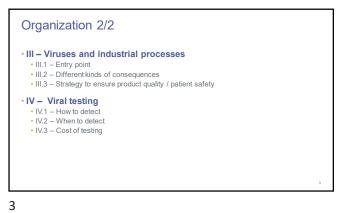
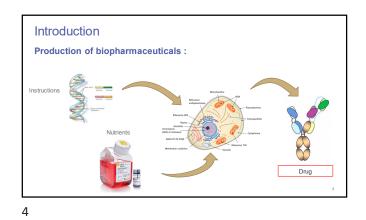
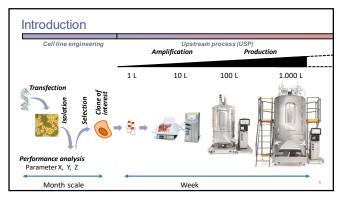
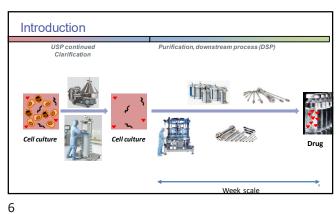


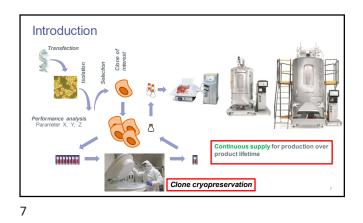
Organization 1/2 Introduction • Bio production, Cell bank and Biosafety • I – What is a virus? I.1 – Discovery and definition I.2 – Structure • I.3 - Replication • II – Pharmacopeia II.1 – Country specific pharmacopeia II.2 – Harmonization • II.3 - Internal documentation (each pharmaceutical company)

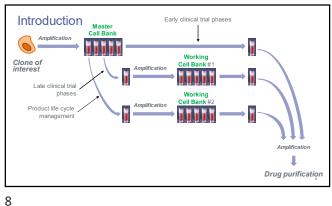


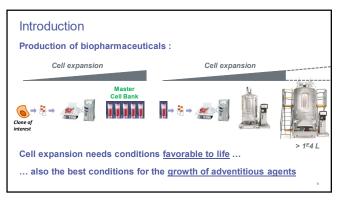




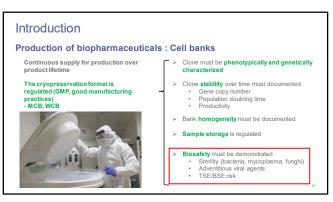


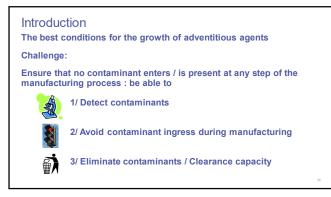










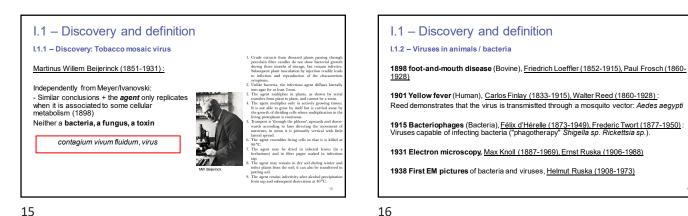




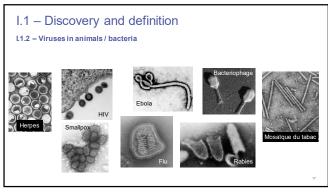


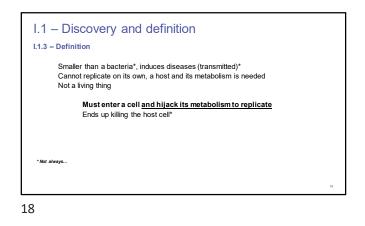
I.1 – Discovery and definition I.1.1 – Discovery: Tobacco mosaic virus Adolf Meyer (1843-1942): Dmitri Ivanovski (1864-1920): -The *agent* can be transmitted and induce disease. The *agent* does not grow on medium like bactaria / fungi (1882).
The *agent* goes through the Chamberland filter (1892). An enzyme ? A toxin ? A small bacteria ?

