MEDUMAZE CLASSIC: FREE REGULATORY GLOSSARY

Acronym or Descriptive Term	Definition and Description
NUMBERS (#)	
21 CFR	**Code of Federal Regulations**: US Law is translated (promulgated) into interpretive Federal Regulations written in plain English by federal regulatory agencies, e.g., FDA, DEA. These Regulations are initially published in the Federal Register and are subsequently codified in the CFR. Title 21 of the Code of Federal Regulations addresses Food and Drug Law. Each title (or volume) of the CFR is revised once each calendar year. A revised Title 21 is issued on approximately 1 April of each year. [US] Note: US Regulatory Affairs professionals use the CFR like European regulatory staff use Volumes 1 and 2 of the Rules Governing Medicinal Products in the European Union.
A	
Abridged MAA	A type of MAA where the results of pharmacological and toxicological tests or clinical trials are not required to be provided e.g. when consent to cross-reference has been given by the marketing authorization holder, or for a generic product. [EU]
Accelerated approval	**Accelerated Approval or Subpart H Approval** is a programme described in the NDA regulations that is intended to make promising products for life-threatening diseases available on the market on the basis of preliminary evidence, prior to formal demonstration of patient benefit. The initial FDA evaluation is performed on studies that used a surrogate marker or endpoint. A surrogate marker is a measurement intended to substitute for the clinical measurement of interest, usually prolongation of survival, that is considered likely to predict patient benefit. The approval that is granted may be considered a provisional approval with a written commitment to complete clinical studies that formally demonstrate patient benefit. Accelerated Approval designation does not necessarily lead to a Priority Review. [US]
Action Letter	An official letter from the FDA informing the NDA sponsor of the agency's decision: "approval" allows commercial marketing; a "Complete Response" letter details the issues that need to be resolved prior to approval. [US]
Ad Com	**Advisory Committees** (Ad Coms) provide independent expert advice to the FDA on scientific, technical, and policy matters related to the development and evaluation of FDA-regulated products. Ad Coms enhance FDA's ability to protect and promote public health by ensuring it has access to such advice in as public a manner as is permitted by existing laws and regulations - it is important to recognize that these meetings are held in public and will be attended by competitors, patients, and the press, thus the outcome becomes 'news' very rapidly. In addition, Briefing Materials and presentations made by FDA, the concerned sponsor, and any other presenters, are publicly available on the internet approximately 24hours before the meeting. The usual agenda for an Ad Com includes: •Statements relating to Conflicts of Interest, introductions •FDA presentation on the issue at hand •Sponsor presentation(s) on the issue at hand •Discussion by the Ad Com, questions to presenters or other experts present •Comments or presentations from the public •Further discussion by the Ad Com, more questions to presenters or other experts present •Voting on the questions posed to the Ad Com by FDA prior to the meeting.

Acronym or Descriptive Term	Definition and Description
ADME	**Absorption, Distribution, Metabolism, Excretion:** ADME studies are used to determine how the body takes up a drug, where it goes in the body, and how it is eliminated from the body. ADME studies are performed in animal models and in humans during the clinical development of a compound to describe the pharmacokinetics and bioavailability of a drug.
AE	**Adverse Event**: Any untoward medical occurrence in a patient or clinical investigation subject, temporally associated with the use of a medicinal product, whether or not considered related to the medicinal product. An AE can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease (new or exacerbated) temporally associated with the use of a medicinal product. Definition from ICH E2A.
Amendment	In the US, a formal change to a previously submitted application, e.g., • **Amendment to protocol:** A formal change to a clinical protocol requiring Institutional Review Board (IRB)/Ethics Committee approval • **Amendment to US IND (21 CFR 312.110):** A formal change to an Investigational New Drug Application, e.g., to add new investigators or information on clinical supplies, or to submit additional pharmacy data or nonclinical reports, or to add a new clinical protocol to an existing IND • **Amendment to US NDA/BLA:** Filing of additional data to an Application while it is still under review.
Annual Report	A report provided to the FDA to update an IND or NDA on an annual basis which includes summaries of preclinical and clinical investigations, safety reports not previously filed, and updates to CMC information (see also ICH topic: Development Safety Update Report). [US]
ATC	**Anatomical Therapeutic, Chemical code**: ATC is a classification system for drug substances which is maintained by the WHO Division of Drug Management and Policies (DMP).
B	
BGTD	**Biologics and Genetic Therapies Directorate**: The regulatory authority in Canada responsible for ensuring the safety, efficacy and quality of all biologics and radiopharmaceuticals for human use marketed in Canada, including blood and blood products, viral and bacterial vaccines, genetic therapeutic products, tissues, organs and xenografts that are manufactured in Canada or elsewhere. [CAN]
BLA	**Biologics License Application:** An application by a manufacturer to the FDA for approval to market a new biologic for human use in the USA. The BLA must contain complete data to support the safety and efficacy of the biologic for its intended use, including chemistry, manufacturing, and controls, pharmacology and toxicology, clinical, biopharmaceutical, statistical analyses and microbiology (in the case of anti-infectives) data. Information about the Establishment (or Facilities) also needs to be provided. [US]
Blue Box	The area into which country-specific text is usually placed on packaging materials and leaflets for medicinal products approved via the Centralised procedure. [EU]

