



A new EU Regulation on standards of quality and safety for substances of human origin intended for human application

MDCG meeting

May 13 2024

Current EU legislation on safety and quality of substances of human origin



Transfusion

Medicines

Bone marrow
transplant

MAR

Tissue
transplantation

BLOOD & PLASMA

TISSUES & CELLS

ORGANS

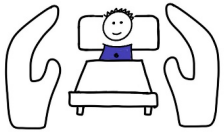
EU legislation since 2002
(4 Directives)

EU legislation since 2004
(4 Directives)

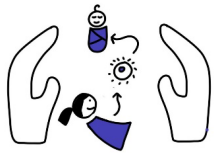
EU legislation
since 2010
(2 Directives)

Evaluation of the Blood, Tissue and Cell legislation - published in 2019

Overall – the legislation led to increased safety and quality of BTC but gaps and shortcomings were identified



1. Patients are not fully protected from avoidable risks because some rules are out of date



2. Legislation does not mitigate risks for BTC donors and for children born from donated eggs, sperm or embryos



3. Member States have divergent approaches to oversight



4. Full potential of innovative therapies is not reached for patients



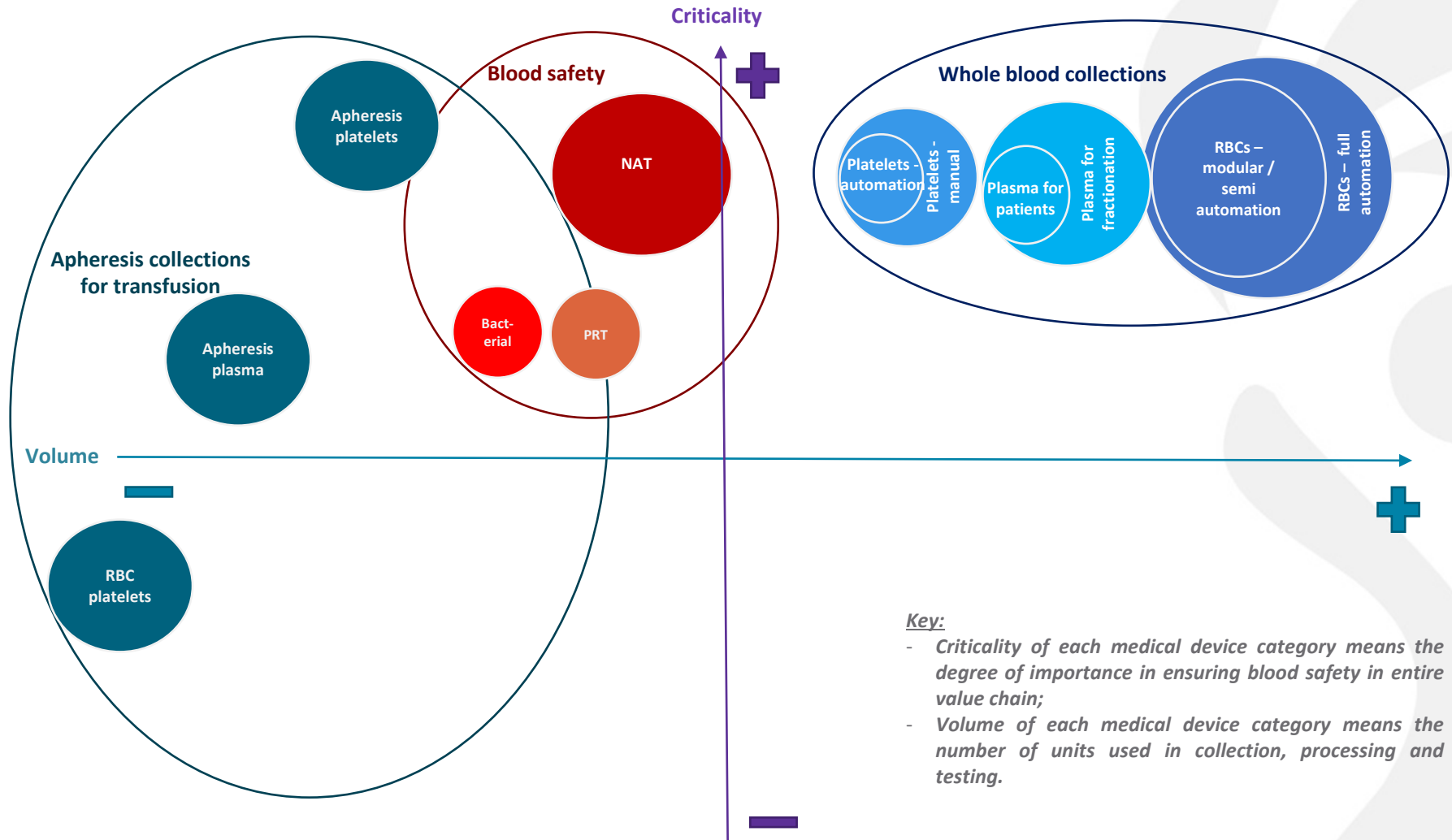
5. Patients are vulnerable to interruptions in EU supply of some BTC

CoVID confirmed problems

MD/IVD specific concerns

- Overall **dependency** SoHO sector on devices and diagnostics
- **Legal clarity** for combination products SoHO/MD and for SoHO starting materials for MD (e.g., collagen fillers)
- Need for **ad-hoc interactions** between vigilance systems in case of safety/quality alerts (e.g., Cryostor medium)
- Impact of EU legislation on **availability** MD/IVD that are essential for SoHO
 - blood bags – classification under new legislation + transition to DEHP-free bags
 - position paper EDQM working group views on IVD availability
 - Overall market failures and supply (collection kits bone marrow for paediatrics)
- Increasing **automation**, requires MD inputs for validation/authorisation SoHO authorities

What are the most critical MD for the blood supply



Key:

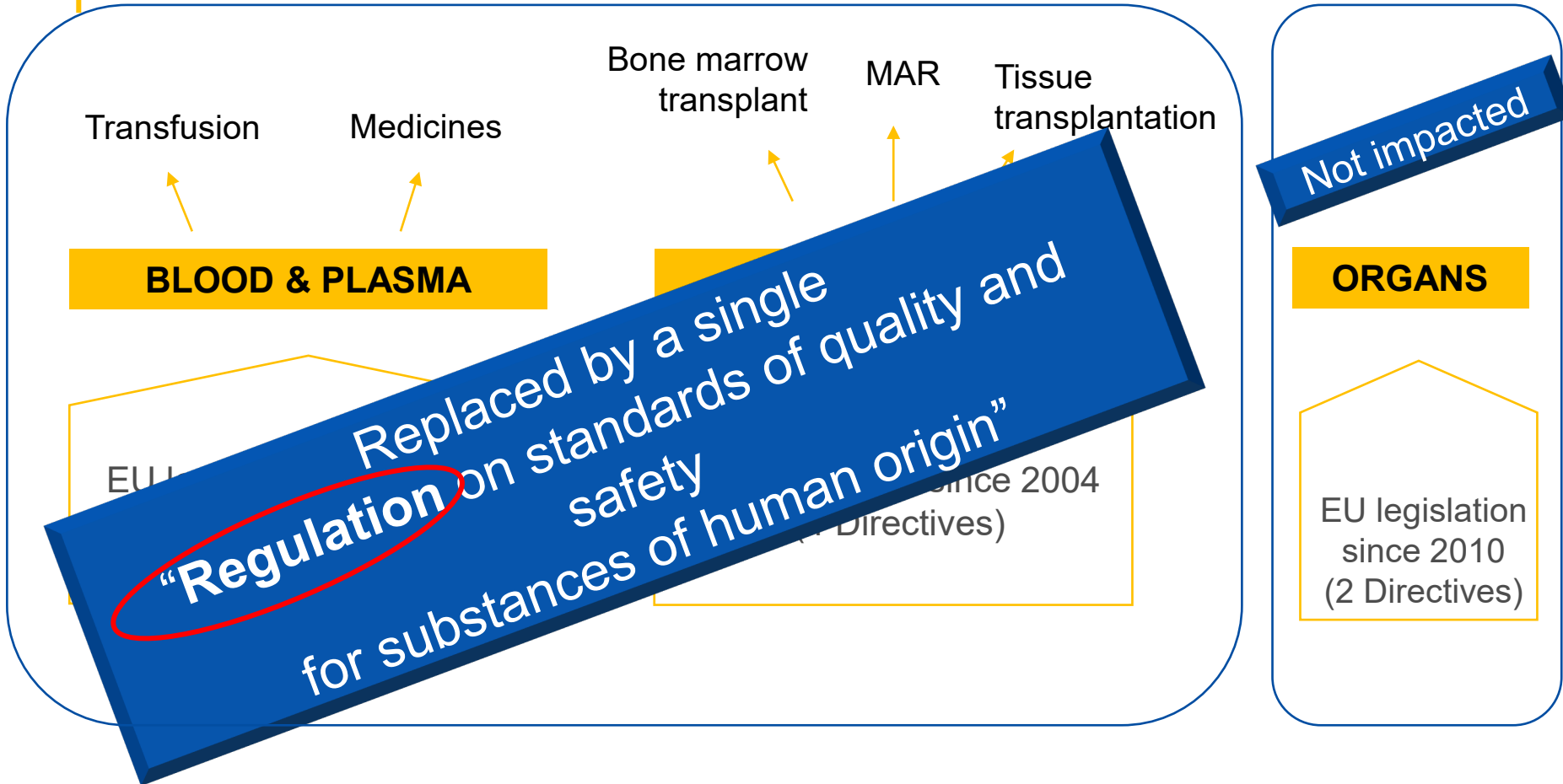
- Criticality of each medical device category means the degree of importance in ensuring blood safety in entire value chain;
- Volume of each medical device category means the number of units used in collection, processing and testing.

Increasing automation of SoHO activities, with MD



Figure 3 Advances in automated devices for stem cell differentiation improve standardisation, cost reduction and high-throughput capabilities. The CliniMACS Prodigy Platform from Miltenyi Biotec is a fully-automated, closed-system approach to generating differentiated cells

Commission proposal to revise the legislation

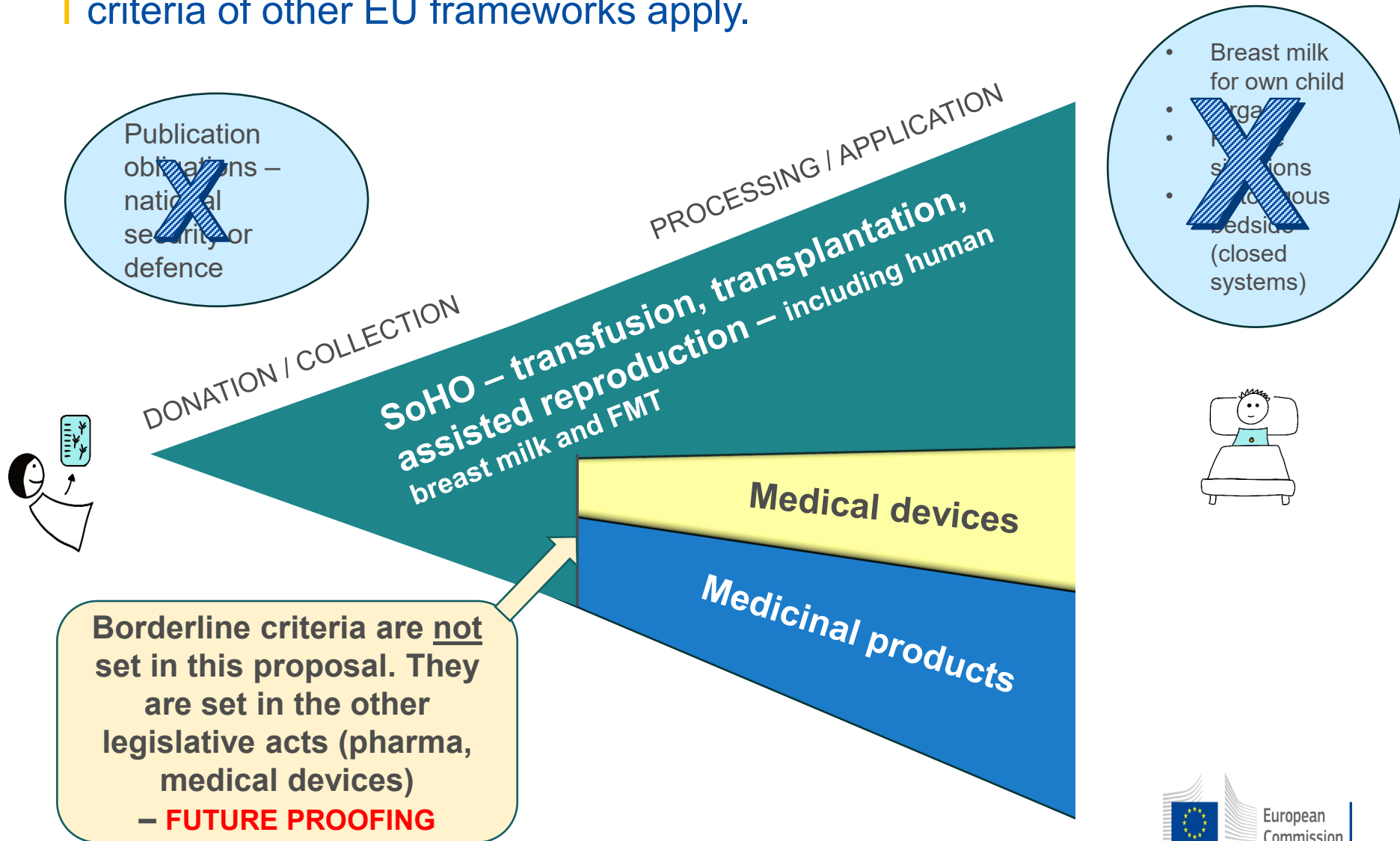


Key new and changed concepts

- **Scope and advice**
- **SoHO activities, entities and establishments**
- **SoHO Preparations and their authorisation**
- **Standards and hierarchy of technical guidelines**
- **Donor Protection and Voluntary Unpaid Donation**
- **Recipient and offspring protection**
- **Vigilance**
- **Supply continuity**
- **Digitalisation – the SoHO platform**

