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FDA’s Clinical Investigator Course
Preparing an IND Application: CBER Breakout Session

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Office of Cellular, Tissue, and Gene Therapies
Center for Biologics Evaluation and Research
Food and Drug Administration

Cosponsored by

FDA’s Office of Critical Path Programs (OCPP) and
The Clinical Trials Transformation Initiative (CTTI)
Products Regulated by CBER

OBRR
- Blood Derivatives and Recombinant Analogues
- Blood Components
- Whole Blood
- Devices

OVRR
- Allergenic Extracts
- 1º Prophylactic Vaccines
- 2º Therapeutic Vaccines
- Toxins
- Probiotics

OCTGT
- Therapeutic Vaccines
- Somatic Cellular & Gene Therapies
- Devices/ Tissues
- Xenotransplantation
21 CFR 1271.3(d)- Articles consisting of / derived from human cells or tissues intended for implantation, transplantation, infusion, or transfer, into a human recipient regulated as human cells, tissues and cellular and tissue-based products (HCT/Ps)

HCT/Ps may be eligible for regulation as tissues solely under Section 361 of the PHS Act and 21 CFR § 1271
HCT/P Regulation Solely Under Section 361 and 21 CFR 1271

ONLY when ALL FOUR of the following are met:

- **Minimally Manipulated**: Relevant biologic characteristic(s) are not altered by processing
- **Homologous Use Only**: The HCT/P performs the same basic function or functions in the recipient as in the donor.
- **Production of the HCT/P does not involve combination of cells with another article**: (limited exceptions and on the condition that addition of the excepted article does not raise new clinical safety concerns).
- **No systemic effect, not dependent upon the metabolic activity of living cells for primary function**: exceptions for (a) autologous use, (b) first- or second-degree blood relatives, or (c) reproductive use.
Minimally manipulated?

Homologous use? (normal function)

Combined with drug or device?

Systemic effect or dependent on metabolic activity of the cells?

Is it a sterilizing, preserving, or storage agent with no new clinical safety concerns?

Autologous use?

OR

Allogeneic use in first or second degree relative?

OR

Reproductive use?

Tissue

Therapeutic

EXCEPTION

(cells and tissues are not regulated if they are removed from and returned to the patient in the same surgical procedure)

Mononuclear cells collected by apheresis from partially-matched, related family donor following growth factor treatment to mobilize stem cells from the marrow compartment into the circulation.

Apheresis product is enriched for hematopoietic stem cells and depleted of allo-reactive T-lymphocytes using an FDA-approved, cell selection device.

Enriched stem cell population is washed with physiologic solution, suspended in a cryoprotectant and cryopreserved until use.

Day of treatment, stem cell-enriched, T-cell-depleted product is thawed and infused into patient following completion of myeloablative chemotherapy regimen for a hematologic malignancy to support hematopoietic reconstitution and promote GVL response.
Key Elements of the IND Submission

Clinical Protocol
Rachel Witten, MD

IND Application

Chemistry, Manufacturing, Controls

Pharmacology/Toxicology
Patrick Au, Ph.D.
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Information Provided in CMC Section Should Demonstrate……

Ability to consistently and reproducibly manufacture your investigational cellular product using:

- Well-controlled manufacturing process that relies on practices and procedures executed according to standardized written procedures.

- Qualification program for source materials, reagents, ingredients, excipients and components used throughout the manufacturing process.

- In-process and final product release testing that demonstrates overall product quality and safety/sterility.
Helpful Reference: Preparing CMC Section for Cellular Product IND

Content and Review of Chemistry, Manufacturing, and Control (CMC) Information for Human Somatic Cell Therapy Investigational New Drug Applications

CMC Guidance: Information to Include in IND Submission

I. PRODUCT MANUFACTURING/CHARACTERIZATION

- **Components and Materials**
  - **Cells**: Autologous or Allogeneic, cell source/type (stem/progenitor or functionally specialized), description of characteristic attributes
  - **Reagents/Materials/Excipients**: List of all used during manufacturing process, indicate whether clinical grade. Describe qualification program for acceptance

