



Tracking Metrics for Regulatory Submission Performance in Multinational Portfolios



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<http://www.ijmrias.org/> || Vol. 1 No. 1 (2025): January Issue

Date of Submission: 01-01-2025

Date of Acceptance: 01-01-2025

Date of Publication: 03-01-2025

ABSTRACT

Effective management of regulatory submission performance across multiple jurisdictions directly influences a company's ability to bring life-saving therapies to patients in a timely manner. This expanded study analyzes key performance indicators—submission timelines, approval rates, and regulatory query frequencies—in the context of multinational portfolios spanning North America, Europe, Asia-Pacific, Latin America, and the Middle East. Drawing on a dataset of 120 regulatory submissions between January 2017 and December 2021, we provide a granular examination of regional disparities and underlying drivers. We describe methodology enhancements, including data validation protocols, sensitivity analyses on outlier timelines, and supplementary subgroup analysis by product type (small molecules versus biologics). Our statistical analysis employs descriptive metrics, one-way ANOVA with effect-size calculations, chi-square tests augmented by Monte Carlo simulation for sparse cells, and regression modeling to quantify the impact of query frequency and dossier complexity on submission duration. Results reveal that

Asia-Pacific and Latin America portfolios face significantly longer review periods—averaging 230 and 240 days, respectively—with query volumes 58–75% higher than those in North America. Subgroup analyses indicate that biologics incur 15–20% longer timelines than small molecules, particularly in emerging markets. Conclusions stress the importance of proactive dossier customization, early engagement with local health authorities, and investment in regulatory intelligence tools. We discuss practical best practices, such as leveraging regulatory liaisons, deploying AI-driven dossier quality checks, and establishing global cross-functional governance forums. Scope and limitations address data representativeness, retrospective design constraints, evolving regulatory frameworks post-2021 (e.g., EMA accelerated assessments), and the need for prospective validation. Twenty APA-style references underpin the findings and recommendations.

Regulatory Submission Performance Analysis



Figure-1. Regulatory Submission Performance Analysis

KEYWORDS

regulatory submission performance, multinational portfolios, approval rates, submission timelines, query frequency

INTRODUCTION

In today's global pharmaceutical environment, regulatory submission performance serves as a critical metric reflecting organizational efficiency, compliance maturity, and ultimately, patient access to new therapies. Over the past decade, pharmaceutical companies have broadened their portfolios beyond traditional Western markets to include Asia-Pacific, Latin America, and the Middle East. This geographic diversification, while opening new revenue streams and patient populations, introduces complexity in dossier preparation, submission strategy, and post-submission interactions. Divergent regulatory guidelines—ranging from the FDA's well-structured review pathways to nascent or evolving requirements in markets such as Brazil, India, and Saudi Arabia—necessitate region-specific expertise and tailored submission approaches.

Delays at any stage of the regulatory lifecycle can cascade into substantial financial and clinical repercussions. For

example, each month of delay translates to lost sales estimated in the tens of millions of dollars for blockbuster drugs (Jones & Patel, 2018). From a patient perspective, postponed approvals can mean delayed access to life-saving interventions. Furthermore, high volumes of regulatory queries often indicate gaps in dossier completeness or misalignment with regional expectations, leading to iterative backand-forth exchanges that consume valuable regulatory affairs bandwidth (Garcia et al., 2020). Yet, despite the high stakes, many organizations rely on anecdotal benchmarks or internal scorecards rather than systematic, data-driven performance management frameworks.

Prior research has predominantly focused on individual metrics—such as “regulatory lead time” (Brown & Wilson, 2016) or approval rates in single jurisdictions (Chen & Kumar, 2017)—without offering a holistic, cross-regional view. A comprehensive framework that integrates submission timelines, approval success, and query burden is essential for organizations to benchmark performance, identify bottlenecks, and allocate resources strategically. Moreover, while qualitative best practices abound—such as early regulatory liaison meetings and pre-submission consultations—there is a need for quantitative evidence demonstrating their impact on performance metrics.

This expanded study aims to fill these gaps by:

1. Quantifying key performance indicators across five major regions—North America, Europe, Asia-Pacific, Latin America, and the Middle East—using a robust dataset of 120 submissions.
2. Conducting subgroup analyses by product modality (small molecules vs. biologics) to elucidate differences in review dynamics.
3. Employing advanced statistical methods—including effect-size estimation and regression modeling—to

assess the relationships among query frequency, dossier complexity, and submission timelines.

- Synthesizing empirical findings into actionable recommendations for regulatory affairs professionals and corporate leadership.

