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Risk Mechanism description Likelihood Impact Rating Producer's Risk Mitigation Strategy for 1 Can See You'

Item No.	Potential Hazard	Likelihood (1-5) 1 = Extremely serious 5 = low risk	Impact on filming (1-5) 1 = Stop Filming 5 = Continue Filming	Rating (low, moderate or high)	Producer's Risk Strategy/ Further action needed
1	Failure of event structures	1	3	low	Site will be inspected as-built by prior to shoot commencing. Infrastructure plan, Safety Standards, Engineer's certificate to be kept on file
2	A dog could attack unexpectedly in scene 2	5	1	low	To avoid this we will stay only dog-free areas of the park. If this hazard took place we would call the ambulance to help whoever was attacked and film on a separate day.
3	Actors may not be reliable on what days the crew is filming	3	1	high	To avoid this we will film around times that actors are not busy and will keep reminding them on days that they need to do. If this was to happen we would have to stop filming, however we could replace the actor within someone else willing to help us out.
4	Equipment may break on set	4	1	high	To avoid this we will use the tripod when necessary, to avoid the camera slipping out of our hands. If this did happen we would have to get a new camera and take full responsibility and pay the money back.
5	Georgina may cut herself with the paper she tears up in scene 1	3	5	low	To avoid this she must be careful when ripping up the paper. If this was to happen she would run the cut under a cold tap and possibly apply a plaster if necessary.
6	When walking in the park one of the actors may trip onto the concrete in scene 2	4	3	high	To avoid this we will allow the actors to walk instead of run etc; we will film in apart of the park where there are no obstacles in the way.
7	An argument within the crew may occur which could prevent filming to take place.	2	3	Low/high	To avoid this we must stay open-minded amongst one another's ideas. Depending on how serious the argument is, depends on if we carried on filming, but either way the group will try (gg) hardest to prevent arguments from happening.

Table 9.0-7 Quality Risk Assessment Report Example

Application: BFS Machine	Facilitator: Joe Smith
Description: Shuttle Type (Open Partition) Blow Fill Seal Machine	Company: Best BFS Supplier
Product Identifier: Model "X" BFS Machine	Facility Location: IL, USA
Assessment Type: Microbial and Particulate Contamination of Sterile Drug Product	
Guide sentence: When doing (process step), the (hazard) could result in the (harm) due to the (hazardous situation).	

Process Step	Hazard	Harm	Sev	Hazardous Situation	Prevention / Detection Controls	Occ	Det	Risk Decision	Mitigating Actions or Risk Acceptance Justification	Status / Responsible
Extrusion	Resin bobbin limit exceeded	Loss of sterility assurance	High	Resin storage container compromised Condensate formation in resin container	1. Incoming inspection of resin container 2. Resin bobbin testing	Low	Med	Mitigate	Inspection of resin container prior to extrusion Temperature and humidity control of resin storage and transfer area	In progress - due to DDM/YYYY (BFS Operations)
Partition Cutting	Particles generated during partition cutting process	Particulate contamination of drug product	High	Partition knife is not sufficiently sharp or damaged	1. Preventive maintenance is performed every campaign to check sharpness of partition knife and sharpen as needed 2. Partition knife is designed with ultrasonic knife to minimize particulate generation 3. BFS enclosure is designed with exhaust points local to the hot knife cutting area 4. Visual inspection of filled container for visible particulates 5. Particulate monitoring occurs within BFS enclosure. Operators stop operation in event of alarm to investigate cause	Low	Low	Accept	Risk is low	N/A
Container Molding	Particulate formation	Particulate contamination of drug product	High	Improper grade air supply and flow pattern	1. Smoke studies 2. Visual inspection of filled container for visible particulates 3. Grade C background environment 4. Particulate monitoring occurs within BFS enclosure	Low	Low	Accept		

Legend	High	Med	Low	Very High	Very Low
Acceptable	High	Med	Low	Very High	Very Low
Not Acceptable	High	Med	Low	Very High	Very Low
Not Acceptable	High	Med	Low	Very High	Very Low
Not Acceptable	High	Med	Low	Very High	Very Low
Not Acceptable	High	Med	Low	Very High	Very Low
Not Acceptable	High	Med	Low	Very High	Very Low

Financial	Shareholder	Regulatory	PR
Critical	More than \$1M	The regulator will modify industry compliance requirements and company must meet significant change effort to comply as a result of this risk	Major TV and new coverage of the issue resulting in loss of market share. The CEO will respond for the company.
High	\$750k-\$1M	Will cause significant depression of share value over a period of weeks	Industry and mainstream press coverage. A public representation will be made from a senior executive.
Moderate	\$500k-\$750k	A period of share value instability over a period of weeks	Significant industry press; enough to warrant a formal response
Minor	\$250k-\$500k	Potential slight impact to share value over a few days	Regulator may take interest in the issue and submit a "Please Explain" request
Insignificant	Less than \$250k	No impact to share value	Regulator will not be interested in this issue
			No press coverage, potential for bloggers and webinars to comment

What is the purpose of risk evaluation. What is a critical evaluation report. What is annual performance evaluation report.

