15-17 NOVEMBRE 2023
SFGM-TC 2023
Lille Grand Palais
SFGM TC Société Francophone de GREFFE DE MOELLE et de Thérapie Cellulaire

ACADEMIC DEVELOPMENT OF ANTI-CD19 CART-CELLS

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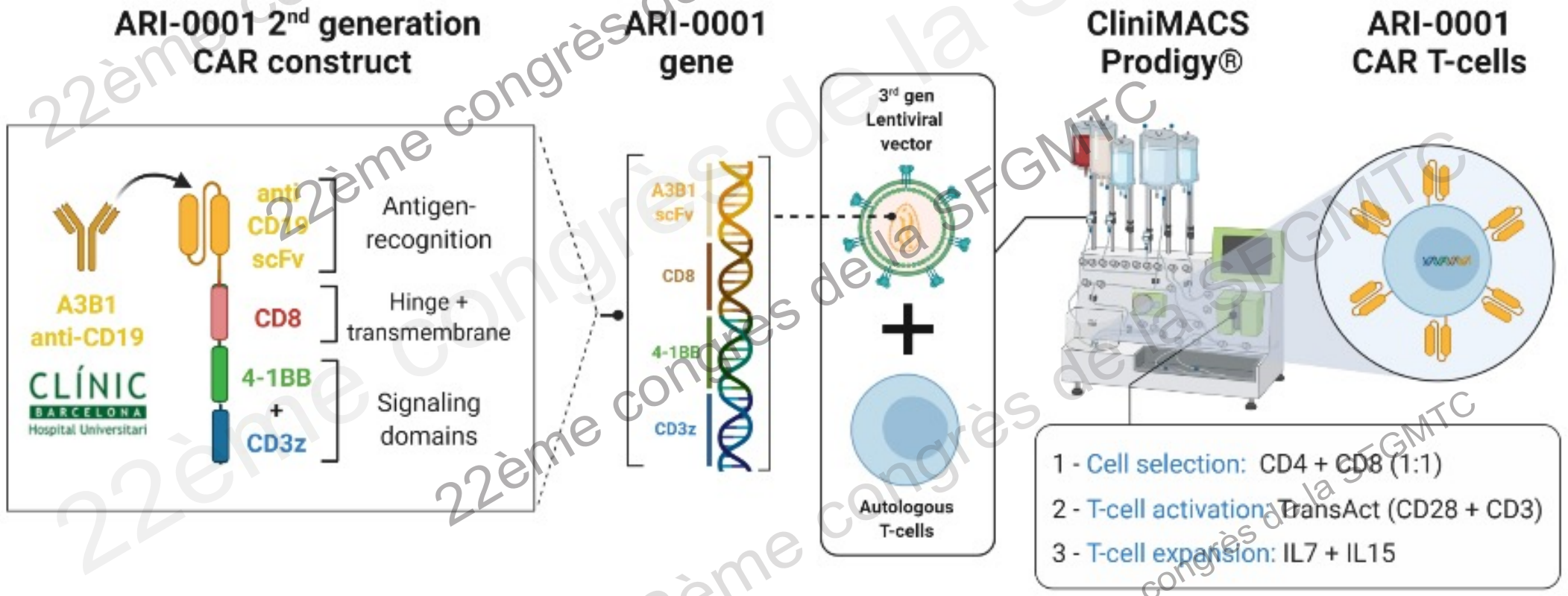
Name: Julio Delgado

- ❑ I have no disclosures to declare from Pharmaceutical companies
- ❑ Employment from Hospital Clínic de Barcelona, owner of ARI-0001, ARI0002h, ARI-0003, ARI-HER2, etc.

ARI-0001 cells (varnimcabtagene autoleucel [var-cel])



