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The 'Roadmap for Growth' Life Sciences Event



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Workshop four:

Accelerating Patient Access to Cell and Gene Therapies via Integrated CRO, CDMO and Sponsor Partnership



Jennifer Pietrowski Thermo Fisher Scientific



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Accelerating Patient Access to Cell and Gene Therapies through integrated CRO, CDMO and Sponsor partnership

Jennifer Pietrowski

Senior Director, Project Management Thermo Fisher Scientific 26 September 2023

The world leader in serving science

Agenda

Cell and Gene Therapy Potential

Complexities of Cell and Gene Therapy Manufacturing

Complexities of Cell and Gene Therapy Clinical Development

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How Thermo Fisher Scientific can help you

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An evolving market landscape

Growing market¹

- Global cell therapy market valued at \$4.77B in 2022
- Projected to grow at a compound annual growth rate (CAGR) of 16.5% from 2023 to 2030
- Oncology and rare diseases most targeted groups

Possible regulatory decisions in 2023 – Cell therapies²

- Afami-Cel Advanced synovial sarcoma (Adaptimmune Therapeutics)
- HPC Cord blood Unrelated donor hematopoietic progenitor cell transplantation (StemCyte)
- Lifileucel Metastatic melanoma (lovance)
- Omidubicel Hematological malignancies (Gamida Cell)
- Remestemcel-L Steroid-refractory acute graft vs. host disease (Mesoblast)
- Tab-cel Epstein-barr virus associated post transplant lymphoproliferative disorder (Atara Biotherapeutics)

2. Alliance for Regenerative Medicine Sector Snapshot, April 2023.

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Grand View Research. Cell therapy market size, share, & trends analysis report by therapy type, by therapeutic area, by region, and segment forecasts, 2023-2030.

Classification of Medicinal Products



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>Adoptive cell therapies are complex biologicals that are based on tissues or cells.

>Unlike chemical or other biological medicines, cell therapies are derived from human donor cells which are then manipulated to become the medicine.

What Are the Key CGT Types and How Do They Differ?



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Cell and Gene Therapy by modality

Five years - 135+ studies supported

Gene therapy Cell therapy 39% AAV, Adenovirus, Arenavirus. 22% CD34+, MSC, NK, TIL, Renal, Lentivirus, Oncolytic Virus, Plasmid Gamma Delta T, T cell, misc. 18% Gene-modified cell **Gene-targeting** 22% therapy therapy ASO, PMO, CAR T, TCR T, CAR NK, therapeutic mRNA, CD34+ siRNA/RNAi

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Primary Indications

Anemia, Sickle Cell Arthritis Cancer, Breast Cancer, Head and Neck Carcinoma, NSCL Cystinosis Diabetic Foot **Diabetic Peripheral Neuropathy** Gaucher Disease Immunologic Deficiency **Kidney Diseases** Leukemia Lymphoma Leukodystrophy Melanoma Multiple Myeloma Periventricular Leukomalacia Pompe Disease Scleroderma Solid Tumors (other) Wiskott-Aldrich Syndrome



Considerations – Starting with the End in Mind

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Supply Chain

- Raw material grade
- Inventory availability

Formulation and Packaging

- Target tissue
- Route of administration
- · Package composition
- Storage conditions

Manufacturing Infrastructure

- · Build
- Buy
- Outsourced
 - Early phases
 - Through commercial

Patient and Market Access

- **Regulatory Challenges**
- HTA/Payer Considerations
- Patient Pathways

Logistics

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- Domestic vs International
- Geographic Considerations
- Import/Export Restrictions

Other Considerations



- IBC Approvals
- Site Accreditations
- Intellectual Property



The CGT clinical value journey is complex

Long and nonlinear patient journey involving several stakeholders and locations



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Improving Patient Journey for CGT Trials





- + CGT trials are complex, SOC is taxing for patient
- + Awareness and willingness to enroll requires empathy in information sharing