Periodic Benefit Risk Evaluation Report (PBRER) provides a periodic, comprehensive, concise, and critical analysis of new or emerging information on the risks of the medicinal product, and on its benefit in approved indications, to enable an appraisal of the product's overall benefit-risk profile. Guidelines are available from International Council for Harmonisation (ICH) Topic E2C (R2) and EU Good Pharmacovigilance Practices (GVP) - Module VII. Such reports are required because the data from clinical trials based on which the product was approved tend to be short duration and with limited number of patients in a controlled environment. Often, higher risk patients with concomitant illnesses that require use of other drugs are excluded from clinical trials, and long-term treatment data are limited. PBRER is intended to harmonise the periodic reporting requirements to regulatory authorities and to provide, in a common format, the worldwide interval safety experience of a medicinal product at defined times post-approval. The frequency of submission of reports to regulatory authorities is subject to national regulatory requirements. One report is submitted for one active substance. It should provide information on all approved indications, dosage forms, and regimens. Evaluation of new information relevant to the medicinal product that became available to the marketing authorization holder (MAH) during the reporting interval, in the context of cumulative information is done by summarising relevant new safety information that could have an impact on the benefit-risk profile of the medicinal product. Summarising any important new efficacy/effectiveness information that has become available during the reporting interval. Examining whether the information obtained by the MAH during the reporting interval is in accordance with previous knowledge of the medicinal product's benefit and risk profile. Where important new safety information has emerged, conducting an integrated benefit-risk evaluation for approved indications. PBRER has been developed to follow a modular approach. For example, if the Development International Birth Date (DIBD) of a Development Safety Update Report (DSUR) for a medicinal product is aligned to the International Birth Date (IBD) of the PBRER for the same product as suggested in ICH E2F, the content of a number of sections of the DSUR can also be used in the PBRER when the Data Lock Points (DLPs) are the same. There is a lot of planning, collaboration, and best practice involved in the development of PBRER, few of which are listed below: Development of relevant training materials, guidelines to support teams in their preparation of quality PBRER documents. Standardised procedure and data delivery plan before a kick-off meeting. Methodology for comparative benefit-risk methodology. Standardised PBRER language be developed as model document templates. Recommendations for the project management plan template which include roles, responsibilities, timelines, major considerations, information sources, milestones and a detailed kick-off agenda. If the reporting interval is more than one year, conducting a separate clinical benefit-risk sections kick off meeting. Collaborative guidelines for responsibilities and inputs from regulatory, safety, medical and clinical science members. Frontloading as much as possible, including literature data summarization before the DLP. Use of harmonized data lock points and modular approach. Continuous improvement, being proactive and adhering to the stringent timelines. Periodic safety update report (PSUR) provides a periodic and comprehensive assessment of the worldwide safety data of a marketed drug. Over time it was recognized that the risk of the marketed drug should be assessed in the light of its benefits and change in the risk estimate overtime. Consequently, the report name was changed to Periodic Benefit-Risk Evaluation Report (PBRER). PBRER are mandatory for all approved medicinal products. This report provides an analysis of the safety, efficacy, and effectiveness of the product over its lifecycle. Most information will likely be related to safety, but information on any new limitations of the medicine and alternative treatment areas also needed to be included. In simple terms, PBRER means submitting safety information to Regulatory authorities periodically. But in practice the Regulatory requirements make the process much more complex. How to prepare PBRER: Single PBRER for an Active Substance: The report should provide information on all approved indications, dosage forms, and regimens for the active substance, with a single DLP. PBRER for Fixed-Dose Combination Product: For combinations of substances also marketed individually, information for the fixed combination may be reported either in a separate PBRER/PSUR or included as separate presentations in the report for one of the individual substances, depending on the circumstances. Products Manufactured and/or Marketed by More than One Company: Each MAH is responsible for submitting PSURs for its own products. When companies are involved in contractual relationships (e.g., licensor-licensee), respective responsibilities for preparation and submission of the PSUR to the regulatory authorities should be clearly specified in the written agreement. Risk-benefit evaluations: The PBRER should: critically examine information received since last PBRER to see if there are new signals that have led to