

# Data Integrity Issues in Bioequivalence Studies

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# Outline

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- Introduction to data integrity
- Common data integrity issues - case studies from regulatory submissions
- Recommendations for managing data integrity

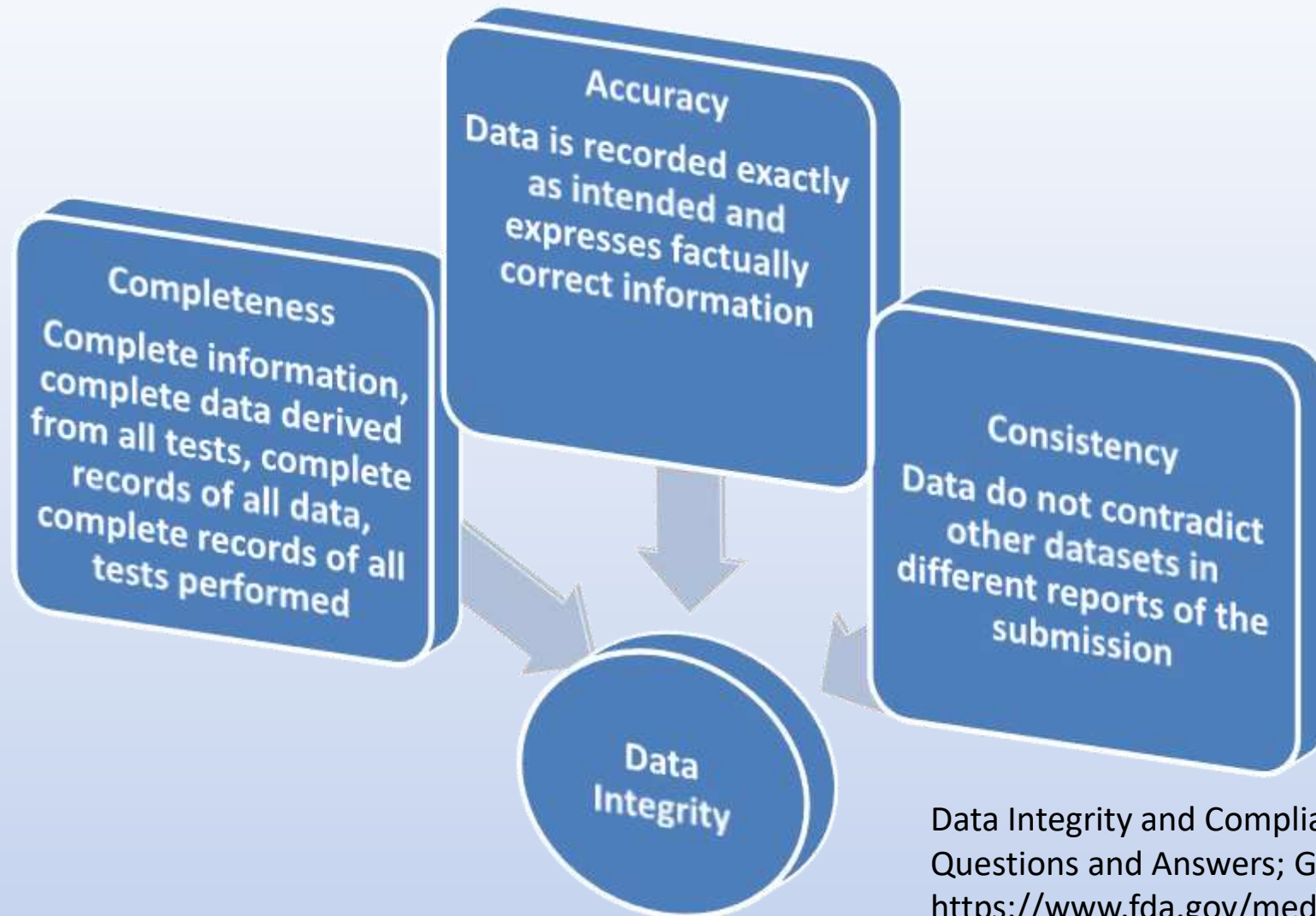


# Disclaimer

This presentation reflects the views of the author and should not be construed to represent FDA's views or policies.