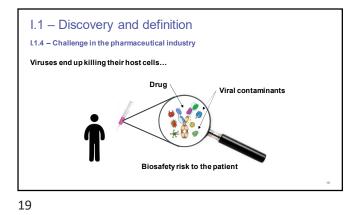
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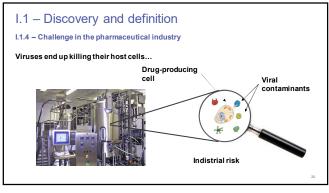


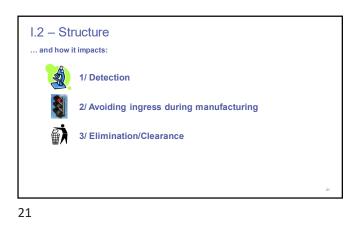


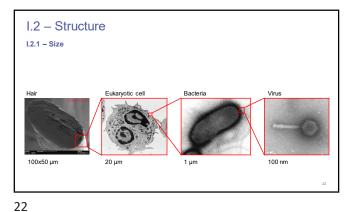


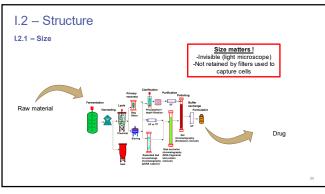


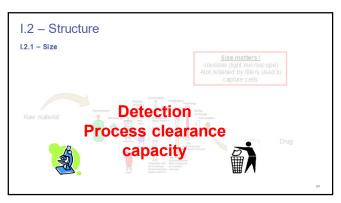


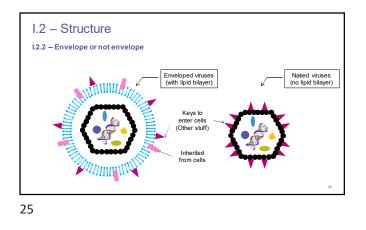


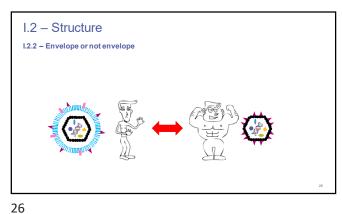






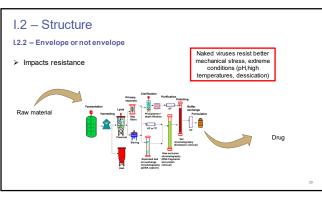


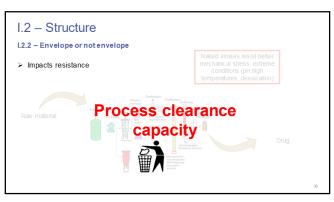


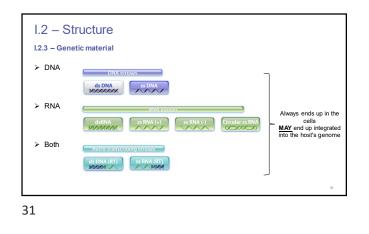


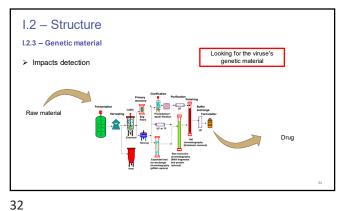
I.2 - Structure
 Impacts resistance
 Impacts resistance</

