And Now, a Special Presentation by Your Two Favorite Retired Regulators……

Pet Peeves and Roadblocks in CMC: Improving your Quality Submissions through the Product Lifecycle – The 2026 Version

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Retired, CDER/FDA/OPQ

CASSS 30th Anniversary

Well Characterized Biotechnology Products

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Disclaimer

- We retired from the FDA and did not need to get supervisory clearance for this presentation

- Hooray!

- However…

Disclaimer

- This presentation does not represent official FDA policy.
- But, it represents the opinions of most of the reviewers in OPQAIII.
- So, it may be more important than official FDA policy!
  - (Just kidding!)

Volcanic Eruptions Around the World

Reykjanes, Iceland

Ruang, Indonesia

Kilauea, Hawaii

Marjie, White Oak Maryland

Take Home Message #1

A grumpy reviewer is not
your best friend!!!!!

Overarching Pet Peeves

- Inefficient use of reviewer time
  - While you might like to believe that a reviewer is assigned to only one IND or BLA – yours – this is pure fantasy!
- Poor communication!

It costs $4000, But when you factor in the time wasted sitting in front of it, well…., the real cost is huge.

The cost can be enormous, and not just in $$,
if your submission is confusing

Pet Peeve #1 - CTD format (maybe*)

- It's redundant!
  - Duplication of information within a submission
- It's redundant!
  - Duplication of information in subsequent submissions (amendments or new INDs)
- It may take time to get used to the new format
  - There will be three sections that may contain information on the same topic, e.g., for DS manufacturing
    - Core Quality Information in 2.3.3.DS.M Manufacture,
    - Development Summary and Justification in 2.3.4.DS.M Manufacture, and
    - Body of Data in 3.2.DS.M Manufacture

*We will have to see how the new organization of Quality information per ICH M4(Q2) works out – but it looks like redundancy will continue to some extent. See ICH M4Q(R2) mapping document released 1/12/2026

Pet Peeve #1 - CTD format

- It may be organized in a way that makes it hard to find specific information
- Links between related sections in 2.3.3.DS.M, 2.3.4.DS.M, and 3.2.DS.M need to work
  - Links to specific items within a section are also needed and they need to function
- It's small drug centric. Make it work for biologics
  - $C_{10,000}$, $H_{50,000}$, O_{5000}, S_{16}
  - This might improve as ICH M4Q2 states "For biologics, this section should include, for example, relevant structural characteristics, including a description of the molecular structure, the schematic amino acid sequence indicating glycosylation sites or other posttranslational modifications, and relative molecular mass", whereas it states "For chemical entities, this section should include, …the structural formula…"
- It's redundant!
  - (Did I already say that?)

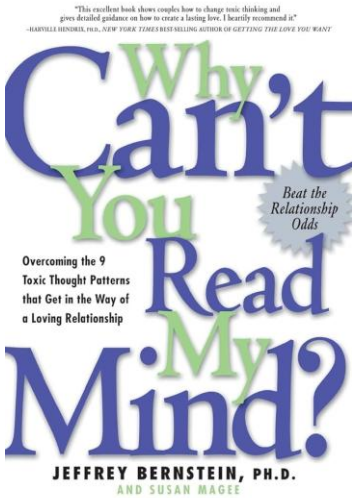
CTD Format

- Do
  - Learn to live with CTD format but
    - Try to make it as non-repetitive as possible
  - Provide sufficient information in all the appropriate sections combined
  - Present information that is well organized and clear
  - Provide links between appropriate sections and make sure they are active
  - Provide tables or a summary of what information is new in each section (amendments and supplements)
  - Proofread! Proofread! Proofread!

- Don’t
  - Assume it is obvious what you mean – especially if you haven’t proofread the submission.
  - Submit without proofreading and performing a quality check on the submission for potential issues with the document.

Pet Peeve #2 - Poor Communication with FDA

- $#!+ Happens!
- Incomplete details
- Poorly written submission
- Lack of appropriate meetings with FDA to discuss quality issues
- Multiple INDs for the same product



Poor Communication with FDA $#!+ Happens!

