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OMICS International Conferences

OMICS International is a pioneer and leading science event organizer, which publishes around 500 open access journals and conducts over 500 Medical, Clinical, Engineering, Life Sciences, Pharma scientific conferences all over the globe annually with the support of more than 1000 scientific associations and 30,000 editorial board members and 3.5 million followers to its credit.

OMICS Group has organized 500 conferences, workshops and national symposiums across the major cities including San Francisco, Las Vegas, San Antonio, Omaha, Orlando, Raleigh, Santa Clara, Chicago, Philadelphia, Baltimore, United Kingdom, Valencia, Dubai, Beijing, Hyderabad, Bengaluru and Mumbai.



4th International Conference and Exhibition on Pharmacovigilance & Clinical Trials

The regulation of allogeneic human cells and tissue products as biomaterials



Kazuo Yano and Masayuki Yamato

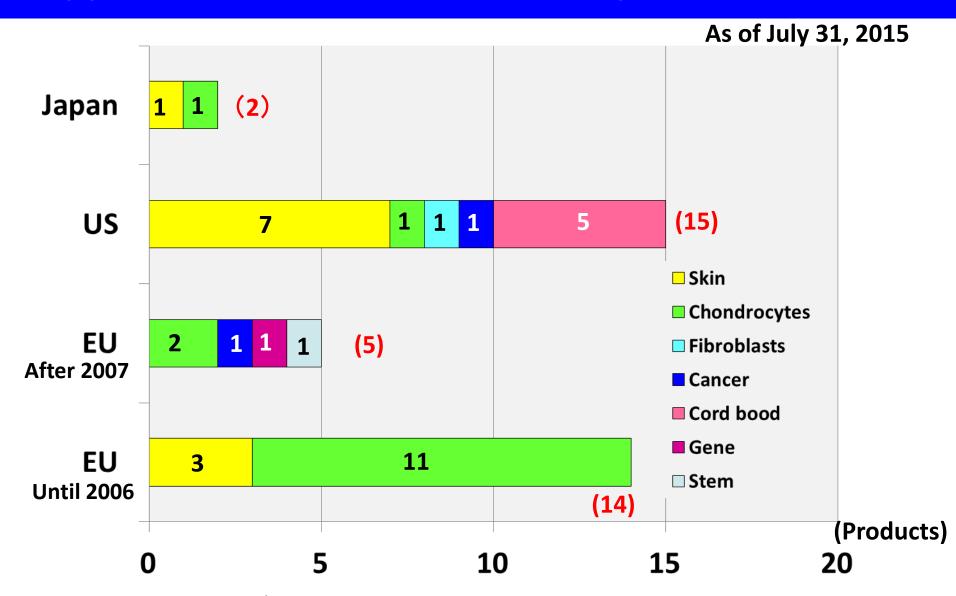


Institute of Advanced Biomedical Engineering and Science, Tokyo Women's Medical University, Japan.

