Crisis Management – Case studies

Reinforcing patient safety in Europe
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Crises

“A time of intense difficulty or danger”

Crises Management

“The process by which a business or other organisation deals with a sudden emergency situation” OED (2011)
Regulation of pharmaceuticals

Classical Crisis

- Quality Defects
- Supply Threats
- Pharmacovigilance S/E
Regulation of Pharmaceuticals

Atypical Crisis

Emerging Disease Threats

Pandemic Influenza

2009 / 2010

Bioterrorism

2001 / 2002

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Reaction timing

QUALITY

SUPPLY THREATS

PHARMACOVIGILANCE
Life threatening
Serious risk PH

Illness / mistreatment

Quality defects

No significant Hazard to health
Quality defect Octagam

- Recent increase in thromboembolic events
- Exact cause could not be identified
- Suspension until problem rectified September 2010

Suspension lifted April 2011
- Unexpected presence of a pro-coagulant factor XIa main cause
- Mfg process changes to remove and control for presence
- Post-marketing safety studies
Quality Defect Dialysis solutions

Presence Endotoxins
Peritoneal Dialysis Solutions
Risk Aseptic Peritonitis
Castlebar production site tested unexpected levels
Root cause identified =
March 2011 stock resolution
Life sustaining medicines = supply critical
Communicate to HCP / patients

December 2010

Root cause not identified =
Import equivalent products outside EU
CHMP updating December recommendations
In depth review of the manufacturing process of Castlebar

January 2011
Supply shortages Cerezyme and Fabrazyme

Sept / Oct 2009

Rare inherited enzyme deficiency
Cerezyme – Gaucher disease
Fabrazyme – Fabry disease
Cause = shut down Allston Landing (USA) due to viral contamination affecting quality of enzyme product
Interim recommendations:
Priority for children
½ dose / frequency ↓ adults

April 2010

Genzyme reported new Mfg problem related to plant water supply
Shortages to continue to Sept 2010
Cerezyme treatment recommendations to continue
Fabrazyme treatment recommendations modified as a result of deterioration of patients receiving a reduced dose
New recommendation introduced with regard to additional monitoring of ↓ dose patients
Examination of QA system at Genzyme

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Pharmacovigilance - Avandia

Art 20 initiated 9 July 2010

Response publications

Risk AMI, stroke, HF death

CHMP Opinion Sept 2010 to suspend Avandia

- No further restrictions to be introduced which would reduce risk.
- Benefits no longer outweigh risks

Initial authorisation Rsg associated with fluid retention / risk HF

- 2nd line use
- Restrict to exclude patients with HF / history of HF
- Monitoring effect

2007 – 2010: CTs / OBS studies / Meta-analysis identified IHD risk
- Further label restriction
Pharmacovigilance - Sibutramine

DSMB – SCOUT study

Oct 2009 informed EMA association
Sibutramine CVS problems vs placebo

Nov 2009 referral started

CHMP review (incl SAG)

Most SCOUT pts CI SPC label

But obese + overweight risk CV disease

-ve B/R product + suspension recommendation

Authorised MRP – Referral to CHMP 1999 + 2002 concerns
Re CVS

Conduct study patients with Cardiac risk factors – SCOUT study
Conclusions

Speed to react to internal and external “triggers”
Role of QP + QPPV within EU system
    = ensure 24 / 7 availability with back-ups

Communication and Decision Making

- within corporate structure
- with Regulatory Authorities
- Stakeholders – patients / HCPs 1°
Questions