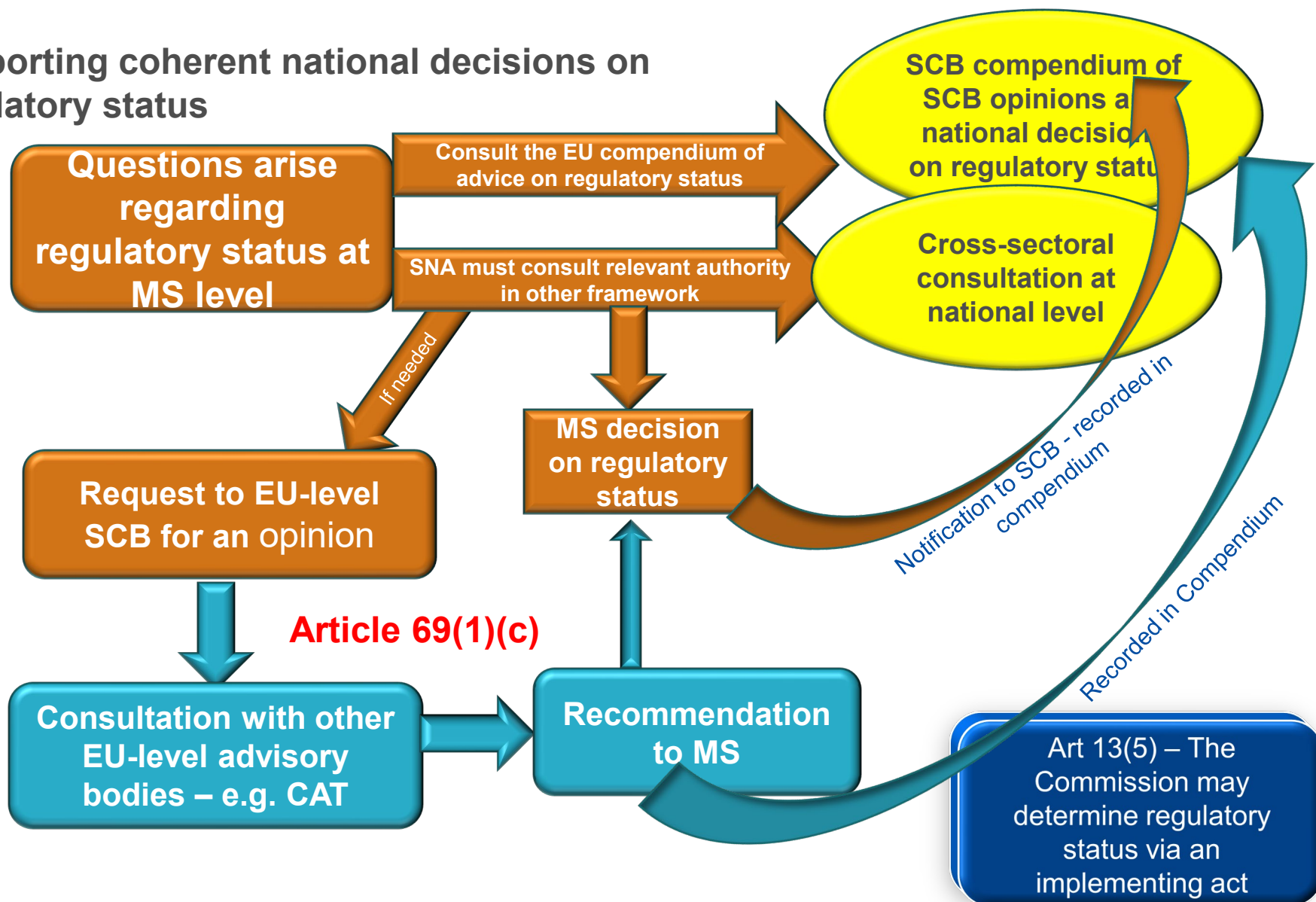
This presentation explains the concepts in the Regulation, as proposed by the Commission and amended during negotiations.

Scope: Regulation covers all steps for all substances originating from the human body for subsequent application to the human body (some limited provisions for autologous and 'in relationship' SoHO), unless scope criteria of other EU frameworks apply.



Article 13: consultation and cooperation with authorities of other regulatory sectors

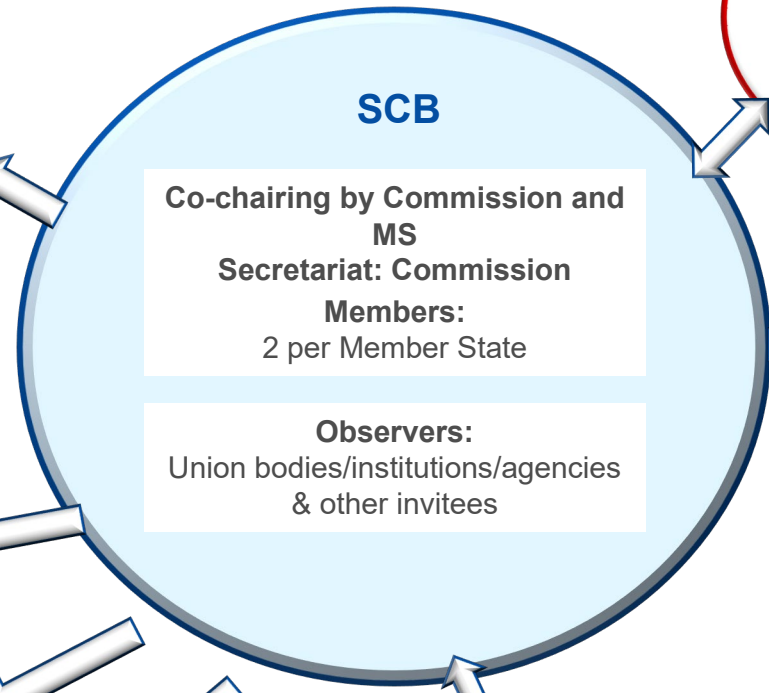
Supporting coherent national decisions on regulatory status



