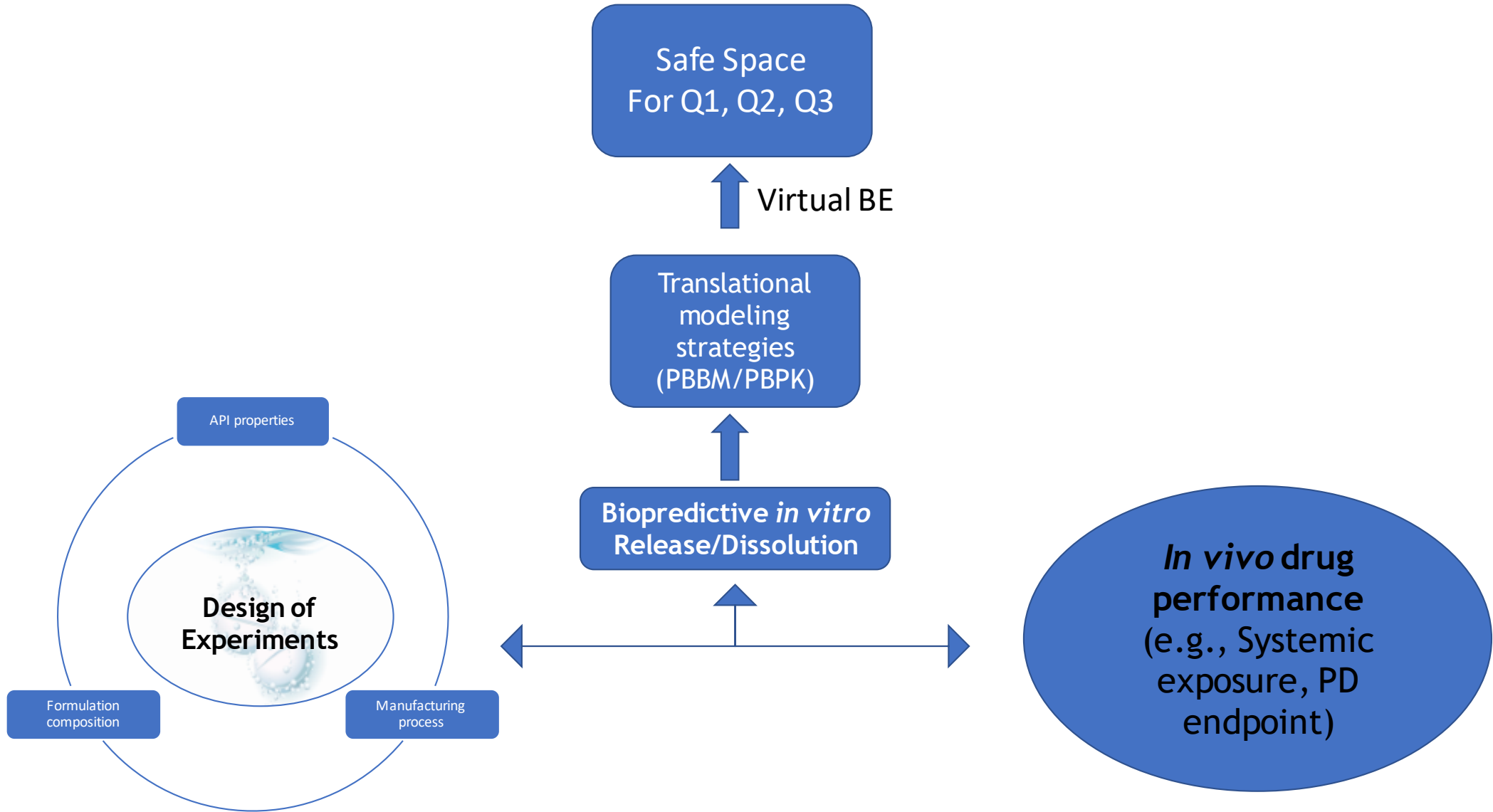


Question #1: How to evaluate data from *in vitro* studies and which *in vivo* studies are clinically relevant (eg, how to justify Q1/Q2/Q3 deviation for equivalence assessment)?

- For solid oral dosage forms, *in vitro* release/dissolution testing is the quality attribute that best represents the drug product performance
 - When adequately designed, DoE with biopredictive dissolution/*in vitro* release as an endpoint allow for the selection of attributes/parameters that are critical to ensure similar drug product performance compared to the biobatch
 - Once the critical attributes/parameters (Q1, Q2, Q3) have been identified, establishing an *in vitro/in vivo* link is essential to allow flexibility/deviation
 - This link should be established between formulation variants (e.g., extreme quality interactions among critical attributes/parameters), *in vitro* release/dissolution and *in vivo* dissolution/systemic exposure
 - These data (rank order relationship) can be used to build a safe space relying on PBBM/PBPK and virtual BE trial simulations.



Question #2: What are the challenges for industry in implementing modeling and simulation methods (eg, PBPK, absorption, and exposure-response models) to support more efficient regulatory BE pathways ?

- Education, education, education... graduate programs need to train more students on PBBM – too much focus on minimal systemic approaches
- Clear guidance/directives from regulatory agencies on the expectations for model validation/verification and BE trial result presentation
 - Potential applications should be shared
- Global harmonization

Question #3: What are the emerging expertise/tools in implementing new BE approaches?

- Tools: PBBM-PBPK/Virtual BE trial simulations
- Expertise: PBPK combined with biopharmaceutics/chemometrics modeling