The regulation of biologicals in Australia
Overview

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• New and experimental products
• Clinical trials
• Risk management

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What are biologicals?

In Australia, ‘biologicals’ is the name for cell and tissue therapy products:

• products in tissue banks
• stem cell therapy products
• excludes in vitro fertilisation products
• excludes blood.

Other countries use different names for these products.

On 31 May 2011 a new regulatory framework was introduced to provide a legislative basis for the regulation of these products.

It applies different levels of regulation to products based on the risks associated with their use, and was designed to accommodate emerging technologies.
# The Australian biologicals framework

**Not regulated by the TGA***
- Fresh viable organs
- Assisted reproductive technologies (in vitro fertilisation)
- Fresh haematopoietic progenitor cells (bone marrow transplants)
- Cells and tissues made by a medical practitioner for a single patient under the care of that medical practitioner

*It is not practical to regulate these products. There are appropriate checks in place because of professional practice.

**Regulated, but not as biologicals^**
- Animal tissue products (xenotransplantation)
- Biological prescription medicines (vaccines, plasma derivatives)
- Labile blood and blood components
- Haematopoietic progenitor cells (non-fresh transplants)

^These are regulated as either medicines or medical devices

**Regulated as biologicals**
- Tissue-based products (skin, bone, ocular, cardiovascular)
- Cell-based products (T cell therapies, human stem cells)
- Combined cell and tissue products (collagen matrices for localised cell delivery)
These products are regulated as medicines

- Antibiotics
- Heparin
- Antivenoms
- Immunoglobulins
- Monoclonal antibodies
- Hormones such as insulin and growth hormone
- Blood products and clotting factors
- Vaccines
- Enzymes such as pancreatin
New and experimental products

• Stem cell therapies are largely new and experimental
• These offer great hope to people with serious incurable diseases:
  – Parkinson’s disease and other neurodegenerative diseases
  – spinal cord injury
  – heart disease, stroke and arthritis
• Patients are sometimes desperate for these therapies to become a reality, however there are risks involved; the therapy is generally delivered via surgery, and the patients may require immunosuppressants for the rest of their life
• But a lot of work is still needed to turn the research into safe and effective treatments
Clinical trials

• One or more ethics committee approves every Australian clinical trial

• The TGA is **notified** of all clinical trials (the Clinical Trials Notification scheme – CTN)

• Some clinical trials are in the Clinical Trials eXemption scheme (CTX)
  – the details of these trials are examined, and commented on, by TGA staff
  – the ethics committee may then give approval to proceed

Clinical trials with biologicals in Australia offer access to new (but unproven) therapies.

Each trial has a research purpose, and patients need to provide informed consent

It is expected that most clinical trials for higher risk biologicals will take quite a few years
Higher and possibly unknown risks

• Global clinical and regulatory experience with biologicals is more limited than with medicines

• There is an increased risk of infectious disease transmission. It is difficult to obtain complete history for deceased donors

• Because of limited clinical experience with biologicals unforeseen side effects are more common

Biologicals usually cannot be removed once they’re in the recipient’s body, but there is new work where researchers are introducing ‘suicide genes’ which can be turned on if something goes wrong and these genes kill the introduced cells

For more information: International Society for Stem Cell Research (ISSCR) <www.isscr.org>
Transplanted cells became bone

In the Flesh: The Embedded Dangers of Untested Stem Cell Cosmetics

- A report in the December 2012 edition of Scientific American gave details of a patient having a facelift that used her own adult stem cells.
- During the procedure, the cosmetic surgeons combined mesenchymal stem cells with a dermal filler containing calcium hydroxylapaptite, a mineral with which can encourage mesenchymal stem cells to turn into bone—a fact that escaped the patient’s clinicians.
- The transplanted cells turned into bone in the tissue surrounding the eye.
- The patient experienced pain and loss of mobility, and had to undergo surgery to remove the bone fragments.
Regulation takes into account risk

- A risk classification system is used for biologicals to be included on the Australian Register of Therapeutic Goods (ARTG)
- The risk class depends on:
  - how far removed they are from their naturally occurring state (how much they have been manipulated during the extraction and production process)
  - how closely the intended use matches the natural biological function

The main risk with using biologicals is the spread of infection
Biologicals are grouped into classes

Examples:

- Acellular skin for wound covering
- Mesenchymal stem cell for treatment of graft-versus-host disease
- Demineralised bone mixed with carrier
- Dermal fibroblasts transformed for skeletal muscle repair in primary myopathy
- Genetically-modified T cells used to treat specific virus infections
Current uses of biologicals

- Corneal transplants can restore sight in patients whose eyes have been affected by disease, injury or infection
- Skin grafts are used for patients with burns
- Biological heart valves
- Bone transplants are often donated by hip replacement patients
- Tendon transplants are used to help restore mobility to arms, elbows, hands etc
- Turning human stem cells into heart cells, pancreatic beta cells, intestinal cells, liver cells, and nerve cells
Current biologicals

Human tissues currently in Australian tissue banks:

- Ocular tissue
- Skin
- Cardio-vascular tissue
- Bone and tendons

Australian tissue banks are principally owned and operated on a not-for-profit basis by charitable organisations or state governments.
The process for inclusion of biologicals in the ARTG

Evaluation is undertaken by scientists and clinicians who look at data on:
- quality
- safety
- efficacy

More information about what this means is provided later in the presentation.

1. Preparation by the TGA of standards and guidelines
2. Preparation and lodgement of submission
3. Evaluation Careful scrutiny of process of manufacture
4. Decision
5. Finalisation

Communication between the TGA and the sponsor

The Advisory Committee on Biologicals provides independent expert advice to the TGA about issues related to biologicals.
Decisions are based on evidence

Quality data is supplied by applicant

Evaluated by biologists, virologists and others working for the TGA

- Donor selection and testing
- Control of manufacturing and transport
- Microbial control

- Stability
- ‘Critical materials’: quality of materials that come into contact with the product
- Labelling to allow donor traceability

For example, when using banked ocular tissue from deceased donors, tests for viruses (such as HIV, HCV) must be validated through testing of the blood of the deceased donor.

Donor traceability is an important consideration when evaluating quality data
Decisions are based on evidence

Safety and efficacy data is supplied by the applicant

<table>
<thead>
<tr>
<th>Nonclinical data</th>
<th>Clinical data</th>
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<tbody>
<tr>
<td>Evaluated by toxicologists</td>
<td>Usually evaluated by a medical doctor</td>
</tr>
<tr>
<td>• Biological dynamics and kinetics – laboratory data</td>
<td>• Mostly results of clinical trials conducted by pharmaceutical companies or research organisations, using patients who have volunteered to participate</td>
</tr>
<tr>
<td>- laboratory data regarding efficacy</td>
<td></td>
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<tr>
<td>• Toxicology data – laboratory data regarding safety</td>
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Tumorigenicity is an important consideration when evaluating safety data
Other requirements

Therapeutic Goods Orders are legally binding instruments that:

• specify donor selection, to minimise the chance of infectious disease transmission
• require traceability of each product to the donor
• require bioburden (microbial growth) testing
• describe acceptable storage and transport conditions

Like medicines, biologicals are required to be manufactured according to Good Manufacturing Practice (GMP). All manufacturers are inspected to ensure GMP-compliance.
Exceptional release provisions

• The TGA can apply exceptional release provisions to treat life-threatening conditions

• For example, a paediatric heart valve becomes available at a valve bank for a critically ill baby but it is not possible to wait 10 days for tissue microbial testing results

• This paediatric heart valve does not meet the required safety standards or current manufacturing standards but the TGA releases the product due to the exceptional circumstances
Postmarket monitoring

Reporting adverse events

• Adverse event reporting relates to unintended harmful effects or new information that contradicts existing knowledge about the quality, safety or efficacy of a biological

• For biologicals, the reporting process is based on existing processes established within the TGA
  – Sponsors are required to monitor, record and report all adverse events to the TGA
  – Medical practitioners, patients, and others are also encouraged to report

• The TGA will investigate and respond to adverse events as appropriate

• In addition to the mandatory reporting requirements there is also a voluntary incident reporting scheme where any incidents involving a biological can be reported.

There are also five other modules in this suite of educational material, including one specific to postmarket monitoring. These can be accessed by the links on the next slide.
Other education modules include:

- Introduction to the TGA
- Medicines
- Medical devices
- Postmarket monitoring
- Good Manufacturing Practice