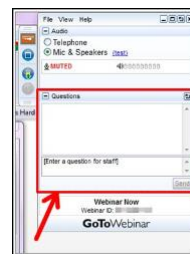




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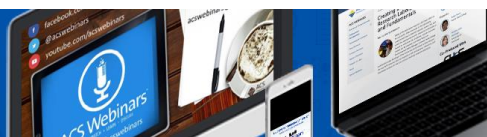


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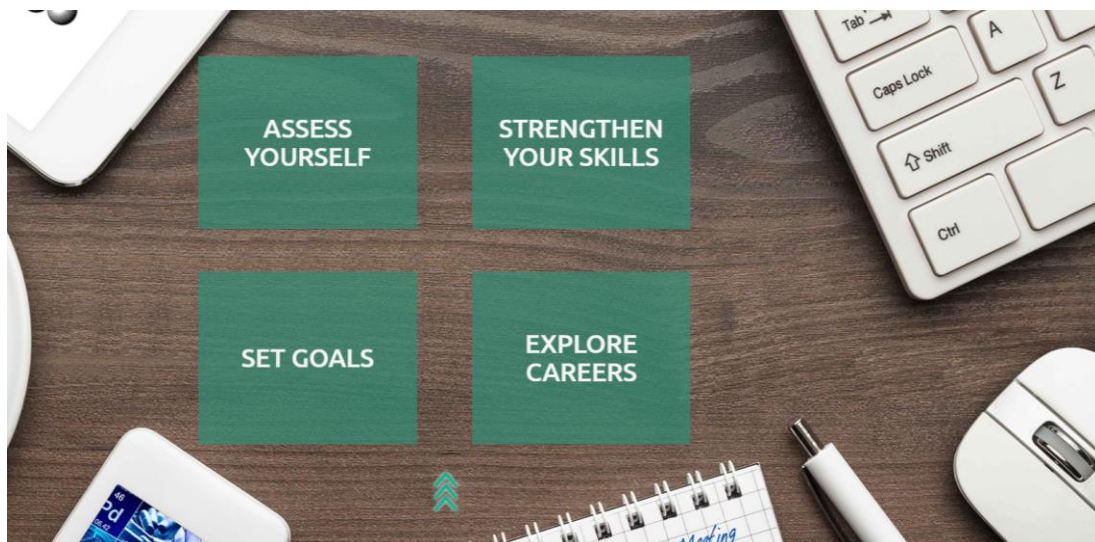
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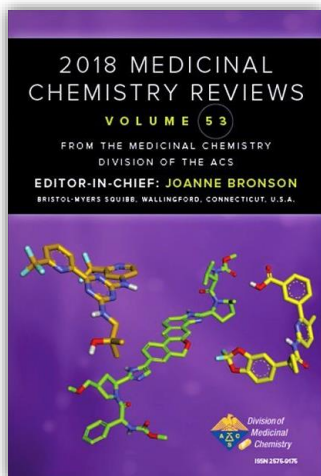
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Jan 31 **How to Succeed in Drug Discovery: Insight from Medicinal Chemists (1.5 hrs.)**  
John Lowe III - JLI3 Pharm  
Mark Murcko - Relay Therapeutics  
Ann Weber - Kallyope  
William Greenlee - MedChem Discovery Consulting



Feb 28 **Cosolvent Molecular Dynamics: Mapping Protein Surfaces to Discover Allosteric Sites**  
Heather Carlson - University of Michigan  
Rommie Amaro - UC San Diego



Mar 28 **Women at the Interface of Computational Chemistry and Drug Discovery (1.5 hrs)**  
Zoe Cournia - Biomedical Research Foundation and JCI  
Kate Holloway - Gfree Bio  
Yvonne C. Martin - Previously of Abbott Laboratories  
Shana Posy - Bristol-Myers Squibb



Apr 18 **Effective Exploration of Chemical Space in Hit-Finding**  
Hanneke Jansen - Novartis Institutes for BioMedical Research  
Zoe Cournia - Biomedical Research Foundation and JCI



May 30 **Widening the Therapeutic Window: Kinetic Selectivity and Target Vulnerability**  
Peter Tonge - Stony Brook University and ACS Infectious Diseases  
Stewart Fisher - C4 Therapeutics



Jun 27 **Precision Control of CRISPR-Cas9**  
Amit Choudhary - Broad Institute of Harvard and MIT  
Venkat Krishnamurthy - AstraZeneca



Aug 8 **Transformation of Recombinant Cells to FDA Approved Products: Clinical Development to Marketplace (New Date)**  
Rodney Ho - University of Washington  
Venkat Krishnamurthy - AstraZeneca

Aug 22 **The Evolving Landscape of the Pharmaceutical CROs**  
Bart DeCorte - Mercachem