The SoHO Coordination Board (SCB) - supporting implementation in MS

Own initiative – a list of substances/products where an opinion is needed

Advice on whether the SoHO Regulation applies - reach out to advisory bodies in other legislative frameworks



Compendium on **regulatory status**

Record of:

- national decisions on regulatory status
- Compendium of advice given on regulatory status

Exchanges on good practices with Expert bodies – ECDC/EDQM and with EMA

Documentation of

- **best practices** for
 - supervisory functions
 - compensation conditions;
- **Indicative criteria** for critical SoHO and critical SoHO entities

Support for **joint oversight activities**

- inspections
- Preparation assessments

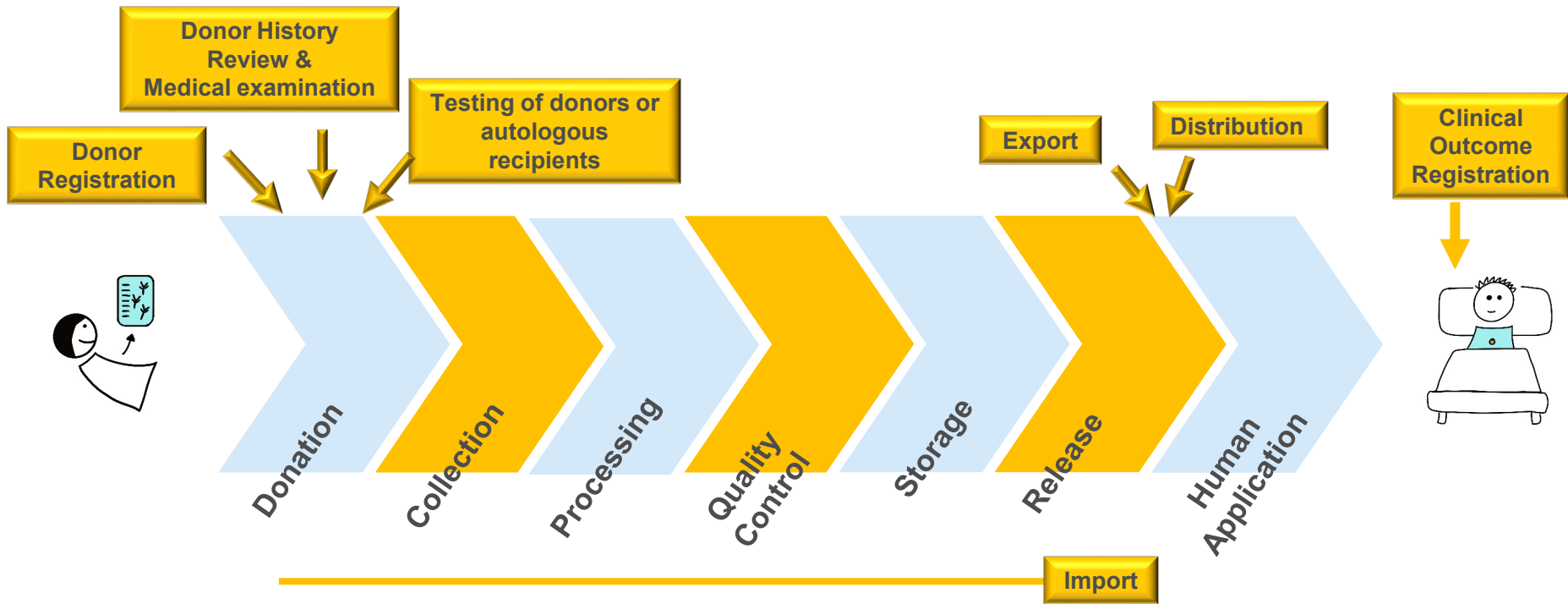
Support for **coordination during emergencies**

Support to COMM on the specifications for the **SoHO Platform**

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- Digitalisation – the SoHO platform

Supervision of all SoHO Activities that directly impact safety, quality or effectiveness



Any actor organising one or more SoHO activity/ies needs to **register as SoHO entity** with the Competent Authority

....but risk-based oversight, ensuring efficient use of authority resources

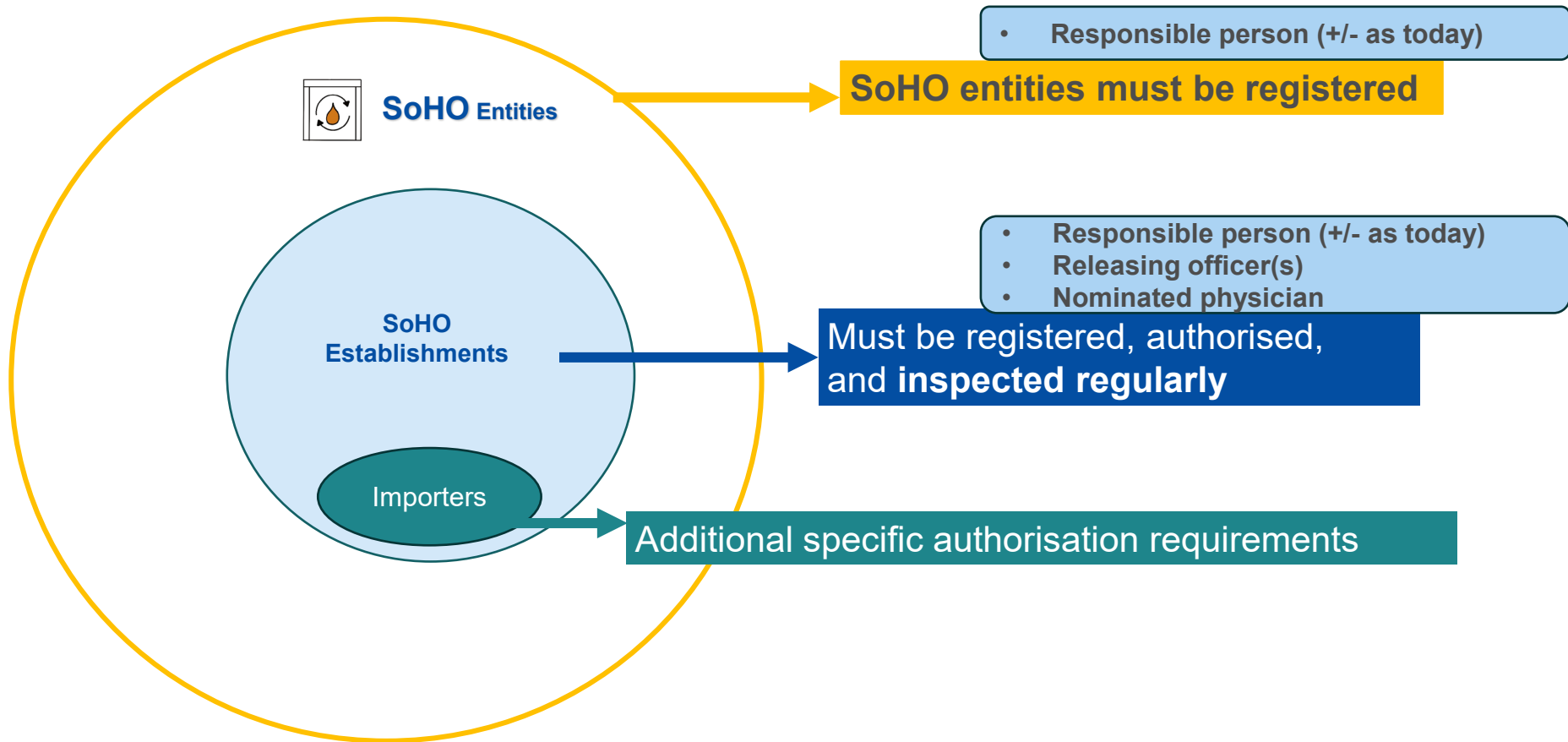
A **SoHO entity** carries out one or more SoHO activities

