DR. HUSSAIN: Let me just share with you
19 the process that we have been engaged in in this
20 instance. We have talked with three universities,
21 CPAC, the University of Washington, with Mel Koch
22 and the University of Purdue and the University of
23 Tennessee and the Measurement and Control
24 Engineering Center, and essentially, we plan to
25 work with these three schools to put a curriculum

1 together.

2 And out of some of the discussion, I think
3 the outline of the proposal that we liked most was
4 from Kelsey Cook, from Measurement and Control
5 Engineering and that's what we included in your
6 handout. I think this is a very important sort of
7 item for discussion in this committee. And what I
8 would like to sort of have the committee to just
9 discuss this broadly and sort of give directions.
10 Certainly we will have a working group on that with
11 Ken Morris sort of chairing that group. Maybe give
12 directions to this group and what they should be
13 focused on in developing that curriculum.

14 DR. LAYLOFF: And so, we're looking for
15 suggestions for Ken Morris and the Education Group,
16 which will be meeting after our break.

17 DR. SHEK: I went over, I went over
18 what--you know I think attachment, I think PATs 2,
19 looks, I think, very, very good. A lot of thing I
20 observed missing there, there is a section there on
21 pharmaceutical chemical processing fundamentals,
22 but there is nothing about pharmaceutical, you
23 know, drug product and I think it's extremely
24 important to understand the processes that at least
25 today the industry is utilizing, and it's a very

1 light spectrum. I mean, there's controls release
2 and regular, you know, but I think it's really
3 important to understand the processes and I think
4 this is may a big chunk which is missing there.

5 DR. HUSSAIN: No, actually, we had
6 internal discussion and we had--we sent this packet
7 out earlier and, actually, we added some of that
8 in.

9 DR. MARK: Yeah, my comments here aren't
10 directly addressed to the question, sort of they're
11 addressed to the level above it. Because I'm
12 wondering, for example, when the FDA decides to do
13 something like that--to go into a PAT type
14 environment, does it have to go into it all at once
15 and trained all their inspectors at one time or is
16 it possible for them to run some sort of a pilot
17 program where a few inspectors can be trained the
18 performance assess to see where the weaknesses of
19 the training program are and spend some time
20 developing the training program as it's sort of
21 being tried out in a small scale.

22 DR. HUSSAIN. Let me just clarify that--in
23 the since we have been sort of--the plan that has
24 been discussed earlier, essentially, is we have
25 identified four reviewers, four inspectors, it says

1 a small subgroup only at this time, so.

2 MR. ELLSWORTH: Joe wants me to add to
3 that. Yeah, I think in discussing the training,
4 especially for the field investigators, we're
5 limiting it to a certain extent because we need to
6 develop the expertise, but part of this training, I
7 think we're going to be learning as we're doing
8 this, so we want a kind of greater control over the
9 interpretation that occurs, but long-term, we're
10 going to need to train a lot more and we have a
11 whole drug investigator certification program that
12 we're developing and we're looking at a higher
13 level. We have level one, basic investigator,
14 level 2, which is a fairly extensive drug program,
15 and probably a level three will bring in the PAT
16 expertise. We're looking at that now.

17 DR. SHEK: But my question is, maybe, once
18 we have the curriculum, who are going to be the
19 teachers?

20 DR. HUSSAIN: What we would--we'd be
21 looking for is the professors from these
22 universities with invited folks from industry who
23 would come and give case studies and so forth. And
24 I think what we envisioned right now is the
25 professors would come, teach in the Rockville area,

1 so that I think we'll bring our reviewers and
2 inspectors together here and then, hopefully, have
3 hands-on experience at different locations. Maybe
4 some companies would offer some hands-on
5 experience. I know Purdue has offered their lab.
6 So the core group would travel to these places and
7 do the lab themselves.

8 MS. SEKULIC: I was just having a look at
9 what's listed here, although it covers most of the
10 scientific and technical aspects of what one would
11 require. Two comments, I guess: I don't see a lot
12 on the infomatics side, the software components,
13 the validation. If we are to be developing some of
14 these new technologies, then the partnership with
15 vendors, that's a practical concern that we
16 currently have and that could potentially be a
17 hurdle. I believe that deserves a little bit of
18 attention in the training component.

19 And I also, like, I think, Ajaz, you
20 mentioned or somebody mentioned earlier this
21 morning the mock sessions, I mean, sort of like
22 play-acting scenarios--I think that's a great way
23 of training individuals and we do a lot more of it
24 in industry for various other reasons, but I think
25 that that's a great training tool of actually

1 putting people in pre-designed situations. It's a
2 great motivational tool, as well.

3 DR. MARK: It occurred to me that if an
4 inspector is going to be inspecting new
5 technologies, they should certainly get some
6 training and expertise and possibly by--by actual
7 experience in real cases of using that technology
8 and developing a method, you know, with that
9 technology.

10 DR. MORRIS: I think the plans are that if
11 they--depending on how it works, but I can only
12 speak for Purdue at the moment, but, I mean, if you
13 come to Purdue to work on the sensor-based lines
14 that we have, nobody is idle. There's--everybody
15 would do hands on is my vision of it. That the
16 didactic part would be here, but that the practical
17 would be at the universities and hands-on, you
18 know, and I'm assuming that that's the case to the
19 extent that it's hands on with--

20 DR. KOCH: Yeah, I guess if you're getting
21 to some of the discussion we've had within CPAC,
22 we're assuming to take a role that exposing new
23 measurement technologies and sensors that have been
24 successfully in other industries or some evolving
25 technologies and then have case studies involving

1 that and the data handling that comes from industry
2 participation, as well.

3 DR. HUSSAIN: The aspect of, I think,
4 pharmaceutical industry participating in the
5 training program, I think that would be feasible.
6 In fact, we felt that the three schools could
7 partner with some companies willing to partner and
8 then have that axis, but through the universities
9 rather than directly, that would be one options.

10 DR. LAYLOFF: Yeah, I'm sure that the
11 knowledge base is primarily in the industry.

12 DR. KOCH: I think one thing I might add
13 is I've picked up in discussion with various
14 pharmaceutical companies, a tremendous interest in
15 the later phases of this of them wanting to have
16 their employees participate in some level of this
17 to hear what it is that the reviewers are hearing
18 so that there's a commonality in the language and
19 the success.

20 DR. LAYLOFF: Yeah, I think, probably one
21 of the greatest incentives in PAT in adoption in
22 the industry is having FDA go out and get trained,
23 because then they'll all want to get trained also,
24 drive everybody.

25 I guess we can move on to the next

1 question, Number 4f, on page 5, it has to do with
2 mechanisms for review: What other mechanisms for
3 both NDA and ANDA do you recommend for
4 consideration by the agency that a new drug
5 development process may not be delayed due to the
6 use of new PATs?

7 DR. CIURCZAK: If I can comment, because
8 one of the things that we've always done with near
9 infrared, for instance, is you have to have a
10 validated method backing it up. And anybody I've
11 ever recommended it to is get your NDA in with your
12 standard HPLC and everything else and then send
13 your NIR method in as an amendment. The same thing
14 could be if everything we're going to do in process
15 is still going to need a backup method, NLC or a
16 Carl Fisher or something else that you're going to
17 calibrate it with. If you're afraid of delaying
18 your NDA, you might, just as well, put your NDA
19 through with the classical assays and then phase in
20 either all at once or several each month or a year
21 whatever down the line to go to PAT.

22 DR. HUSSAIN: Emil, you just redefined the
23 risk that we are trying to address with the
24 questions--

25 DR. CIURCZAK: Well, in any case, this

1 goes back to scaring, you don't want to delay
2 because the financial thing down the line and I
3 don't think anybody's afraid that their products
4 are bad, you know, down the line. But I think you
5 have a lot of financial people up there saying we
6 have a limited lifetime, if this adds six months,
7 nine months, a year to it getting approved, we're
8 going to lose a bloody fortune here and be open
9 that much sooner to competition, so, if you're
10 going to have to develop traditional methods to
11 validate these all anyway, you could always, if
12 you're afraid of putting any of the PAT through,
13 just do your first NDA that way.

14 And just one more comment, from my
15 experience, the three batches that you have to get
16 an NDA in, they're usually not enough, they rarely
17 give good process information anyway. We like--I
18 like to develop my NIR methods on, like, a year's
19 worth of batches. So, go get your product out
20 there and then start collecting data.

21 DR. LAYLOFF: I think that the training
22 program for reviewers and inspectors for PAIs will
23 help considerably. Also, I think the open door
24 policy that Ajaz has espoused that, you know, you
25 can come in before hand, you can come in and

1 discuss it, and actually work out the details on
2 this before the submission. I think that the
3 trained cadre, plus the open door to discuss these
4 issues before the NDA actually hits will get around
5 a lot of that.

6 DR. HUSSAIN: In a sense, I think one of
7 the proposals that we have is we could actually
8 structure and have special separate meeting with
9 IND and stage at phase II where the concerns would
10 not be an issue. So I think, I don't want to take
11 the negative attitude or get the NDA out and so
12 forth, I mean that's all we are thinking I think we
13 can do better.

14 DR. LAYLOFF: I think rather than dropping
15 it over the wall to actually come in and discuss it
16 would actually be better than kick it over the
17 wall. Okay.

18 Going on to Question 4g: What other
19 clarifications should be included in the general
20 guidance on this subject?

21 DR. LAYLOFF: It goes to Risk 4 which is
22 that this would be a requirement and we're saying
23 it's not a requirement and this is voluntary. And
24 we want to state--that will be stated in the
25 guidance that this is voluntary, and so forth,

1 should that be--we hope that that will be enough,
2 so.

3 DR. LAYLOFF: Will that be enough?

4 DR. BOEHLERT: I hope so.

5 DR. LAYLOFF: Judy says she hopes so,
6 that's good enough for me. Going on to question
7 4h--wait a minute, did I just do that? No, that's
8 it, yeah: What other approach do you recommend for
9 consideration to address this concern? And that
10 is, will the company need to use both PAT quality
11 methods and conventional methods for regulatory
12 purposes forever?

13 [No response.]

14 DR. HUSSAIN: To give you an example, the
15 case study I constructed with the dissolution,
16 doing dissolution with online assistance and so
17 forth. The criteria could be you have established
18 a correlation and to some degree, you have actually
19 explained that the correlation is just not a black
20 box, it's related to the formulation variables.
21 And if that is acceptable, then that becomes the
22 routine method. And so, dissolution testing for
23 release may not be necessary at that point. And
24 you may need to do dissolution for stability and
25 shelf-life determination only, unless you have a

1 method that even picks that out, so--

2 Dr. KIBBE: Let me address that one other
3 little thing that we kind of talked about a little
4 bit before we went to lunch and I think applies in
5 here. And that is, there are times when what the
6 Agency is willing to accept is not everything that
7 a company feels it must do in order to get approval
8 at various places and for various purposes. It's
9 always good for companies to be able to carry a USP
10 imprimatur for marketing sales reasons and what
11 have you and if the PAT allows us to bag
12 dissolution testing but then they can't say that
13 they meet the USP monograph and things like
14 that--and I think there might be an opportunity
15 here--I know you're going to correct me--

16 DR. LAYLOFF: Okay.

17 DR. KIBBE: --okay, but I know that
18 companies think about doing extra things to get
19 different kinds of classifications. And whether
20 it's the USP or something else. And one of the
21 things that we need to consider here as we move
22 forward with PAT is how does the Agency get
23 actively involved in making sure that anybody else
24 who's regulating or whose approval is useful to the
25 company is being brought on-board with us, so that

1 if we move forward with a certain kind of
2 acceptance level for PAT, what is the Agency going
3 to do with it's colleagues around the world to make
4 sure they're moving forward. That's where, I think
5 the only other approach that we need to take in
6 this area is. Okay, now you can correct me.

