



## Regulatory aspects of manufacturing and control of CAR-T cells, game-changing autologous immunotherapy products

Marcel Hoefnagel

Medicines Evaluation Board, The Netherlands

***DISCLAIMER: Personal views only, meant to initiate further discussion; may not necessarily reflect views/opinions of MEB, EMA or EDQM.***

## Outline

- Introduction of CAR-T cells
- Mode of Action & Clinical Aspects
- Manufacturing process and controls
  - Starting materials
  - Autologous cells
  - Potency testing
- CAR-T specific considerations
- Current developments


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### T-Cell Warriors—Equipped to Kill Cancer Cells



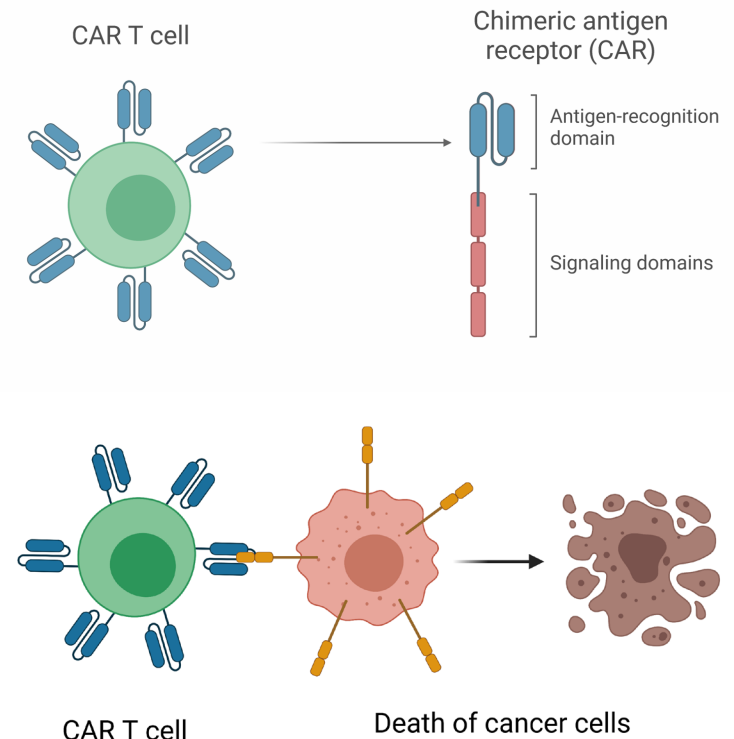


Cytotoxic T cells (blue) can be genetically reprogrammed to recognize an antigenic marker (e.g., CD19) on a cancer cell and mount an attack on that cell.

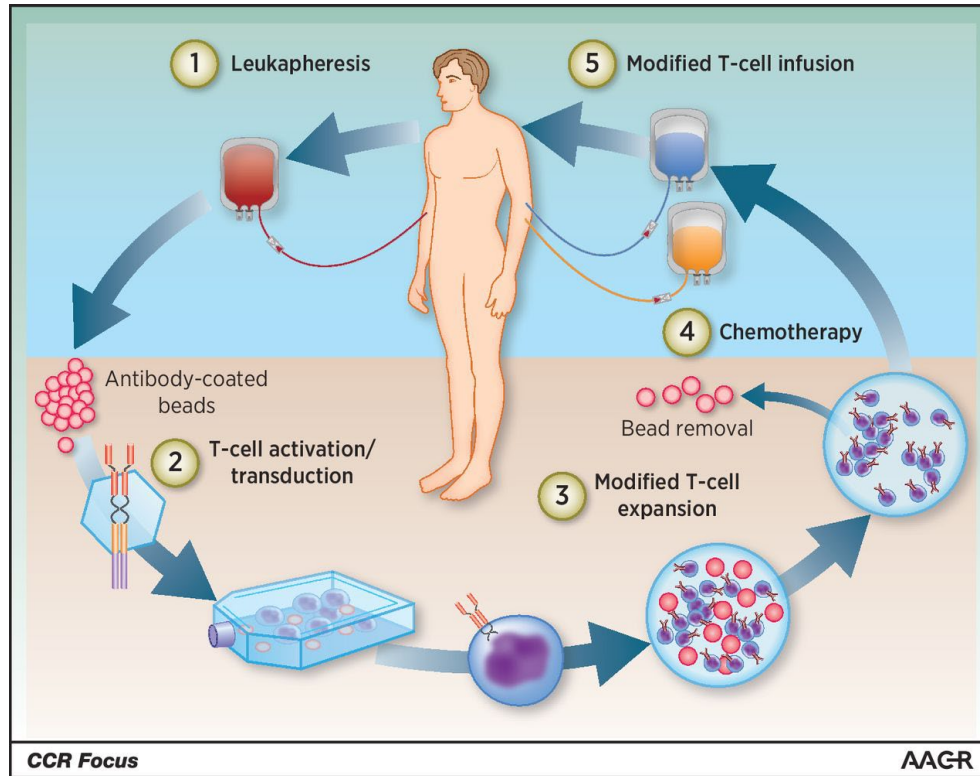
When the body recognizes tumor cells as foreign, a natural immune response arises to attack them. Unfortunately, tumors have ways to evade immune surveillance systems and antitumor responses are often too weak to defeat the disease. Rather than relying on the body's natural response, scientists can now manipulate a patient's own immune cells so that they latch on to tumor cells by recognizing specific proteins on their surface. A type of immune cell that has been explored for this purpose is the killer (cytotoxic) T cell, which eliminates cells infected by viruses, damaged cells, and tumor cells.