A **SoHO establishment** is a SoHO entity that carries out at least

- Both processing and storage, or
- Release, or
- Import, or
- Export

Note: *CAs may regulate a SoHO entity as a SoHO establishment, even if it does not meet the criteria above, if it considers that the entity has a particularly important impact (e.g. a testing laboratory that tests donors for a whole region or country, a register that identifies and selects donors for one or more Member States).*

The concept of **SoHO entities** and **SoHO establishments**: graded approach to oversight - high level of transparency



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SoHO Preparation Authorisation – robust evidence of safety and effectiveness

What is a ‘SoHO Preparation’?

A particular SoHO that has been **subjected to processing**, and where relevant other SoHO activities, has a **specific clinical indication** and is intended for **immediate application to a recipient or for distribution**.

Must be authorised

EXAMPLE

SoHO

SoHO Preparations

Blood

Plasma



Red blood cells



Platelets



What is meant by effectiveness?

For the field of SoHO, effectiveness reflects the 2 concepts embedded in the medicinal product and medical device legislative frameworks, depending on the substance

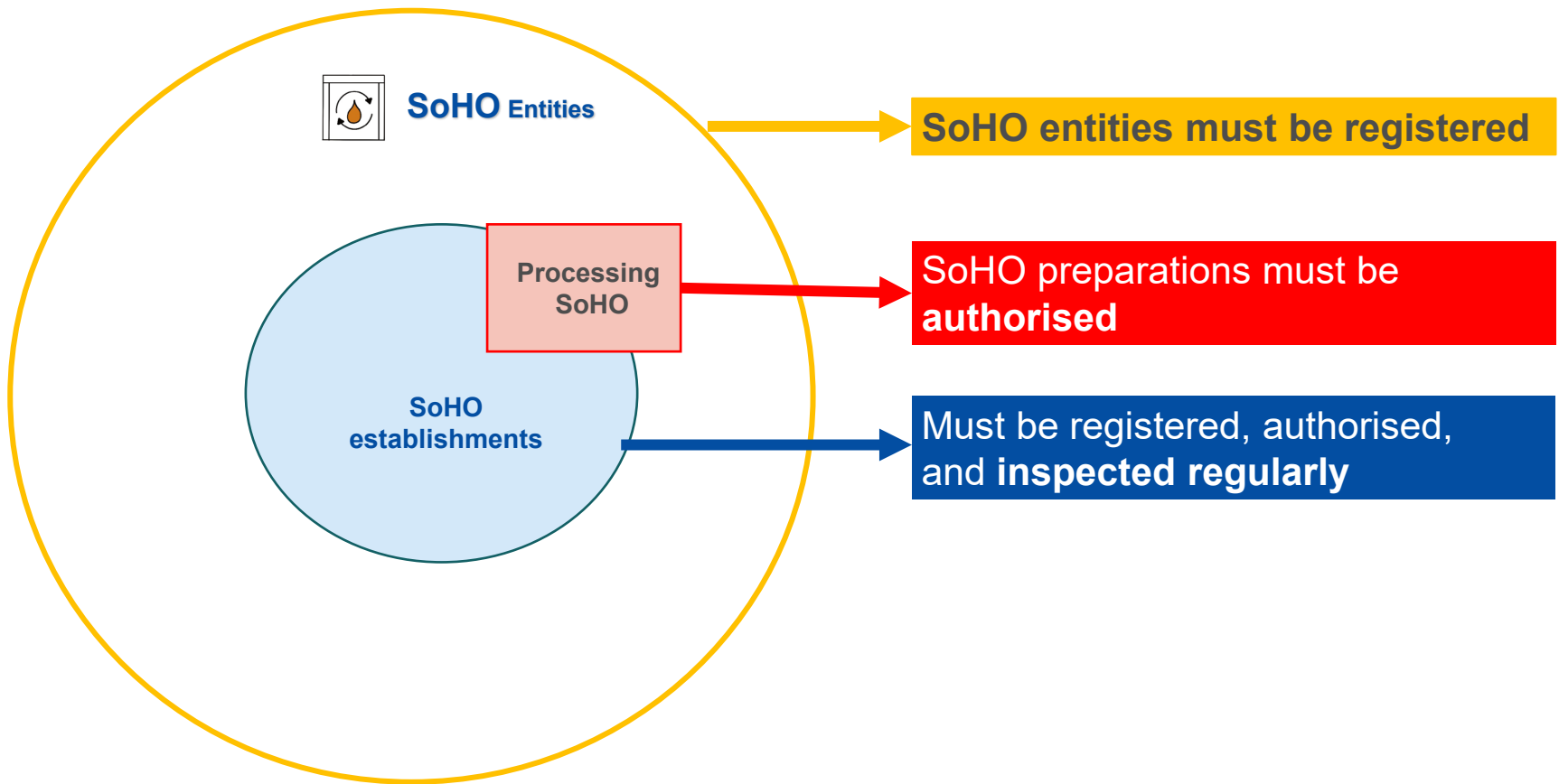
- a **measurable response** in the patient after human application ('efficacy')

e.g. bone marrow transplant

- **success or failure** of the SoHO after human application ('functionality')

