EC – Open Info Day

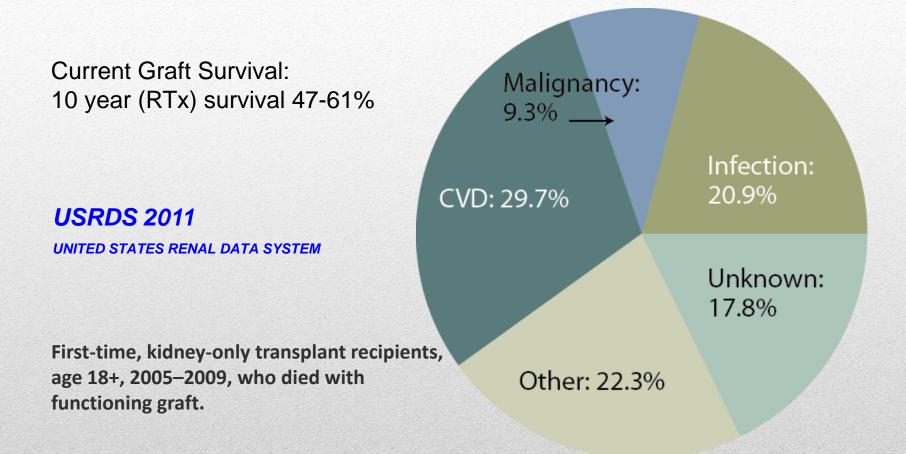
Regenerative Medicine and Advanced Therapies ATMP Experiences from The ONE Study

Edward Geissler

Experimental Surgery University Hospital Regensburg University of Regensburg



Kidney Transplantation – The Problem



⇒ Reduce use of pharmacological immunosuppression

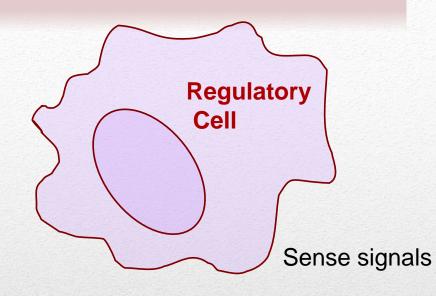


JE



Why Cell Therapy?





Integrate input

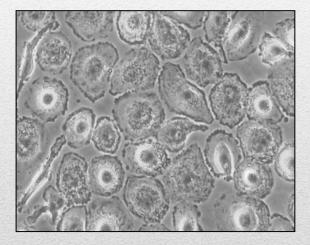
Execute complex responses

Can turn off









M reg

- Natural T regulatory cells (Tregs)
- Donor-specific Tregs
- Tr1 cells (donor-specific)
- Tolerogenic dendritic cells
- Suppressive macrophages (M regs)
- Mesenchymal Stem Cells (MSCs)



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EU Thematic Priority: Health.2010.1.4-1, Translational research on cell-based immunotherapy

An EU funded project called - The ONE Study

"A Unified Approach to Evaluating Cellular Immunotherapy in Solid Organ Transplantation"