Sep 19 **Compound Design in the Agricultural Areas**  
Fides Benfatti - Syngenta

Oct 17 **To Be Announced**

Nov 28 **Prodrugs**  
Jarkko Rautio - University of Eastern Finland

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Dan Ferguson - Carmed Therapeutics</p> <p><b>Long Acting Injectable Medications: Strategies and Mechanistic Considerations</b>                      Jozsef Remenyi - Janssen                      Annette Bai - Merck</p> <p><b>Modified Release Formulations for Solubility Starved Compounds</b>                      Mengqin Hu - Merck                      John Morrison - BMS</p> <p><b>The Molecular Chemistry of Tumor Necrosis Factor</b>                      Joel Barron - Actinium                      Paul Bergdorf - Merck                      Molly Schmidt - Tech Coast Angels</p> <p><b>II - Beyond Traditional Small Molecules</b>                      000 #22 Design of Deliverable Macrocycles                      Scott Kelly - UC Santa Cruz                      Nicholas Marshall - BMS</p> <p><b>Dreaming Big and Thinking Small: Applying Molecular Chemistry Strategy to Antibody-Drug Conjugates</b>                      L. Nigam - Takeda                      Peter Senter - Seattle Genetics</p> <p><b>Nucleic Acids Therapeutics: Making Sense of Antisense Oligonucleotides</b>                      Rishi Sethi - Inet                      Robert Cooper - BMS</p> <p><b>Crystallography as a Drug Design and Delivery Tool (Special Topic)</b>                      Robert Warriner - Crystal Pharmaceutics                      Vincent Scott - AstraZeneca                      Andrew Burwell - Merck</p> <p><b>III - Pharmacology Revisited</b>                      000 #23 Dealing with Reactive Drug Metabolites in Drug Discovery: Can We Predict Toxication of Drug Candidates that Form Reactive Metabolites?                      Deepak Datta - Pfizer                      Frederic Pater - Guerbet                      Vanderbilt University</p> <p><b>Rational Design of Small Molecules Targeting RNA</b>                      Matt Dinger - Scripps Florida                      Amanda Garner - University of Michigan</p> <p><b>Cell Penetrating Peptides to Improve Cellular Drug Uptake</b>                      Danha Ren - The Ohio State University                      Scott Hart - Bristol-Myers Squibb</p>	<p><b>I - Fighting Cancer</b>                      000 #24 Fighting Cancer: Targeting Cytotoxicity with Kinase Inhibitors                      Timothy R. Jeffman - Genentech                      Mark Wilson - Bristol-Myers Squibb</p> <p><b>000 #25 Fighting Cancer: Epigenetic Targets for Oncology</b>                      Stuart Conroy - Oxford                      Sharon Ragan - AstraZeneca</p> <p><b>000 #26 Fighting Cancer: Allosensory and Targeting Cancer Cell Metabolism</b>                      Stefan Greber - Agos                      Scott Edmundson - AstraZeneca</p> <p><b>Special Broadcast</b>                      000 #27 Cyclic Peptides: Discovery of CTR Modulators                      Peter Grodzinski - Vertex                      Nick Mearns - Bristol-Myers Squibb</p> <p><b>II - Anti-Infectives</b>                      000 #28 Anti-Infectives: Rational Approaches to the Design and Optimization                      Jason Sato - Brown University                      Courtney Aldrich - University of Minnesota</p> <p><b>000 #29 Tuberculosis: An Introduction for Medical Chemists</b>                      Carl Newman - Wall-Cornell Medicine                      Christopher Bayne - Merck</p> <p><b>000 #30 Viral Hepatitis: The Search for a Cure</b>                      Mike Saffa - AbbVie Biopharma                      Stephen Mason - Genentech Corporation</p> <p><b>Special Broadcast</b>                      000 #31 Some Muscular Anisotropy                      Kevin Hoegstedt - Harvard Medical School                      Alyson Trethowan - JCB Publications</p> <p><b>III - Immunology</b>                      000 #32 Rational: Therapeutics and Vaccine Approaches                      Francis Mariani - AstraZeneca                      John Morrison - Bristol-Myers Squibb                      Mary Smutnar - Bristol-Myers Squibb</p> <p><b>000 #33 Lupus: Treatment and Novel Approaches</b>                      Laurence Mearns - Bristol-Myers Squibb                      Mary Smutnar - Bristol-Myers Squibb</p>	<p><b>Jan 25</b> A New Strategy in Drug Discovery: Prokinetic-Induced Protein Degradation                      Ian Clouston - Biomelevbio                      Aaron Balog - Bristol-Myers Squibb</p> <p><b>Feb 22</b> Women in Drug Discovery and Development: How to Succeed as a Female in Academia and Industry                      Annette Bai - AstraZeneca                      Sonali Murya - University of Pittsburgh                      Erik Aragon - Bristol-Myers Squibb                      Nurlan Zaveri - AstraZeneca Therapeutics</p> <p><b>Mar 29</b> A Nanomedicine Overview for mRNA Delivery: Innovative Methods Using Lipid Nanoparticles                      Mariana Vazquez-Arteta - AstraZeneca                      Dennis Long - Genentech</p> <p><b>Apr 26</b> Nanomedicine for Fighting Antibiotic Resistant Bacteria                      Vincent Rotello - University of Massachusetts at Amherst                      Christopher England - American Chemical Society</p> <p><b>May 31</b> Advanced Nano-Delivery Systems: Facilitating Tumor Delivery and Mitigating Resistance                      Manoj Armiy - Northeastern University                      Venkat Krishnamoorthy - AstraZeneca</p> <p><b>Jun 26</b> Pitfalls and Promise of Central Nervous System Drug Discovery                      Valentin Orlovoff - Vale University                      Nicholas Marshall - Bristol-Myers Squibb</p> <p><b>Jul 26</b> How to Optimize Central Nervous System Therapeutics: Med Chem Strategies, Toxics, and Workflows                      Craig Lindley - Vanderbilt Center for Neuroscience Drug Discovery                      Amy Newman - Interuniversity Research Program, NIH</p> <p><b>Sept 20</b> PKAD with a Monoclonal Antibody                      Peter Thomson - AstraZeneca                      Nurlan Zaveri - AstraZeneca Therapeutics</p> <p><b>Oct 18</b> How to Predict Human CYP P450: Practical Experiments and Advanced Mathematical Modeling                      Elizabeth de Lange - Leiden Academic Center for Drug Research                      Alexander Troshin - University of North Carolina</p> <p><b>Nov 29</b> Human Enzymes: An Ideal Vehicle for Delivery of Therapeutic RNAs to Cells and Organs                      Heli Vahedi - University of Gothenburg                      Alexander Kapustin - AstraZeneca</p>

