



**Oral History Interview with  
Janet Ishimoto  
Chief  
Program Surveillance Branch  
Center for Biologics Evaluation & Research  
1991 - 2015**

**FDA Oral History Program  
Final Edited Transcript  
February 20, 2015**

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## **Oral History Abstract**

Janet Ishimoto joined FDA in 19XX as an investigator in the Center for Biologics Evaluation & Research Office of Compliance. She brought with her experience as a laboratory technician in several blood banks, from which she gained firsthand knowledge of the FDA inspection process (from the perspective of regulated industry). At CBER, Ishimoto helped to develop policies and procedures that were encoded in the CBER Inspection Manual, as well as reporting practices that drew upon digital technology to create 21<sup>st</sup> century databases and electronic reporting systems.

## **Keywords**

blood banking; biologics inspections; reporting; information technology

## **Citation Instructions**

This interview should be cited as follows:

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## **Interviewer Biography**

John Swann, Ph.D. is an Historian at the U.S. Food and Drug Administration. He is a subject matter expert in the history of the FDA, with a specialization in the history of pharmaceutical and biologics regulation. He joined the FDA in 1989, after earning his doctorate in the History of Science and Pharmacy from the University of Wisconsin, Madison, and researching a centennial history of the University of Texas Medical Branch at Galveston. He is the author of *Academic Scientists and the Pharmaceutical Industry: Cooperative Research in Twentieth-Century America*, as well as numerous articles on this history of therapeutic products published in scholarly journals and edited compilations.

## **FDA Oral History Program Mission Statement**

The principal goal of FDA's OHP is to supplement the textual record of the Agency's history to create a multi-dimensional record of the Agency's actions, policies, challenges, successes, and workplace culture. The OHP exists to preserve institutional memory, to facilitate scholarly and journalistic research, and to promote public awareness of the history of the FDA. Interview transcripts are made available for public research via the FDA website, and transcripts as well as audio recordings of the interviews are deposited in the archives of the National Library of Medicine. The collection includes interviews with former FDA employees, as well as members of industry, the academy and the legal and health professions with expertise in the history of food, drug and cosmetic law, policy, commerce and culture. These oral histories offer valuable first-person perspectives on the Agency's work and culture and contribute otherwise undocumented information to the historical record.

## **Statement on Editing Practices**

It is the policy of the FDA Oral History Program to edit transcripts as little as possible, to ensure that they reflect the interviewee's comments as accurately as possible. Minimal editing is employed to clarify mis-starts, mistakenly conveyed inaccurate information, archaic language, and insufficiently explained subject matter. FDA historians edit interview transcripts for copy and content errors. The interviewee is given the opportunity to review the transcript and suggest revisions to clarify or expand on interview comment, as well as to protect their privacy, sensitive investigative techniques, confidential agency information, or trade secrets.

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## Interview Transcript

JS: So, the date is February 20<sup>th</sup>, 2015. This is an interview with Janet Ishimoto. My name is John Swann and we're here at the FDA campus in Silver Spring. And Janet first of all thanks so much for coming out on such a very cold, record breaking cold day here in Maryland, but I really appreciate you're agreeing to do this oral history with the FDA History Office. And what we often do when we start these is to get a little background on where you came from, where you were born, your upbringing, and kind of maybe earlier influences on your decision to go into the career that you eventually chose for yourself. So, I wondered if you might not mind just saying a little bit about that as we get started.

Ji: Okay. I was born in Washington, D.C., third generation Japanese American. I've always been interested in the sciences, but it's always been my poorest subject in school, strangely enough. My interest in public health started early when I was in high school. I was in a first aid unit at the local Red Cross chapter on East West Highway and learned a lot about first aid and worked in first aid stations at Cabin John Park in the summer and we had first aid stations at the Wheaton Ice Rink. And my interest in science has continued through college. I started out at the University of Pennsylvania, School of Nursing and transferred my sophomore year I think to the School of Allied Medical Professions into the medical technology program, which I really enjoyed. And I liked working in the lab. I liked learning about physiology and anatomy. And after I graduated I got a job at the hospital at the University of Pennsylvania in the blood banking laboratory.

I horrified my classmates because when I told them, during my rotation, my clinical rotation I found out there was a position open and I applied for it and was accepted and my

classmates were horrified, they said you're in blood banking? You could kill people there. And so I went into it with quite a bit of trepidation. But I didn't kill anybody and I found that I really enjoyed it.

JS: What interested you in something like blood banking? This was kind of ... where did this come from?

JJ: I needed a job.

JS: That's a good reason.

