

Forum on Regenerative Medicine Workshop

SESSION IV: Quality Control and Regulatory Considerations

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Our mission is to create healthier lives

We currently operate

120+020+ Facilities Countries

We supported the development of

86%



of novel FDA-approved drugs in 2021

Founded





RESEARCH MODELS & SERVICES



DISCOVERY SERVICES

DIVISIONS







LABORATORY SCIENCES



BIOLOGICS SOLUTIONS (CDMO AND TESTING)



QC MICROBIAL SOLUTIONS

Past and Current Regulatory Successes

Regulatory inspections continue at our CDMO facilities for subsequent program(s) going commercial



HOME SERVICES NEWS EDUCATION ABOUTUS

Charles River Laboratories is First CDMO in North America to Receive EMA Approval to Commercially Produce an Allogeneic Cell Therapy Drug Product

Company awarded commercial GMP license following successful EMA inspection of Memphis CDMO facility

August 09, 2022 08:00 AM Eastern Daylight Time

MEMPHIS, Tenn.--(BUSINESS WIRE)--Charles River Laboratories, International Inc. (NYSE: CRL) announced it has received regulatory approval, in the form of Good Manufacturing Practice (GMP) certification, to commercially produce allogeneic cell therapy drug products for distribution in Europe, from the European Medicines Agency (EMA).

Charles River is first #CDMO in North America to receive EMA approval to commercially produce an #allogeneic #celltherapy drug product. @criverlabs The approval follows an inspection by the cell and gene therapy experts from the Italian inspectorate, Agenzia Italiana del Farmaco (AIFA), performed on the EMA's behalf. The GMP certification of Charles River's Memphis contract development and manufacturing (CDMO) facility complements an existing GMP license for Investigational Medicinal Product (IMP) production. The Memphis site can manufacture and ship drug



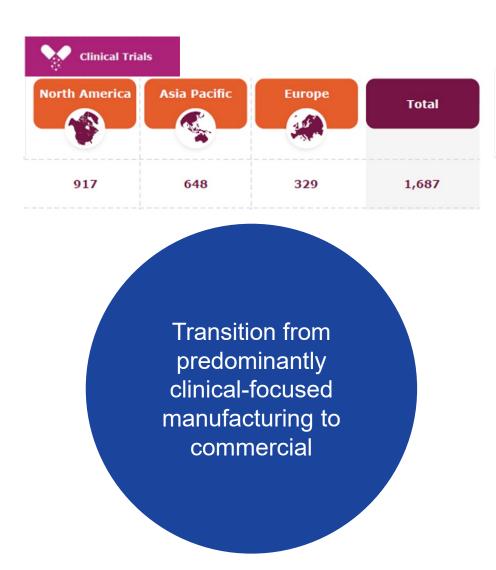
Successful
CDMO
Operational and
Regulatory
Track Record



