Content

- Introduction:
 - Role of EMA and National Competent Authorities

- Approval of ATMPs
 - What are ATMPs?
 - Centralised procedure
- Support to ATMP developers



Introductory statements

- This talk is on marketing authorisation (license) applications, not on requirements or approval of clinical trials
- I will not address the use of ATMP under national schemes such as Hospital exemption and Compassioned use schemes / Specials in UK

Role of EMA and National Competent Authorities

- Role of European Medicines Agency (EMA):
 - Authorisation of centrally authorised products (CHMP, CAT) + post marketing surveillance of MP in EU (PRAC)
 - Orphan designation (COMP)
 - Approval of Paediatric investigation plans (PDCO)
 - Scientific advice: both by EMA (SAWP) and national authorities
 - Support to developers (e.g. SMEs): both by EMA and national authorities
 - Scientific guidelines for EU prepared by EMA scientific committees

CAT = Committee for Advanced Therapies; CHMP = Committee for Medical Products for Human use;

PRAC = Pharmacovigilance & Risk management Committee; COMP = Committee for Orphan Medicinal

Authorisation Product; PDCO = Committee for Paediatric medicinal products; SAWP = Scientific Advice Working Party



Role of EMA and National Competent Authorities

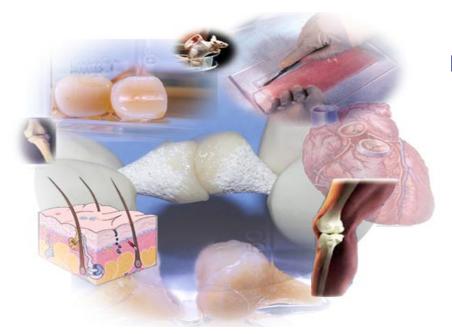
- Role of member states (eg MHRA)
 - Approval of non-centrally authorised MP
 - Approval of clinical trials
 - Manufacturing licenses (GMP)
 - Inspections (GLP, GCP, GMP)
 - Pricing and reimbursement



Advanced therapy Medicinal Products

Regulation (EC) No 1394/2007

Effective 30 December 2008



Cell Therapy
Medicinal Products
(CTMP)

Gene Therapy Medicinal products (GTMP)

Tissue Engineered Products (TEP)

http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol-1/reg_2007_1394/reg_2007_1394_en.pdf

GENE THERAPY MEDICINAL PRODUCT

Gene therapy medicinal product means a biological medicinal product which has the following characteristics:

- (a) it contains an active substance which contains or consists of a recombinant nucleic acid used in or administered to human beings with a view to regulating, repairing, replacing, adding or deleting a genetic sequence;
- (b) its therapeutic, prophylactic or diagnostic effect relates directly to the recombinant nucleic acid sequence it contains, or to the product of genetic expression of this sequence.

Gene therapy medicinal products shall not include vaccines against infectious diseases.

Gene Therapy Medicinal Products

Type of drug substances in GTMPs (recombinant)

Examples

(a) recombinant nucleic acid sequence(s)



- oligonucleotides (of biological origin)
- plasmid DNA
 - → naked or formulated with synthetic delivery systems such as lipids, polymers and/or peptide ligands

(b) genetically modified virus(es)



- replication-deficient
- replication-competent
- conditionally replication-competent
 - → e.g. retrovirus, adenovirus, adeno-associated virus, herpes simplex, vaccinia virus

(c) genetically modified microorganism(s)



- Mycobacterium bovis (BCG), Shigella, Clostridia
 - \rightarrow genetically modified e.g. by plasmids

(d) genetically modified cells



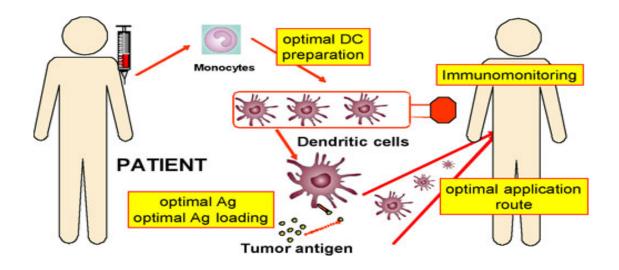
- autologous, allogeneic, xenogeneic
- primary cells or stable cell lines
 - → genetically modified by one of the products described above