Definition of Biomaterials

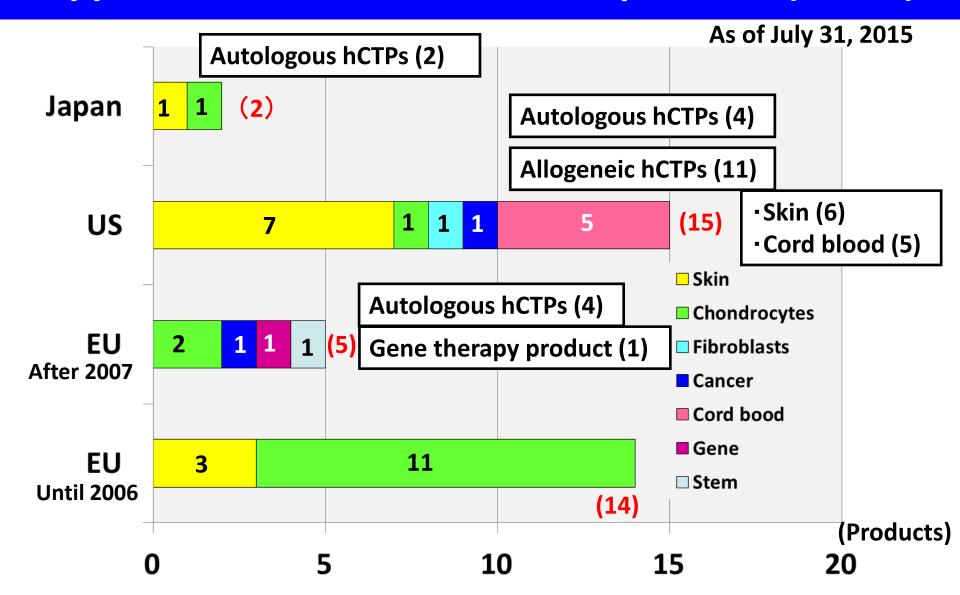
- Materials intended to interference with biological systems to evaluate, treat, augment or replace any tissue, organ or function of the body (The Williams dictionary of biomaterials, 1999)
- Substances that have been engineered to take a form which, alone or part a complex system, are used to direct, by control of interactions with components of living systems, the course of any therapeutic or diagnostic procedure, in human or veterinary medicine (On the nature of biomaterials, Biomaterials: 2009)
 - **Engineered tissues, cells, organs** and even viruses

Approved human cell and tissue products (hCTPs)



EU: Regulation(EC) No1394/2007 regarding advanced therapy medicinal products was issued in 2007

Approved human cell and tissue products (hCTPs)



EU: Regulation(EC) No1394/2007 regarding advanced therapy medicinal products was issued in 2007

Outline

- > Regulation of human cell and tissue products (hCTPs) in Japan, the United States (US), and the European Union (EU)
- > Premarket approval of hCTPs in the US
 - Autologous hCTPs
 - Allogeneic hCTPs
 - ✓ Somatic cell therapy products
 - ✓ Unrelated allogeneic placental/umbilical cord blood products
 - Gene therapy medicinal products
- >Summary and conclusions

Allogeneic hCTPs have a great possibility to develop therapeutics for life threating diseases or orphan diseases

Regulation of hCTPs in Japan, the US, and EU

Nation /area	Classification	Regulation
Japan	Regenerative medical products •Cell/tissue-engineered products •Gene therapy products	•Pharmaceuticals, Medical Devices, and Other Therapeutic Products Act (PMD Act: November 2013)
US	Human cells, tissues and cellular tissue-based products (HCT/Ps) •351HCT/Ps •361HCT/Ps	 Public Health Service Act, Section 351 and 361 21CFR1271: Human Cells, Tissues, and Cellular and Tissue-Based Products (HCT/Ps) ✓21CFR1271.10: 361HCT/Ps ✓21CFR1271.15: Exception ✓21CFR1271.20: 351HCT/Ps (regulated as drugs, medical devices, or biological products)
EU	Advanced therapy medicinal products (ATMPs) •Somatic cell therapy medicinal products •Tissue engineered products •Gene therapy medicinal products	 Regulation (EC) No 1394/2007: Advanced-therapy medicinal products Regulation (EC) No 726/2004: EU central market authorisation

Allogeneic hCTPs: Somatic cell therapy products

TransCyte®

Apligraf[™]

Composite Cultured Skin

OrcelTM









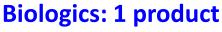
2001

2001

Dermagraft®

Gintuit

Medical devices: 5 products







Allogeneic hCTPs: Somatic cell therapy products

TransCyte®

ApligrafTM

Composite Cultured Skin

OrcelTM



Full-thickness and deep partial-thickness thermal burns wounds

Dermagraft®



Non-infected partial and full-thickness skin ulcers, and diabetic foot ulcers

Gintuit



Mitten hand deformity due to recessive dystrophic epidermolysis bullosa (RDEB)



