

## EDA-GCP Public Inspection Report (PIR) of Clinical Trial Site

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| <b>Part 1</b>                                            | <b>General information</b>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Clinical medical research site details</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>CT site information</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Name of CT site</b>                                   | CRC, Faculty of Medicine, Alexandria University Hospital                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Address of inspected CT site</b>                      | 17 Champion Street, Azarita Alex, Alexandria, Egypt                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Inspection details</b>                                |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Dates of inspection</b>                               | 13 November 2025                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Type of inspection</b>                                | Routine                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Introduction</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>General information about the sponsor and CT site</b> | The inspected site is CRC, Faculty of Medicine, Alexandria University Hospital, conducting clinical studies for the sponsor <b>Abbvie</b> . The Principal Investigator was Prof./Dr. Ezzat Ali, supported by Co-Investigators<br>Activities included subject recruitment, clinical conduct (screening, dosing, follow-up), sample collection, safety monitoring, SAE reporting, and data documentation in the eCRF system. |
| <b>Brief report on inspection activities undertaken</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Scope and limitations</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Areas inspected</b>                                   | <ul style="list-style-type: none"> <li>Clinical operations (screening, dosing, follow-up)</li> <li>Informed Consent Process</li> <li>Investigational Medicinal Product (IMP) management</li> <li>Pharmacy / IMP storage area</li> <li>Source documents and Case Report Forms (CRFs)</li> <li>Archiving and documentation system</li> <li>Quality management system</li> </ul>                                              |
| <b>Out of scope</b>                                      | Not defined                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inspected Clinical medical research</b>               | A Multicenter, Randomized, Double-Blind, Placebo-Controlled 52-Week Maintenance and Open-Label Extension Study of the Efficacy and Safety of Risankizumab in Subjects with Crohn's Disease – FORTIFY Study  <br>Protocol No.: M16-000<br>EudraCT: 2016-003191-<br>EDA approval on Protocol Amendment: 24/08/2023.                                                                                                          |
| <b>Type of IMP</b>                                       | Biological-Monoclonal Antibody (Risankizumab)                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Part 2</b>                                            |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>1. Facilities and equipment system</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| <b>1.1.Facilities and Trial Conduct</b> | <p>The site facilities were adequate for trial conduct.</p> <ul style="list-style-type: none"> <li>- A designated examination room, consultation room, and procedure room were all available and rendered operational.</li> <li>- Procedure Room: An emergency trolley equipped with emergency medications was placed and made readily available at the procedure area.</li> <li>- Calibration labels and certificates for all equipment involved in the clinical trial were available and valid during study conduct. All relevant calibration labels were attached to the equipment, and the certificates were filed in the site master file.</li> <li>- The study records were safely kept in a fire &amp; waterproof (metal) cupboard and were secured against unauthorized access.</li> <li>-A dedicated Pharmacy (Investigational product storage room) was established at the site</li> </ul> <p>Emergency preparedness, resuscitation equipment, and disposal containers were present and compliant with international colour-coding standards.</p> <ul style="list-style-type: none"> <li>-Equipment maintenance and emergency preparedness were in place. Defibrillator, intubation and resuscitation equipment, and oxygen supply devices were confirmed satisfactory.</li> </ul> |
| <b>1.2.Computerized system</b>          | <p>Electronic data capture as eCRF and randomization systems were in use.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>2. Pharmaceutical Quality System</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>2.1.Quality Management System</b>    | <ul style="list-style-type: none"> <li>-The site had an established Quality Management System supported by SOPs governing trial conduct, documentation, safety reporting, and IMP handling, ensuring compliance with GCP principles, ethical standards, and regulatory requirements. The system aimed to ensure subject safety, rights, and data integrity.</li> <li>-The study has been monitored according to the monitoring plan.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>2.2.SOPs and Documentation</b>       | <ul style="list-style-type: none"> <li>-The site-maintained SOPs governing all clinical trial activities. Documents were controlled, periodically reviewed, and implemented.</li> <li>- The following key essential documents were verified at the site: Signed study protocol, Investigator Brochure, Informed Consent Forms, Case Report Forms of eCRFs, Valid Insurance Certificate, IRB approval, and EDA approval.</li> <li>-A finding related to progress reporting deficiencies was identified, involving gaps in the progress reports submitted to the Ministry of Health (MOH) and the Institutional Review Board (IRB). This reflected inadequate documentation practices and non-adherence to mandatory reporting timelines, which could affect oversight by ethics committees. This finding was reported to the sponsor and the site, which retrospectively accounted for the missing reports and reinforced procedures to ensure compliance with the reporting schedule.</li> </ul>                                                                                                                                                                                                                                                                                             |

