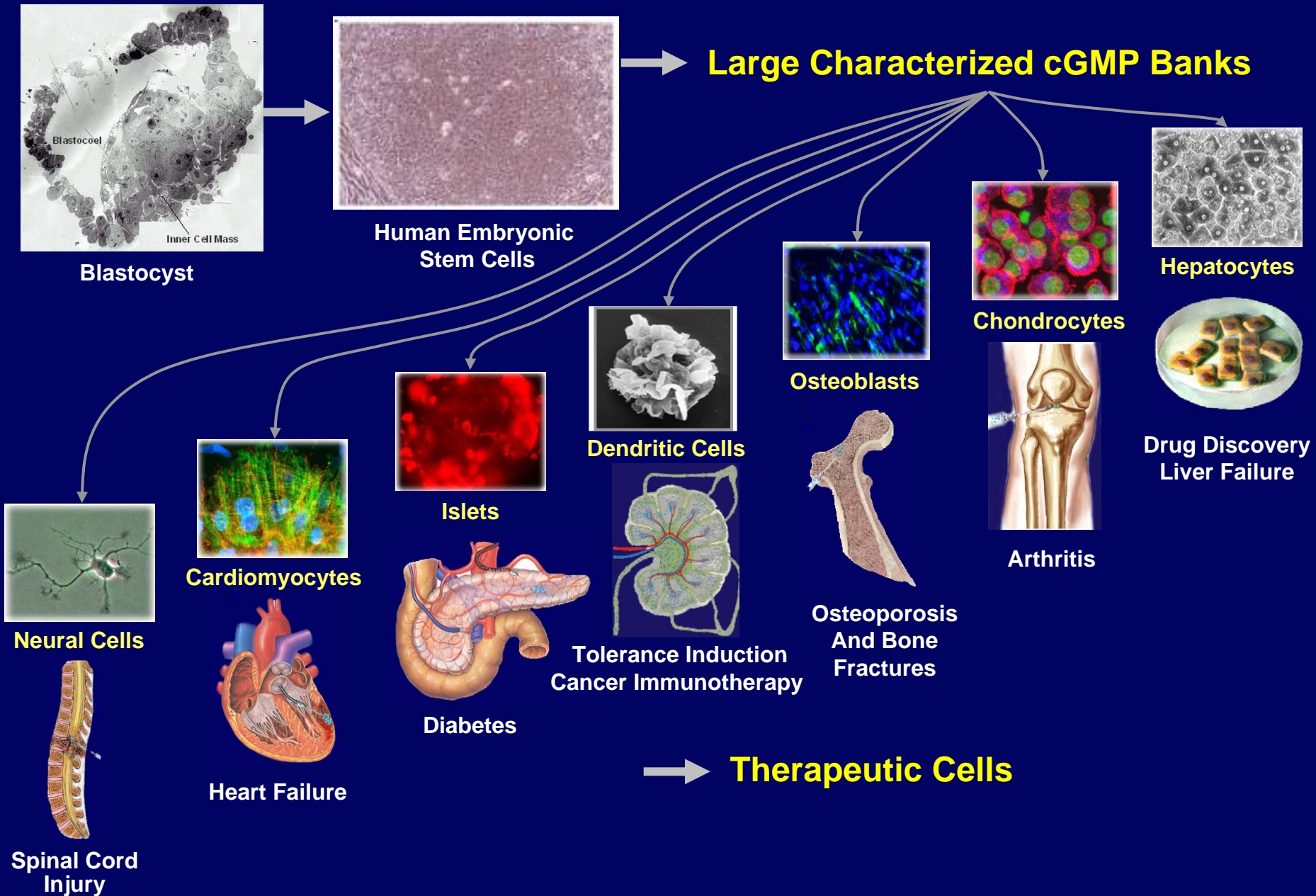


Human Embryonic Stem Cells: Considerations for Therapeutic