## CAR T-cells

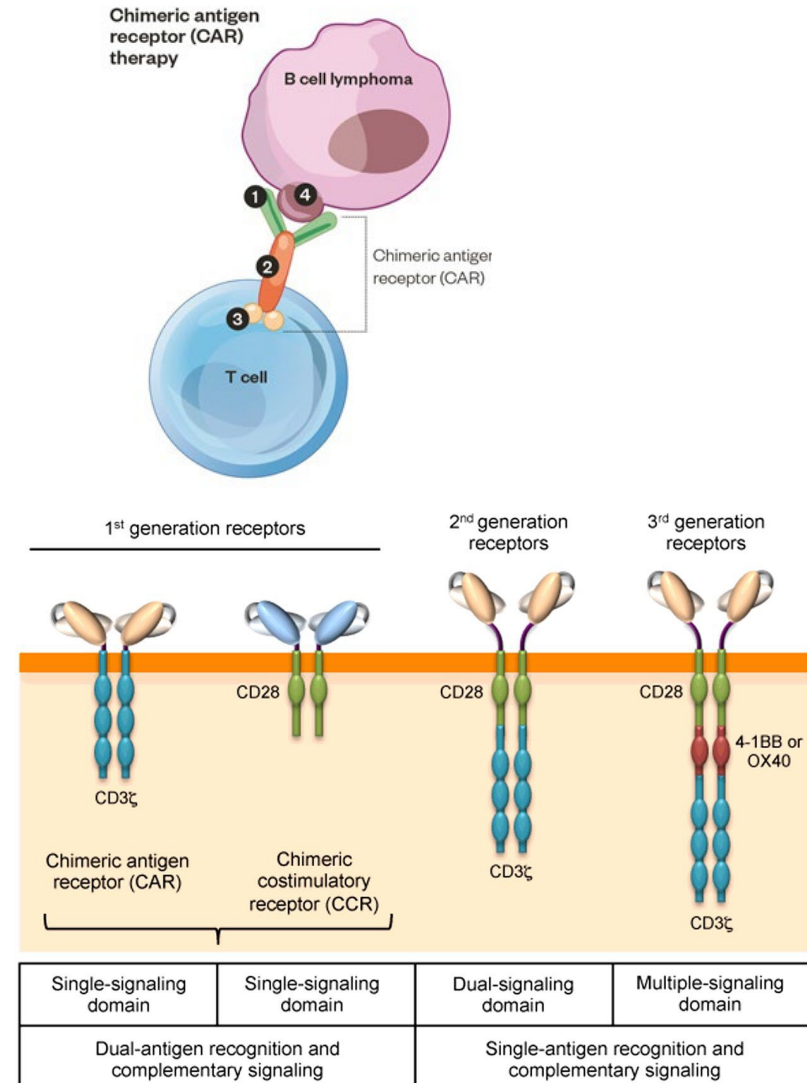
- Engineered (autologous) T-cell immunotherapy product
- Gene therapy (ATMP)
- Aimed to recognise specific target on patient/ recipient cells
- (Potential) Game Changer in treatment of (soluble) tumours



# CAR-T cell therapy



McGuirk et al. 2017 Cytotherapy 19:1015-1024,  
DOI: 10.1016/j.jcyt.2017.06.001



## CAR-T treatment of B-Cell Lymphoma

DLBCL\* and PMBCL\* Patients:

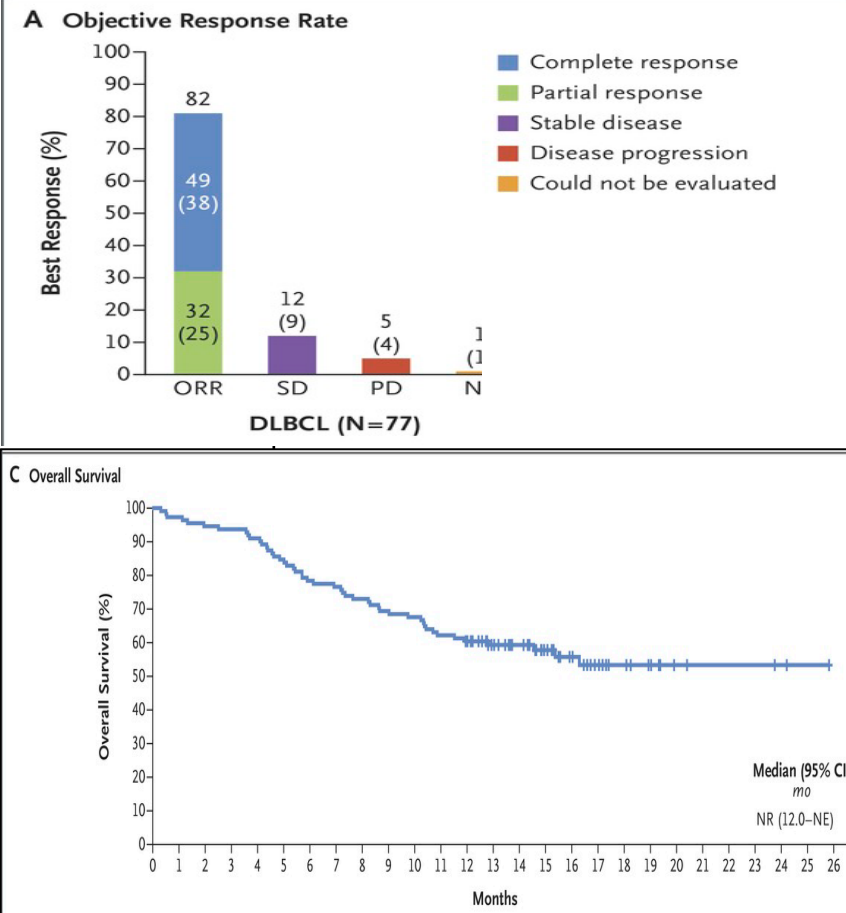
- Clinically relevant efficacy
- Significant duration