JJ: Yeah, my whole career path has been serendipity. I went to the University of Pennsylvania because that's where my boyfriend was going. I went into nursing because it's what my best friend was doing and I thought, ooh, that sounds nice. I could be a nurse. And I switched to medical technology because my boyfriend was premed and he was taking hematology class and the hematology pictures were very pretty. They were blue and purple and I thought I could look at this. And I went into blood banking because that's where there was a job opening. And there was a job opening there because morale was horrible and turnover was extremely high and that's why they had a bunch of openings and they were desperate for people and so they hired me. But I ended up really enjoying the field and I stayed in blood banking and really enjoying the field and I stayed in blood banking for I think 13 years.

JS: Several years I know. So, when you say you went into blood banking what sort of things did you do in this capacity?

JJ: This is a hospital laboratory, so we did blood group and RH type on patients' antibody screens for red blood cell antibodies and we cross matched donated blood to be available for these patients for a transfusion or in case they needed blood during surgery. And so this was back in the late 70s and early 80s before hepatitis C and HIV were identified. So, at the time we were only testing for syphilis and hepatitis B. So, it was a little simpler back then.

JS: Yeah, clearly things change substantially into the 1980s, didn't they?

JJ: Yeah, the donor screening changed a lot because it turned out there were a lot of diseases that you couldn't test for and as those things came up then the donor screening got a lot more complicated, like West Nile Virus and Severe Acute Respiratory Syndrome or SARS. Plus the HSC and HIV made things very complicated. But they were simpler days back then. When blood banking first started it started in battlefields of course and people would do cross, they called it a field cross match; they would mix blood together on the palm of their hands and if it didn't clot then the donor would be hooked up to the patient and blood would flow the right way, hopefully.

But we were testing in tubes, test tubes, when I started. And actually the HBRNH (ph.) testing or the blood group in RA type we did on slides. So, it changed a lot since then.

JS: So this was primarily a laboratory position for you during this time, is that right?

JJ: Yes.

JS: Would you have had any opportunity for external contacts with those who on the outside who were very you know involved in blood banking and the Red Cross, FDA, other organizations or was that left others in the hospital to deal with?

JJ: That was mostly left to others in the hospital. There were opportunities to go to the American Association of Blood Bank meetings. But we didn't participate in any onsite inspections, especially in the beginning. As I progressed and moved up in my career, then you know I would assist with being inspected by the FDA or by the College of American Pathologists or AABB.

JS: This is before your next career move to the VA or was this while you were still working for hospitals...

JJ: Both.

JS: Was it in the Philadelphia area mainly?

JJ: Yeah, I worked in Philadelphia and then I worked at a couple of places in DC. I worked at Georgetown Hospital where I was born and then I worked at George Washington Hospital for

a short time. And then I went to Saudi Arabia then came back to Georgetown and then went to VA.

JS: So right so you went to VA in 1986.

JJ: Yes.

JS: 1986 where you were ... you were involved in blood banking with the VA but at one of the hospitals in Washington?

JJ: Yes, at the VA Medical Center in Washington, DC, in the blood bank.

JS: Okay. And again were you doing many of the same things you had been doing with the various hospitals you'd been working at?

JJ: Yes.

JS: Your responsibilities did sort of grow in those five or so years that you were at the VA though, is that right?

JJ: Yes. I started out as a bench tech in the blood bank. And then moved up, I think after a year and a half, into a supervisory position.

JS: And I guess that would have taken you more into sort of the broader, the broader scheme of what blood banking, the various contacts in the outside world that people who have an interest in blood banking, the regulatory officials, for example, and regional blood banking organizations, is that fair to say?

JJ: A little bit. I got involved with ordering blood and blood components. So, I did interact a lot more with other organizations. We got most of our blood from the Red Cross, but we did work with Metropolitan Washington Blood Banks which is not extinct. And we also got blood from the military services. And I also became an inspector for CAP, College of American Pathologists and for American Association of Blood Banks. So, I did travel a little bit to do the inspections.

JS: Were you inspecting other VA hospital blood banks?

JJ: Other hospital blood banks, not VA. The American Association of Blood Banks accredited hospital blood banks. And to be accredited you had to be inspected by them. So, I would help with those inspections and then for the College of American Pathologists they did inspections for JCAHO I believe the Joint Commission of Something Health Organizations. So, ...

JS: So when you went out and did inspections, what sort of things were looking for in inspections?

JJ: In general we were looking at the competency of the staff and the safety of the products that they were dispensing to the patients. So, making sure that the staff were storing the products correctly and doing the cross matching and screening correctly and that their records were accurate and that they did the proficiency testing and were passing that.

JS: So looking through the various practices they carried out, any quality assurance procedures they had in place.

JJ: Yeah, we'd look at them working, we'd review their work records and look at the facilities. And it's interesting because a lot of the places would say you know please cite us for inadequate staffing, because they were always trying to get more staff, because they were very short staffed. And with blood banking you can kill people. So, the shorter staffed you are, the more pressure the staff are under and the more likely it is that they're going to make a mistake.