Product Development

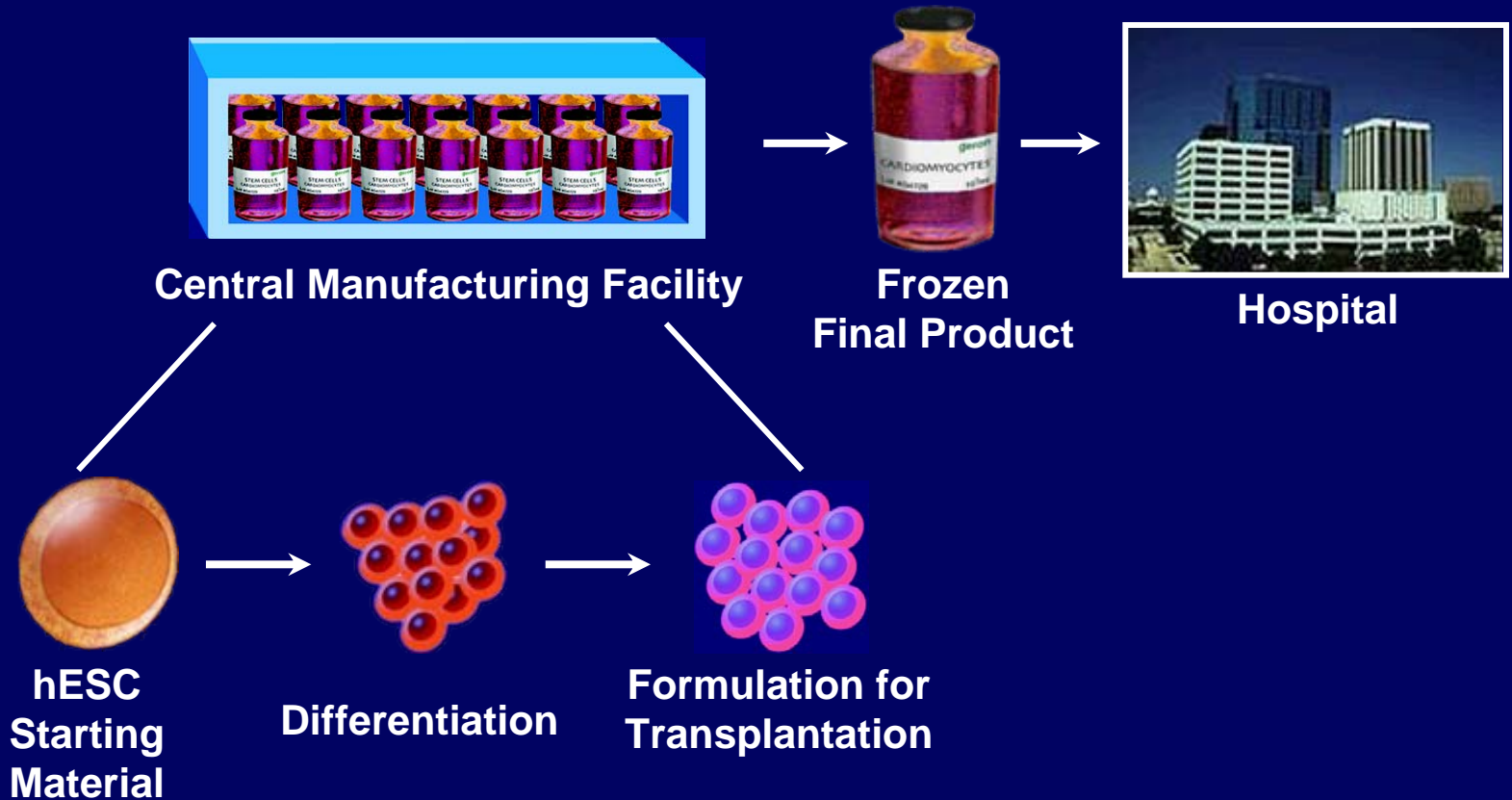
**Jane Lebkowski Ph.D.
Geron Corporation**