- Do
  - Be honest! It's not what happens, it's how you handle it! (most of the time!)
  - Share information and results of investigations.
  - Provide adequate information and data in each appropriate section

- Don't
  - Tell partial story.
  - Come back 2 years later with the whole story.
  - Assume your reviewer has the knowledge of your process and product science

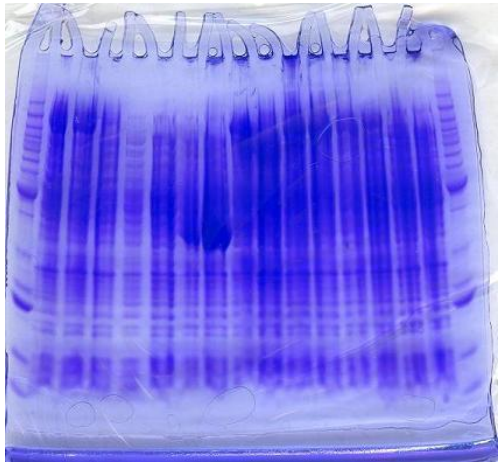
Poor Communication with FDA

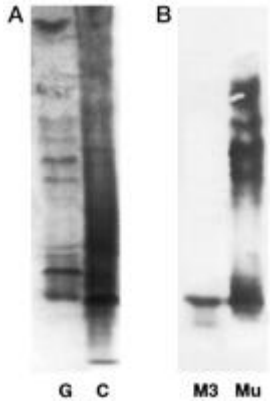
- Do
  - Proofread submissions
  - Ask focused questions at pre-IND, EOP2, pre-BLA meetings, Type A, Type D,etc.
  - Provide adequate information in your meeting package so you can get adequate responses
  - Identify a parental IND to contain all the CMC information for a product that will be studied in multiple INDs.
    - Submit information on the specific lots that will be used in the clinical study to the subsequent INDs.
- Don’t
  - Submit poorly written documents
  - Ask too general or overly ambitious questions at meetings
  - Forget to include necessary information and data in the package
  - Submit duplicated CMC information or new CMC information in subsequent INDs for a new clinical study

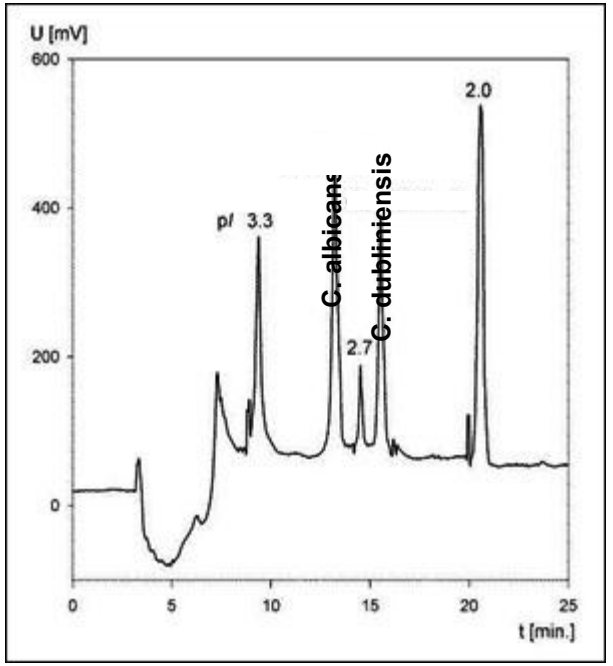
Pet Peeve #3 – Data Presentation

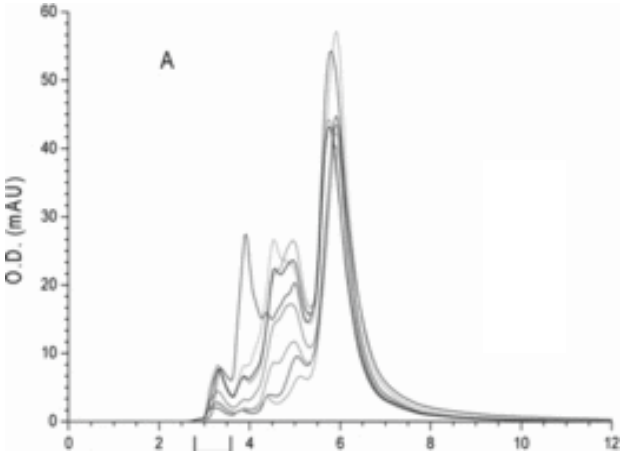
- We’re scientists – we like to and need to analyze data
- Missing data
- Poor quality figures
- Confusing tables