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## Transformation of Recombinant Cells to FDA Approved Products: Clinical Development to Marketplace



**Rodney J.Y. Ho**  
Professor, Department of Pharmaceutics, Bioengineering  
(Adjunct) and Director of the Targeted Long-Acting  
Combination Antiretroviral Therapy (TLC-ART) Program,  
University of Washington



**Venkat Krishnamurthy**  
Associate Principal Scientist,  
AstraZeneca

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# Transformation of Recombinant Cells into FDA Approved Products: Clinical Development to Marketplace \*

**Rodney J Y Ho, PhD, FAAAS, FAAPS**

Professor and Presidential Entrepreneurial Fellow  
Director, Targeted and Long-acting Combination Anti-Retroviral  
Therapeutic (TLC-ART) Program



\*Bak et al. J Pharm Sci. 2019 May 29. pii: S0022-3549(19)30360-0. doi: 10.1016/j.xphs.2019.05.027.

## Disclosure

- 30+ Years as an HIV/HSV, Cancer and Pain Researcher
- Director of UM1 Targeted and Long-acting Combination Anti-Retroviral Therapeutic-TLC-ART Program
- Professor at U Washington, and FHCRC member, Seattle
- Presidential Entrepreneurial Fellow
- Built Integrated HIV/AIDS and Cancer Programs
- Elected Fellow of
  - American Assoc. for the Advancement of Science (*Science*)
  - American Assoc. of Pharmaceutical Scientists
- Advisor to NIH on Grant and Center Reviews
- Editor, J. Pharmaceutical Sciences
- Dawson Biotechnology Award—Life Time Teaching & Research
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- Volwiler Research Achievement Award- a high honor of the AACP
- Luminary Award—Chinese Institute of Engineers USA
- Founding Member of Several Biotech Companies—Impel, NTN..
- Consultant to Major and Large Pharmaceutical Companies



## Outline

- I. Chemical and Biologic versus Recombinant Cell Therapy
- II. Why Autologous Recombinant and Live Cells?
- III. Transformation of Autologous T cell from the same Patient as a Therapeutic Product
- IV. Health Outcomes and System Impact
- V. Summary

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### Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



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**Recombinant cells are:** (Select all that apply)

- Used to produce proteins; some are marketed as FDA approved prescription pharmaceuticals
- (Fixed or killed) are available as therapeutic products
- Not yet approved by the FDA as live and functional cell therapeutic products
- Approved by the FDA as a part of a regenerative (stem-cell) medicine for spinal cord injury
- None of the above

*\* If your answer differs greatly from the choices above tell us in the chat!*

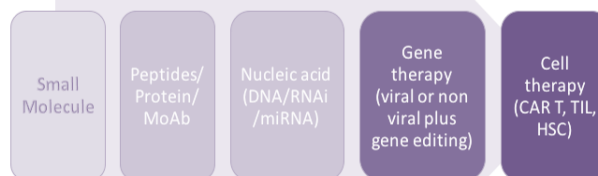
## I. Chemical and Biologic vs Recombinant Cell Therapy

- **Chemical based therapeutics or small molecule drugs can be synthesized and the product homogeneity (purity) verified**
- **Biologics or large proteins (MW> 5-10kD) are often manufactured by recombinant cells and verification of product quality is more challenging (often not homogenous)**
- **The use of recombinant cells (not the protein produced by these cell) are even more complex as a therapeutic product**



## I. Chemical and Biologic vs Recombinant Cell Therapy

Increasing complexity of therapeutic product platform



**Figure 1. Schematic representation of complexity in pharmaceuticals derived from different platforms.**

The scale up and manufacturing of small molecules is well known to the industry and hence generally of lower complexity than biotechnology products. Small molecule drug substances can be made homogeneously at nearly 100% purity, a target that larger peptides, proteins, nucleic acid therapeutics, and vectors are unable to achieve. In addition, cell products intended for reintroduction into patients such as viral delivery systems or cell therapy (e.g., chimeric-antigen receptor expressing recombinant autologous T or CAR T cell) include logistical and stability complexity. Thus, cell therapy is a considerably more complex therapeutic product platform than small molecules. MoAb, monoclonal antibody; TIL, tumor infiltrating lymphocytes; HSC, hematopoietic stem cells. (Bak et al., JPS 2019)

