



CMC challenges in autologous CAR T products

Industry Perspective

ASGCT 2019 Pre-Approval Commercialization Workshop

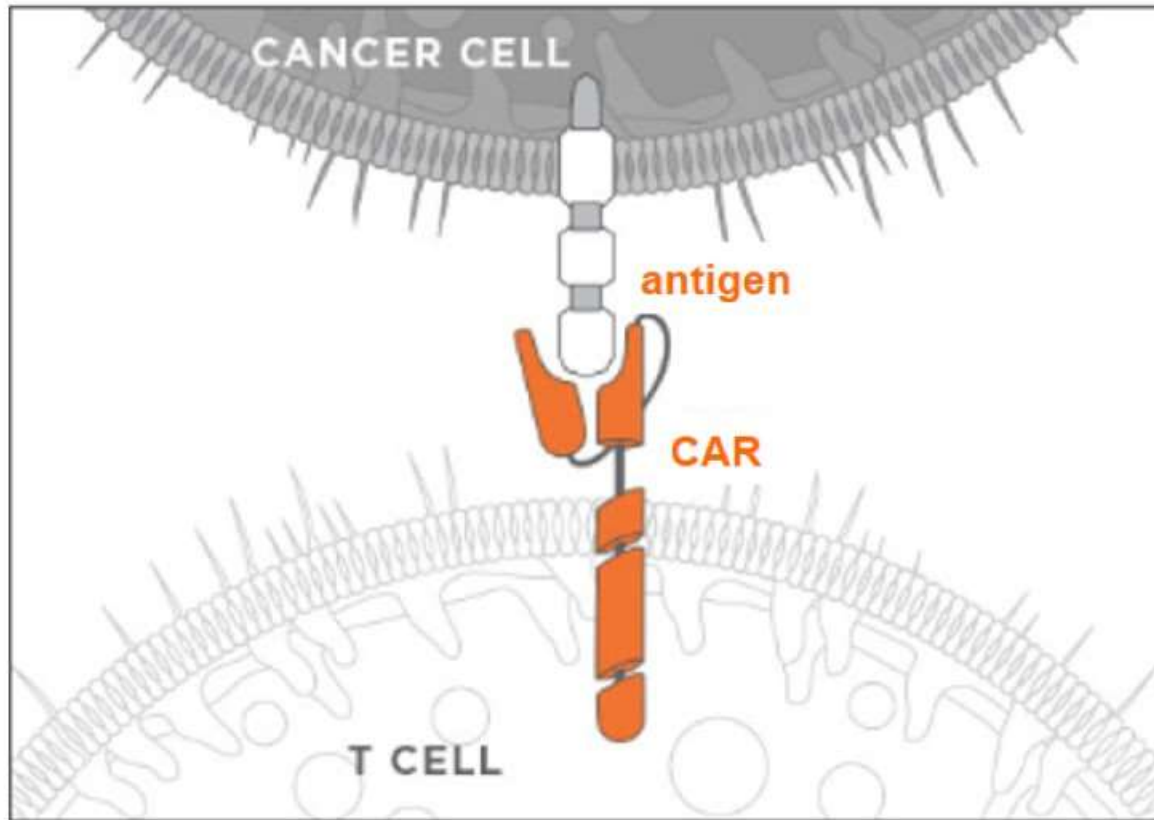
Yoko Momonoi, M.S.

Global Regulatory CMC, Celgene Corporation

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CAR T cell therapy



- **Transformative potential**
 - Rapid clinical development to help patients in need
 - Field in early stages