Burns wound

Medical devices: 5 products

Biologics: 1 product

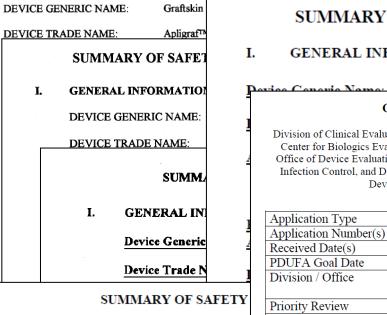


Surgically created vascular wound bed in the mucogingival condition

SUMMARY OF SAFETY AND EFFECTIVENESS DATA







GENERAL INFORMATION

Device Generic Name:

Device Trade Name:

Applicant's Name and Address:

Premarket Approval Application (PMA):

SUMMARY OF SAFETY AND EFFECTIVENESS DATA

GENERAL INFORMATION

CLINICAI

Division of Clinical Evaluation, Office Center for Biologics Evaluation and Office of Device Evaluation, Division Infection Control, and Dental Device Devices and Rad

PDUFA Goal Date Division / Office Priority Review **CBER Reviewer** CDRH Periodontal Consultant Review Completion Date / Stamped Date Applicant Established Name (Proposed) Trade Name Pharmacologic Class Formulation, including Adjuvants, etc

Dosage Form and Route of Administration Indication and Intended

Population

I concur with this review. M. Serabian 12/29/11

FOOD AND DRUG ADMINISTRATION Center for Biologics Evaluation and Research Office of Cellular, Tissue and Gene Therapies Division of Clinical Evaluation and Pharmacology/Toxicology Pharmacology/Toxicology Branch

BLA NUMBER: DATE PHARM/TOX MODUI

RECEIVED BY CENTER:

DATE REVIEW COMPLETE

PRODUCT: SPONSOR:

PROPOSED INDICATION:

PHARM/TOX REVIEWER: PHARM/TOX SUPERVISOR DIVISION DIRECTOR: OFFICE DIRECTOR: PROJECT MANAGER:

Formulation and Chemistry: Apligraf® (oral) is a bi-layered

keratinocytes (---b(4)-----), f collagen. The upper layer is ma foreskin), which are organized skin. The supporting lower lay extracellular matrix proteins, a



STN# 125400.000

STATISTICAL REVIEW AND EVALUATION BLA

BLA/Supplement Number: Product Name:

Indication(s): Surgically created gingival and alveolar mucosal surface

Applicant: Organogenesis Date submitted: May 13, 2011 Review Priority: Standard

Statistical Branch: Therapeutics Evaluation

Primary Statistical Reviewer:

John Scott, Ph.D.

Concurring Reviewer (1):

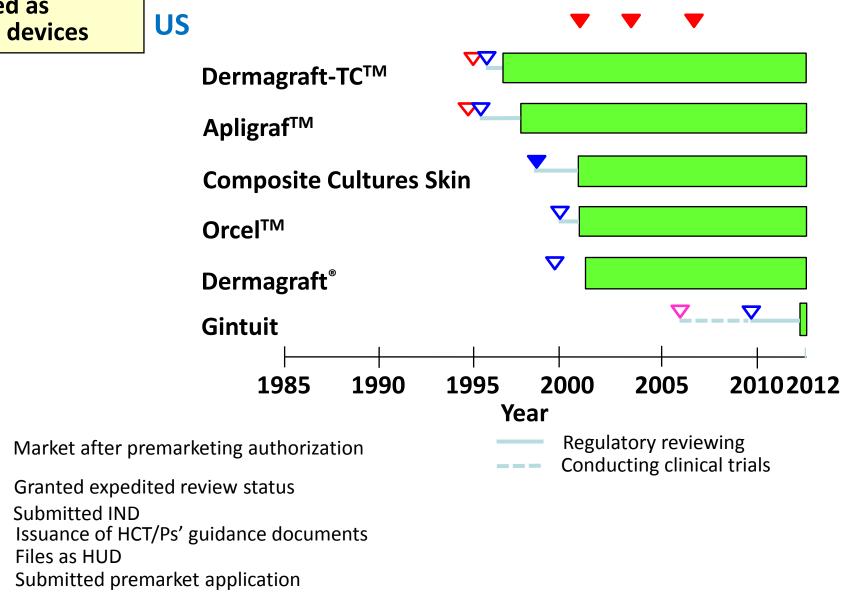
Shiowjen Lee, Ph.D. 2/3/2012

Concurring Reviewer (2):