7 DR. LAYLOFF: Okay. A USP product has to
8 meet the USP standard if tested. So if you have a
9 process of assessing dissolution and you validated
10 it and you released product without doing the
11 dissolution test and you have stability data
12 showing that it will meet it throughout the
13 lifetime. If tested in the marketplace it's
14 presumed it will meet, if it doesn't meet then it's
15 an illegal product because it doesn't meet the
16 standard. So you have to establish a validated
17 process, you have to have stability testing, but
18 you don't have to do the
19 USP tests.

20 DR. HUSSAIN: In many cases, I think--or
21 in most cases, you will have a traditional
22 dissolution test established for that product, so
23 you'll have that, but you don't have to do that on
24 a routine basis to release the product.

25 MR. : But you have to do it to

1 have USP on the label.

2 DR. LAYLOFF: No, no you don't. Judy,
3 tell 'em Judy.

4 DR. BOEHLERT: If you manufacture a
5 product that has the USP monograph then, by
6 default, it is a USP product, you need not label.
7 You need to label the product, if you want to
8 declare it non USP, that's a fact. USP, in the
9 general notices, allows you to test it by other
10 means. That's allowed. And so what Tom says is
11 absolutely right. You know, you need not test, but
12 if the product is picked up in the field, it must
13 meet. So you need--if the USP method doesn't work,
14 you've got a big problem, if your product fails the
15 USP method, you have a big problem and you need to
16 address that, but you need not test by the USP
17 method and you need not label your product USP, it
18 is USP if there's a monograph. You need to label
19 it if it's not USP, and there are products out in
20 the marketplace now that are labeled non-USP.

21 DR. LAYLOFF: But there has to be a
22 rationale for non-USP--

23 DR. BOEHLERT: There has to be a
24 rationale--

25 DR. LAYLOFF: --it just can't be

1 arbitrary.

2 DR. BOEHLERT: --and you have to put on
3 the label why it's not USP, I believe.

4 DR. LAYLOFF: Right, okay.

5 MS. CHIU: Even today without PAT, not all
6 the products are released based on USP tests,
7 because under our regulation would permit alternate
8 test for routine batch release. Now, alternative
9 test needs to be equivalent or better than the
10 regulatory test which could be the USP test. So,
11 therefore, with PAT, if you have validated your
12 technology and to be equivalent or better, then
13 standard dissolution test, you won't need to do
14 that and based on the validation data, you are
15 sure, you know, every batch will meet the USP test,
16 which is lower standard.

17 DR. LAYLOFF: Another thing, and I
18 think--and that is if the--having worked in FDA for
19 about 20 years or more--one of the things that you
20 find is that if there is an FDA approved standard
21 and a USP approved standard, if a product fails a
22 USP standard but passes the FDA approved,
23 compliance won't take an action. If it passes--an
24 FDA-approved standards. If the USP standard
25 changes but it still meets the NDA standard, you're

1 going to go with the NDA standard. So the--in
2 general, if something's going to happen
3 compliance-wise, it's going to fail both.

4 DR. CHIU: Yeah, that's true, in either
5 NDA or ANDA we have a regulatory standards which
6 may not be the same as the USP standard, but it is
7 always better higher than USP standard. At least
8 it's--if it's equivalent then they will issue a USP
9 test.

10 MR. CHISHOLM: Okay, I'm in a fortunate
11 position of not knowing what USP is.

12 [Laughter.]

13 MR. CHISHOLM: And in the industry I came
14 from, petrochemicals had to do with piping
15 standards, actually. Coming back to NDAs and the
16 problem is all about the size of the data set
17 because, as this gentleman across here said, you've
18 still got to have traditional methods to actually
19 model in the first place. So you've had to do that
20 work, the problem is your data sets aren't large
21 enough and when you scale up, you have to expand
22 your models.

23 I think you have to--when you make
24 your--and this is just a suggestion--when you make
25 your submission, you have to have the methodologies

1 in and the work done at the lower-scale level. And
2 that will be done with raw material specs, it'll be
3 done for blending, and then it'll be done if the
4 quality assurance side tablets in terms of active
5 content, whatever you're registering.

6 You then have to build in that. You won't
7 actually use that for product release until you can
8 validate it. You can't validate it until your data
9 sets are big enough. So I think you're forced down
10 that line whether you like it or not.

11 DR. CHIU: Well, I think that's a good
12 point because of a compressed depression time, you
13 may not have enough data set, however, this applies
14 to many other things as well. As it says in
15 specification, you know, we had a big workshop and
16 we discussed, you know, during the development
17 time, you may not have enough data to establish the
18 true meaning and the 3 sigma so, therefore, you
19 won't have, you know, the right acceptance
20 criteria. I think that it will also apply to a PAT
21 with limited data, as Jeff mentioned this morning.
22 Maybe there's some kind of change control, or a
23 post-approval commitment, then we can set something
24 interim.

25 DR. LAYLOFF: I have to tell a little

1 story. We were doing the Prednisone in vivo in
2 vitro correlation and we found this one product
3 which failed the dissolution standard but which was
4 bio-available. But it was an illegal product
5 because it failed the USP limit. We never took an
6 action because we thought it would be very awkward
7 to go to court and see somebody's product we knew
8 was bio-available, just because it was a technical
9 violation. And the guy who did it said he wasn't
10 going to reformulate because we had demonstrated
11 his product was good.

12 Going on to Question Number 5: What
13 information should be included in the proposed
14 guidance on product process development and percent
15 analytical validation?

16 DR. HUSSAIN: The way we phrased that
17 question, that becomes sort of a working group
18 question--

19 DR. LAYLOFF: Okay.

20 DR. HUSSAIN: --this is a broader
21 question. And I was hoping is you'll use sometime
22 here to define the charge for the two, three
23 working groups and let them go at it.

24 DR. LAYLOFF: Okay, so we have defined the
25 charge for instructional program pretty much?

1 DR. HUSSAIN: You already did.

2 DR. LAYLOFF: Yes.

3 DR. HUSSAIN: So, the two working groups
4 processed and--and validation.

5 DR. LAYLOFF: All right, what do we want
6 them to look at? We have Judy and Art chairing
7 those committees.

8 DR. HUSSAIN: For starters, I sort of
9 posed questions this morning. On the two pages,
10 you have those. That could be one. And on the
11 back of my handout, I have a list of questions that
12 we received from Merck. So that could be the set
13 of questions. One approach could be here are the
14 set of starting questions and the technical folks
15 will get to the working group, use that and sort of
16 start defining their charge themselves, that could
17 be one approach.

18 DR. LAYLOFF: What are the questions that
19 you handed out and the questions that are cited in
20 your presentation for guidance. Is there anything
21 else we need to discuss before we break for the
22 sessions?

23 MS. REEDY: All right, the break-out rooms
24 will be supplied with the break food and drinks.
25 So, the ones in this room are for Room A. And Room

1 A in this room will be Process and Analytical
2 Validation, chaired by Dr. Kibbe.

3 The next room, south here, is Room D and
4 that'll be Produce and Process Development, chaired
5 by Judy Boehlert.

6 And the last room, at the end of the hall,
7 Room E, will be Analytical Technology and Training
8 and chaired by Ken Morris.

9 DR. LAYLOFF: If there are no other items
10 then we will take a break now for 15 minutes and
11 reconvene in those rooms and not reconvene here
12 today, but reconvene here tomorrow morning.

13 DR. HUSSAIN: And the working group
14 members in the audience could choose to whatever
15 group they need to go to and they would like to go
16 to, so--

17 DR. LAYLOFF: But the training group we
18 wanted all the academics to go to the training
19 room.

20 DR. HUSSAIN: Yeah, correct.

21 DR. LAYLOFF: All the academic people are
22 banned to the training session and the others may
23 choose their own session, and we will reconvene
24 here tomorrow morning at 8 o'clock. So you have a
25 15-minute break now; go to your session. And then,

1 at the end of that session, you're free for today.

2 And then tomorrow morning, 8 o'clock here.

3 [Break.]

4 DR. KIBBE: It's my hope that we would all
5 spontaneously want to get together and carry on
6 this afternoon, that people would immediately want
7 to stop doing whatever they're doing, which I'm
8 sure is extremely valuable to get back to do what
9 we think we need to get done. And so, rather than
10 calling you to order, I'll welcome you back.

11 This room, we're going to validate process
12 analytical tools. Would you like to validate?

13 MR. : Yes.

14 DR. KIBBE: Hi, guys. Look at them all
15 hiding back there. All right. This is a
16 subcommittee and the purposes of it is, of course,
17 to review some of the information we've done in the
18 past, some of the thinking that we've had in our
19 various meetings and come up with some
20 recommendations for acceptable guidelines for
21 validation of the PAT processes that might be put
22 into place.

23 And I see around the room experts in
24 validation, I can tell by looking at them that they
25 probably know so much more than I that they're just

1 going to leap forward and give us the correct
2 answers. I have a very simplistic way of
3 establishing a valid analytical method. You do it,
4 you show it to me, if I like it, it's valid.
5 That's the old FDA method of approving anything.
6 But we're going to try to be a little bit more
7 scientific and actually come up with criteria.

8 So they didn't give me any speeches to
9 make and I'm a university professor, I can talk for
10 50 minutes on no topic at all, but I can't talk for
11 3 minutes on anything worthwhile, so let's go with
12 validation.

13 How would we recommend that the Agency set
14 up it's guidelines for accepting a PAT in place of
15 or in lieu of or as a method of superseding a
16 current method for approving a process or a drug
17 product? We have seemed to have focused on oral
18 solid dosage forms, although my good friend David,
19 who has disappeared, talked about suspensions
20 before and I think we have to remember that we are
21 talking about any kind of dosage form, but it seems
22 pretty apparent that oral solid dosage forms get
23 the most interest. Maybe because there's more of
24 them and maybe because there are some opportunities
25 there unmet before. Anybody would like to comment

1 on how we validate? Somebody's going to comment,
2 thank goodness.

3 DR. MILLER: I'll just start a
4 discussion--just kind of start with a question
5 here, is it a reasonable thing to take as a
6 starting point, what's currently done for
7 validating laboratory analytical methods and see
8 what needs to be done to those in order to make
9 them applicable to a process system?

10 DR. CIURCZAK: Two people--when we were at
11 the--I think it was last month--at the Advisory
12 Committee meeting and they made the concept about
13 sensors versus analysis. Rather than thinking
14 within--and I hate this term because every
15 commercial in the world uses it--with that, instead
16 of thinking inside a box, we're so used to being
17 analytical chemists, where we have to come up with
18 a number, 98.75730201 and round that down one,
19 instead of just saying good, bad, or indifferent.