- **Manufacturing Procedures**
  - Provide an outline of the manufacturing process for the cellular product including timing for specific steps and overall duration
  - Describe facility where manufacturing takes place, list equipment used, provide information about the qualifications of persons responsible for performing manufacturing
  - Indicate final formulation, unit dosage, total number of units produced per manufacturing run, and method of storage if product not given fresh
II. PRODUCT RELEASE TESTING/RESULTS

- Microbiological Testing
  - **Sterility Testing (Bacterial/Fungal):** Performed according to test specified in 21 CFR 610.12 or indicate if using alternative test method (over time need to demonstrate equivalence of test methods)
  
  - **Mycoplasma:** Performed when manufacturing process involves extended periods of cell culture. May use recommended culture based assay, or PCR / other alternative test method (demonstrate adequate sensitivity/specificity). Test sample composition important

  - **Adventitious Agents**
    - For cells recovered from allogeneic, unrelated donors: perform donor eligibility determination for communicable diseases
    - Cell Banks (Master and Working): In vivo and in vitro test methods for viral adventitious agents as appropriate
II. PRODUCT RELEASE TESTING/RESULTS (2)

- **Identity**: assay that is specific for the cellular product, able to uniquely identify product from others that may be manufactured in the same facility.

- **Purity**: testing performed to demonstrate the final product is free from undesired extraneous materials introduced during the manufacturing process.
  
  ➤ **Residual Contaminants**: Assays to detect the presence of residual substances including cytokines, growth factors, antibodies, magnetic beads and serum used during manufacturing process and purification.

  ➤ **Pyrogenicity/Endotoxin (manufacturing process impurities)**
II. PRODUCT RELEASE TESTING/RESULTS (3)

- **Potency**: Tests for potency shall consist of either *in vitro* or *in vivo* tests, or both, which have been specifically designed for each product so as to indicate its potency.

  - *Potency* is interpreted to mean the specific ability or capacity of the product, as indicated by appropriate laboratory tests…to effect a given result.

  - *Biological Activity* is…“the specific ability or capacity of a product to achieve a defined biological effect.” A measure of potency.

  - Potency assay(s) provides quantitative measurement of a relevant biological activity identified on the basis of preclinical testing and product characterization that is indicative of a cellular product’s capacity to elicit a clinical effect.

* General Safety Testing Not Required for Cellular Products
III. FINAL PRODUCT RELEASE TESTING: ACCEPTANCE CRITERIA (Drug Substance = Drug Product)

- Release testing is performed on the final formulated product for each lot manufactured (could be N = 1)
- Specifications/acceptance criteria, test methods for safety (sterility), purity, identity, and potency described in IND.
- Results from final product release testing should be available prior to patient administration.
- If finalized test results will not be available prior to product/lot release, should include in IND reporting notification process in event acceptance criteria are not met.
- Perform pilot manufacturing runs that demonstrate ability to manufacture cellular product that meets release test specifications/acceptance criteria.
IV. FINAL PRODUCT STABILITY

- IND should include description of stability testing program developed to demonstrate cellular product is sufficiently stable for use throughout the time period covered by a clinical study.

- Stability test panel should include assays to monitor product sterility, identity, purity, quality, and potency. Test results should meet specifications established prospectively.

- For each assay included in the stability test panel, you should provide a description of the test method, indicate sampling time points, and specify composition of the test article.
V. OTHER ISSUES

• **Product Tracking/Segregation:**
  - You should include in IND submission information about adequate system to identify product from time of collection until patient administration.
  - Include description of procedures developed to ensure segregation from other products manufactured in the same facility, preventing inadvertent cross-contamination.

• **Labeling:**
  - Describe labeling used throughout manufacturing process and provide sample of label affixed to the final cellular product.
  - Label for investigational product must contain the statement: “CAUTION: New Drug – Limited by Federal law to Investigational Use”.
  - Additional labeling necessary if donor eligibility testing is incomplete or not performed (e.g. cells for autologous use).
V. OTHER ISSUES (2)

• **Processing/Manufacturing at Multiple Sites:**
  
  When cell processing/manufacturing is performed at several participating clinical sites, you should include in your IND a description of the plan used for qualifying manufacturing performed at each site.