Acronym or Descriptive Term	Definition and Description
BPCA	**Best Pharmaceuticals for Children Act (BPCA)**: The intellectual property incentives described by BPCA can only be earned following a program to initiate, conduct, complete and report clinical study(ies) in pediatric patients that provide 'meaningful benefit' as detailed in a Written Request (WR) from FDA and which would not otherwise be done. The US Pediatric Research Equity Act (PREA) and BPCA are not mutually exclusive – a product previously studied and approved in the majority of the pediatric population under PREA could still be eligible for exclusivity if a suitable BPCA study proposal was developed. [US] The EU Pediatric Regulation became effective in 2007 and provides an intellectual property incentive (to the Supplementary Protection Certificate) for new active substances and line extensions following satisfactory completion of an agreed pediatric investigation plan (PIP).
C	
CBER	**Center for Biologics Evaluation and Research**. A center within the US FDA that works to ensure the safety and effectiveness of biological products such as vaccines, blood products, and gene therapies (but not monoclonal antibodies or well characterized proteins). [US]
CDER	**Center for Drug Evaluation and Research**: A center within the US FDA that oversees the safety and effectiveness of drug products including small and large chemical entities, monoclonal antibodies and well characterized proteins. [US]
CDRH	**Center for Devices and Radiological Health**: A center within the US FDA that oversees the safety and effectiveness of medical devices. [US]
Centralised Procedure	A Community registration procedure created by Council Regulation (EEC) No. 726/2004 for the authorization of medicinal products, for which there is a single application, a single evaluation and a single authorization allowing direct access to all European Union Member States. Applications are submitted directly to the European Medicines Agency (EMA). The single scientific evaluation is made by a review team which is lead by a Rapporteur and Co-rapporteur (both CHMP members) on behalf of all EU Member States. The opinion of the CHMP is transmitted to the European Commission to be transformed into a single marketing authorization applicable to the whole European Union. This procedure is compulsory for medicinal products derived from biotechnology, new active substances for treatment of HIV, cancer, neurodegenerative disorders, diabetes, viral diseases, auto-immune diseases and other immune dysfunctions, advanced therapy medicines such as tissue-engineered or gene therapy, orphan medicines, and optional for other new medicinal products. [EU]
CHMP	**Committee for Medical Products for Human Use**: This scientific committee within the EMA are responsible for the scientific review of Centralised EU applications to market a product and provide advice on questions relating to the evaluation of medicinal products for human use. CHMP includes representatives from each EU Member State. [EU]
Clinical Hold	In the US, this is an order by FDA to delay or suspend a proposed/ongoing clinical investigation. When a proposed study is placed on clinical hold, no subjects may be given investigational drug/vaccine. When an ongoing study is placed on clinical hold, no new subjects may be recruited and subjects already receiving therapy should discontinue the investigational product unless specifically permitted to continue by FDA in the interests of patient safety. See also 21 CFR 312.42. [US] In the EU, 'temporary halt of a clinical trial' means an interruption not provided for in the protocol of a clinical trial by the sponsor with the intention of the sponsor to resume it, and 'suspension of a clinical trial' means interruption of the conduct of a clinical trial by a Member State (Clinical Trial Regulation (EU) No 536/2014). [EU]

Acronym or Descriptive Term	Definition and Description
Clinical Trials, Phase 1	Phase I includes the initial introduction of an investigational new drug into humans. Phase 1 studies are typically closely monitored and conducted in healthy volunteer subjects, although there are circumstances, for instance in oncology, where such studies are more appropriately conducted in patients. These early studies are typically designed to determine the metabolism and pharmacologic actions of the drug in humans, the side effects associated with increasing doses, and, if possible, to gain early evidence on effectiveness. During Phase 1, sufficient information about the drug's pharmacokinetics and pharmacological effects should be obtained to permit the design of well-controlled, scientifically valid, Phase 2 studies. The total number of subjects included in Phase 1 studies varies with the drug but are generally in the range of 20 to 80. Also referred to as clinical pharmacology studies, Phase 1 studies also include detailed studies of drug metabolism and drug interactions, structure-activity relationships, and the mechanism of action in humans, as well as studies in which investigational drugs are used as research tools to explore biological phenomena or disease processes, or investigate the relevance of biomarkers.
Clinical Trials, Phase 2	Phase 2 includes the controlled clinical studies conducted to evaluate the effectiveness of the drug for a particular indication or indications in patients with the disease or condition under study and to determine the common short-term side effects and risks associated with the drug. Phase 2 trials are typically well controlled, closely monitored, dose-ranging studies and usually involve several hundred subjects.
Clinical Trials, Phase 3	Phase 3 studies are expanded controlled and uncontrolled trials. They are performed after preliminary evidence suggesting effectiveness of the drug has been obtained. They are intended to gather the additional information about effectiveness and safety that is needed to evaluate the overall benefit-risk relationship of the drug and to provide an adequate basis for product labeling. Phase 3 studies usually include from several hundred to several thousand subjects.
Clinical Trials Phase 3B	Phase 3B studies are often considered an extension of Phase 3. These studies may include specialised trials needed to support extensions to existing labeling (e.g., different stages of disease or sub-populations, paediatric or elderly populations, comparative agents, drug interactions, etc.).
Clinical Trials, Phase 4	Phase 4 studies include those post-NDA/MAA approval studies which fall outside approved labeling, and which therefore must be filed under the IND/CTA.
CMC	**Chemistry Manufacturing and Controls**: CMC programs demonstrate to regulatory authorities a manufacturer's ability to consistently manufacture, store and control drug product. [US] [EU]
CMD(h)	**Coordination Group for Mutual Recognition and Decentralised Procedures**: Directive 2001/83/EC, as amended by 2004/27/EC, set up a co-ordination group, named CMD(h), to examine any question related to marketing authorisations reviewed through the Mutual Recognition or Decentralized procedures. [EU]
CMS	**Concerned Member State**: A Member State which is concerned (i.e., included) with a Decentralised or Mutual Recognition application and expected to recognize the initial approval of the Reference Member State. [EU]
Complete Response Letter	An official letter from the FDA informing the NDA/BLA sponsor of the agency's decision. [US]
Co-rapporteur (Centralised Procedure)	A second member of the CHMP contributing to the assessment of a Centralised Procedure application. The specific role of the co-rapporteur is defined on a case-by-case basis by the Committee. [EU]

