



## ***Cellular Gene Therapies: Regulatory Challenges***

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CAR-T and the Rise of Cellicon Valley Penn Medicine-May 10, 2019

# Disclosure

- Viera Muzithras is an employee of Celgene

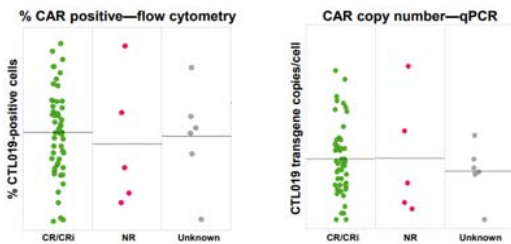


# Approved CAR Ts

- To date, CAR T therapies in leukemia and lymphoma have achieved regulatory approval
  - Data presented at Kymriah® ODAC showed no clear correlation with product quality attributes and response or CRS

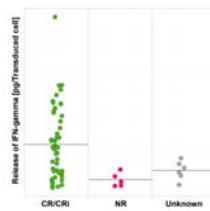
CM-32

## Response vs CAR transduction Study B2202



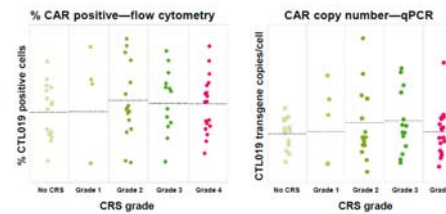
Pediatric ALL/B2202—63 patients [52-CR/CRi, 5-NR, 6-Unknown]  
Best Overall Response within 3 months:  
CR=complete remission, CRi=complete remission with incomplete blood count recovery, NR=nonresponder, Unknown [response]

## Response vs product in vitro potency Study B2202



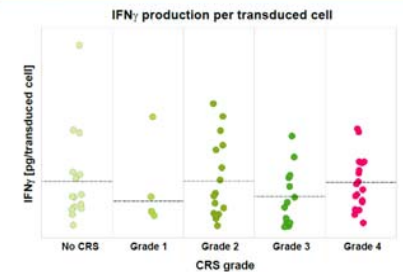
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## CRS vs CAR transduction Study B2202



Pediatric ALL/B2202—68 patients [15-No CRS, 5-Gr1, 16-Gr2, 14-Gr3, 18-Gr4]

## CRS vs product in vitro IFN $\gamma$ secretion Study B2202



K ALL/B2202—68 patients [15-No CRS, 5-Gr1, 16-Gr2, 14-Gr3, 18-Gr4]

Example from Kymriah ([ODAC](#))



# Cellular Immunotherapy Product Development Will Be Rapid and Complex

- Sponsors are engaged to develop new technologies innovations
- Manufacturing improvements and next generation of manufacturing pose regulatory challenges
- New technologies will accelerate and challenge the current process of development; raising the need for clarity on new development pathways
- Currently no harmonized guidance on demonstrating product comparability



# Challenges for Clinical Development of Cellular Immunotherapies

- When do process improvements require clinical evaluation?
  - Is a safety assessment sufficient?
  - Clinical comparability data requiring time to event analyses hinder rapid implementation of serial process improvements: PK, biomarker and safety data should suffice
- No informative nonclinical models
- Cost and time to repeat clinical development
  - Randomized vs approved cellular therapies may not be feasible
  - How many patients need to be treated to demonstrate comparability?

# Advances in cancer immunology

- Emerging technologies
  - Tumor infiltrating lymphocytes (TILs)
  - Engineered T-cell receptors (TCR)
  - Chimeric Antigen Receptor (CAR) T cell (autologous and allogeneic)
- Have potential to change treatment landscape beyond hematologic cancers

## How do we get there?

- Which technology is the best?
  - Nonclinical models not sufficient to guide technology choice
- Small Human studies in patients
  - Small exploratory clinical studies to differentiate best technology
  - Potential to better understand biology and product attributes driving efficacy and safety of the different technologies
- Is a basket protocol under a single IND an option?

# Guidance

- Guidance for Industry, Investigators, and Reviewers: Exploratory IND Studies (January 2006, CDER)  
<https://www.fda.gov/.../guidancecomplianceandregulatoryinformation/guidances/ucm078>
- Guidance for Industry: CGMP for Phase 1 Investigational Drugs (July 2008, CDER, CBER) <https://www.fda.gov/downloads/drugs/guidances/ucm070273.pdf>
- Guidance for Industry: Preclinical Assessment of Investigational Cellular and Gene Therapy Products (November 2013)  
<https://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/CellularandGeneTherapy/UCM376521.pdf>
- Guidance for Industry: Considerations for the Design of Early-Phase Clinical Trials of Cellular and Gene Therapy Products (June 2015)  
<https://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/CellularandGeneTherapy/UCM564952.pdf>





## Next Steps

- Harmonized guidance on comparability
- More timely interactions to answer questions (CMC, nonclinical, clinical)
- Flexible approach to evaluating different T-cell based products in basket protocols

Thank you