High incidence Adverse Drug Reactions

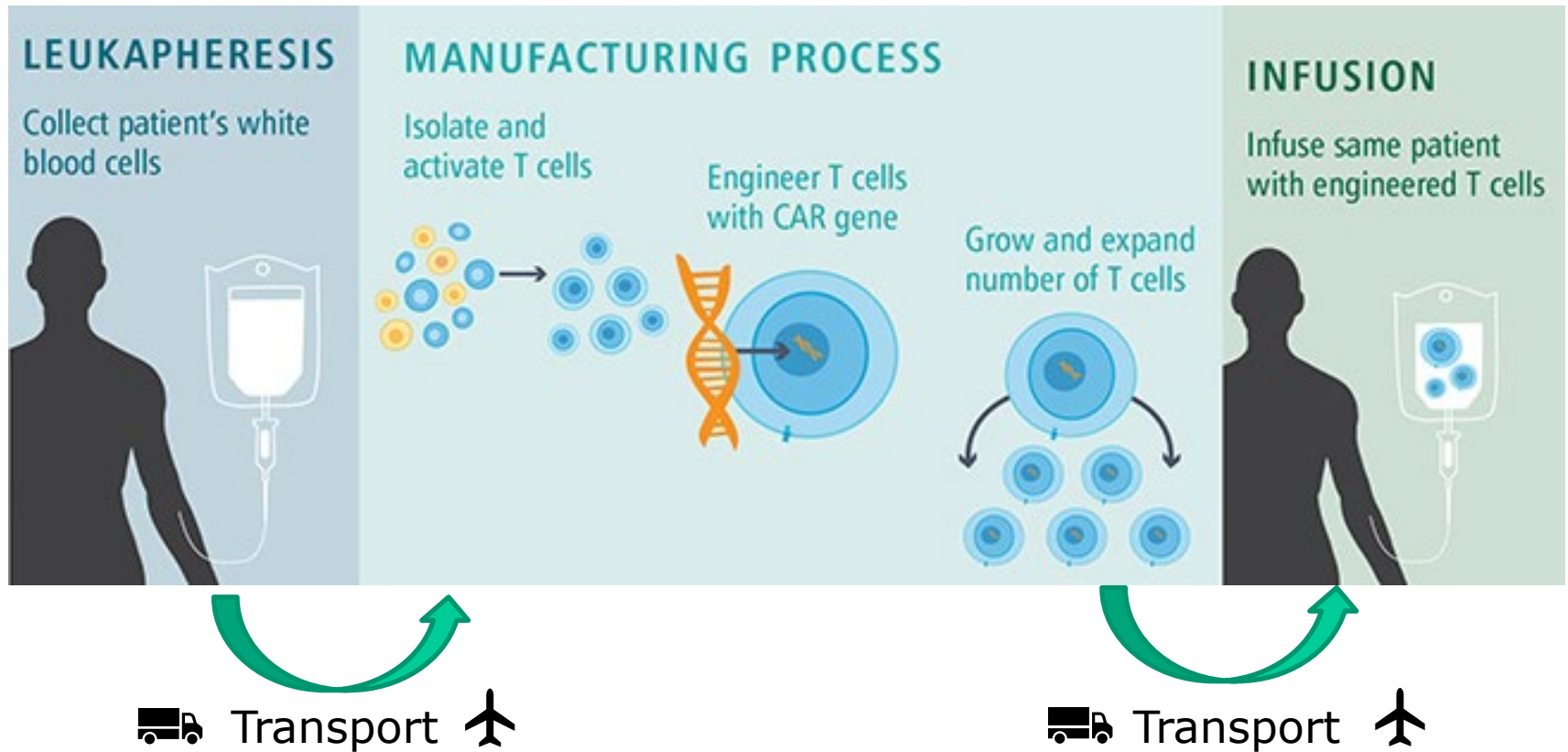
- Cytokine Release syndrome (CRS)
- Neurological adverse events
- Cytopenias (due to conditioning)
- CRS: Need to have Tocilizumab (anti-IL6mAb) available

\*DLBCL: diffuse large b cell lymphoma;

