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# **Trends in Pharmaceutical Quality Assurance Perspectives of the Industry and Academia**

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# Disclaimer

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The content presented herein reflects solely author's unbiased opinion with no connection or influence from any employer or pharmaceutical company

# Introduction

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## Background

- Born in Brazil
- Italian Family
- Educated in Germany

## Education

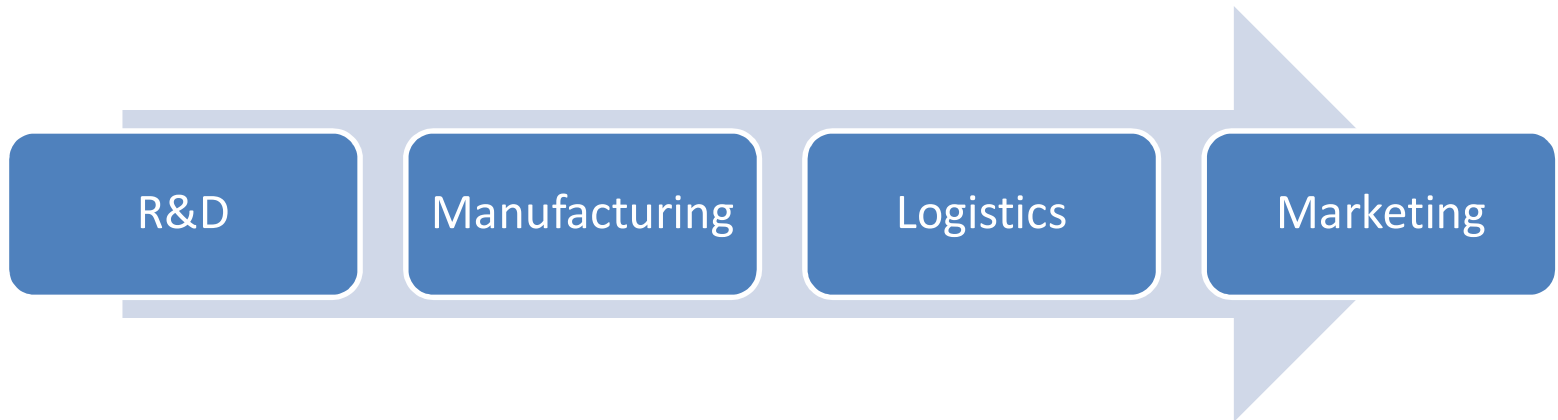
- Grad. in Pharmacy
- PhD in Pharmaceutics – University of Tuebingen
- MBA International Management – Berlin and Cambridge (UK)

## Professional Experience

- Project Management R&D pre-clinical and clinical
- Manufacturing of clinical supplies
- Quality Assurance
- Procurement and Sourcing

# Quality Assurance in Pharma

*Quality Assurance is present in overall pharmaceutical value chain*

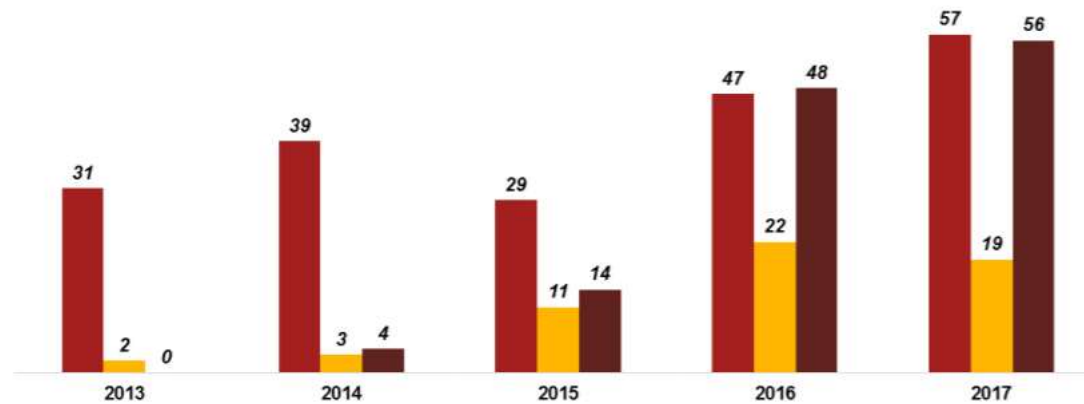


Typical activities	Pre-clinical research Clinical research Formulation development	Tech transfer Commercial production Quality Control	Distribution Warehousing	Post-marketing surveillance Management of product incidents
Typical QA function	Management of GLP Release of clinical samples Management of GCP during clinical studies	QA GMP compliance Auditing Batch release	Management of GDP activities	Management of product incidents