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| <b>2.3. Deviation Management</b>                   | <ul style="list-style-type: none"> <li>-Deviations were handled according to SOPs and documented in progress reports submitted to EDA.</li> <li>-Protocols deviations were identified, acknowledged, and addressed with CAPAs implemented to prevent recurrence</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>2.4. CAPA System</b>                            | A CAPA system was established for identified deviations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>3. Ethics and Subject Protection</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>3.1.Informed Consent Process</b>                | <ul style="list-style-type: none"> <li>-The informed consent process was reviewed and confirmed compliant with GCP guidelines.</li> <li>-Multiple ICF versions were approved and used sequentially in accordance with protocol amendments.</li> <li>- Informed consent forms were signed before any study-related procedures were performed. Reconsenting was conducted in a timely manner at the appropriate protocol milestones after obtaining ethics and regulatory approvals.</li> </ul>                                                                                                                                                                                                                      |
| <b>3.2.Ethics Committee Approval</b>               | <ul style="list-style-type: none"> <li>-IRB approval on Protocol Amendment 10.0: 12/03/2023.</li> <li>- EDA approval on Protocol Amendment 10.0: 24/08/2023</li> <li>-Supreme Council Annual Renewal: 13/05/2025.</li> </ul> <p>All required regulatory and ethics approvals were available at the site. Documentation completeness and version control were adequate for ICF management.</p>                                                                                                                                                                                                                                                                                                                      |
| <b>3.3. Subject Safety</b>                         | <ul style="list-style-type: none"> <li>- Safety monitoring procedures were in place.</li> <li>- Site SOP (Management and Control of Adverse Event Reporting Procedure) and monitoring visit logs were reviewed and confirmed the sponsor's active oversight of participant safety through structured follow-up and timely emergency response.</li> <li>- SAEs events were reported to the sponsor within the protocol-specified timeline, demonstrating that the sponsor maintained effective oversight of participant safety through robust follow-up mechanisms and readiness to respond to emergencies, and, per ICH GCP E6(R2)</li> <li>- SAE reported within protocol-specified and EDA timelines.</li> </ul> |
| <b>4. Personnel and Training</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>4.1.Training and qualifications</b>             | <ul style="list-style-type: none"> <li>- Roles and responsibilities of study personnel were clearly defined and documented. All site-delegated staff were verified to hold valid GCP training certificates.</li> <li>-GCP training records were available and reviewed for all delegated staff. The training system was adequate.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                       |
| <b>5. Investigational Product (IMP) Management</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| <b>5.1.1IMP handling</b>         | <ul style="list-style-type: none"> <li>- IMP storage conditions, temperature monitoring, and accountability records were reviewed. Investigational products were stored separately in a refrigerator as per protocol.</li> <li>-Temperature during transportation was verified via data logger.</li> <li>- Shipping records detailing quantity and batch numbers were available.</li> <li>- During the inspection, discrepancies were identified between the calculated numbers of vials and pre-filled syringes (received and returned to vendor ClinM) as documented in the site files and in the sponsor's computerized system. Although the total quantity received was consistent, the breakdown between vials and pre-filled syringes was not aligned. An investigation was conducted to accurately reconcile the exact numbers received and returned for each presentation and was addressed in the CAPA response and overall IMP totals were consistent between site files and the sponsor's system.</li> <li>- Labelling and traceability were adequate. IMP labels included batch number, expiry date, and the statement "for clinical trial use only." overall IMP totals were consistent between site files and the sponsor's system.</li> </ul> |
| <b>6. Clinical Trial Conduct</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6.1.Protocol Compliance</b>   | <ul style="list-style-type: none"> <li>- The study was conducted at an overall fairly acceptable level of compliance with the approved protocol (Amendment V.10.0 dated 16/12/2022) and GCP guidelines.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>6.2. Source Data and CRFs</b> | <ul style="list-style-type: none"> <li>-Source documents and eCRFs were reviewed</li> <li>-Data were generally consistent between eCRF and source documents.</li> <li>-Participants' records were safely kept in secured against unauthorised access. Access was restricted to study coordinators.</li> <li>-Confidentiality of all records was maintained. Source data were confirmed legible and well organised.</li> <li>-ALCOA-related deficiencies were identified and reported to sponsor for CAPA: <ul style="list-style-type: none"> <li>(1) worksheet administration forms for all visits for both participants did not document the injection dose concentration (SC or IV) – as corrective action worksheets were updated accordingly and</li> <li>(2) Serum Risankizumab PK was not performed for one of the verified participant files due to unavailability of PK lab kits – this was recorded as a protocol deviation but was not documented in the patient file – as corrective action patient files were amended to reflect the deviations with full traceability.</li> </ul> </li> <li>o Study staff were retrained on GDP and ALCOA principles.</li> </ul>                                                                                |
| <b>6.3. Delegation of Duties</b> | <ul style="list-style-type: none"> <li>-The Delegation of Responsibility Log was confirmed to be available at the site, accurately completed, signed by the Principal Investigator, and reflective of the actual roles and responsibilities assigned to each study team member.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## 7. Laboratory and Bioanalytical Activities (if applicable)

