transgene

Developing new vaccines to fight cancer and infectious diseases

Regulatory processes & best routes for Drug/CDx success

CIMT/ Mainz 16 May 2013 Magali Gibou-Becker

Agenda

- Drug/CDx regulatory processes
- Case study: TG4010/CDx project at Transgene
- Drug CDx co-development challenges
- Best routes for Drug/CDx success

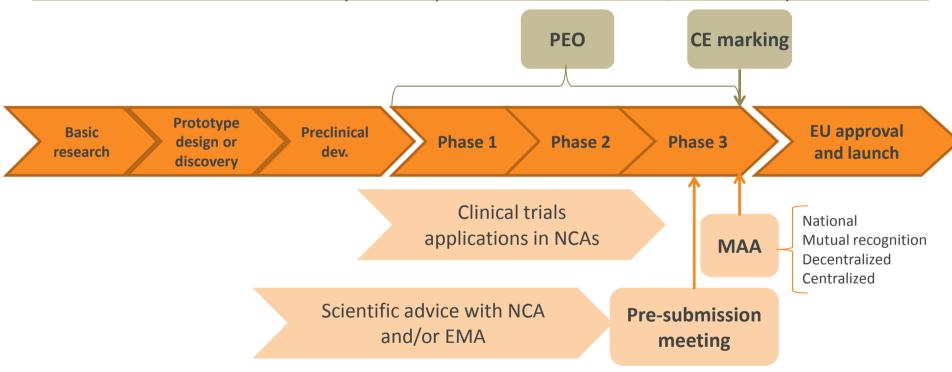


Drug/CDx regulatory process in Europe



CDx Development = General IVDs

Auto-declaration of conformity with the provisions of the Directive / Essential requirements

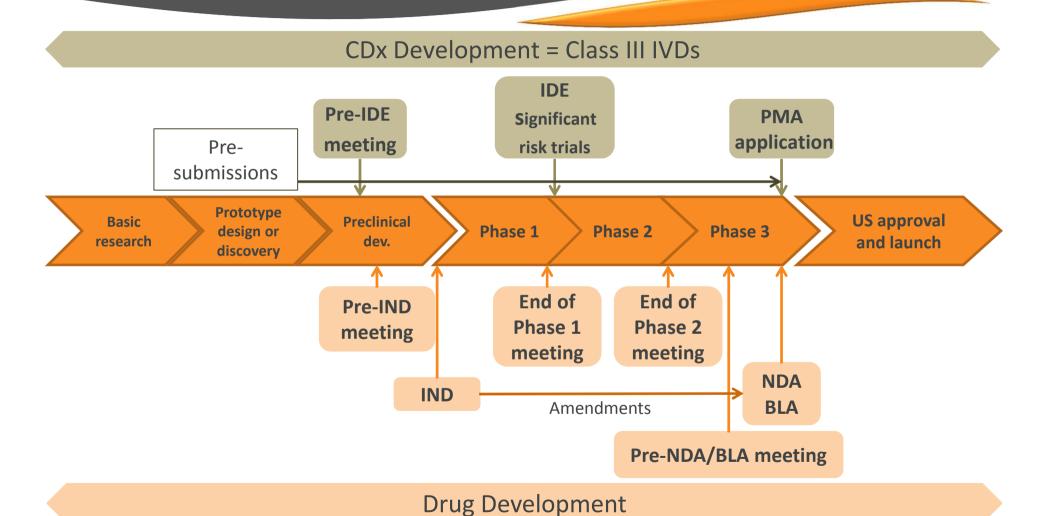


Drug Development



Drug/CDx regulatory process in the US





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TG4010



- Targeted cancer immunotherapy
- Recombinant Modified Vaccinia Virus strain Ankara coding for MUC1 tumor-associated antigen and IL-2
- Indicated for first line treatment in combination with first line therapy in patients with advanced non-small cell lung cancer



TG4010 / CDx models

 Triple positive CD16/CD56/CD69 lymphocytes (aNK phenotype) flow cytometry assay



- Predictive biomarker
- Patients with normal aNK level before treatment can benefit from TG4010 treatment
- Cut-off: upper limit of normal (ULN) in healthy donors

MUC1 immunohistochemistry (IHC) assay



- Selection biomarker
- MUC1 = TG4010 target
- Cut-off: ≥ 50% of tumor cells expressing MUC1



aNK biomarker identification

TG4010.09: Phase IIb Study Design

148 patients randomized
Stage IIIB "wet" / IV; PS 0-1
No previous treatment for advanced disease
MUC1 positive tumor by IHC (≥25%)

ARM 1

Cisplatin: 75mg/m² D1 +

Gemcitabine: 1250mg/m² D1/D8

every 3 weeks, up to 6 cycles

TG4010: subcutaneous injection weekly for 6 weeks then once every 3 weeks until progressive disease

Randomization

Cisplatin: 75mg/m² D1

Gemcitabine: 1250mg/m² D1/D8

ARM 2

every 3 weeks, up to 6 cycles

Primary:

PFS at 6 months \geq 40% in Arm 1

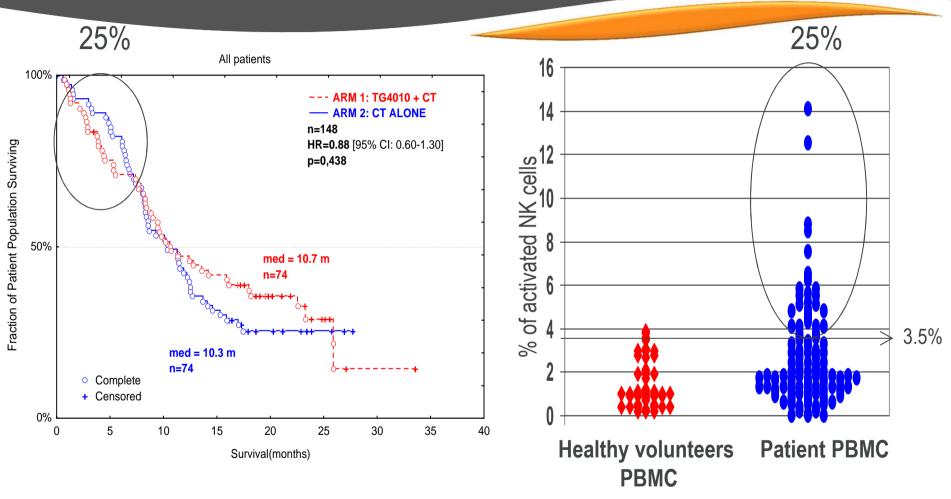
Endpoints

Secondary:

RR, TTP, OS, immunology, translational Research



Early Safety Signal: Correlation with aNK Cells Level

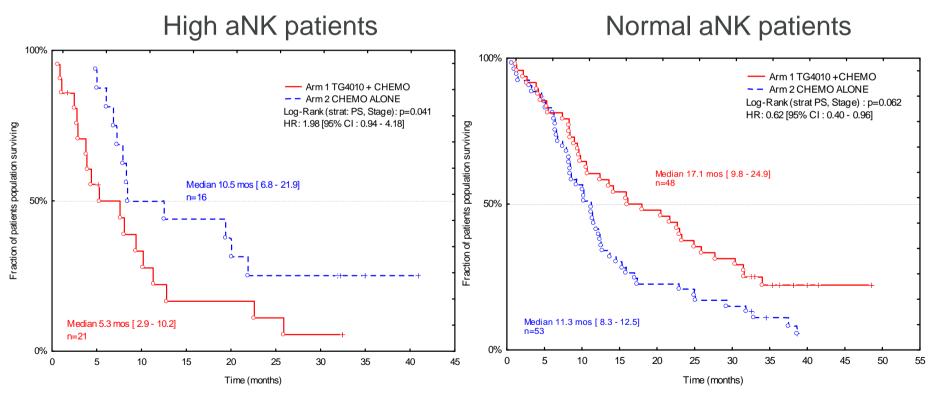


The biomarker = level of CD16+CD56+CD69+ lymphocytes, a phenotype of activated natural killer (aNK) cells



TG4010.09: Safety / Efficacy Consideration

Kaplan Meier curves for overall survival in patients according to aNK cells level before treatment





Drug/CDx Regulatory Interactions

Pivotal Clinical Program

Reg Interaction	Design of pivotal trial	MUC1 IHC Assay	aNK Flow Cytometry Assay
	Enriched Phase IIb/III study in patients with MUC1 expressing tumors & with normal levels of aNK at baseline	IVD	Phase IIb: Transgene- developed assay Phase III: IVD company- developed assay
CBER/CDRH EMA	Phase IIb designed to prospectively validate the use of normal baseline level of aNK as predictive biomarker Standard Phase III in patients with MUC1 expressing tumors & with normal levels of aNK at baseline	company- developed assay for Phase IIb/III	Phase IIb/ III: IVD company-developed assay