GLP: Good Laboratory Practices  
GCP: Good Clinical Practices  
GDP: Good Distribution Practices

# Why Quality Assurance is important?

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- Increasing number of QA related FDA Warning Letters
- Data integrity issues more than tripled in 2011 to 1720

# Why Quality Assurance is important?

*Consent decree is a drastic consequence of poor quality management*

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- If a firm has repeatedly violated cGMP requirements, the FDA may make a legal agreement with the firm to force them to make specific changes; the agreement, the consent decree, is enforced by the federal courts
- A typical consent decree can last 3-5 years and cost USD 500M
  - Fines and penalties
  - Lost sales
  - Remediation costs
  - Impact on reputation

# Key Industry Trends

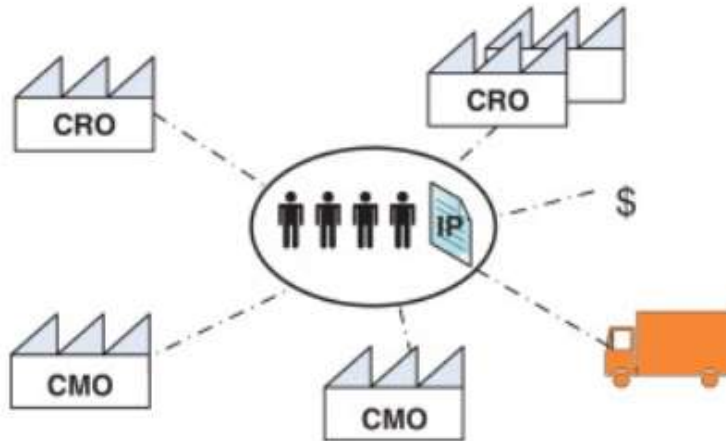
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1. Outsourcing and virtual manufacturer
2. Shift to personalized therapies
3. Blockchain and drug traceability
4. Artificial Intelligence and drug safety
5. Wearable devices and mHealth

# Virtual Manufacturer

*Flexible business model relies on the management of the supplier footprint*

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- Pharma company as IP owner and operations outsourced
- Flexible business model with cost benefits
- Challenge control of supplier footprint