Ho, *Biotechnology and Biopharmaceuticals*, ed2, 2013; doi/book/10.1002/9781118660485



## I. Chemical and Biologic vs Recombinant Cell Therapy

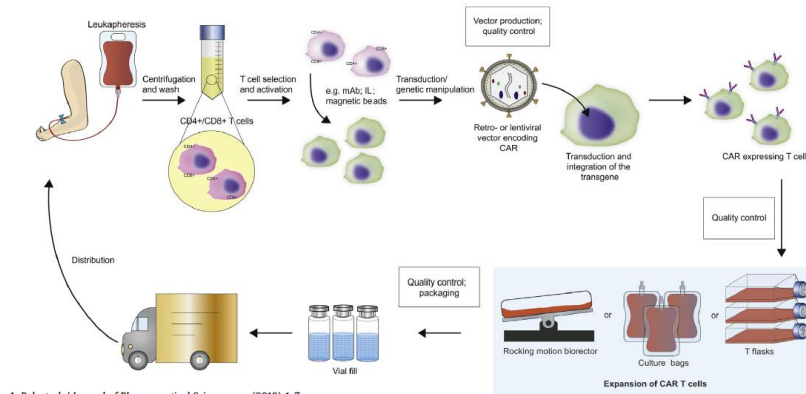
### Rationale for recombinant vs stem (self-renewal) cell therapy

Intent	Stem Cell	Recombinant Cell
Application	Self-renewal and regenerative medicine	Specific purpose, i.e., immunotherapeutic action
Examples	<ul style="list-style-type: none"> <li>Hematopoietic stem cell transplantation (HSCT) for VOD (hepatic veno-occlusive disease)</li> <li>Bone marrow stem cell for leukemia</li> </ul>	<ul style="list-style-type: none"> <li>Modified autologous cell for cancer vaccine</li> <li>Car T cell products as immuno-therapy</li> </ul>
FDA approval for use as cells that are modified and expanded in vivo for reinfusion as cell therapeutic product		<ul style="list-style-type: none"> <li>Provenge (Sipuleucel-T) autologous T cell vaccine (2010)</li> <li>Yescarta-CAR T autologous recombinant T cell for B-cell cancer (2017)</li> <li>Kymriah-CAR T autologous recombinant T cell for leukemia (2017)</li> </ul>



## I. Chemical and Biologic vs Recombinant Cell Therapy

### Overall end-to-end (complex) process of a CAR T cell product



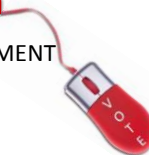
A. Bak et al. / Journal of Pharmaceutical Sciences xxx (2019) 1-7

**Figure 3.** Schematic overview of the needle-to-needle approach as described for the CTL019 CAR T cell production for early clinical trials. The process involves removing blood from the patient through the process of leukapheresis, separating the leucocytes, and clearing the sample for impurities such as anticoagulants and platelets, enriching for T-cells with separation at the level of CD4+/CD8+ T-cells. Following this the T-cells are activated, often by monoclonal antibodies and interleukins (IL2 or IL7 and IL15) and more specific for CTL019 the activation was carried out with anti-CD3/CD28 magnetic beads. The activated T-cells are hereafter genetically modified with the lentiviral vector encoding for the CAR and the transduced cells are allowed to expand in cell number (various methods have been described for this process including T-flasks, culture bags and bioreactors as reviewed in ref. 2) before concentrating the CAR T cells (e.g., 5L cell culture is concentrated [up to 100x]) before reinfusion—typically 10 to 250 million cells in 10 to 50 mL volume per dose per patient.



## Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT



**Current Chimeric Antigen Receptor or CAR T cell therapeutic products are personalized and individualized medicine because:** (Select all that apply)

- Leukocyte or white blood cells collected from the subject are used as a starting point
- Patient's own cells are transduced to express chimeric antigen receptors to clear cancer
- Transduced cells from cell-lines or other donors may induce a graft-vs-host response or rejection that aborts the function
- The recombinant leukocytes (T cell) verified to express chimeric antigen receptor or CAR (on T cells) are re-introduced into the same patient donor
- None of the above

*\* If your answer differs greatly from the choices above tell us in the chat!*

## II. Why Autologous Recombinant and Live Cells?

*Why these cells be better than platform than that of fixed cell vaccines such as PROVENGE® (sipuleucel-T) autologous T cell product?*



## II. Why Autologous Recombinant and Live Cells?

*Isn't protein therapeutics made by recombinant cells already complex and challenging enough?*

- **Chemical or small molecule** (MW ~500-1kD) **drugs are synthesized and their purity homogeneity readily verified**
- **Biologic or protein** (MW > 5-10kD) **drugs, manufactured with recombinant cells need tighter process controls as verification of final product quality is more challenging** (often not homogenous)
- **The use of recombinant cells** (not the protein produced by these cell) **are even more complex to produce therapeutic products such as Epoetin, Somatotropin, Herceptin** (antibody)