20 If we're going to set up a set of sensors
21 throughout a process, we may not need to know an
22 exact answer, that any one of those--this is for
23 the USP concept--I hate going back to that. But if
24 you look at something like lactose, you boil it up
25 with copper oxide and if it turns red, you've got a

1 reducing sugar, you put it in ammonia and you look
2 at the optical rotation. No one of these things is
3 definitive, they're all circumstantial. But it all
4 adds up to a quality or an ID for a product.

5 The same thing when I used to be talking
6 about near infra red as a final release and
7 everybody was saying, well, it's a single test, you
8 have trouble with things like specificity. And I'm
9 saying, no, it isn't. The trail of evidence under
10 FDA guidance is stricter than anything the FBI ever
11 had. From the minute that we quarantine raw
12 materials and start doing tests and there's labels
13 and they're quarantined and they're shipped with
14 paperwork and signatures, and even to the point of
15 two people signing off the weighing of them into
16 the blenders and it's validated this and validated
17 that, by the time you get to, say--and I use NIR
18 because I make a living at it--using NIR for final
19 release it's the last in maybe 25 or 30 tests. You
20 know what's in there. You have a pretty darn good
21 idea from the batch record how much it was, that
22 everything along the way was there. So, I think
23 what I'm trying to say is that any of these tests
24 and to answer Howard in a long way--need not
25 necessarily look at all 29 for 500 of the ICH

1 guidelines specificity linearity, et cetera, et
2 cetera--we might have to be able to just bring it
3 down to a certain amount.

4 If we're looking at pH for a flowing
5 system, you know, all we have to do is show that
6 it's linear between 4 and 7 or whatever, because
7 you can get carried away with all the rules and
8 guidelines. As I said, God only gave us 10 SOPs
9 and look at the size of the regulatory committee
10 that we have now between the mullahs, and the
11 priests and the rabbis.

12 The, you know, we don't want to overdo it,
13 the KISS, I think should apply here, to keep it
14 simple stupid. We use a lot of inferences, I
15 think, would be a good way along here.

16 Weighing the tablet--if you've shown
17 everything is perfect and the blend is perfect and
18 you've got a validated tableting process, you
19 should be able to weigh it. You know, something as
20 simple as that. We would tend to think of fancy
21 spectra and chemometrics, but how about weight, or
22 hardness, or color or something like this.

23 That's all I wanted to put in and we don't
24 need to, necessarily, in my opinion, go to extremes
25 for every single one of these tests that we put on

1 line. Just as long as it does what we say it does.

2 MR. COOLEY: Art, kind of building on, I
3 think what Howard was saying, was, you know, it's
4 good to start at some point and the ICH guidelines
5 may be a place to start. But I think the issue
6 similar to what Emil's driving at, too, that there
7 are some applications where that makes sense and
8 there's going to be some applications where that
9 doesn't.

10 Looking through the minutes of the
11 previous validation meeting, it appeared that there
12 was an attempt to kind of pigeonhole PAT in one box
13 and it was even referred to as inferential
14 measurements, I think. I'd like to throw out an
15 idea to, maybe, think about this in a little bit
16 different light. And that is I don't think of PAT
17 as necessarily an inferential measurement. It can
18 be just as specific as any laboratory test, but it
19 could be just as inferential as a pressure
20 transmitter.

21 So if you could kind of look at on the
22 extreme left, having inferential measurements,
23 like, pressure, temperature, flow, volume--things
24 like that that we typically use to control our
25 processes. And on the extreme right, laboratory

1 methods where we do need all of the specificity and
2 so on because they release assays. And think of
3 PAT as kind of a bridge between those two, where to
4 the extreme right you have PAT methods that may be
5 every bit as accurate and specific and precise as a
6 laboratory method and in that case, you could
7 certainly use them in place of laboratory release
8 methods and they would need to be validated to that
9 level.

10 But on the far left, you may have things
11 that were an online analytical measurement may
12 appear to be more in the realm of a pH or--I'm
13 sorry, of a pressure transmitter and you would
14 certainly validate it in that way, if that's the
15 way it's being used.

16 DR. KIBBE: I think you made a couple of
17 good points and I want to make one other one. We
18 keep talking PAT, but that, in my mind, is a group
19 of technologies and they're not all the same. And
20 our colleague over there is doing near infrared
21 and, you know. I know how to do a blend, when I'm
22 adding one pink ingredient. I wait until the
23 color's uniform when I see it and I don't need any
24 fancy equipment. I can look at it and it's all a
25 uniform color. That's how I do my paint when I

1 paint my walls and ceilings, right? Oh, yeah, we
2 paint them.

3 But in any event, I think you're right. I
4 think what we are faced with is--depending on the
5 technology that we were using as an in-process tool
6 to clear our batches or monitor our process, we
7 have to have a different validation. And it could
8 very well be that blend uniformity, as determined
9 by near infrared or some other probe in our blend,
10 can only truly be validated if we get to what we
11 think is an end point at blend uniformity and that
12 blend results in a truly uniform batch of tablets.

13 And would that be good enough for the
14 Agency? It might be good enough for me, but would
15 it be good enough for you and if that's the case,
16 we can have real simple validations for some things
17 and others more complex.

18 MR. COOLEY: To comment on that. You
19 mentioned validation that's tied to a certain
20 technology. I would propose that the validation be
21 tied to its intended use and not the actual
22 technology.

23 DR. MARK: Yeah, that's essentially what I
24 was going to say. It seems to be at least as much
25 the application because it might be--in some cases,

1 I was thinking you might want to make a simple test
2 with controlling the process. Say a company
3 learned that if they controlled the--you know, some
4 parameter, I'm not even going to try to pick out a
5 specific ones, some controlling some parameter
6 controls the process adequately for their needs.
7 But that wouldn't be enough to satisfy the
8 regulatory requirements. When they got to the end,
9 they'd still have to do a separate set of
10 regulatory validation measurements for regulatory
11 purposes, but the simple PAT test would be enough
12 to keep the process in control.

13 On the other hand, they might have a whole
14 suite of tests in the PAT and that would
15 simultaneously satisfy the regulatory requirements.
16 So, you know, there's a whole range of
17 possibilities of how it could be applied as well as
18 to possible technology and that that would
19 determine how much validation was needed.

20 DR. KIBBE: Let me turf a little bit of
21 what you said to some of the people at the Agency.
22 Isn't our intent here to develop ways of replacing
23 the standard testing with process-testing tools and
24 if, in fact, that tool is predictive of the
25 outcome, isn't that the direction we want to end up

1 going?

2 MR. FAMULARE: Yes.

3 DR. KIBBE: I love, true/false, questions.

4 You have to push the button so we can hear you.

5 DR. WOLD: So, I think that we have to
6 sort out two things. One is what PAT is used for
7 and the other one is process control. Because if
8 we start to mix in process control and if that has
9 to be validated, too, I think that FDA's role will
10 expand greatly. That was not your meaning. So it
11 is very dangerous to have this control within the
12 purpose of PAT. PAT's purpose as I understood it
13 is precisely what you said to be used instead of
14 other traditional chemical testing.

15 Traditional chemical testing is not used
16 for process control. PAT can, if you want, be used
17 as process control, too, but that is not--

18 MR. FAMULARE: That's already an
19 expectation for process control even under the
20 current paradigm because you wouldn't be able to
21 achieve validation without control.

22 DR. WOLD: Yeah, but--

23 MR. FAMULARE: The difference between
24 today's paradigm and the hoped-for paradigm with
25 PAT is that you'll have more data. We'd hope with

1 more data you'd be able to better control the
2 processes for a more positive outcome as opposed
3 to, I think, they way of thinking as you expressed
4 it, that FDA is looking exercise more control.

5 We're looking for you to exercise more
6 control--

7 DR. WOLD: Yes, for sure.

8 MR. FAMULARE: --so that we could step
9 back from these actually indirect ways of looking
10 at things from just limited data sets.

11 DR. WOLD: But that's the way you use the
12 data from process control--under process control,
13 does it keep the process at the right temperature,
14 right speed, whatever, that is to say, together
15 with all other processes that they are in a certain
16 range.

17 So, for sure, if you want you can use
18 control data for also PAT, to ensure that your
19 product is okay. But I think that it's very
20 unfortunate and very confusing if we start to mix.
21 Because, let me make a direct question to you. If
22 you--if somebody comes in and say I can't have a
23 better thermocouple to control the temperature in
24 the inlet eye of a drier, does FDA have anything to
25 do with that? Or if you say, no this measures the

1 temperature and this is fine. I don't think FDA
2 meddles with how people control the process from a
3 technical engineering point of view, do you?

4 MR. FAMULARE: That is, that can be a GMP
5 issue as to--in terms of a root cause as to why,
6 you know a processes does or does not work.

7 DR. WOLD: Yeah, sure.

8 MR. FAMULARE: Whether it be a
9 thermocouple in a heat for a drier in sterile
10 processing, it's critical in terms of monitoring
11 autoclave temperatures, et cetera--

12 DR. WOLD: Yes, but--

13 MR. FAMULARE: --so I don't know, I'm not
14 quite clear how you are segregating the, you know,
15 qualified equipment is important so--

16 DR. WOLD: --my question is, do you--

17 MR. FAMULARE: --it has nothing to do with
18 PAT, it's just--

19 DR. WOLD: --yeah, but the problem is, I
20 see, we are discussing two things. We are
21 discussing PAT to substitute testing, as you said,
22 and that's one straightforward application and we
23 can eliminate a lot of traditional testing and put
24 PAT there, instead, because it measures basically
25 the same things, but in a better way and perhaps,

1 indirectly we are lots of signals, but it's
2 basically the same chemistry we're looking at.

3 But then comes the second thing is, of
4 course, once we start to do that we can then use
5 that also to detect upsets or out of specifications
6 or what do you call it. And then, we my have to do
7 something. And that is the process control.

8 And then, if you have an operator doing
9 things, you call that open loop. If you take the
10 PAT equipment and actually wire it so that it will,
11 itself, correct the process, then you have to do a
12 lot of identification and process control modeling
13 and so forth before you can do that, but you can do
14 that, too. But I think that's far beyond what we
15 are discussing, because it becomes much, much more
16 complicated and it was not the original intention.
17 I can see that this discussion gets out of hand, so
18 let me back off and say that, if we now go back to
19 what I consider a traditional or accepted
20 objective. For PAT to be that in a certain way,
21 you have to have the same requirements in that as
22 any other testing.

23 The problem with PAT is that because you
24 have much more signals, usually, it's more
25 difficult to keep track of all things that happen,

1 so you have to have more--a more elaborate strategy
2 to find--to change the conditions of the process.
3 Much too, too high concentration of active
4 ingredients and too low and too much excipients and
5 too little excipients and too much blending and too
6 little blending. All of these things together, and
7 I think one should follow design, otherwise, you
8 can never do validation. So, that was what I was
9 trying to say.