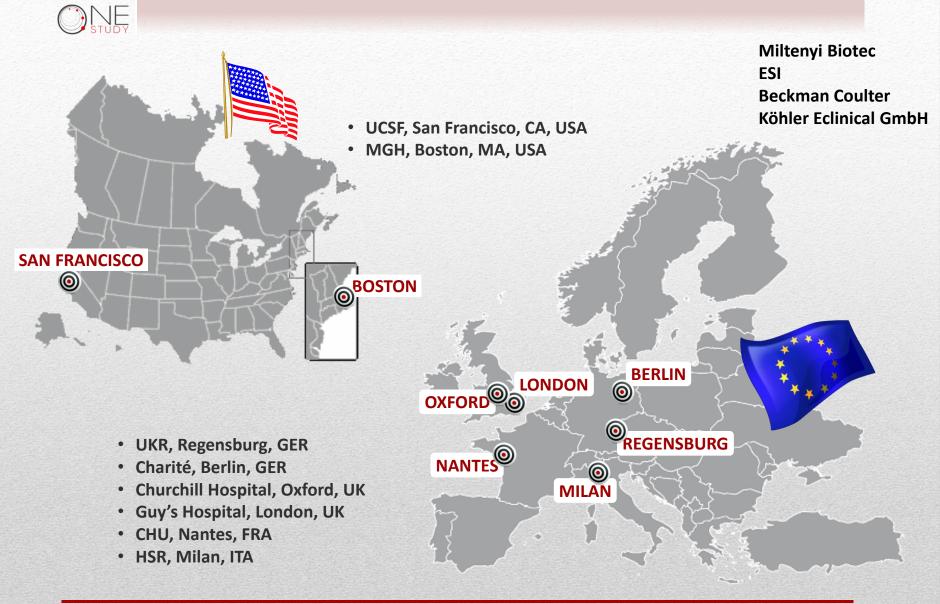


www.onestudy.org





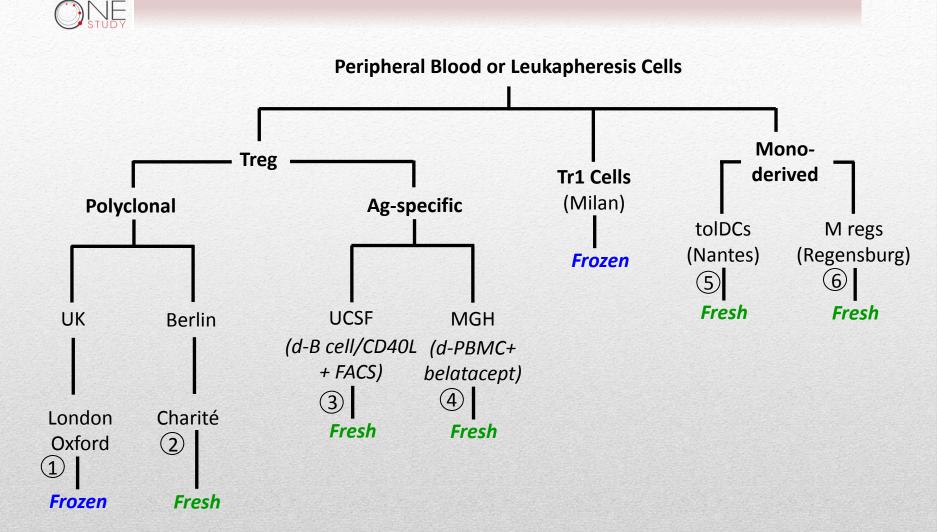
The ONE Study Consortium







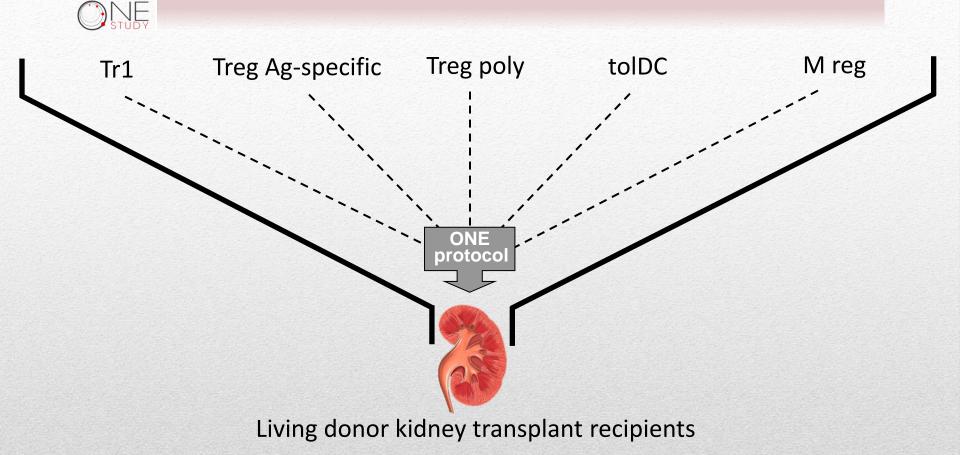
Ongoing Clinical Trials







The ONE Study Clinical Trials



» All cells tested using the same clinical trial design/immune monitoring program