JS: So the second time, this has come up already in our conversation about the obvious dangers associated with blood banking, but epidemiologically are there a lot of deaths associated with bad blood banking practices out there, at least was it something that you were aware of at this stage?

JJ: Well, not at that stage. Having been in the position that I was when I was retired my branch monitored fatality reports due to transfusions and it's going down in past years. There have been less than 100. And considering the millions of transfusions of blood components every year the fatality rate is extremely low. But there are still deaths caused by people making

mistakes. They get the patient tube mixed up, so they use the wrong sample to cross match blood. So, they issue the wrong type of blood and with the blood groups if you give the wrong type it could kill the patient immediately.

There are antibodies that if you miss you can kill the patient immediately. There are cases where the donor blood isn't typed correctly and so it's given to a patient that's labeled let's say as cal (ph.) negative and the patient has a cal antibody but the unit is actually cal positive and you can have quickly fatal results. So, there are instances where people die still. So, you can kill people.

JS: So all the more important to follow the established practices.

JJ: Yeah, and to not be overworked.

JS: And not be overworked. Well, perhaps these people who were trying to lobby for more staff had ...

JJ: They had a good reason.

JS: They had a good reason to do that. Well, had you an interest in public health generally? Or what was your sense of familiarity with FDA, which of course you went to in 1991. Can you discuss a little bit about the circumstances behind that move and sort of how you were recruited, what the early training that you had when you arrived at FDA and maybe even kind of the

culture of the institution you were in and the Center for Biologics at the time. Obviously quite different then where you had been before.

JJ: Okay. Well, I was pretty oblivious to the FDA. When I became a supervisor at the VA Hospital we had to, we renovated the lab and so I was going through the bookcases and I found a copy of the Code of Federal Regulations and I thought, hey, what is this? And I started looking through it and was like, whoa, the government knows about blood banking. I was astonished. So, that was my introduction to the FDA. And then subsequent to that we had an FDA inspection because the Veteran's Hospitals I hadn't really undergone an FDA inspection before but we did at the VA because we weren't getting reimbursed, our patients weren't get reimbursed for Medicare or our labs weren't.

So the way things stand now if transfusion services get reimbursed for Medicare then the FDA turns over the inspection responsibilities to what used to be the Healthcare Financing Administration, which is now the Centers for Medicare and Medicaid Services, but the VA wasn't covered by the Healthcare Financing Administration. So when I went to the VA that was the first time I had an FDA inspection.

And so I talked to the investigator and I thought, boy, what a hard job, because this is the week after the cyanide and grapes scare and so the investigator was telling me that it was a relief to come into my blood bank because we were very small, a very small lab and she just spent days wading through boxes of, cartons, crates of grapes looking for punctures.

JS: I'm kind of wondering why someone who's investigating the possibility of cyanide in grapes is also doing inspections of a blood bank. Did that strike you as unusual?

JJ: Yes. I thought it was very weird, but the grape scare was so huge that they had all of their, ORA had all of their investigators examining grapes.

JS: This was so ORA, the Office of Regulatory Affairs. I see.

JJ: Yeah.

JS: They were there doing the blood bank inspection.

JJ: Right.

JS: I see.

JJ: Right. And so I thought, boy, being an FDA investigator must be really hard, you have to know about grapes and cyanide and blood banking where you could kill people.

JS: Well, all of those things can kill people I guess.

JJ: Yeah.

JS: Wow, that's really a call for a broad knowledge of science and regulatory issues.

JJ: Yes. So, that started my respect for, the great respect for the people that worked for FDA. I met my husband the first time that I worked at Georgetown Hospital. He worked in the immunology lab in virology. And he went over to the Center for Biologics and was working in the laboratory on HIV. And he became friends with people who worked in the hepatitis lab, notably Sharon O'Callaghan and they became friends and then Sharon transferred to the Office of Compliance and was working with the Error and Accident Program and she was getting enough reports that they decided she needed someone to help her.

And so when they advertised that position my husband told me about it and he said I think you'd like working with Sharon and she does, there in accidents were mostly blood banking errors in accidents and so he thought that that would be a good transition for me. And we'd just had a baby and so I was doing laundry and putting my lab coats in with the diapers and it was like what the heck am I doing because this is hepatitis, non-A, non-B hepatitis and HIV and everybody was all sacred. And here I am washing my lab coats at home and I said I don't think I want to do this anymore. So, I applied for the job and got accepted for it. And so that's how I came to FDA.

JS: So once you arrived, what was it like in terms of, I mean were you thrown into the position and all the responsibilities immediately? Were you given any training by the agency?