## II. Why Autologous Recombinant and Live Cells?

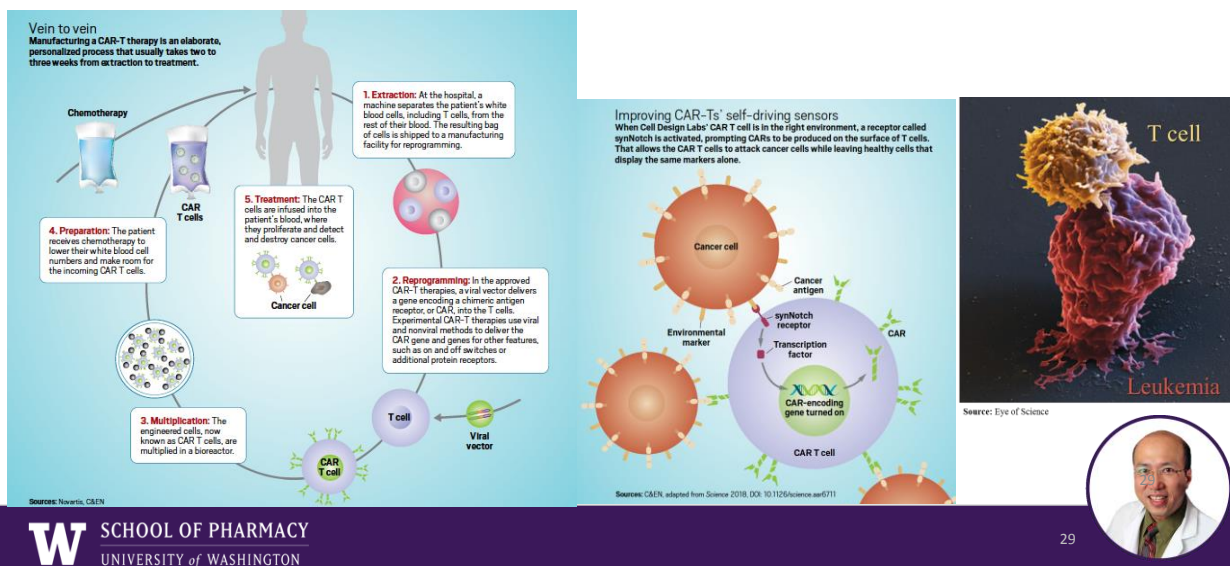
*Three essential elements for CAR T cell function*

- **Autologous** — T cells from the same patient to prevent rejection (due to inter-individual variations in transplant antigen MHC)
- **Recombinant** — A process used to transform the autologous T cell to recognize target marker (i.e., Chimeric Antigen Receptor or CAR)
- **Live** (functional) **cell** — To produce cell-mediated processes (in the case of CAR-T, to seek out cancer cells and dock them via the chimeric antigen receptor and allow contact-mediated cancer cell killing function of T cells to proceed)



## II. Why Autologous Recombinant and Live Cells?

*CAR T cell therapeutic integrate all these three aspects*



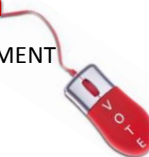
## II. Why Autologous Recombinant and Live Cells?

*CAR T (functional) cell therapy provides hope and cure for cancer*

- Impressive outcomes of the two FDA approved CAR T cell therapies for B-cell cancers
- Works on a majority of previously non-responsive to current drug or biologic therapies
- Over 50% of subjects on the two tested and approved CAR T cell therapy (single infusion dose) experienced event-free survival

## Audience Survey Question

ANSWER THE QUESTION ON BLUE SCREEN IN ONE MOMENT

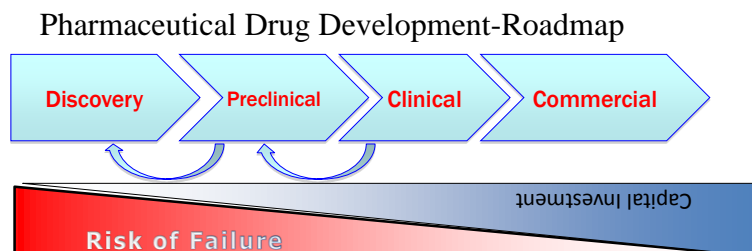


**CAR T cell therapeutic product can be manufactured:** (Select all that apply)

- With a process similar to making chemical drugs (e.g., Tylenol tablets)
- Only on site at the local blood and cancer research center
- Large-scale in batches intended for hundreds/thousands of people onsite
- At an off-site facility with clearly traceable quality, sterility and chain of custody
- But FDA regulations cover only the manufacturing plants and product released from the respective facility