10 MR. FAMULARE: Well, I think, maybe,
11 that's--part of what you're saying towards the end
12 there is probably an issue for the training group
13 in terms of you're going to be looking at a
14 different data set as FDA, you're going to be
15 looking at a different data set as manufacturers
16 and we have to learn how to deal with that
17 rationally, reasonably, and scientifically. And I
18 would agree with that.

19 But in terms of, you know, the stated
20 purpose as Arthur has expressed it, yes, you know,
21 it can eliminate the need for conventional testing.
22 You have out of specs, as situations now with the
23 current paradigm. Our hope from a positive aspect
24 is that this will either, number one, prevent all
25 those out of spec or recall or other manufacturing

1 situations that limited data can address; and,
2 secondly, to, you know, to be able to, maybe--if it
3 is legitimately out of spec, be able to pinpoint
4 the problem better as opposed to having it, you
5 know, an indeterminate, with no other alternative
6 than to dispose of the whole batch. So we're
7 trying to look at it from those positive aspects.

8 DR. KIBBE: Let me get us back a little
9 bit on--I assume you're going to go back to
10 validation--

11 DR. MORRIS [?]: I think we're
12 mixing--we're getting confused because we're trying
13 to look at too many things all at once. We've
14 really got four things we need to look at here. I
15 think we need to look at whether this technology is
16 controlling the process, number one, or whether
17 it's monitoring the process, number two. And those
18 are--while they've got many similarities, they have
19 some very important differences.

20 Number three is it a direct measurement,
21 or is it, number 4, is it an indirect measurement?
22 An example of a direct measurement would be, let's
23 say an ERI analysis of an active ingredient and a
24 tablet. An indirect measurement might be something
25 like a hardness or something related to

1 dissolution; it might be a temperature measurement,
2 it might be a blender rotation speed, it might
3 be--it might be all kinds of things.

4 So I think we have to keep these things,
5 at least for a while, until we can clarify our
6 thinking in separate boxes.

7 MR. FAMULARE: Right, and when we talked,
8 about, I'm sorry--

9 MR. LEIPER: Thank you. I've listened for
10 a while now and, with all due respect, I think that
11 we're probably looking down the telescope from the
12 wrong end because if the answer lay in what we did
13 today, we would sure as hell know how to do it and
14 we don't.

15 And the thing that's lacking and it's been
16 going around this room all today and it went round
17 the room in the Holiday Inn for two days four
18 months ago, is that we've got to understand the
19 need. And the need is driven by our processes.
20 We've got to understand our processes so we can't
21 accurately talk about validation of process
22 analytical technology until we get into our minds
23 that these processes we don't know, actually, how
24 they work.

25 And one of the problems that we've got and

1 had over the past is that we actually use
2 univariate measurements inferentially to describe
3 multivariate dynamic systems. Now, if we're going
4 to get anywhere with this, we've got to understand
5 that multivariate nature.

6 Point number one, about validation: when
7 you validate a technology that's capable of a
8 multivariate assessment and you use an inferential
9 univariate measurement, you just might have an
10 awful lot of trouble on your plate. And the blend
11 uniformity working group is a very good example of
12 that. You know, we--it's taken us two years to
13 find out that we're really no further forward than
14 we were two years ago because we were looking for a
15 quick fix rather than something that actually took
16 us far, far closer to where we want to be.

17 So the first thing is that we've got to
18 understand the processes. Now that's not just
19 unique to manufacturing processes. We've got to
20 understand our analytical processes. Now, if you
21 think about our understanding of analytical
22 processes and go back to the blend uniformity
23 working group, there's one thing for sure: With
24 equipment qualification, we know that the
25 qualification equipment's okay, we know with C.F.R.

1 2111 that the data management's okay. But if we do
2 a risk analysis of an analytical measurement and
3 take it from the sample preparation, the
4 measurement, the data acquisition and reduction and
5 the production of the result and we look down the
6 right-hand column and say where's our maximum risk?
7 The maximum risk is sampling the process, so it
8 doesn't matter how much effort we put into
9 equipment qualification and C.F.R. 2111, if we
10 don't get the first bit right, we've actually got
11 big, big trouble.

12 So, you know, we can't just launch into
13 this about pH measurements and all that kind of
14 thing. We've actually got to understand these
15 processes and take a step forward and say what
16 types of measurements are going to allow us to
17 facilitate that.

18 Now, wouldn't it be good if these
19 measurements, these multidimensional measurements
20 not only facilitated process understanding and
21 development but, also, facilitated control and
22 manufacture?

23 Because, if you look in your--if you look
24 in your backgrounder and you go to Ray Sasher's
25 [ph] presentation and this was done on behalf of

1 CAMP, you will find that the industry has got low
2 utilization of manufacturing processes, 30 to 40
3 percent on average. And that's probably on a good
4 day. And we get, on the next page that a 1 percent
5 yield improvement--now bearing in mind, we've only
6 got 30 to 40 percent efficiency in the
7 utilization--a 1 percent yield improvement would
8 yield probably very conservatively \$400 million in
9 savings across 16 companies per annum. You know
10 this is what--this is what we're gunning for and
11 the beneficiary is the public. So, it's got to be
12 process understanding. It's got to be the right
13 methodology, I believe and the same principles for
14 looking at validation or the structure of
15 validation in processes, it doesn't matter whether
16 it's the manufacturing process or it's an
17 analytical process, it's exactly the same. It's
18 understanding the risks, it's managing these risks
19 and having done all that the validation is actually
20 proving that you've managed the risks in the way
21 that you have described them in that process.

22 So, I think we've got to get something far
23 more fundamental than we've been looking at in the
24 past or, indeed, today.

25 DR. KIBBE: Okay. So, you're going to

1 have to help me, okay? So, I'm all excited, I
2 can't wait.

3 MR. LEIPER: You're all excited, Art.

4 DR. KIBBE: I can't wait--I cannot wait.

5 MR. LEIPER: Watch your pacemaker.

6 Dr. KIBBE: Right, my little pacemaker's
7 going, you know, pitty-pat here. We, I think,
8 intuitively all understand that whenever we make
9 something, there's a processes and if we want to
10 make exactly the same thing each time, we follow
11 exactly the same steps and we should come up with
12 the same result. And if we don't, then we might
13 not end up with the result. And so, if we can find
14 a way of keeping track of all of our steps, at
15 least the critical ones, then the outcome will be
16 fine and I don't have to do terminal testing,
17 right?

18 So, now we're looking at process
19 analytical tools or assessment tools to be able
20 help us do that and what we want to know is what
21 kind of a guideline can the Agency develop that
22 will help industry feel comfortable that what they
23 do to validate any tool is going to help them know
24 that the tool is working well?

25 MR. LEIPER [?]: I think it's quite

1 straight forward. It's the same as in any other
2 industry. You actually--you understand your
3 processes, you identify the critical areas, you
4 categorize the risks and you manage these risks.
5 And some of them you manage in terms of, with a
6 PAT. I mean, some of them, this morning, when we
7 were talking about an SOP to get ingredients in a
8 blender and in the right order. A bar code
9 reader's only \$300 or something like that and we
10 can actually make sure it goes in in the right
11 order. We don't have to have bits of paper that we
12 would sign to say that these kind of things happen.
13 There are very interesting technologies that are
14 used in your supermarket that will actually do that
15 for you. You know, and we've just got to think
16 differently, we've got to think out of the box.

17 MR. HALE: I think that--I agree with all
18 of that and it gets back to a design issue of
19 thinking about not using sensors, but thinking
20 about designing what you're doing and a lot of it
21 falls out.

22 Another think that hasn't been talked a
23 lot that is an issue in these are specifications.
24 Because we define specifications very early and we
25 can, therefore, tie our hands based on the way

1 specifications are written, the methodologies that
2 go into specifications, so that the freedom to
3 optimize or to measure to improve or however that's
4 defined, is controlled before a lot of other things
5 happen, like scale-up and manufacturing and so on.
6 So I think that we--one effort that could help us
7 define how to do the specifics of validation could
8 be looked at as a function of how we write our
9 specifications or how we do--or in another way, how
10 we do the release of either the product or unit
11 operation.

12 And I think it could be defined somewhat
13 along the lines that was earlier talked about into
14 three different categories.

15 One would be the traditional way that we
16 do this, where we take samples after a process is
17 done and the process is defined within strict or
18 strict or not strict, but within parameters that
19 are static. And that the testing of either the
20 unit operation or the product is done in a physical
21 chemical sense in a laboratory away from the
22 process.

23 The other one would be a process that is
24 controlled and the product quality is inferred from
25 the data on the process.

1 And the third way is that if the product
2 itself is actually measured, and that the process
3 is controlled to allow product quality. And if you
4 look at blending, you can take--in those examples,
5 as a unit operation, you can take these samples
6 based on rotating a blender a fixed amount of time,
7 based on development data, one would presume, and
8 take a sample and test it off line. You could
9 measure the processes a number of times, or you
10 could actually have a probe that measures the
11 uniformity somehow in there and that the validation
12 would be defined differently for each one of those
13 cases.

14 DR. KIBBE: It's my impression that often
15 when the industry looks to the Agency for a
16 guideline, they want us to tell them that you take
17 these number of samples now and you do this and you
18 do that and you that and that's validation. And I
19 think, what we need to tell them is the general
20 rules and let them establish it and I wonder how
21 many of the people who are industry people out
22 there are comfortable with that? Know that the way
23 they interpret the rules is then going to be
24 further interpreted by Agency people?

25 MR. LEIPER: You know, I think it's quite

1 clear that, you know, that there have been claims
2 over all these meetings that we ought to be able to
3 scientifically justify what we do. And I think
4 that it's incumbent on the Agency that it's
5 actually got scientifically review the information
6 that's provided. And, you know, I think that these
7 are pretty big burdens that we're going to place on
8 all sorts of people, but traditionally, what the
9 industry has been looking for is an--when they ask
10 for guidance, they want an instruction. And the
11 instruction is that if we do this and the FDA come
12 in a look at, then it'll be okay. And it doesn't
13 matter what the hell happens to processes because
14 we can live with that in 40 percent efficiencies.
15 I mean, that's the indication.

16 You know, so, we've--it's breaking--it's
17 actually breaking that mold. And I think that a
18 lot of that was done when we went to the equipment
19 qualification. It's fascinating, we wrote GMP, we
20 then got into that in the '70s, the '60s and '70s.
21 We wrote a validation--guidance and validation in
22 the '80s. And in the '90s, the early '90s, '91, I
23 think it was, we wrote equipment qualification.
24 And then in '93, we came up with something and
25 wrote the specification results. Now, you know,

1 logistically, it's all in the wrong order.

2 Equipment qualification, however bad it
3 was had to happen first. You know, because you
4 can't do anything unless you know that the
5 equipment is actually working in some sort of way.
6 And then you can write--you can begin to write
7 approaches to GMP and then you might be able to
8 write something about validation. But, over all
9 that period of time you were dealing without the
10 specification results, not too well, I may add, but
11 we were dealing with it.

12 And this is an opportunity to put these
13 things into perspective. And I think that the
14 model that you've got for equipment qualification
15 is actually a good model to follow because it
16 starts with design qualification. If you don't
17 know what you're trying to do then you'll never
18 make it.