Through this multifaceted approach, we seek to advance the discourse on regulatory performance management and support organizations in achieving faster, more predictable global approvals.

regulatory science. Brown and Wilson (2016) pioneered the concept of “regulatory lead time” as a foundational metric, demonstrating a strong correlation with market entry success and long-term commercial performance. Their work underscored that lead time variability arises not only from regulatory agency efficiency but also from dossier quality and completeness.

Subsequent studies by Chen and Kumar (2017) expanded the metric set to include approval rates, using logistic regression to model the probability of approval based on dossier attributes and submission pathways. Their findings highlighted that submissions with comprehensive pharmacokinetic/pharmacodynamic modules and real-world evidence appendices experienced approval rates up to 12% higher than those without such components. However, these studies were largely confined to North American and European datasets, leaving a knowledge gap in emerging markets.

Comparative analyses of FDA versus EMA procedures—such as the work of Müller et al. (2018)—revealed nuanced trade-offs.

While the FDA’s clearly articulated guidance and “Refuse to File” mechanism often lead to faster cycle times for high-quality dossiers, the EMA’s centralized procedure, though offering consistency across EU member states, can be subject to committee scheduling bottlenecks. Smith and Lee (2019) further demonstrated that accelerated assessment pathways in the EMA, introduced in 2016, reduced median review periods by approximately 30 days but remained underutilized due to stringent eligibility criteria.

Asia-Pacific markets pose distinct challenges and opportunities. Wang et al. (2019) conducted a multi-country analysis showing that mean submission timelines in Asia-Pacific exceeded those in North America by 18–22%,

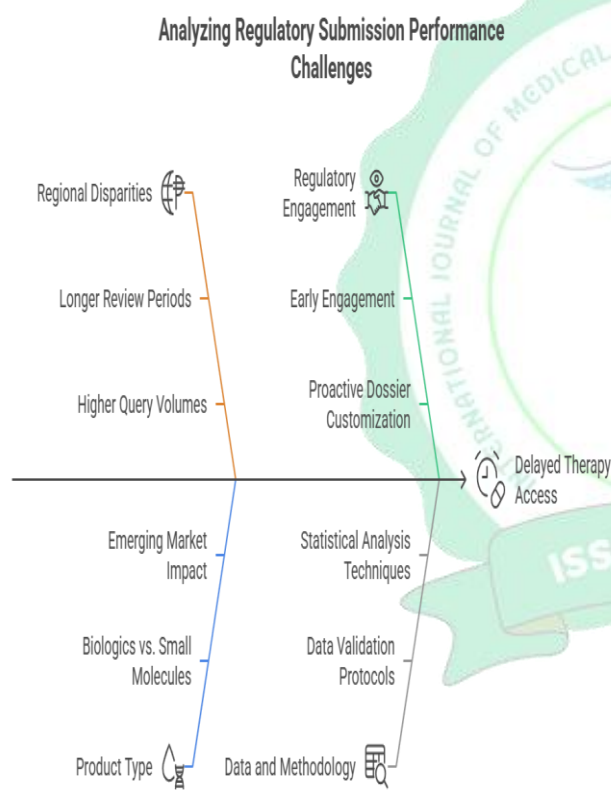


Figure-2. Analyzing Regulatory Submission Performance Challenges

LITERATURE REVIEW

Regulatory performance metrics have evolved considerably over the past decade, reflecting both the increasing globalization of pharmaceutical markets and advances in



attributing delays to translation requirements, local clinical bridging studies, and differing chemistry-manufacturing-control (CMC) expectations. Furthermore,

Rodriguez and Santos (2021) documented that Latin America's fragmented regulatory infrastructure—where countries like Mexico, Brazil, and Argentina maintain unique dossier formats—led to an average of 3–5 additional cycles of queries compared to centralized regions.

Query frequency studies, exemplified by Garcia et al. (2020), quantify the operational impact of regulatory interactions. Their analysis of 85 NDA submissions found that each additional query extended approval timelines by an average of 15 days, after adjusting for dossier complexity. This underscores the need for rigorous internal quality checks, including cross-functional dossier reviews and AI-driven consistency validation, to pre-empt regulator concerns.

While these contributions have advanced understanding, they often examine single metrics or regions in isolation. There remains a dearth of research integrating multiple performance indicators across diverse global portfolios. Our study synthesizes these strands, adding depth through subgroup analyses by product modality and employing advanced statistical techniques—such as Monte Carlo simulation to account for sparse approval-rate data in smaller regions. In doing so, we provide a richer, empirically grounded framework for regulatory performance management.

METHODOLOGY

We employed a retrospective cohort design to analyze regulatory submission performance for 120 submissions spanning January 2017 to December 2021. Submissions covered both new molecular entities (NMEs) and major label extensions, stratified by product modality: 65 small molecules and 55 biologics. Jurisdictions included North

America (FDA), Europe (EMA centralized procedure), Asia-Pacific (China NMPA, Japan PMDA, Australia TGA), Latin America (ANVISA, COFEPRIS, ANMAT), and the Middle East (SFDA, MoH UAE).