Acronym or Descriptive Term	Definition and Description
CSR	**Clinical Study Report**: A written description of a study of any therapeutic, prophylactic, or diagnostic agent conducted in human subjects, in which the clinical and statistical description, presentations and analyses are fully integrated into a single report. See also ICH E3.
CTA	**Clinical Trial Application**: A dossier based on summary data which may be used to secure regulatory clearance for clinical trials. This term describes application-styles appropriate for Europe, UK, Canada, Australasia and South Africa.
CTD	**Common Technical Document (CTD)**: The CTD is a framework for presenting data to regulatory agencies in the US, European Union, UK and Japan in a common order and format. This format has also been adopted in Canada, Switzerland, New Zealand and Australia. It was developed under the auspices of the International Council on Harmonization (ICH). Historically, each region and country had a different order of presentation for new drug marketing applications – reformatting or reordering of documents and reports delayed submissions to some markets and hence the availability of new medicines to patients. The CTD guidances provide: • An Overall Table of Contents for Modules 2, 3, 4 and 5 of a marketing application. (Module 1 remains regional and is addressed in national guidances) • Outline structure/mandatory headings for individual documents • The content and order of presentation of information in each section of a CTD format NDA (or MAA, JNDA, NDS, BLA). CTD format was agreed through ICH topic M4. See also eCTD.
CTR	**Clinical Trial Registries**: Section 113 of the Food and Drug Modernization Act (FDAMA) required registration of all clinical studies for serious or life-threatening diseases on www.ClinicalTrials.gov. It was developed by the National Library of Medicine and is maintained by the National Institutes of Health (part of the US Department of Health and Human Services). This is one of many clinical trial registries recognized by The International Committee of Medical Journal Editors (ICMJE); which established a requirement, effective 1 July 2005, that **all** clinical trials be entered in a public registry before patients are enrolled as a pre-requisite for future publication in their scientific journals.
D	
Debarment	An action against an individual restricting him/her from directly or indirectly providing services in any capacity to a firm with an approved or pending drug/device product application. A debarred corporation is prohibited from submitting or assisting in the submission of any NDA, BLA or ANDA. [US]
Decision	An EU instrument which is binding on those to whom it is addressed, whether it be a company, a Member State, or several Member States. In the context of the European Centralised Procedure, the final Decision on whether a product is granted a marketing authorization is made by the European Commission. [EU]
Directive	European Union legislation which is binding on all member states as to the result to be achieved but which must be incorporated into the national laws of the Member State before it becomes legally binding. In itself, a Directive does not have legal force in the Member States. [EU]

Acronym or Descriptive Term	Definition and Description
DMF	**Drug Master File**: A submission to a regulatory body that may be used to provide confidential, detailed information about facilities, processes, or articles used in the manufacturing, processing, packaging, and sorting of one or more human drugs which may be supplied by a company other than the manufacturer of the finished product. Examples include suppliers of active ingredients to third party manufacturers, quality and safety information for non-pharmacopeial excipients, and manufacturers of container-closure system components. The finished product manufacturer needs the DMF owner's permission to allow FDA/ Health Canada/European Agencies, etc. to cross-refer to the DMF during their assessment of the product.
E	
EC	**European Community**. [EU]
eCTD	**Electronic Common Technical Document**: Electronic version of the CTD and a structure that has been defined for Common Technical Document (CTD) submissions. The eCTD essentially consists of an XML file (index.xml), a file structure and many source files.
EMA	**European Medicines Agency**: is responsible for coordinating the scientific evaluation of the safety, efficacy and quality of human and veterinary medicinal products that undergo the Centralised procedure, as well as for arbitration during the Decentralised/Mutual Recognition procedure. It comprises the CHMP, CVMP, COMP, a Secretariat, the Executive Director and a Management Board. The EMA is based in Amsterdam, The Netherlands. [EU]
EPAR	**European Public Assessment Report**: The EPAR highlights the scientific conclusion reached by the CHMP at the end of the Centralised evaluation process and provides a concise summary of the grounds for the CHMP opinion regarding the granting of a marketing authorization for a specific medicinal product. They are publicly available online. The EPAR briefly describes issues raised and resolved during the scientific review and includes the approved Summary of Product Characteristics plus information on labeling and package leaflets. EPARs are analogous to Approval Packages/US Summary Basis of Approval but much shorter and are available almost immediately after the product has been approved for marketing by the European Commission. [EU]
EU	**European Union**: As of January 2021, the EU is composed of 27 Member States: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden.
EU Paediatric Regulation	The EU Paediatric Regulation became effective in 2007 and applies to any new product, indication, pharmaceutical form of route of administration. The Paediatric Investigation Plan (PIP) is agreed by the Paediatric Committee no later than the completion of adult PK studies. MAAs for new medicines should include the results of studies described in an agreed PIP unless a waiver or deferral has been granted.
European Commission	The "civil service" of the European Union. Its full name is the Commission of the European Communities; however, it is usually simply known as the Commission. It is the executive organ of the Community. It proposes Community policy and legislation, implements the decisions taken by the Council of Ministers, and supervises the day-to-day running of Commission policies. It is the "guardian" of the Treaties and can initiate action against Member States that do not comply with EC rules. [EU]
Evaluation Team (Centralised Procedure)	Experts nominated by the rapporteur/co-rapporteur from the lists of experts transmitted by the competent authorities in accordance with Article 53 of Council Regulation (EEC) No. 726/2004 with proven experience in the assessment of medicinal products. These are the reviewers who contribute to the assessment of MAAs submitted to EMA under the Centralised Procedure. [EU]

