



London, 10 October 2007
Doc. Ref. EMEA/CHMP/BWP/271475/2006

**COMMITTEE FOR MEDICINAL PRODUCTS FOR HUMAN USE
(CHMP)**

**GUIDELINE ON POTENCY TESTING OF CELL BASED IMMUNOTHERAPY
MEDICINAL PRODUCTS FOR THE TREATMENT OF CANCER**

DRAFT AGREED BY BWP	11 October 2006
ADOPTION BY CHMP FOR RELEASE FOR CONSULTATION	16 November 2006
END OF CONSULTATION (DEADLINE FOR COMMENTS)	31 May 2007
AGREED BY BWP	10 October 2007
ADOPTION BY CHMP	15 November 2007
DATE FOR COMING INTO EFFECT	15 May 2008

KEYWORDS	<i>Immunotherapy; potency testing; cell-based products</i>
-----------------	--

**GUIDELINE ON POTENCY TESTING OF CELL BASED IMMUNOTHERAPY
MEDICINAL PRODUCTS FOR THE TREATMENT OF CANCER**

TABLE OF CONTENTS

1.	EXECUTIVE SUMMARY	3
2.	INTRODUCTION (BACKGROUND).....	3
3.	SCOPE	3
4.	LEGAL BASIS	4
5.	ASPECTS TO POTENCY TESTING OF CELL BASED IMMUNOTHERAPY PRODUCTS	4
5.1	IN VIVO (ANIMAL) POTENCY TESTING	5
5.2	IN VITRO POTENCY TESTING	5
5.3	VIABLE CELL COUNT	6
5.4	AUTOLOGOUS CELL BASED PRODUCTS.....	6
5.5	REFERENCE PREPARATION	6
5.6	ADJUVANT CONTAINING IMMUNOTHERAPY PRODUCTS	6
	DEFINITIONS	7
	REFERENCES (SCIENTIFIC AND / OR LEGAL)	8

1. EXECUTIVE SUMMARY

Licensed biological medicinal products must meet specifications for appearance, identity, purity, biological activity and/or quantity of the drug substance. Determining the biological activity of cell based immunotherapy products is not easy since the active ingredient is usually composed of whole cells and the activity of these products can generally not be attributed to one specific cell characteristic. The potency (i.e., the quantitative measure of biological activity) of cell based immunotherapy products can be measured using *in vivo* or *in vitro* tests. An appropriately validated potency assay should be based on a defined biological effect as close as possible to the mechanism(s) of action/clinical response. Surrogates for potency may be developed to demonstrate biological activity of the test sample. Development and validation of such assays for cell based immunotherapy products need special considerations. This document represents CHMP's current thinking on these issues.

2. INTRODUCTION (background)

Cell based immunotherapy aims at treating patients by stimulating their immune system using autologous or allogeneic cells. Immunotherapy of cancer is based on an immune response targeted against tumour-specific/tumour associated antigen(s), leading to destruction of malignant cells. The targeting of interactions between the immune system and the tumour constitute a complex approach of which the precise mechanisms of action are often not fully understood.

In the scientific literature, cell based immunotherapy products for the treatment of cancer are sometimes called cell based tumour vaccines or cancer vaccines.

Assessment of the biological properties constitutes an essential step in establishing a complete characterisation profile of a biological medicinal product. Due to their complexity, cell based immunotherapy products cannot be fully characterised like products derived by recombinant DNA techniques. Nevertheless, as for any biological medicinal product, the biological activity is an important characteristic and needs to be determined for cell based immunotherapy products.

According to the ICH guideline¹ the biological activity describes the specific ability or capacity of a product to achieve a defined biological effect. Potency is the quantitative measure of biological activity based on the attribute of the product, which is linked to the relevant biological properties.

Current guidance on cell therapy based medicinal products is found in the Guideline for Human Cell based Medicinal Products (CHMP/410869/2006) replacing the CPMP Points to consider (PtC) on the manufacture and quality control of human somatic cell therapy medicinal products (CPMP/BWP/41450/98). According to these guidelines the final cell therapy product should be subjected to quality control and lot release testing as well as to tests to evaluate the shelf-life of the product. This should include a potency assay, which should be properly validated. However, specific guidance related to the development and validation of such assays is not available.

This document intends to provide further guidance on specific requirements related to the development and validation of potency assays for cell based immunotherapy products. Other existing guidelines related to testing may be relevant and should be consulted^{1,2}.

3. SCOPE

This guidance document covers viable cell products for cancer-immunotherapy from autologous or allogeneic origin, consisting of e.g. whole tumour cells or autologous dendritic cells loaded with tumour antigens, all intended to induce tumour-specific cytotoxicity although the immunological pathway may differ between products. Tumour-specific cells intended for adoptive transfer (i.e. passive immunisation strategies) are also included, for example ex-vivo primed T-cells. Some principles outlined in this document may also be applicable to tumour cell lysates.

The cells may be chemically treated or genetically modified *in vitro* to immortalize them or to express certain gene products like growth factors or tumour antigens. If the medicinal product is to be considered as a gene therapy medicinal product³, further guidance can be found in the Note for Guidance on the Quality, Preclinical and Clinical Aspects of Gene Transfer Medicinal Products⁴.