# What is Data Integrity?



Data Integrity and Compliance With Drug CGMP: Questions and Answers; Guidance for Industry  
<https://www.fda.gov/media/119267/download>

# Why Data Integrity Matters



- Helps to ensure the safety, efficacy, and quality of drugs
  - An important component of the industry's responsibility
- Helps to ensure FDA's ability to protect the public health
  - Making decisions on inaccurate and invalid data can have consequences

## Potential Cost to the FDA (expend resources for regulatory actions)

- Advisory Action Letters, notifications to all affected applicants, rejection of data linked to the application(s) covering the length of time the violations occurred

## Potential Cost to Applicants and Contract Research Organizations (CROs)

- Financial burden for conducting new studies or audits by independent third parties
- Reputation and credibility

## Potential Cost to Patients and Public

- Delay in patient's access to new drug treatments and affordable generic drugs
- Medication failure resulting in serious adverse events including death



# Compromised System

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System includes people, machines, and methods organized to accomplish a set of specific function\*

Accidently compromised system:

- Errors in processing, execution, diagnosis
  - errors during transfer of data from one device to another
- Complacency and overconfidence

Intentionally compromised system:

- Physical action that change equipment (software), datasets, methods, etc., leading to falsification and fabrication of records and data

\*ANSI definition



# Commonly Encountered Issues

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## Examples from bioanalytical studies:

- Processing, data transfer, and transcription errors
- Incomplete reports
- Data replacement: data from acceptable runs replaced with results from reassays
- Data manipulation: swapping and mis-identifying study samples



# Commonly Encountered Issues

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## Examples from clinical site inspections:

- Insufficient and missing case history records for study enrollment
- Incomplete and under-reporting of adverse events
- Test results with unidentified or misidentified subjects
- Unexplainable discrepancies in subject sample accountability and shipping records





# Case Studies



# CRO 1 - Data Discrepancies

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Inconsistencies in the data identified in different sections of the submission

- Mismatch of the data in the clinical report, SAS transport files, and 'Analyst' printouts
  - Raw data was for a different applicant, conducted at the same CRO site for the same drug

Critical for CROs and Applicants to have a robust Quality Management System (QMS)



# CRO 2 – Data Substitution – Intentional Bias

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Analytical report did not accurately reflect the source data

- Subject sample data were projected to be accurate by overwriting the files
- For three failing QCs, the original chromatograms and data were substituted with reanalyzed QC data
- No documentation and reporting for reanalysis of failed QCs



# CRO 2 – Data Substitution - Intentional Bias (continued)

Chromatogram printouts for QCs  
in the **original** files

Sample **2189** injected on 10/8 at 19:51  
Sample **2200** injected on 10/9 at 7:34  
Sample **2211** injected on 10/9 at 9:12