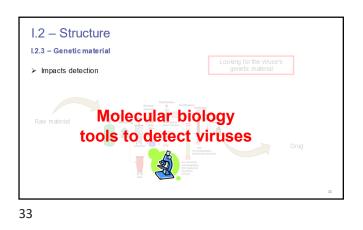


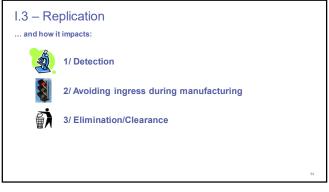




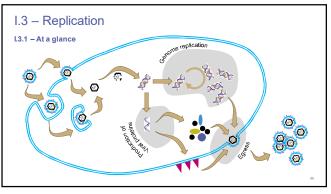


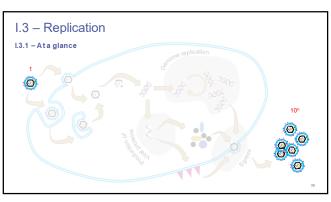


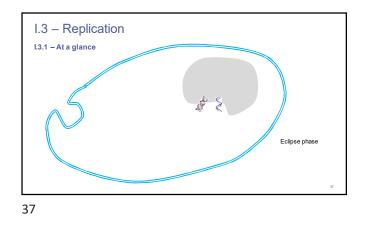


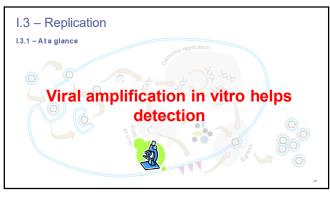


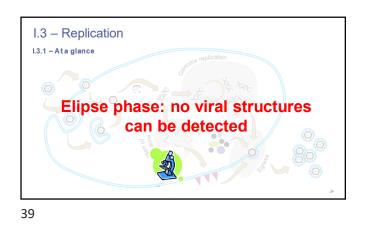


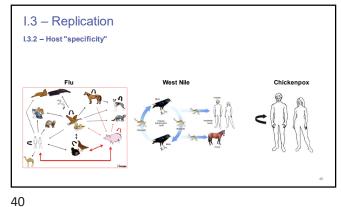


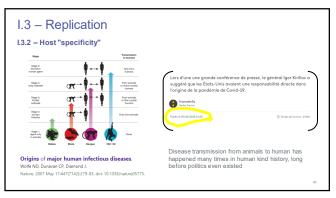


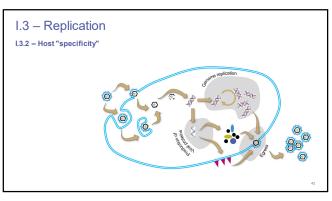


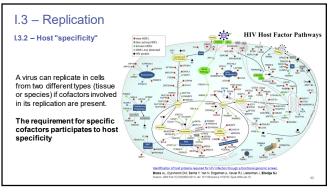


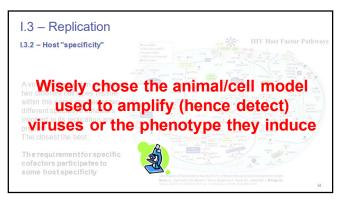




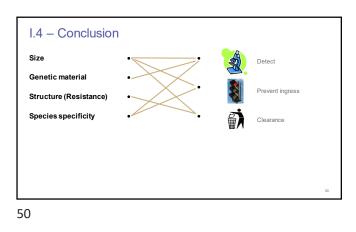


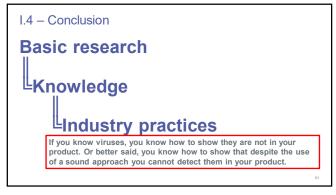




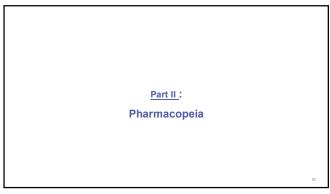


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II.1 - Country-specific pharmacopeia

II.1.1 – A set of rules to observe

Each country decides of a <u>set of rules (the pharmacopeia)</u> that drug manufacturers should comply with before a drug can be considered for clinical trial/marketing application.

The **marketing application** that is country specific is **reviewed by each country** and if it does not fulfil pharmacopeia expectations, the application is not accepted, the drug cannot be marketed.