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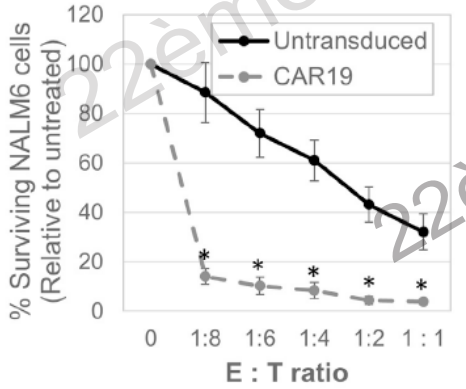
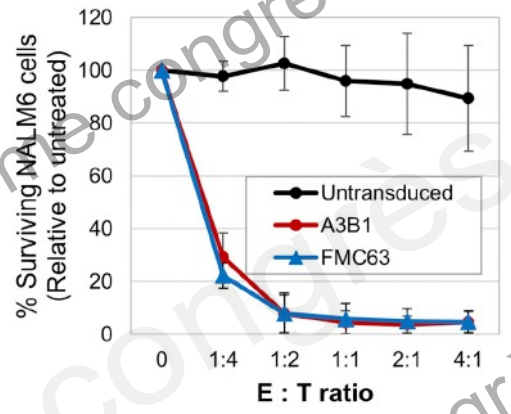
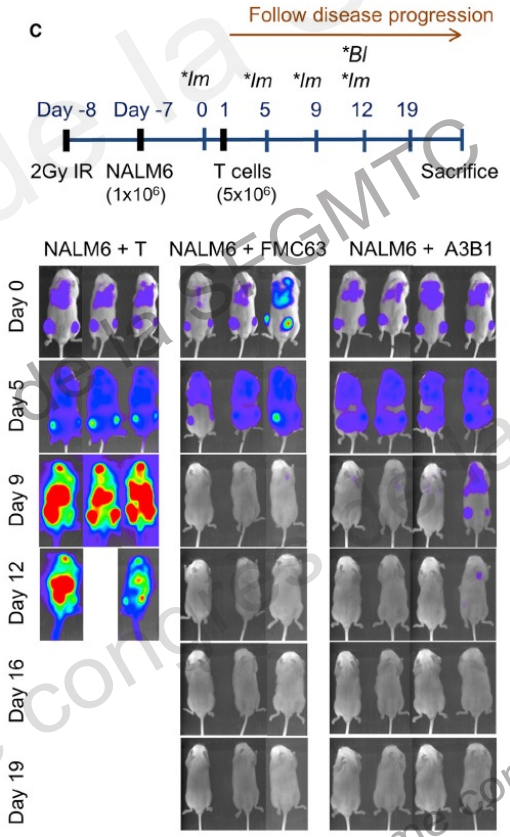
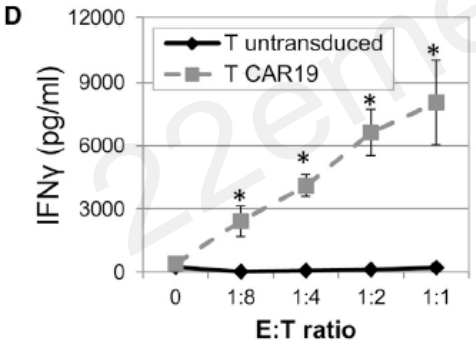
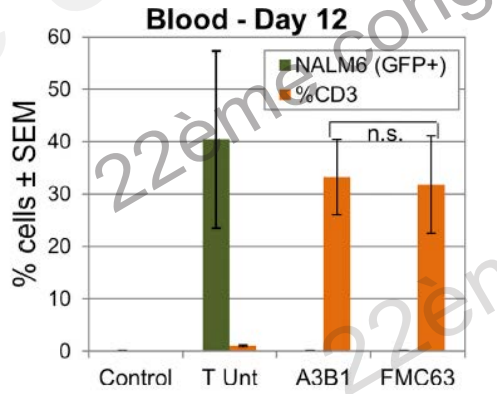
Nonclinical evaluation











Early contact with regulators → scientific advice!

Toxicology? Genotoxicity?

Good laboratory practice (GLP)

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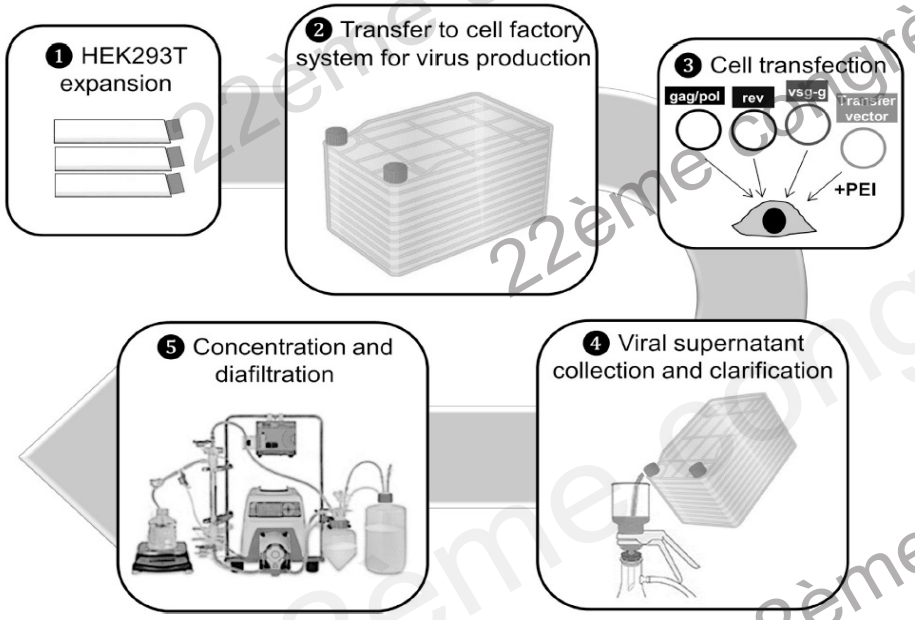
Lentiviral production



Cell Banking of HEK293T cell line for clinical-grade lentiviral particles manufacturing