Reviewed the summary of safety and effective data of medical devices as allogeneic hCTPs

2/3/2012

 Conducted and approved as medical devices



 Conducted and approved as US medical devices **Dermagraft-TC[™]** Gintuit (changed) **Apligraf**[™] indication of ApligrafTM) to be **Composite Cultures Skin** changed from PMA to BLA after **Orcel**TM submission **Dermagraft**® **Gintuit** Gintuit to be approved as **Biologics** 1985 1990 1995 2000 2005 20102012 Year Regulatory reviewing Market after premarketing authorization O Major guidance of HCT/Ps Jurisdiction of HCT/Ps was 21 CFR 3.1 Definitions transferred to the Center for were in the effective on **Definition of primary mode** of action on combination **Biologics Evaluation and** May 25, 2005 Research (CBER) on March

24, 2005

application

products on August 25, 2005

Safety and efficacy evaluation of allogeneic hCTPs **Preapproval evaluation Postapproval evaluation** Trade name

Nonclinical studies

Multi-center, nonrandomized,

unmasked study to receive at

Nonclinical studies

Pilot study (10 patients)

Pivotal study: single piece study

(Dermagraft- TC [™])	 •Infectious agent testing •Biocompatibility studies •Functional studies •Stability, shipping, thawing studies •Comparability testing 	•Not conducted
	Clinical studies	Clinical studies

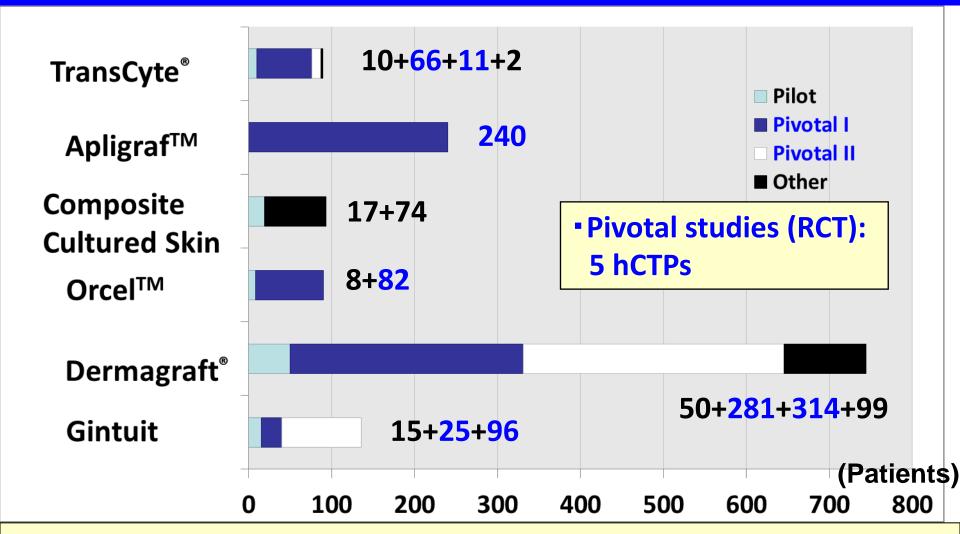
TransCyte®

(66 patients) least 100 patients at 5-10 sites Pivotal study: multiple pieces (actually performed with 14 study (11patients) patients) Emergency use (2 patients)

Pilot study (10 patients); Pivotal study (66 patients and 11 patients)

 Of 6 hCTPs, 5 products were conducted as pivotal clinical trials with investigational device or comparator such as control treatment to confirm safety and efficacy

Clinical studies for allogeneic hCTPS



 Conducting RCTs (randomized controlled trials) enable allogeneic hCTPs to evaluate safe and efficacy during premarket approval review