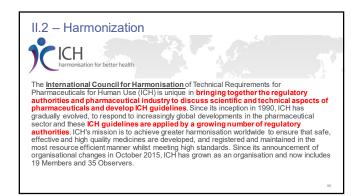
Among many other things, the marketing application should demonstrate that the drug is safe and free of adventitious agents.

In Europe, the marketing application must be approved by Europe AND countries.

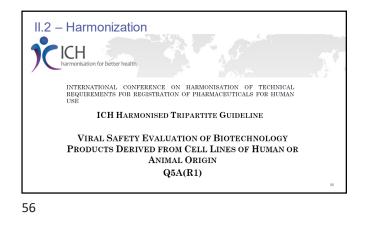
II.1 – Country-specific pharmacopeia II.1.2 – Examples Agencies by countries

France : Agence nationale de sécurité du médicament et des produits de santé (ANSM) UK: Medicines and Healthcare products Regulatory Agency (MHPRA) Allemagne: Paul Ehrmich Institut (PEI) / The Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) Europe : European Medicine Agencies (EMA) USA : Food and Drug Administration (FDA) Japan : Pharmaceuticals and Medical Devices Agencies (PMDA) Etc...

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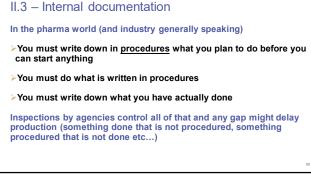
II.2 – Harmonization

The Pharma and ICH rules for biosafety are derived from what research came up with

Basic research ^LKnowledge ^LIndustry practices

If you know viruses, you know how to show they are not in your product. Or better said, you know how to show that despite the use of a sound approach you cannot detect them in your product.

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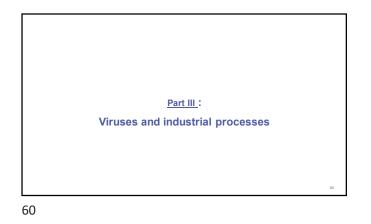


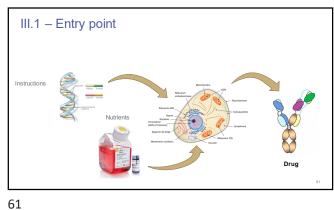
II.3 - Internal documentation

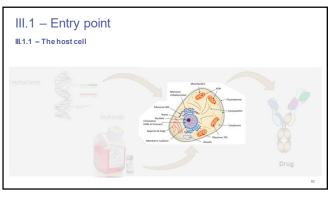
Regarding biosafety, each pharma has procedures that recapitulate expectations from international guidelines (country specific pharmacopeia, ICH etc...).

The procedure is the only document checked at the operational level.

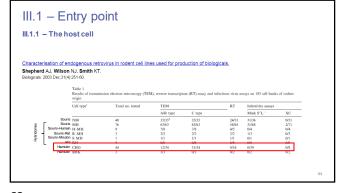
It has to give clear instructions so that what is done is what agencies want to see in the clinical trials/marketing application.



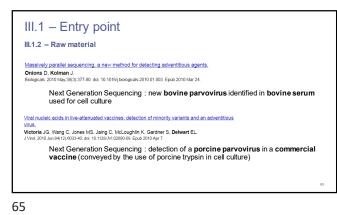








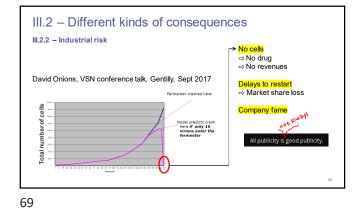




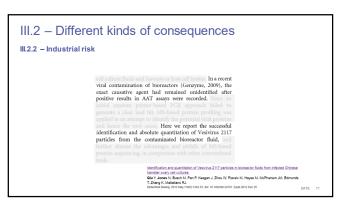




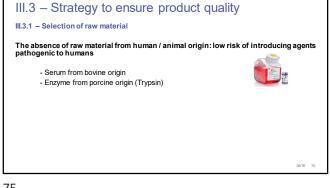


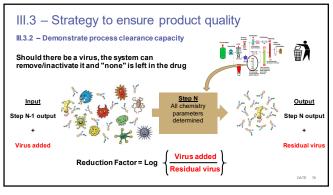


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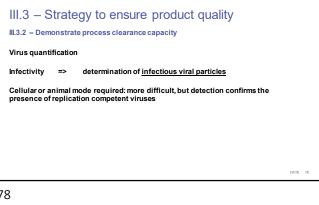