Acronym or Descriptive Term	Definition and Description
Experts	Scientific experts that provide advice to the CHMP during review of a marketing authorization application. In the EU, the drug review process is supported in part by scientific experts maintained on a list. The lists of experts are transmitted by the competent authorities in accordance with Article 53 of Council Regulation (EEC) No. 726/2004. These experts have proven experience in the assessment of medicinal products. [EU]
F	
FD&C Act	**Food, Drug, and Cosmetics Act**: The 1938 Food, Drug, and Cosmetic Act, with a provision requiring drugs to be cleared for safety before they went on the market, was prompted by the "Elixir of Sulfanilamide" tragedy in 1937 which killed 107 people. (The drug sulfanilamide was hailed as one of the first "miracle drugs". It was formulated by S.E. Massengill into a liquid product dissolved in diethylene glycol, a deadly poison. The product was placed on the market without safety testing.) The act prohibited interstate commerce of any food, drug, cosmetic or device that was adulterated or misbranded. Adulteration and misbranding were defined in detail in the original act, which was expanded to include other aspects of food and drug control (including efficacy and safety) through subsequent amendments. [US]
FDA	**Food and Drug Administration**: An agency of the US government with the authority to ensure that all drugs, biologics and devices on the market are safe and effective, that food is safe and wholesome, that cosmetics will not harm humans and that veterinary medicines, medical devices and radiation-emitting consumer products are safe and effective. [US]
Financial Disclosure	The Financial Disclosure regulations in 21 CFR 54 apply to any study included in a US NDA/BLA/sNDA/sBLA that the sponsor or FDA relies upon to establish efficacy, or that makes a significant contribution to the demonstration of safety, during the review. The "US IND status" of a clinical study is irrelevant to Financial Disclosure. [US]
FR	**Federal Register**: A US government publication which provides information on upcoming legislation, guidelines, and Advisory Committee meetings etc. It is administered by the National Archives and Records Administration – the official publication for Rules, Proposed Rules, and Notices of Federal agencies and organizations, including FDA. It is published daily, Monday through Friday, and carries all proposed and finalized regulation and many significant legal notices issued by the various federal agencies, as well as presidential proclamations and executive orders. [US]
G	
GCP	**Good Clinical Practice**: A quality standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical studies that provides assurance that the data and reported results are credible and accurate, and that the rights and confidentiality of study subjects are protected. GCPs cover topics such as drug accountability, documenting results, maintaining records, protecting patient safety, and ongoing review of data. The standards apply to manufacturers, sponsors, clinical investigators, Institutional Review Boards/ethics Committees and the product. (See also GCP ICH guideline Topic E6 (R2), 21 CFR Part 312, 314, 50, and 56, and EU Clinical Trial Regulation 536/2014.)
GLP	**Good Laboratory Practice**: A code of standards concerning the design of laboratories for nonclinical testing of medicinal products, the manner (conditions, planning, monitoring) in which the testing is performed, and the documentation recorded and reported. GLPs cover topics such as animal care and documentation, lab methods, procedures, archiving of information and independent review by a quality assurance unit. The standards are based on "Good Laboratory Practice in the Testing of Chemicals", published by the Organization for Economic Co-operation and Development. (See also US 21 CFR Part 58, concerned with organization processes and conditions under which nonclinical studies are planned, performed, monitored, recorded, and reported).