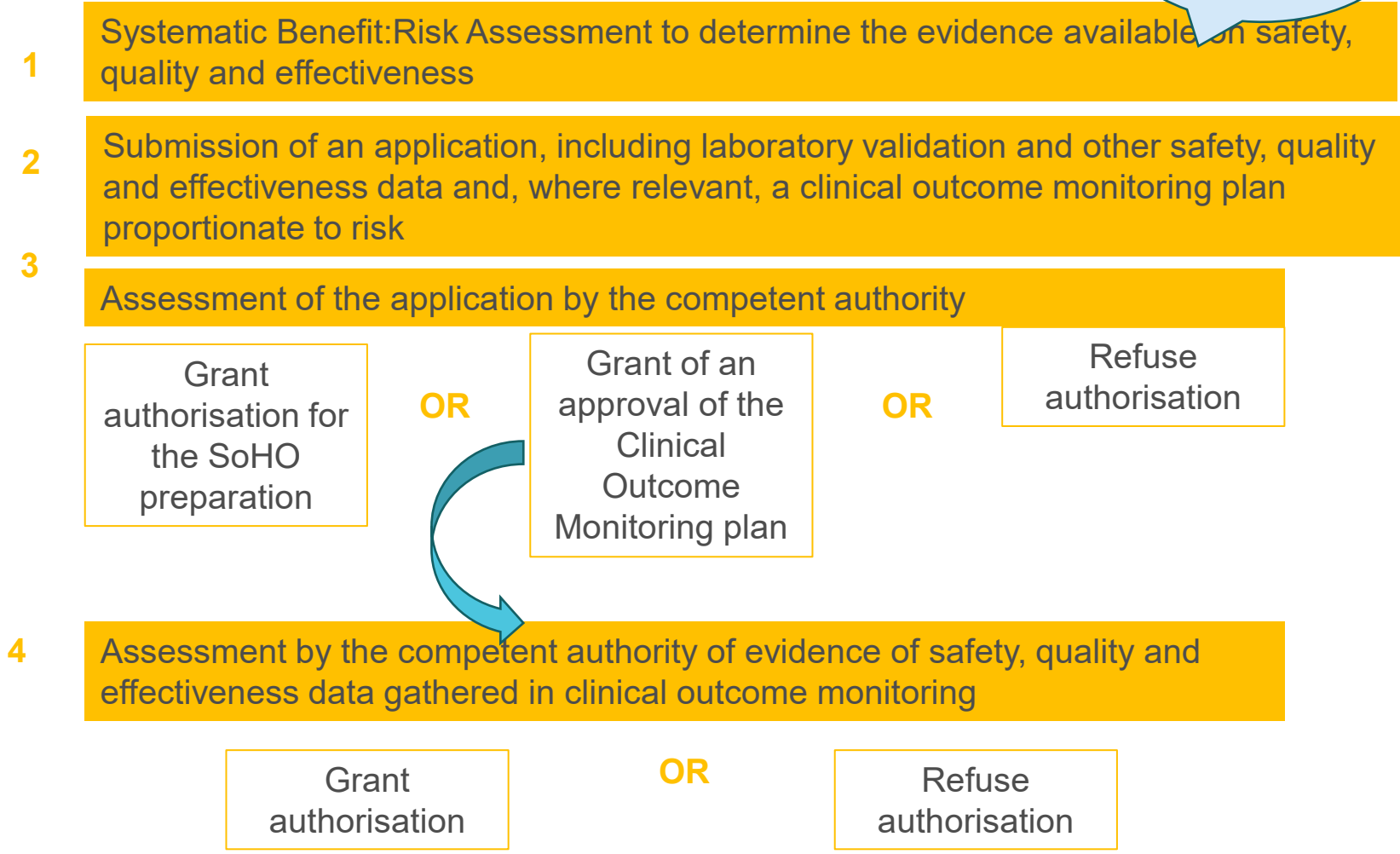
e.g. cornea transplant, live birth

SoHO preparation authorisations will be held by SoHO establishments and by SoHO entities that process autologous SoHO next to the patient



SoHO Preparation Authorisation

Taking into account any relevant EDQM monograph



Based on preparatory work done by GAPP Joint Action (incl. stakeholders from 17 countries: 15 CAs & professional associations)



Clinical Outcome Monitoring Plans for gathering further evidence of safety and effectiveness in recipients

Positive **expected** benefit:risk

+ comparison to standard therapy

+ clinical investigation study with appropriate number of patients and pre-defined clinical endpoints

Clinical follow-up of a defined number of patients is required

Negligible Risk

Low Risk

Moderate Risk

High Risk

OR

Evidence of ethics committee approval

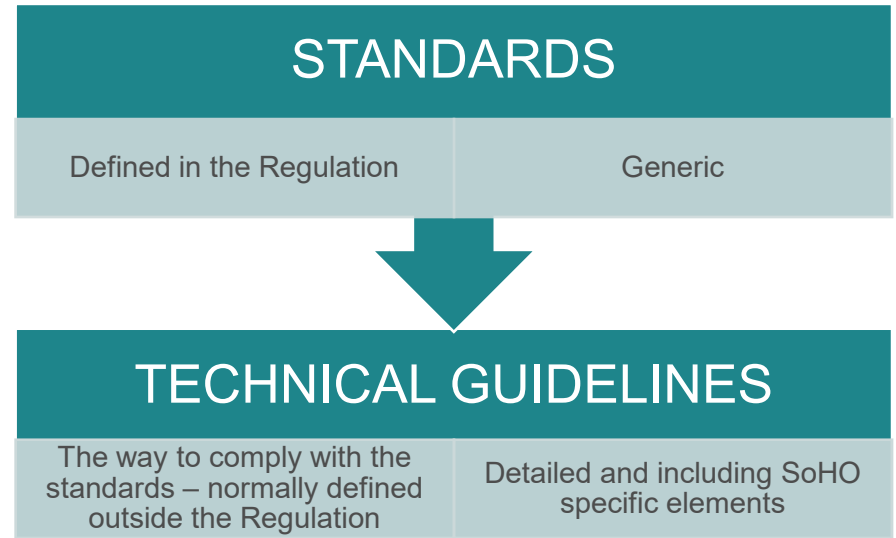
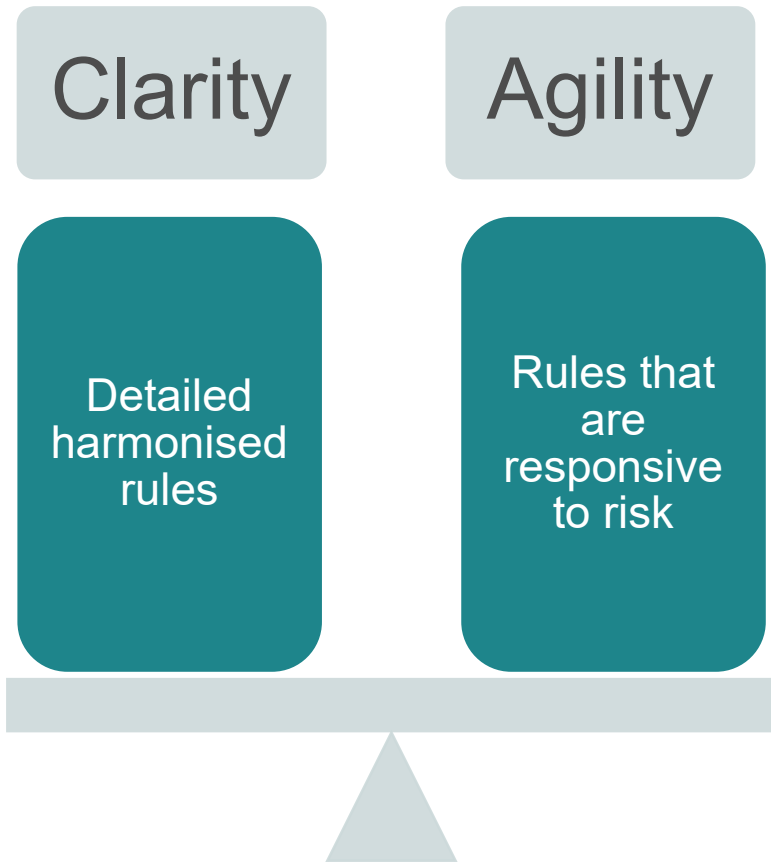
Sufficient evidence of positive benefit:risk

