



CGT discussion points from EBF

12th EBF Open Symposium Imagine! A new bioanalytical Earthrise

PKSOP

CGT endpoints ≠ PK assays



Survey results

- Companies currently working on C>:
 - Pharma (7) 50%
 - CRO (7) 50%
- Companies not currently in C>
 - 28 (of 67)
- Companies who said they will work on it in the future:
 - 3 and growing



Therapeutic area support

- > Immuno oncology (13)
- Genetic disease (8)
- ➤ Other. (Please specify):
 - Parkinson's disease
 - Auto immunity, respiratory
 - Various



Which phase of drug development do you support?

Discovery	29%
Non-clinical studies	36%
Clinical studies	50%
Post marketing	7%
All phases	50%

EBF

Where do you look for regulatory guidance?	
Bioanalytical method validation guidance (FDA, EMA,)	93%
Clinical Pathology (CLIA, CLSI, CAP)	43%
White papers/publications (EBF, AAPS,)	100%
Internal	64%
Other, please specify:	Guidelines on gene and

Do you think current Bioanalytical regulations are sufficient for you to support Cell and Gene therapy studies?

86% - NO

clinical)

cell therapy (clinical, non-



Where do you think the EBF community can contribute in this space?

Gap analysis of BMV	71%
Regulatory interaction and training	57%
Shape future regulatory landscape	86%
Hands on laboratory protocols	29%
Best practice documents	79%
Other:	 Work with therapy developers to shape what's required Harmonisation / standardisation of BA and safety assessment.

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Workshop and conference discussions

What is the role of the BioA lab and BioA scientist in supporting these drug developments?

- Vision of bioanalytical lab to bring together all necessary expertise together from a scientific and regulatory perspective
- > Requirement to get BioA lab involved at an early stage
- ➤ Some companies have dedicated C> groups; not all activities performed in house but specialised out-sourced activities monitored by same group



Bring CGT in the BioA world, including regulations?

- ➤ No current regulatory guidance. Good opportunity to bring in scientific rationale on how assays should be validated general opinion that 'fit-for-purpose' was a good approach
- > Harmonisation is needed and EBF can facilitate that
- Work can fall between current BMV and patient management regulations (AAV nAb as inclusion criterion, CAR-T persistence and immunophenotyping)
- Good science should be the primary driver and the necessary regulations applied
- ➤ It is better to have no regulation than a bad regulation



Adapt existing regulations or introduce new regulation?

- ➤ Every company appears to have their own BioA strategy rather than try to standardise through regulation. EBF as a platform to share experience and regulatory feedback
- Harmonisation is needed but a publication strategy is better than regulatory documents
- Clarify in relevant parts of current BioA guidance to include CGT endpoints
- ➤ ICH currently working on CGT guidance Let's ensure BioA gets a seat at the table
- ➤ Learn from BioA strategies that have been used for licensed gene therapies
- Mixed opinion on whether separate regs are required for CGT or BioA technologies



BioA community concerns?

- ➤ Amount of investment for new technologies for relatively small sample numbers CGT often aimed at rare populations with low numbers of patients in trials. Often granted orphan drug status so approval is accelerated
- ➤ Gaps in BioA strategy need to involve all stakeholders at start of development program to identify and prioritise BioA requirements
- For cell therapies, the physical distance of patients from the lab in order to provide meaningful results
- Uncertainty if cell therapy exposure and persistence assessments by flow are really BioA endpoints
- ➤ Additional handling capabilities required in labs for handling GMOs



Future direction

- ➤ Training Day on 12 May 2020 in Malaga
- > Platform for sharing assay and regulatory experiences
- > Further discussions at the EBF strategy meeting in March



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- > Survey participants
- Workshop participants









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