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FDA Issues 483s to Theranos for Documentation, QMS Problems

Theranos, a hot startup that recently received media scrutiny regarding its blood testing technology, has been hit with two 483s, one of which takes the company to task for shipping an uncleared device.

During an Aug. 25 to Sept. 16 inspection of Theranos facilities in Newark, Calif., an FDA representative determined that the company improperly identified Capillary Tube Nanotainer, a blood specimen collection device, as Class I exempt. It should be listed as Class II, according to the 483.

In addition, the FDA dings the company for not having a formal unit in place for receiving, reviewing and evaluating complaints. Its two written procedures don't accurately describe the entire complaint handling procedure. Further, its written procedures do not match those verbally described during the inspection.

(See **Theranos**, *Page 2)*

EU Recommends InductOs Suspension After Inspection Results Yield GMP Issues

Roughly three months after the European Medicines Agency announced it was seeking additional information on the InductOs implant marketed by a Medtronic unit, the health body has recommended the suspension of the product.

The EMA launched a review of InductOs, which is used to help new bone develop in patients with spinal disc problems and leg fractures, following an inspection by Dutch and Spanish authorities determined that Integra LifeSciences, the U.S.-based supplier of an active substance for the product, had deviated from good manufacturing practices at its Plainsboro, N.J., facility (*IDDM*, July 31).

Specifically, the inspectors noted that Integra did not have adequate measures in place to prevent particle contamination of the sponges. In the wake of this determination, the EMA's Committee for Medicinal Products for Human Use asked Medtronic BioPharma, which is based in the Netherlands, how the findings from the April inspection of the

(See **InductOs**, *Page 2)*

Theranos, *from Page 1*

The investigator also observed that complaints involving possible failure of a device were not investigated properly. It cites a complaint that says walls of a component were too opaque to see clotting clearly. According to the 483, the company neither identified nor investigated this as a complaint. It also did not confirm whether it needed to file an MDR.

The facility also is taken to task for not documenting corrective and preventive action activities. It made several corrections to its quality management system procedures without documenting or investigating the causes of nonconformities.

"For example, during this inspection, you were unable to produce documented supplier qualifications, and you corrected the deficiency by assembling the required supplier qualification documents for your suppliers," the 483 stated. The company didn't open a CAPA to determine the possible cause for not having supplier qualification documentation. Further, it failed to determine whether suppliers had always met quality requirements.

The company also is dinged for failure to do the following: Documenting software validation activities, establishing records of acceptable suppliers, having procedures for device history records and performing quality audits.

The company also received a 483 for an inspection at its Palo Alto facility that is heavily redacted. It hits the company over its design validation, which didn't ensure the device conformed to defined user needs and intended uses. In addition, the design was not validated under actual or simulated use conditions, neither design input requirements nor results of the design risk analysis were adequately documented and documents were not reviewed or approved by a designated individual prior to issuance.

In a statement, Theranos says it has been building quality systems. "Theranos had voluntarily begun transitioning from the CLIA laboratory quality systems to FDA quality systems throughout 2014," the statement adds. "We cut over to our FDA quality system during the inspection, which allowed us to correct all those observations at the time of the inspection or within seven days of it."

Word of the 483s comes days after news reports questioned whether Theranos' device, dubbed Edison, could be used in all of the tests the company claimed. It also questioned the test's accuracy. The company hit back against the allegations. "We are confident in the reliability of our tests, because we comprehensively validate the accuracy of every test we run," the company says in an Oct. 22 release.

Read the 483 for the Newark facility here: www.fdanews.com/110215-theranos-483-1.pdf and the 483 for the Palo Alto facility here: www.fdanews.com/110215-theranos-483-2.pdf. — Elizabeth Hollis

InductOs, *from Page 1*

Integra facility affect the risk-benefit balance of InductOs. The implant kit includes a powder that contains dibotermin alfa, a solvent, as well as an absorbable collagen sponge, an excipient.

The EMA has withdrawn the GMP certificate at the Integra plant.

While acknowledging that there is no indication of risk to patients linked to the inspection findings, the CHMP determined that the quality of InductOs cannot be assured with the current manufacturing process.

It concluded that InductOs should be suspended until the issues are satisfactorily addressed. In the meantime, there are alternative treatments available for patients, according to the health regulator.

The EMA's recommendation will be sent to the European Commission for a final decision.

