Polski Bank Komórek Macierzystych
FamiCord Group

REF: TSC 01/2018 on GCP for ATMPs

RESPONSE TO
"Targeted Stakeholder Consultation on the Draft Guidelines on Good Clinical Practice for Advanced Therapy Medicinal Products"

Response provided by Mr. Jakub Baran, CEO
On behalf of
Polski Bank Komórek Macierzystych S.A.

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Polski Bank Komórek Macierzystych S.A. welcomes the initiative to adapt the good clinical practice requirements to ATMPs through the adoption of additional Guidelines that take into consideration the latest advances and experience in the field.

Background on Polski Bank Komórek Macierzystych S.A.

Polski Bank Komórek Macierzystych S.A. (PBKM) is the parent company of Famicord Group whose activities are focused on the management of several family stem cells banks across Europe and in Turkey. With a recent acquisition in Portugal, Famicord is estimated to represent around 30% of the European market share in terms of the number of processed stem cell samples (in the private sector). This places the Group among the Top 10 in the world and makes it the largest stem cell bank in Europe.
PBKM is listed on the Warsaw Stock Exchange since May 2016.

The main area of FamiCord's operations is the banking of stem cells from post-fetal tissues in view of potential autologous or related-allogeneic use.
PBKM is also supplying preparations of bone marrow and peripheral blood to more than 40 countries in the world. In addition, PBKM invests in the development of advanced therapy medicinal products (ATMPs), which is considered to be one of the most important directions in modern medicine.
To date, close to 2000 patients received stem cells processed in the FamiCord labs (HSCs from cord blood, peripheral blood, bone marrow; MSCs from cord tissue and SPV from adipose tissue).
PBKM is involved in 7 clinical trials phase II/III run by different consortia, out of which 5 are already recruiting patients.

The list below (not exhaustive) includes the most representative projects in which PBKM is involved:

➢ **ALSTEM (own project i.e. PBKM has 100% IP rights)**

Source: allogenic MSC from Wharton jelly.
Clinical trial for treatment of ALS and creation of testing panel enabling for targeted qualification of patients for the therapy.
115 patients and ca. 450 administrations planned. Recruitment of patients shall start in Q3 2019.
Current stage: analysis of data from hospital exemption applications and pre-clinical studies.

➢ **CIRCULATE (Consortium project; PBKM has 10% IP rights; project lead: Jagiellonian University Collegium Medicum)**

Source: allogenic MSC from Wharton jelly
1st clinical trial (II/III): treatment of patients with acute myocardial infarction
2nd clinical trial (II/III): treatment of patients with chronic heart failure with ischemic etiology
3rd clinical trial (II/III) Treatment of patients with critical lower limb ischemia
Each of these trials is designed for 100 patients. In some cases, there is more than 1 administration of MSC assumed i.e. altogether, there will be more than 500 administrations.
More than 100 administrations were already done.

➢ **BIOOPA (Consortium project; PBKM has ~38% IP rights; project lead: Medical University of Warsaw)**

Source: allogenic MSC from Wharton jelly + scaffold, clinical trial for treatment of Epidermolysis Bullosa and other difficult wounds
100 patients with 300 administrations are planned.
Recruitment of patients shall start in Q1 2019.
Current stage: testing engrafted scaffolds. Request of registration of clinical trial placed to relevant Polish authorities.

➢ **ABC THERAPY (Consortium project; PBKM has ~23% IP rights; project lead: Medical University of Warsaw)**

Source: autologous MSC from adipose tissue
1st clinical trial (II/III): treatment of diabetic foot
2nd clinical trial (II/III): treatment of scars, stretch marks and aging skin
There will be 50+100 patients with 3 administrations per patient (450 in total).
Around 100 administrations already done.
In addition, evidence-based possibility of autologous banking of well-tested and characterized ADSC will be analyzed.

PBKM remarks on the Consultation Document "Good Clinical Practice for Advanced Therapy Medicinal Products"

Although the Guidelines are not exhaustive, PBKM understands that the purpose of the document is to provide general guidance. From this perspective, we consider that the guidelines are well structured and that they would meet their general purpose.

However, PBKM would very much welcome a separate section in the guidelines dedicated to awareness raising and education of relevant health practitioners about ATMPs. Indeed, lack of awareness and knowledge about ATMPs is a key limitation in furthering positive results and research in this area. Limited knowledge and understanding of ATMPs by the doctors at large may also be an underlying factor for limited interest to consider such therapies.

Outside the scope of the Guidelines as such, PBKM strongly encourages future availability of EU funding for the organisation of education and awareness raising activities within the medical community.

Other challenges that could be considered within or outside the framework of the proposed Guidelines are:

➢ A level-playing field must be created so that initial consideration of ATMP use is done on an equal foot with the consideration by doctors of standard clinical trials (i.e. medicines) in those cases where patient enrolment is done for conditions / diseases that qualify for both ATMPs and standard medical therapies under clinical trial.
Needless to say, hospitals' and medical staff's bias triggered via economic incentives by either pharmaceutical companies or ATMP providers must not be tolerated and should be prevented by codes of conduct and/or other means.

➢ More flexible hospital exception procedures would need to be developed and promoted especially for rare diseases.

➢ Market stakeholders should be better educated regarding the ATMP production process, currently perceived as being very complex and costly, therefore dissuasive. As such, in order to also achieve level-playing field regarding the ATMP production process and cost (compared to traditional drug production), market providers in the supply chain need to be properly educated and incentivized via tax reduction or other mechanisms.
The reference to the supply chain includes, among others, the transportation logistics. There are very few companies nowadays that provide international transport of biological material in liquid nitrogen at affordable price.

➢ Finally, production of ATMPs could be significantly streamlined if governmental approval recognized the fact that one type of ATMP (like MSC from any tissue) may treat a couple of dozens of diseases. Existing literature and positive outcomes support the case to avoid unnecessary bureaucracy where permits need to be requested for each application and/or treatment (intravenous, intrathecal or others).

PBKM appreciates the consideration given to the above remarks and remains available for further input in the framework of subsequent stakeholder consultations.

Best regards,

Jakub Baran, CEO

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