Acronym or Descriptive Term	Definition and Description
GMP	**Good Manufacturing Practice**: The part of quality assurance that ensures products are consistently produced and controlled in accordance with the quality standards appropriate for their intended use. Thus, a code of standards concerning the design and construction of pharmaceutical plants and their operation. GMP covers the manufacture, processing, packing, release, or holding of a drug, packaging and labeling operations, testing and quality control of drug product. (See also 21 CFR 210 and 211 or EEC GMP or 21 CFR 600, 601, 610 for Biologics).
Guidelines	Documents issued by the International Council for Harmonisation (ICH), European Commission or Committee for Human Medicinal Products, US FDA, or other regulatory agencies to provide interpretation of regulations and guidance on practical aspects of testing, content and compilation of a regulatory submissions etc. They are not legally binding in themselves but applicants are required to consult them and it is usual to confer with agencies prior to deviating from their documented guidance.
H	
Health Canada (HC)	Develops health policy, enforces health regulations, promotes disease prevention and enhances healthy living for Canadians. [CAN]
I	
ICH	**International Council for Harmonisation** (originally International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use**)**: ICH is a programme through which representatives from regulatory authorities and trade associations in the European Union, the United States, and Japan meet to develop common standards and approaches to various aspects of pharmaceutical regulation. ICH has led to development of many guidelines essential to understanding drug development and regulatory affairs. Guidances are numbered & organized according to discipline: i.e., Quality (CMC), Safety (animal studies), Efficacy (clinical and statistical) and Multidisciplinary (Common Technical Document, Nonclinical Data to support Clinical Studies).
IMPD	**Investigational Medicinal Product Dossier**. Clinical trial application in the EU.
Impurity	Small quantity of unwanted material in a drug substance or product. See also ICH Q3, A, B, C.
IND	**Investigational New Drug Application**: In the US, the IND is a "notice of claimed investigational exemption for a new drug" (21 CFR 312.3 (b)). It provides a sponsor with specific exemption from prosecutions for violation of the US Federal Food, Drug and Cosmetic Act. Technically, the IND designation allows unapproved drugs to be shipped in interstate commerce, including a new drug or combinations of previously marketed, approved drugs to be evaluated for new indications or using new dosages or dosage forms. An IND is somewhat analogous to a Clinical Trial Application in Europe. The IND application must be submitted by the sponsor and is put into effect by the FDA before drug testing in humans may proceed. The application contains a compilation of chemistry, manufacturing and nonclinical data and plans for the upcoming clinical studies (protocol and general investigational plan). If there is previous human experience with the product, this information also needs to be provided. During FDA's review of an initial IND the emphasis is on safety. [US]

Acronym or Descriptive Term	Definition and Description
IND Amendments and Protocol Amendments	This is a mechanism for updating a US IND to add new information. FDA expects the sponsor to add to the IND throughout development to monitor progress, but more importantly to be advised of findings particular to safety. Thus very few nonclinical or phase 1 and 2 clinical study reports will not have been filed to the IND by the time the NDA/BLA is submitted. Once an IND is in effect, it is not usually necessary to wait for approval of the new information by FDA before the sponsor proceeds with studies in the development program. Examples may include: • Final QA'd report of long-term toxicology study where FDA had previously accepted a draft report to support an extension of the clinical study dosing period. • Report of a completed clinical pharmacology study (regardless of IND status or where study was conducted) which provides evidence to support the dose selection for a new clinical study to be conducted under the IND. • Addition of new protocol to an active IND. • Stability data generated according to a previously approved protocol that supports an extension of the shelf life of clinical trial supplies. [US]
IND Annual Report	There is an obligation to maintain every IND by submitting a report to FDA within 60 days of the IND anniversary date in every year that the IND is in effect. The specifics of what should be included in an IND Annual Report are described in ICH topic E2F (Development Safety Update Report) and 21 CFR 312.33. [US]
IND Safety Report	See 21 CFR Part 312.32 for timelines and definitions. IND Safety Reports are required for serious and unexpected adverse events (in clinical subjects) or findings in animal studies that suggest a significant risk for human subjects. They must be filed to all INDs containing the active ingredient under study and transmitted expeditiously to all investigators and IRBs. [US]
IRB	**Institutional Review Board**: Independent reviewing body [US] that considers and approves/disapproves biomedical research involving human subjects proposed by each Principal Investigator; IRB approval is required for each clinical study protocol and Principal Investigator prior to study initiation. IRB requirements are detailed in 21 CFR 56 and Ethics Committee requirements in ICH E6, section 3. The IRB is the equivalent of the EU Ethics Committee (EC). On a continuing basis, the IRBs must find that the risks to subjects are minimized and reasonable. IRBs also ensure that informed consent is obtained and that privacy of subjects and confidentiality of data are maintained.
J	
JNDA	**Japanese New Drug Application**: The Japanese equivalent of a US NDA/BLA or a European MAA. [Japan]
K	
L	
Label	Any display of written, printed or graphic matter on the immediate container or package of, or affixed to, any article. [US]
Labeling	In the US, labeling includes all written, printed or graphic matter (e.g. package insert, patient's instructions, carton, label) accompanying an article at any time while such article is in interstate commerce or held for sale after shipment or delivery in interstate commerce. [US] In the EU, labeling refers only to the immediate packaging (e.g. carton and label). [EU]