19 You then go to installation; you go to
20 operational and performance qualification and
21 performance qualification, to all intents and
22 purposes, is interactive validation. Revalidation.
23 If you've got that right, that's what happens.

24 The thing about that whole system is that
25 it's always referred to as the 4-Qs approach to

1 validation, but it's not. It's really the 5-Qs
2 approach to validation. And the fifth Q stands for
3 rescue and that's what happens when the DQ has been
4 done badly. And it's all--all this is front-end
5 loaded.

6 DR. MARK: Okay, I'm not going to say Ken
7 is wrong because he's right--but--

8 MR. LEIPER: Was that a validation
9 statement?

10 DR. MARK: What?

11 MR. LEIPER: Was that a validation
12 statement?

13 DR. MARK: I think so, I'm validating what
14 he said, but the problem is--as I see it is that
15 what Ken's talking about is a very long-term thing,
16 I mean, years and years of research to, you know,
17 to do enough work on a process to understand it
18 thoroughly--

19 MR. LEIPER: And the confusion that we've
20 got, Howard, is that we've got years and years of
21 mumbo jumbo. And if we could get the mumbo jumbo
22 out of the way, it wouldn't take years and years
23 and years of research.

24 DR. MARK: Now, that may be, I don't know.
25 For better or worse, I've never worked in the

1 pharmaceutical industry directly, so I couldn't
2 speak to it. But it sounds like you're talking
3 about doing the whole process development, which is
4 certainly something that's necessary, but I think
5 not what this group is supposed to deal with. I
6 mean, we're talking about process analysis which to
7 my mind, you know, does mean a number, even though,
8 of course, I understand there are important things
9 like blend of--blend uniformity, which aren't, you
10 know, a concentration per se you want to measure.

11 DR. KIBBE: If you don't know what the
12 process is, how are you going to measure it? And
13 how are you going to track it? And if we're going
14 to do process assessment tools, I like my word
15 better than analytical, then--then we have to know
16 what process we're assessing. We do that in
17 education all the time. We think we're educating
18 our students and we assess how well they've been
19 educated and we find out we can't do anything with
20 them.

21 But what I'd like to do is get some other
22 people to comment. Jerry, you have something, you
23 want to jump in here?

24 DR. WORKMAN: Yeah, I've been a little bit
25 confused about the overall issue of validation

1 because when I look at what you're looking at,
2 you're looking at sensor and software validation,
3 you're looking at sensor, the calibration and
4 validation, which involves with multivariate
5 problems a lot different problem than univariate.
6 Then the process monitoring validation, if you're
7 going to monitor, what are the protocols and how is
8 that validated? If you're going to model the
9 process, using that information, how are you going
10 to proceed with that to get a good model. And
11 then, also, the controls. If you're doing process
12 control, what are those protocols and how are those
13 validated.

14 Is the method a primary method or a
15 secondary method? If it's a secondary method, you
16 need a primary method, so you have to validate that
17 before you do the secondary method.

18 Is it, are you looking at a direct analyte
19 [ph], an active, for example, or an indirect
20 analyte, like dissolution or are you looking at a
21 virtual analyte, like, how much the customers love
22 this when they take it. Those things are possible,
23 as well.

24 So in all of this arenas or eras, if you
25 will, there has to be specific validation issues

1 that are addressed. And they're somewhat, you
2 know, they're somewhat separate in how you would
3 address those. I know, for example, if you're
4 looking at multivariate calibration, it took a
5 group of--in ASTM--it took a group of, well,
6 anywhere from 40 to 100 people 8 years to put
7 together a protocol on how to--in a continuous
8 process do multivariate calibration for infrared
9 and near infrared and how to do the outlayer
10 detection, how to do the monitoring, how to tie
11 that in to closed-loop control and get that many
12 people who were doing that type of work to agree on
13 it, how to do it.

14 So, there's a lot of specific issues, I'm
15 not sure which one is being addressed. If anyone
16 can help me.

17 MR. LEIPER: I understand exactly where
18 you're coming from. The point about it is that if
19 you start off at a low level, you'll forget what
20 you were actually trying to achieve. The most
21 important thing is to keep in mind what you're
22 trying to achieve and you can mark down that and
23 you can refine it as you go along, Jerry, I think
24 that's important.

25 And I think the other thing that's

1 important is that the methodology--the assessment
2 methodology is inextricably linked to that process
3 that you're looking at, you know. And that's
4 somewhere that we've never actually been before.
5 Because analysis has always been carried out in
6 isolation to the process and processes have been
7 designed in isolation of the analysis. And I think
8 this is where, you know, where the points that
9 Tom's been making all day and at the last meeting,
10 it's important that we actually design--that we
11 actually think about these processes.

12 It's also important that we--that when we
13 begin to look at this, is that we make--we actually
14 design processes that are measurable. We don't set
15 ourselves Mission Impossible because someone
16 designs a process and no one's got a cat's chance
17 in hell of coming up with a measurement system for
18 it.

19 You know there's an awful lot of things
20 have got to go into this, but I think--and I think
21 that we come down to the issues that you describe.
22 I mean, for instance, blend uniformity. We know we
23 can do blend uniformity by and end-point-type
24 methodology, that would be a methodology that we
25 would use. The problem that we've got is that the

1 whole sampling regime for blends is discredited
2 because we know we can't sample them. You know, so
3 how we will use that. Is that the reference
4 methodology for the validation?

5 It actually looks at the distribution of
6 the active and it assumes--it assumes that the
7 excipients are, indeed, the most important things.
8 Art was talking about this morning and the max
9 stearate is distributed because the active's
10 distributed, rubbish. We know that that is not so.
11 So we've got to put our existing methodology, our
12 existing approach to these correlations--we've got
13 to put it under as many challenges that are
14 justifiable as the new methodology that we're
15 putting in because the problem that you've got with
16 a new method and cross-validating it as an old
17 method is that you could actually be detuning the
18 method--the new method to actually meet the
19 conformance of the method that you know is not
20 doing you any good.

21 DR. KIBBE: What we've agreed, I think, is
22 that we can't always use existing methodology to
23 validate what we want to put in place; that we have
24 to have validation protocols written for a method
25 and a process by the company that's using the

1 method and process. And then we have to have some
2 criteria that the Agency can use to say they've
3 written a good validation in their situation.

4 And then, Jerry's list, which I thought
5 was quite complete is the guideline list for the
6 Agency to say, okay, these are the questions that
7 need to be addressed in any validation. How many
8 of them can be ignored in this process because they
9 don't apply? And how many of them should have been
10 looked at because they do apply? And did the
11 company look at them? Am I getting close to where
12 we are? What do you think, Tom.

13 MR. HALE: I think that's right. I was
14 just sitting thinking that we have--we have a
15 regulatory and I'm not sure this makes sense at
16 all, but I'll say it anyway. We have a model that
17 we use for filings in the developmental
18 pharmaceuticals section of how we got to an endpoint
19 in terms of the product. And I know, I've done
20 this before, but what is--the history of
21 development of these processes might be a way of
22 getting to a validation that there is--that could
23 be a disjointed redevelopment process at each scale
24 or there could be this inherently scalable
25 processes and product. And that might be an

1 important aspect of what's required to proceed
2 further in validation.

3 MR. CHIBWE: Yeah, I think that's probably
4 the best way to proceed. Because if you go back,
5 we seem to be going into Phase III, when I believe
6 that PAT is in Phase II. So, when we're jumping to
7 process validation, we're actually trying to go
8 into Phase III for continuous production. If we
9 have the safe harbor, and if it's going to be as
10 protected as we say it's going to be, then the
11 development work itself, should provide the
12 validation that is needed.

13 In other words, it's going to have the
14 traditional limits, specificity, ruggedness,
15 linearity because that needs to be specified.
16 Because you simply can't measure something and come
17 up with some statistical analysis and just claim
18 this is what I have. You will have, definitely,
19 some reference to a traditional method during your
20 development. And that's when the validation's
21 going to take place.

22 And if you're going to take everything
23 back into Phase II, I think that's where we should,
24 our discussion should focus for now. And later on
25 when we have developed it to a point where we're

1 going to go into continuous production, I think
2 that's when we'll probably encompass the entire
3 processes validation.

4 Because, otherwise, at this point, I think
5 most companies, at this point, would try to use
6 set-in sensors for set-in parts of their process.

7 MR. CHISHOLM: I finally managed to steal
8 my mike from Ken for a minute, you know. I think
9 we have to get a little bit careful. We're getting
10 a bit esoteric at times here, I think. And I think
11 if it goes too esoteric, it can become meaningless.

12 We have two different scenarios to deal
13 with. We have products which will probably be in
14 late development. We have products which are out
15 there already. And we have products which we're
16 developing. And I think what you were talking
17 about as going right back as far as Phase II is we
18 have every opportunity in the world to design
19 quality into the actual product and, therefore,
20 it's manufacturing process. So that has a
21 different set of validation criteria, I think, from
22 those currently in late-stage of development where
23 I would suggest maybe a lot of companies will be
24 wanting to submit these and products that we
25 already have that are fairly young and would be

1 worthwhile submitting. It's very unlikely we'll
2 submit old products anyway.

3 So I think there have got to be different
4 validation criteria for that. Now the only way
5 that I can see us actually dealing with products in
6 late-stage developments and products already in
7 manufacture is by demonstrating equivalents to
8 existing registered methods. I cannot see any
9 other way because you have not the chance to get
10 the design process right, everybody keeps talking
11 about. So I think there's two classes of problem
12 here when it comes to validation and I think we
13 need to deal with them both separately.

14 DR. WORKMAN: Yeah, there's been a lot of
15 discussions on--over many different organizations
16 and groups about how to describe the whole
17 calibration/validation process--whether you want to
18 specify exact details in a cookbook fashion or
19 whether you want to treat the method as a black
20 box, where you have--where you thoroughly describe
21 the design of an experiment that goes into the
22 black box, and then thoroughly describe how you
23 validate whether or not what you did in that black
24 box is working.

25 And, of course, you would document

1 everything that was done there. But most of these
2 complex multivariate methods, in my opinion, can be
3 addressed by the input and output issue so that you
4 don't have to completely describe every
5 mathematical process that goes on.

6 Once the method results are obtained and
7 that information is provided, then what you do with
8 that information is the same thing that you would
9 do with standard analytical information if you had
10 it in a real-time basis. That's one way to address
11 it--one model.

12 DR. TIMMERMANS: I just wanted to make a
13 couple of points. I think, in most cases, we will
14 have an opportunity, if we have--if we implement a
15 process analytical technology-based measurement to
16 go back and compare it to an existing analytical
17 methodology. In some cases, though, I foresee that
18 we may not. And we may actually make an
19 inferential call based on a result that we obtain
20 on a product further down the line. So I think
21 that that's something that one should, you know,
22 should keep in mind.

23 Also, while I agree with Ken, you know,
24 that ultimately a fundamental understanding of our
25 processes is key, I agree with Howard's assessment

1 that that's, you know, something that will probably
2 take a while to get to because, in some cases, we
3 actually, you know, we just lack the fundamental
4 understanding of, for example, solids flow, to be
5 able to really understand the blending process. So
6 I think that that should be noted.