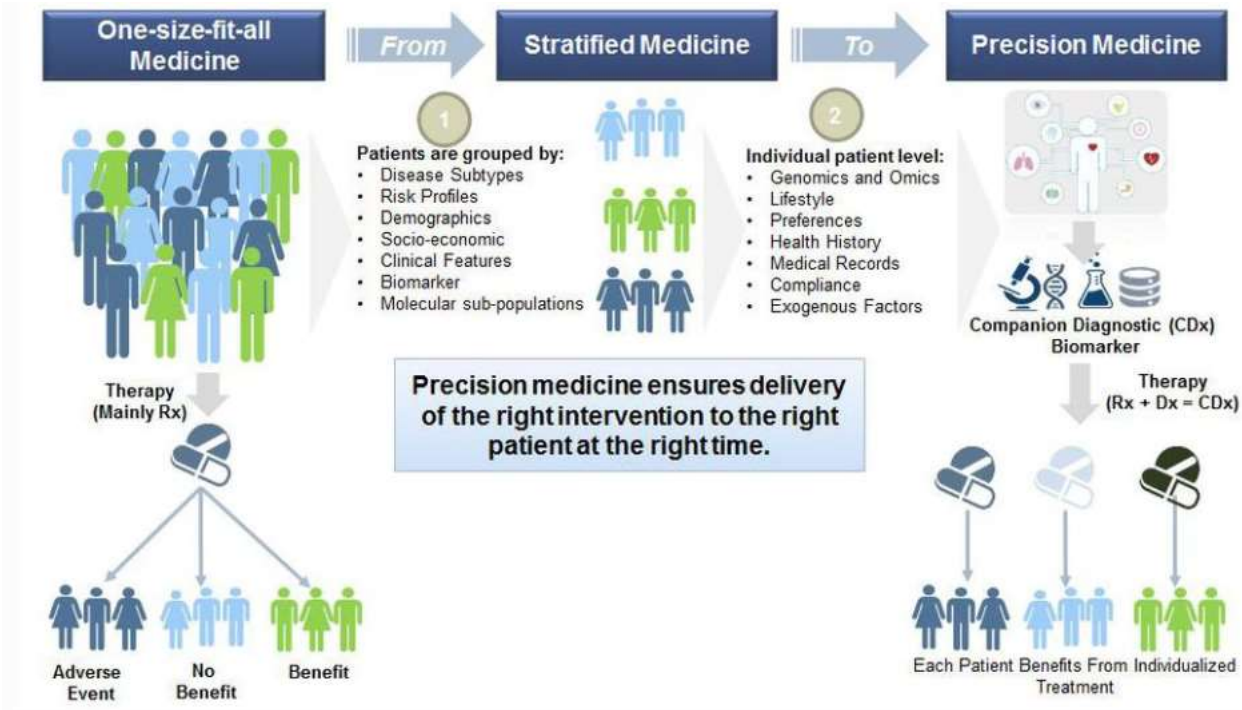
Source:

Geri Studebaker. Managing CMO Networks. Contract Pharma, 2011



# Shift to personalized therapies

*Paradigm shift from one-size-fits-all to precision medicine*

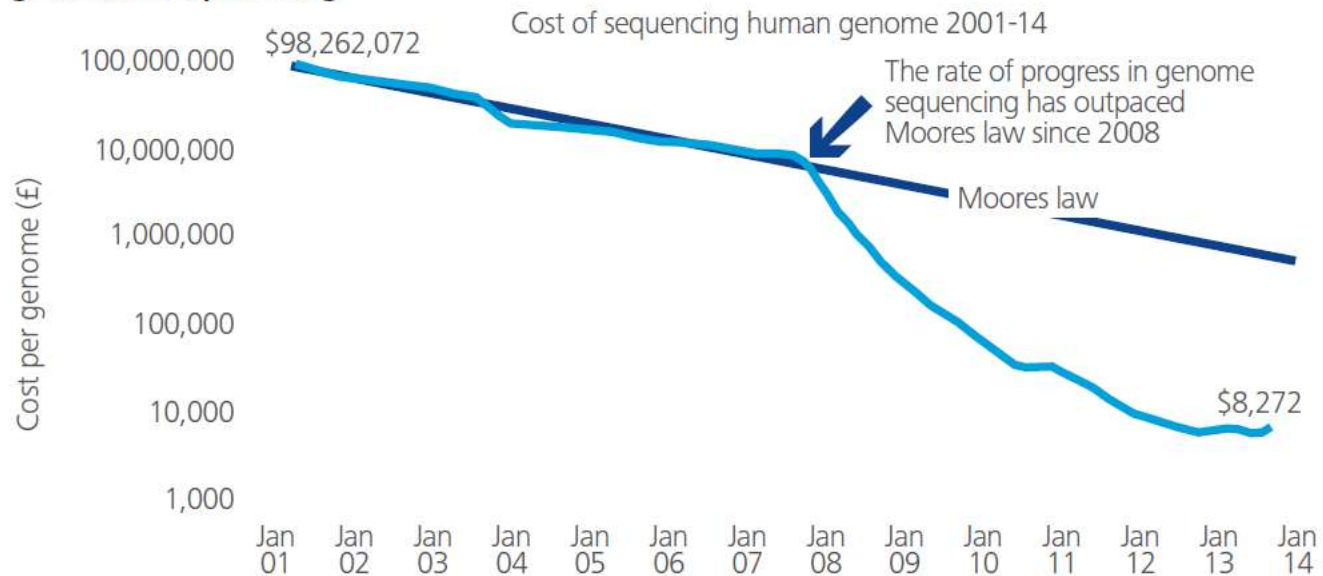


Source: Frost & Sullivan -Figure 1: New Paradigm Shift in Treatment

# DNA sequencing drastic cost reduction

*Reduction of costs enabling personalized treatment*

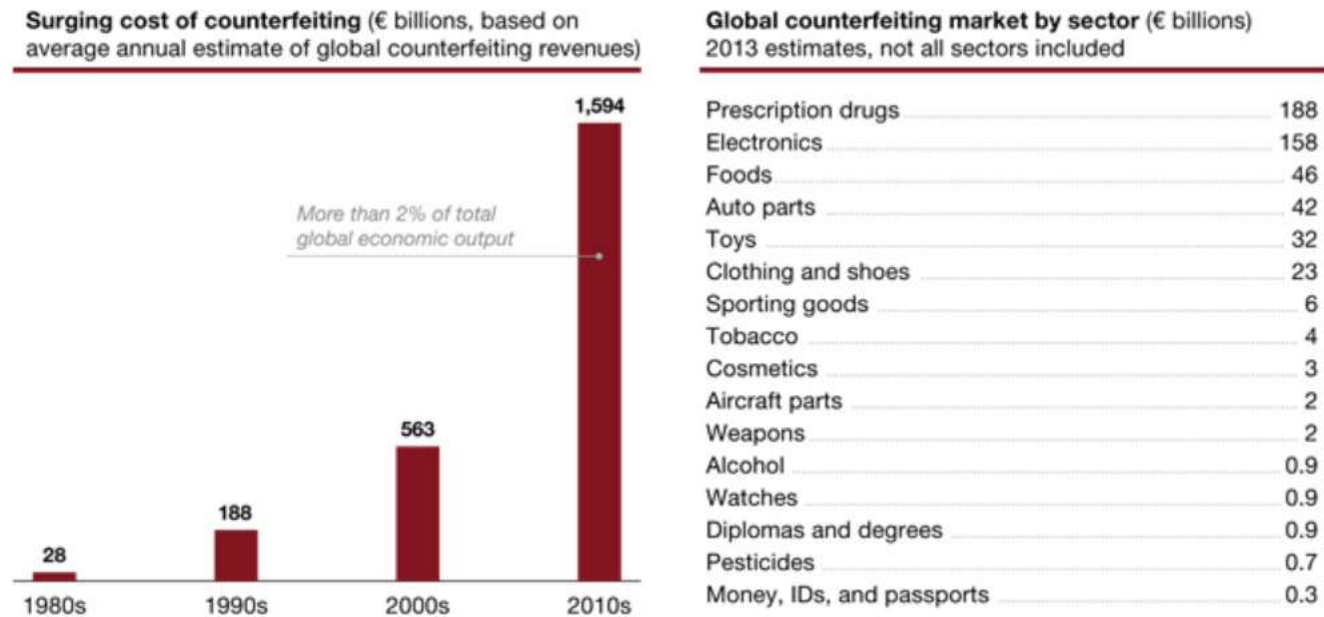
The rise of personalised medicine is supported by a rapid decline in the costs of genome sequencing