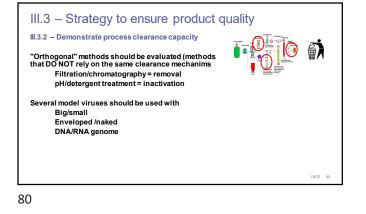










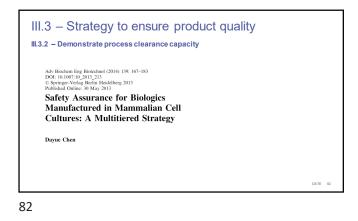


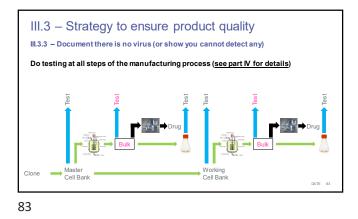
III.3 - Strategy to ensure product quality

III.3.2 – Demonstrate process clearance capacity

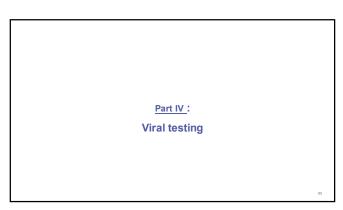
Reduction factor documented for each selected step and each model virus

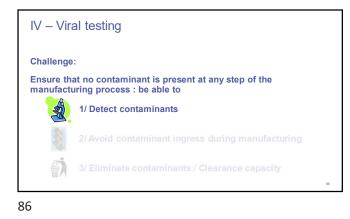
pH treetment c1	c2	2 b3 2 c3		•
pH treetment c1 Filtration d1	c2	2 c3		
Filtration d1				
	d2	2 d3		
S1				•
	S	2 S3	3	
Should there be X Virus 1 in the cell The amount of virus in the purified d		10 ^{S1}		