- No site lab. To be inspected
- External Laboratories were used for bio sample analysis
- Laboratory procedures were generally defined.
- Sample handling and analysis procedures were reviewed. Withdrawn samples were stored at protocol-specified temperatures in a freezer with valid calibration records. Daily temperature records were maintained.
- A deviation was identified: a local laboratory was used for chemistry and haematology testing without prior EDA notification, representing a significant regulatory deviation affecting data reliability and traceability. This was identified, acknowledged, and addressed via CAPA, including retrospective notification and an amendment package submitted to EDA.

## 8. Safety Reporting (SAE)

- An SOP for SAE reporting was available and verified (Management and Control of Adverse Event Reporting Procedures)
- SAEs were reported to the sponsor within protocol-specified timelines. SAE reporting to EDA was within the specified timeframe.

### Part 3

### Inspection outcome

Based on the reviewed documentation, inspected facilities, and observations identified during the inspection: The GCP inspection conducted at CRC, Faculty of Medicine, Alexandria University Hospital on 13 November 2025 indicated an overall fairly acceptable level of compliance. As All identified deficiencies were communicated to the site and CAPA) were submitted by the site within defined timeline and accepted by EDA inspectors.

This EDA-GCP-PIR remained valid until the next inspection, provided no critical findings, safety concerns, or regulatory actions arise.

The site is required to continue close monitoring to ensure proper corrective and preventive action implementation, with emphasis on documentation practices, timely regulatory submissions, and quality management system strengthening.

### Part 4

### List of national Laws and GCP Guidelines referenced in the inspection report

1. Law of Regulating Clinical Medical Research no.214/2020.
2. Prime Minister's Decree No. 927 of 2022 On Promulgating the Executive Regulation of Law on Regulating Clinical Medical Research Promulgated by Law No. 214 of 2020
3. EDA Chairman Decree No.111 for 2022.
4. Guideline for Good Regulatory Oversight of Clinical Trials by Egyptian Drug Authority "EDREX.GL.Bioinn.006".
5. Guideline for Good Clinical Practice ICH E6R3.
6. Declaration of Helsinki
7. WHO Handbook for Good Clinical Research Practice (GCP) -Guidance for Implementation

| Abbreviation |                                                            |
|--------------|------------------------------------------------------------|
| AE:          | Adverse Event                                              |
| ALCOA:       | Attributable, Legible, Contemporaneous, Original, Accurate |
| CAPA:        | Corrective and Preventive Action                           |
| CRF:         | Case Report Form                                           |
| CRC          | Clinical research Center                                   |
| CT           | Clinical Trial                                             |
| EDA          | Egyptian Drug Authority                                    |
| GCP:         | Good Clinical Practice                                     |
| GDP          | Good Documentation Practice                                |
| IB           | Investigator Brochure                                      |
| ICF          | Informed Consent Form                                      |
| ICH          | International conference of Harmonization                  |
| IMP:         | Investigational Medicinal Product                          |
| IRB/IEC:     | Institutional Review Board / Ethics Committee              |
| PI:          | Principal Investigator                                     |
| PIR          | Public Inspection Report                                   |
| SAE:         | Serious Adverse Event                                      |
| SOP:         | Standard Operating Procedure                               |