Poor Quality Figures









Important note – none of these figures are from actual submissions to the Agency

Data Presentation

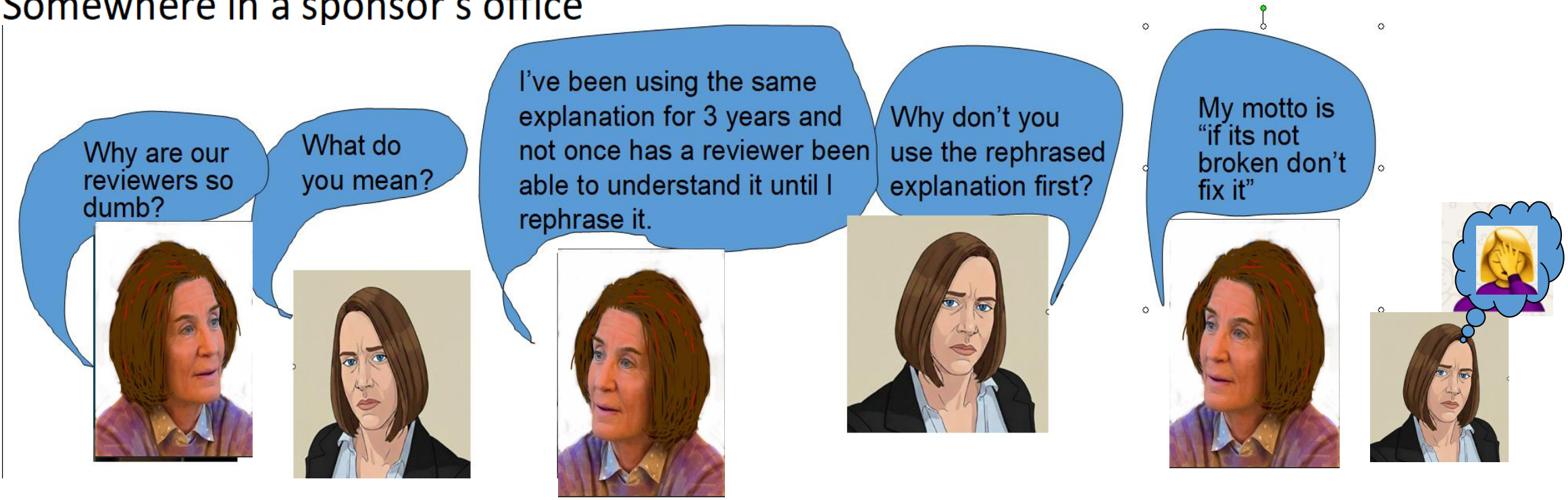
- Do
  - Pay attention to details
  - Clearly label tables and figures
  - Lay figures out in a way that makes it easy to compare peaks, bands, etc.
  - Include figure legends
- Don’t
  - Place text over peaks, especially if the reviewer will be comparing peaks between chromatograms of different lots
  - Put figures that reviewer will compare on different pages
  - Have inconsistent numbers between tables and figures and the text

Pet Peeve #4 – Repeating Mistakes

- Lack of understanding of quality issues at specific phases of clinical development
- Apparent lack of understanding or a disregard of FDA advice

Repeating Mistakes and Poor Communication

Somewhere in a sponsor's office



Repeating Mistakes

- Do
  - Show you take our advice into consideration
  - Ask for clarification if you are not sure what we are asking
  - Provide a risk analysis and/or scientific data for a different approach
  - Understand quality issues for phase 1 versus phase 2/3, BLA and post-marketing
- Don’t
  - Ignore FDA comments or advice
  - Marginalize quality concerns

Pet Peeve #5 - Poor Communication within your Company

- Small company with one location
- Large company with multiple sites
- Don’t forget to communicate with your CMO/CTO
- Know your fellow product development colleagues
- Communicate with the other disciplines

Poor communication within your company

- Do
  - Share comments from FDA with groups for whom the comment was intended
  - Share comments from FDA with colleagues in product development associated with different clinical indications. It may be a different clinical area but the CMC concerns will cross over
  - Show you can learn from our comments

- Don’t
  - File the FDA letter without sharing comments with relevant departments
  - Submit subsequent amendments or INDs with same lack of information. You are guaranteed to get the same comments.