AIM

<u>Reference</u> Group Trial → <u>Reference</u> data for *The ONE Study* Cell Therapy Trials

- 60 Living-donor kidney transplant patients treated with a standard immunosuppressive regimen
- Expected acute rejection rate = approx. 10% (2.4% 17.6%)

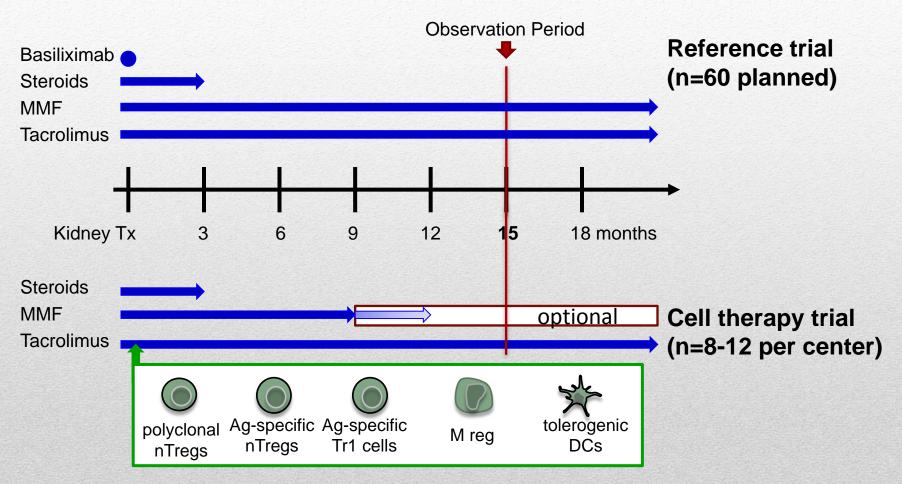
Clinical Assessments			\sim	REFERENCE	
Clinical primary & secondary endpoints Clinical assessments during the trial follow- up	Immune Monitoring	Lloolth Foonomics	\sim	DATA For Cell	
	Immune Monitoring	Health-Economics		Therapy Trials	
	(IM) Subproject Blood & urine analysis in scientific research laboratories	Health-Economics (HEC) Subproject Patient questionnaires & healthcare resource use information			



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"Primary Endpoint" (biopsy proven rejection)





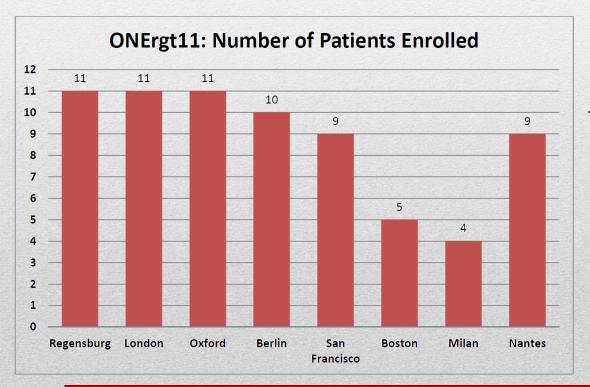
1E





Reference Group Trial Update

- enrollment of 70 patients complete; all patients in for >12 months
- Immune monitoring program operational at all sites
- number of informative patients = 61 (planned 60)



Primary endpoint (BPAR):