JJ: Well, I was given a lot of training, because when I came the office was really overcrowded and they didn't have any room for me. And so my first week I sat in somebody's office that was out on an inspection and given some stuff to read. The second week I was put into the Russell Munvie's FDA, Food and Drug Law Course.

JS: Is this local or out in Colorado on a dude ranch or where was this?

[00:20:00 – DR-100\_0054]

JJ: This was local.

JS: Okay.

JJ: Yeah. So, I spent a week in that training and then when I came back they sat me in the hall for a while and then the branch chief made room in her office, there was a credenza that was stacked probably two or three feet high with inspection reports, because they had this, not a blitz, but they had this initiative to inspect transfusion services and they requested the copies of the inspection reports be sent to the branch to be reviewed. So, they were all stacked on the branch chief's credenza. And so she moved a couple of the stacks so that I would have a place to sit.

And so my first job really was to update the CBER Inspection Manual which is the reference manual for CBER inspectors. So, I did that at a little cubbyhole in the branch chief's office. And then we moved to another building in Metro Park North so I ended up sharing an office with Sharon and just switched to just doing the CBER Inspection Manual and reviewing error and accident reports.

JS: How would you characterize what, at least the part of CBER that you were in at the time in terms of, oh, I don't know, it must have been by necessity had to be a fairly well run

organization to go through all of the reports, the inspections and keep up with the manuals, make adjustments to that and so on. As you said your husband was already in the center so you had some idea perhaps of what to expect. Did anything catch you by surprise when you started that you might have expected or didn't expect that you saw in the center?

JJ: I can't say that it did.

JS: Okay.

JJ: I mean, in general I'm kind of oblivious and I take things as they are.

JS: Okay.

JJ: And so I didn't have a lot of expectations coming in. But I did enjoy working with Sharon. And you know it wasn't, at that time it wasn't tremendously hard. We got I think 3,900 reports the first year, which was, we thought that was promising.

JS: These were reports from FDA investigations?

JJ: No, these were reports from blood banks of errors and accidents that they had in manufacturing.

JS: Okay.

JJ: I wasn't involved in reviewing the inspection reports for the transfusion services fortunately. But Sharon and I got along really well. It was exciting developing the Error and Accident Program, being involved in establishment of policies and getting guidance out to industry. And the amount of reports grew steadily over the next few years and we had a party when we had 10,000 reports and another party when we got to 15,000. And now it's over, well over 50,000 reports a year. And there are still only two people reviewing them.

JS: Amazing.

JJ: Yeah, it is.

JS: How can that even be possible?

JJ: Electronic submissions helped a lot.

JS: Okay.

JJ: They're a lot easier to review when you don't have to review each paper report and stamp the date and write the codes. There are different codes that we had for them.

JS: Right.

JJ: And then filing. No filing time anymore.

JS: Now you did eventually get into doing inspections yourself though. Is that true?

JJ: Yes. That was one of the things that the staff at that time did. We were in the biological products inspection's branch and Peg Tart (ph.) was the branch chief. And at that time we did do preapproval and pre license inspections and we did the biannual inspections for the local military blood banks. So, Andrews and Walter Reed and Bethesda Naval, we would do the semiannual ... not semiannual, biannual blood bank inspections there.

JS: So there were ... I wanted to try to explore a little bit about what the relationship is between at least in your part of CBER but what the relationship was between the Center for Biologics and the Office of Regulatory Affairs in responsibility to go out and conduct inspections of establishments that produce biologics, biological products, whether they're blood products or others. Obviously the Center has investigators going out and conducting inspections. But ORA does as well. So, how was it determined who would be going out and doing inspections of blood product manufacturers?

JJ: Well, back then as well as now CBER was always responsible for doing the pre-license and pre-approval inspections. Just to clarify people in CBER that did inspections were inspectors not investigators. And the distinction is the investigators go through a lot more training. They're trained in collecting affidavits, dealing with hostile witnesses and taking photographs and things like that the CBER inspectors really don't do.

JS: What about the scientific training though? That's something possessed ...

JJ: That's more possessed by CBER. And we were responsible for training the ORA investigators on product specific issues that they needed, that we felt they needed to look at during their, we call them post market or surveillance inspections. So, the CBER inspection manual was to train the inspectors, the CBER inspectors on how to do inspections, but then we also worked with ORA on training the ORA investigators. And that's still the case today that CBER is very actively involved with the course advisory groups for the ORA training. So, they have specific training for blood bank and plasma investigators and they have training for tissue investigators and team biologics too that CBER is very actively involved with.

JS: What's team biologics?

JJ: Team biologics...

JS: I know that came along a little later, but just since you brought it up.