A Medtronic spokesman says the company is in regular contact with Integra and is working with the company on a remediation plan. Once the GMP certificate for the manufacturer is reissued, InductOs' license will be restored.

The spokesman adds that Medtronic expects the facility will "be up and running soon." The decision only affects the distribution of InductOs in Europe. — Elizabeth Hollis

Regulators Offer Tips on Comments, Communications

Devicemakers finding themselves having to change postmarketing requirements or other commitments need to inform the FDA and other regulators as soon as possible if they identify gaps in their plans.

Indeed, there's nothing worse than sticking to a path a company knows won't work, according to Kim Trautman, associate director of International Affairs, Office of the Center Director within in the FDA's device center. "It just tells me that the people who did the original submission didn't know what they were doing," she added.

Trautman made these remarks during a standing room-only session at the Regulatory Affairs Professional Society Convergence Conference in Baltimore, Md., last week that featured consultants, an industry representative and regulators from Japan, Korea, Austria, Germany, the European Medicines Agency and the FDA. There were no formal presentations, but members of the drug and device industries were allowed to ask questions as they sought clarification.

If a sponsor must change something, it should make an amendment to the commitment justifying why it needs to make the adjustment. Failure to do so in a timely manner makes it seem as if you're pushing it off, Trautman added.

"Updating is not unusual," added Andrea Chamblee, adjunct professor, George Washington University School of Medicine and Health Sciences and Johns Hopkins University, referring to supplements in the postmarket setting. Still, many stakeholders fail to make needed changes in a timely manner.

When asked whether informing the FDA that a product has received a positive review in another jurisdiction would have an effect on the eventual decision, Trautman urged caution. "It's how you present it," she noted, but warned the audience not to play the agencies off against each other. She added that sponsors may want to consider concurrent reviews, allowing them to speak with regulators from multiple jurisdictions on the phone at the same time.

Andrea Laslop, head of Scientific Office at the Austrian Agency for Health and Food Safety, said the CHMP never ignores an FDA approval, but disease treatment approaches in the two regions differ. It's rare for a medical product to be approved in both jurisdictions concurrently. Laslop and Trautman agreed that withholding information from one regulator was a big no-no.

"It will come out," said Trautman, who added that she traveled for about 70 percent to 80 percent of her job and is constantly on the phone with other regulators. Not disclosing something will just make it worse for the company.

Sabine Haubenreisser, EMA liaison at the FDA, said the earlier stakeholders discuss issues with regulators, the better, as the agencies may be able to have a dialogue about the products in question and arrive at some sort of consensus.

Combination Products

When a company wants to develop combination products, Trautman urged early communication with the FDA. Specifically asked about a device-related change when the drug is the primary mode of action for the product, Trautman emphasized that it is essential to inform both drug and device centers of the change to head off any problems down the road. "Combination products are still struggling to find a consistent path," she noted, so transparency is essential.

Trautman also addressed communications with the FDA, after one participant said she had spent months trying to get an answer. "Yes, we do have a bureaucracy," joked Trautman, "but sometimes, we feel a little abused." Reviewers may be bombarded with questions, just as they are trying to meet mandated MDUFA time lines and other performance goals.

"Don't use us as informal consultants," she said. However, if a company believes it has a

(See **Trautman***, Page 4)*

Trautman, *from Page 3*

legitimate question and is not getting an answer, it should take it to the office or program level of the agency.

Ultimately, if the company doesn't get a response in a timely manner, it may contact the appropriate center ombudsman, whose job it is to bring about resolutions for complaints. Trautman told the audience not to be afraid to use the available avenues at their disposal to get a response, as the agency is aiming to have more open, informal communications with stakeholders.

The session concluded with a question on inspections and what to do if the company and the auditor are at odds over terminology. Trautman advised attendees not to change wording to satisfy an auditor's perceived want or need. Certain terms may have a particular meaning, such as validation — notified bodies and the FDA have different thought processes about that word. In those cases, it's better to be precise; in others, companies should do what's best for them. — Elizabeth Hollis

Japan Eyes Global Efforts; Updates MD/IVD Progress

For those manufacturers and other stakeholders wanting more information in English from Japan's Pharmaceuticals and Medical Devices Agency, your wait may soon be over.