4. LEGAL BASIS

This guideline has to be read in conjunction with the introduction and general principles (4) and Part I: Standardised marketing authorisation dossier requirements as well as Part IV: Advanced therapy medicinal products of the Annex I to Directive 2001/83/CE as amended.

5. ASPECTS TO POTENCY TESTING OF CELL BASED IMMUNOTHERAPY PRODUCTS

Appropriately designed potency assays provide an accurate, reliable and consistent demonstration of the biological activity of the active ingredient either at the level of drug substance and/or drug product. In principle the results of a potency assay should provide assurance that the amount of the active ingredient is sufficient to induce a meaningful response and that the amount is consistent from batch to batch. As such, the potency assay should be able to detect clinically meaningful changes in the amount of active ingredient in a human dose of a product.

Determining the biological activity of cell based immunotherapy products is not easy since the active ingredient is usually composed of whole cells and the activity of these products can generally not be attributed to one specific cell characteristic. Potency assays for immunotherapy products will be based on complex immune mechanisms which are often poorly or incompletely understood and which may be complicated by multi-antigen formulations and inherent variability of the starting material.

Nevertheless, to assure a consistent functional activity of the medicinal product in the recipient, the potency of the product within justified limits should be demonstrated by a bioassay based on a defined biological effect as close as possible to the mechanism(s) of action/clinical response.

To define the biological effect, a proper understanding of the biology of these cells is necessitated. Therefore, phenotypic and functional properties of the cells should be extensively characterised. Based on these characteristics and the mode(s) of actions established in non-clinical studies the concept of the analytical assay should be deduced. One or more antigens may be selected that are linked to the defined mechanisms of action. It is generally acknowledged that cellular immunity plays a key role in the immunological destruction of tumours. Therefore, several assays under development have been based on this principle. The mechanisms of action may be more complex involving both a cellular and humoral immune response. Assays based on antibody formation against selected antigens or assay based on quantitative antigen expression could thus be considered as well. However, the results of the pivotal studies should ultimately support the chosen assay. Induction of a non-relevant immune response (e.g. an antibody response that is not relevant as regards to the defined biological effect) in animals following administration of the medicinal product is generally not accepted as a measurement of potency.

Ideally, one single properly developed and validated assay is sufficient to cover both characterisation issues and batch release testing. However, different kinds of assays may be needed depending on the purpose of the assay, e.g. to characterise the active substance, to validate the production process, to show batch-to-batch consistency, and to determine the stability during shelf life. A potency assay is an extremely valuable tool to provide assurance of unaltered biological characteristics of the product throughout the development of the product. This is especially important when changes to the manufacturing process are introduced after production of material for non-clinical studies or pivotal clinical studies.

It may be prudent to develop in parallel different potency assay most suitable for their intended use. These may comprise for example functional bioassays or, where justified, assays based on quantitative antigen expression.

Preferably, a suitable potency assay should be in place already when material for the first clinical trial is produced and it should be validated prior to phase III clinical trials unless otherwise justified. Lot release and shelf life specifications for potency should be determined and amended during product development, as appropriate. It is strongly recommended that the development of a suitable potency assay be started as soon as possible.

Potency of cell based immunotherapy products can be measured in a number of different assays including *in vivo* and *in vitro* test systems.

5.1 *In vivo (animal) potency testing*

An *in vivo* potency assay is a useful tool to verify the biological activity of the active ingredient. However, the development of a relevant biological *in vivo* potency assays for cell based immunotherapy products may be hampered by the lack of a relevant animal model due to the inherent immunological differences between man and animals. In addition to the lack of suitable animal models, it is acknowledged that such assays very often suffer from wide inherent biological variability. *In vivo* potency testing may also be particularly lengthy to perform and as such may not be practical for lot release. However, the use of relevant animal models should be fully explored for their applicability for routinely performed assays. Moreover, they might be useful as a product characterization tool, e.g., after the introduction of a process change or any other change that may impact the quality of the medicinal product. For example, animals which are transgenic for human major histocompatibility antigens can be used to present human antigens to the immune system of these animals. Also, immuno-compromised animals (e.g., athymic mice) might be used to determine the functional response of adoptively transferred human T-cells as the measurement of potency.

As for any animal based potency assay, suitable conditions for conducting *in vivo* animal testing should be set after appropriate validation. Some principles outlined in current available guidance for biological assays of prophylactic vaccines and their statistical analysis may be useful (e.g. Ph.Eur. 2.7 & 5.3.6).

5.2 *In vitro potency testing*

With *in vitro* assays, a biochemical or physiological response can be measured at the cellular level. Such assays may be suitable as a direct measure of the biological activity on a routine basis, i.e. for monitoring product consistency in batch release testing. Measurable parameters are, for example, *in vitro* lysis of target cells by tumour-specific (CD8) T-cells, *in-vitro* cytokine production by specific cells, e.g. lymphocytes in response to the product, and co-stimulatory capacity of dendritic cells (DCs).