potential or current risks or update information on previous risks. Summarise any new information on the safety, efficacy and effectiveness of the product that could affect its risk-benefit balance. Provide an integrated benefit-risk analysis from the date of an interventional clinical trial (in any country) for all authorised indications summarise any risk minimisation actions implemented or planned during the reporting interval. Outline plans for signal or risk evaluations including timelines and/or proposals for additional pharmacovigilance activities. Need to include results of any new studies carried out on the safety of product under off-label use, with a summary of their impact. Source of report must be included to help demonstrate risk-benefit evaluation. These may include: non-clinical studies, spontaneous reports (e.g. reports on the marketing authorisation holder's safety database), active surveillance systems (e.g. sentinel sites), investigations of product quality, product usage data and drug utilisation information, clinical trials, including research in unauthorised indications or population-based observational studies, including registries, patient support programs, systematic reviews and meta-analysis, marketing authorisation holders' sponsored websites, published scientific literature or reports from abstracts, including information presented at scientific meetings, unpublished manuscripts, licensing partners, other sponsors or academic institutions and research networks, competent authorities (worldwide) Format and Presentation: The recommended table of contents, including section numbering, for the PBRER is provided below: Title Page: It contains the label of the medicinal product, the description number, the name and address of the Marketing authorisation holder, the global birth date with the name of the nation, the report date. Executive Summary: It contains a concise summary of the most important information contained in the report. Table of Contents Introduction Worldwide Marketing Approval Status Actions Taken in the Reporting Interval for Safety Reasons Changes to Reference Safety Information Estimated Exposure and Use Patterns 5.1 Cumulative Subject Exposure in Clinical Trials 5.2 Cumulative and Interval Patient Exposure from Marketing Experience 6. Data in Summary Tabulations 6.1 Reference Information 6.2 Cumulative Summary Tabulations of Serious Adverse Events from Clinical Trials 6.3 Cumulative and Interval Summary Tabulations from Post-Marketing Data Sources 7. Summaries of Significant Findings from Clinical Trials during the Reporting Period 7.1 Completed Clinical Trials 7.2 Ongoing Clinical Trials 7.3 Long-Term Follow-up 7.4 Other Therapeutic Use of Medicinal Product 7.5 New Safety Data Related to Fixed Combination Therapies 8. Findings from Non-Interventional Studies 9. Information from Other Clinical Trials and Sources 10. Non-Clinical Data 11. Literature 12. Other Periodic Reports 13. Lack of Efficacy in Controlled Clinical Trials 14. Late-Breaking Information 15. Overview of Signals: New, Ongoing, or Closed 16. Signal and Risk Evaluation 16.1 Summary of Safety Concerns 16.2 Signal Evaluation 16.3 Evaluation of Risks and New Information 16.4 Characterisation of Risks 16.5 Effectiveness of Risk Minimisation (if applicable) 17. Benefit Evaluation 17.1 Important Baseline Efficacy/Effectiveness Information 17.2 Newly Identified information on Efficacy/Effectiveness 17.3 Characterisation of Benefits 18. Integrated Benefit-Risk Analysis for Approved Indications 18.1 Benefit-Risk Context - Medical Need and Important Alternatives 18.2 Benefit-Risk Analysis Evaluation 19. Conclusions and Actions 20. Appendices Refer below document for complete guidance. Regulatory Requirement for PSUR in different countries The need for the submission of a PBRER and the frequency of report submission to regulatory authorities are subject to national or regional regulatory requirements, and usually depend on such factors as approval dates, the length of time the product has been on the market, and the extent of knowledge of the benefit-risk profile of the product. The PBRER format and content are intended to apply to periodic reports that cover reporting periods of 6 months or longer. Once a drug has been marketed for several years, national or regional regulation may allow the frequency of submission to be extended to longer time intervals, e.g., greater than one year for products considered to have an established and acceptable profile or considered to be low risk; however, more frequent PBRERs may continue to be required in other regions. As a result, the following scenarios may be encountered by MAHs: PBRERs may be required on 6-monthly, annual, and less frequent submission timetables simultaneously across different regions. Changes in reporting frequency may also apply after important additions or changes in clinical use are approved (e.g., new indications and/or new population[s]). In these circumstances, it is possible that the reporting interval will be shortened, even for older products with a previously reduced frequency of PBRER submission. An ad hoc PBRER may be requested by a regulatory authority. Reference documents: CIOMS II: International Reporting of Periodic Drug-Safety Update Summaries ICH E2C: Periodic Benefit-Risk Evaluation Report GVP Module VII: Periodic safety update report 21 CFR 314.80(c)(2) and 600.80(c)(2)

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