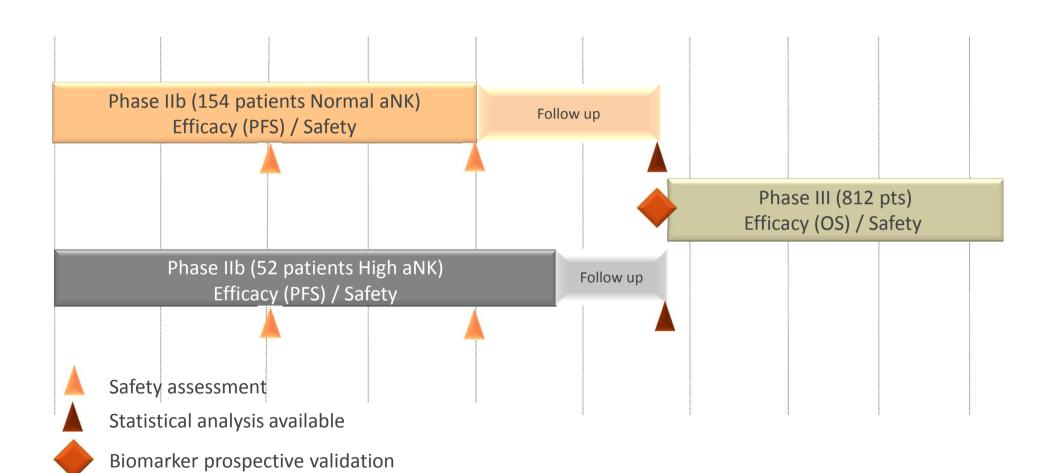
TG4010 project: EMA/ FDA Requirements

EMA	CBER/CDRH		
Encourages enrichment trials once the biomarker-related safety/efficacy signal is detected Need prospective confirmation in a adequately defined subset of patients	Requires prospective validation of biomarker predictive value / clinical utility		
CDx platform: Final design and validation before pivotal trial			
Biomarker role in the response to treatment for MAA/BLA			



TG4010.14 Design





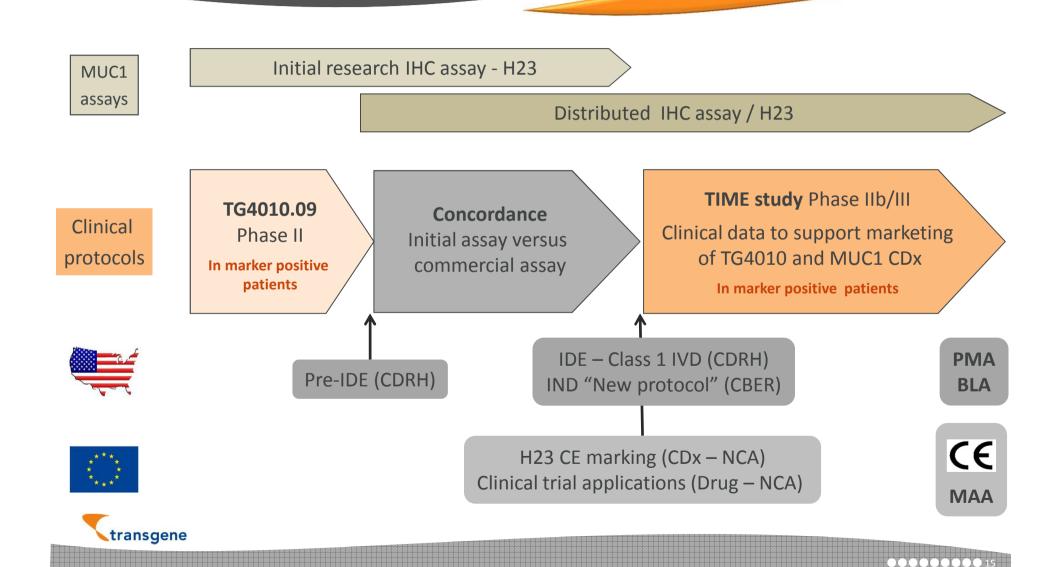


TG4010 & aNK CDx Regulatory Route

Research assay aNK Centralized flow cytometry CDx flow cytometry assays TIME study Phase IIb TIME study Phase III TG4010.09 Prospective validation of the use of Clinical data to support Clinical normal baseline level of aNK cells as a Phase II marketing of TG4010 and aNK CDx predictive biomarker protocols Biomarker identification Patient baseline aNK status In patients regardless of depending on Phase IIb findings their aNK level Pre-IDE (CDRH) **PMA** IDE (CDRH) IND "new protocol" (CBER) **BLA** CE Performance evaluation only (CDx NCA) Clinical trials applications (Drug NCA) MAA transgene

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TG4010 & MUC1 CDx Regulatory Route



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Technical Challenges

- Right CDx results for the right treatment decision while patients, laboratories, processing variables
- Difficult access to samples (from positive and negative patient populations)
- Best level of validation at the best time during clinical development



Regulatory challenges

- Regional differences in regulatory requirements for CDx
- CDx and drug companies have different cultures and languages
- Coordination between drug and CDx development
- Randomized clinical study design
 - To answer drug and CDx regulatory requirements for MAA/BLA & CE marking/PMA
- Assay versions during clinical development
 - Need bridging studies ideally on at least 95% of clinical samples



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Best Routes for Drug/CDx success

- Early interactions with drug and CDx authorities
 - Regulatory pathways
 - Clinical trial designs to support drug and CDx marketing authorization
- Systematic collection/storage/accountability of samples in clinical trials for bridging studies
- Good collaboration between Drug & CDx companies: CRUCIAL!
 - Discuss regulatory experience & Drug/CDx development approaches
 - Agree on an integrated Drug /CDx regulatory strategy
 - Contribute to regulatory activities in the partnership
 - Common team model: joint strategic and tactical committees





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Questions?