*\* If your answer differs greatly from the choices above tell us in the chat!*

### III. Transformation CAR T cell into Therapeutic Product



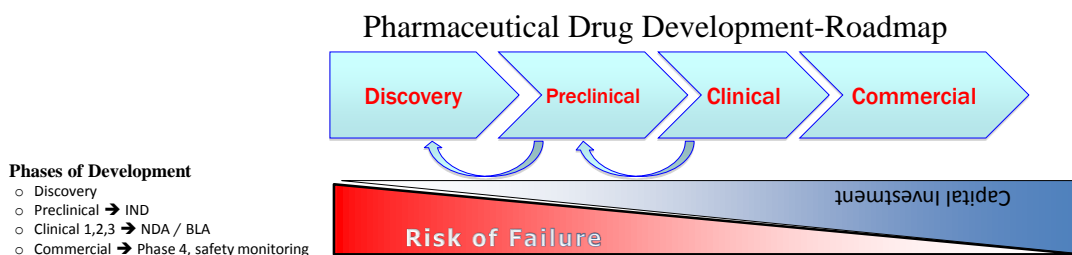


### III. Transformation CAR T cell into Therapeutic Product

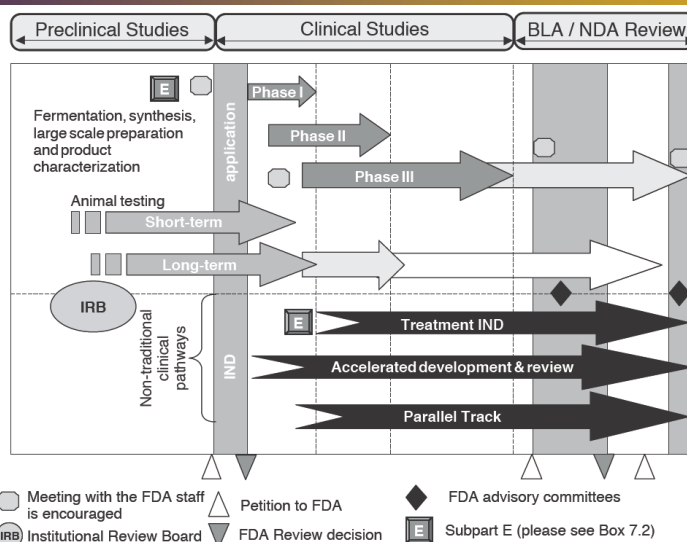
- **Market Drivers for R&D and Clinical Development**

- Financial ~\$2.3 billion annual gene and cell therapeutic market with 50% annual growth (BBC market analysis, 2018); \$17.4 billions by 2023.
- Promised to find a cure for incurable diseases (e.g., Cancer and HIV/AIDS)

- **Manufacture, Logistics and Regulatory Assurance and Approval**



### III. Transformation CAR T cell into Therapeutic Product

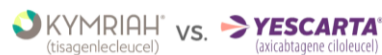


Ho, *Biotechnology and Biopharmaceuticals*, ed2, 2013; doi/book/10.1002/9781118660485



### III. Transformation CAR T cell into Therapeutic Product

In 2017 two CAR T cell products were approved-impressive primary end point—overall remission (response) rate in 3 month or longer



- **Kymarih** (Tisagenlecleucel) — **indicated for Acute Lymphoblastic Leukemia (AML)**
  - ELIANA Clinical Trial (multi-center pivotal trial)
  - A single 0.2-5.4 million CAR T cell/kg dose
  - Maude et al., N Engl J Med 2018;378:439-48. DOI: 10.1056/NEJMoa1709866
- **Yescarta** (Axicabtagene ciloleucel) — **indicated for Lymphoma**
  - **ZUMA-1** Clinical Trial (multi-center trial)
  - A single autologous CAR T cell dose of 2 million cells/kg
  - Locke and Neelapu et al., Lancet Oncol 2019; 20: 31–42. DOI: 10.1016/ S1470-2045(18)30864-7



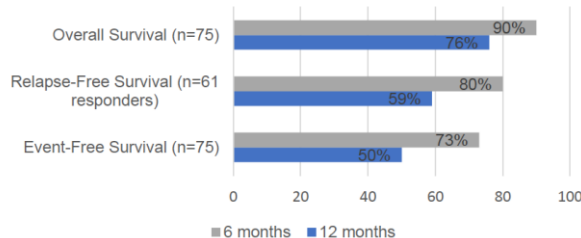
### III. Transformation CAR T cell into Therapeutic Product



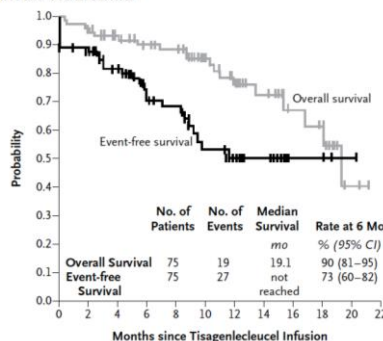
**indicated for B-cell Lymphoblastic Leukemia (AML)**

- ELIANA Clinical Trial (multi-center pivotal trial)
- Maude et al., N Engl J Med 2018;378:439-48. DOI: 10.1056/NEJMoa1709866

Survival Probabilities in ELIANA



B Event-free and Overall Survival



No. at Risk

	75	72	64	58	55	40	30	20	12	8	2	0
Overall survival	75	72	64	58	55	40	30	20	12	8	2	0
Event-free survival	75	64	51	37	33	19	13	8	3	3	1	0