Region-specific regulations for genetically modified cells

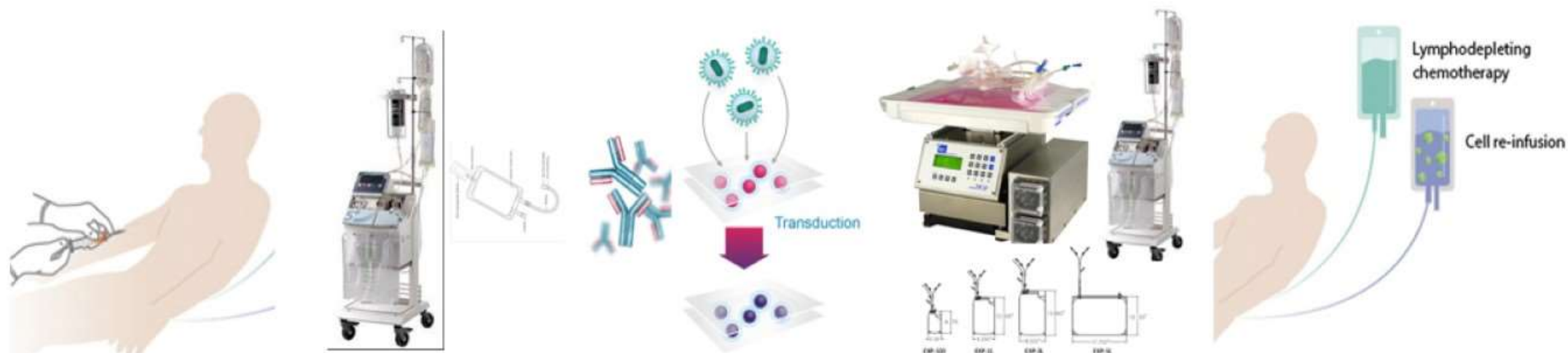
Additional measures to ensure environmental and patient safety prior to clinical trial initiation

- US
 - FDA and NIH required initial registration of a gene therapy protocol and updates
 - Aug 2018: Deletion of the NIH registration and reporting requirements proposed
- EU
 - GMO applications required per country
- Japan
 - Strategic Consultations required prior to a Clinical Trial Notification for Regenerative Medicine products
 - Confirm product is not subject to the Cartagena Act in Japan

Understanding region-specific needs is critical for enabling global development



Autologous CAR T cell manufacturing



Leukapheresis

PBMC
Isolation

Cell Activation,
and Transduction

Cell Expansion,
Harvest,
Cryopreservation

Infusion

Apheresis
material obtained
from patient via
standard
leukapheresis
collection

PBMCs isolated

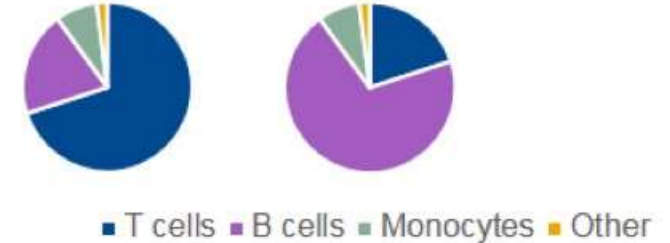
Culture initiated, T
cells activated, and
transduced with
vector to insert
CAR sequence

CAR T cells
expanded to
therapeutic dose,
formulated and
cryopreserved.
QC/QA release

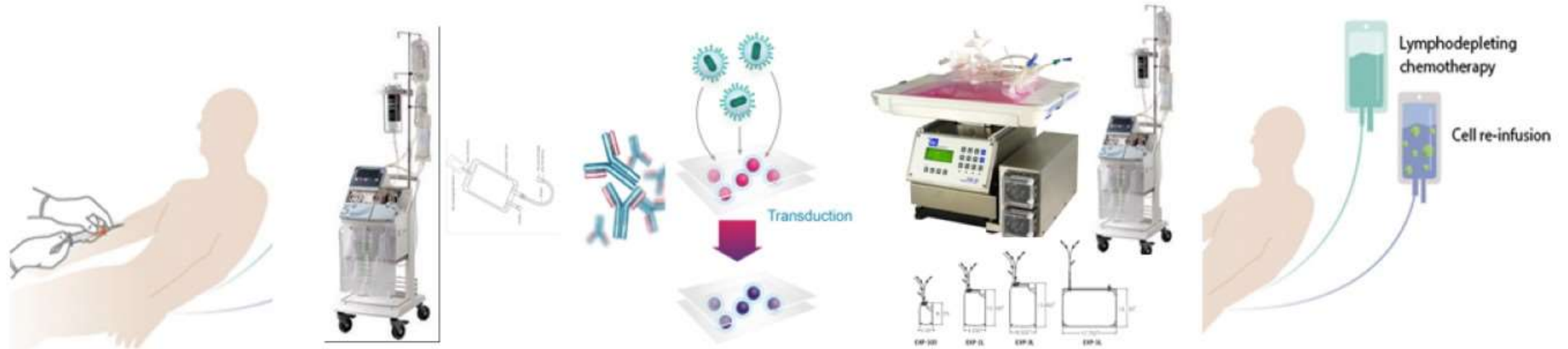
CAR T cells
infused into
patient after
lymphodepleting
chemotherapy