Hideyuki Kondo, deputy director of the Medical Device and Regenerative Medicine Product Evaluation Division at Japan's Ministry of Health, Labor and Welfare, said this effort goes hand in hand with the establishment of international and regulatory harmonization strategies by MHLW and the Pharmaceuticals and Medical Devices Agency.

"If we do only domestic things, we cannot advance," said Toshiyoshi Tominaga, associate executive director at PMDA. He made those comments during a session at the Regulatory Affairs Professional Society Convergence Conference in Baltimore, Md., last week that included members of the health authorities and industry.

The session provided the audience with updates on a number of initiatives by the Japanese health authorities. In particular, regulators are looking to step up cooperative activities through its International Strategic Plan, unveiled in June. That plan defines activities to take place through fiscal year 2023.

"PMDA will strive to implement the strategic plan in order to maximize the health benefits to Japan and the world, by effectively utilizing its human resources, scientific knowledge, electronic information and by other means," according to the plan.

To that end, PMDA is eyeing an Asian training program to help reviewers understand Japanese device regulations. Tominaga named Bangkok and Singapore as potential sites. Also, Japan recently joined the Medical Device Single Audit Program pilot and plans to release documentation shortly.

In addition to looking abroad, Japanese health authorities have promised to cut device review times, in cooperation with industry. Masanori Otake, regulatory affairs and policy manager of GE Japan, confirmed industry's commitment to working with the government in a collaborative manner and highlighted steps taken to setting standard review periods. Still, challenges remain.

For example, QMS inspections tend to lengthen the total review period, Otake said. Further, the sheer number of inspections is overwhelming, highlighting that there were 354 in June 2015. "It is too much to have the inspector do that," he added.

Otake also pleaded with authorities to finally unveil a clinical evaluation guideline, which has been in final stages. He added that industry and regulators will meet before the end of the year to discuss issues, including reviewing QMS inspections to develop a long-term plan and evaluating whether PMDA consultation meetings are being held effectively.

Read the PMDA's International Strategic Plan here: www.fdanews.com/110215-PMDA-plan.pdf. – Elizabeth Hollis

Devicemakers Look for Leg Up In Rapidly Evolving Chinese Market

There is a big market in China for medical technology, such as orthopedic implants and spine devices, particularly as the population ages. Still, many of the multinational corporations have a corner on the premium market in more cosmopolitan areas over local rivals.

The reason, according to Jian Q. Yao, CEO of Shanghai Ketai Medical Device Co. in Shanghai, is quality. For example, many in the joint arthroplasty sector are reverse engineering imported products — often erroneously — resulting in inferior products. While many local companies would like to acquire advanced technology, doing so can prove difficult, Yao told attendees during a session at the Regulatory Affairs Professionals Society Regulatory Convergence Conference last week.

Compared with MNCs, local firms have gaps in research and development in terms of technology innovation, talent development and design control, as well as in quality, related to process technology, manufacturing QA/QC, supply quality management and postmarketing surveillance.

Possible steps to remedy the situation are identifying specific technologies for transfer, licensing these technologies, evaluating and understanding regulatory pathway considerations, instituting manufacturing and quality control processes and making sense of marketability and reimbursement considerations.

In terms of getting a product through the China FDA, firms must consider that the regulatory pathway is evolving. "Sometimes, we don't know what's going on," he said. For a company looking to transfer a technology, it is imperative to have someone on the ground in China to make sense of the evolving landscape. He also noted that there are testing requirements that may not make sense, but firms must adhere to them.

For local companies eyeing technology transfer, they must make sure that the benefits from the transferred technology can be clearly communicated. Further, all parties must keep in mind that profitability is challenging, given that companies negotiate with provinces on pricing. If a firm negotiates too low of a price in one province, it is stuck with that rate in others. Some people may choose to pay out-of-pocket, but the private health insurance market is limited.

"Regulations are evolving really fast," said Yao, but they also are becoming more logical and transparent. In fact, the state has offered one option in particular that can help devicemakers get their products to market faster.

The Green Channel Policy went into effect in March 2014 and is intended to encourage innovation in the medical device space through expedited registration. "There are a lot of privileges with this sort of submission," said Amra Racic, principal, global regulatory affairs, policy and advocacy specialist at Medtronic. In particular, CFDA aims to complete reviews within 40 working days. Further, companies may pursue the Green Channel and regular registration simultaneously. If its Green Channel submission is refused, the company doesn't lose its place in line for regular registration.