CELL THERAPY MEDICINAL PRODUCTS

- contains or consists of cells or tissues that have been subject to <u>substantial</u> <u>manipulation</u> so that biological characteristics, physiological functions or structural properties relevant for the intended clinical use have been altered, <u>or</u> of cells or tissues that are <u>not</u> intended to be used for the <u>same essential</u> <u>function(s)</u> in the recipient and the donor;
- is presented as having properties for, or is used in or administered to human beings with a view to treating, preventing or diagnosing a disease through the pharmacological, immunological or metabolic action of its cells or tissues.



Example: Cancer Cell therapy



Tissue Engineered product

- Contains or consist of engineered cells or tissues
- Presented as having properties for, or is used in or administered to humans with a view of regenerating, repair or replacing a human tissue

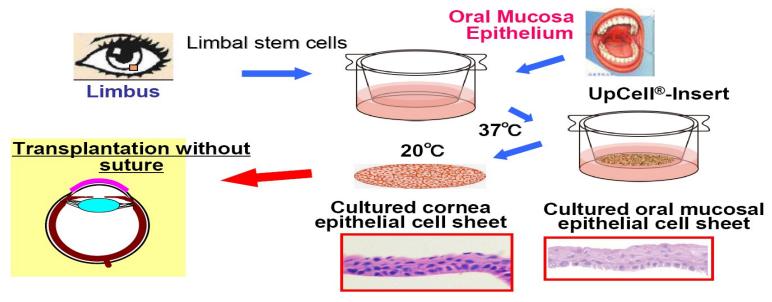
Definition of engineered cells/tissue

- Substantial manipulation; or
- Not intended to have the same function in donor / recipient

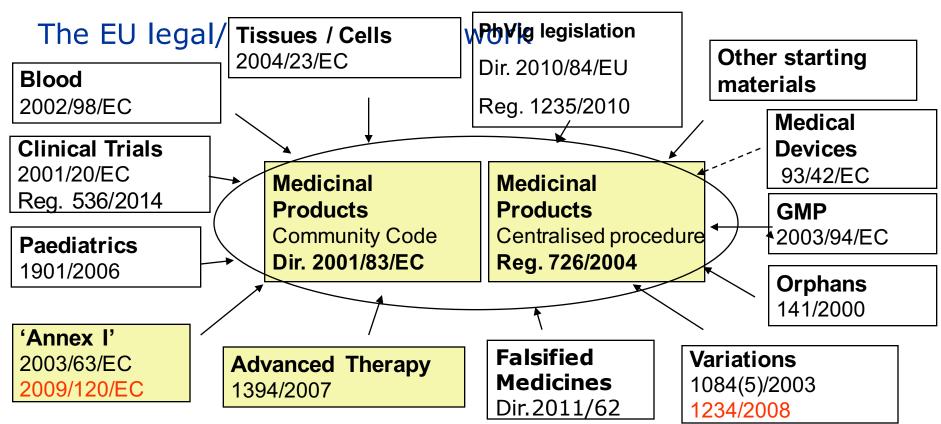


Tissue engineered product

Corneal reconstruction in patients with limbal stem-cell deficiency – OraNera (withdrawn) / Holoclar (authorised)









How are ATMPs authorised in the EU?

ATMPs will follow the Centralised procedure -> Single MA for entire EU

National Authorisation system → 1 MS EU Authorisation system → some or all MSs

- 3 EU procedures: Mutual Recognition Procedure (MRP) / Decentralised Procedure (DCP) / Centralised Procedure (CP)
- Route? Choice?
 - Depending on type of product and authorisation history



Eligibility to the CP: "Mandatory Scope"

Art. 3(1) of Regulation (EC) No 726/2004 & its Annex			
Indent 1	Indent 3	Indent 4	
"Biotech" products	"Mandatory therapeutic Classes"		
 Recombinant DNA technology Controlled gene expression Monoclonal AB 	 New active substance for: AIDs Cancer Neurodeg. disorders Diabetes Viral diseases Auto-immune diseases 	Orphan Designated Medicinal Products	

+ Advanced Therapy Medicinal products (Regulation 1394/2007)



Centralised Procedure: CHMP

Pre-submission



Day 0 - 120

Primary evaluation





CLOCK STOP

Secondary evaluation



Day 121 - 210*

Opinion (CHMP) / Decision (EC by Day 277)







*: additional clock stops for responding to outstanding issues as required.

