# Current situation on nonclinical safety evaluation of regenerative medical products in Japan

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#### **Disclaimers**

The views expressed in this presentation are those of the presenter and do not necessarily reflect the official views of Pharmaceuticals and Medical Devices Agency (PMDA).

## Definition of Regenerative Medical Products in Japan

In the PMD Act, regenerative medical products have been newly defined as...

Cellular and tissue based products



Products for gene therapy



The Pharmaceuticals, Medical Devices, and Other Therapeutic Products Act (PMD. Act) were enacted in 2014

### Classification of Regenerative Medical Products

Cellular or tissue based products

Products for gene therapy

- Cell source
- Somatic Cells
- Somatic Stem Cells
- Embryonic Stem Cells
- iPS Cells
- Genetic relationship of cells to host
- Autologous
- Allogenic

- Plasmid vector
- Virus vector
- Non-proliferating virus
- Attenuated virus

Genetically modified cellular products

#### **References for Safety Evaluation**

#### **Cellular based products**

- Guidlines on ensuring the Quality and Safety of Cellular based Products
- Autologous products, 2008
- Allogeneic product, 2008
- Autologous Somatic Stem Cells, 2012
- Autologous iPS-like Cells, 2012
- Allogeneic Somatic Stem Cells, 2012
- Allogeneic iPS-like Cells, 2012
- Embryonic Stem Cells, 2012

#### **Products for gene therapy**

Guidance on ensuring the Quality and Safety of Products for Gene Therapy

2013

PFSB/ELD Notification No.0701-4

#### **□** ICH Considerations

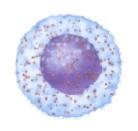
- General Principles to Address Risk of Inadvertent Germ line Integration of Gene therapy vectors, 2006
- General Principles to Address Virus and Vector Shedding, 2009
- Oncolytic Viruses, 2009

PFSB Notification No. 0208003, 0912006, PFSB Notification No. 0907-2,3,4,5,6

1. General considerations for non-clinical safety assessment for regenerative medical products

## Components of Regenerative Medical Products

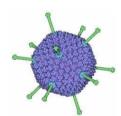
☐ Cells / Tissues





□ Transgenes / Vectors





**□** Non-cellular Ingredients

☐ Impurities from the manufacturing process



### Points to consider for cellular or tissue based products

PFSB Notification No. 0208003, 0912006, PFSB Notification No. 0907-2,3,4,5,6

- Inadvertent cell transformation
- Inadvertent ectopic tissue formation
- Physiologically active-substances produced by cells
- Potential effects on healthy cells or tissue
- Tumor formation
- Undesirable immunological reactions
- General toxicity



 Safety evaluation based on guidance for products for gene therapy, when the products have transgenes.

## Points to consider for products for gene therapy

PFSB/ELD Notification No.0701-4

- Emergence of proliferative virus
- Cytotoxicity on healthy cells or tissue
- Inadvertent gene integration
- Effect of expression of transgene
- Tumor formation
- Undesirable immunological reactions
- General toxicity



#### Toxicity tests for regenerative medical products

Cellular or tissue based products



- General toxicity test
  - Systemic/Local toxicity
  - Effect on vital organs
  - Formation of ectopic tissue
- Tumorigenicity study

Products for gene therapy



- General toxicity test
  - Systemic/Local toxicity
  - Effect on vital organs
  - (Biodistribution, Germline integration)

## 2. General toxicity tests for regenerative medical products

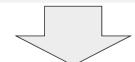
## General considerations for general toxicity study

#### **Cellular or tissue based product**

- Species differences in biological reaction
- ✓ Xenogenic immune responses
- ✓ Inappropriateness of conventional TK/ADME study

#### **Products for gene therapy**

- ✓ Species differences in infectivity or transduction efficiency
- ✓ Worst-case scenario, such as unexpected leak or proliferation of vectors



**Hazard Identification** 

Hazard Identification Risk assessment

#### **General Toxicity: Design**

Cellular or tissue based **Products for gene therapy** products Test **Final product** product Maximum dose: As high as possible (MTD, MFD, ...) Depending on target disease, Dose include the pharmacologically effective dose range establish NOAEL In principle, dosing regimen should reflect the clinical dosing regimen **Dosing** Clinical trial Toxicity test regimen Single Single ICHS6, S9 guidelines may be referred Repeated or Single