### III. Transformation CAR T cell into Therapeutic Product



indicated for B-cell Lymphoma

- ZUMA-1 Clinical Trial (multi-center trial)

- Locke and Neelapu et al., Lancet Oncol 2019; 20: 31–42. DOI: 10.1016/S1470-2045(18)30864-7

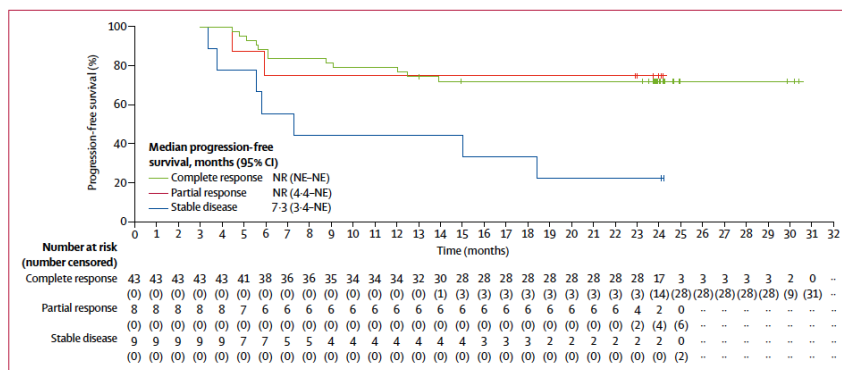


Figure 2: Post-hoc analysis of investigator-assessed progression-free survival by response status at 3 months after axicabtagene ciloleucel

60 patients with ongoing complete response, partial response, or stable disease month 3 in phase 2 are shown. The x-axis shows time since infusion of chimeric antigen receptor T cells. Four of eight patients with partial responses and four of nine patients with stable disease at 3 months subsequently converted to complete responses. NR=not reached. NE=not estimable.



### III. Transformation CAR T cell into Therapeutic Product

*With these impressive immunotherapeutic outcomes, many more cell-therapeutics are in the pipe-line*

Generic [Trade] name	Conditions	Vector and intervention	Gene editing	Clinical Status	Sponsor
NY-ESO-1	Multiple myeloma, synovial sarcoma, myxoid/round cell liposarcoma, melanoma	Intravenous infusion with NY-ESO-1 redirected autologous T cells (CRISPR edited endogenous TCR and PD-1)	Ex vivo	Phase 1 (NCT03399448)	University of Pennsylvania
CTX001	β-thalassemia and sickle cell disease	Intravenous infusion with autologous CRISPR-Cas9 modified CD34+ Human Hematopoietic Stem and Progenitor Cells	Ex vivo	Phase 1/2 (NCT03655678)	CRISPR Therapeutics/ Vertex Pharmaceuticals
UCART019	B-cell leukemia and B-cell lymphoma Esophageal cancer	Intravenous infusion with CAR T cells Intravenous infusion with PD-1 knockout T-cells	Ex vivo	Phase 1/2 trial (NCT03166878) Phase 2 (NCT03081715)	Chinese PLA General Hospital Hangzhou Cancer Hospital/Anhui Kedgene Biotechnology Co.,Ltd Spark Therapeutics
Voretigene neparvo-vec-rzyl [Luxturna]	Retinal dystrophy: Leber's congenital amaurosis	AAV2; single subretinal injection	In vivo	Approved 2017 (FDA)	Spark Therapeutics
GSK2696273 [Strimvelis]	Adenosine deaminase deficiency-severe combined immunodeficiency	Autologous CD34+ cells modified through lentiviral vector transduction	Ex vivo	Approved 2016 (EMA)	Ochard Therapeutics/ GlaxoSmithKline
Axicabtagene ciloleucel [Yescarta]	Diffuse large B-cell lymphoma	Intravenous infusion with CAR T cells	Ex vivo	Approved 2017 (FDA), 2018 (EMA)	Gilead
Tisagenlecleucel [Kymriah]	B-cell acute lymphoblastic leukemia	Intravenous infusion with CAR T cells	Ex vivo	Approved 2017 (FDA), 2018 (EMA)	Novartis

Adapted from Bak (and Ho) et al., J Pharm Sci 2019,

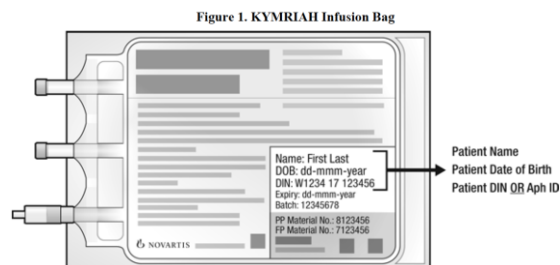
Table 3. A representative sample of selected gene therapies in clinical trials as well as current FDA/EMA approvals (as of February 2019)



### III. Transformation CAR T cell into Therapeutic Product

*Regulatory, Manufacturing, Quality and Logistics and more [Commercial Scale]*

- Intended use, product specification, quality assurance, sterility, functional verification, stability (production to infusion site)\*
- Who, where and how to ensure the right patient receive within the target schedule time-line.
- Logistics of planning from collecting autologous cells to infusion of recombinant CAR T cell to the same patient.