**EMA Stem Cell Workshop
May 10, 2010**

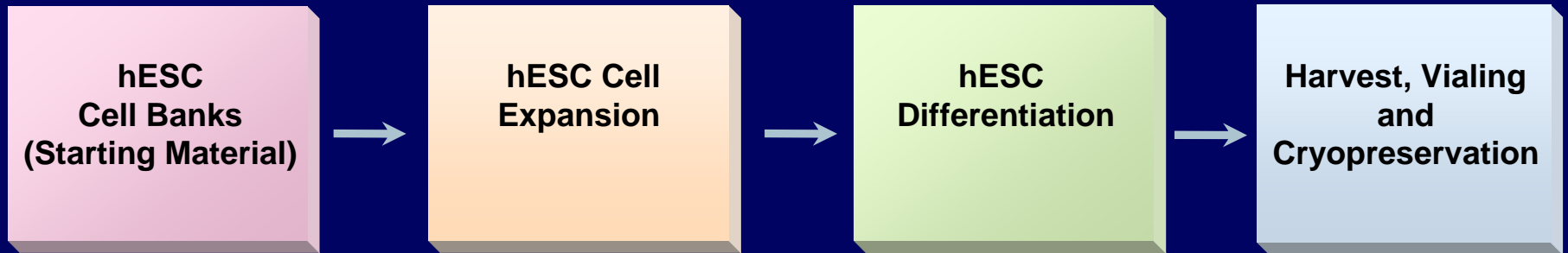
Human Embryonic Stem Cells



hESC-Based Cell Therapy Distribution Scheme



Production Process for hESC Therapeutics



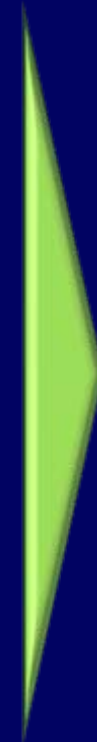
Critical Technology Enabling Therapeutic Development of hESC Products



Qualification of hESC Lines for Cell Therapy Production

No Evidence Of:

- × Mycoplasma
- × HIV 1 & 2
- × HTLV I/II
- × CMV
- × HBV or HCV
- × HHV-6
- × EBV
- × Parvovirus B-19
- × Mouse Adventitious Agents
- × Porcine Adventitious Agents
- × Rabbit Adventitious Agents
- × Eco-, Xeno- or Amphotropic Retroviruses
- × Adventitious Agents Detected In Vitro & In Vivo PTC Assays



- ✓ History Files
- ✓ Adventitious Agents
- ✓ Karotype
- ✓ Phenotype
- ✓ Performance

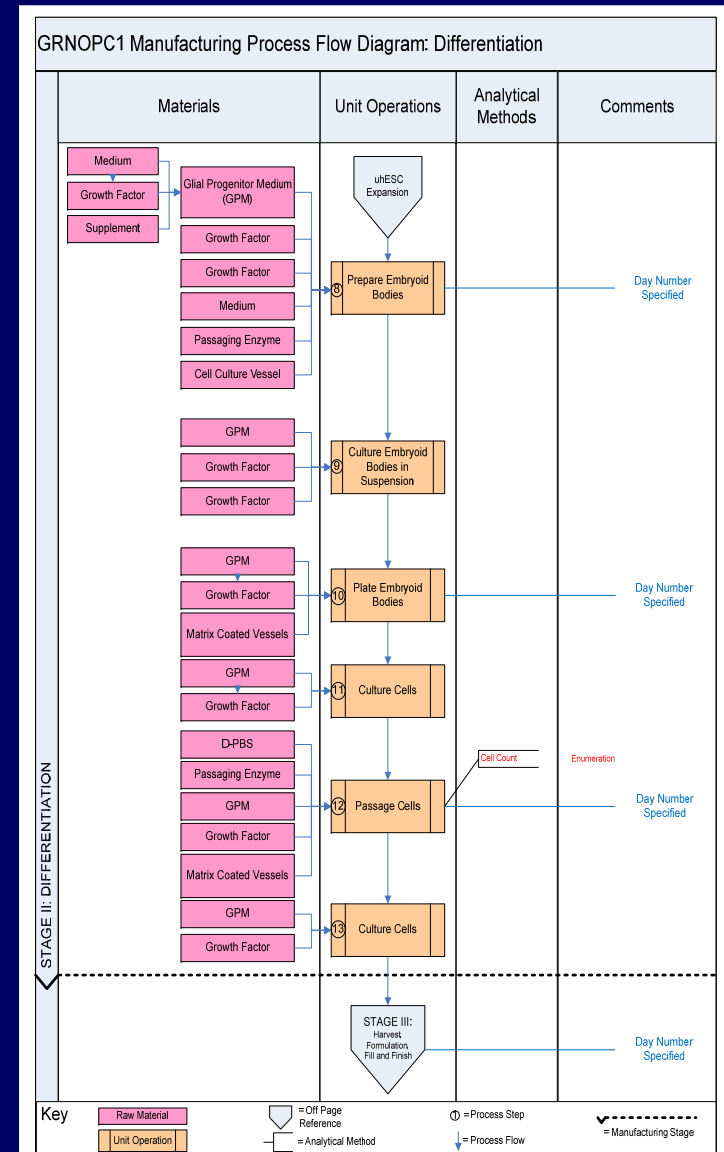
hESC Cell Therapy Production Process

Example for GRNOPC1

**Requires Rigorous
Detailed Development
of Production Process**

Considerations/Challenges

- **Characterization of Materials**
 - Starting Material
 - Reagent Performance
- **Characterization of Unit Operations**
 - Cell Density
 - Culture Format
 - Scale
 - Timing of Induction
- **Stability of Storage Conditions**