#### **General Toxicity: Design**

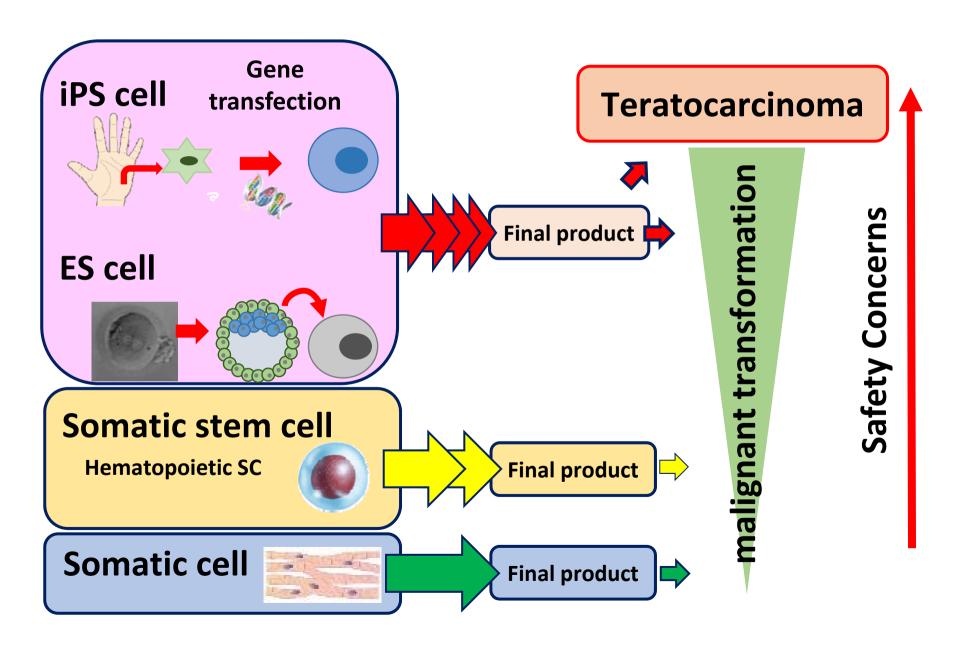
	Cellular or tissue based products	Products for gene therapy	
	Animals expressing pharmacological effect are desirable.		
Animal	<ol> <li>Mechanism of action</li> <li>Xenogenic immune response</li> <li>Anatomical feature</li> </ol>	<ol> <li>Infectivity, Viral tropism</li> <li>Transduction efficiency</li> </ol>	
Route	Therapeutic route-available animals If not, animals available alternative routes		
Species	One species is possible, when warranted.		
Observation	Refer to Toxicity test method guide	elines (ICHS4 guidelines)	



The designs are modifiable depending on the properties of the product.

## 3. Tumorigenicity for cellular or tissue based products

#### Risk of tumorigenicity



#### Tests for tumorigenicity assessments

#### in vitro Testing

- Karyotype
  - → Genetic stability
- Soft agar colony formation assay
  - → Proliferation independent on adhesion





#### in vivo Testing

Testing using immuno-deficient animals







The necessity should be considered on a case-bycase basis, depending on the product characteristics.

#### In vivo Tumorigenicity Test: Design

Test product	Final product	
Route	Therapeutic route (The alternatives when warranted)	
Dosage	As high as possible (MTD, MFD), Single dose	
Dose range	At least 2 groups (control and product)	
Number	10 animals/group	
Period	<ul> <li>High Concerns on risk</li> <li>Until the implanted cells are not detectable</li> <li>The period for which spontaneous lesions or aging-related lesions in test animals are not detected</li> <li>Low Concerns on risk</li> <li>The period for which transformation or proliferation of cells are not observed in histological examination</li> <li>4-16 weeks (Ref. WHO TRS 978)</li> </ul>	

## 4. Assessments on impurities from manufacturing process

## Safety assessments on impurities from manufacturing process

#### In principle

- To identify the impurities in the process, that could remain in final product
- To remove them from the final product as far as possible

#### Step1: Measurement or estimation of residue level in product

- To Measure the amount of impurities wherever possible
- To Estimate from the dilution rate

#### **Step2:** Estimation of human exposure level

 To estimate from the residue level of impurities in the final product and therapeutic dosage of product

**Step3: Safety evaluation using existing information** 

### Safety evaluations using existing information for impurities

Property of Impurities	Existing information
<i>in vivo</i> substance	<ul> <li>Experience as a drugs or excipients on market</li> <li>Normal serum level in human</li> <li>Acceptable daily intake (ADI)</li> <li>NOAEL or MABEL</li> </ul>
Chemicals	<ul> <li>Experience as a drugs or excipients on market</li> <li>Threshold of Toxicological concerns (TTC, ICH-M7)</li> <li>NOAEL or MABEL</li> </ul>
Elemental impurities	ICH-Q3D(Guidelines for elemental impurities)



If the existing information is not available, the conduct of non-clinical safety studies should be taken into consideration.

#### **Summary**

To conduct clinical studies for regenerative medical products,

- Understand what the products are composed of and evaluate the safety of each component properly, including the impurities from the manufacturing process
- Conduct nonclinical safety studies to explain the points to consider in the MHLW guidelines
- Plan the general toxicity studies or tumorigenicity studies, depending on the properties of the product

#### Thank you for your time and kind attention!