JJ: They're a cadre of investigators that work on the license biological products that are not blood. So, they inspect the vaccine, allergenic licensed IVD or in vitro diagnostic medical devices and plasma derivatives, they inspect those. But we still do the pre-licensing and pre-approval inspections.

JS: Okay. Was this a fairly, I mean based on contact that you had with colleagues in some of the other centers you know foods or drugs, medical devices, or so on, was this sort of the way they also had their commodities inspected, investigated?

JJ: CBER is the only center that does inspections. And it's because we're, up until we transferred the therapeutic products over to CDER, CBER was the only center that had licensed products and so pre-license inspection was required for licensed products. When we transferred the therapeutic products to CDER I don't think that they did their own inspections, the pre-license and pre-approval inspections. I think that they delegated those to ORA. So, Team Biologics was helping with those products in the beginning.

JS: I think we have done inspections prior to approval for other commodities, whether it's a pre-approved medical device or drug though was well, right?

JJ: But ORA does those inspections.

JS: Right. But the agency does go out and do ...

JJ: Yes, the agency does.

JS: Inspections of commodities before they can go on the market, right?

JJ: For certain commodities.

JS: Drugs.

JJ: Yeah, and some devices.

JS: And class 3 medical devices, right?

JJ: Yes.

JS: But the biologics, if I'm hearing you correctly, in the case of biological products, blood products, whatever it might be, there was a sense that the science involved was so complicated or perhaps there are other reasons why the center itself felt responsible to go out and do the inspection before the application was, before the license could be issued.

JJ: I'm not sure how that evolved. I think that, from the early days that the agency would go out and inspect the licensed blood banks. And then that just got delegated to CBER when CBER was formed. But I really don't know the area, how that evolved.

JS: Since you arrived.

JJ: Yes.

JS: And still is.

JJ: And still is now.

JS: Still is the case.

JJ: Yes.

JS: By the way there was, I wanted to ask you about something that actually came up that I was approached about. And this was concerning giving advanced notice of inspection to biological establishments. And this was something that was under consideration back in the 90s or so. And there was a feeling that since there were typically not so many problems with some of the biological manufacturers that there was an interest in perhaps waving the requirement of not giving advanced notice of inspections. And I wondered if you had any background to that policy change that came about.

JJ: No. I'm not familiar with that. It's always been our policy to not give advanced notice except for the pre-license and pre-approval inspections because for those we had to be able to observe their manufacturing so we had to make sure that they would be manufacturing when we were there.

JS: But they obviously wouldn't be manufacturing the product that was under consideration for a license (inaudible), right?

JJ: Well, there would be.

JS: There would be?

JJ: Yes. With the blood products they can manufacture them and distribute them within their state. If you only need a license if your product is moving in interstate commerce. So, evaluation environment today there are a number of blood centers that operate solely within one state, so they aren't licensed, but they're quite large.

JS: Do we still have regulatory authority though over ... in the case of blood banks though with even intra state commerce are those still beyond our reach?

JJ: No, they're under our authority.

JS: Oh, okay.

JJ: And the tie in with that is that they're changing products that have been in interstate commerce and so the anticoagulant in a blood bag we regulate as a new drug, an NDA. And so those are typically made like in Puerto Rico or Japan so to get them into the United States they're moving in interstate commerce so when a blood center puts blood in the bag they're changing that drug. And so that's where our authority comes in. So, for the large blood center that were solely within a state we do inspect them routinely, they just aren't licensed.

JS: Okay. In terms of the work that you did in revising things like the compliance policy guides, the inspection guides and so on at least in terms of biologics inspections. What sort of things would prompt change in the ... these were more than editorial things, these were substantive changes to the way FDA interacted with industry. So these are pretty ... But what sort of things would prompt changes in these standard reference guides that we issued?

JJ: There are a lot of things that could change them. There were changes in industry practice, like when the HIV and HCV testing came along. It was relatively new, it was implemented fairly quickly and the testing methodologies were changing, we were licensing tests fairly rapidly and so we had to get instructions out to the investigators on what kind of issues they might see with different kinds of test kits, how to manage donors, how to manage blood products that were inadvertently collected from donors that were reactive.

So, there are industry changes that would prompt a change to the compliance program. There is also changes in our practices that. So, we might get a cluster of reports in about a type of product. And so we become aware that industry is starting to change their manufacturing methods so then we'll change the program to ask investigators to specifically look for these practices. And these are the kinds of deviations or accidents or adverse reactions that we're seeing so please when you inspect this type of facility look for this kind of practice.

And if you find things going wrong then get back to us for additional guidance. And there are new programs, like when we first started inspecting issue establishments then we had to issue a compliance program to investigators on how to do a tissue inspection and what to look for.

JS: When did we start doing those?

JJ: I don't remember.