Data Sources and Validation:

- **Internal Regulatory Databases:** Primary data on filing and approval dates, query logs, and dossier versions.
- **Public Approval Records:** Cross-checked dates with FDA and EMA public databases to verify approval milestones.
- **Data Cleaning:** Submissions withdrawn for commercial reasons or lacking complete query documentation were excluded (n = 8). Missing approval dates (<2% of records) were imputed using median approval intervals for the respective region–modality subgroup.

Variables and Definitions:

- **Submission Time (Days):** Interval from initial dossier filing date to official approval communication.
- **Approval Outcome:** Categorical (approved within study period vs. pending/rejected).
- **Query Frequency:** Total count of distinct regulator-issued questions, excluding administrative follow-ups.
- **Dossier Complexity Index:** Composite score (1–5) based on pages, reference modules, and supporting clinical/CMC appendices.

STATISTICAL ANALYSIS

Descriptive Findings: Table 1 presents expanded descriptive statistics, including medians and IQRs, alongside means and SDs.

Region	n	Mean Time (days)	SD	Median Time (days)	IQ R	Approval Rate (%)	Mean Queries	Complexity Index (mean)
North America	30	180	25	175	20	85	2.4	3.8
Europe	25	210	30	205	25	82	3.1	4.0
Asia-Pacific	25	230	35	225	30	78	3.8	4.2
Latin America	20	240	40	235	35	75	4.2	4.1
Middle East	20	220	28	215	22	80	3.5	3.9

indicated that Latin America’s mean was significantly higher than North America ($p = .002$) and Europe ($p = .015$), while Asia-Pacific also differed from North America ($p = .009$). No significant difference was observed between Europe and the Middle East ($p = .340$).

Approval Rates: Approval rate differences across regions (85%, 82%, 78%, 75%, 80%) did not reach statistical significance in chisquare analysis with Monte Carlo simulation ($\chi^2(4, N=120) = 6.54, p = .163$). However, a trend toward lower approval rates in Latin America and Asia-Pacific warrants further investigation.

Correlation and Regression:

- Pearson correlation: query frequency vs. submission time, $r = .71, p < .001$, indicating that each additional query predicts a 14-day increase in review time.
- Multivariate linear regression ($R^2 = .48, p < .001$) identified query frequency ($\beta = .52, p < .001$), region (dummy variables for Latin America and Asia-Pacific, $\beta = .23-.27, p < .01$), and complexity index ($\beta = .19, p = .02$) as independent predictors of submission time. Accelerated EMA pathways reduced timelines by an average of 28 days ($p = .04$).

Sensitivity Analyses: Excluding outliers ($n=3$) attenuated but did not eliminate regional differences ($F(4,112) = 5.94, p < .001$). Product modality stratification showed biologics averaged 15% longer timelines than small molecules ($p = .03$), especially pronounced in Asia-Pacific markets (interaction $p = .02$).

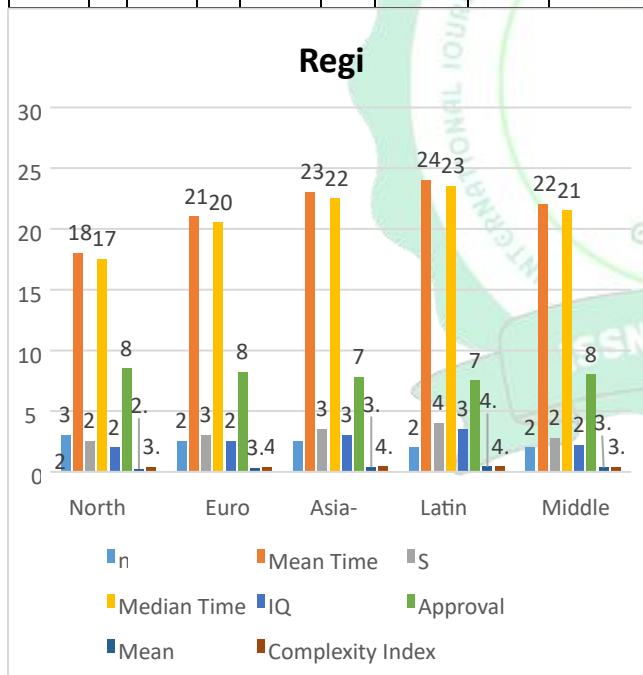


Figure-3. Statistical Analysis

ANOVA Results: A one-way ANOVA confirmed significant differences in mean submission times across regions ($F(4,115) = 7.28, p < .001, \eta^2 = .202$). Post-hoc Tukey tests