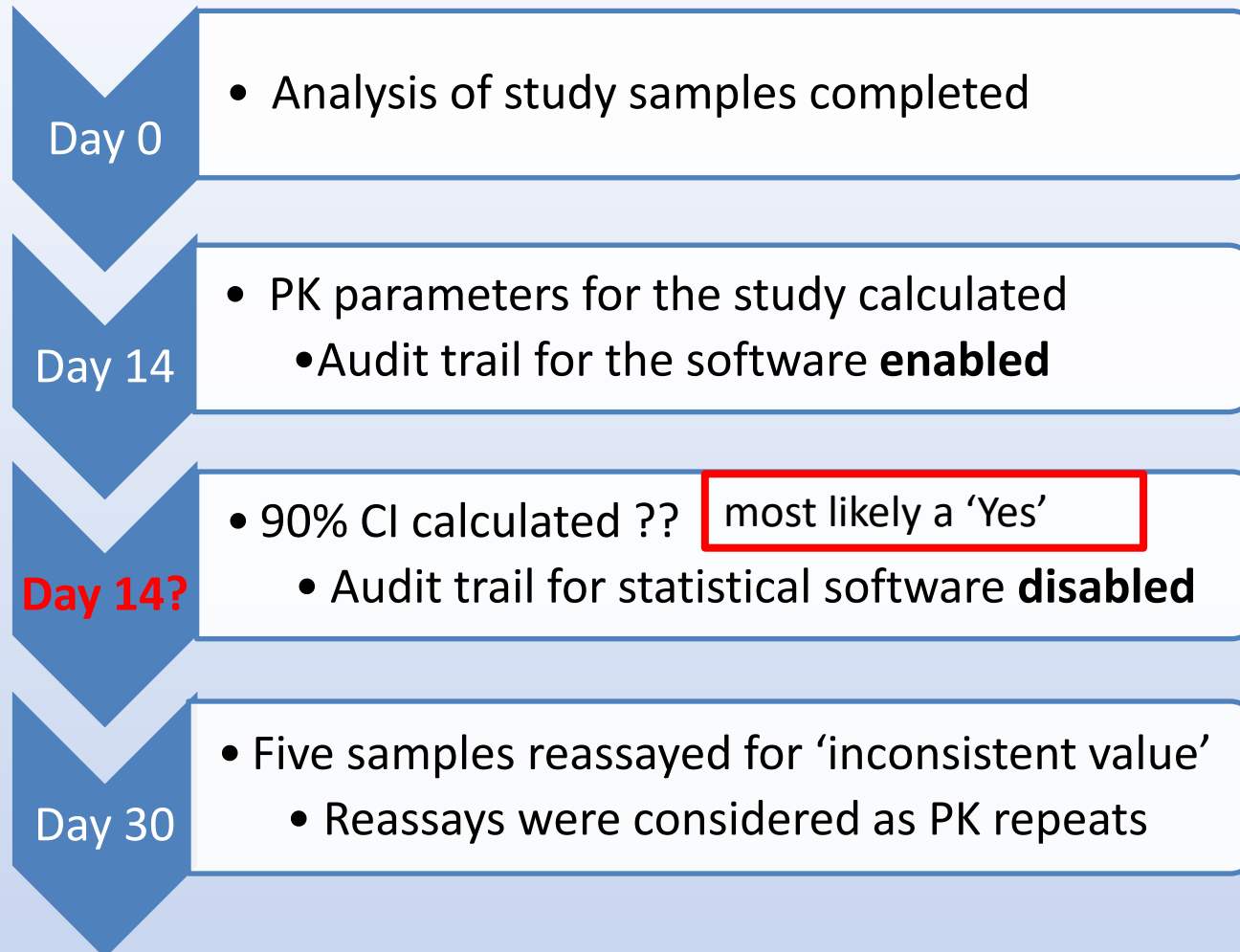
Chromatogram printouts of the  
**reinject**ed QCs -- dates and times,  
out of the chronological order

Sample 2188 injected on 10/8 at 19:42  
**Sample 2189 injected on 10/9 at 11:11**  
Sample 2190 injected on 10/8 at 20:00

Sample 2199 injected on 10/9 at 07:26  
**Sample 2200 injected on 10/9 at 11:20**  
Sample 2201 injected on 10/9 at 07:43

Sample 2210 injected on 10/9 at 09:03  
**Sample 2211 injected on 10/9 at 11:29**