Unai Perpiñá[1,2,3,4], Cristina Herranz[1,2,3,4], Raquel Martín-Ibáñez[1,2,3,4,5], Anna Boronat[4,6], Felipe Chiappe[1,2,3,4], Verónica Monforte[1,2,3,4], Gemma Orpella-Aceret[1,2,3,4], Ester González[1,2,3,4], Myriam Olivé[1,2,3,4], María Castella[4,7,8], Guillermo Suñé[4,7], Álvaro Urbano-Ispizua[4,7,9,10], Julio Delgado[4,7,9,11], Manel Juan[4,6,9,12] and Josep M. Canals[1,2,3,4*]

Creatio | Production and validation center of advanced therapies UNIVERSITAT DE BARCELONA

- *Early contact with regulators*
- *Very manual manufacturing process*
- *Importance of master cell bank of HEK293T cells (annual fee payment to Rockefeller University)*
- *Beware of the limitations of HEK293T cells*

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Quality control (lentivirus)

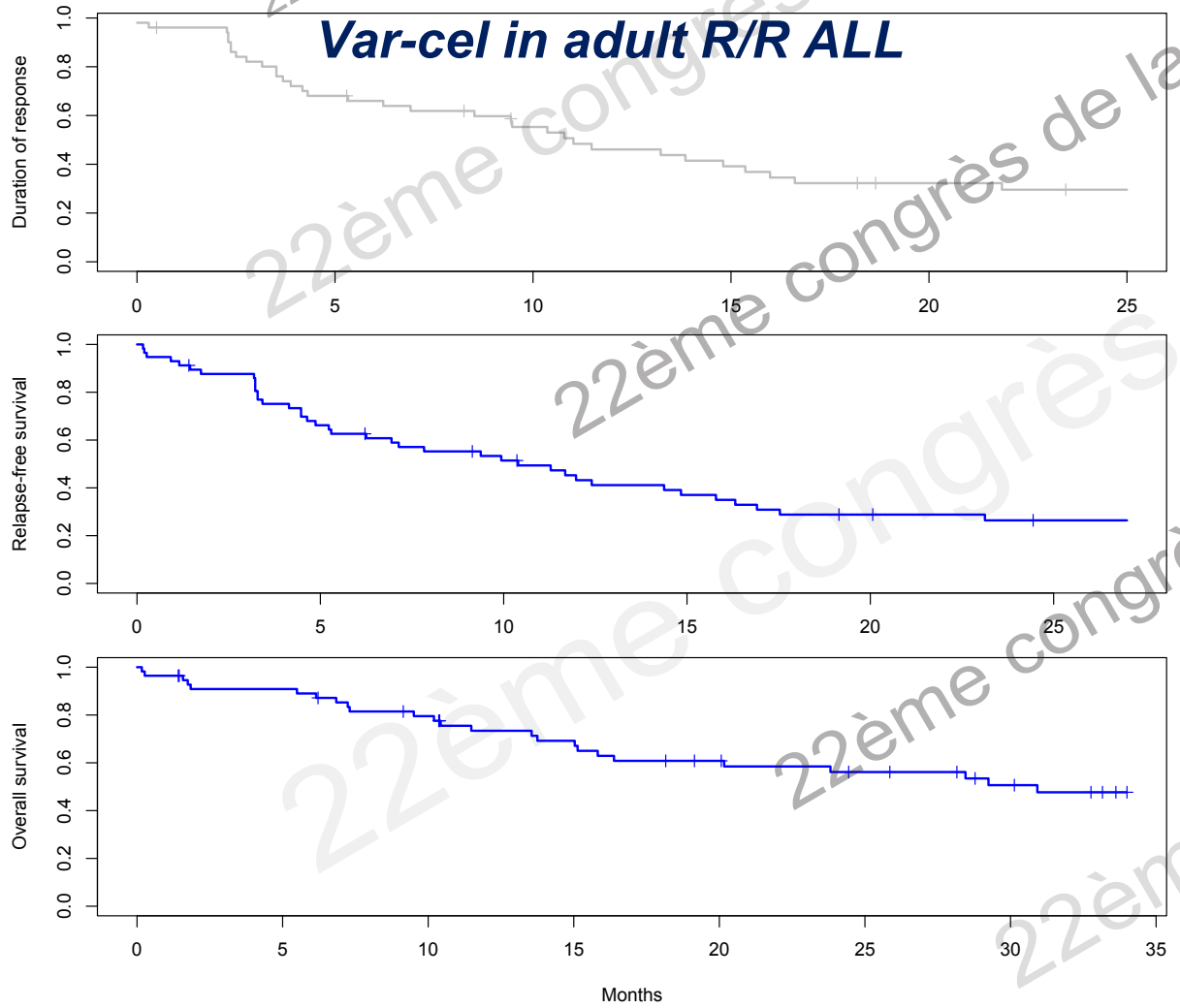
Quality control tests for lentiviral batches used to manufacture var-cel