Pet Peeve #6 - Back up your claims with data*

- Your product may be the greatest invention since sliced bread, but we need to come to the same conclusion (and we might not).
- Protein engineering should accomplish what it was intended to do.
- For novel constructs, identify potential critical quality attributes as early as possible. Be on the lookout for unexpected attributes such as
  - O-glycosylation in a gly-ser linker.
  - Novel glycoforms in glycoengineered cell lines
  - Exposure of hidden epitopes or creation of novel epitopes which may be immunogenic or recognized by pre-existing ADA

*Did I mention that we're scientists and that we like to analyze data?

Back up your claims with data

- Do
  - Provide data demonstrating your claim
  - Provide a reasonable interpretation of the data
  - Provide data demonstrating the engineered protein does what the engineering was supposed to achieve

- Don't
  - Hand wave or market to your reviewer
  - Assume your reviewer automatically agrees with your claim

Science begins with a Question		
Claim	**Evidence**	**Reasoning**
The answer to the question.	The recorded data (observations and measurements)	A logical argument explaining how the evidence supports the claim.

Pet Peeve #7 – Terminology Matters

- Describe your molecule so that the review team understands and can picture what the product actually is
  - For example, a bispecific antibody engineered to have effector function should not be referred to as a trispecific antibody and an antibody fused or conjugated with an enzyme, hormone, cytokine or peptide should be referred to as a bifunctional molecule rather than a bispecific antibody

- Use definitions found in current guidance documents
  - Batch record – see 21 CFR 211.186, 211.188, 21 CFR 600.12(a) and ICH Q7 6.4, 6.5.
  - Raw materials vs. intermediates
  - Reprocessing vs. reworking
  - Pay attention to FDA specific terminology
    - For biosimilars – analytical similarity is out; comparative analytical assessment is in.
    - Platform technology versus FDA's Designated Platform Technology

Take Home Message #2

It’s not style over substance, but rather it is substance with style!!!!

Substance with Style

A well organized, well written submission full of clear figures and tables goes a long way towards making the life of your reviewer a little bit easier.

Take Home Message #3

Trust is an important component of the regulator-sponsor relationship, but it must be earned. Ignoring our advice without a discussion or being less than truthful does not build trust.

Get ready for specific pet peeves and roadblocks…..

Pet Peeves and Roadblocks in CMC through the Product Lifecycle

Part 2…

The basics

The cover-letter: include relevant items for directing the submission to the appropriate review groups: **(Pet Peeve #2 Poor Communication with FDA)**

- Identify product type is it a biotechnology product? small drug molecule? A combination of both? Containing a device? This will help direct your submission to the appropriate reviewers.

- Identify what you are submitting AND your needs e.g.
  - Full response vs. partial response to clinical hold
  - Comparability data for which you would prefer feedback by a specific date (be realistic on timelines, provide submission sufficiently early to give ample time for review. **See Overarching Pet Peeves about pure fantasy)**
  - Meeting request – who will you need to be there based on questions to be answered?
  - Check guidances for specific programs and required statements for inclusion in the cover letter e.g. platform designation, Rolling BLAs, etc.

The basics

Don’t neglect the QA on the written document.

For example:

- Clinical protocol stated product “can be shipped at -20 or above” instead of “at -20°C to -10°C”. The reviewer had to request that sponsor check and fix all documents with contractors involved in shipping.

- Conflicts: Tables list different specifications or results in different sections, or in conflict with the text. Proofread! Proofread! Proofread!

- Don’t mistake “regulatorese” for good quality information. Be specific and provide sufficient data for reviewers to make the appropriate conclusions.

- Don’t assume the reviewers know what you’re talking about.

Meetings

Take full advantage of that rare opportunity to get the best guidance from the FDA.