• **Shipping From Single Manufacturing Location to Multiple Clinical Sites.**
  
  Your IND submission should include a summary of testing performed to qualify product shipping procedures.

• **Patient Delivery Device:**
  
  If you will be using a novel device for product administration, or standard syringes and needles not developed for injection of a cellular product, you need to supply information in your IND demonstrating biocompatibility and uniform delivery of viable cell dose.
V. OTHER ISSUES (3)

- **Lot-to-Lot Comparability**
  
  ➤ Relevant when the quantity of initial source material or output of a single manufacturing run may be insufficient to generate the total number of doses necessary to complete a clinical study.
  
  ➤ Describe in your IND in vitro and/or in vivo preclinical testing that will be conducted to demonstrate product comparability for:

  ✔ Separate manufactured lots produced from the same starting material  OR……

  ✔ Separate manufactured lots produced from different starting material.
Stages of product development serves to determine key review issues, with safety being a primary focus during all stages of development/clinical testing.
CMC Issues Typically Resulting in an IND Going on Clinical Hold

- Testing: 30%
- Manufacturing: 26%
- Reagent: 15%
- Other: 18%
- Starting Material: 11%

Adaptation of data from: Wonnacott et al. Cytotherapy, 2008;10(3):312-6
Opportunities for FDA Interaction

Product development is an iterative process, with frequent FDA and sponsor interactions.
Early Interaction with FDA

- Informal – Pre-pre IND, Non-Binding Discussion: Generally CMC and Preclinical Topics, No Minutes Generated
- Pre-IND / Type B – Formal Meeting, Minutes Generated, Non-Binding Recommendations

- Sponsors and CBER/FDA staff discuss product development activities prior to submission of an Investigational New Drug application (IND): may touch on CMC, Preclinical and Clinical topics

- Represents a key juncture in the regulatory process

- Rule of Thumb: Generally grant one Type B / pre-IND meeting prior to the submission of an IND: Exceptions do occur when circumstances dictate. Follow-up communication/ interaction is not uncommon
“Right Time” to Request a Pre-IND Meeting: CMC Perspective

- Directly correlated with the maturity of your cellular product development efforts
- Should have developed standard procedures that allow for reproducible product manufacturing: adequate cellular product characterization
Take-Home Messages

- The CMC section of your IND submission should include sufficient information to permit assessment of the potential risks to subjects posed by the proposed clinical studies.

- A summary of the information expected in the CMC section of an IND for an investigational cellular product may be found in available published guidance.

- Early interaction with FDA is encouraged during product development to facilitate preparation of the IND submission.
Additional CBER Guidance: Composition of IND CMC Section

Guidance for FDA Reviewers and Sponsors: Content and Review of Chemistry, Manufacturing, and Control (CMC) Information for Human Gene Therapy Investigational New Drug Applications (INDs)


Guidance for Industry: Content and Format of Chemistry, Manufacturing and Controls Information and Establishment Description Information for a Vaccine or Related Product


Guidance for Industry: Characterization and Qualification of Cell Substrates and Other Biological Materials Used in the Production of Viral Vaccines for Infectious Disease Indications

Contacting the Center for Biologics

CBER CONTACT INFORMATION

- PHONE: 1-800-835-4709 (Within U.S.)
  301-827-1800 (Local or Outside U.S.)

- INTERNET: http://www.fda.gov/BiologicsBloodVaccines/default.htm

- Send e-mail to: OCOD@fda.hhs.gov

- OCTGT Regulatory and Administrative Contact:
  
  Patrick Riggins, Ph.D. (Regulatory Project Manager)
  E-Mail: patrick.riggins@fda.hhs.gov / Phone: 301-827-5366

- CBER Regulatory and Guidance Documents on the Internet at: