Biological Science Section
Therapeutic Goods Administration
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14 March 2019

To Whom It May Concern,

**Re: Feedback from BiomeBank in response to the Therapeutic Goods Administration's Public Consultation on FMT, January 2019**

BiomeBank would like to thank the TGA for the opportunity to contribute to the public consultation regarding the regulation of FMT in Australia. We strongly support the aims of this process and believe that it will result in safe and reliable access to FMT for Australian patients. We have contributed to and are in broad agreement with the points raised by the Gastroenterological Society of Australia (GESA) in their submission to this consultation process.

We have answered each question posed in the consultation paper below.

1. Proposal to consider all FMT material that has been originally sourced from human donors as biologicals?

We prefer a hybrid model where FMT and other stool derivatives that contain human cells are considered biologicals but defined microbial therapeutics that do not contain human cells are regulated as drugs. Defined microbial therapeutics may consist of bacteria that are the progeny of organisms derived from human faeces and these should not be considered biologicals. These products, unlike whole FMT, would be consistent in their content and not contain human material and therefore would be analogous to traditional drugs. However, under the current wording of the legislation they could potentially be considered to be "derived" from human tissue and thus this distinction should be clearly delineated.

2. Regulatory options 1-4

**BiomeBank's preferred option is Option 1**

**Option 1:** We believe option 1 provides the safest and most reliable model in the long term. It would be important that stool banks had at least 12 months to reach a GMP standard before enforcement of the code was implemented. The financial implications of Option 1

are significant and as such stool banks such as ours will need to spend significant amounts of money to ensure that our laboratory meets GMP specification. This cost would have to be incorporated into the cost of sale of stool product which would therefore be more expensive.

**Options 2 and 3:** Our major concern with options 2 and 3 is that these favour the siting of stool banks within hospitals and require less regulation of such stool banks. We believe hospitals are not the ideal sites to prepare biological materials because the risk of contamination would be higher than in dedicated laboratory facilities. Hospital environments also have high levels of multi-resistant organisms, and this in combination with the lesser degree of manufacturing standard required within this environment, is not ideal.

**Option 4:** This option has the potential to be a good model, but this would depend on the details of the standard. Although we do favour a bespoke approach to regulating FMT, there is insufficient detail here to support option 4 at this time.

**Regulatory focus on safety not standardisation of product**

It would be important that the final regulatory framework focuses on safety via both donor screening and control of manufacturing processes and not on standardisation of product. Stool composition is highly variable and the therapeutically active components are not known, therefore any insistence on standardisation of product would not be warranted or possible to implement. This principle applies to both single donor stool and pooled donor stool.

**Indications for FMT**

We believe that stool product produced under GMP licence as per Option 1 should be restricted (outside of a clinical trial) to uses where there is evidence of therapeutic efficacy. Acceptable uses outside of the clinical trial setting at this time would be

1. Recurrent or refractory Clostridium difficile infection (rCDI)
2. Induction of remission of Ulcerative Colitis (UC)

FMT for rCDI[1-3] and induction of remission of UC[4-7] are supported by multiple randomised controlled trials and meta-analysis data. Evidence for maintenance of remission for UC is still awaited and trials are underway in this area. FMT should not be held to a different standard from other medical therapies for these conditions.

There should be scope for indications to change as new evidence emerges. An expert committee could be established to review the available evidence for new indications.

**Clinical trials of FMT**

It is important that FMT for new or experimental indications is not restricted in the clinical trial setting. Clinical trials of FMT are likely to open up new therapeutic options for patients and aid in the development of rationally designed microbial therapeutics. Any restriction of

clinical trials would limit access for patients, encourage “DIY FMT”, stifle innovation and reduce the chance that new microbial therapies or cures could be developed in Australia.

**Australian FMT registry**

We support the establishment of an FMT registry in Australia. This will aid in the assessment of the long -term safety of this therapy.

**TGA endorsed stool banks**

At BiomeBank we are establishing a laboratory to meet a GMP standard that would allow us to distribute stool nationally. We believe that any stool bank that meets a GMP standard should be able to distribute stool within Australia. This will be to the benefit of Australian patients. We do not believe that there should be an endorsed monopoly entity legislated to provide stool product at the exclusion of other potential providers.

We thank the TGA for the opportunity to be involved in this consultation.

Kind regards,

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Director, BiomeBank

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