# CRO 3 – Suspicious Data ?



Study failed to meet the BE limits using the original concentrations

The decision to reassay the five samples biased the BE study outcome



# Emerging Theme in Data Integrity

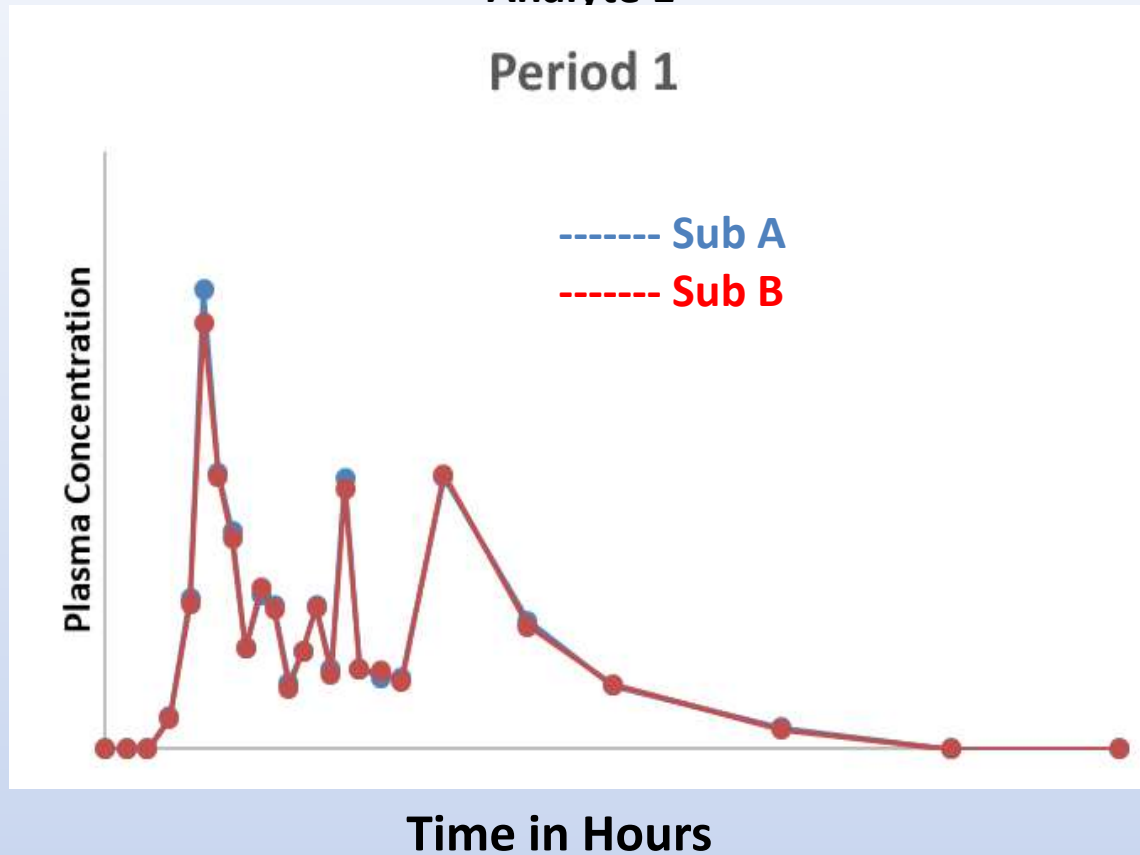