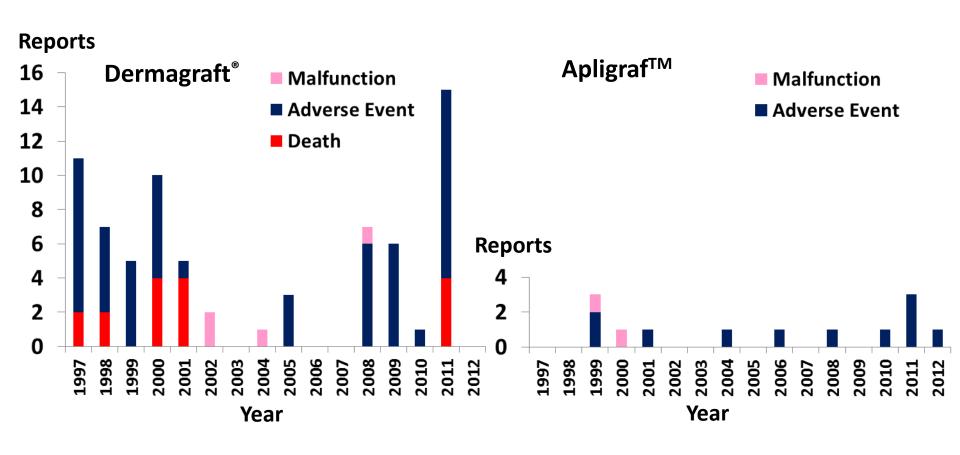
Statistical Guidance for Clinical Trials of Non **Diagnostic Medical Devices**

Office of Surveillance and Biometrics, Center for Devices and Radiological Health U.S. Food and Drug Administration, January 1996

- I. Introduction
- II. Valid Scientific Evidence
- III. Design of the Clinical Trial
 - A. The Trial Objective
 - B. Pilot or Feasibility Study
 - C. Identification and Selection of
 - Variables
 - D. Study Population
 - E. Control Population
 - F. Methods of Assigning Interventions
 - G. Specific Trial Designs
 - H. Masking
 - I. Trial Site and Investigator
 - J. Sample Size and Statistical Power
 - IV. The Protocol

- V. Clinical Trial Conduct
 - A. Trial Monitoring
 - B. Baseline Evaluation
 - C. Intervention
 - D. Follow-up
 - E. Collection and Validation of
 - Data
- VI. Clinical Trial Analysis
 - A. Validation of Assumptions
 - B. Hypotheses and Statistical
 - **Tests**
 - C. Pooling
 - D. Accountability for Patients
- VII. Bibliography
- VIII. Appendix on Sample Size

Adverse events reporting



- Dermagraft *: 73 reports included Dermagraft-TC[™] and TransCyte*
- Apligraf[™]: 13 reports included Graftskin

Medical device safety: Recalls

Trade name	Recall class and reasons						
TransCyte [®]	Not applicable (NA)						
Apligraf™	Class 3: Product pH out of specification (2006/10/24) Class 2: Contamination in agarose nutrient medium (2008/1/24) Class 2: Unit contamination with <i>S. epidermis</i> (2009/11/12) Class 2: Product contamination with a yeast (2010/9/28) Class 2: Product sterility compromised (2011/3/23, twice)						
Composite Cultured Skin	NA						
Orcel TM	NA						
Dermagraft ®	Class 2: Did not meet finshed device specification (2003/6/4)						
Gintuit	NA	Apligraf [™] : 6 and 8 times Dermagraft [®] : 1 time					

Change records of premarket application approval

Trade name	PMA supplement type				Total	Reason				
	180- day	Real- time	Special	30-day/ 135-day	ND		Label- ing	Manu- factur e proces s	Post- approval study	ND
TransCyte [®]	12	4	1	2	2	21	4	10	5	2
Apligraf [™]	9	27	2	20	10	68	7	50	1	10
Composite Cultured Skin	-	-	-	-	-	-	-	-	-	-
Orcel™	-	2	-	-	-	2	-	2	-	-
Dermagraft [®]	1	0	2	5	4	12	1	7	-	_ 4
C: a Far Anligra fTM CO DNAA cumplaments ware cultivited.										

