Response of the European Association of Hospital Pharmacists (EAHP) to the targeted stakeholder consultation on the draft Guidelines on Good Clinical Practice for Advanced Therapy Medicinal Products

The European Association of Hospital Pharmacists (EAHP) welcomes the opportunity to comment on the draft Guidelines on Good Clinical Practice for Advanced Therapy Medicinal Products. Overall, EAHP supports the document and its content. Form a pharmaceutical point of view, the EAHP would however like to highlight that the document only contains very little considerations linked to safety, handling, storage and preparation of advanced therapy medicinal products. The EAHP consequently would like to ask the European Commission to consider the inclusion of further safety aspects. In particular it should be considered to include a mandatory requirement for the sponsor to provide all important information about the advanced therapy medicinal product or organism in terms of known risk implications (e.g. environmental risk assessment).

Moreover, implications about (local) transport conditions should be added. Below the EAHP has listed specific comments on the text.

Line number(s) of the relevant text	Comment and rationale; proposed changes
Lines 127 to 129	**Comment by EAHP:** The proposed method should not be applied for dose-escalating trials (Phase I) – e.g. oncolytic viruses. To determine an adequate dose level it might be feasible to work with cohorts. The route of administration should be risk-dependent. For example starting the trial with low-risk route of administration and escalating the risk later on in an extended phase.
Line 136	**Proposed change:** After 'objectives' please add 'and to have statistically significant results where possible'.
Lines 182 to 186	**Comment by EAHP:** Risk minimisation measures also apply to staff handling reconstitution and administration of the product.
Line 210	**Comment by EAHP:** Reference to genetically modified oncolytic viruses should be added.
Line 227	**Proposed change:** After 'studies' please add 'in this case'.
Lines 231 to 232	**Comment by EAHP:** The reference should be extended to include also risks of handling in any way (i.e. by the laboratory, pharmacy staff and healthcare professionals). It would also be of value to inform about the content of the environmental risk assessment.
Lines 240 to 246	**Comment by EAHP:** The information that is shared by the sponsor should also refer to storage conditions and stability data.
Lines 251 and 252	**Comment by EAHP:** It should be considered to add that where possible complex reconstitution procedures need to be under the supervision of the hospital pharmacist.
Lines 253 and 254	**Comment by EAHP:** The potential risk for staff performing reconstitution and administration should also be described. This description should include reference to risk mitigation

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	as well as appropriate instructions for containment and disposal in a hospital setting (e.g. information on agents suitable for decontamination of work surfaces, materials used, etc.).
Lines 265 to 277	**Proposed change:** The term 'should' should be replaced by the term 'must'.
Line 272	**Proposed change:** 'After 'therapy products' please add 'and oncolytic viruses'.
Lines 283 and 284	**Comment by EAHP:** The conditions of storage, transport and handling should be documented.
Lines 284 and 285	**Comment by EAHP:** The instructions provided by the sponsor should be feasible in the hospital setting.
Line 288	**Comment by EAHP:** Information on the controlled temperature conditions during transport should be documented and the monitored.
Lines 294 and 295	**Comment by EAHP:** It should be considered to add that where possible that complex handling processes/ reconstitution processes need to be under the supervision of the hospital pharmacist.
Line 305	**Proposed change:** After 'justified' please add 'prior accordance'.
Line 310	**Proposed change:** Please change the term '*a posteriori*' to 'promptly'.
Line 312	**Proposed change:** After 'traceable' please add 'under the supervision of the hospital pharmacist'.
Lines 312 to 315	**Comment by EAHP:** Reconstitution procedures, if applicable, should be documented in detail. Moreover, at the end of the period it is important to specify that the sponsor is responsible for destroying the investigational products not used and that he/she needs to send the documentation related to the detriment of the investigator. Also the sponsor is responsible for removing the investigational medicinal products 30-60 days before their expiration.
Line 314	**Proposed change:** After 'be returned' please add 'to the sponsor'.
Line 347	**Proposed change:** Please replace 'or' with 'and'.
Lines 354 to 360, line 364, lines 378 to 380, line 390 and lines 409 to 413	**Proposed change:** The term 'should' should be replaced by the term 'must'.
Lines 369 to 372	**Comment by EAHP:** It should be clarified that in the post-marketing phase where there is a follow up the sponsor needs to provide the drug for free and the management needs to be carried in the same way as during the clinical trial before the commercialisation.
Lines 409 to 413	**Comment by EAHP:** It should be considered to include reference to the involvement of the patient in the decision and the documentation of the informed consent .

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