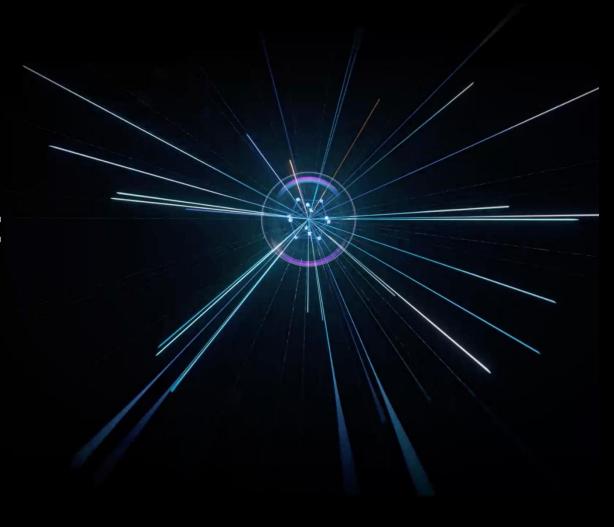


# FDA CBER OTP Meeting: Leveraging Knowledge to Facilitate the Development and Review of CGTs

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# Effort to Implement



# **Knowledge Sharing Pillars**

Streamlining innovation by harnessing prior knowledge and regulatory efficiency

#### **Cross-Stakeholder Knowledge Aggregation**

Establishing and clarifying processes for stakeholders to communicate knowledge to trigger regulatory updates

#### **External Partner Knowledge**

Sponsors reference knowledge from manufacturing partners; Agency works to clarify expectations on common issues

#### **Internal Knowledge**

Sponsors leverage own prior submissions to streamline subsequent regulatory submissions



### Internal Knowledge Sharing Across CGT Assets

Sponsors are looking for clarity & green lights

#### A few ideas to consider:

- Allow sponsors to reference/link to their own prior BLAs for products within a Platform Technology Designation (PTD), rather than resubmitting all this information in subsequent BLAs
- Establish a process to define when sufficient data has been reached to reduce the number of required assays in subsequent submissions
- Consider building into FDA meeting advice a standard discussion point to explore if the sponsor has knowledge it can leverage from its own previous work, to demonstrate openness to the concept

#### **Example Application: Off-Target Analysis**

Allowing a risk-based approach whereby developers can:

- Reduce the number of assays necessary to produce sufficient and scientifically robust characterization of off-target editing
- Limit the number of tissues analyzed for off-target editing and off-tissue biodistribution
- Maintain agreed upon safety standards while speeding innovation



## **External Partner Knowledge Sharing**

Proposed Sponsor- and FDA-Driven Opportunities

#### A few ideas to consider:

- Allow BLA sponsors to leverage CMC data from CMO/CDMO master files
- Continue to work with stakeholders to identify opportunities to work together to establish and communicate expectations
  - Sponsors have reported that the OTP Town Halls on CMC expectations in 2023 & 2024 were quite beneficial

#### **Example: CMO Master File**

- Revisit the 2024 final rule, Biologics License Applications and Master Files
  - BLAs may not incorporate by reference drug substance, drug substance intermediate, or drug product information contained in a master file\*
- Rationale: Ensuring product quality, as a BLA holder must, can be done while referencing certain CMC attributes of products in DMFs or other mechanisms
- Benefit: Would avoid requiring CMO disclosure of confidential information with an application holder, thereby stimulating manufacturing innovation

<sup>\*</sup>Including a drug master file submitted under §314.420, Unless grandfathered, i.e., such information was referenced at the time the application was deemed to be a license



# Cross-Stakeholder Knowledge Aggregation to Inform Regulatory Updates

FDA and Stakeholders Should Jointly Drive Opportunities

#### A few ideas to consider:

- US innovators need CBER/OTP to continue encouraging FDA staff/content experts to actively engage with and exchange ideas in collaborative efforts with stakeholders from scientific exchanges, conferences, town hall meetings, workshops and public meetings
- Consider creating a process whereby multiple stakeholders can aggregate data to build a case for updating outdated processes/expectations and submit for regulatory policy discussions and subsequent change considerations

# **Example Application: CAR-T Long-Term Follow up (LTFU) Requirements**

- In guidance from 2020, FDA generally recommend 15 years of long-term follow-up for integrating vectors (e.g., CAR-T cell therapies)
- As the CAR T-cell therapy field has developed (30K patient experiences, 7 approved products, 15 years of data) and new safety data has emerged, patients, sponsors, and other stakeholders have aligned around reducing the length of LTFU to 5 years and modernizing the process of LTFU data collection
- Cross-stakeholder data analysis of safety signals & patient burden support this proposal



### Thank you