Five (5) approved therapies in the US so far in 2023

Another 3 have US decision dates in 2023

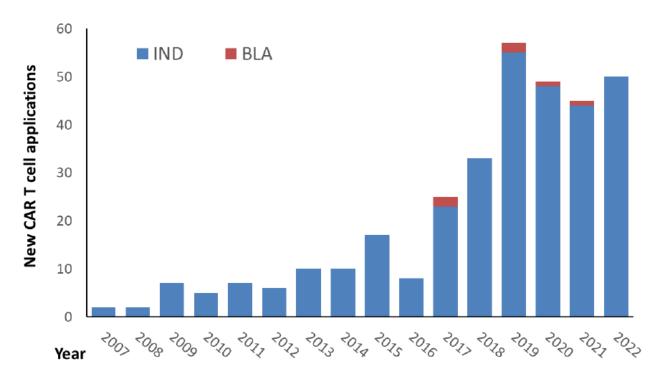
	Therapy	Туре	Indication	Status
Approved	Hemgenix (uniQure and CSL Behring)	Gene Therapy	Hemophilia B	Approved (February 2023)
	Omisirge (Gamida Cell)	Cell Therapy	Reduce time to neutrophil recovery and infection in patients with hematologic malignancies	Approved (April 2023)
	Vyjuvek (Krystal Biotech)	Gene Therapy	Dystrophic epidermolysis bullosa	Approved (May 2023)
	Elevidys (Sarepta Therapeutics)	Gene Therapy	Duchenne muscular dystrophy	Approved (June 2023)
	Lantidra (CellTrans)	Cell Therapy	Type 1 Diabetes	Approved (June 2023)
	Roctavian (BioMarin Pharmaceuticals)	Gene Therapy	Hemophilia A	Approved (June 2023)
BLA/ MAA Accepted	CTX001 (Vertex Pharmaceuticals & CRISPR Therapeutics)	Gene Editing Therapy	Sickle cell disease, β-thalassemia	EU decision expected in the fall of 2023 FDA decision set on sickle cell disease for December 8, 2023 FDA decision for β-thalassemia expected March 2024
	Lifileucel (Iovance)	Cell Therapy	Metastatic melanoma	FDA decision set for November 25, 2023
	NurOwn (BrainStorm Therapeutics Inc.)	Cell Therapy	Amyotrophic lateral sclerosis (ALS)	FDA decision set for December 8, 2023
	Lovo-cel (Bluebird bio)	Gene Therapy	Sickle cell disease	FDA decision set for December 20, 2023
BLA/MAA Submitted	HPC Cord Blood (StemCyte)	Cell Therapy	Unrelated Donor hematopoietic progenitor cell transplantation	BLA Pending





INDs for Cell Therapy Continue to Climb

FDA increasingly signaling they are open to discuss how to increase manfuacturing



- Approximately 327 CAR T cell research INDs*
 - 62% are for hematologic malignancies
 - 86% are autologous products
 - >60 antigen targets
- 6 licensed autologous CAR T cell products

- Field continues to expand:
 - New targets
 - New indications
 - New manufacturing strategies
- FDA support:
 - Guidance
 - Town Halls
 - Workshops



Therapeutic Demand is Outstripping Supply

Comments from Christi Shaw and an academia-led survey suggests therapies are in short supply

January 26, 2023 | Interview

Steadfast but nimble: CEO Christi Shaw on cancer treatment's cutting edge



"After 5 years post-approval for diffuse large B-cell lymphoma, even today only 2 out of 10 patients who are eligible are actually receiving the therapy...43% of patients are alive five years after receiving this therapy"

Medscape

Patients Waiting Months for 'Last Chance' CAR T-Cell Therapy

Roxanne Nelson, RN, BSN July 14, 2022

Survey published as an abstract at the 2022 ASCO meeting by Yi Lin, MD, PhD. The survey contacted 20 US centers and 17 responded.

- 6 month median waitlist time
- 25% of patients received CAR T-cell therapy
- 25% were able to enter a CAR-T clinical trial
- 50% of patients either were enrolled in a different type of trial, entered hospice, or died.



'Picture of the Future' – CGT CDMO/CMO Landscape

Options exist whether the future includes centralized and decentralized **CDMO** manufacturing Allogeneic **Autologous** Centralized mfg. sites service 1 Decentralized local/regional Hospital/Clinic 2021 → 2026 spokes feeding into country / or more countries / or Donor Center geography-specific mfg. hub geographies Hospital/ Clinic Center **Autologous** Allogeneic Decentralized Product Development Back to / Small Scale Hospital/Clinic same patient Mfg. Spoke Local Hospital/ or Donor Donor Donor Center Transport Clinic Center Center Center Decentralized Decentralized Centralized Product Product Large Scale Hospital/Clinic Hospital/Clinic Development Development (Commercial) or Donor Center or Donor Center / Small Scale / Small Scale Centralized Mfg. Hub Mfg. Spoke Mfg. Spoke Product Development / Small Scale Mfg. Site Decentralized Back to Product same patient Development / Small Scale Mfg. Spoke **Hub and Spoke Franchise Model:** Centralized Large Scale (Commercial) CRL would provide expertise and Mfg. Site operational support to "spokes" Spoke centers would send testing results to centralized hub for Hospital/Clinic **RightSource** product (via QP) release or Donor Center