Parameter	Acceptance criteria	Method
Appearance	Yellowish aqueous solution	Visual observation
Identity	Covered sequence ≥95% Sequence identity ≥ 95%	PCR / sequencing
Infectious particles	≥3.75x10^7 IP / mL	Limiting dilution
Endotoxin	≤ 4 EU / mL	Ph. E. 2.6.7
Mycoplasma	Absent	Ph. E. 2.6.14
Sterility	No growth	Ph. E. 2.6.1
pH	6.9 - 7.8	Ph. E 2.2.3

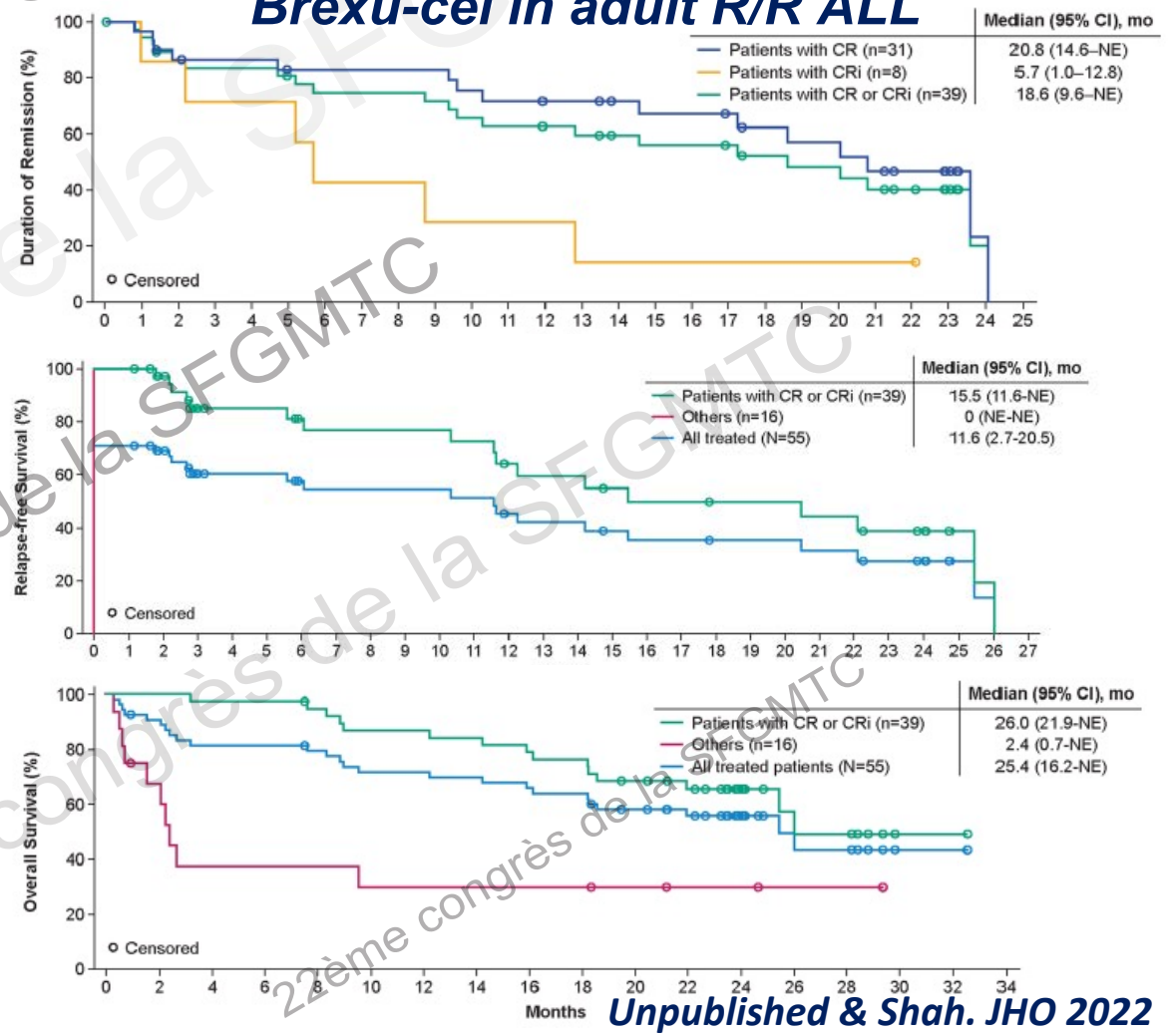
Quality control (cells)