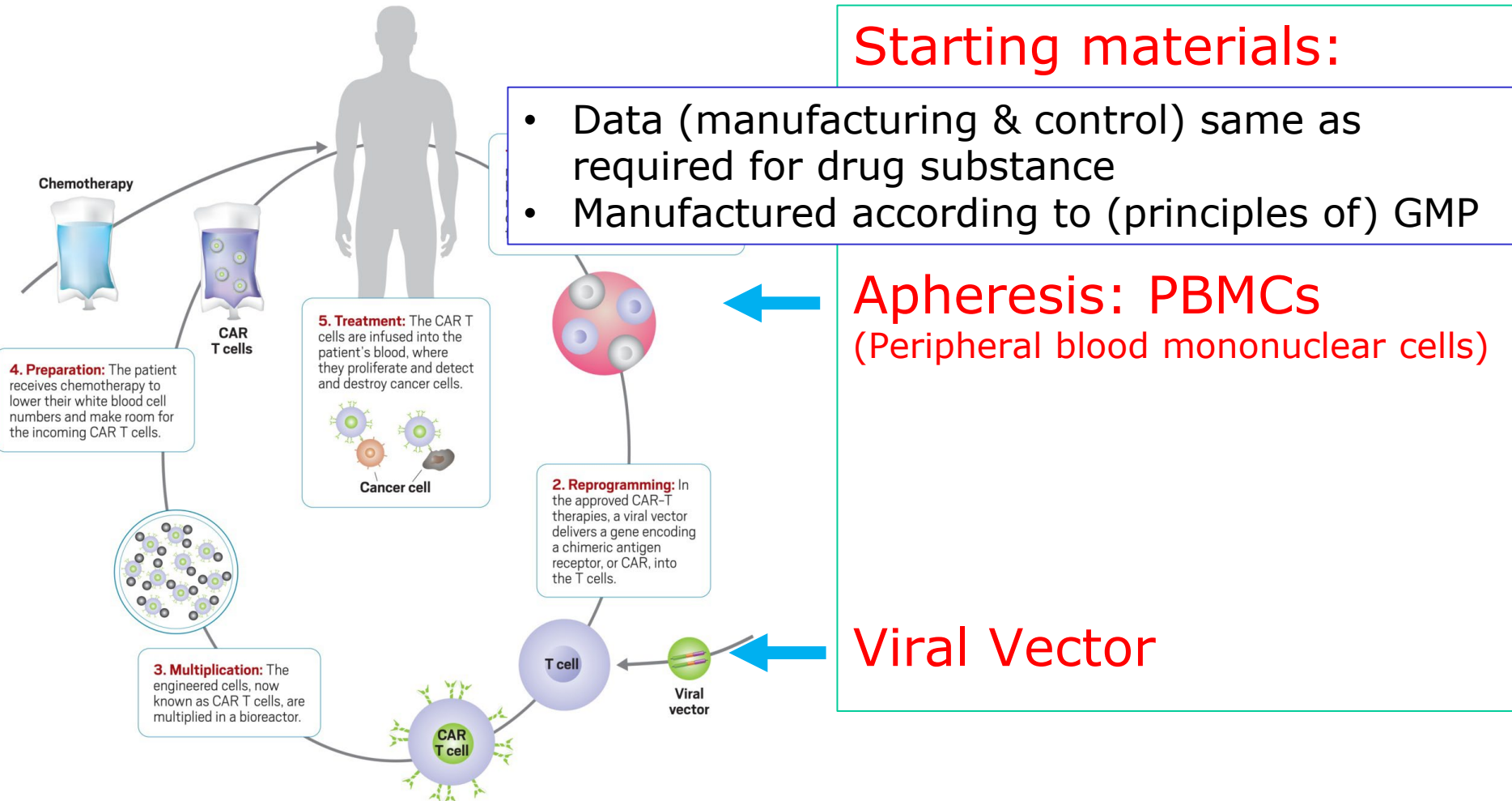
\*PBCL: Polymorphic b cell lymphoma



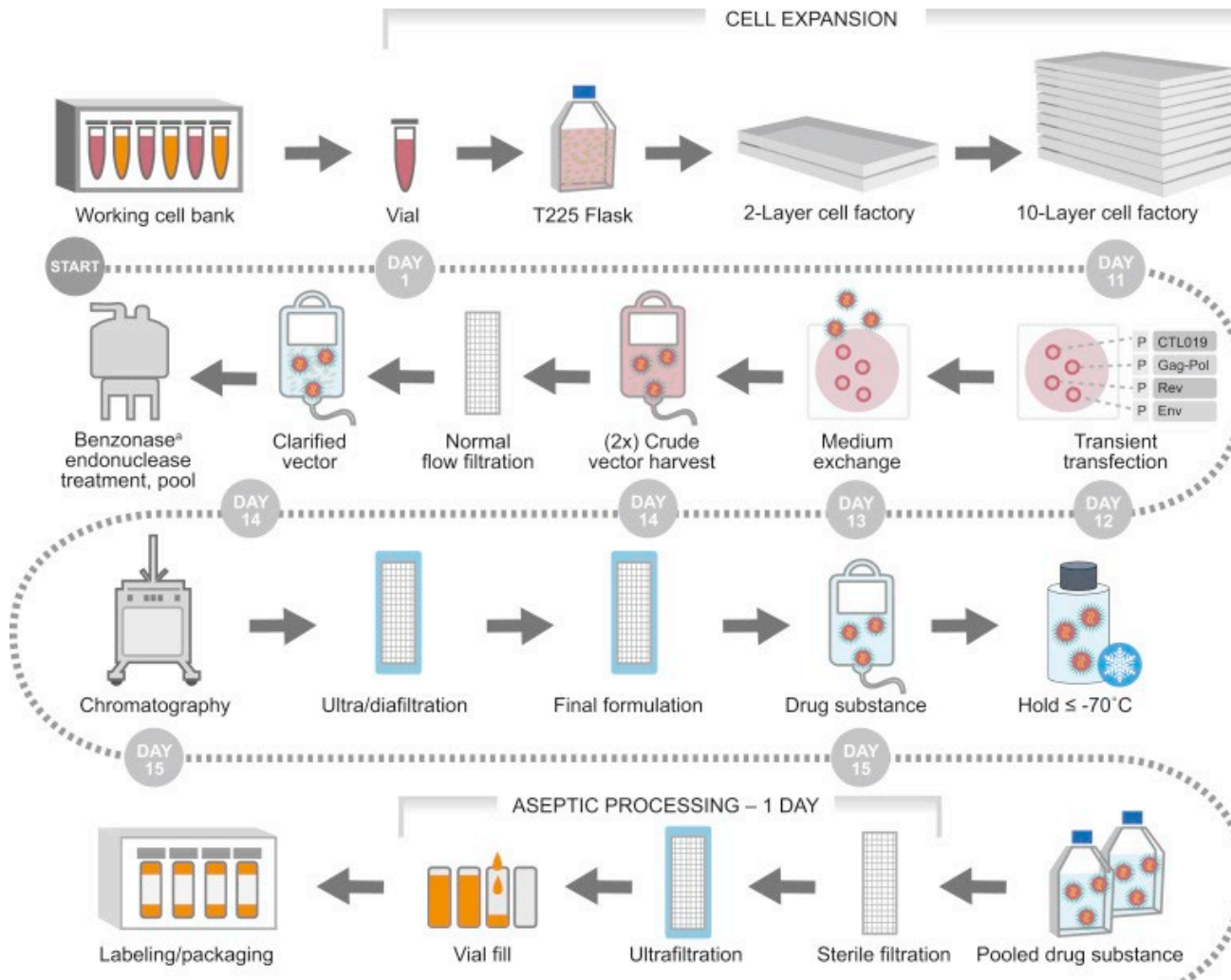
# Overview CAR-T manufacturing



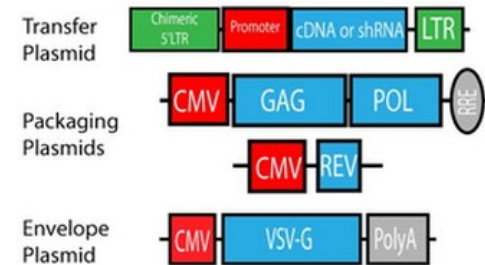
# Overview CAR-T manufacturing



# Viral Vector manufacturing



Third generation Lentiviral vector  
4 plasmids (starting material;  
principles of GMP)



[www.addgene.org/guides/lentivirus](http://www.addgene.org/guides/lentivirus)

Levine et al. 2017. Global  
Manufacturing of CAR T Cell  
Therapy DOI: <https://doi.org/10.1016/j.omtm.2016.12.006>

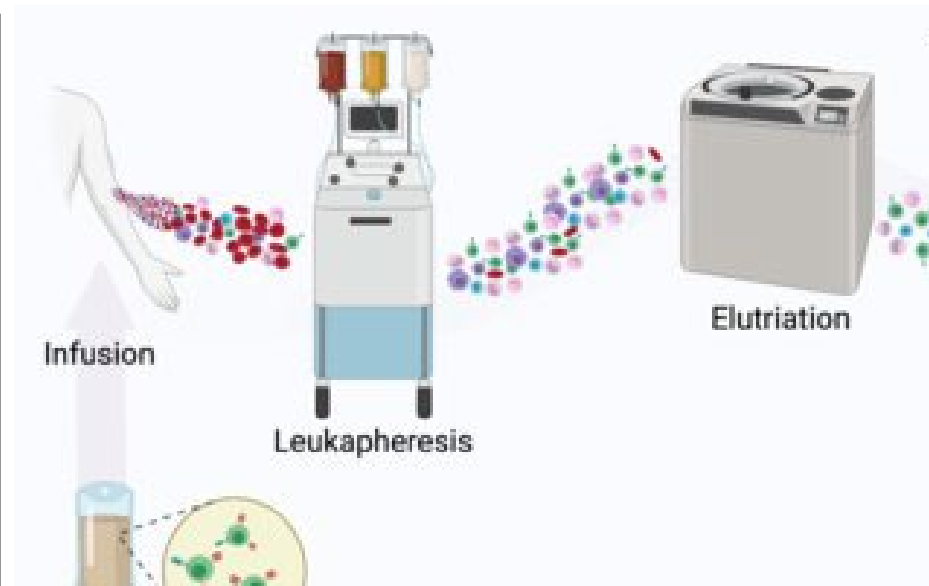
## Viral Vector release specifications

Test	Method
Appearance	Visual Inspection
Identity	e.g. RT-PCR
Titer	Number Viral particles/volume
Infectivity	Infectivity (Suitable cells)
Potency	CAR-expression
Replication Competent Virus (RCV)	Virus replication in suitable cells
In vitro viral testing	14d in vitro assay for viral contaminants
Microbial safety	Sterility and Mycoplasma
Endotoxin	