Despite the fanfare, there is an approval rate of less than 15 percent, as of early October. Three foreign companies have received approvals — Abbott Vascular, Endologix International Holdings and Medtronic. One international company was refused, Racic said.

Initially, many international companies believed that was only for China-based organizations, but an audience poll indicated that this perception is changing.

Key requirements potential applicants must meet include acquiring the intellectual property rights in China. "That patent is really important here," Racic said. In addition, the product must be a meaningful innovation, and the sponsor must have finished preliminary studies beyond the concept phase.

(See **China***, Page 6)*

Ex-Covidien Head to Take Helm at Baxter

Baxter International has tapped Joe Almeida to take over as its chairman and CEO, effective Jan. 1, 2016.

Almeida, 53, served as CEO of Covidien from 2012 until its merger with Medtronic this year. He will take over for Robert L. Parkinson Jr., who has held these roles for more than a decade.

In a statement, Parkinson touted Almeida's experience. "His deep understanding of the complex global supply chain will be a great strength for the company as he oversees a broad portfolio of medically necessary products across a geographically expansive marketplace."

Analysts see the move as a positive.

"With Almeida at the helm, [Baxter] in our view is likely to undergo more significant portfolio reshaping, in a similar vein to the legacy with which he left Covidien," according to a Leerink research note. "We expect this will include both divesting slower-growth, lower margin businesses and acquiring higher-growth, higher margin businesses."

Margaret Kaczor and Scott Schaper of William Blair praised Almeida's performance at Covidien, adding that he "should bring a renewed vitality to Baxter."

They added that it may take Almeida a few quarters to get settled in at Baxter, but he should help return more capital to shareholders. — Elizabeth Hollis

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China, *from Page 5*

Racic closed by providing recommendations for those interested in the program:

- Start the patent process as early as possible;
- Prepare novelty search as early as possible;
- Have a local technical expert;
- Establish a work flow for future applications;
- Create templates for required documents; and
- Create best practices for collaboration among internal teams. — Elizabeth Hollis

FDA's Office of Compliance Offers Inspection Tips

Any employee at a device company who has the power to hire, fire or buy, should be prepared to speak to investigators during a facility inspection.

That's the advice of Randy Pack, director of compliance at the FDA's Baltimore District Office, who added that inspectors want to be in and out of a facility as quickly as possible, a hope shared by company management.

Companies can make that happen by providing necessary documents quickly and being upfront about issues, Pack said last week at the Regulatory Affairs Professionals Society Regulatory Convergence Conference in Baltimore, Md.

If an inspector makes a large request, such as asking for all complaints dating back to 2003, Pack advises companies to let him or her know that it will involve gathering together a lot of information. Provide the inspection an approximate amount of documents the inspector should expect, instead of just handing over a stack of documents.

Many investigators have expressed frustration about the amount of misleading information provided by device manufacturers.

For example, documents thrown together at the last minute stick out as red flags, indicating that something is amiss. Falsified documents also serve as a warning sign, Pack said.

Companies that discover an employee has falsified information should immediately inform the FDA or an inspector and provide planned corrective actions.

Firms also should inform their district offices if they are conducting layoffs before a scheduled inspection, so investigators have a heads up in case employees who are losing their jobs provide information that shines a negative light on the company.

Investigators also have the right to take photos during an inspection. However, attempts will be made to capture the information by other means, he said.

Finally, don't automatically admit someone with an FDA badge claiming to be there for a domestic inspection. That person must show an FDA Form 482, a notice of inspection.

Those who do not should be politely, but firmly, told that he or she does not have the right to conduct an inspection without that form.

The notice of inspection requirement does not apply to foreign facilities. — Kellen Owings

Brazilian Officials Eye Further Trade With Iran, Including Medical Devices

Following the international thawing of relations with Iran, Brazil's Ministry of Development, Industry and Foreign Trade and Brazilian Trade and Investment Promotion Agency conducted a prospective trade mission to that country, with medical devices and hospital equipment being one of the areas of focus.

The mission took place last week and included 19 companies, 11 of which are already exporting to Iran.

The mission included seminars on opportunities for bilateral trade between the two countries, business meetings and technical visits.

According to a release posted on the APEX-Brasil website, the export value of instruments and optics devices has reached U.S. $ 1.17 million. Included in this group are heart valves, intraocular lenses, splints and other fracture appliances.