Marketing authorations for ATMPs?

ATMPs will follow the Centralised procedure (mandatory scope) → single MA for entire EU:

- What is the same as for non-ATMPs?
 - 210 Day procedure
 - First phase 1 120: Initial assessement report (AR), List of questions (LoQ)
 - Second phase 121 210: Response AR, List of outstanding issues (LoOI), Oral explanation (OE)
 - Scientific opinion by Day 210 → to Commission for Decision
 - Review by 2 independent assessment teams ('Rapporteur' and 'CoRapporteur')
 - Same internal (EMA) and external (member state) peer review system

Marketing authorisations for ATMPs

What is different?

- 3 Committees involved: CAT + CHMP + PRAC (for review of the Risk management plan = RMP)
- The Rapporteur and CoRapporteur are from CAT
- All scientific discussions (except review of RMP) and adoption of key documents at CAT
- By D200: Draft opinion from CAT → CHMP for adoption of opinion

ATMP evaluation procedure builds on full transparancy between CAT and CHMP to avoid divergent views.

Marketing Authorisations for ATMPs: overview

- 6 ATMPs authorised (centralised procedure)
 - ChondroCelect (TEP), Glybera (GTMP), MACI (TEP, combined)*, Provenge (CTMP)**, Holoclar (TEP), Imlygic (GTMP)
- 3 currently under active review
 - 1 TEP, 1 CTMP, 1 GTMP
- 4 applications withdrawn (before or after negative opinion), 1 negative opinion

*: suspended; **: withdrawn (for commercial reasons)

Support to ATMP developers - Interactions with EMA/CAT

- Briefing meeting with the <u>EMA Innovation Task Force</u>
 - Platform for early dialogue on scientific, regulatory and legal requirements
 - Informal, not binding
 - EMA staff + members for Committees and working parties
 - Since 2009: 66 meetings with ATMP developers; 47 with participation of CAT or WP members.

Support to ATMP developers - Interactions with EMA/CAT

SME office

- Facilitate communications with dedicated EMA staff to respond on practical / procedural issues
- Organise workshops and training
- sme@sme.europa.eu
- <u>Pre-submission meetings</u> for ATMP certification, Scientific Advice,
 Orphan Designation and Marketing Authorisation

Support to ATMP developers - procedures

ATMP classification

- incentive: early / regulatory certainty
- open to all applicants free-of-charge
- scientific recommendation from CAT on the regulatory classification of their ATMP

ATMP certification

- incentive: (early)-late / scientific certainty
- only for SMEs reduced fee
- Scientific evaluation by CAT of quality / development data (Module 3) and non-clinical data (Module 4)
 - → 'pre-assessment' of data already generated

Support to ATMP developers - procedures

Scientific advice

- Incentive: Early-late, scientific certainty
- Advice on future development steps (Q/NC/C), no assessment of data
- Open to all applicants reduced fee for ATMPs
- Possibility for a joint SAWP/HTA advice
- Scientific advice is given from the scientific advice working party of the CHMP in collaboration with the CAT

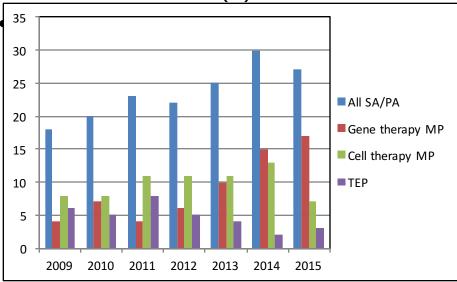


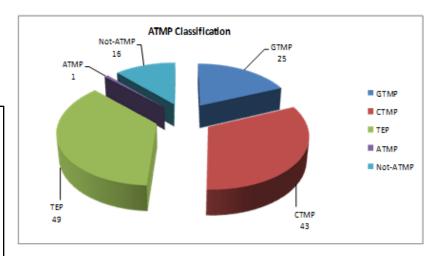
CAT Experience in the pre-authorisation phase (Jan 2009 –