Characterization of hESC-Based Therapeutics

Attributes

- Identity
- Purity
- Strength
- Potency

Challenges

- Multiple Markers Required
- Lineage Specific Markers
- Marker Specificity
- Antibody Specificity
- Detection and Quantitation Limits of Assays
- Potency Assays

Example for GRNOPC1

Lineage	Marker
Neural Progenitors	Nestin
Oligodendroglial Progenitors	Olig 1
Oligodendroglial Progenitors	NG2
Oligodendroglial Progenitors	PDGFR α
Early Ectoderm	Pax 6
Early Ectoderm	Sox 10
Neurons	β TubIII
Astrocytes	GFAP
Early Endoderm	HNF3 β
Endoderm	AFP
Early Mesoderm	GATA4
Mesoderm	MSA
Undifferentiated hESCs	OCT4
Undifferentiated hESCs	Tra-1-60

Considerations for Nonclinical Studies for hESC-Based Therapeutics

Final Product:

- What is the Product Designed to Do?
- What is the Target Site for Activity?

Formulation:

- Cryopreserved Format?
- Selective Cell Survival?
- Cellular Debris?

Clinical Administration:

- Site of Administration?
- Dose Required?
- Effects on Performance and Potential Adverse Events?
- Need for Immunosuppression?

Activity & Efficacy of the hESC-Based Therapies

Considerations/Challenges

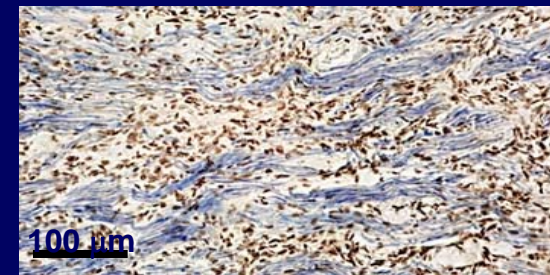
In Vitro Activity

- Protein and Gene Expression
- Factor Production
- Structural/ Metabolic Activity

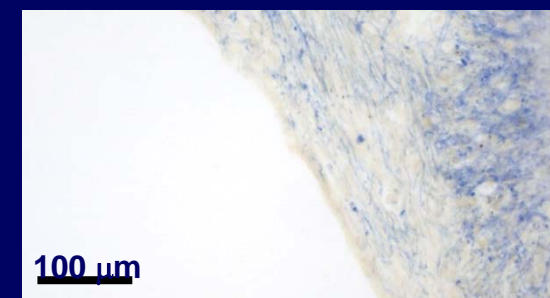
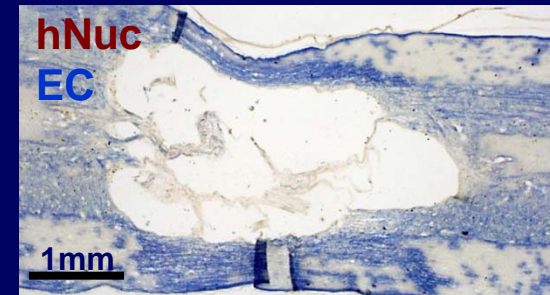
In Vivo Activity

- Delivery Site and Method
- Cell Survival
- Immune Responses
- Phenotype Over Time
- Proliferative Capacity
- Clinical Efficacy
- Histological Efficacy
- Dose Requirements
- Human Equivalent Dose
- Timing of Treatment

9 mos GRNOPC1



9 mos vehicle



Biodistribution: Where Do The Cells Go?

Safety and Efficacy Implications

- **Site for Intended Activity**
- **Sufficient Cells at Site**
- **Distribution Outside Target Site**
- **Migration at Local Site**
- **Over Extended Time**
- **QPCR & Histological Methods**

Example for GRNOPC1

- Not Detected Outside of CNS
- Not Detected in the Brain
- Greatest Concentration at the Injection, Injury Site
- Migrates Up to 5 cm from the Injury Site
- Migration Not Dependent on Dose
- Migration Dependent on Time
- No Evidence of Migration Beyond 9 Mos

Toxicology Studies

Considerations/Challenges

- Doses of Product
- Tox Model
- Feasibility of Model
- Duration of Studies
- Duration of Human Cell Survival

Example GRNOPC1

- Toxicity of Delivery
- Animal Survival
- Clinical Observations
- Systemic Toxicity
- Hematological
- Coagulation Parameters
- Clinical Chemistries
- Macropathology
- Micropathology
- Allodynia