Parameter	Method	Acceptance criteria
Appearance	Visual inspection (in house)	Translucent substance without lumps
Cell count	Neubauer chamber (in house)	≥0.5 x10^6 CAR+ cells/kg
Identity (% CART+ cells)	Flow cytometry (in house)	≥20%
Purity (% CD3+ cells)	Flow cytometry (in house)	≥70%
Viability	Trypan blue (in house)	≥70%
Sterility	Bacterial culture (Ph Eur 2.6.1)	Sterile
Endotoxin	Chromogenic (Ph Eur 2.6.14-D)	≤0.5 EU/mL
Adventitious agents	External qPCR	Absence of virus in the media
Mycoplasma	External PCR	Absence
VCN (vector copy number)	qPCR (in house)	≤10
RCL (repl comp lentivirus)	qPCR (in house)	Absence of RCL
Potency	Flow cytometry (in house)	Surviving fraction of NALM6 <70% at 1:1 tumour:CART ratio; and/or difference of surviving fraction of NALM6 >50% for CART vs UT cells at a 4:1 tumour:CART ratio

Var-cel in adult R/R ALL



Brexu-cel in adult R/R ALL



Unpublished & Shah. JHO 2022

Var-cel in adult R/R ALL

	All grades	Grade ≥3
CRS	52% (40-65%)	7% (3-17%)
ICANS	7% (3-17%)	0% (0-6%)

Brexu-cel in adult R/R ALL

	All grades	Grade ≥3
CRS	89% (78-94%)	24% (14-36%)
ICANS	60% (47-72%)	25% (16-38%)

Unpublished & Shah. JHO 2022

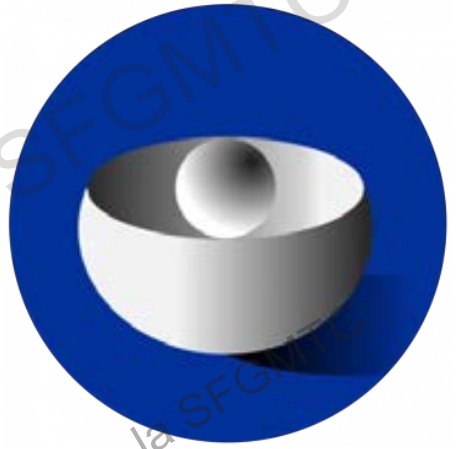
What do we do next?

- **Can we carry on running clinical trials forever? National grants? International grants?**

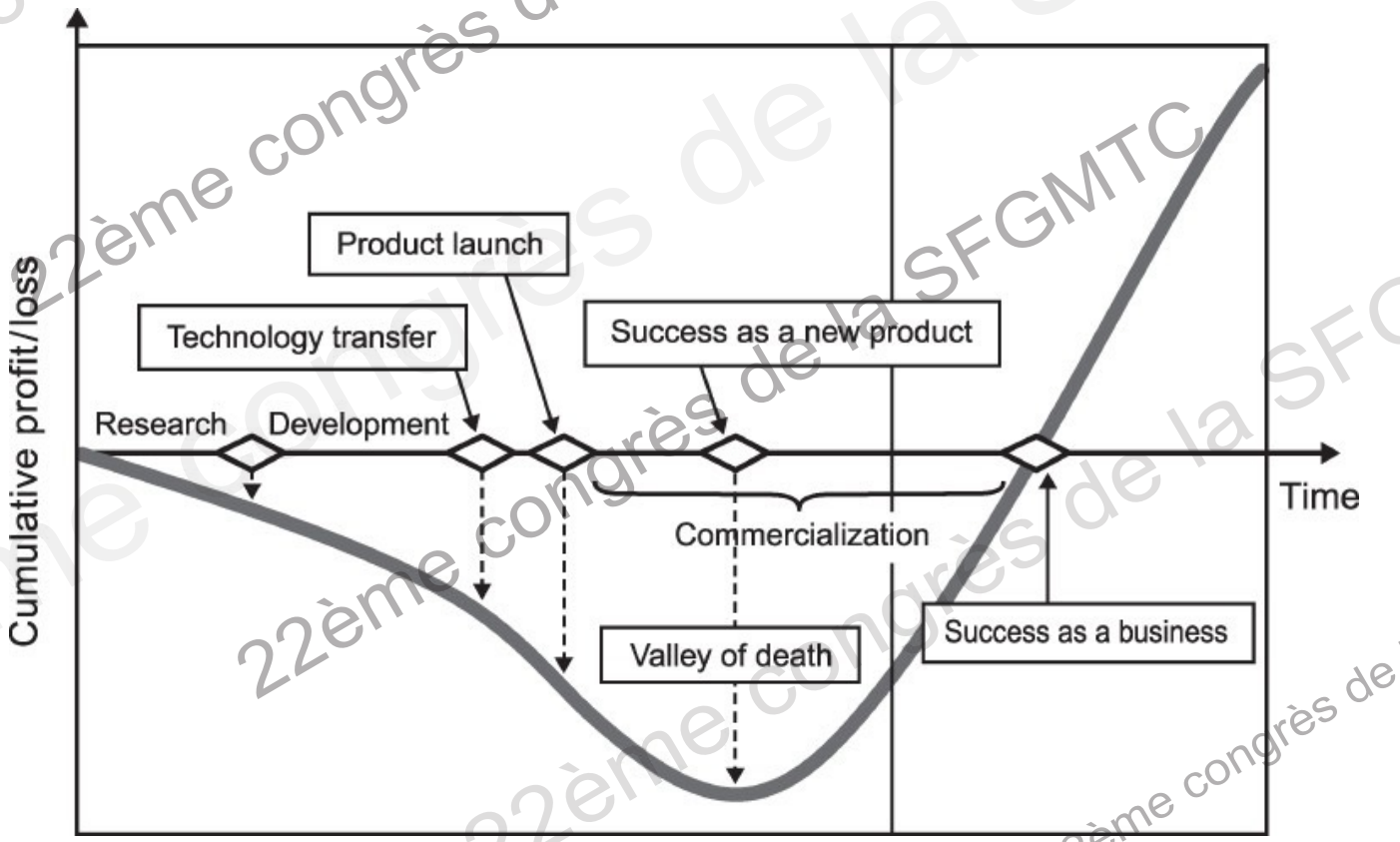
- **Is it possible to register your CAR T-cell?**