Examples of missed opportunities at meetings with the FDA:

- Questions that are too vague or not specific e.g.,
  - *"Does the agency agree that the quality data and control strategy would be acceptable for registration?"*
  - *"Are the manufacturing data and specifications sufficient for an IND"*

Pet Peeve #2 **poor Communication with FDA** **Pet Peeve #3** **Data Presentation**

- EOP2 and preBLA meetings – critical for CMC to have meeting and discuss the plans for your BLA in details.

"If you are getting boilerplate answers instead of replies specific to your product, you have not crafted your questions well. " Ruth Cordoba-Rodriguez

Phase 1 –focus on safety

"The identification of a safety concern or insufficient data to make an evaluation of safety is the only basis for a clinical hold based on the CMC section."

(CDER/CBER Guidance for Industry Content and Format of Investigational New Drug Applications (INDs) for Phase 1 Studies of Drugs, Including Well-Characterized, Therapeutic, Biotechnology-derived Products November, 1995)

- **What impacts safety?** some examples include:
  - Sterility, mycoplasma, endotoxin, adventitious agents.
  - Potency (for dosing consistency), identity and purity (relevance of non-clinical data, sufficient consistency of product quality during clinical trials, etc.)
  - Sufficient process and product understanding to enable assessment of safety, e.g.
    - Is non-clinical lot representative of clinical GMP lot?
    - Is this process within the platform process for which virus clearance is claimed?
    - Are acceptance criteria appropriate to assure a meaningful dosing study? Establish provisional preliminary specifications!
    - Is the product sufficiently stable to assure a meaningful dosing study?

Pet Peeve #6 **Back up your claims with data**

Phase 1 Speedbump = Clinical Hold

- Your IND is on clinical hold because the subjects in the proposed clinical investigation would be exposed to a **significant and unreasonable risk** [21 CFR 312.42(b)(1)(i)]

- Your IND is on clinical hold because **insufficient information** has been submitted to allow FDA to assess the risks to the subjects in the proposed clinical investigation [21 CFR 312.42(b)(1)(iv)]

Significant and unreasonable risk

Examples:

- Unacceptable specifications/acceptance criteria
  - e.g. endotoxin limit > 5 EU/kg/hr, >0.2 EU/kg/hr for intrathecal, or >0.5 EU/mL for intraocular.
  - Potency assay specifications should also reflect the therapeutic index, toxicity, and dose escalation scheme.
- Evidence of product contamination
- Insufficient virus clearance
- Mislabeled Product

Example of a comment sent to sponsor:

- We note that the maximum dose for this study is Y mg. The current specification for endotoxin content in the drug product is set at X EU/mg which is above the safety limit for the maximum dose proposed in your clinical trial protocol. This specification should be revised to be within the safety limits for endotoxin levels in the proposed dose.
  - a **Pet Peeve #5 poor communication within your company (namely CMC, Reg Affairs and Clinical)**
  - a **Pet Peeve #4 repeating mistakes (we have found this issue in multiple INDs from the same sponsors)**

"Track/log comments for other products... never get dinged for the same item twice! " – Joseph Kutza

Insufficient information

Examples:

- Viral safety
  - manufacturing scheme is claimed as validated for its ability to remove or inactivate retroviruses BUT:
    - Insufficient data provided to support generic/modular clearance
    - No data allowing reviewer to assess appropriateness of scaledown models

    "Submit data sufficient for us to assess the appropriateness of the scale-down parameters for all steps claimed in support of viral clearance for the antibody purification process. Provide details of the assay method used to determine removal/inactivation of virus for all steps claimed in calculation of the viral reduction factor"

    - "Information on Cell banks testing for endogenous/ adventitious agents is lacking in that…"

- "The IND does not contain information on the manufacturing process used for production of the radiolabeled monoclonal antibody. Provide detailed.."

- Insufficient data were provided to support in-use stability and compatibility with administration components for this low dose product….
  - https://www.casss.org/papers-and-presentations/resource/best-practices-for-in-use-stability-and-compatibility-studies

- "The stability data submitted in the IND is for a different formulation than that of the clinical drug product (DP). Stability data for the DP in its clinical formulation is required to support the use of mAb A in the proposed clinical trial .."