Source: National Human Genome Research Institute

# The Rise of Blockchain

## *The impact of drug counterfeit*



- Drug counterfeits accounts with 1M deaths annually

# The Rise of Blockchain

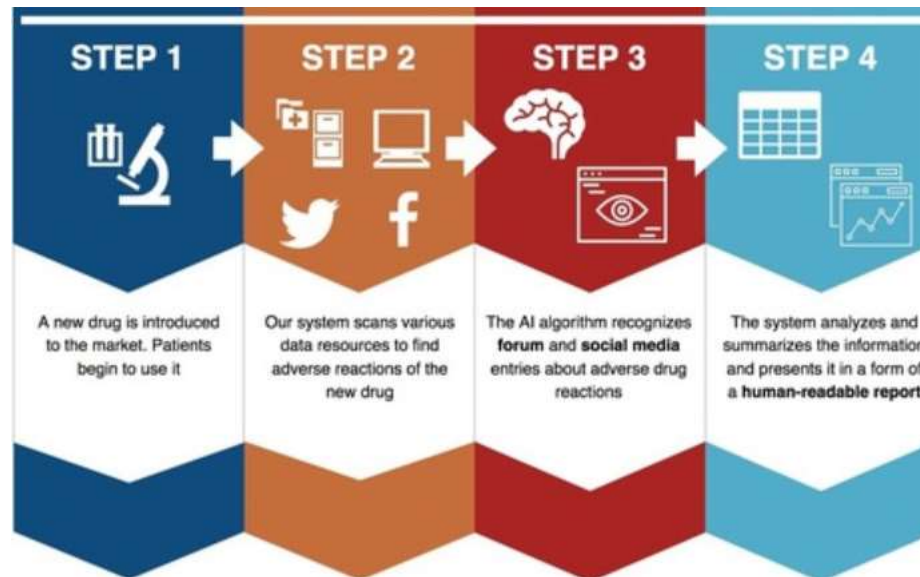
## *Blockchain to improve drug traceability*



# Artificial Intelligence and Drug Safety

*AI to enable monitoring of adverse reactions*

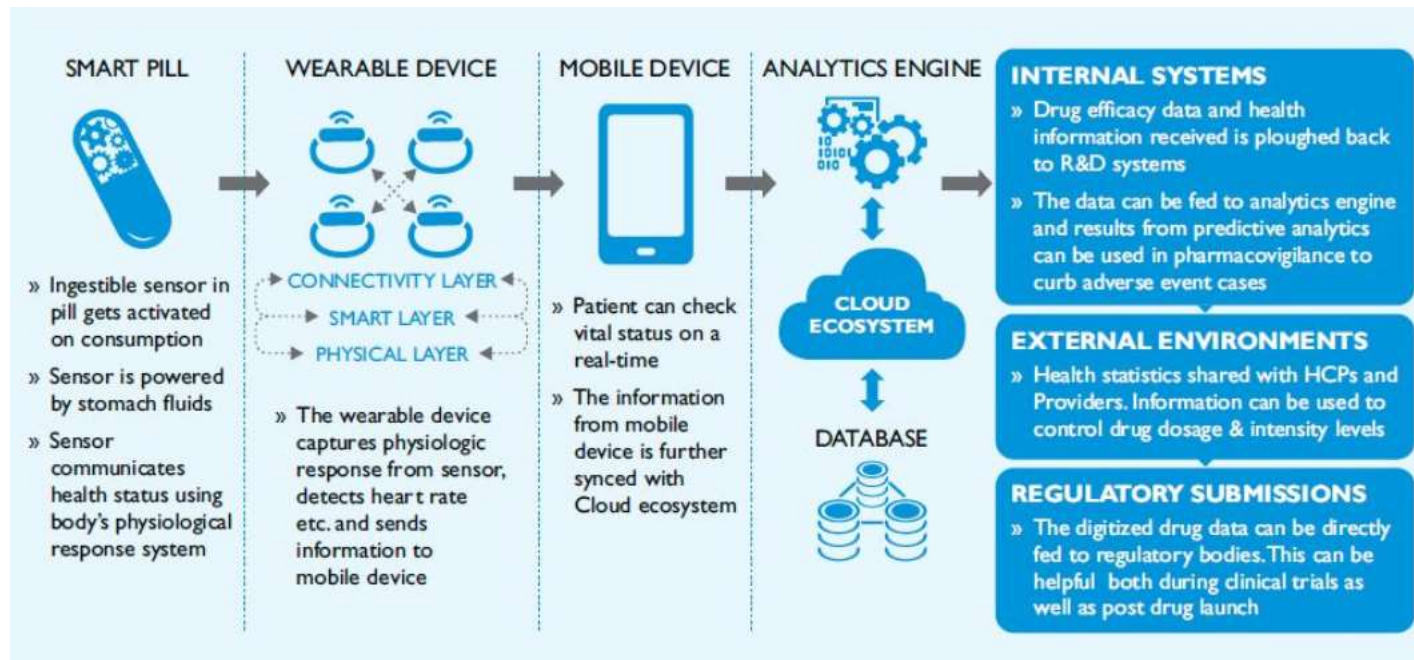
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- Engagement model with patients shifting to social media
- Real time monitoring of adverse reactions