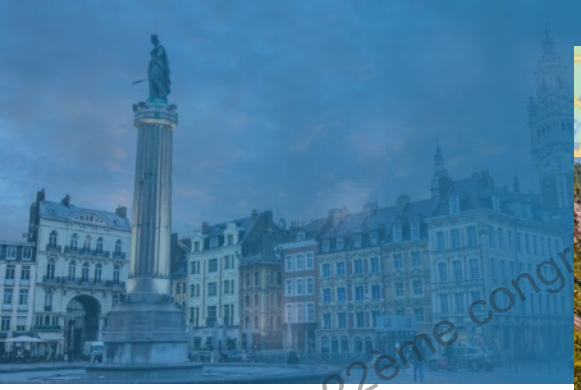
The centralised procedure is **compulsory** for:

- human medicines containing a new active substance to treat:
  - human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS);
  - **cancer**;
  - diabetes;
  - neurodegenerative diseases;
  - auto-immune and other immune dysfunctions;
  - viral diseases.
- medicines derived from **biotechnology** processes, such as **genetic engineering**;
- **advanced-therapy medicines**, such as gene-therapy, somatic cell-therapy or tissue-engineered medicines;
- orphan medicines (medicines for rare diseases);
- veterinary medicines for use as growth or yield enhancers.



Can we really cross the "valley of death"?





What does it entail (going to the EMA)?

1. Intellectual property → needed for an INN
2. Non-similarity → check other drugs with orphan designation
3. Paediatric investigation plan (or a waiver)
4. Scientific advice (fee!)
5. Type of approval → full vs. conditional → check for fully approved drugs (“major therapeutic advantage”)
6. Documentation preparation (and software needed)
7. Marketing authorisation application (MAA) fee

How can you ease the pain?

1. Start thinking as a drug developer (what is your aim?)
2. Early contact with regulators:
    1. Nonclinical tests
    2. Quality control
    3. Design of your clinical trial
3. Surround yourself with experts in regulatory science
4. Secondment as national expert
5. PRIME designation → new mechanism of action, unmet medical need (game changers!!) → relatively easy (no committee involved) → BENEFIT: scientific advice for FREE
6. Orphan designation → it must be a rare disease (most haematological malignancies are) and "significant benefit" must be demonstrated → BENEFIT: market exclusivity + reduced submission fees
7. Pilot programme of enhanced support to academic and non-profit developers of ATMPs → contact the Advanced Therapies Office

Parliamentary question - E-000739/2021
European Parliament

Availability of CAR-T cell therapy in the

5.2.2021

Question for written answer E-000739/2021
to the Commission
Rule 138
Liudas Mažylis (PPE)

Chimeric antigen receptor (CAR) T-cell therapy is a well-established breakthrough treatment in oncology that is personalised for each patient. Unfortunately, its price is particularly high and can reach up to EUR 500 000 per person. Lithuania is one of the countries in which Novartis and Thermo Fisher Scientific are involved in this therapy, but this modern treatment method is inaccessible not only in Lithuania, but also in some other Member States.

1. What approach to funding should be followed in order to expand cell therapy (CAR-T) to the largest possible number of cancer patients?
2. What should the Commission do – and what assurances can it make – to ensure that modern but expensive treatments are equally accessible to citizens of all Member States and become common practice in all Member States? Will the new Europe's Beating Cancer Plan address the issue of access to modern cancer treatments?
3. With regard to the new EU approach to health policy (European Health Union), are there any plans to address existing inequalities in treatment (between Member States, different age groups, etc.)? How will the EU4Health programme ensure the transparency of data and processes in the development and/or sale of medicines and medical devices?

High Cost of Chimeric Antigen Receptor T-Cells: Challenges and Solutions

Edward R. Scheffer Cliff, MBBS, MPH[1,2]; Amar H. Kelkar, MD[2,3]; David A. Russler-Germain, MD, PhD[4]; Frazer A. Tessema, BA[1,2]; Adam J.N. Raymakers, PhD[1,2]; William B. Feldman, MD, DPhil, MPH[1,2,5]; and Aaron S. Kesselheim, MD, JD, MPH[1,2]

Features | April 29, 2022

Access to CAR-T therapies in Central and Eastern Europe in "catch-up" mode compared to the West

Although some countries are moving ahead, the use of CAR-T therapies in the region remains uneven.

