

Development of a generic laboratory manual for biological sample logistics in clinical pharmacokinetic studies

The European Bioanalysis Forum (EBF) has been organizing 'Topic Teams' on issues of importance to the bioanalytical community for several years [1]. Many of these teams focus on internal bioanalytical issues of importance to bioanalysts such as technological innovation, regulatory questions and novel assay validation approaches [2]. However, there is an increasing recognition that we do need to pay more attention to external factors such as interactions and communication regarding clinical, toxicology and project team participation [3]. Topic Team 12, a virtual team of ten EBF member companies and meeting every 2 to 3 weeks by teleconference, focused on topics of interest associated with clinical trial support. Following a member survey and extended team discussion it was felt that the generation of a generic laboratory manual for use in clinical pharmacokinetic studies would offer a potential solution to the common problems created by poor logistical sample management and communication in single and multicentre trials [4]. Such a document would create a single platform to which clinical sites, central laboratories and bioanalytical groups could all relate. The benefits could be significant since a harmonized document should stimulate a consistent way of working and would be a first step in the elimination of many current issues.

Bioanalytical draft process

Individual company laboratory manuals were shared with the team, with permission, from ten pharmaceutical companies and CROs. A subteam from Topic Team 12, including Rebecca Sleigh (LGC), Jeff Long (Shire [now at UCB]) and Carina Ekstrom (Ferring) and facilitated by Richard Abbott (for EBF) con-

vened to brainstorm a process to consolidate these ten documents into a single document describing best practice. The concept document, at that time with input from bioanalytical experts only, was presented at the EBF meeting in Barcelona (November 2013), where it was well received [5].

Clinical Focus Workshop

To give the document more credibility with all stakeholders involved in clinical trial management, the EBF decide to broaden the input into the concept document by hosting a Focus Workshop [6], inviting input from the identified stakeholders: clinical colleagues in clinical trial management, sample logistics, professionals involved in sample shipment, clinical sites, trial nurses, central laboratories, clinical pharmacokinetics and QA/regulatory groups. The workshop was held in Brussels on 05-06 February 2014 and attracted around 60 attendees with good representation from all aforementioned stakeholders. Short presentations in which stakeholders gave an introduction based on their expertise preceded each workshop discussion session. Hence, throughout the program we allowed for extended debate and focused discussion. The workshop was very interactive and the degree of passion and engagement was very encouraging.

The seven sessions were led by experts in their fields and included:

- Clinical PK perspective: Donna Smith (Cancer Research, UK) and Bart Remmerie (Janssen R&D, Belgium)
- Sample Logistics: Scott Vincent (A4PBio, UK) and Jean-Guy de Gruben, (World Courier, Belgium)

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- Quality Assurance (David Butler, ROA, UK).

Full details of the presentations can be found at: http://labman.europeanbioanalysisforum.eu/Slides Discussion points from these sessions included:

- Production of training videos regarding sample logistics for clinical site personnel
- On-site visits of bioanalytical scientists to the clinical site
- Use of investigator meetings to convey the message about the importance of compliance to the documented laboratory manual procedures
- Bioanalytical personnel to routinely attend study start-up meeting
- Standardized sample labeling
- Data logging in sample shipments
- Freezer temperature ranges
- How often are backup samples needed?

Chapter headings from finalized generic laboratory manual.

- 1. Document History
- 2. Purpose and Scope
- 3. Contacts/key personnel/responsible staff
- 4. Documents/Information
- 5. Supplies
- 6. Equipment
- 7. Labeling
- 8. Sample Handling and Collection Procedures
- 9. Storage and Stability
- 10. Shipping
- 11. Sample disposal
- 12. Signatures
- 13. Appendix
 - Example Sample Inventory List
 - Sample Receipt Form
 - · Example Urine Handling Sheet
 - Centrifuge Adjustment Conversion Table

- Earlier sharing of information for the clinical protocol and laboratory manual would be welcomed, currently this often happens too late
- Suggestion to perform sample reconciliation before the samples reach the bioanalytical laboratory (queries resolved before they are on the critical path)

Final revision process

At the end of the workshop it was agreed to revise the draft laboratory manual to incorporate not only the perspective from the workshop but to continue the interaction with representatives from the stakeholders in dedicated teleconferences in the months after the workshop to ensure the final document considered every aspect in great detail. At the same time, it strengthened our belief that multidisciplinary input into the document will enhance the credibility and will encourage widespread adoption. So, using a similar approach to the one used in the drafting of the original document, a number of sub teams were established to revise the entire manual with a final review by the entire topic team. We were able to secure appropriate stakeholder input in those sections where their input was essential. The result is a final document of which we can be justifiably proud: the Generic Laboratory Manual for Biological Sample Logistics in Clinical Pharmacokinetic Studies [7]. Wherever possible, tabulation has been used to make the document more 'user-friendly' for the end user. In summary, the contents of the document are summarized in Box 1 under the following headings:

Summary

We would like to encourage all readers to take a look at the document and to implement and gradually stimulate the use of it in their companies. We are aware that for some organizations the added value from their individual company perspective may be limited since the EBF lab manual may be 90% similar to their own company document. But, as in all areas of harmonization, it is the remaining 10% that creates confusion, source errors and extra work.

We should emphasize that there is no regulatory requirement to use the manual but we know that standardization of the procedures involved in the laboratory manual will help everyone.

We are convinced that you will find it useful.

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Finally, multiple clinical colleagues participating at Focus Workshop

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