Studies registered on SoHO Platform prior to commencement

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The challenge of setting technical rules

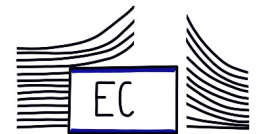


Implementation of high level standards through technical guidelines – staying up-to-date with the science in an agile way

SoHO entities shall follow the highest available levels of standards (Art. 56 & 59):

Commission Implementing Legislation

“where the Commission deems necessary”



If none:

Technical Guidance on the EU SoHO Platform

Published & updated by ECDC/EDQM

Inspectors shall deem the standards to be met

OR:

“Equivalent” Guidance

Deemed by CAs to achieve equivalent standards

MS shall demonstrate compliance with standards – **may do so** by demonstrating equivalence to ECDC and EDQM

OR:

Other guidelines or methods based on international standards or scientific evidence

Entities shall demonstrate equivalence to inspectors – **may do so** by demonstrating equivalence to ECDC and EDQM

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SoHO Donor Protection – significantly strengthened – generic standards

Protection of SoHO living donors before, during, and after the collection .

- Including for donations by relatives
- Information & consent
- Physical and mental integrity, non-discrimination, data protection & safeguarding of anonymity (with some exceptions e.g. ID of MAR parents when allowed or obliged in MS)
- Donor health evaluation
- Risk-proportionate approach to donor monitoring: registration of donors subjected to
 - surgical procedures,
 - medicinal product treatment,
 - frequent or repeated donations implying risk to health
- Required reporting of serious adverse reactions in donors

Protection of the dignity and integrity of SoHO deceased donors

- Information & consent by relatives, when applicable

Voluntary & Unpaid Donation

Principle maintained
Based on Recommendations of the
Council of Europe Committee on
Bioethics

- **NO financial incentives or inducements** to donate
- **Compensation** of living donors for losses can be allowed in accordance with the principle of VUD and the CoE recommendations on Financial Neutrality
- When a Member State allows compensation – **upper limit to be set in national legislation** – transparent criteria based on best practices established by the SCB
- Compensation **conditions set in MS to be shared** with the other MS via the SCB
- Donation **promotion and publicity activities must not refer to compensation** (without prejudice to national laws on information provision)

Considerable elaboration of
recitals (4) to explain provisions

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Recipient and offspring protection

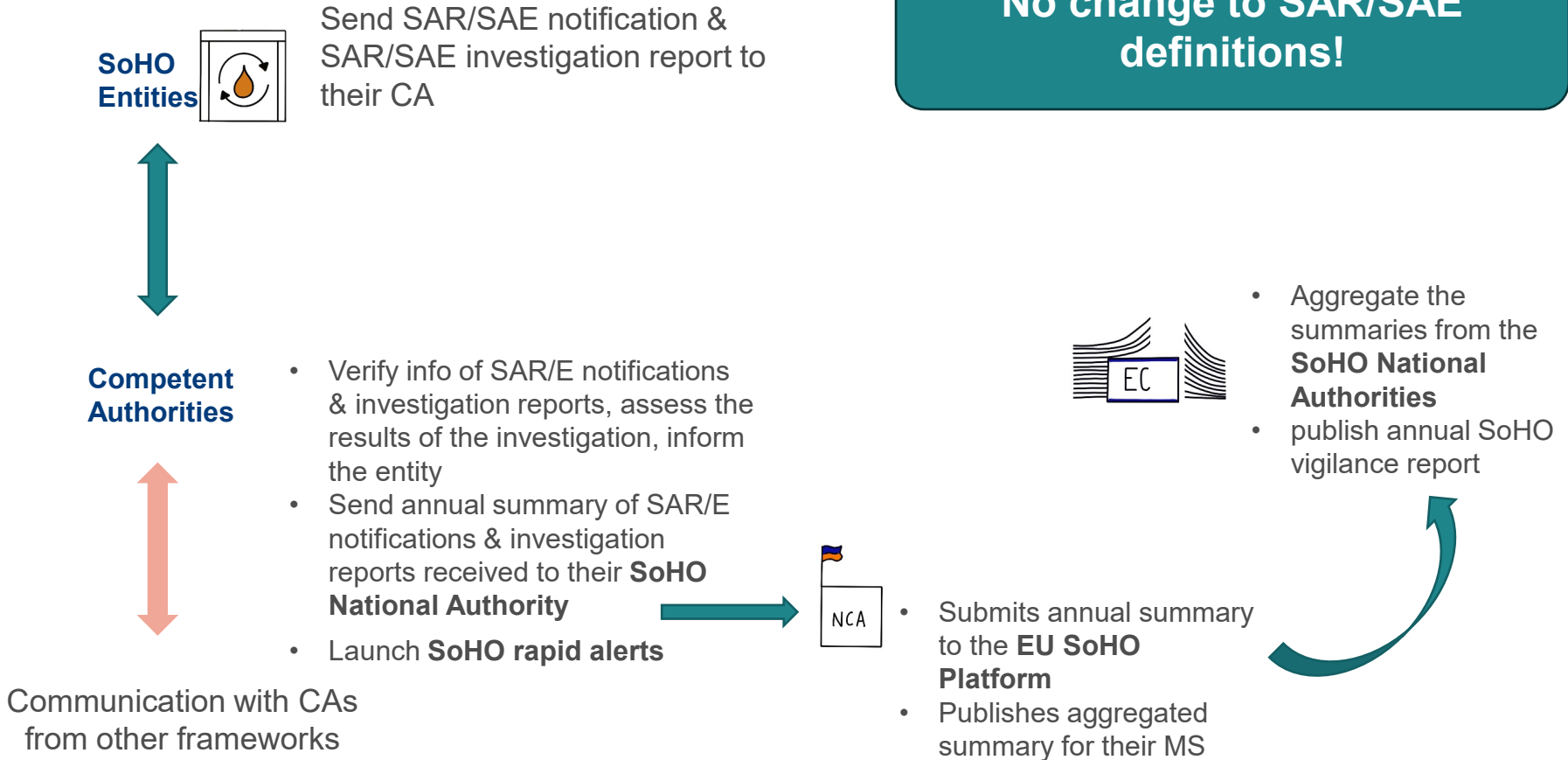
- Identification and mitigation of risks from **transmissible infectious, genetic, malignant diseases**
- Identification and mitigation of risks from **toxins, contaminants** from the environment, other donations, the personnel, the equipment, reagents etc.
- Identification and mitigation of risks of **detrimental effects on inherent properties of the SoHO concerned**
- Identification and mitigation of risks of **harmful immune reactions**
- Application of national rules regarding the **maximum numbers of offspring** from one SoHO donor
- **No application of SoHO unnecessarily** or in cases where there is no proven benefit
- No promotion of SoHO application based on **misleading information**
- No human application of SoHO without therapeutic or assisted reproduction objective (i.e. **no cosmetic or exclusively nutritional applications**)