David Barioni Neto, president of APEX-Brasil, says the opportunities realized in the medical equipment arena in Iran provide a road map for other sectors.

According to a post on the Iranian Ministry of Economic Affairs and Finance's news center, the two nations plan to hold a joint economic commission hosted by Brazil early next year.

The two said ecomic exchanges could grow to U.S. $5 billion. — Elizabeth Hollis

BRIEFS

Ostroff: Program Alignment Moving Ahead

The FDA's program alignment will see district offices and laboratories focus only on one product category, primarily designated by geographic location and the types of industries that surround those locations, according to FDA Acting Commissioner Stephen Ostroff. This will ensure better coordination of regulatory activities between the field and headquarters, and is a major step toward specialization of investigators, field offices and their laboratories, Ostroff said last week during the keynote address at the RAPS Regulatory Convergence Conference in Baltimore, Md. The planning phase is largely complete and the agency hopes to move into the implementation phase over the next year or two.

Sinocare Group to Acquire Nipro Unit

Changsha, China-based Sinocare Group has reached an agreement to acquire Nipro Diagnostics, a wholly owned subsidiary of Nipro Corp., a company headquartered in Osaka, Japan, for about U.S. $273 million in cash. Fort Lauderdale, Fla.-based Nipro Diagnostics' portfolio consists of advanced performance products for people with diabetes, including blood glucose monitoring supplies and technologies. Sinocare, founded in 2002, markets blood glucose monitoring systems in the Chinese market. The transaction is expected to be completed in 90 days.

Cellvizio Cleared for Surgerical Indication

The FDA has given its blessing to Paris-based Mauna Kea Technologies' Cellvizio, a confocal laser endomicroscopy platform, for use in surgeries to identify cancerous tissue. Cellvizio will provide clinicians with a real-time microscopic image of tissue during a surgical procedure to guide treatment. In a statement, company founder and CEO Sacha Loiseau said the technology will enhance surgical precision. The technology is being evaluated in several major clinical studies in the surgical treatment of cancer.

Vermillion Scores CE Mark for Overa Test

Austin, Texas-based Vermillion has received CE mark for its Overa test, which detects risk of malignancy for ovarian cancer. Overa, the next-generation version of the company's OVA1, is a blood test assessing whether a woman with an ovarian adnexal mass is at high or low risk of malignancy. A study of Overa demonstrated specificity of 69 percent, a 28 percent improvement over the first generation test. It also showed an improvement in positive predictive value from 31 percent in OVA1 to 40 percent in Overa.

Edwards, CareFusion Study Interoperability

Edwards Lifesciences and BD's CareFusion unit are teaming up to enable interoperability between patient hemodynamic management and IV fluid administration. Specifically, the two will examine the impact of hydration on outcomes for moderate- to high-risk surgical patients using Edwards' advanced hemodynamic monitoring systems and fluid management algorithms and CareFusion's Alaris infusion systems. Specific terms of the agreement were not disclosed.

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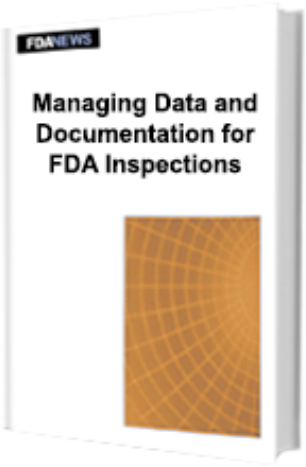

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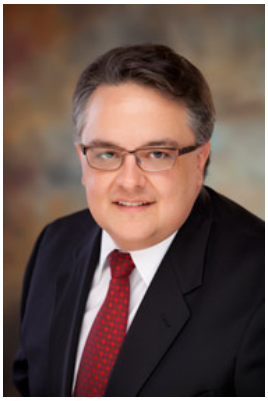
- How to quickly parse warning letters for data integrity expectations
- FDA investigator tactics and questions to expect about your data integrity
- The eight practical elements of data integrity
- What to look for when conducting quality audits of data integrity
- How to map your data flow
- How to incorporating data integrity compliance into the day-to-day operations
- How to qualify record and archival storage vendors
- How to develop a media migration strategy



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WORKSHOP AGENDA

DAY ONE
TUESDAY, DEC. 8, 2015

8:30 a.m. – 9:00 a.m.
REGISTRATION & CONTINENTAL BREAKFAST

9:00 a.m. – 9:15 a.m.
INTRODUCTION AND WELCOME

9:15 a.m. – 10:45 a.m.