Process development challenges

- **Variability in starting cell composition**
 - Wide process variability
- **Limited starting cell material**
 - May require different approaches for process characterization and product characterization
 - Begin commercial planning while still in learning phase
- **Vector manufacturing and cell processing require optimization in order to enable consistent commercial supply of the CAR T product**
- **Final product is a cell suspension for infusion**
 - Sterile filtration of final product is not possible



Raw materials used in cell therapy products



Leukapheresis

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Infusion

- Apheresis process
- Shipping
- Vector
- Human-derived raw materials
- Disposables
- Analytical reagents

Challenges:

- Single source/vendors, custom reagents
- High comparability risks → long development times
- Requirements for in vitro vs. in vivo vs. clinical data

Raw materials of biological origin

Requirements for blood/plasma-derived and animal-derived raw materials differ between each country/region

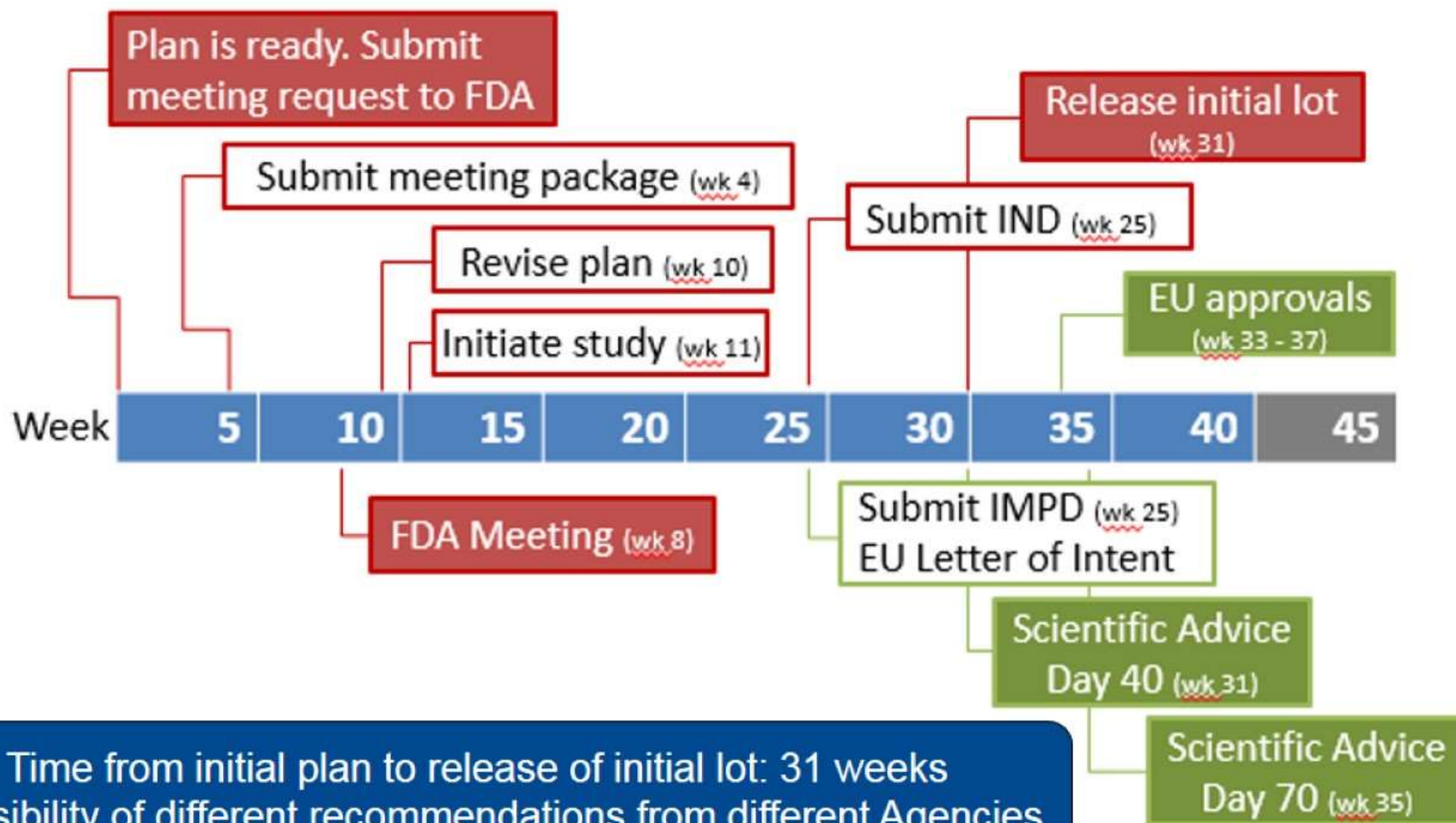
- US
 - Typically fewer requirements than the EU and Japan
- EU
 - European Pharmacopeia 5.2.12
 - EU Directive 2006/17/EC
- Japan
 - Standards for Biological Materials