# CRO 4 – Anomalous Data



## Overlapping Profiles of Subject Pairs

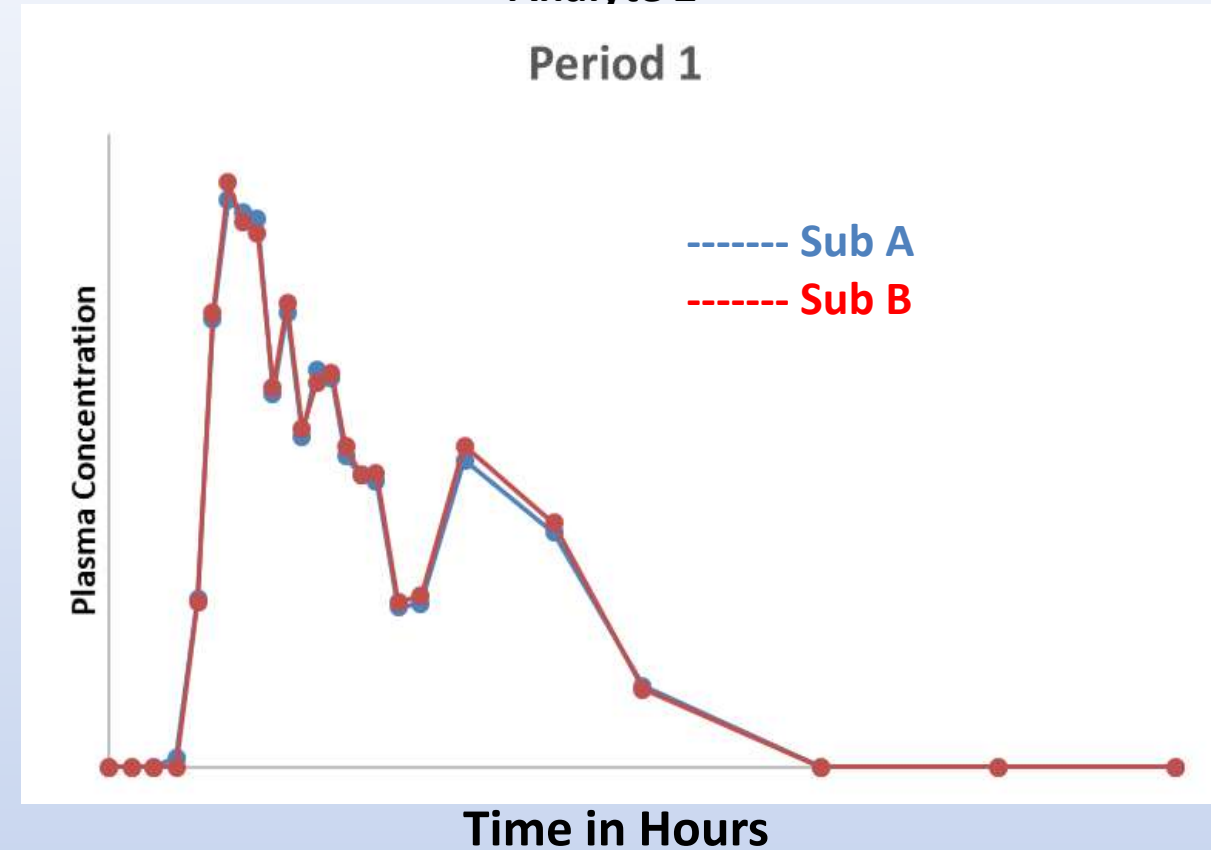
Analyte 1

Period 1



Analyte 2

Period 1

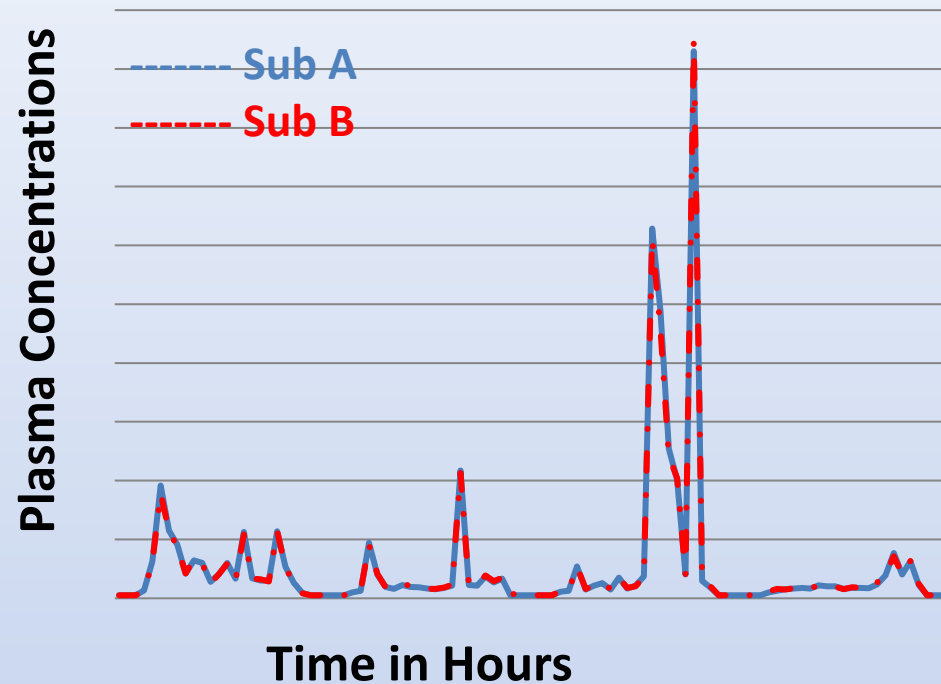


# CRO 4 – Anomalous Data (continued)



## Overlapping Profiles of Subject Pairs

Analyte 1 (All 4 Periods)