Comment | November 21, 2022

Manufacturing challenges set back development progress of cell therapies in oncology

GlobalData Healthcare

What about Hospital Exemption?

- Allows for the use of an ATMP without a marketing authorisation under certain circumstances:
  - Only applies to a hospital setting
  - Non-routine basis
  - For an individual patient
  - No centrally authorised treatment or clinical trial is available
- Principles of long-term follow-up should apply to commercial and non-commercial manufacturers
- Need for publicly available information about HE product at EU and/or national levels (use and safety/efficacy profile)
- Need for further harmonization of HE requirements/licenses and eligibility criteria across all Member States

What was our experience with Hospital Exemption?

Strict (and lengthy!) evaluation by the Spanish Medicines Agency:

- Nonclinical
- Quality
- Clinical

Approval limited to patients with R/R ALL older than 25 years

No need for:

- Paediatric investigation plan
- Non-similarity evaluation
- Fees

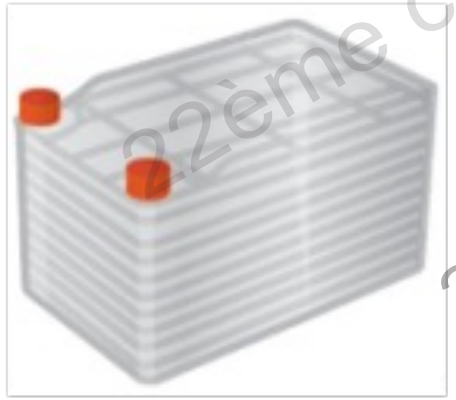
What are we doing now?

- PRIME designation granted by EMA in December 2021 for patients older than 25 years of age with R/R ALL → kick-off meeting held in April 2022
- Paediatric Investigation Plan submitted in July 2022 (based on the CART19-BE-03Ped trial) → first response in October/2022 → revised in Jan/2023 → agreed in May/2023
- Scientific Advice submitted in July 2022 → first response in November/2022 → final letter received in late December 2022 → preparing 2 more SAs (validation of QC tests and comparability studies)
- Matched-indirect comparison of our phase 2 results designed → external statistician identified + external database (PETHEMA)
- A third EU-based trial will be needed in case of CMA

What are the main difficulties?

- Clinical trial costs:
  - CART19-BE-02: €1.2M (€1.44M in cell production only)
  - CART19-BE-03Ped: €1.4M (€1.35M in cell production) → PDCO asking for 70 pts (30% from other EU countries) → will need around €3M (IT, NL, FR interested)
  - CART19-EU-04: seeking €9.8M (trial in ES, FR, NL, BE, AT)
- Consolidate point-of-care manufacturing → network of academic centres across the EU
- Creation of a company for lentiviral manufacturing (MIA) → Gene Vector Ltd.
- Document preparation → software required (€100,000)
- Fees!!!

Current production system → New production system



Cell growth area: 2.4 m² → **Cell growth area: 10 m² or 30 m²**

Current purification system → New purification system

Clarification by:
- Centrifugation
- Microfiltration

Concentration/diafiltration by TFF
Fill & finish

- Functional LV titer
- HCD quantity and fragment size
- HCP
- BSA
- Residual plasmid
- Residual DNAse

Clarification by:
- Deep filtration (1-2 filters)
- DNAse treatment

Concentration/diafiltration by TFF (x2)
Purification by IEX chromatography
Fill & finish

New quality control (lentivirus)

Parameter	Acceptance criteria	Method
Appearance	Yellowish aqueous solution	Visual observation
Identity	Covered sequence ≥95% Sequence identity ≥ 95%	PCR / sequencing
Infectious particles	≥3.75x10^7 IP / mL	Limiting dilution
Endotoxin	≤ 4 EU / mL	Ph. E. 2.6.7
Mycoplasma	Absent	Ph. E. 2.6.14
Sterility	No growth	Ph. E. 2.6.1
pH	6.9 - 7.8	Ph. E 2.2.3
p24	≥3.75x10e5 pg / mL	ELISA*
Ratio infectious particles / p24	For information only	Calculation
Residual host DNA (HEK293)	For information only	qPCR*
Residual plasmid	For information only	qPCR*
Residual host protein (HEK293)	For information only	ELISA*
Residual BSA	For information only	ELISA*
% Aggregates	For information only	Nanoparticle tracking analysis
Adventitious virus	Not detectable	qPCR*
Replication competent lentivirus	Not detectable	qPCR*

Fees for ATMPs (EMA)

	Current		
	Big Pharma	**Micro + SME**	**Academia**
MAA (full dossier)	€313,200	Conditional fee exemption + deferral	?
Extension for paediatric use	€94,000	€0 if micro; €56,400 if SME	?
Type II variations*	€94,000	€0 if micro; €56,400 if SME	?
Inspection (GMP)	€23,700	€2,370	?
Scientific advice (Q, S and C)	€94,000 €32,900 for ATMPs	€0 if PRIME or OD; €9,400 if not	0€ if PRIME

*New indication, changes in SmPC (pharmacovigilance, etc), changes to the manufacturing process, addition of new manufacturing site

What if var-cel is approved in the EU?