7 My approach--my personal approach and I
8 think a lot of people here, I hear the same thing,
9 has been, you know, to use scientific rationale
10 when you validate your methods. And, you know, to
11 go back to one of Rick's points that he made very
12 early on in this whole discussion is, you know,
13 applicability of the methodology, you know, it can
14 range from something very simple to something, you
15 know, very complex. In addition, you know,
16 we're--essentially we're measuring--we're trying to
17 address a multidimensional space if you will, with
18 this validation discussion and I think there are
19 many components, most of which Jerry brought up.
20 Each of which have their own issues and that may
21 need to be addressed, but I think the, you know,
22 the scientific rationale should be at the
23 fundamental--at the basis of the whole discussion,
24 so--

25 DR. ANDERSON: Just to amplify your

1 comments. Right now, and I know you have had
2 experience with this, as well. If we do good
3 science, we can bring that and we could submit the
4 method and we can be doing PAT tomorrow. In fact,
5 that's literally my plan, but it's my understanding
6 of all of us sitting here that we want to make it
7 easier for companies that aren't willing to step
8 out to the front and say, I'm going to do this
9 because I've done the science and I'm going to hope
10 that there's reason in the FDA and things go well.

11 What we need to have is a tool for us--for
12 me, as an industry person and for you all as people
13 who are evaluating my science, a way for us to
14 connect and for you to easily judge, or at least a
15 framework to judge my science with your
16 investigators. What do we list and what do we put
17 in that framework--what does that framework look
18 like?

19 DR. KIBBE: And I think that's what I was
20 trying to get at a little while ago when I said we
21 had to take some of your list of things and then
22 let the scientist whose ready to move say a bunch
23 of these items don't apply to this particular
24 process. These items apply to this process, I've
25 done these things and I ruled out the fact that my

1 result is a function of some variable that isn't
2 under control, that isn't part of the process, it
3 doesn't control--I've ruled those out because I've
4 looked at those and now my process is under control
5 and this is telling me this and this is what I'm
6 going to follow. And I think we have colleagues
7 with would rather have us say, measure these six
8 things, measure two things. And I don't think
9 we're going to get there and I don't know if
10 anybody thinks we're going to get there.

11 We have opportunities for guidelines that
12 apply to everything and we have opportunities for
13 multiple guidelines to apply to different kinds of
14 things. And should the Agency be in the business
15 of, one, overreaching guideline for validation of
16 PAT or should it be writing 20 or 30
17 guidelines--one for how to handle active ingredient
18 arrival, one for how to have blend and so on--and I
19 think that's another way of looking at it. I don't
20 think the Agency want's to write 27 guidelines, but
21 they also don't want to be in the business of
22 arguing a guideline with a person who thought he
23 lived up to it when they didn't, either. I mean,
24 that's one of the problems and you have a good one,
25 go.

1 MR. LEIPER: Well, I--you know, I think
2 that there's been some interesting stuff has
3 happened and what you're referring to anyway, Art,
4 and that is that I don't think the industry wants a
5 compendial approach to this at all because all our
6 processes are actually different processes and
7 they're processes in their own right. They've got
8 commonalities, but they are different processes.
9 And it is interesting to see the approach that the
10 FDA took at the USP meeting on functionality in
11 December, where they said they recognize that the
12 functionality of materials in solid-dosage forms is
13 fundamentally important, but it is
14 process-specific, it's not something that's a
15 compendial--a compendial issue. Which puts the
16 onus back on the people who are responsible for the
17 processes, i.e., the industry, to actually,
18 scientifically investigate and defend the stance
19 that they've taken--that they're taking. But
20 I--and I think that the good thing about these
21 meetings that we're having is that it's bringing
22 the industry and the regulators together because
23 the industry's got the processes and the regulators
24 don't. And it's that--it's establishing these
25 linkages in a non-threatening environment, may I

1 say, that's actually important and will take us
2 forward.

3 DR. WOLD: Now, I think that those who say
4 that PAT can be validated in the same way as any
5 other equipment or whatever, in principle, are
6 correct. But if we go back now, see what is
7 specific with validating analytical technology. I
8 mean the first thing is that any analytical
9 technology is put in either the process or after the
10 process to measure certain or to deal with a
11 certain problem. If you want--if you say I want to
12 make sure that I don't have too much or too little
13 of active ingredient, then you develop an
14 analytical procedure for that and then you validate
15 that by first of all saying that, if I have too
16 much or if I have too little, it really shows that
17 I have.

18 Then you have the second problem that each
19 analytical method is reacting to other things, to
20 disturbances and the interactions and so forth.
21 Now, you have to make sure that the normal
22 disturbances you have--in my process I have
23 excipient that vary a little and I have temperature
24 and I have humidity that these don't disturb my
25 measurements too much. So you have to vary these

1 and show that your measurement behaves okay.

2 Now, the real problem comes after that, I
3 think. And that is in the real process there will
4 be a number of new disturbances, that we haven't
5 thought about, indeed, we haven't understood. And
6 process analytical technology, based on
7 spectroscopy any other multidimensional sensors,
8 they are more sensitive to the whole world of new
9 disturbances, which is a very good thing because we
10 see them. But that is also problematic because we
11 don't know how to deal with this new information
12 and I think this is what we are, so saying, having
13 great difficulties with.

14 The first two, to have evaluated as any
15 other univariate or few-variate method we can deal
16 with in a very straightforward way. But to say
17 that optimistically, now processes analytical
18 technology will solve all future problems. Then we
19 have in the validation in some way to incorporate,
20 also, all future problems and that is a very great
21 difficulty. And we have to go piece-wise. And I
22 don't know if FDA is willing to go piece-wise and
23 say, now we have this operating as well as
24 traditional methodology and in five years we shall
25 see from real production how well it actually

1 caught unknown disturbances that we haven't seen.

2 DR. KIBBE: Let me just see if I've gotten
3 some of what you said and put it in my own
4 parlance. If we put in a new tool, which is
5 naturally more sensitive than the old tool, then it
6 will find variation that wasn't there before, just
7 because its sensitivity is up. We perturbate the
8 system to make sure it actually can notice changes
9 that we make in it so that we know it actually is
10 going to measure changes and not ignore them. and
11 then we decide at what point we're happy with the
12 variation it sees as being within limits. In other
13 words, we set our limits of its variation to match
14 up with what we've already got. All right?

15 Then we stop doing the second thing or the
16 original test and we now depend on this new system,
17 but we don't know, five years from now, whether it
18 will miss a change that the old system wouldn't
19 have missed. Is that part of our concern?

20 DR. WOLD: No, it will see all the things
21 that the old system saw but we know that the old
22 system we have today, is not adequate. Any system
23 we put in is inadequate for everything that happens
24 in the future. So, we want to simulate in some way
25 the real variation in the production, including

1 what we don't understand and this goes back, now,
2 to Ken, who says we don't understand our process.
3 We will never understand our process fully. That's
4 impossible, because it's more complex than our
5 brain.

6 MR. FAMULARE: It almost sounds, though,
7 you know, under the current paradigm you do the
8 process development work, you have your standard
9 analytical tests, you feel comfortable with the
10 process, you represent this as your specifications
11 and you validate against them and the process goes
12 along for five years and you find something, you
13 deal with it. And, you know, you may have to
14 investigate what caused that change. Now, the way
15 you're describing it, you'll--and I may be getting
16 it wrong--you'll put in a PAT process, it's more
17 sensitive but, hopefully, we've factored in the
18 sensitivity against the specifications so that
19 they're statistically and scientifically rational.
20 But then it sounds like you still want a five-year,
21 50,000-mile guarantee on it and I guess it would be
22 a similar parallel to, you know, any unknown that
23 might come up in the existing paradigms--in
24 excipient changes or something happens. I don't
25 know how we could satisfy that concern that you're

1 raising in that format and how PAT is making you
2 any worse for the wear.

3 DR. WOLD: If I may clarify a little. I
4 mean if we take, say, near infrared spectroscopy,
5 we know that we cannot see the differences between
6 different vendors of excipients. Now we are not
7 quite sure if it really matters, if this difference
8 matters. But we suspect that it may matter
9 sometimes and we--with multivariate sensor
10 techniques we can see much more. That means that
11 today we know from a scientific point of view that
12 actually the old way of writing specifications
13 we're just saying we need content uniformity and we
14 need this and we need that that is inadequate. And
15 we start to see that already and we start to have a
16 lot of process problems, the list of your directors
17 was very revealing in that way.

18 So the process analytical technology
19 brings hope we can see more, we can be more
20 realistic. But the question is, we can validate
21 and say we do the same lousy job as our present
22 measurements do, but that is not really what we
23 want. We want to do better. And the question is,
24 how do we validate that when we are not quite sure
25 what better is? But maybe I'm too academic, I

1 don't know.

2 DR. WORKMAN: Well, at the risk of
3 over--I'd like to get back to that but I was--but
4 at the risk of over-simplifying, I think the
5 validation procedure should include a
6 rationalization for what information's needed,
7 where it needs to be measured, when it needs to be
8 measured, how the information is used because if
9 you put enough sensors on the information or on
10 your process, it's sort of like, I think, raising
11 teenage kids, you don't want to know everything
12 they're doing, otherwise you'd be changing their
13 lives an awful lot more than you should probably.
14 If you know everything about the process how do you
15 deal with all this information? And then who
16 interprets it and do you throw out the bad stuff
17 and keep the good things to make it look good or, I
18 mean, there needs to be protocols, I think in all
19 those areas, but a good scientific rationalization
20 for each processes.

21 DR. CIURCZAK: One of the things I was
22 thinking of is we seem to be either or. One of the
23 reasons you might want to slap a dozen or two
24 sensors on a system is, literally, for information
25 purposes. And if you watch it over a course of a

1 year and you notice that when the moisture goes up,
2 you have a higher reject or you have tablets don't
3 dissolve, you now know you can control the
4 moisture. Now you can take that measurement tool
5 and use it for a control tool.

6 The same thing with anything else. If the
7 hardness doesn't seem to matter--if you go from 2
8 to 20 and your release rate's the same and
9 everything else, you can can hardness. I think
10 that, again, we can't a priori know what is an
11 important factor because as, Ken, who is one of the
12 few people that I found in the room when I came
13 into pharmaceutical NIR, many years ago. I thought
14 I was alone, then I heard this fellow, but you were
15 wonderful in "Jurassic Park," by the way.

16 And, but as Ken says, and he probably
17 predates virtually everybody in this room in terms
18 of looking at something like near infrared and
19 pharmaceuticals, that we don't know. We measure,
20 we hope, we guess, we do a Carl Fisher and hope
21 that the chemicals don't react with anything in
22 there and we assume that we're doing a lot of
23 things. But if we use the PAT as a monitoring tool
24 to begin with and then start filtering it--and,
25 right, we are sensitive, we may see things we

1 haven't seen before. There may have been changes
2 we had--we couldn't detect before. And we'll see
3 this and say, hey, it's subtle, but when this
4 changes our product goes good, bad, or indifferent.