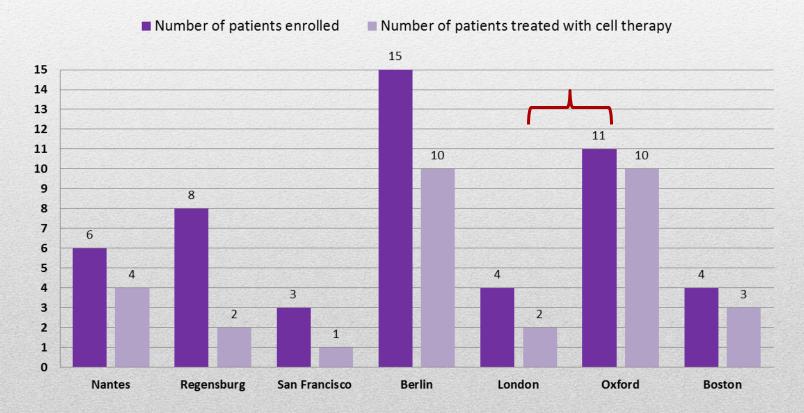
» 9 patients with BPAR (14.8%)





Results to date – Cell Therapy Trials

Patient Recruitment & Treatment Status: 51 patients enrolled 32 patients treated (confirmed)



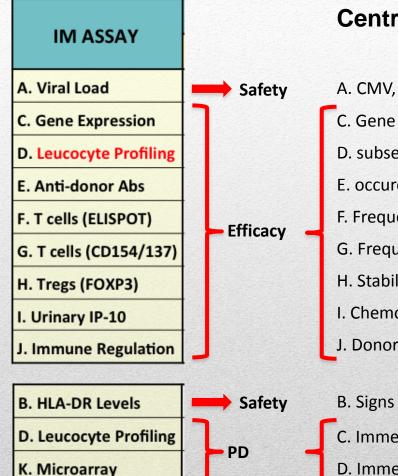


1E



ONE Study Immune Monitoring





Centralize and Standardize!

- A. CMV, EBV, BKV
- C. Gene expression of operational tolerance versus rejection
 D. subsets defining operational tolerance versus rejection
 E. occurence of anti-donor HLA antibodies
 F. Frequence of e.g. IFNg producing allo-reactive memory T cells
 G. Frequence of antigen-reactive effector and regulatory T cells
 H. Stability (TSDR demethylation) of Tregs
 I. Chemokines as sign of ischemia or rejection
 J. Donor-specific regulation
- B. Signs of Immunodeperession or paralysis
- C. Immediate change in leukocyte subsets upon cell transfer
- D. Immediate change in gene expression





ONE Study Lessons – ATMPs

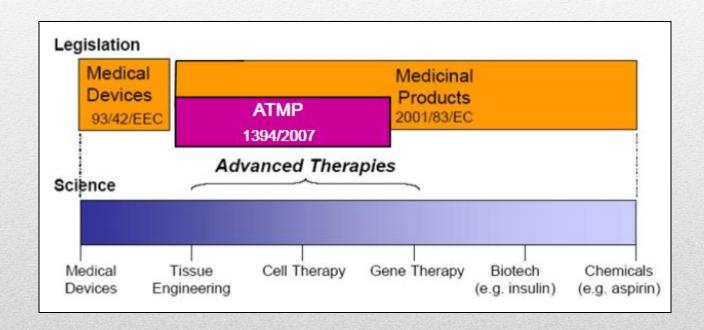








Do you have an ATMP?