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- **Vigilance**
- Supply continuity
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Vigilance overview – largely unchanged

No change to SAR/SAE definitions!



Vigilance enhancements

Best practices
agreed and
documented by
SCB

- Inclusion of SAR reporting requirement for SAR in **living SoHO donors**
- Clarification that **SAR/E detected during clinical outcome monitoring** must be reported
- Obligation for reasonable efforts to encourage recipients of MAR donations to communicate information on **genetic conditions in offspring** – when serious these are reportable as SAR
- **Role of ECDC** for SAR concerning infectious disease transmissions
- Formalisation of **communication** requirements with **CAs in other sectors**, when appropriate
- Clarification that **loss of SoHO** constitutes an SAE in defined situations
- CAs to provide **guidance and templates** to professionals and to **inform relevant SoHO entities of Rapid Alerts** received

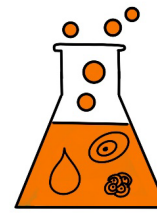
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Resilience of Supply

'**Critical SoHO**' are SoHO that for which an insufficient supply will result in serious harm or risk of harm to patients or a serious interruption in manufacture of critical products regulated by other legislation.

A '**critical SoHO entity**' is a SoHO entity that carries out activities contributing to the supply of critical SoHOs and the scale of those activities is such that a failure to carry them out cannot be compensated by activities of other entities or alternative substances or products for recipients.



Critical SoHO

Supply of **critical SoHO** is protected by:

- **Obligations on Member States** to ensure a sufficient, adequate and resilient supply
 - Facilitate donation
 - Communication and education
 - Optimal use
- **Activity data collection** and monitoring
- Supply **alerts**
- National **SoHO emergency plans**
- SoHO Entity **emergency plans**
- **Derogations** and additional measures in emergency situations

New article!

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Digitalisation – efficiency, transparency, monitoring

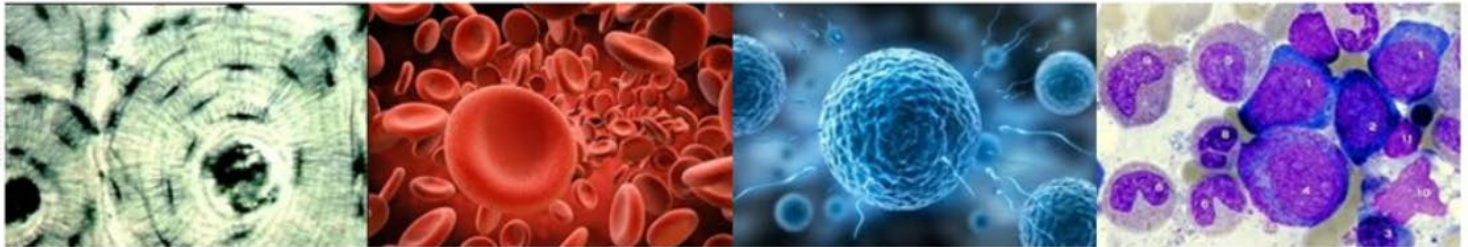


Next steps

Entry into Force and Date of Application

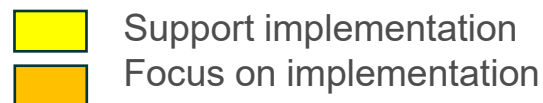
- Formal approval by the Council of the EU
- The Regulation will enter into force 20 days after its publication in the Official Journal of the European Union – during **2024** (~ before summer)
- 3 years before the provisions become applicable - **2027** (an additional year for some provisions)

Conference on the new Regulation on Substances of Human Origin



24 June 2024, BREYDEL Auditorium, Brussels

Current & future EU4H actions SoHO



Project name (year)	Scope	
1. SUPPLY (2021)	Shortages, supply continuity (plasma)	
2. EGALITE (2021)	Availability, accreditation (Tissues)	
3. BRAVEST (2021)	Crisis resilience (Organs)	
4. EuroTRACTOR (2021)	Outcome registry (HSC)	
5. EUMAR (2021)	Outcome registry (MAR)	
6. SIGHTSoHO (2021)	Training authorities (B, TC)	
7. Cooperation Agreement EDQM (2021)	Guidelines, vigilance, su	
8. Readership (2022)	New obligations entities in ho	
9. GAPP-Pro (2022)	New obligations process authorisation (B, TC)	
10. New SoHO Breast Milk (2023)	Implementation new requirements for Breast milk banks	
11. New SoHO FMT (call will be relaunched in 2024)	Implementation new requirements for FMT	
11. Paired kidney exchange (2023)	Organs	
12. Cooperation Agreement EDQM (2024)	Guidelines, ...	
13. SoHO-X ICT (2024)	SoHO digital	
14. Support for Organisational by SoHO Authorities (call to be launched in 2024)	Support the ... the new SoHO reg	
15. Regulatory Coherence (call to be launched in 2024)	Topics of concern across EU frameworks	

Test streamlined autorisation/validation of new SoHO preparations including automation steps with CE devices

SoHO starting materials for MD, and combination products require cross-sector «handshakes» between developers and between authorities in 2 sectors

New EU rules on substances of human origin

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[Documents](#)

On 24 April 2024, the European Parliament has approved the new Regulation on standards of quality and safety for substances of human origin intended for human application.

– [Press release](#) 

– [Factsheet](#) 

The [final text](#) , of the Regulation is available on the European Parliament website.

The [Commission Proposal](#) , was tabled in July 2022.

Other interesting links

- SoHO framework: [Blood, tissues, cells and organs - European Commission \(europa.eu\)](#)
- Blood national competent authorities per Member State: [1b1a130e-d8dd-43e5-a96d-436d7a7bb64e_en \(europa.eu\)](#)
- Tissue/cell national competent authorities per Member State: [3ed005e8-581a-4707-be71-99d1bb123536_en \(europa.eu\)](#)

Thank you