

Navigating Global Regulations for Antibody Drug Conjugates (ADCs) A CMC Perspective

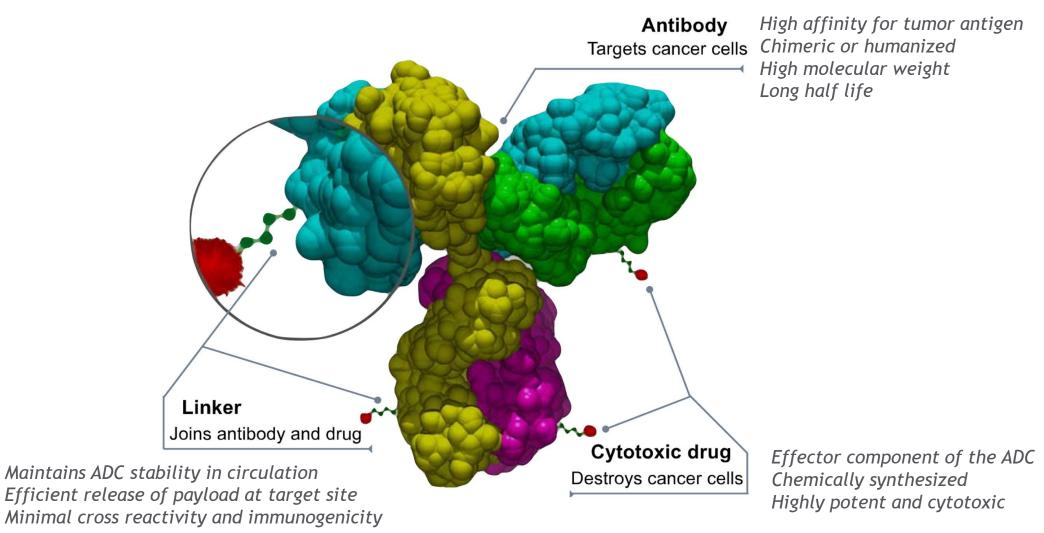
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Views expressed herein are my own and not representative of or attributable to Gilead.

Agenda

- Introduction to ADCs and Current ADC landscape
- Global Regulatory Requirements and Points to Consider for ADCs
- Post Approval Change Management and Challenges
- Conclusions

Introduction to ADCs



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Current ADC Landscape

- As of 2022 there are ~ 14 ADC drugs on the market worldwide.
- USA Approved ADCs: There are up to 12 ADC drugs on the market in USA.
- Europe Approved ADCs: There are eight ADC drugs on the market in Europe.
- Canada Approved ADCs: There are eight ADC drugs on the market in Canada
- The indications for ADC drugs are all focused on the oncology field. Among the drugs that have been marketed, 6 drugs target solid tumors (breast cancer, bladder cancer, gastric cancer, etc.) and 7 drugs target hematologic tumors.
- A number of these approved ADC drugs have followed expedited regulatory pathways to approval.



ADCs Submissions are Inherently Complex

- **Mixed modality** of a large and a small molecule makes **ADCs more complex** from both a product development and regulatory expectations perspective.
- ADCs are **regulated as biologics:** CMC components of these submissions are **reviewed collaboratively** by both small and large molecule experts at Health Authorities.
- Health Authorities draw from existing guidance for large and small molecule to guide the review process.
- It is an expectation for Sponsors to follow the currently established ICH and local Health Authority guidance and expectations.
- Globally there is some ambiguity in requirements for mAb and drug-linker intermediates as it relates to ADC manufacturing.
- **Post approval change management is more challenging** due to multiple manufacturing and control steps in the process.
- There is a small number of facilities manufacturing ADCs and these facilities require additional control due to manufacturing of cytotoxic materials.

US FDA | ADC CMC Requirements

🔆 Highlights

- No ADC specific guidance
- mAb, DS conjugate & DP follow biologics guidance
- Drug linker follows pharmaceuticals guidance
- Submission sent to OPQ where review is performed by both Biologics and small molecule experts
- Product is considered a biologic for life cycle management.
- Stability data for N+1 step downstream of change is expected

Biologics Requirements/Expectations

- PAI may be required on mAb, DS conjugate, DP and any testing sites during review in support of BLA approval
- Additional records: SOPs, executed batch records
- Annual stability batch is expected.
- For a mAb intermediate change, a DS batch on stability is expected

SM Requirements /Expectations (Drug Linker)

- DL follows final API requirements (rather than DS intermediate).
- For a DL intermediate change, a DS batch on stability is expected

Health Canada | ADC CMC Requirements

🔆 Highlights

- No ADC specific guidance
- mAb, DS conjugate & DP follow biologics guidance
- Drug linker follows pharmaceuticals guidance
- Submission sent to Biologics Bureau, linker reviewed by Pharmaceutical Bureau
- Product listed as biologics (not Advanced Therapeutic Products)

Biologics Requirements/Expectations

- On-site Evaluation may be required on mAb, DS conjugate & DP sites during review in support of NDS approval
- Samples and reference standards submission during review of NDS.
- Additional records: SOPs, executed batch records
- Lot Release requirements
- Yearly Biologic Product Report (APQR with additional details)

SM Requirements /Expectations (Drug Linker)

• DL follows final pharmaceutical DS requirements (rather than DS intermediate), i.e., site require listing on Drug Establishment license

EMA | ADC CMC Requirements

🔆 Highlights

- No ADC specific guidance
- mAb, DS conjugate & DP follow biologics guidance
- Drug linker follows pharmaceuticals guidance
- Submissions are coordinated through EMA with a rapporteur and co-rapporteur assigned per usual process
- Final DP testing testing to be performed in the EU.
- QP responsible for final product release.