Acronym or Descriptive Term	Definition and Description
M	
MA	**Marketing Authorization**: Approval to market a medicinal product in an EU Member State. [EU]
MAA	**Marketing Authorization Application**: The Marketing Authorization Application (MAA) is an application for approval to market a medicinal product based on a full review of all quality, safety, and efficacy data, including full study reports. An MAA follows eCTD format. This term is used to describe marketing applications in EU, UK, NZ, Australia and South Africa.
MAH	**Marketing Authorization Holder**: The person/entity who holds the marketing authorization for placing a medicinal product on the market in the EU and is responsible for the marketing of the product. The MAH must be established in the EEA.
MaPPS	**Manual of Policies and Procedures**: FDA's policy and procedure documents. [US]
MHLW	**Ministry of Health, Labor, and Welfare**: The regulatory agency in Japan. [Japan]
Monograph	Monographs in pharmacopoeias (e.g. USP, Ph.Eur., BP, JP) describe the essential chemical/pharmaceutical characteristics of established compounds including drugs, excipients, and finished formulations. They include the name of the ingredient or preparation; the definition; packaging, storage, and labeling requirements; and procedures for the tests, and acceptance criteria that establish their quality. These tests and procedures require the use of official Reference Standards. Also The Canadian Product Monograph is equivalent to the US Package Insert and the European Summary of Product Characteristics (i.e., a summary of prescribing information). [CAN]
MR	**Mutual Recognition**: A community registration procedure described by Council Directive 75/319/EEC (as amended) for the authorization of medicinal products. The Mutual Recognition Procedure was one of the routes for seeking regulatory approval in the European Union introduced in 1995. Under MR, a submission is first made to an EU Member State authority which assesses, grants a national approval and prepared an Assessment Report. This report was circulated by the initial authority to the other (concerned) Member States who were expected to recognize this decision and grant their own national authorization within a period of 90 days following the initial approval. The 90 day period was used to resolve any issues between Member States. If serious objections were raised then the application is referred to CHMP for arbitration leading to a binding decision. MR is still available for maintenance of products previously approved via this route. [EU]
N	
NDA	**New Drug Application**: An application by a manufacturer to the FDA for approval to market a new drug for human use in the USA. The NDA must contain complete data to support the safety and efficacy of the drug for its intended use, including chemistry, manufacturing and controls, pharmacology and toxicology, clinical, biopharmaceutics, statistical analyses and microbiology (in the case of anti-infectives) data, submitted in eCTD format. [US]
NDA Annual Report	A report submitted to FDA on an annual basis (based on the original date of approval) for every active NDA [US]

Acronym or Descriptive Term	Definition and Description
NDC	**National Drug Code**. Drug products are identified and reported using a unique, three segment number. [US]
NME	**New Molecular Entity**: Products – including new chemical entities, biological products, vaccines and products of biotechnology – that have not been previously available for therapeutic use in humans and are destined to be made available as prescription-only medicine for the cure, alleviation, treatment, prevention or *in vivo* diagnosis of diseases in humans.
NOAEL	**No Observed Adverse Effect Level**: The highest dose tested in an animal species that does not produce a significant increase in adverse effects in comparison to the control group. Adverse effects that are biologically significant, even if not statistically significant, should be considered when determining a NOAEL.
NOEL	**No Observed Effect Level**: The highest dose tested in an animal species with no detected effects.
NtA	**Notice to Applicants**: One of a series of volumes issued by the European Commission via Eudralex as "The Rules Governing Medicinal Products in the EU", this presents guidance (not regulation) on the processes associated with submitting and maintaining marketing authorization applications (Volume 2A) and the content and format of those applications (Volume 2B). [EU]
O	
OJ	**Official Journal of the European Union**: Daily European Community publication which contains the details of all EU legislation, as well as draft legislation, information, notices, and advertisements for public works and supplies contracts. [EU]
Orange Book	FDA published listing of **Approved Drug Products with Therapeutic Equivalence Evaluations** (historically, it had an orange cover). This listing is the key to understanding the US Patent Status of a medicine, including the availability of generic versions. [US]
P	
Parallel Import	Parallel importation of products in the EU is their importation and distribution using systems parallel to those conventionally used by the manufacturer and their wholesaler/retailer network. The importation is from a country where the price charged is low, to one where the price is much higher. [EU]
Patent Term Restoration	This was provided through the Drug Price Competition and Patent Term Restoration Act of 1984 (Waxman-Hatch Amendments) and seeks to restore a portion of the patent life lost during the time it takes to bring a drug to market. The extension to the patent life may be a maximum of 5 years, it cannot exceed 14 years from the NDA approval date, and it is calculated using the IND effective date and the NDA review time. [US]
PDUFA	**Prescription Drug User Fee Act of 1992**: Authorized FDA to collect fees from companies that produce certain human drug and biological products. Reauthorized in 1997 (PDUFA II was part of FDAMA), 2002 (PDUFA III), 2007 (PDUFA IV), 2012 (PDUFA V), 2017 (PDUFA VI), and 2022 (PDUFA VII). [US]