- "Provide data to support the comparability of non-clinical and clinical batches of your product"

Pet Peeve #2 **Poor Communication with FDA-** ***Incomplete details***

Pet Peeve #3 **Data Presentation -** ***Missing data***

Pet Peeve #6 **Back up your claims with data**

Phase 2 and 3

- For Phase 2 and 3, FDA's primary objectives include: "to help assure the quality of the scientific evaluation of drugs is adequate to permit an evaluation of the drug's effectiveness and safety". (21 CFR 312.22)
- CMC development should parallel clinical development.
  - May be challenging for breakthrough designated products. CMC development needs parallel accelerated development.
  - Use any available prior knowledge but submit the data to the IND in support of relevance to the IND product/process.

Pet Peeve #6 **Back up your claims with data**

- Product characterization assays should be adequately qualified.
- When modifying or adding a clinical protocol, remember to submit the associated CMC information. For example:
  - Adding placebo controlled trial requires CMC information for the placebo
  - Adding another product in conjunction with your product requires CMC information or letter of cross-reference to the IND, BLA, NDA or DMF. For marketed products identify if it will be sourced from the manufacturer or from the market.
  - Adding a radiolabel to the product for imaging etc. requires CMC information for the radionuclide and for the radiolabeled protein.

Pet Peeve #2 **Poor Communication with FDA,** Pet Peeve #5 **Poor Communication within your company** Overarching Pet Peeve **– inefficient use of reviewer time**

Phase 2 and 3

Comparability:

- **Change happens!** and comparability is needed.
  - Don’t be left without the comparator product - assure sufficient retention of lots to support comparability studies.
  - Assure sufficient time for sponsor to test for comparability and for FDA to review comparability data prior to use of new process material in clinical trial.

    Overarching Pet Peeve - **While you might like to believe that a reviewer is assigned to only one IND or BLA – yours – this is pure fantasy!**
  - Have “plan B”- if processes 1 and 2 do not result in comparable products. You may need non-clinical or clinical cross over studies.
  - Include the appropriate comparability studies for the phase of development. Comparability for late phase 3 requires more data than for early phase 2

Pet Peeve #5 - **Poor Communication within your Company**

Case studies - comparability

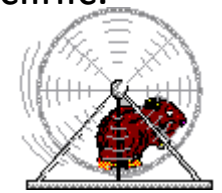
- During early phase 3 development of a monoclonal antibody, multiple manufacturing changes were made including:
  - removal of animal-derived raw materials from the process
  - new cell clone → new MCB and WCB.
  - Change in DS manufacturing site
  - Scaled up Bioreactors
  - Change to the harvest process and to the downstream operations

  IND amendment included a plan for comparability for introduction of product to the phase 3 trial.
  - Plan did not adequately address Q5a (viral safety) risks.
  - Plan did not provide detailed acceptance criteria
  - Plan did not provide any data on which one would base acceptance criteria.
  - Amendment was not clear on when these data will be submitted as compared to the introduction to clinic.

Pet Peeve #2 **Poor Communication with FDA-** ***Incomplete details***

Pet Peeve #3 **Data Presentation -** ***Missing data***

Pet Peeve #6 **Back up your claims with data**



- During early clinical trials sponsor changed device source/type for intranasal administration but did not provide sufficient data on device comparability that would address any dosing impact.

The BLA – Filing Review

- Filing review checks that:
  - all necessary information is contained in the BLA.

    Pet Peeve #2 poor Communication with FDA- Incomplete details and Poorly written submission

    - 356h form is complete
    - process validation is complete and included in the submission
      - For special development such as breakthrough designated products any abbreviated PV for the BLA should be discussed and agreed upon with the FDA in a timely manner prior to submission of the BLA.
    - BLA is well organized to enable review. Links work. **Pet Peeve #1 - CTD format**
    - Pre-approval/ Pre-license inspections:
      - All sites should be ready for inspection at time of submission
      - Expectation is that manufacturing of your protein takes place during the FDA inspection – plan accordingly, and inform FDA of your manufacturing schedule at time of BLA submission. (21 CFR 601.20(b)(2))

The BLA – Filing Roadblocks *Overarching Pet Peeve inefficient use of reviewer time*

- Examples:
  - Applicant wanted to provide DP process validation data for a format that was not the to be marketed format. Was cautioned that this could be a reason for RTF so Applicant validated the correct format for BLA submission.
  - Insufficient stability data were provided for the product manufactured by the to be licensed process in order to support the BLA, and no data were provided to show that the IND manufacturing process was the same as/equivalent to the process to be licensed to allow use of the IND product data for expiration dating. In one case BLA was withdrawn and resubmitted with the missing data when available, in another case BLA was updated linking the data for the IND and marketing processes.