Tumorigenicity Studies

- **Teratomas**
- **Ectopic Tissues**
- **Local Injection Site**
- **Distal Sites**



Challenges

- **Human Dose**
- **Long-Term Cell Survival**
- **Large Numbers of Animals**
- **Mimic Human Setting**
- **Large Animals?**
- **Homologous ESC Systems?**

Considerations

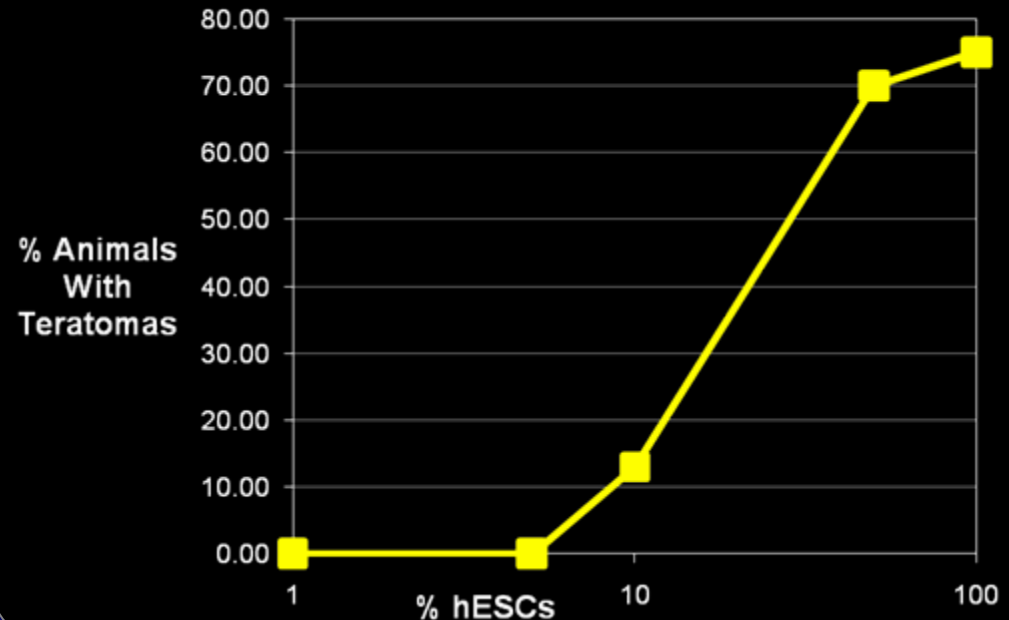
- **Location of Ectopic Tissue**
- **Clinical Consequences**
- **Treatment Strategies**

Tumorigenicity Studies

Important Factors In Teratoma Formation

- hESCs Cell Number
- Site of Implantation
- Cell Aggregation State

GRNOPC1 Deliberately Spiked with hESCs



**2 x 10⁶ Cells
Intraspinal Cord Injection
Assessment 12 mos.**

Allogenicity Studies

- Immunosuppression Required?
- Duration of Immunosuppression?

Challenges

- hESC-Based Products are Xenografts in All Animal Models
- Allogenicity of Maturing Cells In Vivo
- Humanized Models
- Tracking of Surviving Cells in Clinical Trial Subjects

No Excellent Solutions

- Allogenicity In Vitro
- Utilize Immunosuppression Regimens Compatible with Human Clinical Indication
- Monitor Outcomes

Design of Clinical Trials

Key Consideration: Patient Safety & Risk Mitigation

Multidisciplinary Team of Physicians, Ethicists, Regulatory Bodies, Patients Advocates, etc to Develop Clinical Protocol Based on Potential Risks and Benefits of the Therapy

- Protocol
- Delivery
- Logistics of Trial
- Minimize Potential Risks
- Define Adverse Events
- Monitor for Adverse Events
- Monitor Cell Survival
- Assess Outcome Measures
- Short & Long-Term Follow-up

Risk Mitigation

- Frequent & Long-term Monitoring for Ectopic Tissue/Masses
- Real-time Review of Adverse Events
- Independent DMC
- Follow-up of AEs
- Suspension Rules
- Treatment Strategies if AEs Related to Product Occur

Conclusions

- **Numerous Considerations in Developing Cell Therapies**
- **Some Challenges Common To All Cell Therapies**
- **Some Challenges More Specific to hESC-Based Therapies**
- **Some Challenges Vary in Importance Depending on Clinical Indication**
- **Specific Nonclinical Study Designs Based on Clinical Considerations**
- **Clinical Trial Designs Require Interdisciplinary Input**
- **Risk Mitigation Strategy Required**