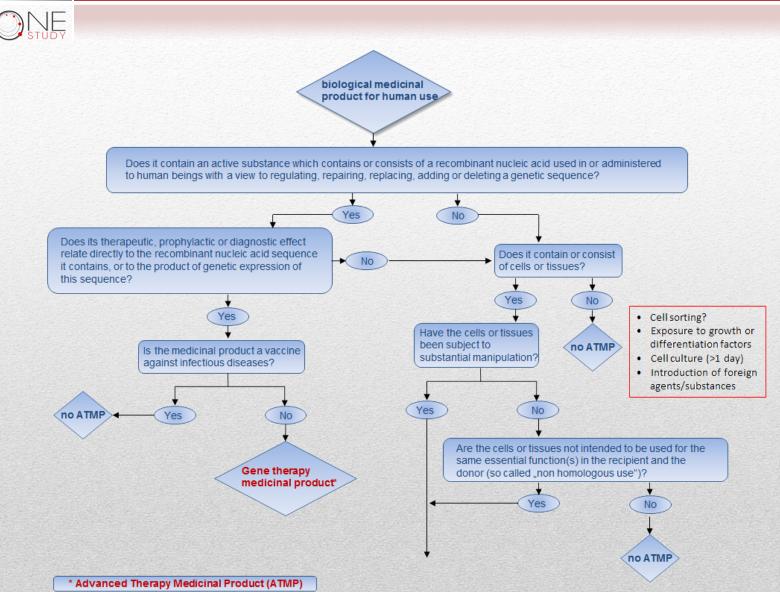




NE



ONE Study Lessons – Do you have an ATMP?

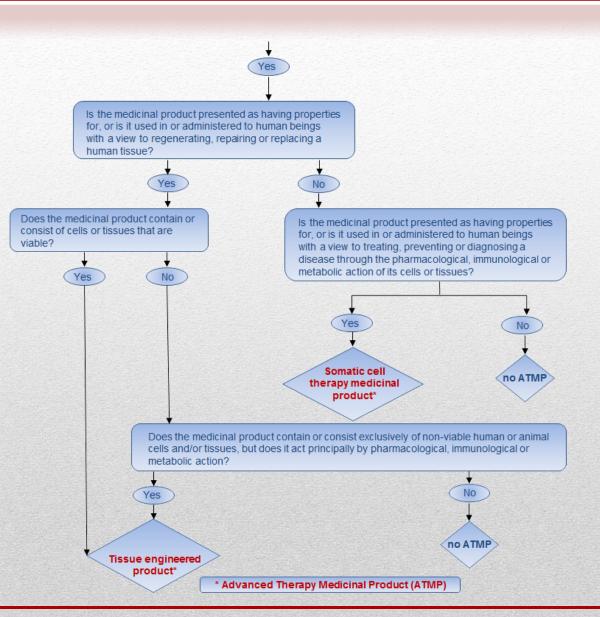






ONE Study Lessons – Do you have an ATMP?









Getting ATMP approvals by your Regulatory Authority:

- \Rightarrow Get good advice from experts choose wisely
- ⇒ Bring strong arguments for your choices on manufacturing and protocol design
- \Rightarrow Go to the authorities early, but not too early for advice
- \Rightarrow Don't re-invent the wheel; share methods within your consortium
- \Rightarrow Share IMPDs/INDs amongst your consortium
- \Rightarrow Have one person lead the regulatory effort!!!
- \Rightarrow Remember that regulations are different between countries



1F







Manufacturing considerations:

- \Rightarrow Find a GMP facility with a vested interest
- \Rightarrow Keep the manufacturing procedure as simple as possible
- \Rightarrow Set simple and limited product release criteria
- \Rightarrow ATMP stability is a critical issue
- \Rightarrow Eliminate serum use if possible
- \Rightarrow Keep clinical trial protocol flexible regarding ATMP delivery timing







Patient recruitment considerations:

- \Rightarrow Develop a brochure for patients
- \Rightarrow Minimize exclusion criteria
- \Rightarrow Only partner with a motivated, responsible, clinician
- \Rightarrow If possible, use more than one recruitment site
- \Rightarrow Go step-wise; use a multi-step or dose-escalation design





Other General Advice:

JE

- \Rightarrow Pick your partners wisely; pick the best and keep them connected
- \Rightarrow Be creative in your trial design
- \Rightarrow Do a control group!!!
- \Rightarrow Do things right; don't skip steps in ATMP development!!!
- ⇒ Think ahead towards commercialization (avoid *Valley of Death*)
- \Rightarrow Set serious milestones to make a "friendly" competition
- \Rightarrow AND most of all.....





There are no shortcuts to any place worth going..... Beverly Sills

Success is the ability to go from one failure to another without loss of enthusiasm.....

Winston Churchill

The ONE Study Group