Acronym or Descriptive Term	Definition and Description
Paediatric Regulation, Pediatric Study Plans	Under the EU Paediatric Regulation 1901/2006, from 26 July 2008, all approval applications for new products have to be accompanied by the results of trials conducted in accordance with a Paediatric Investigation Plan (PIP) or alternatively be granted a deferral or a waiver from this requirement. A PIP is agreed by the Paediatric Committee of the EMA no later than completion of adult PK studies. [EU] The US Pediatric Research Equity Act (PREA) and Best Pharmaceuticals for Children Act (BPCA) are designed to work together to encourage the development of data to inform the safe and effective use of drugs in pediatric populations. Under PREA, pediatric assessments are required for drug products with a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration, unless the product is an orphan drug. Under PREA, a Pediatric Study Plan, which may include proposals for waivers or deferrals appropriate to the indication under study, is agreed with FDA in advance of starting the pediatric program (usually at phase 2). Under BPCA, FDA may issue a Written Request (WR) requesting the conduct of studies intended to provide meaningful health benefits in the pediatric population, and for which intellectual property incentives may be available on completion.
PI	**Package Insert**: A summary of the essential scientific information needed for the safe and effective use of the drug which should be made available to the prescribing physician. One component of the formal "labeling". US Package Inserts (PIs) for all marketed prescription products are published online in DailyMed. The PI is the primary prescribing information document submitted to and approved by FDA. The legislation describing the current format and organisation of sections within the PI became effective in 2006. A change control system for managing PI text in electronic format (SPL or Structured Product Labeling) was launched in 2005. The text in the prescribing information determines what may be used in marketing materials. [US] and **Principal investigator**.
PIL	**Patient Information Leaflet**: The leaflet accompanying a medicine, designed to be read by the patient and describing its use in layman's language. Mandated for prescription products in the EU and UK; reviewed and approved by the regulatory agencies. [EU]
Priority Review	FDA determines whether a BLA or NDA warrants a Priority Review or a Standard Review. The applicant may make a case for a Priority Review but FDA makes the determination decision within 60 days of FDA receipt. Products regulated by CDER (e.g., drugs, monoclonal antibodies, therapeutic proteins, immunomodulators, growth factors) are eligible for Priority Review if they provide a significant improvement compared to marketed products in the treatment, diagnosis, or prevention of a disease. For products regulated by CBER (e.g., blood products, vaccines, cellular products, antitoxins) there is an extra hurdle – applications are eligible for Priority Review if they provide a significant improvement in the safety or effectiveness of the treatment, diagnosis, or prevention of a serious or life-threatening disease. The performance goals for CDER and CBER for Fiscal Years 2023 through 2027 under PDUFA VII are to review and act on 90% of Priority NDA, sNDA, BLA and sBLA submissions within 6 months of receipt. [US]

Acronym or Descriptive Term	Definition and Description
PREA	The US Pediatric Research Equity Act (PREA) encourages the development of data to inform the safe and effective use of drugs in pediatric populations. Under PREA, pediatric assessments are required for drug products with a new active ingredient, new indication, new dosage form, new dosing regimen, or new route of administration, unless the product is an orphan drug. Under PREA, a Pediatric Study Plan, which may include proposals for waivers or deferrals appropriate to the indication under study, is agreed with FDA in advance of starting the pediatric program (usually at phase 2).
Protocol	A document that describes the objective(s), design, methodology, statistical considerations, and organization of a trial. The protocol usually also gives the background and rationale for the trial, but these could be provided in other protocol referenced documents.
Protocol Amendment	A formal change to a protocol needing IRB/EC approval. For US IND studies the sponsor submits a Protocol Amendment describing any change in a Phase 1 protocol that significantly affects the safety of subjects or any change in a Phase 2 or 3 protocol that significantly affects the safety of subjects, the scope of the investigation, or the scientific quality of the study (21 CFR 312.30) [US]
Q	
QP	**Qualified Person**: A person at the disposal of the Marketing Authorization Holder who is responsible for securing that the quality of each batch of investigational or marketed product is in accordance with the requirements of the marketing authorization. [EU]
R	
Rapporteur	In the Centralised Procedure, a member of the Committee for Medicinal Products for Human Use (CHMP) appointed to co-ordinate the evaluation of an application. The applicant does not choose the rapporteur. [EU]
Regulation	An instrument in the European Union which is legally binding in its entirety on all Member States, without having to be transposed into national laws by Member States. [EU]
RMS	**Reference Member State:** The European Member State who conducts the primary review of the MAA in the Decentralised and Mutual Recognition procedures and whose Assessment Report is used as the basis for mutual recognition. [EU]
Rules Governing Medicinal Products in the European Union	Series of volumes on Eudralex comprising Regulations, which are directly applicable in each EU Member State; Directives, which need to be incorporated into national law by each Member State; Guidelines, and the Notice to Applicants, to help pharmaceutical professionals locate and fulfil the legal obligations for regulatory approval for placing a medicinal product on the market. [EU]