I. **Data Integrity: What's Really Required?**
   - a. Core regulatory requirements — FDA, EMA, Health Canada and more
   - b. Overlooked guidances — what you don't know will hurt you
   - c. How to quickly parse warning letters for data integrity expectations
   - d. FDA investigator tactics and questions about your data integrity
   - **e. Interactive Hands-On Exercise:** Attendees act as FDA investigators in different company types to find the data integrity controls FDA expects during an inspection

10:45 a.m. – 11:00 a.m. REFRESHMENT BREAK

11:00 a.m. – 12:00 p.m.

II. **Suppliers and Data Integrity: Who's Actually Accountable?**
   - a. FDA's view — accountability versus responsibility
   - b. Dealing with your regulated data at critical suppliers
   - c. Contractual components to address data integrity risks
   - d. Handling SaaS providers, hosted IT systems and cloud computing
   - e. Managing data integrity with CROs and outsourced clinical sites
   - f. Overseeing data integrity at your CMO and contracted services
   - g. Addressing data from suppliers of raw materials
   - **h. Interactive Hands-On Exercise:** Attendees act as FDA investigators to review the data integrity controls from several case study companies have in place over their suppliers — should the sponsor/purchaser get a warning letter?

12:00 p.m. – 1:00 p.m. LUNCH

1:00 p.m. – 2:15 p.m.

III. **Practical Realities: The Business Costs of Poor Data Integrity**
   - a. Real world business costs of poor data integrity
   - b. Legal pitfalls for senior management from poor data integrity
   - c. Practical quality costs of poor data integrity
   - **d. Interactive Hands-On Exercise:** Attendees review several case studies to determine costs and dangers of poor data integrity

2:15 p.m. – 2:30 p.m. REFRESHMENT BREAK

2:30 p.m. – 4:30 p.m.

IV. **Critical Data Integrity Elements to Prove Compliance**
   - a. Eight practical elements of data integrity (ALCOA+ in practice)
   - b. Narrowing the scope
   - c. Risk-based data integrity controls — a simplified approach
   - d. Verifying data integrity controls at suppliers
   - e. Qualifying personnel — from CV to training
   - f. Defining roles and responsibilities
   - g. Conducting quality audits of data integrity — what to look for and why
   - h. Monitoring, metrics and communication
   - i. Policies and SOPs to consider
   - j. Scanning, true copies and source data
   - **k. Interactive Hands-On Exercise:** Using case studies, attendees identify likely risks and select the most appropriate controls for each situation

4:30 p.m. – 5:00 p.m.

V. Day One Wrap Up and Review
   - **a. Interactive Hands-On Exercise:** Attendees identify 3 compelling reasons for their own company to adopt data integrity controls now

DAY TWO
WEDNESDAY, DEC. 9, 2015

9:00 a.m. – 9:15 a.m.
WELCOME AND QUICK LEARNING RECAP

9:15 a.m. – 10:30 a.m.

VI. **Modern Validation Protocol**
   - a. Validation by risk level — it's all about the data
   - b. Sampling and test cases — FDA's view
   - c. FDA's view of supplier-provided validations
   - d. Taking advantage of the traditional DQ\IQ\OQ\PQ format
   - e. Example FDA-"approved" test cases for data integrity-based validation
   - **f. Interactive Hands-On Exercise:** Attendees review case study validation tests to see if data integrity is actually being verified

10:30 a.m. – 10:45 a.m. REFRESHMENT BREAK

10:45 a.m. – 12:00 a.m.

VII. **Mapping Your Data Chain-of-Custody**
   - a. Data mapping defined
   - b. Steps to map your data flow across the data lifecycle
   - c. Benefits to mapping your chain-of-custody — business and the FDA
   - **d. Interactive Hands-On Exercise:** Work in teams to data map a sample data flow from several case studies (one cGCP and one cGMP)

12:00 p.m. – 1:00 p.m. LUNCH

1:00 p.m. – 2:15 p.m.