Note: Viral vector is a starting material

## Starting material PBMCs

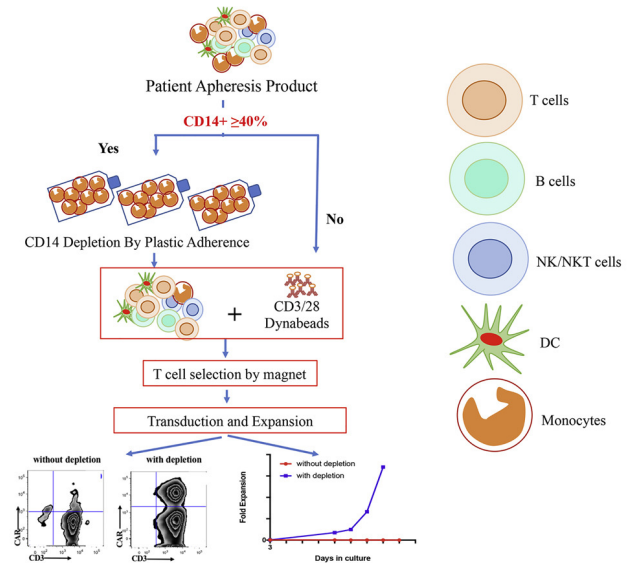
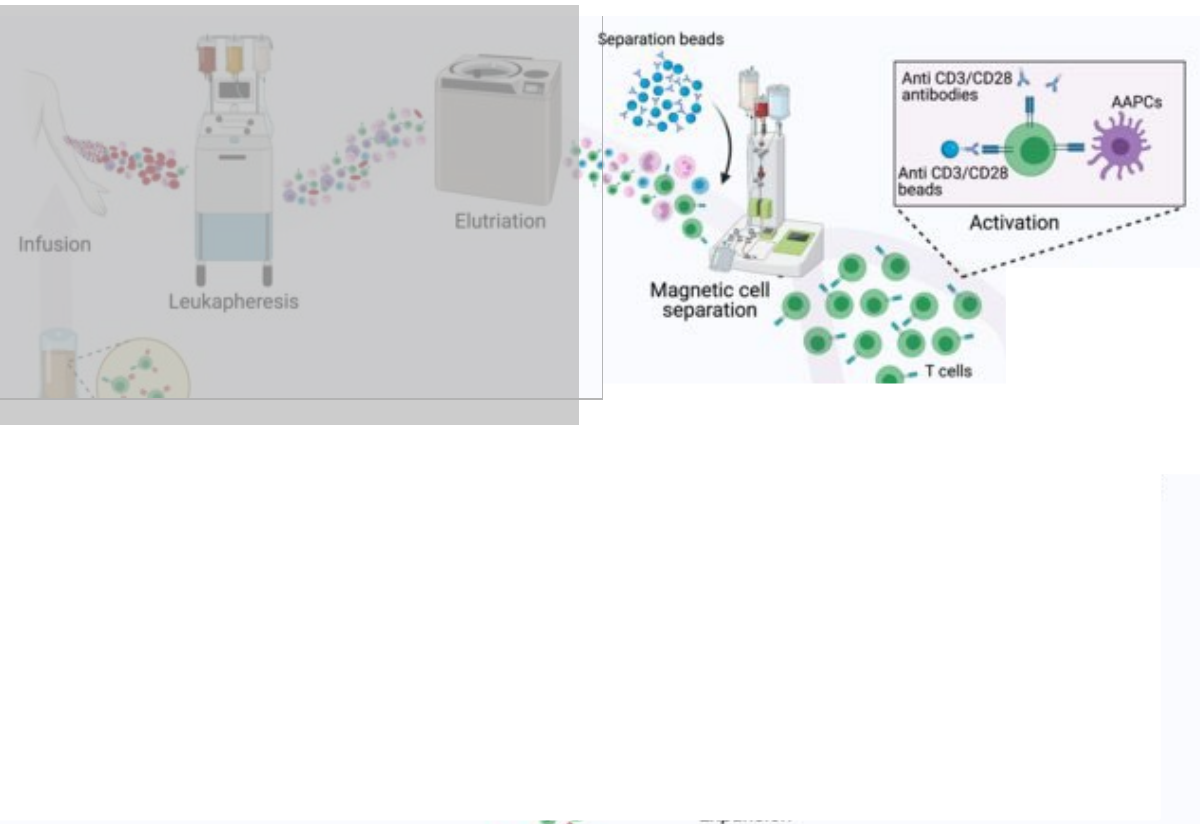
- (Enriched) PBMCs
- Apheresis centre: JACIE approved
- Compliance with Directives 2002/98/EC, 2004/23/EC
- Standard apheresis equipment
- If production starts at Apheresis centre: GMP required
- Sometimes Several apheresis sites for one product



*From: Scalable Manufacturing of CAR T Cells for Cancer Immunotherapy August 2021 Mohamed Abou-el-Enein, Magdi Elsallab, Steven A. Feldman Barbara Savoldo DOI: 10.1158/2643-3230.BCD-21-0084*