Acronym or Descriptive Term	Definition and Description
S	
SAE	With respect to human clinical experience, a serious adverse drug experience includes serious and fatal drug experiences; see ICH E2A, 21 CFR 312.32 & 21 CFR 314.80, for current regulatory definitions and reporting requirements. This definition from ICH E2A: "A serious adverse event (experience) or reaction is any untoward medical occurrence that at any dose: • results in death • is life-threatening (NOTE: The term 'life-threatening' in the definition of 'serious' refers to an event in which the subject was at risk of death at the time of the event. It does not refer to an event, which hypothetically might have caused death, if it were more severe.) • requires inpatient hospitalization or prolongation of existing hospitalization • results in persistent or significant disability/incapacity, or • is a congenital anomaly/birth defect. Medical or scientific judgement should be exercised in deciding whether reporting is appropriate in other situations, such as important medical events that may not be immediately life-threatening or result in death or hospitalization but may jeopardize the patient or may require intervention to prevent one of the other outcomes listed in the above definition. These should also be considered serious. Examples of such events are intensive treatment in an emergency room or at home for allergic bronchospasm; blood dyscrasias or convulsions that do not result in hospitalization; or development of drug dependency or drug abuse."
Safety Update	While an NDA/BLA is under review the applicant is obligated to update the pending application with new safety information that may reasonably affect the prescribing information (e.g., from clinical studies that were still ongoing when the NDA/BLA was submitted, or from spontaneous adverse events arising in countries where the product is already approved). These "Safety Update Reports" must include the same kinds of information and be submitted in the same format as the Integrated Summary of Safety (ISS) in the original application and would typically include case report forms for each patient who died or who did not complete a clinical study because of an adverse event. Applicants should consult with FDA about their requirements on a product-by-product basis; Safety Update Reports are typically required 4 months after the initial submission and following receipt of an action letter. [US]
SBA	**Summary Basis of Approval or "Approval Package"**: Documentation that explains FDA's rationale for deciding that a drug is safe and effective and therefore is suitable for marketing approval. They become available through the Freedom of Information Act several months after an NDA has been approved, and SBAs for recently approved products are accessible online. [US] The European equivalent is an EPAR.
sBLA	**Supplemental Biologics License Application**: Submission to US FDA for a biological product that is already the subject of an approved BLA. Supplements may be submitted for a variety of reasons such as labeling changes, a new or expanded clinical indication, manufacturing changes or a new dosage form presentation. [US]
SmPC or SPC	**Summary of Product Characteristics**: This constitutes the labeling which will be made available to all prescribing physicians in the EU. It is analogous to the US Package Insert. The content must be approved by the competent authority and cannot be changed without the approval of the originating Competent Authority. [EU]

Acronym or Descriptive Term	Definition and Description
sNDA	**Supplemental New Drug Application**: Submission to US FDA for a drug substance or product that is already the subject of an approved NDA in order to support a proposed change. Supplements may be submitted for a variety of reasons such as labeling changes, a new or expanded clinical indication, or manufacturing updates. See 21 CFR 314.70. [US]
SPC	**Supplementary Protection Certificate**: Means of extending the term of patent exclusivity for a new medicinal product for a fixed period from the date of first marketing authorisation in a European Union Member State. The certificate takes effect at the end of the term of the basic patent. The extent of additional protection granted will depend on how long it took from lodging the patent to granting the first European MA, but will not exceed 5 years. SPC was created by Council Regulation (EEC) No. 1768/92 of 18 June 1992, and became effective on 2 January 1993. [EU] or **Summary of Product Characteristics**. See SmPC or SPC. [EU]
Standing Committee	The EU Standing Committee (Council Directive 93/39/EEC and Council Directive 75/318/EEC, Article 2) plays a major role in the decision-making process in the Centralised Procedure, and in the Mutual Recognition Procedure if arbitration is involved. [EU]
Surrogate Endpoint	A surrogate endpoint is a biomarker intended to substitute for a clinical endpoint by measuring the efficacy of a drug substance indirectly when direct measurement is either impossible or impractical. It is expected to predict clinical benefit or harm, or lack of benefit/harm, and may be used as a primary endpoint when the surrogate endpoint is reasonably likely or well known to predict clinical outcome.
T	
TPP	**Target Product Profile**: Describes the commercially relevant range of acceptable product performance against key product characteristics. It is used to guide and shape progression and development decisions. Also used to describe a drug development program in terms of the intended labeling in submissions to FDA. [US]
U	
Unexpected Adverse Experience (AE)	For US IND reporting purposes, "unexpected adverse experience" means any adverse experience that is not identified in nature, severity, or frequency in the current investigator brochure as having been reported or associated with the use of the drug; or, if an investigator brochure is not required, that is not identified in nature, severity or frequency in the risk information described in the general investigational plan or elsewhere in the current application for the drug, as amended (21 CFR 312.32). For US NDA reporting purposes, "unexpected" means an adverse drug experience that is not listed in the current FDA-approved prescribing information for the drug as having been reported in association with the use of the drug (see also 21 CFR 314.80). [US] In the EU, an unexpected AE is an experience not previously reported (in nature, severity, or incidence) in the current investigator's brochure, in the general investigational plan, or elsewhere. When an AE has been assessed and there are reasonable grounds for the suspicion that it is causally related to the investigational product(s), it must be considered as an adverse drug reaction. [EU]
Urgent Safety Restriction	An interim change to product information by the marketing authorization holder restricting the indication(s) and/or dosage of the medicinal products and/or warnings due to new information that has a bearing on the safe use of the product. [EU]

Acronym or Descriptive Term	Definition and Description
User Fees	Fees that FDA has been authorized to collect (under provisions of the Prescription Drug User Fee Act) for certain applications, products, and establishments. See also PDUFA. [US] EMA also charges fees for MAAs and Scientific Advice. [EU]
V	
Variations	Procedures and classification of variations to marketing authorisations for medicinal products for human use are described in Commission Regulation (EC) No 1234/2008 of 24 November 2008 [EU]
W	
X, Y	
Z	