

PUBLIC CONSULTATION PAPER ON THE REGULATION ON ADVANCED THERAPY MEDICINAL PRODUCTS

Responses Compiled by Professor Anne Dickinson (Director Newcastle Biomedicine Cellular Therapies Facility Newcastle University) and Anne Black (Assistant Director of Pharmacy/QA- Royal Victoria Infirmary Newcastle upon Tyne, UK)

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The Newcastle Biomedicine Cellular Therapies Facility is an MHRA-licensed GMP clean room complex designed specifically for the production of cellular therapies. Newcastle Biomedicine is a recognised UK centre for translational research, with substantial experience of cellular manufacture and setting up and delivering cell therapy clinical trials and HTA licensed products for haematopoietic stem cell transplants. The Director is Professor Anne Dickinson with over 25 years experience in haematopoietic stem cell transplantation.

Responses

2.1. MA

Newcastle Biomedicine recognises that pharmaceutically the requirements set out in the Regulation are necessary to ensure public health in view of the lack of widespread experience in the use of ATMP.

The Regulation 1394/2007 in practice requires a complex system of procedures and documentation based on traditional pharmaceutical practice which is not necessary relevant for ATMP's. In order to comply with the Regulation there is no clear path for each of the Member States (MS) to follow in order to comply. A guidance and flow chart approach for access to the necessary committees and at what time point during the MA application process they should be approached could be given in a parallel Annex to the Regulation. In practice, the implementation of Regulation 1394/2007 is heterogeneously applied across MS (outcome of FP7 project Academic GMP contract no 260773) with some MS ignoring or ignorant of the details or the advice groups available. This ultimately leads to variation in standards and quality of products being produced across Europe and more training in the implementation of the Regulation needs to be applied in some MS. MA at the moment is dependent on companies taking up the financial burden of product development ie ATMP's and the incentive for this is only the potential for profit and not for use in disease states which are rare and with a low profit margin. This aspect is left to the academic community who lack the resources and willingness to go the MA route. Improved support to innovative academic units across the MS providing ATMP's either by improved

networking or training facilities or access to central documentation would aid in the facilitation of some of these products obtaining a MA.

Training and education is required to ensure that the expert clinicians and academics not versed in traditional pharmaceutical legislation are also educated about the need for a MA and what a MA is and the benefits including guaranteed safety and efficacy of the product. As the experts who will be required to provide expert data for the submissions it is suggested that awareness to these key stakeholders should be considered and prioritised.

2.2 Requirements for combined ATMP

Devices which are used for medicinal purposes should be regulated as a medicine and not a device. Current provision for device notification from the desired body is considered unsuitable as it is not sufficiently stringent. The Commission should consider taking control of the evaluation of the combined device/ ATMP including the requirements of the current notified body but recognising that these requirements will potentially need to be added too if the device is to the form part of a licensed medicine.

2.3 Hospital exemption

It is agreed that the Hospital Exemption is required clinically to allow novel therapies which are not viable commercially for a MA but are important for patient benefit (see also 2.1). However, manufacturing standards expected need to be defined. For example in the UK we have the MHRA manufacturing specials (MS) licence which allows the production of such products under GMP but this is not uniform across Europe. Preparation of ATMP's in uncontrolled environments such as hospital clinical areas or academic laboratories need to have a defined set of uniform GMP standards to prevent quality risk and subsequent patient safety.

2.4 Incentives

The advice will be helpful but without full knowledge of where to obtain this advice and to whom to go to in the first instance this is not useful to some MS where the information is difficult to obtain. The information with regard to scientific recommendation is only of value at the setting up of the development of the product and not really seen as useful at the MA stage as the applicant should by then have this knowledge. The certification of quality and non clinical data will be of great value to SME's. Reduction in fee for the MA is also a reasonable incentive.

2.5 Scope – The scope appears appropriate.