

# Product Labeling Studies

Celerion collaborates with pharmaceutical companies seeking market approval for new drugs and product labeling studies are a key component. We proactively create efficient and cost-effective packages of product labeling studies that form the basis for specific labeling claims in your drug applications (Figure1). Most importantly:

- For speed and accuracy of your data, Celerion global clinics and bioanalytical laboratories share SOPs, data capture and analysis systems
- Working with Celerion for your early clinical development, our scientists apply their knowledge of your drug in executing all studies
- Celerion has the capacity to manage many studies simultaneously to ensure your submission timelines are not compromised

**Figure 1.** Different types and features of product labeling clinical pharmacology studies

Study Type	Typical Study Design Elements	Typical Duration of Clinical Conduct	Comments
Drug-Driving Interactions*	<ul style="list-style-type: none"> <li>• 1-way or 2-way crossover</li> <li>• 2,3,4 arm parallel</li> <li>• Fixed sequence</li> </ul>	1-3 months	<ul style="list-style-type: none"> <li>• Common co-administered drugs</li> <li>• Warfarin, Digoxin – low TI</li> <li>• Drugs that reflect activity of certain drug metabolizing enzymes of transport proteins where in vitro studies suggest that the new drug candidate may interact</li> <li>• Strong inhibitors or inducers of key elimination pathways for new drug candidate</li> </ul>
Hepatic Insufficiency	<ul style="list-style-type: none"> <li>• 2,3,4 arm parallel</li> <li>• Adaptive (staged)</li> </ul>	6-12 months	<ul style="list-style-type: none"> <li>• Mild, moderate and severely impaired as measured by Child-Pugh score</li> </ul>
Renal Insufficiency	<ul style="list-style-type: none"> <li>• 2,3,4 arm parallel</li> <li>• Adaptive (staged)</li> </ul>	6-12 months	<ul style="list-style-type: none"> <li>• Mild, moderate and severely impaired as measured by estimated GFR or creatine clearance</li> <li>• During and between hemodialysis</li> </ul>
Absorption, Distribution, Metabolism, Excretion (ADME)	<ul style="list-style-type: none"> <li>• Single dose of radiolabeled drug (traditional dose ~100 microCuries; microtracer dose &lt;500 nanoCuries)</li> </ul>	2 weeks conduct 1-4 months sample analysis	<ul style="list-style-type: none"> <li>• Usually healthy young male participants</li> <li>• Sometimes can only be done in patient populations (e.g. oncology) which might require microtracer approach in hospital setting with conduct covering 1-2 patients at a time</li> </ul>
Thorough QT (TQT)	<ul style="list-style-type: none"> <li>• 3,4-way crossover</li> <li>• 3,4 arm parallel</li> <li>• Parallel with nested crossover</li> </ul>	2-6 months	<ul style="list-style-type: none"> <li>• Moxifloxacin is usual positive control</li> <li>• Highly automated digital ECG analysis now supported by reglulators</li> </ul>
Market-Image Bioequivalence	<ul style="list-style-type: none"> <li>• 2-way crossover</li> <li>• Parallel (rare)</li> </ul>	1-2 months	<ul style="list-style-type: none"> <li>• Compare bioavailability of product from commercial production batch versus product used in pivotal clinical trials</li> </ul>
Definitive Food Effect	<ul style="list-style-type: none"> <li>• 2,3 way crossover (fasting, low fat and/or high fat meal)</li> </ul>	1-2 months	<ul style="list-style-type: none"> <li>• For orally delivered drugs where earlier studies indicated a potentially clinically significant food effect</li> </ul>
Ethnic Bridging PK Studies	<ul style="list-style-type: none"> <li>• Parallel need to relate clinical data collected in one population to use in another defined population</li> </ul>	1-4 months (depends on availability of suitable participants)	<ul style="list-style-type: none"> <li>• Justified by known polymorphic differences among different ethnic or genetic populations in expression of proteins involved in metabolism, transport or effect.</li> </ul>
PK in Special Patient Populations	<ul style="list-style-type: none"> <li>• Single dose or repeated dose as justified by intended clinical use</li> </ul>	1-12 months (depends on availability of suitable participants)	<ul style="list-style-type: none"> <li>• Pediatric, Adolescents, Elderly/Aged, Disease Situations</li> <li>• Pressure by regulators for data in pediatric patients - conduct presents ethical challenges</li> </ul>
Population PK or PK/PD Analysis	<ul style="list-style-type: none"> <li>• Sparse sampling from patients enrolled in pivotal efficacy and safety studies</li> </ul>	Duration of phase III program	<ul style="list-style-type: none"> <li>• Effect of Disease, Age, BMI, Gender, Genetics, Ethnicity on contributing to intersubject variability PK parameters</li> <li>• Population PK model often set up from Phase I and II PK studies</li> </ul>