5 So before we worry about validating them
6 as a control, let's see if we can get the
7 information--because there's a difference between
8 data and information. I once went to a place, and
9 I noticed that they were doing the room temperature
10 and relative humidity in every room and they had
11 two people in the company doing nothing but
12 changing these things. And I said, what do you do
13 with this? And, basically, they stored it. They
14 never changed anything due to it. They never tried
15 to get dehumidifiers--I said, that's a waste of
16 time, I said, it's numbers, it doesn't mean
17 anything.

18 We may find that out--we may find out we
19 are almost doing as much as we need to do right
20 now, a moisture on a granulation and a content
21 uniformity--you know, we automate those things and
22 we might wind up with excellent procedures. We
23 won't know until we actually try some measurements
24 along the way and, again, up front, you don't know
25 what's necessary and what's efficient. As I used

1 to tell the kids, you know, put the number down
2 from the bottles, everything that's on the label,
3 copy down. If it turns out it's not important, you
4 just filled up some pages. If it was important and
5 you don't have it, we'll never know where we went
6 wrong.

7 But from this, we can then start design of
8 experiment. If we can hold everything within range
9 and vary one thing at a time, now we can do a very
10 controlled scientific experiment and understand
11 what's important. And we may wind up throwing a
12 lot out and say these have absolutely no control,
13 these are the three things we need to monitor and
14 we have process control. We can't go up front and
15 say let's just take everything in at once and
16 validate it.

17 MR. LEIPER: I think the point that Joe
18 made was a good one, we've actually lived in this
19 area for an awful long time that things have been
20 moving on, et cetera. and this is going to be no
21 different, but our ship anchor is actually the
22 specification that it would be tested to in the
23 marketplace and our stability data. Because, you
24 know, we've got--we're not going to stop stability
25 testing at all. You know, so we're

1 bracketing--we're bracketing this, anyway, so as
2 it's moving along--I think that, you know, there's
3 a lot of good reference data that we're generating.

4 But I think that the difference is, it's
5 as Emil said, and I think someone else
6 said--it's--the testing that we do just now is just
7 data because it doesn't necessarily correlate with
8 our processes. It's only if that data has got that
9 information content that holds process data that we
10 can actually do the kinds of things that Jerry was
11 talking about.

12 And then, when you move on from that, as
13 we build that upper--not just within processes, but
14 across processes, we begin to build up knowledge
15 bases of approaches to formulation to work and tend
16 to be reliable and we can--we can begin to become
17 far more efficient at taking these things forward,
18 so it's about data, it's about information, it's
19 about knowledge.

20 And the last thing that we need is just
21 that little bit at the top of this triangle, it's
22 called wisdom. And that's to use it appropriately.
23 And that requires pragmatism that I think Art
24 refers to. Most of the time I've had his
25 acquaintance and he's been guiding us in

1 these--it's a wisdom to use that properly and not
2 just get bogged down with where we are today and
3 the problems that we might have in the future.
4 We're going to have problems in the future, but
5 they're not going to be as big as some of the
6 problems that we're facing today.

7 MR. CHISHOLM: Talking about dates and
8 information, I was in Dublin about four weeks ago
9 and they built a brand-new car park--now all the
10 big neon signs all computer controlled, and that
11 sign said nearly full. Now that's a completely
12 useless bit of information, when you think about
13 it, isn't it, for a driver? The number of spaces
14 that's left is useful information, but nearly full,
15 that's pretty ridiculous, really.

16 And I think there's an awful lot about
17 what we do and the pharmaceutical industry's a bit
18 like the nearly full concept. When I look at some
19 of the things that I've seen registered in the
20 past, by us, by other companies, they use--yeah, I
21 can't really say us, because this is being
22 recorded. Using five different methods to measure
23 the same thing and registering things like that.
24 And I really cannot see the point in that kind of
25 approach.

1 But I think if I was to take a view of
2 where are, we've got to start somewhere and I think
3 because we're all children, really, at this game
4 and there isn't that much experience built up,
5 you've got to start, as I've said already,
6 correlation to existing methods, et cetera, et
7 cetera, to build up a confidence.

8 Gradually, as you move along, you'll
9 realize that when you're controlling your process
10 all your tablets are actually in spec, because
11 you're looking at them statistically and you
12 realize that that variable blend time you've got in
13 there, which is accompanied by a certain algorithm
14 is actually relevant and you can say that because
15 you have all this evidence to prove it. And
16 gradually looking at the spectra and a blend
17 looking through a window will become the accepted
18 primary method because people will know how to do
19 it and it will have the same sort of background as
20 HPLCs have for 20 years or whatever.

21 And I think you've got to approach it that
22 way. You've got to learn to run--sorry, to crawl,
23 before you can walk, before you can run. So, let's
24 just be a little bit careful and take it nice and
25 easy because there are a lot of goals to go for

1 here. And, eventually, we will have methods that
2 will become primary in their own right, which at
3 the moment are certainly inferential and secondary.

4 DR. KIBBE: We have to do this again
5 tomorrow. And I know what happens, at least
6 someone at my age, if I sleep on something, I have
7 to start all over again from scratch the next day.

8 But what I really think we've come away,
9 at least coming to some kind of consensus that,
10 first that the Agency needs only provide the
11 general guidelines and the acceptability or the
12 understanding that we're going to accept good solid
13 data. You've got it, we're happy.

14 I think we need to have some more concrete
15 information for us to look at as a group and debate
16 to come with or refine what our guidance is going
17 to be to the Agency. And because there are people
18 here who seem to have their mind firmly wrapped
19 around some of these concepts, what I was going to
20 ask is this evening while you're dining and, maybe,
21 watching a rerun of "Jurassic Park," that you do
22 some things for us. And so, if you wouldn't mind
23 writing a three or four sentence preamble that lays
24 out validation of process analytical tools or
25 technology in a general sense for us to look at.

1 And if Jerry would--he did such a good job
2 of lists--I love his lists--if he could give us a
3 working list, not complete and exhaustive, but a
4 working list that we could suggest to the Agency as
5 suggested things for the companies to look at as
6 they go about validating both the process and their
7 control mechanism or their technology, that would
8 be a good place to start and then, I would wonder
9 if there is any other aspect of it that someone
10 would like to work on to bring to the table, so we
11 could start to marry it all tomorrow.

12 Tomorrow, we're supposed to meet as a
13 group and then break into our groups and continue
14 our discussion and I've noticed--and I get paranoid
15 about these kinds of things is that at some point
16 we have to come to a consensus and prepare a
17 summary, you see. And being good process
18 analytical kind of person, I'd like to begin the
19 process of preparing a summary as long in advance
20 as we can. So, Tom, do you have any thoughts
21 about, what, besides those two items might be added
22 to our little gathering? I know you came up with a
23 wonderful list of where PAT applied last time, and
24 some other things.

25 MR. HALE: Yeah, I think two things

1 that--and I don't know where it fits in your frame
2 that the idea of the impact of specification
3 writing on validation is important in that
4 categorization, perhaps.

5 And the other thing is the thing that we
6 don't do right now and haven't talked about is this
7 idea of batch versus continuous processes because
8 they're treated differently. And it gets back to
9 the control and all that stuff, but it's not
10 a--it's not a current validation concept that's
11 widely in practice but it's the natural result of
12 some of these things that come down the road.

13 DR. KIBBE: So, perhaps, you said you had
14 some of your thoughts in hard copy back at your
15 office. We could throw that into the pot, and then
16 we have a wonderful assistant here.

17 MR. D'SA: I had a question for Jerry.
18 You know, you mentioned about this multivariate
19 calibration for continuous closed-loop--the ASTM
20 criteria? Because that would be worth reviewing.

21 DR. WORKMAN: That's E165500, I don't have
22 a copy with me, but I do have a--I do have a lot of
23 the information .

24 MR. D'SA: Because some of the criteria
25 that was used in that--in those multivariate

1 calibration, especially for the criteria used to
2 validate the instrument, itself, and then the
3 criteria used for validation of the instrument for
4 the intended use that maybe the guidance wants to
5 tackle.

6 DR. WORKMAN: Okay, I can provide that at
7 a later time or some of the information.

8 DR. KIBBE: We have a laptop tomorrow that
9 we can--we not me, we, that is the--my father used
10 it on me all the time when I was growing up. It's
11 the we--we are going to clean the car, that didn't
12 mean he, that meant me. So, I've learned to say
13 that over and over again. We meaning you so that
14 when we have these thoughts from our colleagues we
15 could put them up on a projector and be able to see
16 them and--all right, and I think that would really
17 help us a lot because we're going to eventually
18 have a summary made up of that kind of information
19 that we'll share with the larger group.

20 MR. CHISHOLM: Can I make a suggestion?

21 DR. KIBBE: Yes, please, make suggestions.

22 MR. CHISHOLM: I think that something
23 needs to be in here about the general principles
24 that you want to be adopted and when we did the
25 definition early on, we used the word timely, which

1 I interpret as partly meaning statistically. So we
2 have to take things like that into account, I
3 think. Are we talking about statistical
4 monitoring? Things like that, I think, have to go
5 in the gate, but I think they're very relevant from
6 a validation viewpoint. Because if you're actually
7 monitoring throughout a batch, you're in a far
8 safer position and you're doing it on a statistical
9 basis than someone who's not doing that and your
10 whole set of validation criteria might, therefore,
11 be different. So I think we have to--

12 DR. KIBBE: So, those are two points
13 you're going to bring with you tomorrow, right?
14 Don't you love this--it's wonderful. The power of
15 the chair. I've always wanted to be a chair in
16 charge of brilliant people and I've managed to get
17 it and it's just--it's going to my head, I can't
18 believe--go ahead, Jerry.

19 DR. WORKMAN: There's one thing that
20 really bothers me, still. There's more than one,
21 but I'll just mention one. A lot of the discussion
22 seemed to be that the assumption was made that all
23 these great sensors are out there that you just
24 plug in and they give great numbers. And, of
25 course, that's not true. But let's say if it

1 was--the problem I'm having in the thought process
2 is--a protocol on how to use the information. You
3 have all these great sensors, they're working,
4 they're providing the information. What kind of a
5 protocol or procedure or recommendation is in place
6 on how to use that information. There's an
7 information glut, they're can be. So how--

8 MR. HALE: I think that gets down to some
9 sort of categorization or rationalization of how
10 you're going to use the sensors. We add
11 sensors--if only the process of adding sensors is
12 what PAT means, we do that already. There's not a
13 lot of difference except, perhaps, in complexity
14 between a thermocouple and a NIR/IR, it's how you
15 use it.

16 You can look at fluid-bed drying with
17 thermocouple and air flow in a nice thermodynamic
18 model and control it just as well as you can with a
19 NIR/IR sensor, you just happen to measure different
20 things and do it differently. So I think it gets
21 back in the case of validation here of how you're
22 specifically going to use the information.