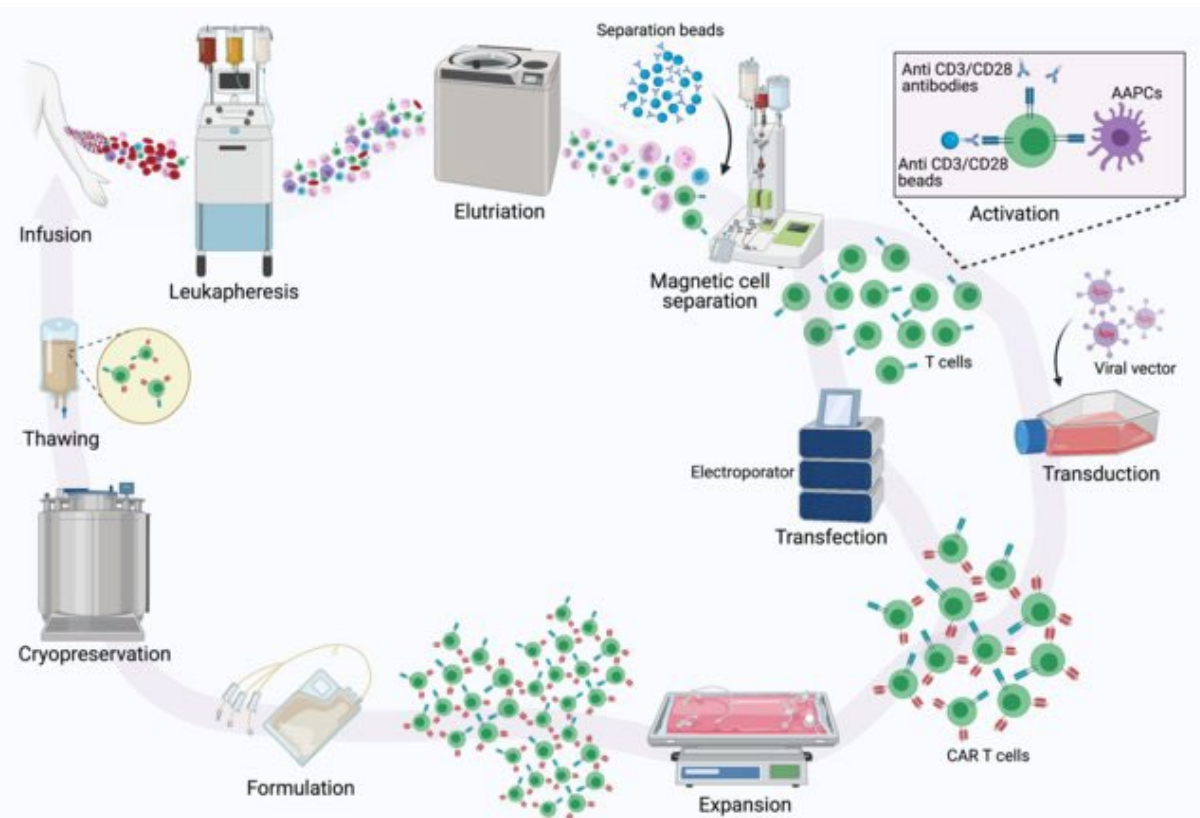
# Manufacturing process Drug Substance

## T-Cell selection and specific activation



Wang et al 2021  
<https://doi.org/10.1016/j.omtm.2021.06.014>

From: Scalable Manufacturing of CAR T Cells for Cancer Immunotherapy  
 Abou-el-Enein et al. 2021. DOI: 10.1158/2643-3230.BCD-21-0084



- Transduction efficiency: autologous cell batches varying in size/quality
- MoI (multiplicity of Infection = Virus:cells ratio)
- How to set control ranges during manufacturing?
- Patient material to validate process and stability?
- Control critical reagents
- Raw materials (Ph.Eur. 5.2.12)
- Viral safety reagents (HSA, AB-serum)
- GMP for ATMP

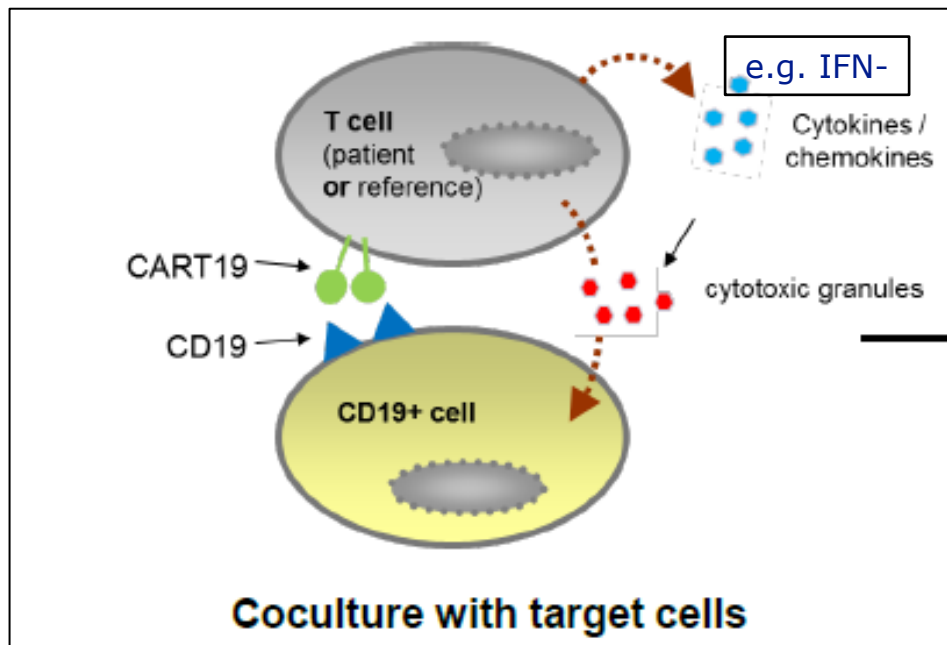
From: Scalable Manufacturing of CAR T Cells for Cancer Immunotherapy  
Abou-el-Enein et al. 2021. DOI: 10.1158/2643-3230.BCD-21-0084

# Drug Product release specifications

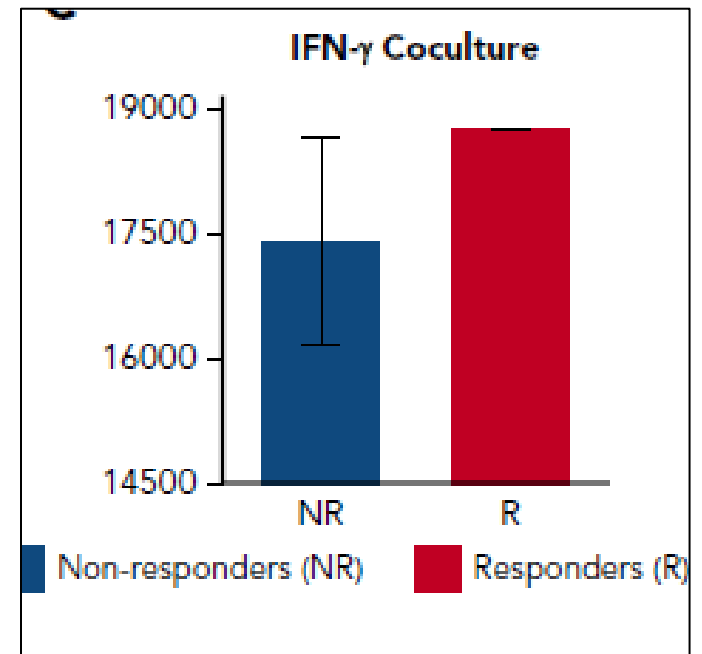
Test	Method
Appearance	Visual Inspection
Dose (Viable; CAR <sup>+</sup> cells)	e.g. FACS
Viability	e.g. Cell staining
Potency	e.g. IFN-gamma production
Anti-Target CAR expression	% CAR <sup>+</sup> cells (FACS)
Vector Copy Number	e.g. RT-PCR
Purity	% CD3 <sup>+</sup> cells (FACS)
(Specific composition; subpopulations; Characterisation)	(Ratio CD4 <sup>+</sup> :CD8 <sup>+</sup> e.g. Effector or Memory T-cells)
Process-related impurities	
Endotoxin	