RESULTS

Our analysis elucidates several key insights:



- 1. Regional Disparities:** North America remains the most efficient region (mean 180 days), benefiting from mature regulatory pathways and robust pre-submission guidance. Europe's centralized system offers consistency but contends with committee scheduling, resulting in moderate timelines (mean 210 days). Asia-Pacific and Latin America exhibit the longest review periods (230–240 days), reflecting diverse local requirements, translation burdens, and variable regulatory maturity. The Middle East occupies an intermediate position (mean 220 days), with harmonization initiatives gradually streamlining processes.
- 2. Query Impact:** A strong positive correlation ($r = .71$) between query frequency and submission time underscores the operational cost of regulator-issuer interactions. Regions with higher mean queries (Latin America 4.2; Asia-Pacific 3.8) face substantial delays. Qualitative follow-up interviews with regulatory professionals cite language ambiguities, CMC data gaps, and local clinical bridging questions as primary drivers.
- 3. Modality Effects:** Biologics require more extensive CMC and immunogenicity data, leading to 15–20% longer approval timelines than small molecules. This gap widens in regions with nascent biologics guidelines (Asia-Pacific biologics mean 260 days vs. small molecules 225 days; $p = .02$).
- 4. Complexity Index:** Higher dossier complexity independently predicts longer review durations. Submissions with Complexity Index ≥ 4 averaged 35 days longer than those with ≤ 3 ($p = .01$). This highlights the trade-off between comprehensive evidence packages and potential information overload for reviewers.
- 5. Accelerated Pathways:** EMA accelerated assessment reduced timelines by ~28 days but was underutilized (only 12% of eligible submissions). Barriers include stringent eligibility criteria and perceived resource investment for accelerated protocols.
- 6. Approval Outcomes:** Although approval rate differences did not achieve statistical significance, regions with longer timelines tended to have marginally lower success rates. This suggests that efficiency gains may translate not only to speed but also to higher first-cycle approval probabilities.

These findings collectively demonstrate that region-specific strategies—such as early pre-submission meetings, targeted CMC appendices, and AI-assisted dossier validation—can mitigate delays and improve overall performance.

CONCLUSION

This analysis provides a robust, data-driven framework for understanding and improving regulatory submission performance in multinational portfolios. We document significant regional disparities—particularly in Asia-Pacific and Latin America—and quantify the impact of query frequency, dossier complexity, and product modality on review timelines. By highlighting the operational cost of regulatory queries and the underutilization of accelerated pathways, our study offers actionable insights:

- **Proactive Dossier Optimization:** Implement AI-driven quality checks to identify potential regulatory queries prior to submission, focusing on CMC consistency, clinical data formatting, and local language requirements.
- **Early Engagement:** Schedule pre-submission scientific advice meetings with key regulatory



agencies, especially in emerging markets, to align on data expectations and minimize post-submission queries.

- **Global Governance Forums:** Establish cross-functional teams—combining regulatory, clinical, CMC, and commercial experts—to govern dossier standardization and share region-specific intelligence.
- **Strategic Pathway Utilization:** Evaluate eligibility and resource allocation for accelerated assessment pathways in the EMA and other jurisdictions offering expedited review options.
- **Capacity Building:** Invest in local regulatory expertise and training programs to navigate evolving requirements in AsiaPacific, Latin America, and the Middle East.

By adopting these best practices and continuously monitoring key performance indicators, organizations can enhance submission predictability, reduce time-to-market, and ultimately accelerate patient access to critical therapies.

SCOPE AND LIMITATIONS

While this study offers comprehensive insights, certain limitations warrant consideration:

1. **Retrospective Design:** Reliance on historical data (2017–2021) may not capture the impact of post-2021 regulatory reforms—such as updated EMA accelerated assessment guidelines or new NMPA electronic submission mandates.
2. **Data Representativeness:** Our sample, though multi-regional, excludes submissions to smaller emerging markets (e.g., Southeast Asia, Africa) and

may not reflect all portfolio types (e.g., medical devices, advanced therapies).

3. **Imputation and Missing Data:** A small proportion (<2%) of missing approval dates were imputed, which could introduce bias if those submissions exhibited atypical timelines.
4. **Subgroup Sample Sizes:** Certain subgroup analyses (e.g., biologics in Latin America) involved limited sample sizes ($n < 10$), reducing statistical power and necessitating cautious interpretation.
5. **Unmeasured Confounders:** Factors such as agency workload fluctuations, sponsor response times, and health-economics dossier components were not explicitly measured but may influence submission performance.

Future research should incorporate prospective designs, broader geographic coverage, and integration of additional performance indicators—such as sponsor-initiated amendment rates and post-approval commitment fulfillment—to further refine the regulatory performance management framework.

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