

SGS Pharma Connect



Thursday, 18 February 2027 | Antwerp, Belgium

SGS Clinical Pharmacology Unit (CPU)

Build your own program

Choose the sessions, CPU tour and 1-on-1 expert meetings that are most relevant to your development challenges.



CPU tour
Choose 1
during the day



Talk-to-the-Expert
Join as many
consultancy sessions
as relevant to you

10:00-10:30	 Arrival, registration, coffee and breakfast		
10:30-11:15	 Welcome & plenary keynote • Belgium's competitive advantage in early clinical development: how innovation, regulatory excellence and fast timelines accelerate drug development		
11:15-12:15	 Accelerating early development • From first-in-human to early proof-of-concept: smarter study designs for faster decisions • Clinical development consultancy: building the right strategy before the first participant is enrolled	 CPU tour	 Talk-to-the-Expert
12:15-13:30	 Lunch		
13:30-14:30	 Efficient data & decision-making • From protocol to EDC: AI-powered study build • Why your biometrics partner should outlast your CRO	 CPU tour	 Talk-to-the-Expert
14:30-15:00	 Afternoon break		
15:00-16:00	 Managing risk & safety • Safety monitoring in human viral challenge studies: key differences compared to late-phase efficacy trials • Why growing biotechs benefit from a consolidated safety database	 CPU tour	 Talk-to-the-Expert
16:00-17:00	 Networking reception		
17:00-17:30	 Transport to dinner venue		
17:30-20:00	 Dinner		



Sessions: titles & abstracts

Discover the expert insights, innovative approaches and experience our speakers will share throughout the day.

10:30



Welcome

Setting the stage for a day of ideas, insights and new connections. Discover how to make the most of your SGS Pharma Connect experience.



Johan Pype
Managing Director
SGS Benelux
[in](#)



Wim Verreth
Director CPU & Head Business
Development and Support
SGS
[in](#)

10:40



Belgium's competitive advantage in early clinical development

How innovation, regulatory excellence and fast timelines accelerate drug development



Guest speaker
TBA soon

11:15



From first-in-human to early proof-of-concept: smarter study designs for faster decisions

Traditional drug development pathways often delay meaningful evidence of biological or clinical activity until Phase II. As development costs rise and portfolio decisions become more time-sensitive, sponsors are looking for ways to generate earlier data to determine whether a program is worth advancing. This session explores how innovative early-phase strategies, including hybrid study designs, challenge models, controlled human infection studies, and biomarker analysis can shorten the path from First-in-Human administration to proof-of-concept. Through practical examples, attendees will learn how these approaches can reduce uncertainty, generate decision-enabling data earlier, and enable more efficient development programs.



Nele Verheyen
Scientific Director
SGS
[in](#)



Thomas Lodeweyckx
Director Consultancy and Clinical
Pharmacology CPU
SGS
[in](#)

11:45



Clinical development consultancy: building the right strategy before the first participant is enrolled

The right development strategy can have a substantial impact on timelines, resource requirements, and the quality of the evidence generated. This session explores how early clinical development consultancy can help sponsors define the right study strategy, anticipate regulatory expectations, and select appropriate assessments and biomarkers most likely to support the next critical development milestone. Examples will illustrate how specialized assessments like EEG, CSF sampling, tissue biopsies, and other advanced methodologies may be incorporated into early phase programs to demonstrate target engagement, characterize biological activity, reduce uncertainty, and enable more informed development decisions.



Nele Verheyen
Scientific Director
SGS
[in](#)



Thomas Lodeweyckx
Director Consultancy and Clinical
Pharmacology CPU
SGS
[in](#)

13:30



From protocol to EDC: AI-powered study build

Smarter, more structured EDC study build workflows with powerful AI-capabilities helping study teams reduce manual work when designing an electronic data collection tool for a study protocol. As an early adopter of Medidata Designer and Veeva, SGS is a frontrunner in applying the software to AI-driven EDC builds and is well-positioned to share practical experiences with AI agents developed to support EDC form design, edit check configuration and system testing. By partially automating the EDC build and facilitating review and approval cycles, study teams can now confidently plan for First Patient In, even when facing challenging timelines. Attendees will gain insights into emerging approaches, lessons learned and the potential of AI to improve efficiency, quality and consistency across the EDC development lifecycle while supporting increasingly complex clinical study requirements.



Joris De Bondt
Head EDC
SGS
[in](#)

14:00



Why your biometrics partner should outlast your clinical CRO

More biotech companies are choosing a dedicated biometrics partner across their development programs, even when clinical CROs change from study to study. While CRO selection may vary based on therapeutic expertise, geography, or site relationships, maintaining a consistent biometrics partner creates continuity across the portfolio. Centralized biometrics delivery enables standardized processes, reuse of study assets, and application of lessons learned across programs, improving quality while reducing costs, timelines, and sponsor oversight. This session explores how a dedicated biometrics model increases operational efficiency, supports regulatory readiness, and gives sponsors greater flexibility in selecting the right CRO for each study.



Rukun Hinz
Project Director Biometrics and
Medical Safety & Regulatory
SGS



Annelies Van Zeveren
Project Director Biometrics and
Medical Safety & Regulatory
SGS

15:00



Safety monitoring in human viral challenge studies: key differences compared to late-phase efficacy trials

Controlled Human Infection Models (CHIMs) are increasingly used to support vaccine and antiviral development through the controlled exposure of healthy volunteers to a characterized pathogen. While the intentional infection of participants may appear to introduce additional risk, CHIMs employ a fundamentally different safety monitoring model than late-phase efficacy trials. This presentation explores the key differences in safety oversight, including eligibility assessment, inpatient monitoring, clinical observation and real-time safety review. Attendees will learn how these measures enable a different approach to risk management, earlier and more efficient assessment of safety and efficacy, and participant protection compared with traditional outpatient vaccine/antiviral trials. The session will provide practical insights for medical and safety professionals involved in the design, oversight, or evaluation of challenge study programs.



Rafael Smets
Head Medical Safety & Regulatory
SGS



Jelle Klein
Medical Director
SGS

15:30



Why growing biotechs benefit from a consolidated safety database

As biotech pipelines grow, fragmented pharmacovigilance models can create operational complexity, inconsistent processes, and regulatory risk. Sponsors that engage a single PV partner from Phase I gain a unified safety database, a dedicated safety lead, and consistent oversight throughout the product lifecycle. Centralizing safety activities enables better visibility across studies, standardized reporting, reduced vendor management burden, and greater readiness for future regulatory milestones. By preserving product knowledge and ensuring continuity across development phases, a long-term PV partnership creates a scalable safety framework that supports both current clinical programs and future portfolio growth.



Annelies Van Zeveren
Project Director Biometrics and
Medical Safety & Regulatory
SGS



Talk-to-the-Expert consultancy areas

EARLY DRUG DEVELOPMENT CONSULTANCY

Study design, First-in-Human to Proof-of-Concept strategy and beyond, and operational feasibility

DATA & ANALYSIS STRATEGY

Data science, biostatistics and data strategies for decision-enabling insights

REGULATORY STRATEGY

Regulatory pathways, requirements and health authority interactions

PATIENT RECRUITMENT STRATEGY

Patient access and recruitment strategies to reach the right study populations

SAFETY & PHARMACOVIGILANCE STRATEGY

Medical safety, pharmacovigilance and safety monitoring across clinical development

BIOANALYSIS STRATEGY

Bioanalytical approaches for PK, PD and biomarker assessments