*Note: Release testing prior to Cryopreservation*

## Potency test and..... Relation Clinical response

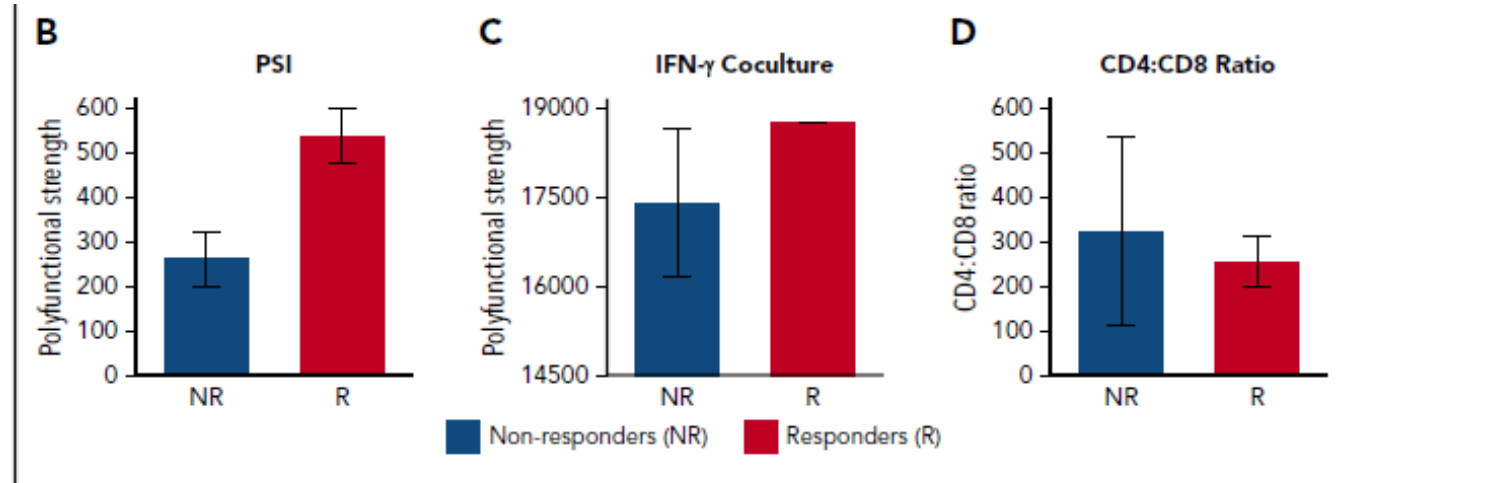


CASS Bioassay 2015| Erik Rutjens



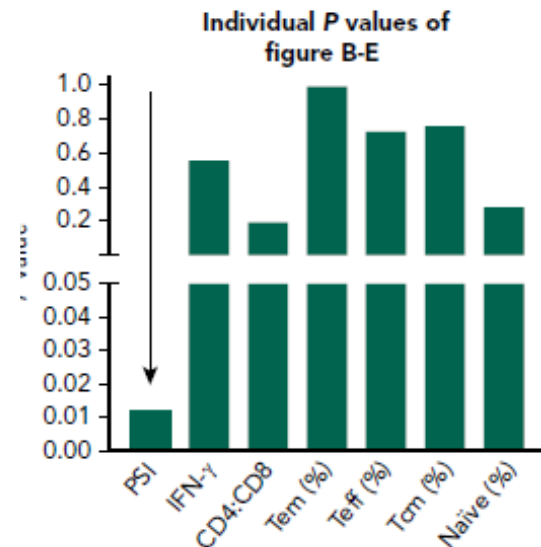
Rossi et al. Blood. 2018;132(8):804-814

## Potency test and..... Relation Clinical response (2)



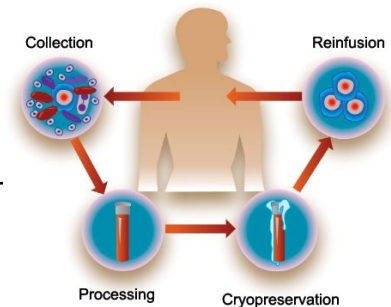
PSI=Polyfunctional Strength Index  
(secretion of 2+ cytokines per cell)

Rossi et al. Blood. 2018;132(8):804-814



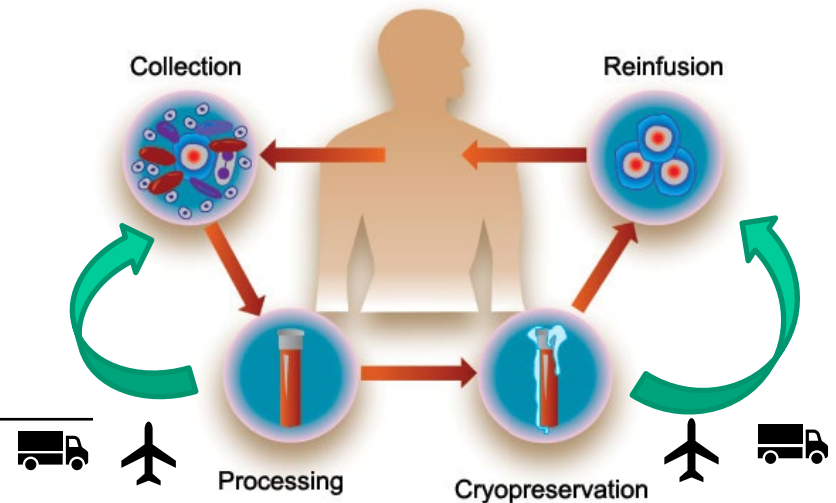
## CAR-T specifics

- Autologous product
- Variability (e.g. cell numbers/populations/potency)
- Release of OOS batches (GMP for ATMP)
  - Q&A on use OOS batches of authorised ATMP (EMA/CAT/224381/2019)
  - Under exceptional circumstances (Sect. 11.5 GMP for ATMP) the administration of OOS cell/tissue-based ATMP may be considered to avoid immediate significant hazard to patient
  - Inform treating physician, patient, Competent authorities, EMA
  - Evaluate risk (No time to generate new batch; any effect of batch may be beneficial)
- Import testing into EU (incl. Potency testing)