Where a direct measure of potency is not possible, surrogates for potency may be developed to verify biological activity of the test sample provided that a correlation between the surrogate and the defined biological activity has been demonstrated. Surrogate analysis may comprise different kind of tests including determination of cell surface markers, activation markers, secretion of factors, expression of a single gene product or protein expression pattern. Surrogate for potency may be developed for both *in vitro* and *in vivo* potency tests.

If the mechanism of action of the medicinal product can be clearly related to specific antigens (i.e., tumour-specific antigens, tumour-associated antigens), the potency assay could be based on quantification of these antigens by suitable methods (e.g. flow cytometry analysis). However, special consideration should be given to the validation of non-standard methods if used for batch release testing.

The possibilities of using combinations of certain parameters (e.g. viability, cell marker expression, antigen expression) could be envisaged.

5.3 *Viable cell count*

One of the requirements included in Directive 2003/63/EC (Annex I, part IV) is that human somatic cell therapy medicinal products are made of a defined number (pool) of viable cells. Cell viability is an important parameter of product integrity and may be used as an in-process control after manipulation of certain cell characteristics e.g. up-regulation of cell surface expression of specific antigens after cytokine treatment. Cell viability may also be an important element of the potency of cell based products. However, it should be linked with other measures of potency that demonstrate the potential for biological activity of the product, such as quantitative antigen expression or biological activity as measured in the bioassay.

5.4 *Autologous cell based products*

For cell based immunotherapy products comprised of autologous cells, sample and time constraints may hamper complete batch control testing at release. In addition, there may be an inherent variability within the sourced autologous cell population, which cannot be fully rectified by the manufacturing process. In this case the use of variable cell populations may be clinically justified. This variability in cell characteristics could pose difficulties in validation of the potency assay and in assigning acceptance limits for potency.

Nevertheless, whenever a manipulation generates a more homogeneous subpopulation, the development of an appropriate potency assay should be fully explored, which could effectively be applied either as a characterisation tool or batch release test, or both. In this situation, the absence of a suitable potency assay is not accepted without proper justification, as this will pose difficulties in demonstrating production consistency of autologous cell preparations after changes in manufacture or product composition have been implemented.

5.5 *Reference preparation*

In general, potency assays on biological medicinal products rely heavily on the use of reference preparations with an established potency. Most likely, no international reference preparation will be available for highly specific cell based immunotherapy products and it may be difficult to generate such preparations for autologous products. 'In-house' reference materials should be characterised in terms of their composition, purity and biological activity as thoroughly as possible by physical-chemical-biological methods. The in-house reference material should preferably be clinically qualified or shown to be comparable to materials shown to be efficacious in clinical trials.

5.6 *Adjuvant containing immunotherapy products*

There may be cases, where immunotherapy products will require an adjuvant to raise their low immunogenicity. However, it should be kept in mind that these adjuvants may exert activities that may interfere with the intended potency assay. For example, *Mycobacterium bovis* (bacillus Calmette-Guerin - BCG)⁵ has been used as an adjuvant but one of the BCG activities is associated with activation of monocytes/macrophages⁶. Where the adjuvant is combined with the active cellular moiety prior to performing the potency assay and the adjuvant may interfere with the specific biological activity, special considerations should be given to this issue during assay development. Compounds that are given separately and/or at a different time point in order to pre-condition the immune system and that may be needed for biological activity, are not considered to be adjuvants.⁷ As such, those compounds are outside the scope of this specific section.

DEFINITIONS

Biological activity:

The specific ability or capacity of the product to achieve a defined biological effect.

Potency:

The measure of the biological activity using a suitably quantitative biological assay (also called potency assay or bioassay), based on the attribute of the product, which is linked to the relevant biological properties.

REFERENCES (scientific and / or legal)

¹ ICH Topic Q6B, Step 4 Note for Guidance on Specifications: Test Procedures and Acceptance Criteria for Biotechnological/Biological Products. CPMP/ICH/365/96 - Adopted March 99.

² ICH Topic Q5C, Step 4 Note for Guidance on Quality of Biotechnological Products: Stability Testing of Biotechnological/Biological Products. CHMP/ICH/138/95 – Adopted Dec. 95.

³ EU Commission Directive 2003/63/EC, Annex I, Part IV: Advanced Therapy Medicinal Products

⁴ EMEA/CHMP Note for Guidance on the Quality, Preclinical and Clinical Aspects of Gene Transfer Medicinal Products. CPMP/BWP/3088/99

⁵ Mesa C., Fernandez L. Challenges facing adjuvants for cancer immunotherapy. *Immunology and Cell Biology* 82 (2004): 644-650

⁶ Suttman H., Jacobsen M., Reiss K., Jocham D., Bohle A., Brandau S. Mechanisms of bacillus Calmette-Guerin mediated natural killer cell activation. *J Urol.* Oct 174 (2004): 1490-1495

⁷ CHMP Explanatory note on immunomodulators for the guideline on adjuvants in vaccines for human use. EMEA/CHMP/VWP/244894/2006 – Adopted 27 July 2006,