Development of international standards accepted
by all regional health authorities is desirable for rapid development

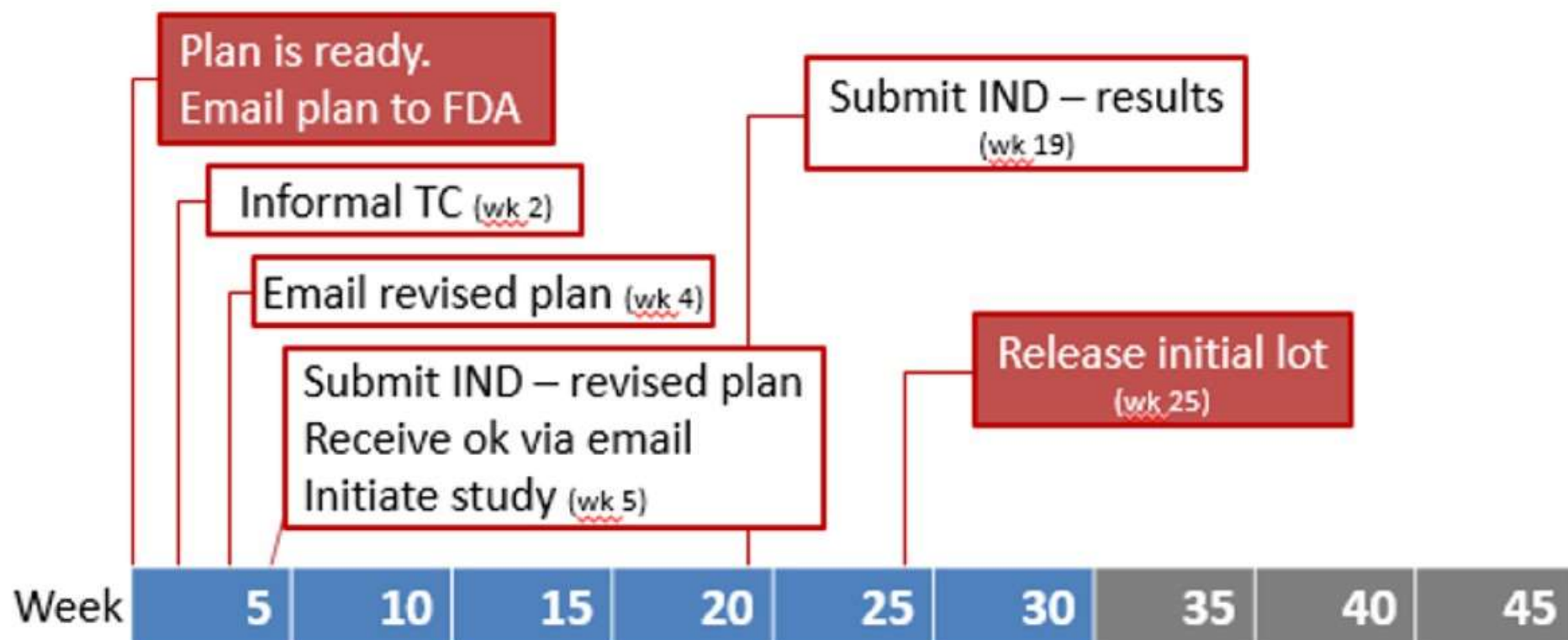
Keys to success

- Prioritization of CMC changes and implementation prior to pivotal trial
 - Addition of manufacturing sites?
 - Fresh or frozen starting cells?
 - Raw materials of biological origin to be replaced and/or dual sourced?
 - New analytical methods?
- Retain sufficient samples
- Proactive discussions with Agencies as needed

Typical interaction during development



Proactive, frequent interactions with Health Authorities



Time from initial plan to release of initial lot: 25 weeks
Less risk due to confirmation of revised plan prior to execution
Input from one Agency only

Summary

- CAR T products have transformative potential
 - Rapid clinical development to help patients in need
 - Field in early stages
- Enabling fast-to-market cell and gene therapy products
 - Development and adoption of international standards
 - Good understanding of region-specific needs
 - Prioritization of CMC changes and implementation prior to pivotal trial
 - Maximize regulatory mechanisms to have active dialogue with Agencies where needed