# Monitoring technologies

*Wearables and mHealth growing exponentially*



- mHealth market grew 10x from 2013 to 2017 and still less than 1% of total market



# Transformation of Healthcare Models

## *Beyond the pills*

### Supply drivers



#### Medical & patient data

Electronic health records (EHRs), health sensors, social media, and genomics create rich new data sources for analytics



#### Big Data analytics

Cheap computing power and sophisticated analytics drive insights into patient behaviour, treatment costs and R&D



#### Mobile/mHealth

Pervasive mobile and smart phone adoption creates new engagement models within daily routines



#### Healthcare professional digital workflow

Increasing integration of EHRs and telehealth driving new digitally-enabled coordinated workforce models of care

### Demand drivers

Rollout business models tied to patient outcomes that also reduce medical errors and improve quality



Discover and deliver targeted and personalised therapies with real world evidence of impact



Influence patients behaviours 'beyond the pill' and sustain engagement outside the traditional care setting



Drive population management, protocol driven patient risk pool and stratification management



Health information technology enabled opportunities

# Key QA Challenges with New Technologies

*How Quality Assurance practices will evolve with the current trends?*

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- Personalized therapies
  - Lack of standardization
  - Early stage: e.g. CAR-T now as Biotech 20 years ago
  - Regulatory framework evolving
  - Shift from traditional manufacturing to cell processing centers
- Artificial intelligence, Big Data and Blockchain
  - Cybersecurity
  - Data confidentiality and security
  - Difficult acceptance in the medical community



# Perspectives of the Academic World

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*Are current educational programs adapted to  
QA careers and trends?*

# Quality Assurance skills set

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- Analytical skills
- Organizational skills
- Excellent written communication
- Interpersonal skills
- Keen attention to detail
- Critical/logical thinking

# Missing the link: Competency-based learning is not a reality yet

## Issue

Lack of alignment between higher education programs and current needs of Pharmaceutical Global Markets

	Traditional Education	21 <sup>st</sup> Century Education
Criterion for Curriculum Organization	<ul style="list-style-type: none"> <li>• Disciplinary content to be covered during the course or program</li> </ul>	<ul style="list-style-type: none"> <li>• Competencies to be developed as outcomes of the course or program</li> </ul>
Teaching	<ul style="list-style-type: none"> <li>• Coverage of prescribed disciplinary content</li> <li>• Lecturing</li> </ul>	<ul style="list-style-type: none"> <li>• Uncovering relevant and personalized meanings</li> <li>• Facilitating</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• Cognitivism</li> <li>• Consumption and processing of disciplinary content</li> </ul>	<ul style="list-style-type: none"> <li>• Constructivism</li> <li>• Task-oriented learning: <i>problem-based learning, project-based learning, internships</i></li> </ul>
Assessment	<ul style="list-style-type: none"> <li>• Assessments of disciplinary content processing</li> <li>• Focus on summative assessments (<i>assessment of learning</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of applied learning &amp; skills development</li> <li>• Ample formative assessments (<i>assessment for learning</i>)</li> </ul>

## Issues with the Batch Release

**You are hired as Quality Assurance Manager for Pharma Co. There is a building dedicated for the productions of solids dosage forms as tablets in the company where the QA team is located. This week the company is running a batch of a film-coated tablet used as analgesic, however the batch did not pass the dissolution test in the Quality Control. The results are out of specifications. The commercial team calls you in order to understand if the batch can be released.**

**What would you do in this situation?**

# Key Takeaways and Discussion

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- Paradigm shift of Healthcare models
- High level of digitalization
- Genomics playing a relevant role in personalized therapies
- Manufacturing models – cell processing

# Thanks

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