JS: Was it sometime during your tenure in this position?

JJ: Not in my most recent position. We were formulating the policy in the 90s and I was in the Office of Blood back then, so I wasn't intimately involved with the development of the tissue policy or the compliance programs or the training.

JS: Okay. Okay. We're trying to situate things here more in the Office of Compliance because that was your first position here. Certainly that was part of the context and what led you out doing some inspections, revising some of the basic manuals and things. One of the questions about the inspections I wanted to ask were there any kind of memorable ones that you went out on that kind of had a real surprise to you or had some kind of interesting impact on this other part, how we go about constructing our guides and guidance?

JJ: Well, there were two memorable ones for me. One was the first inspection. I went out with Kathy Kahn to Michigan and we were doing a pre-approval inspection at a plasma center that was currently licensed. They were looking to do a different kind of a program with their source plasma. So, we were doing a pre-approval inspection. And this place was a mess. I mean it was physically a mess. The floors were sticky. The donor chairs were torn and sticky. The donor screeners ...

JS: Sticky from?

JJ: Plasma.

JS: Oh, my, okay.

JJ: Plasma would spill on the floor and they wouldn't clean it up and they'd track it around and then it would get sticky. And they had a counter where they would ask the donors the questions and so there was no confidentiality. The donors were standing next to each other answering questions about transmissible diseases and you know their sexual practical and things like that. And then at the same counter they were doing the hemoglobin testing and so people would run over and you know put the little micro centrifuge tubes in the micro centrifuge and then somebody would turn it on and then somebody else would open it up and yell out results.

And so Kathy and I were looking at each other, like how can they tell whose result is there, they're not saying a name or anything, they're just yelling a number out and somebody writes it down. And the records were a mess, the donor record files were falling on the floor, stuff was misfiled. It was just chaos. And I was thinking oh, my God, this is where our plasma is being collected? People with hemophilia no wonder they're getting sick.

JS: I have to ask, were there any adverse events that were linked to this institution?

JJ: I don't remember.

JS: Okay.

JJ: But the center manager, he was a trip. He was a very ... he was a young guy with a little kid, very buff, and he was so confident that they were going to pass the inspection with flying colors that he went to the gym to work out.

JS: While you were there?

[00:40:00 – DR-100\_0054]

JJ: Yeah.

JS: Oh, my.

JJ: And so the inspection did not go well. And about half way through the inspection the regional manager of the plasma company had to come in and was not happy. And that was the first and only pre-approval inspection that I'm aware of that we actually issued a warning letter . They were so bad. And we found out later that all the center staff had been fired and initially I felt really bad because the center manager had a toddler that was about the same age as my son and I thought how terrible that he's out of a job. But then I thought, well, if he'd been doing his job he wouldn't have gotten fired.

So at the re-inspection the place was clean. The donors had confidentiality during their screening, the testing was done appropriately. So, I think the outcome was good. So, that was very memorable for me.

JS: Must have been an interesting establishment inspection report to write as well, huh?

JJ: Oh, yeah. It took us a while because we had tons of exhibits. And then the second inspection that was memorable to me because on most of the pre-approval and pre-license inspections I'd gone we'd leave FDA 483, notice of observations form with quite a few observations on it that the firm would have to correct before we would issue their license or approve their ... change the license.

But I went on a ... at this time I was in the Office of Blood reviewing applications and I got an application from St. Mary's Hospital in Colorado. And at first I wasn't sure if it was a real application because at that time we had switched from establishment and product license application to a ... well, I think we were then ... I can't remember if we were doing ELAs and PLAs then or if we had switched to the biologics license application.

I think we had switched because he was using outdated forms and he only sent in two and he sent in two SOPs that we don't review and no data. And so with the new license for a new place we require floor plans and organizational charts. At least six different types of standard operating procedures for manufacturing, for testing, for donor screening, how you do your arm preparation, how do you manufacture blood components and then we require several months of data, of production data.

And this firm didn't send in any of that, so I called the doctor that had submitted the report and first thing I asked him was do you know what you're requesting? And he said oh, my God, was it that bad? So I worked through the whole license application process with him and he did want a license because they were negotiating with the hospital in Utah to provide blood components to them, so of course there would be in interstate commerce and he would need a license.

So, I talked them through all the forms and the labels and the standard operating procedures and the data, production data that he had to submit so it took him a while to get that all together but when he submitted the final package it was really complete. And the data looked really good. And I just had a few questions and then I scheduled the pre-license inspection. And so I went out there to do the inspection and I found nothing wrong.

There were a couple of items that I discussed with him, but they had everything, even, they were doing their own viral marker testing and even that was being done all correctly; the records were complete and accurate. And I was completely amazed.