Education &

Informed Consent

Patient Logistics & Travel + Complex supply chains & patient logistics



Complex care needs

 Patients require complex care before, during, and after therapy



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Follow-up requirements

+ Up to 15-year long term follow-up monitoring is required





Incorporate Patient Voice into trial design



Early education to raise awareness



Collaboration across CGT value chain



Patient and Site Services



Digitization & Decentralized Trials

>10 years of CGT clinical research experience

Delivering sponsor's assets through clinical development and beyond

Clinical research benefits



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C H Tapping into medical scientific expertise across the industry through PPD's CGT Institute and I-O and Cell Therapy Center of Excellence



Real time and continued operational best practices through Operational Centers of Excellence and Training Academies

Collaboration and control through established governance and operational model with focus on talent



Access to patients through established relationships with CGT Investigator Sites globally



Positive impact and risk reduction for sponsor

- Institute serves in an internal strategic advisory capacity
- Study teams have access to SMEs when questions arise
- · Sponsors have access to this Thought Leadership in the CGT space
- **Continued Training and sharing** of lessons learned and experiences, best working practices and data repositories, in real-time
- Based upon global corporate experience, successful operational delivery includes:
 - Monitoring over >1,000 Clinical sites, >4,000 Patients dosed and ~\$1B clinical development investment
- · Flexible model allows for resources to be mobilized to ensure data integrity and currency
- Proven ability to recruit and retain top talent with CGT experience over the past 20 years;
 15% growth YoY over the last 5-years
- CGT CRAs >20% of total global resource pool, with >20% of professionals >3-years of real-world experience
- Our experience with Sites will enable a more personal, faster start-up, and efficient continued study management
- Enhanced enrollment planning based upon real world site metrics
- Deep **Regulatory** intelligence in >45 countries can be leveraged across global CGT experience
- Building relationship re value/payer/access projects
- Leveraging our Industry-renowned Digital capabilities and decentralized trial solutions for LTFU studies

Case Study: Seamless delivery of complex Phase 2 basket ACT trial through careful logistical planning



Situation

- Ph. II autologous cell therapy protocol implemented across NA & EMEA (DEU, ESP, GRE, GRE, UK, CAN, USA): 43 sites
- Basket Trial design seven cohorts (solid tumors)
- Training stake holders across multiple departments on processes ensuring the Chain of Custody (CoC) & Identify (CoI)
- Negotiation of manufacturing slots
- Mitigation against short fall in procurement supplies & co-therapy supplies due to human error or supply/demand issues
- Ensuring high data currency & data quality during rapid enrollment data acquisition:
 - Screened = 255
 - Procured 183
 - Treated = 130



- Establishment of executive oversight
- Logistics plan" detailing the "hand-to-hand" transfer of cellular product, including verification of "CoC"
- Communication platform
- Customized projection tool for supply chain management
- Customized projection tool for monitoring time & resource requirements (primary & floater CRAs)





Impact

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- Alignment on goals & solutions; high level customer satisfaction & subsequent noncompete award of a second study
- 183 subjects (cellular starting material procured) & 130 infusions (enrollment ongoing) completed successfully
- Global clinical logistics team interaction with sites, medical monitors, vendors accommodated schedule changes of critical events and/or supply challenges resulting from last minute short fall (supply/demand issues, temperature excursions, expiries) eliminating potential negative impacts, therefore reducing burden on site staff, sponsor, and reducing waste & cost
- Data entry, SDV and query resolution at >95%, >90%, >95%, respectively.

Thermo Fisher Scientific expanded clinical capabilities across the drug development spectrum – CDMO + CRO



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Key takeaways from understanding the cell therapy trial patient journey

CDMOs can improve patient centricity by:

- automating manual processes to reduce production timelines and ultimately vein-to-vein time for patients
- **optimizing** safety and efficacy of final product through improved analytics
- leveraging robust quality systems to mitigate risks and reduce time and cost
- navigating complex regulatory landscape to support improved treatment accessibility

CROs can improve patient-centricity by:

- incorporating 'patient voice' into trial design and execution
- educating providers and patients to raise awareness
- providing differentiated site and patient services across the trial
- decentralizing CGT trial components where
 possible to reduce patient burden
- **collaborating** with stakeholders across the CGT value chain

These benefits are amplified through Thermo Fisher Scientific's integrated research, development, manufacturing and clinical trial capabilities – a positively differentiated end-to-end cell therapy offering

Thank you

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