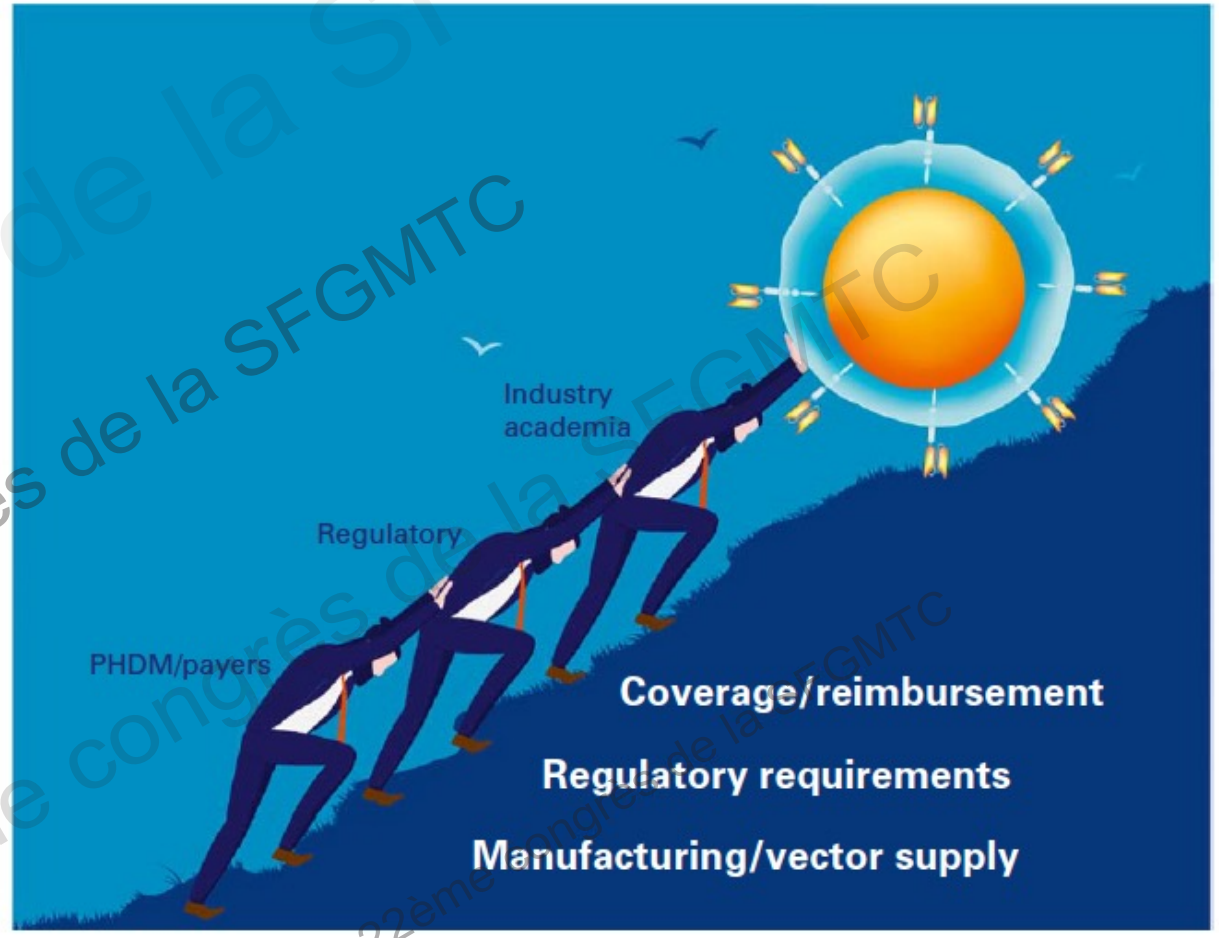
We need a network of academic institutions willing to manufacture var-cel

Experience with HO161 trial → quality control criteria for releasing the cells were not completely harmonised with us → the dose administered is too low

What about countries where no institution is willing to make the investment of building a clean room?

- Academic CART-cell development is possible
- Requires a change of mentality
- Requires help from experts in regulation
- Requires generosity
- Requires stamina

If you want to go fast, go alone;
If you want to go far, go together



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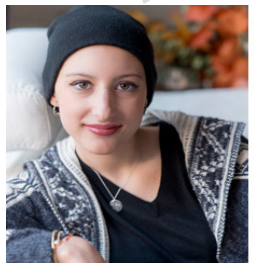

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