JS: So I have to ask where do you think this discrepancy came from, I mean from not having any idea of what to submit to this point of almost a sterling operation?

JJ: Well, their operations were sterling. They just didn't know the paperwork to submit for a license, because they had no experience with it before. But when I left I told them that it was the only, first and only inspection I'd ever done where things were being done so well. I was completely amazed, because other inspections, most of the other inspections that I'd done, well, with all inspections the first thing you do after you introduce yourself and present your

credentials is you do a walk-thru of the facility. And I have to say in the majority of my inspections I'll find all of the items for the 483, Notice of Observations on the walk-thru.

And so when I did the walk-thru at this hospital in Colorado I didn't see anything. I was amazed. And I looked. I looked very hard. And I didn't find anything.

JS: Wow. All they needed were the right forms I guess.

JJ: Exactly. Yes. And some coaching.

JS: And a little coaching. So clearly one of your functions here was also to, as it turned out to as you said coach a little bit does, or just educate them about what might be needed. Not just walking them through the problems and fixing those, but what they really need to do from the start.

JJ: Yeah. I provided a lot of support to the blood banks and when I moved from the Office of Blood back to the Office of Compliance the blood banks were very sorry to see me go, because I'd helped them a lot.

JS: I know you have a time limit here. In fact we'll wrap this up pretty soon. So, you actually did move. You moved from the Office of Compliance to the Office of Blood Research and Review in 1995. You were there until 2003. We've talked, some of this we've been talking about some of the things that you've been doing while you were there in that position too. But I did want to ask about one of the projects that you were involved in dealt with registering blood

product establishments. And I wondered if you could just briefly talk a little bit about the nature and importance of maintaining an accurate registration database of blood product establishments. And in particular I know you were involved in developing an electronic version of registration database, were you not?

JJ: Yes.

JS: Okay.

JJ: Well, registration is really important because that drives how we do our surveillance inspections. So, any entity that is manufacturing a product regulated by the FDA is required to register in initially within five days and then annually thereafter. And then for the products we do biannual inspections based on the inventory of registered establishments. And when I started it was a paper based system and we had a really old database. And as we advanced with the databases I became more involved with the registration program and helped to develop policy regarding registration and it was just a combination of the right people at the right time.

We had an IT support person named Amy Elnagar (ph.). And we were talking about where do we want the registration program to go and we were improving the database and I said well, it would be really nice to get rid of all this paper. And so she said we can do that. And so she said I'll throw some screen shots together and show them to you and we can work this out. And so it went very quickly and she was very capable. We talked about you know how are people going to sign in and how do we keep other people from changing their data. And so we established a fairly basic user name and password tied with the validation date.

So we figured you know even if somebody else could figure out somebody's user name and password they wouldn't have the date that we validated their registration. And so we set that up and had a pilot of nine participants so that we wouldn't have to go through the paperwork reduction thing and Office of Management and Budget burden on industry kind of thing. We just did this nine participant pilot. So, we had a large blood center, we had a little transfusion service and some medium sized ones. And they were very happy to help us out.

And pilot went swimmingly well. We implemented the electronic registration system for blood banks. And the first year I think we had 75 percent participation or maybe it was 81 percent. It's been a while. And the second year it was 91 percent and the third year it was virtually everybody was registering online. And you know I did some presentations for the military and the American Association of Blood Banks to promote the electronic registration and it was a really outstanding launch I felt. And it was the first one for the agency. And the group got an award for it, an FDA award for it.

JS: And it was the first of its kind in the agency, wasn't it?

JJ: Yes. It was. And the Human Cell and Tissue Registration System was based on that, so that was the second one. And I participated in the bioinformatics groups in 2004 and 2005, I guess, up to 2007 I think is when they were disbanded. But we were revising the registration regulations and so there were a lot of inter center meetings and Ellen [?] and the Bioterrorism Act required foreign establishments to have a US agent. And so we implemented that very easily. We just added the fields for a US agent and made it mandatory when the country was not US.

And so in these inter-center meetings CDER and CDRH were talking about starting an electronic registration system, I said oh, we've had that for years and they all stared at me and said oh, well, how does it work? So, I explained it to them and they were very impressed. And then we started talking about the US agent and I said oh, we have that. And talked about how we did that and the representative from CFSAN was furious and she slammed her hands on the conference table and said you can't do that. And I said what? And she said we're trying to get a stay on that part of the Bioterrorism Act because we're not ready to collect that information. And I said I'm sorry, we've been collecting it for years, and we're not going to stop because you're not ready.

JS: She actually was seriously thinking that you now would have to stop?

JJ: Yes.

JS: Oh, my.

JJ: So, of course CDER and CDRH were kind of laughing behind their sleeves better change the CFSAN rep had been annoying everybody. And so the CDER and CDRH came up to me afterwards and said you're really proud of yourself, aren't you. So, that was funny.