VIII. **Advanced Tactics to Cut Costs and Reduce Your Workload**
   - a. Change management — from preapproved to emergency
   - b. Containing costs with cross-functionality
   - c. Incorporating data integrity compliance into the day-to-day operations of departments and supervisors
   - d. Creating a site master data integrity compliance plan
   - e. Data integrity governance
   - **f. Interactive Hands-On Exercise:** Draft a communication to be sent out by

Integrity

o Long-Term Archive

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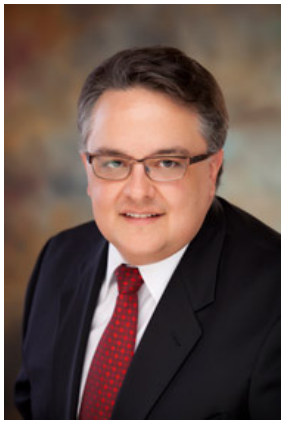
MEET YOUR INSTUCTOR



John Avellanet is an award-winning FDA compliance expert known for his business-savvy, pragmatic advice and engaging speaking style.

Mr. Avellanet was the lead author of several certification courses on Good Manufacturing Practices (GMP) and Quality System Regulation (QSR) supplier management for the US Regulatory Affairs Professional Society.

Last year he co-authored the book *Pharmaceutical Regulatory Inspections* with several current and former regulatory agency officers, and his industry classic, *Get to Market Now! Turn FDA Compliance into a Competitive Edge in the Era of Personalized Medicine*, was featured highlight of BIO 2011.

Prior to founding his lean compliance consulting firm, Cerulean Associates LLC, Mr. Avellanet was a former Fortune 50 combination device C-level executive who created, developed, and ran his company's compliance programs to achieve ISO, DEA, BIS and FDA compliance. During his career, he had to defend decisions to investigators, auditors, and litigators alike. He now brings his hard-won, real-world expertise and practical advice to his corporate clients worldwide. A former FDA and US Department of Justice prosecutor has said of Mr. Avellanet, "He is the best in the business. Period."

your senior team to all company employees about good data integrity that will actually lower your workload and encourage self-compliance

2:15 p.m. – 2:30 p.m. REFRESHMENT BREAK

2:30 p.m. – 3:30 p.m.

IX. **Data Integrity, Recordkeeping and Archival Controls**
   a. Records to retain to prove good data integrity controls
   b. Basics of bit rot and other risks to archived data
   c. Developing a media migration strategy
   d. Qualifying record/archival storage vendors
   e. Interactive Hands-On Exercise: Attendees work in teams to outline a sample set of data integrity controls and auditing plans for several case study companies

3:30 p.m. – 4:00 p.m.

X. **Building Your Business Case for Defensible Data Integrity**
   a. Quick tips for talking to senior management about data integrity
   b. A sample data integrity action plan — nine brainstorming questions
   c. Interactive Hands-On Exercise: Attendees work with the expert instructor to draft their own personal, business case and prioritized plan for implementing a data integrity control framework at their company

4:00 p.m. – 4:30 p.m.

XI. Wrap Up and Final Questions

4:30 p.m.

XII. Adjournment

YOUR COURSE MATERIALS

Each participant will receive a folder and flash drive packed with tools and reference materials in a combination of both electronic and hard copy format you can put to use right away, including:

- Presentation slides
- A set of detailed handouts including examples and hands-on exercises
- Two sample policies – ready for you to implement now
- One sample SOP and form – ready for immediate implementation
- Eight sample checklists – ready for you to use right away
- Two quick guides and templates – ready for you to use immediately
- And more….

WHO WILL BENEFIT

- Executive management
- Regulatory affairs
- Quality assurance/quality control
- Legal and compliance officers
- Clinical research directors
- Consultants/service providers
- CAPA specialists
- Compliance information managers
- GMP compliance officers
- GMP training managers
- Heads of internal audits
- QA documentation managers
- QA/QC managers and directors
- Quality systems managers
- Systems analysts
- Training personnel

FDA Data Integrity

From Data Creation to Long-Term Archive

Dec. 8-9, 2015 • Embassy Suites Raleigh-Durham Airport/Brier Creek • Raleigh, NC

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TEAM DISCOUNTS

Significant tuition discounts are available for teams of three or more from the same company. You must register at the same time and provide a single payment to take advantage of the discount. Call +1 (703) 538-7600 for details.

FOUR EASY WAYS TO REGISTER

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☐ **YES!** I want to attend **FDA Data Integrity: *From Data Creation to Long-Term Archive*** I understand the fee of $1,797 includes all workshop sessions, workshop materials, two breakfasts, two luncheons and daily refreshments.

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