- Gi •For Apligraf™, 68 PMA supplements were submitted; 50 manufacture process changes including 21 new cell lines
 - For Dermagraft[®], 21 PMA supplements were submitted; 10 manufacture process changes

Summary of allogeneic HCTPs

- Of six allogeneic HCTPs, five were approved as medical devices, and the other one as biologics
- Jurisdiction of HCT/Ps was transferred to CBER from Center for Device and Radiological Health: CDRH)
 - Gintuit had to change premarket approval (PMA) application into biologics license application (BLA)
 - Five products were conducted RCTs as medical devices using statistical guidance
 - Adverse event reporting: Dermagraft® (73 reports), Apligraf™ (13 reports)
 - Recalls were voluntarily conducted on Apligraf[™] (8 and 6 times) and Dermagraft® (1 time)
 - PMA holders were submitted PMA supplement 68 times for ApligrafTM and 21 times for Dermagraft[®]: the most of reasons are manufacturing changing including cell line change

Conclusions of allogeneic HCTPs

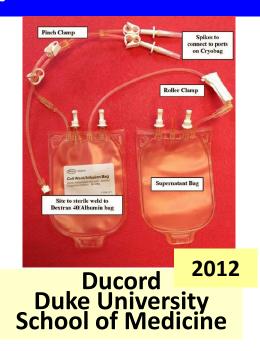
- Since allogeneic cell sources would enable to produce large-scale lots of products having well-controlled quality with lots of products, they can be established as a good business model that brings profits
- In the future, it is widely expected that various kinds of allogeneic human cells and tissue products would be on market

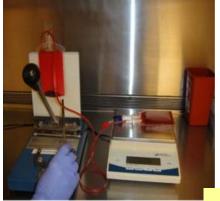
Allogeneic hCTPs: Unrelated allogeneic placental/umbilical cord blood products





HPC, Cord Blood Clinimmune Labs, University of Colorado Cord Blood Bank





2013 Allocord
SSM Cardinal Glennon
Children's Medical Center,
St. Louis University



HPC, Cord Blood BLA 125432 LifeSouth Community Blood Centers, Inc., Florida University

Indication for allogeneic cord blood hematopoietic progenitor cell therapy

- Allogeneic cord blood hematopoietic progenitor cell therapy indicated for use in unrelated donor hematopoietic progenitor cell transplantation procedures in conjunction with an appropriate preparative regimen for hematopoietic and immunologic reconstitution in patients with disorders affecting the hematopoietic system that are inherited, acquired, or result from myeloablative treatment
- The risk benefit assessment for an individual patient depends on the patient characteristics, including disease, stage, risk factors, and specific manifestations of the disease, on characteristics of the graft, and other available treatment or types of hematopoietic progenitor cells

All unrelated allogeneic placental/umbilical cord blood products have same indication as above mentioned

Regulation on allogeneic cord blood hematopoietic progenitor cell therapy in the US

- Minimally manipulated, unrelated allogeneic placental/umbilical cord blood indented hematopoietic reconstitution for specified indication (2009): Recommendation for the submission of a BLA for umbilical cord blood
- •In October 2009 Federal Register notice, the FDA announced that manufacturers of cord blood will be required to have an approved BLA or IND in effective for unrelated cord blood shipped after October 20, 2011



- √ Hemacord: approved on November 10, 2011
- ✓ HPC, Cord Blood: approved on May 24, 2012
- ✓ Ducord: approved on October 4, 2012
- ✓ Allocord: approved May 30, 2013
- √ HPC, Cord Blood BLA125432: approved June 13, 2013.