JS: You could have dug it in and said the agency recognized the group for this. But you took the high ground.

JJ: Yes.

JS: That's good. Not entirely surprising that at least one person might have an odd reaction. But you got buy in from industry too.

JJ: Oh, yeah.

JS: Actually it probably made life a lot easier for them to do it this way, right?

JJ: Yeah, definitely.

JS: You mentioned and I know we're going to have to wrap up here in a couple minutes, but I wanted to ask you too unfortunately we have to move on very quickly to your last position here where you were a chief of the post-marketing surveillance.

JJ: Program Surveillance Branch.

JS: I'm sorry, Program Surveillance Branch, right. And you had mentioned of course in the context of the significance of a good registration database like this how closely tied in it is with post marketing surveillance work. And so I just wanted to ask while you were in that position how did post marketing surveillance change over that decade? And presumably you must have worked to some extent with groups like the Center for Devices and the Center for Drugs and I

guess tweaking or revising or something the adverse event reporting systems that we've used over the years.

JJ: The programs have grown a lot and with CBER being so focused on blood and tissue and the larger biologics programs the post-market surveillance branch it was short staffed for quite a while and here was some re-organization turmoil. And so some of the programs were kind of neglected. So, specifically the medical device reports and the field alert reports for new drug applications [NDAs] and abbreviated new drug applications [ANDAs]. And the inventory for those had been kind of neglected, too

So, when I started there I realized that we didn't really have a sense of what our inventory for those manufacturers were, the CBER regulated, unlicensed medical devices and the NDAs and ANDAs. And so one of the things that I worked on and accomplished before I retired was to get an accurate inventory of the unlicensed medical device manufacturers and to get a surveillance inspection program established, especially for the foreign ones and to get more surveillance done for the domestic unlicensed devices, because the assumption that since ORA was responsible for doing the surveillance inspections that they were actually doing them and looking at our products.

But as we looked into it the CBER products, a lot of them were not being inspected and hadn't been for years. And so were working with RAH and made CBER regulated devices more visible so that they are getting routinely inspected now and then NDA products had also fallen under the radar and so we got, just this year we got a very accurate inventory and are getting more routine surveillance inspections for those products too.

JS: How did you work that out with ORA though? This was a big challenge it sounds like.

JJ: Yeah, it took a lot of collaboration with the different districts and with CDRH and CDER and ORA headquarters to get all that worked out, especially the inventory stuff because we had to work with CDRH device registration system and with CDER's drug registration and listing system. And those weren't necessarily capturing our products accurately either. And one of the problems was if they were to get a complaint or an adverse reaction [report] for one of our products it would bounce around those centers for a while before they realized this isn't ours, whose is it? And then somebody would say on, maybe it's CBER?

And so then it would come to us after weeks of bouncing around. And so we worked a lot with them to increase our visibility to them, so that when they do get our products they know immediately who to send them to.

JS: Okay. I know we have to wrap this up unfortunately. But I know we've left out a lot. But anything in particular that we haven't talked about that we really should at this point? I mean, I know there have been many influences on your career here and you've worked with many people, things in that center have changed over the years in many ways. But anything that kind of is striking.

[00:59:38 – DR-100\_0054]

JJ: I think one of the big things with CBER is how well we work with ORA, the Office of Regulatory Affairs. It's a very collaborative relationship. We have a very active biologics field

committee, Biologics Program Field Committee. We meet annually. It's a very amicable relationship and the ORA investigators and headquarters call us and email us frequently. And we know that the relationship is not as good between the other centers and ORA. With some centers it's actually fairly hostile and adversarial.

But one of the nice things about CBER has been the collegial atmosphere not only within CBER between the product offices and the Office of Compliance and OBE, but also with ORA. It's been very rewarding and fulfilling to be able to work in such a collaborative and collegial atmosphere.

JS: I know you've been involved in training, certainly training the CBER inspectors, but have you worked with ORA folks as well?

JJ: Oh, yeah. We're very involved in training the Blood and Plasma and Tissue and Team Biologics investigators.

JS: Is Team Biologics made up of both ORA and CBER individuals? Or, primarily ORA?

JJ: It's just ORA.

JS: Okay.

JJ: But we do participate in the post-market, the surveillance inspections. So, we either provide product specialists to participate onsite with the Team Biologics doing a joint inspection or we provide support by phone and email.

JS: Okay. Well, this has been wonderful. I really appreciate your taking time out to come and talk about your experiences.

JJ: It's been a pleasure.

JS: It's made our corpus of oral histories all the richer. So, thanks so much.

JJ: Thank you for inviting me.

**[END OF FILE]**



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