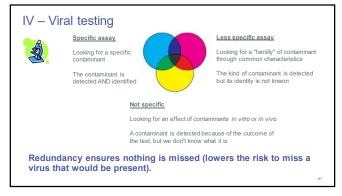


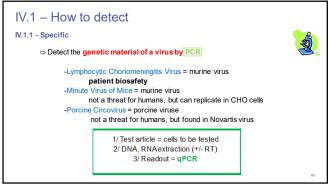


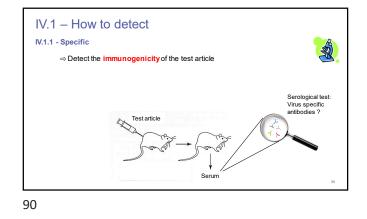


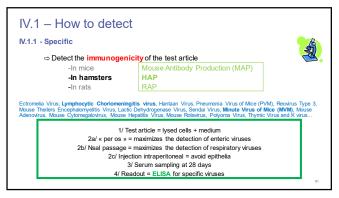


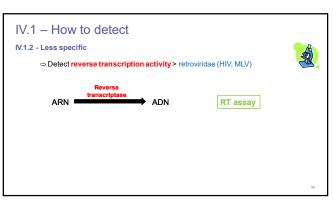


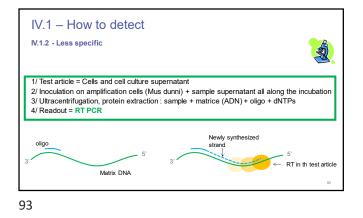


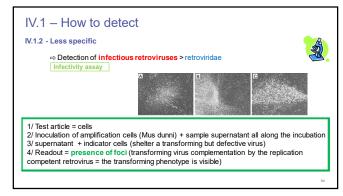


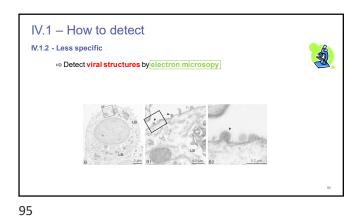


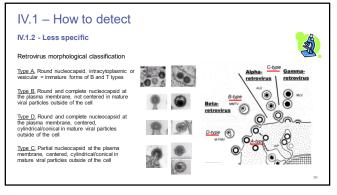


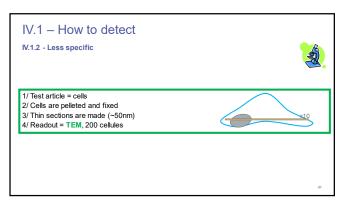


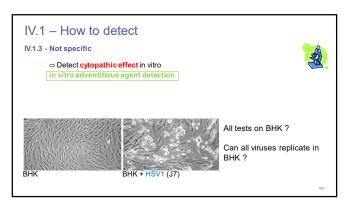


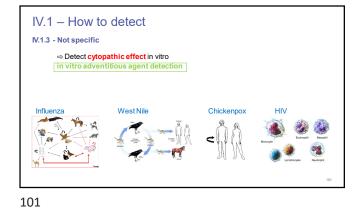


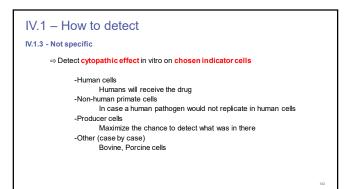


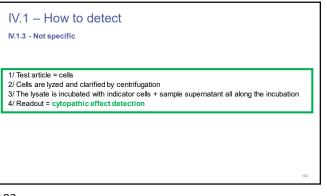


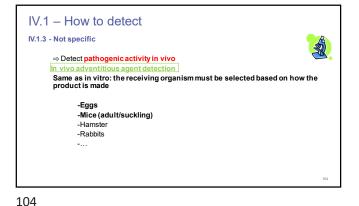


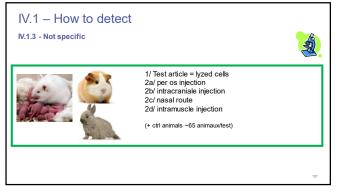


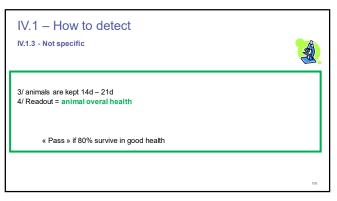


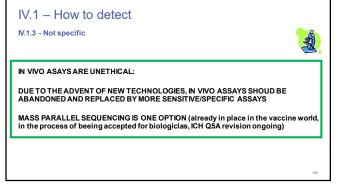


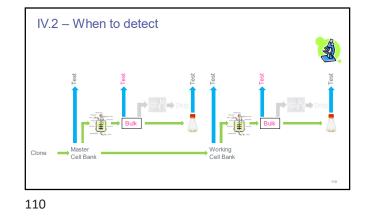


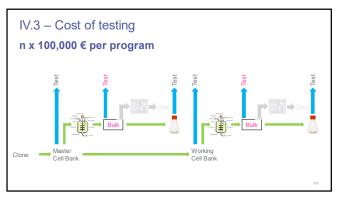












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Expectations in terms of biosafety are described in pharmacopeia Methods are derived from what science is teaching us and testing should be sound (redundant, relevant to the product). Molecular biology / Immunological methods In vitro / in vivo testing The rules are translated into <u>procedures</u> so that there is no ambiguity in what should be done at the <u>operational level</u>. It is expensive: do not do more, but do not do less than required either!

Biosafety is documented in the clinical trials/marketing application, and evaluated by agencies (each country). If it is not satisfactory, clinical trials cannot start/marketing is not authorized.