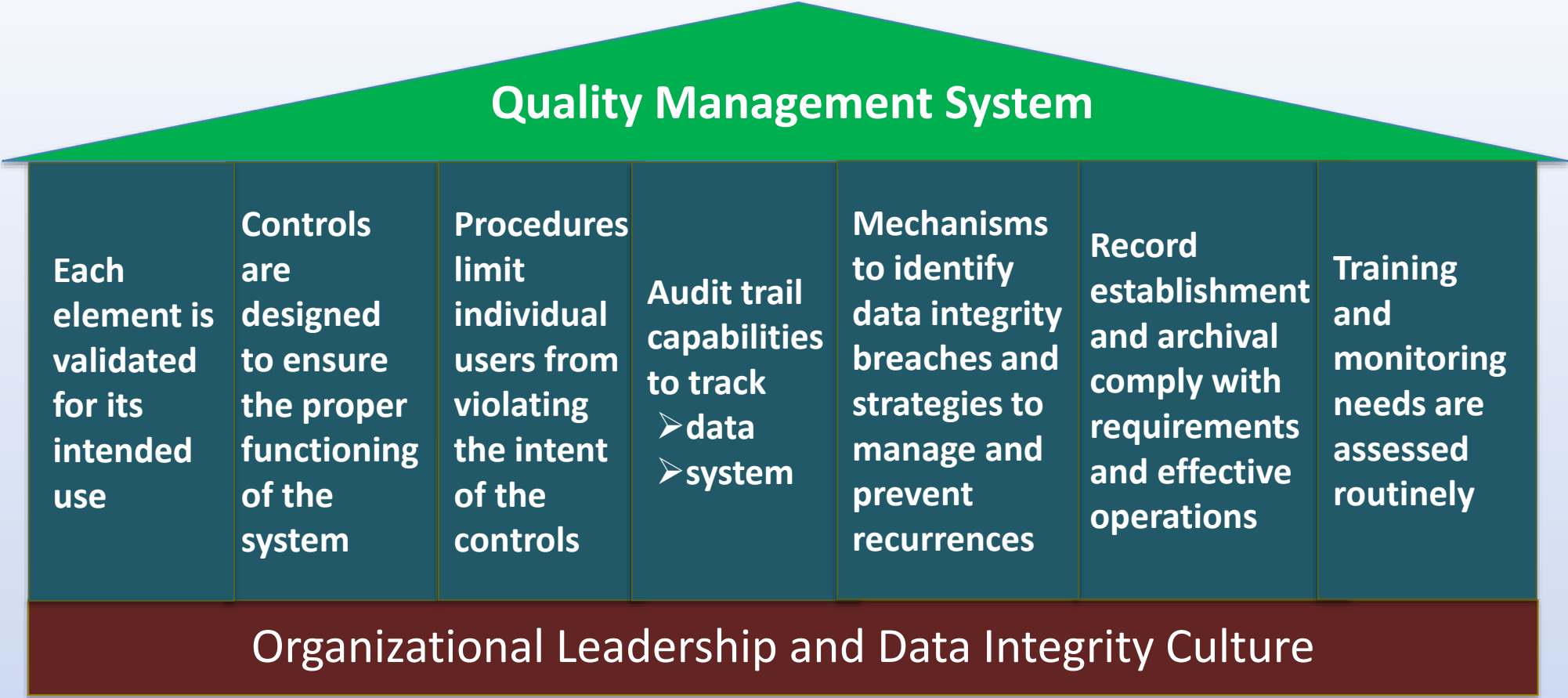


Analyte 2 (All 4 Periods)





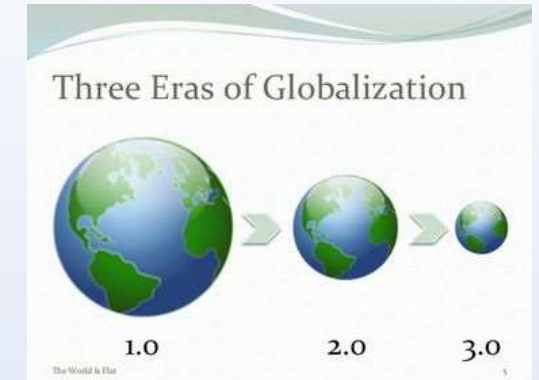
# What's Next – Build and Implement a Robust System



# Looking to a Future of Global Quality



- A leveled playing field for Data Integrity culture
  - Individuals and small organizations drove Globalization 3.0
  - Growing number of individual testing facilities increased FDA's involvement for ensuring compliance
- Applicants and CROs share the same goal of '**Patient First**' as the FDA
  - Intentional commitment to ensure integrity of data
    - Data integrity should not be left to chance
  - Implement robust Quality Management Systems
    - Shared responsibility to ensure all data submitted are complete and accurate



***Achieving data integrity is essential to protecting public health***



## Question 1

Integrity of data refers to data that is,

- A. Accurate
- B. Complete
- C. Consistent
- D. All of the above

## Question 2

When data integrity is compromised there may be a potential cost to the Applicants and not the CROs

A. True

B. False