Efficacy evaluation

	Study design	Patients	Recovery of neutrophils at Day 42 (>500/uL)	Median day of neutrophil recovery	Recovery of platelets at Day 100 (>20000/uL)	Median day of platelets recovery
COBLT	One arm, prospective	324	76%	27	57%	90
Dockets	Retrospective	1299	77%	25	Not available	Not available
Hemacord	Retrospective	2460 (155)	74% (83%)	25 (20)	62% (77%)	65 (45)
HPC, Cord Blood	Retrospective	293	77.6%	24.5	61%	55
Ducord	Retrospective	550	95%	21	92%	46
Allocord	Retrospective	1086	88%	Not available	87%	Not available
HPC, Cord Blood BLA125432	Retrospective	22	91%	22	95%	44

Recovery of neutrophils and platelets of each product were similar to the datasets of COBLT(Cord Blood Transplantation Study), Dockets FDA-1997-N-0010, and FDA-2006-D-0157

Safety evaluation

COBLT One arm, prospective 324 Not available Not available Not available Dockets Retrospective 1299 635/1229 (48.9%) 328/1299 (25.3%) 813/1182 (69%) Hemacord Retrospective 2460 (155) 1499/2691 (56%) 932/2691 (35%) 1286/2326 (55%) HPC, Cord Blood Retrospective 293 162/313 (52%) 93/257 (36.3%) 29/63 (46%) Ducord Retrospective 937 513/937 (55%) 343/646 (60%) 386/646 (60%) Allocord Retrospective 501 214/501 (43%) 85/499 (17%) 257/501 (51%) HPC, Cord Blood BLA125432 Retrospective 22 12/22 (55%) 7/22 (32%) 25/53 (46%)		Study design	Patients	Total mortality	mortality (Day 100)	Acute GVHD
Hemacord Retrospective 1299 (48.9%) (25.3%) (69%)	COBLT	•	324	Not available	Not available	Not available
Hemacord Retrospective (155) (56%) (35%) (55%) HPC, Cord Blood Retrospective 293 162/313 (52%) 93/257 (36.3%) 29/63 (46%) Ducord Retrospective 937 513/937 (55%) 343/646 (22%) 386/646 (60%) Allocord Retrospective 501 214/501 (43%) 85/499 (17%) 257/501 (51%) HPC, Cord Blood Retrospective 22 12/22 (55%) 7/22 (32%) 25/53 (46%)	Dockets	Retrospective	1299	•	•	•
Cord Blood Retrospective (52%) (36.3%) (46%) Ducord Retrospective 937 513/937 (55%) 343/646 (22%) 386/646 (60%) Allocord Retrospective 501 214/501 (43%) 85/499 (17%) 257/501 (51%) HPC, Cord Blood Retrospective 22 12/22 (55%) 7/22 (32%) 25/53 (46%)	Hemacord	Retrospective				•
Ducord Retrospective (55%) (22%) (60%) Allocord Retrospective 501 214/501 (43%) 85/499 (17%) 257/501 (51%) HPC, Cord Blood Retrospective 22 12/22 (55%) 7/22 (32%) 25/53 (46%)	•	Retrospective	293	-		•
Allocord Retrospective (43%) (17%) (51%) HPC, Cord Blood Retrospective 22 12/22 7/22 25/53 (46%)	Ducord	Retrospective	937			the state of the s
Blood Retrospective 22 12/22 7/22 25/53 (46%)	Allocord	Retrospective	501	•	•	•
	Blood	Retrospective	22			-

Total mortality, early mortality, and rate of acute GVHD(graft versus host disease) of were similar to the datasets of COBLT(Cord Blood Transplantation Study), Dockets FDA-1997-N-0010, and FDA-2006-D-0157

Review report of unrelated allogeneic placental/umbilical cord blood products

- Many review comments on CMC (chemistry, manufacturing, and controls) described:
 - ✓ Should be compliant with CGMP
 - ✓ Need to establish validation for manufacturing procedures and quality control
- Sources of data for clinical review included published literatures, the dockets (Dockets FDA-1997-N-0010 and FDA-2006-D-0157), and the COBLT study (Cord Blood **Transplantation Study)**
- None of RCT (Randomized Controlled Trial) compliant with GCP was conducted
- No preclinical study data was submitted

Let us meet again..

We welcome you all to our future conferences of OMICS International

5th International Conference & Exhibition on Pharmacovigilance & Clinical Trials
On

September 19 – 21, 2016 at Vienna, Austria http://pharmacovigilance.pharmaceuticalconferences.com/