\* FDA regulatory guidance on cell therapeutics preclinical and clinical evaluation including chemistry manufacturing and controls, product specification, quality assurance to ensure the final product meet the defined product specifications based on validated and appropriate assays.



### IV. Health Outcomes and System Impact

*Who are appropriate candidates and how to gain access?*



## IV. Health Outcomes and System Impact

- **Which patient would benefit?**
  - Not for primary B-cell lymphoma or AML (only refractory or in second or later relapse—there are significant side-effects)
- **Cost of CART T personalized cell medicine**
  - \$475k **Kymarih** and \$373K **Yescarta** (for a single dose)
- **Cost-effectiveness** (ELIANA cost-effectiveness data; 600-750k)
- **Impact on the overall health system** (overall budget in billions?)
- **Payers perspective**



## IV. Health Outcomes and System Impact

*One Large (the Center for Medicare and Medicaid CMS) Payer's perspective\**

Price and Cost	<b>Kymarih</b> (Tisagenlecleucel)	<b>Yescarta</b> (Axicabtagene Ciloleucel)
Product Price	US \$ 475k	US \$ 373K
CMS reimburse (hospital)	\$ 500k	\$ 400k
Patient (20%)	\$ ~100k	\$ 79k
But US SS Maximum out of pocket annual co-payment		\$1,340

\*Weighing the Cost and Value of CAR T-Cell Therapy - The ASCO Post based on panel discussion—accessed 3/26/2019



## Summary

- Recombinant Cell is a Complex Live, Functionally Active Product
- Autologous Recombinant and Live Cells provide therapeutic effects not achievable by other drug platforms
- Transformation of Autologous T cell from the same Patient as a Therapeutic Product have made break-through impact on cancers
- Health Outcomes and System Impact data also point to overall benefit
- This new therapeutic modality may redefine the role of pharmacist and pharmaceutical scientists



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## Thank You!

धन्यवाद (Hindi)

ತುಗಾಡ್ ಪೆನವಾಡ (Pujabi)

આભાર (Gujarati)

ধন্যবাদ (Bangli)

ကျေးဇူးတင်ပါတယ် (Burmese)

謝謝 (Chinese)

Merci (French)

شكرا (Arabic)

ขอบคุณ (Thai)

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Dan Ferguson - Carmed Therapeutics</p> <p><b>Long Acting Injectable Medications: Strategies and Mechanistic Considerations</b> 000 #21 Joan Ramirez - Adarex Annette Bai - Merck</p> <p><b>Modified Release Formulations for Solubility Starved Compounds</b> 000 #22 Mengqin Hu - Merck John Morrison - BMS</p> <p><b>The Molecular Chemistry of Tumor Necrosis Factor</b> 000 #23 Jai Barman - Actinium Ravi Nargund - Merck Molly Schmidt - Tech Coast Angels</p> <p><b>II - Beyond Traditional Small Molecules</b> 000 #24 <b>Design of Deliverable Macrocycles</b> Sally Lipp - UC Santa Cruz Nicholas Meehan - BMS</p> <p><b>Dreaming Big and Thinking Small: Applying Molecular Chemistry Strategy to Antibody-Drug Conjugates</b> 000 #25 L. 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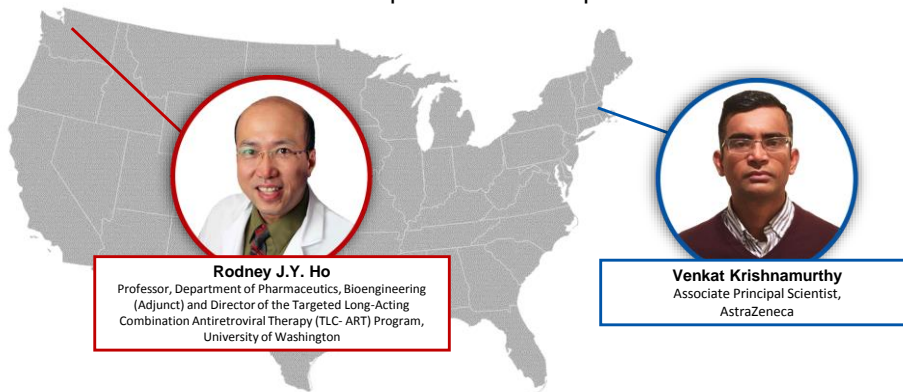
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 Professor, Department of Pharmaceutics, Bioengineering (Adjunct) and Director of the Targeted Long-Acting Combination Antiretroviral Therapy (TLC-ART) Program, University of Washington



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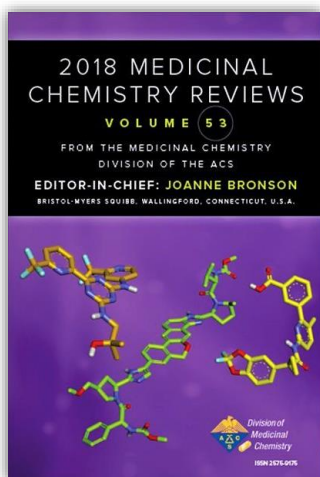
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