Pet Peeve #3 Data Presentation - *Missing data;* Pet Peeve #6 Back up your claims with data

Pet Peeve #2 Poor Communication with FDA- *Incomplete details.* *Overarching Pet Peeve – inefficient use of reviewer of time*

  - The manufacturing sites were not ready for inspection at time of BLA submission. BLA was withdrawn until sites were ready for inspection.
  - There was no plan to manufacture the product during the BLA review timeline. When applicant was cautioned that BLA will not be filed, manufacturing schedules were changed to comply.

Pet Peeve #2 Poor Communication with FDA

The BLA – Filing roadblocks

- Examples:
  - Letter to Applicant identifying filing issues:
    - *A. Non-existent or insufficient data to review several sections of module 3. The following data were not found:*
      - *Section 3.2.S.2.4 (Control of Critical Steps and Intermediates) does not identify all process parameters per unit operation*
      - *Section 3.2.S.2.5 (Process validation and evaluation) is missing information such as: proven acceptable ranges and supporting data per unit operation, validation reports per unit operation, validation of buffers and media hold times, validation of bulk drug substance freezing process, chromatography resin cleaning validation, UF/DF validation report or a validation protocol if concurrent validation is to be performed*
      - *Sections 3.2.S.2.6 and 3.2.P.2.3 (Manufacturing Process Development*) lack sufficient information and process characterization to support the proposed CPPs and non-CPPs.
      - *Section 3.2.S.4 (Control of Drug Substance) does not have qualification/validation data for the following methods used for release and/or stability of DS …*
      - *the submission does not contain information on the process and controls for the packaging and labeling of the vialed DP by the manufacturing sites listed in the BLA.*
      - *BLA does not include a translation of the executed batch record*
    - *B. Multiple links are not operational throughout the BLA.*
    - *C. Appendices and special sections are difficult to navigate due to lack of granularity.*

The BLA – Communicating with FDA

- Question: when is a good time to tell FDA that your facility has not been able to manufacture lots post validation because…. (bioburden, unknown contaminant, viral contamination, other)?

- Develop a trust-based relationship
  - Be upfront with the circumstances surrounding unusual issues (reprocessing, reworking, relabeling, etc.)
  - OOS's in clinical lots.

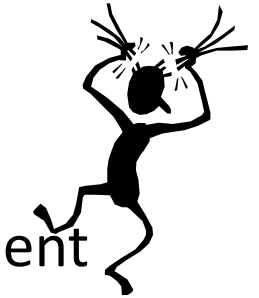
  "It's better to provide all information available and show that you did your best rather than to gloss over the issue as "not important"". – Joseph Kutza

Remember take home message #1 about grumpy reviewers, and take home message #3 about Trust. The way to keep the trust (and keep your reviewer happy) is to be open, truthful, and provide the information needed for review and assessment of your process and product.

- Lower quality submissions may be more likely to miss a PDUFA date or get a CR letter.
  - Multiple rounds of questions and requests for information extends timeline of review
  - Lack of clear information may result in non-approval

The BLA – Review: case studies

Pet Peeve #3 Data Presentation - *Missing data;* Pet Peeve #6 Back up your claims with data



- Omission of key data from BLA resulted in delay of approval. Major CMC amendment moved the clock - review timeline.
- Insufficient Stability data:
  - Drug Substance stability studies were conducted in containers not representative of the drug substance container material. Stability studies had to be redone, DS approved with shorter shelf-life.
  - Drug product long term stability data from pilot scale were not representative of full scale. Resulted in a shorter expiration dating than requested.
  - Stability data were not available for product made at each site to be licensed in the BLA, resulting in dropping some sites out of the initial approval.
- Specifications:
  - Request to drop specific release test for the to be approved product was not supported by sufficient information to allow this. BLA was approved on time, but Applicant had to include release test that they did not plan on and validate the assay during the BLA review cycle.
  - Justification of specifications was significantly lacking for DS, DP and reference standard. These were submitted late in the review cycle and resulted in a Major Amendment.