July 2015)

ATMP classifications (134)

ATMP certification (6)







ATMP pipeline

- Majority of the CAT activities is on ATMPs in the development phase.
 - Substantial number of Briefing meetings with developers
 - Number of ATMP classification is increasing over the years
 - Number of Scientfic advice requests is increasing over the years (with a clear increase of the number of SA for gene therapy MP)
- → An analysis of the Clinical trials in the EU (2004-2010) confirms the pipeline
 - 250 different ATMPs
 - 22% GTMP / 78 % CTMP and TEP, 81% in Phase I and II or I/II
 - CAT will repeat the analysis for 2011-2014 to investigate trends.

Take home messages

- CAT is experienced in review / advice on ATMP applications.
- As a lot of the ATMPs are still in the (clinical) development phase → CAT's activities
 are more prominent in the pre-authorisation phase
- ATMPs are very diverse, and therefore guidelines are not / will not be available for all types → Developers should interact and consult the regulatory authorities early and often!
 - Scientific advice / protocol assistance = key!
- Flexibilities in the system should be used to their full extent.



The role of EMA (CAT) and of the Member States?

	EMA (CAT)	NCA (member states)
Clinical trial approval	No	Yes
Inspections (GMP/GCP/GLP)	No*	Yes
Marketing authorisations (ATMPs)	Yes	No
Hospital exemption / compassionate use ('Specials')	No	Yes
Advice (scientific / regulatory)	Yes	Yes
Support to developers	Yes (SME office, ITF)	Yes (Innovation offices, others)

*: coordination of inspections for CAP

Review



Manufacturing, characterization and control of cell-based medicinal products: challenging paradigms toward commercial use

During the past decade, a large number of cell-based medicinal products have been tested in clinical trials for the treatment of various diseases and tissue defects. However, licensed products and those approaching marketing authorization are still few. One major area of challenge is the manufacturing and quality development of these complex products, for which significant manipulation of cells might be required. While the paradigms of quality, safety and efficacy must apply also to these innovative products, their demonstration may be demanding. Demonstration of comparability between production processes and batches may be difficult for cell-based medicinal products. Thus, the development should be built around a well-controlled manufacturing process and a qualified product to guarantee reproducible data from nonclinical and clinical studies.

Paula Salmikangas*.*5, Margarida Menezes-Ferreira*5, Ilona Reisch!*3, Asterios Tsiftsoglou⁸, Jan Kyselovic⁸, John Joseph Borg⁸, Sol Ruiz⁸, Egbert Flory⁸, Jean-Hugues Trouvin⁸, Patrick Celis⁸, Janis Ancans⁸, Marcos Timon⁸, Guido Pante⁸, Dariusz Sladowski⁸, Metoda Lipnik-Stangelj⁸ & Christian K Schneider⁸

CELL & GENE THERAPY INSIGHTS

NAVIGATING THE GLOBAL ATMP REGULATORY LANDSCAPE **SPOTLIGHT**

REGULATORY REVIEW

Regulatory viewpoints on the development of advanced stem cell-based medicinal products in light of the first EU-approved stem cell product

Egbert Flory, Paolo Gasparini, Veronika Jekerle, Tiina Palomäki, Patrick Celis, Tomáš Boráň, James W McBlane, John Joseph Borg, Jan Kyselovic, Metoda Lipnik-Stangelj, Toivo Maimets, Margarida Menezes-Ferreira, Guido Pante, Stefanie Prilla, Una Riekstina, Christian K Schneider, Asterios Tsiftsoglou and Paula Salmikangas



Thank you for your attention

Further information

See EMA website / Human Regulatory

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