CRL's "Hub and Spoke" Franchise CDMO/CMO footprint

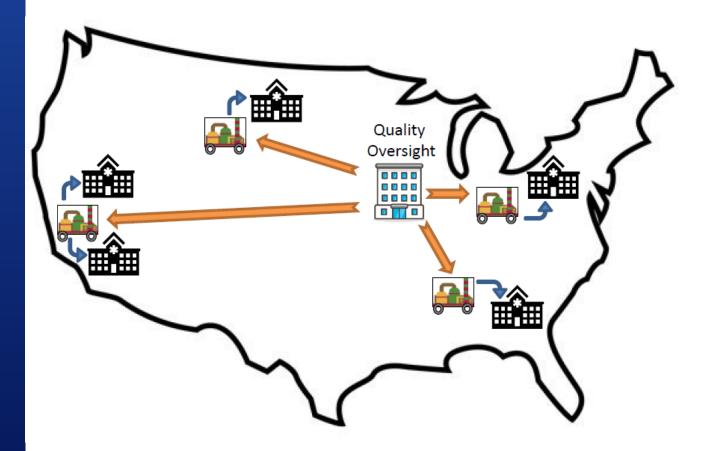
Conceptual blueprint illustrating how CRL's existing and planned centralized CDMO facilities can manage "franchised" decentralized CMO "spokes" for autologous cell therapies





Broad Industry and Regulatory Alignment

Multiple stakeholders are thinking similarly about decentralized manufacturing



Centralized quality oversight

Adapted from FDA slides from ISCT NA 2023, Kimberly Schultz, PhD



A central CGMP facility

- Responsible for remotely releasing all drug product batches manufactured at local sites, and for identifying and handling deviations
- Establishes all standard operating procedures (SOPs) and the quality management system (QMS), which are duplicated at local sites

Small, local clones of the central facility

- Responsible for CGMP compliance and batch documentation
- Located close to the point of care
- Follow the central site's SOPs and QMS

Adapted from CRB 2023 Horizons Report https://go.crbgroup.com/2023-horizons-life-sciences-report

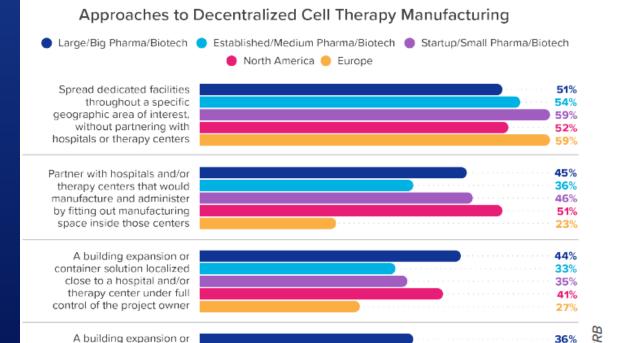


Source: CRB

Enabling Decentralized/Distribute Manufacturing

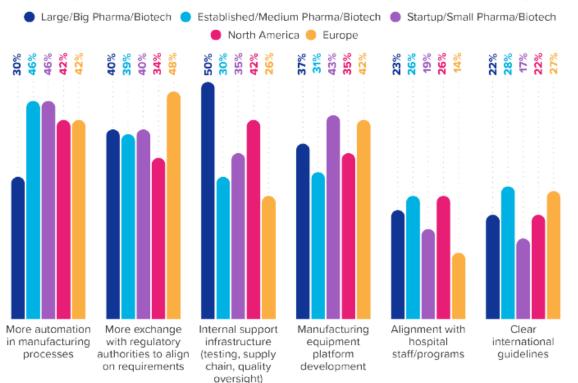
Different stakeholders have disparate opinions on what is needed to enable decentralized manufacturing

Would your company consider using any of the following potential approaches to decentralized manufacturing for cell therapy?



What are the most important changes needed to allow for decentralized manufacturing for cell therapy?

Changes That Allow for Decentralized Cell Therapy Manufacturing







container solution localized close

center run in collaboration with

to a hospital and/or therapy

the hospital/therapy centers

Manufacturing is just 1 Challenge Facing the Field

Must get more proactive on solutions going forward to lower costs and increase patient access









Thank you for your attention

With so much at stake, select a partner with the capacity and capability to deliver.

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