The BLA – additional Pet Peeves

The following additional Pet Peeves were received from many reviewers:

- Analytical testing is performed at various sites while validation reports do not identify the validation site(s).
- Insufficient bridging data for reference standards/reference materials
- Facility fit matters - those are changes that can make an impact on product quality/stability
  - Lack of assessment on impact of these changes - Applicant should provide a detailed and scientific impact assessment and justification for validity of the data as related to the to be licensed process.
- Prior knowlege - lack of sufficient information to support the claims

  Pet Peeve #6 **Back up your claims with data**
- Contradictory data/statements in different parts of the BLA

The BLA – additional Pet Peeves

- The definition of non-CPP is only relevant within ranges explored (knowledge space). Changes beyond knowledge space for any parameter may be subject to reporting in a supplement.

- A justification and explanation of the statistical models used in process characterization/process validation studies should be provided.

- Batch production records submitted in the BLA do not reflect the intent of Batch records in guidance and regulations. BRs are used by reviewers to understand and verify your process, as well as for assessment of validation of the proposed process. Electronic Batch records provide results but do not have other components as specified in 21 CFR 600.12(a); 21 CFR 211.186; 21 CFR 211.188; ICH Q7 – sections 6.4 and 6.5 Batch Production Records (Batch Production and Control Records). Consider also providing relevant process inputs (e.g. SOPs).

The lifecycle continues – BLA supplements

- In addition to the items listed for original BLAs, BLA supplements Pet Peeves include :
  - Back to the basics: The cover letter must include a list of all changes to be approved. (21 CFR 601(a)(5)).
  - It would be great to get a clear identification of all changes in each section of the supplement, either as attachment to the cover letter or in another section e.g. module 1.11 or 2.3

    Pet Peeve #2 **Poor Communication with FDA;** **Take home message #1 – re grumpy reviewer;** **Take home message #2 – substance with style**

  - Editorial changes – we often see a claim of editorial changes in addition to the supplemented changes. Reviewers need to make sure that the editorial changes did not inadvertently remove or change something we deem important as part of the license. It would be great to also get a redlined version of the section, submitted in module 1 (e.g. section 1.11)

    Same for editorial changes submitted in annual reports.

    Overarching Pet Peeve – inefficient use of reviewer of time

  - All applications or petitions requesting Agency action require an Environmental assessment or claim of categorical exclusion. CTD section 1.12.14 is for this purpose.

If they would only include an easy table....

Section	Approved version	New Version	Comments
3.2.S.2.1- Manufacturer(s)	[redacted] Inc.	[redacted] Inc. - [redacted] CFuchs Inc., Bethesda, MD	Add a new DS testing site for potency assay
3.2.S.4.3 Validation of Analytical Procedures	Validation of potency assay at [redacted] site	Validation/assay transfer of potency assay at CFuchs Inc	
β.2.S.4.4 Batch Analyses	Potency data for lots tested at [redacted] Inc.	New potency data for lots tested at CFuchs Inc.	
3.2.P.8.2 - *Post-approval Stability Protocol and Stability Commitment*	0, 3, 6, 12, 24 months	0, 3, 6, 12, 24, 36 months	Add a 36 months timepoint. No other changes made to testing/acceptance criteria

Back to the basics

- Your reviewers are scientists that base their decisions on data and their analysis of the data. So back up your claims with quality data!

  (Pet Peeves #3 & #6)

- The CTD format is here to stay. It can work for you if you let it. (Pet Peeve #1)

- Communication is key – with FDA and within your companies. (Pet Peeves #2 & #5)

- An open relationship based on trust and information sharing is the best relationship sponsors can have with their reviewers.

Acknowledgments

- All our former OTRR, OBP, OPQAIII and OPQR colleagues over the past 30+ years

- Thanks to all our colleagues who remain at the Agency. We know they continue to do their best to promote and protect the public health under these uncertain and challenging times.

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