## CAR-T specifics (2)

- Limited material for testing
- Short in-use shelf life
- Cryopreservation
- Reconstitution
- (Bed-side) preparation (sterility)
- Needle-to-Needle time
- Transport
- Decentralised manufacturing



## Automated systems

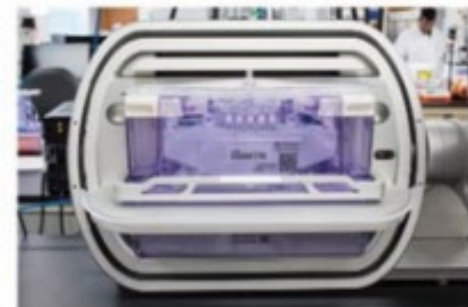
- Allows standardised decentralised production?
- Hospital manufacturing?
- No cryopreservation needed (better yield)
- No transport 🚚 ✈️ ➡️ 🛒
- Shorter Needle-to Needle time
- Standardisation different sites & Central QP?



Hoefnagel, CASSS-NL



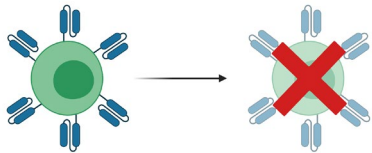
Clinimacs Prodigy®  
semi-automated platform



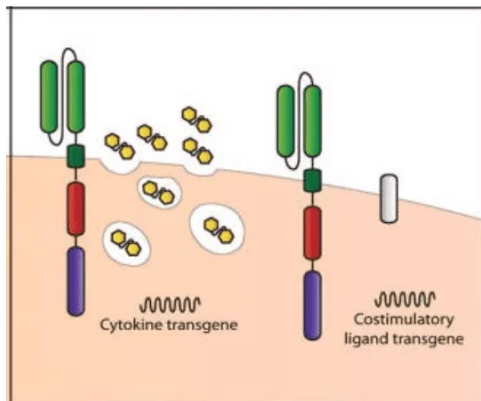
Cocoon®  
automated platform

# Developments

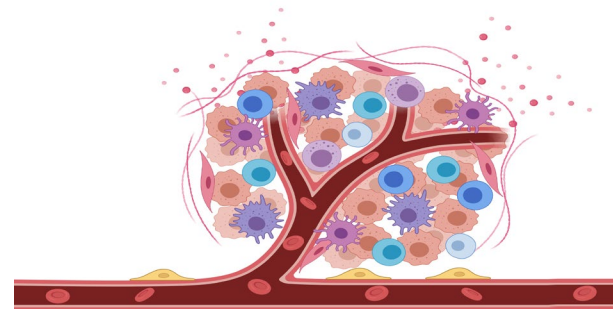
- Enhance specificity
- Overcome limitations (e.g. off the shelf)
- Control activity
- Target solid tumors
- Indications other than cancer



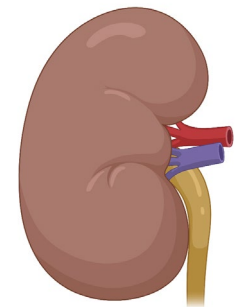
Eradication CAR T-cells



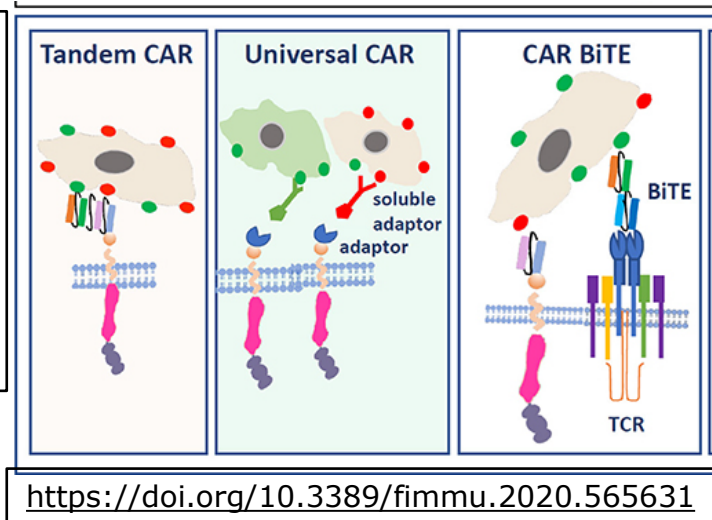
Armored CAR T-cells



Overcome tumor microenvironment  
(Source: Biorender.com)

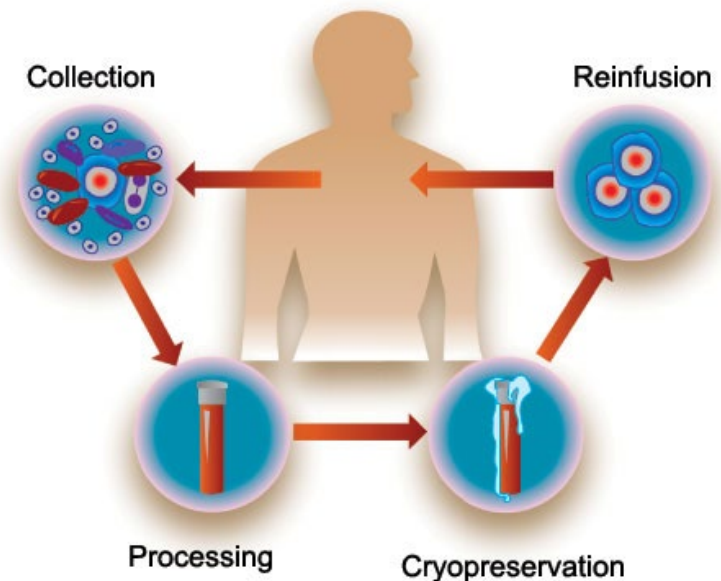


Prevent allograft rejection



## CAR-T Summary

- High clinical benefit
- Manufacturing:
  - Vector (principles of GMP)
  - PBMC Apheresis (CTD; part of manufacturing?)
  - Transduced cells
- Autologous, Variability
- Release of OOS batches
- Needle-to-Needle time
- Developing field



Thanks to:

*Carla Herberts and Marja van de Bovenkamp*