23 DR. KIBBE: And also it gets back to what
24 do you accept as a usable output. And when we
25 talked last time about fingerprinting and the image

1 of three-dimensional graph made from all that data
2 and whether that image is superimposable or similar
3 to, rather than looking at discrete data. And
4 there's times when, if you go back to the days when
5 I first learned how to formulate and hardness was
6 the snap of the tablet in your ear when you snapped
7 it, and now we have very sophisticated equipment
8 that might not even get as good as some of the old
9 formulators could at getting it right. So, you're
10 right and I don't know the best way to approach
11 that. But I know that we have to recognize that
12 we're going to be swamped with data and we have to
13 recognize there has to be a way of looking at that
14 as a pattern instead of a datapoint.

15 And I'm hoping that information technology
16 in the form of computational power is going to come
17 parallel to where we're going with our sensors and
18 that at some point that computational power will
19 allow us to look at a sea of data at a reasonable
20 time frame and decide whether the pattern is like
21 the pattern was when the process was running well.
22 And, therefore, we will continue to march because
23 the pattern is correct. It's kind of like
24 recognizing a rose the next rose you see, if it
25 looks like a rose, it's a healthy rose, we keep

1 going. And computational power will get there and
2 then if we're lucky, around about 2015 they won't
3 need us, the computational power will have passed
4 us and they'll just tell us what we've got.

5 DR. WORKMAN: So, is it a goal to try to
6 come up with some discussion, at least on how
7 we--how the information will be used from these
8 sensors?

9 MR. LEIPER: I certainly agree with Jerry,
10 I think it's a goal. I think that the problem that
11 we're in just now is that the data that we're
12 generating, we can't actually correlate it with
13 process performance or product quality. That's
14 where we happen to be now, and we've got to move on
15 and say, okay, other sensors might give us more
16 information-rich data and it's going to be an
17 integrated procedure. I--and I don't think that
18 we're going to move from where we are now into
19 tremendous information overload because I don't
20 think that we can make that step change.

21 DR. WOLD: Just one thing more that I
22 think we need to have in the validation and that is
23 that the company should specify the infrastructure
24 into which he puts this and show that it is
25 reliable in some way because you can have the most

1 beautiful equipment and if you can't take care of
2 the data, store them and show them back in a
3 reliably way, it's worth very little. And, also,
4 the preparedness for things going down. That was
5 discussed before, redundancy, some way of either
6 diagnostics showing that the instrument will work
7 for another day with high probability and detect
8 when it's going down. So you are prepared for
9 problems with the equipment and because with very
10 multidimensional equipment you'll get into more
11 serious problems when it goes down than with
12 individual things.

13 DR. KIBBE: I think Jerry's point and your
14 point are very well taken. And we need to have
15 something in there that says at a minimum that we
16 recognize that these are problems and that the
17 company should have a way that they intend to
18 approach those problems. I mean, we can't tell
19 them how to store their data, but if they don't
20 have a method, we're a little worried.

21 Anybody else have anything else, because I
22 think we're at a stage where we can now, cogitate,
23 modulate, ruminate if you're an herbivore and think
24 about what we've done, and then tomorrow come back
25 and put together something that I think might be

1 useful for the Agency to move forward with.

2 DR. MARK: One think that I'm concerned
3 about, Jerry, one part of what Jerry said and maybe
4 the Agency can address it, because when I got
5 involved with this in my work with Gary Ritchie in
6 Purdue, we'd been working together on doing NIR for
7 quite a while. And it started--one day he brought
8 up the question of validation, which I'd never been
9 involved with before. And we started talking about
10 it a little bit. And I said, well, Gary, and Gary
11 showed up and he can verify what I said, maybe he
12 can even actually say it better than I can re--you
13 know, rephrase his words.

14 I said to him, Gary, suppose, you know, we
15 were to somehow get a calibration model, this for
16 NIR, suppose we get a calibration model handed down
17 by God so we know it's the right model for this
18 stuff. And we went through all the validation
19 exercises and we were able to show that this model,
20 you know, passed perfectly, it was accurate, and it
21 was linear and it was robust and everything else
22 that the analysis had to be. Would the FDA accept
23 it? That if we didn't, you know, make some kind
24 of--you know, that we just, you know, did it from
25 the data somehow, you know by magic or whatever you

1 want. And he said, no. He said the Agency
2 wouldn't accept it and the reason the Agency
3 wouldn't accept it is because we would not have
4 shown a causal relation between the known chemistry
5 and physics and spectroscopy and what we were
6 doing. You know, essentially, what Jerry was
7 calling was in a black box, okay. We would not
8 have shown a causal relation inside that black box,
9 okay, it's an empty space there.

10 And, according to Gary, you know, and like
11 I say, I may not be saying it right and maybe I'm
12 not understanding it right, and maybe the FDA has,
13 you know, a different view and what I'm saying
14 isn't correct. And maybe FDA can address this a
15 little bit now, to us. But he said the Agency
16 wouldn't accept it for that reason. So, you know,
17 the black box approach, as I understand it would
18 not be satisfactory as of right now. Now, maybe as
19 a result of these meetings and so forth, you know,
20 it might be the situation now, maybe the Agency
21 might change it's policy with regard to that--that
22 if a, you know, it was completely validated, we
23 could get by without the causal relation in some of
24 these cases, but right now the understanding is
25 that it would not be acceptable, so, that's a hole,

1 I think in what we're doing here, which one way or
2 another needs filled in.

3 DR. KIBBE: Joe, you or me?

4 MR. FAMULARE: Oh, I would just say we're
5 here trying to understand the question fully, I
6 think would be the fairest way to answer that. You
7 may have some wisdom you want to shed before I make
8 an attempt.

9 DR. KIBBE: Well, I mean, cause and effect
10 relationships are few and far between. Correlation
11 that's reliable and predictable and one predicts
12 the outcome of the other and vice versa is about as
13 good as I think we're going to get with most of
14 these measures. To truly understand the cause and
15 effect, then we have to understand end Bane physics
16 and a number of black holes in the universe and a
17 lot of other things that might not apply.

18 I think what Jerry's saying is very true.
19 If we have a reasonably tightly defined system and
20 even if we don't know every little change in the
21 blend dynamics within the system, if we have good
22 correlation between two measures and they predict
23 somehow the uniformity of the outcome, I think
24 we're going to have to live with that.

25 MR. FAMULARE: I think we live with a

1 whole lot less today.

2 MR. LEIPER: I'll second t.

3 DR. KIBBE: You can only elaborate if you
4 go to a microphone.

5 DR. ANDERSON: While Gary comes up to the
6 mike, a comment on the whole black box idea. Black
7 boxes are validatable, but validating a black box
8 is problematic because you don't know precisely how
9 to challenge that box. You don't know what the
10 black box is susceptible to and you don't know how
11 it is that what can go on in your process that you
12 didn't account for early on that can change and
13 affect you. So the less of a black box it is, the
14 better, but that's not to say that a black box is
15 invalidatable.

16 MR. RITCHIE: Yeah, along the lines of
17 what Carl just stated and where Howard was going,
18 what I was really trying to pinpoint in saying that
19 here is an equation that arrived on my desk that
20 says that this process does a certain thing. And
21 that I could take that equation and measure that
22 process repeatedly, the problem is I don't know
23 where the equation comes from. How many parameters
24 did I measure to come up with that equation. And
25 it's not good enough for me to accept that, you

1 know, 3 wavelengths or 3 factors explains what that
2 process is doing and then I can take those 3
3 wavelengths back again and cough up a result.

4 I can't--I never could accept that, unless
5 I could show that there was a measure of
6 specificity or that I was repeating a result due to
7 the combinations of two or more factors and I could
8 do that over and over and over again and know,
9 maybe I don't know every little molecular aspect
10 of, let's say the powder blending, or fluid
11 pumping, but I know that every time I do it, no
12 matter whether it's 2 o'clock in the morning or 2
13 o'clock in the evening, that those two wavelengths
14 accurately predict.

15 There is a measure of correlation. Now,
16 whether I can say that there's cause and effect due
17 to the physics and what not, I don't know to what
18 level we have to go. I imagine Svante would be
19 able to help me out with really what we're doing
20 when we take those factors or when we take those
21 wavelengths. I don't believe we're looking at
22 physics, but I know that there is a measure of
23 confidence. And that's really what I'm trying to
24 get at. I don't know if I made it worse or better.

25 I think that's what the Agency's looking

1 for from us is when we come to them--what is the
2 confidence level? Where's the repeatability? What
3 is it that you're saying this equation is doing?

4 DR. KIBBE: Thank you.

5 DR. WORKMAN: Well, before Svante
6 addresses it, I was going to say something. Of
7 course, if you treat it as a black box, you can
8 look at standard samples--at one or many standard
9 samples and determine if the black box is doing
10 exactly what you think it's doing and what you said
11 it was doing and what it originally was doing. So
12 you can, you know, determine if that is functional.

13 And then when--if you look at full
14 spectral data or full chromatographic data you can
15 compare that shape and see if that's within the
16 calibration space of the shapes that you've looked
17 at before. If it's outside of that then,
18 obviously, you have, you know, a problem. If it's
19 inside of that, then you're interpolating if it's
20 done properly and you know that you have some
21 confidence in that result. That's my.

22 DR. WOLD: Yes, about this little black
23 box. I think that it's two different issues. One
24 is to say, as Jerry, that we validate it as a black
25 box and that's a very nice thing to do because then

1 we don't make any assumptions--we change things we
2 can change and we see that it reacts in the way we
3 want it to react. That doesn't mean that we
4 believe it is a black box.

5 Now, I don't think that anyone here in the
6 room is willing to accept a PAT or anything else,
7 if we don't think that it is based on scientific
8 principles and built according to our best
9 scientific understanding. Then we know how to deal
10 with it. And we know what to expect from it. So
11 we don't have black boxes. But when we validate
12 them it is at advantage to deal with them as if it
13 were a block box. That's two different things.

14 DR. KIBBE: Thank you.

15 Go ahead, Tom.

16 MR. HALE: Can I ask a logistics issue?

17 DR. KIBBE: Yes, you can ask a logistics
18 issue.

19 MR. HALE: On our homework--

20 DR. KIBBE: Yes.

21 MR. HALE: --if we bring it electronically, is
22 that okay?

23 [Inaudible comment off microphone.]

24 DR. KIBBE: The answer is yes. They're
25 working out the logistics of the logistics. Yes,

1 if we bring it in electronically, he'll be able to
2 work it in somehow, and you have a question about
3 logistics.

4 DR. LO: I just want to say, anybody that
5 wants to do this, I'd prefer electronic to my
6 typing which is two fingers. So, please,
7 electronics.

8 DR. KIBBE: Tomorrow, we are supposed to
9 be called to order at 8:00 a.m. by Dr. Layloff, who
10 will not be here, but I will and I will usurp his
11 chairman's authority and call us to order tomorrow.
12 And then, we'll be making the regional--Kathleen
13 will make her statements, you know, how she says
14 that none of us are biased because we don't know
15 anyone else in the world. And then we'll go into
16 our working groups and we'll continue to do this
17 until we get close to lunch and then we'll be able
18 to report back to the group. So, have a good
19 evening folks and we'll look forward to tomorrow.

20 [Whereupon, at 4:47 p.m., the Subcommittee
21 adjourned to reconvene at 8:00 a.m., Thursday, June
22 13, 2002.]

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