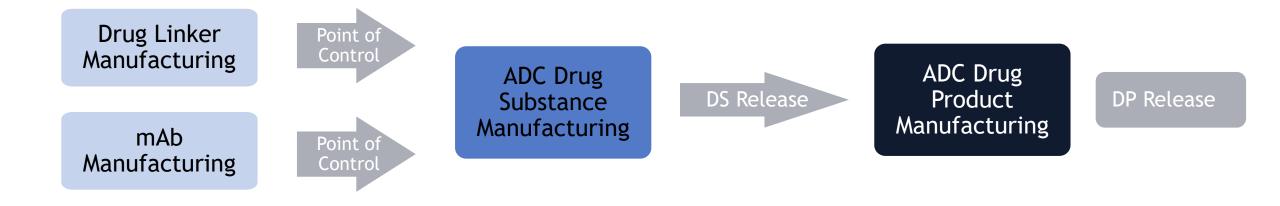
Biologics Requirements/Expectations

- An inspection may be required on mAb, DS conjugate and DP sites during review in support of MAA approval
- mAb and DS section should have the level of detail expected in a biologics MAA

SM Requirements /Expectations (Drug Linker)

• DL follows final API requirements (rather than DS intermediate).

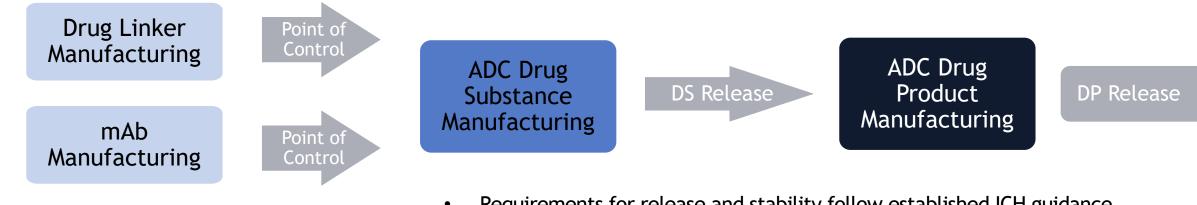
Dossier Expectations for ADCs



- mAb and Drug Linker (DL) are classified as intermediates.
- Expectation is to have a stand-alone DS dossier section for both these components, but other options have also been found acceptable.
- Level of detail expected to be similar to DS/API.

- Drug Substance CTD section should follow the structure as described in M4Q.
- Drug Product CTD section should follow the structure as described in M4Q.

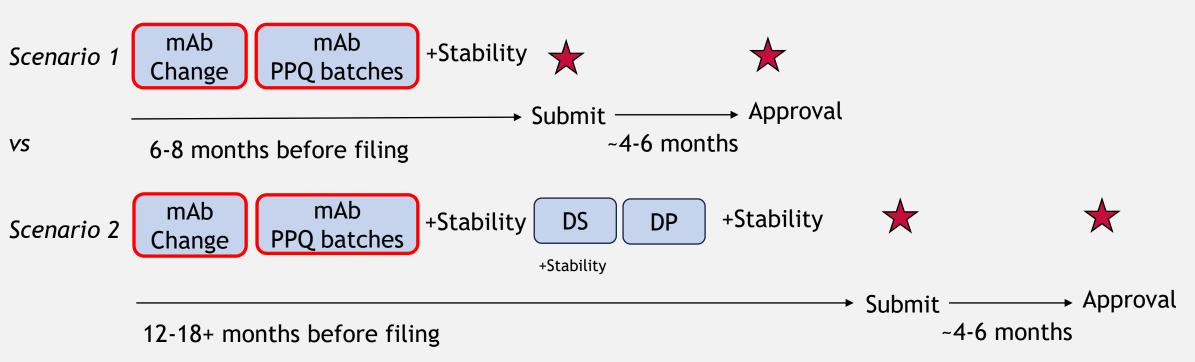
Control Strategy: Dossier Expectations for ADCs



- Control over quality attributes that are ٠ needed to support quality of DS and DP
- Requirements for release and stability follow established ICH guidance
- Should ensure safety and efficacy for patients

- In each part of the submission there is expectation to discuss the controls in place (both in-process and release). •
- Discussion of Overall Control Strategy Module 2 is important to provide the story about your product. •
- While the expectations for drug product and the drug substance are clear in regulatory guidance for small & large ٠ molecules, the expectations for control over the drug-linker or the monoclonal antibody i.e. drug intermediates (DI), are less well defined.*

Post Approval Change Management: *Downstream Evaluation and Stability Requirements*



- Downstream evaluations and stability studies for the assessment of antibody and drug-linker changes lengthens the approval time of changes.
- Requirement for downstream data and stability studies should be based on the level of risk posed by the change.
- Can we manage the downstream evaluations as post-approval commitments ? We may also use PACMPs to
- accelerate the final evaluation.

Use of PACMPs as A Tool for Faster Approvals

NORMAL SUBMISSION PATHWAY mAb mAb +Stability +Stability DP DS **PPO** batches Change +Stability → Approval → Submit -~4-6 months 12-18+ months before filing 2-STEP APPROACH WITH A PACMP Step 2 Step ' Data PACMP ~5 month Submit → Approval Submit and Approval faster PAS or Type II ~4-6 months (CBE30 or Type 1b) approval

PACMP as a regulatory tool provides predictability and transparency in terms of the requirements and studies needed to implement a change.

Conclusions

- ADCs are inherently complex: Development, regulatory submission, post approval change management and supply chain.
- Health Authorities draw from existing guidance for large and small molecule to guide the review process.
- Globally there is some ambiguity in requirements for mAb and drug-linker intermediates as it relates to ADC manufacturing.
- Global implementation of PACMPs can help with faster implementation of changes and get proactive alignment on data requirements for certain changes.

