

# MANUFACTURING CAR-T

## THE CANADIAN EXPERIENCE

FOCR: UNLOCKING NEXT-GENERATION THERAPIES  
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Natasha Kekre, MD, MPH, FRCPC  
Hematologist, TCT Program, The Ottawa Hospital



The Ottawa  
Hospital | L'Hôpital  
d'Ottawa



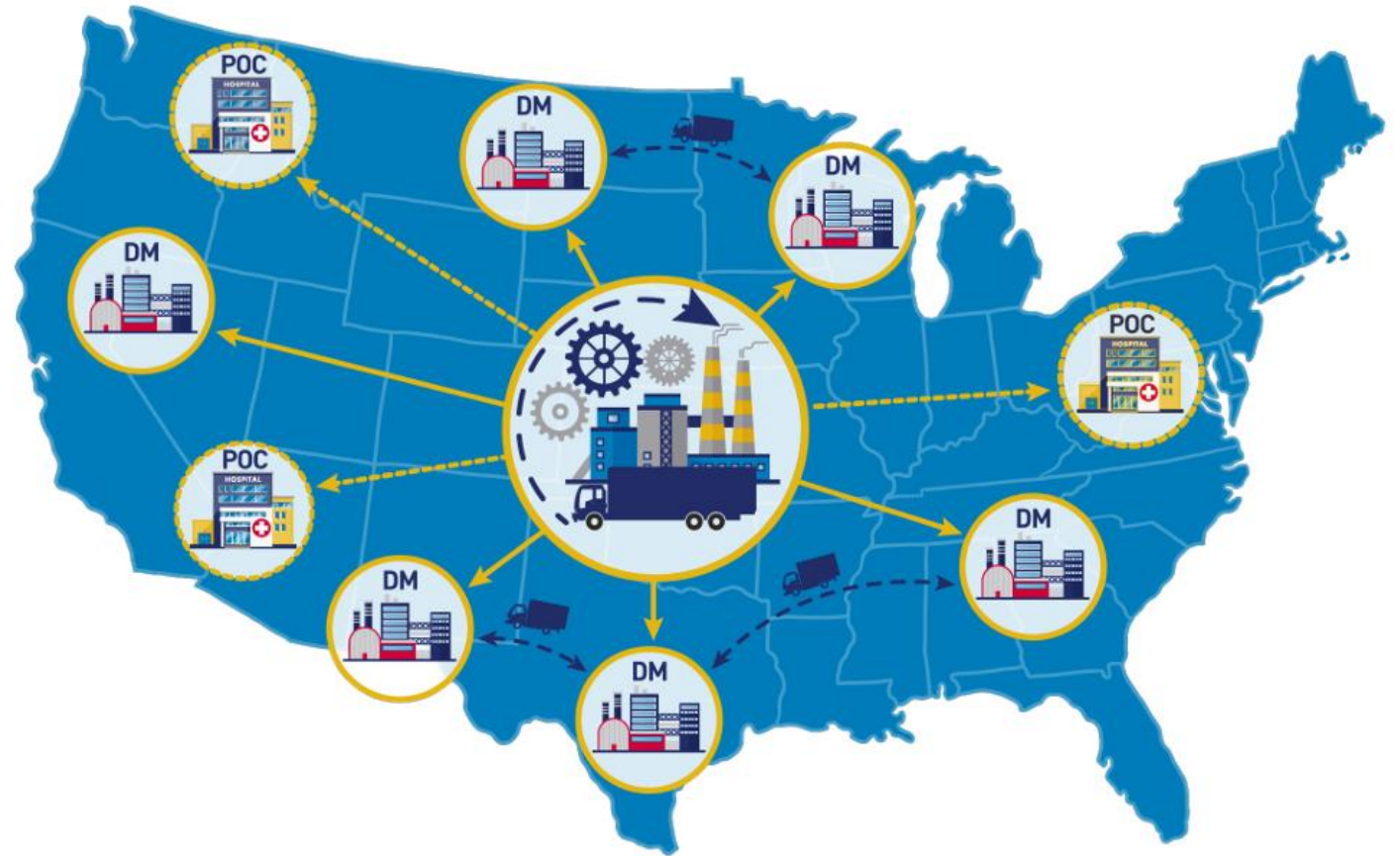
# DECLARATION/COI

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Honoraria/ad board: Novartis, Kite/Gilead, BMS

# POINT-OF-CARE (POC) MANUFACTURING MODELS

- Decentralized: Manufacturing at multiple regional facilities, not directly at the patient site
- Distributed: Manufacturing across large-scale centers, with centralized quality oversight and coordination
- Point of Care: Manufacturing done directly at the hospital or clinic where the patient is treated, on-site and on-demand



# CLIC NETWORK FORMED IN 2017

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## Vision:

- Develop a Canadian academic model for cell therapy research and delivery to build expertise and infrastructure, create jobs and foster innovation

## Strategy:

- Centralize production of plasmids and lentivirus at research hospitals
- Point-of-care compatible T-cell manufacturing to generate CAR-T cells
- Start with CD19 CAR-T as a proof-of-concept (known efficacy/toxicity; clinical need)

**Clinical Site**  
*Vancouver (VGH)*  
K.Hay

**Plasmid Design and  
Production**  
*Vancouver (BC Cancer)*  
R.Holt

**Quality/Regulatory  
Oversight**  
*Vancouver (BC Cancer)*  
M. Bala

**Lentivirus  
Manufacturing**  
*Ottawa (OHRI)*  
J.Bell, J.Quizi

**Clinical Site**  
*Ottawa (OHRI)*  
N.Kekre, H.Atkins

**CAR-T Cell Manufacturing**  
*Victoria (BC Cancer)*  
B.Nelson, J.Nielsen

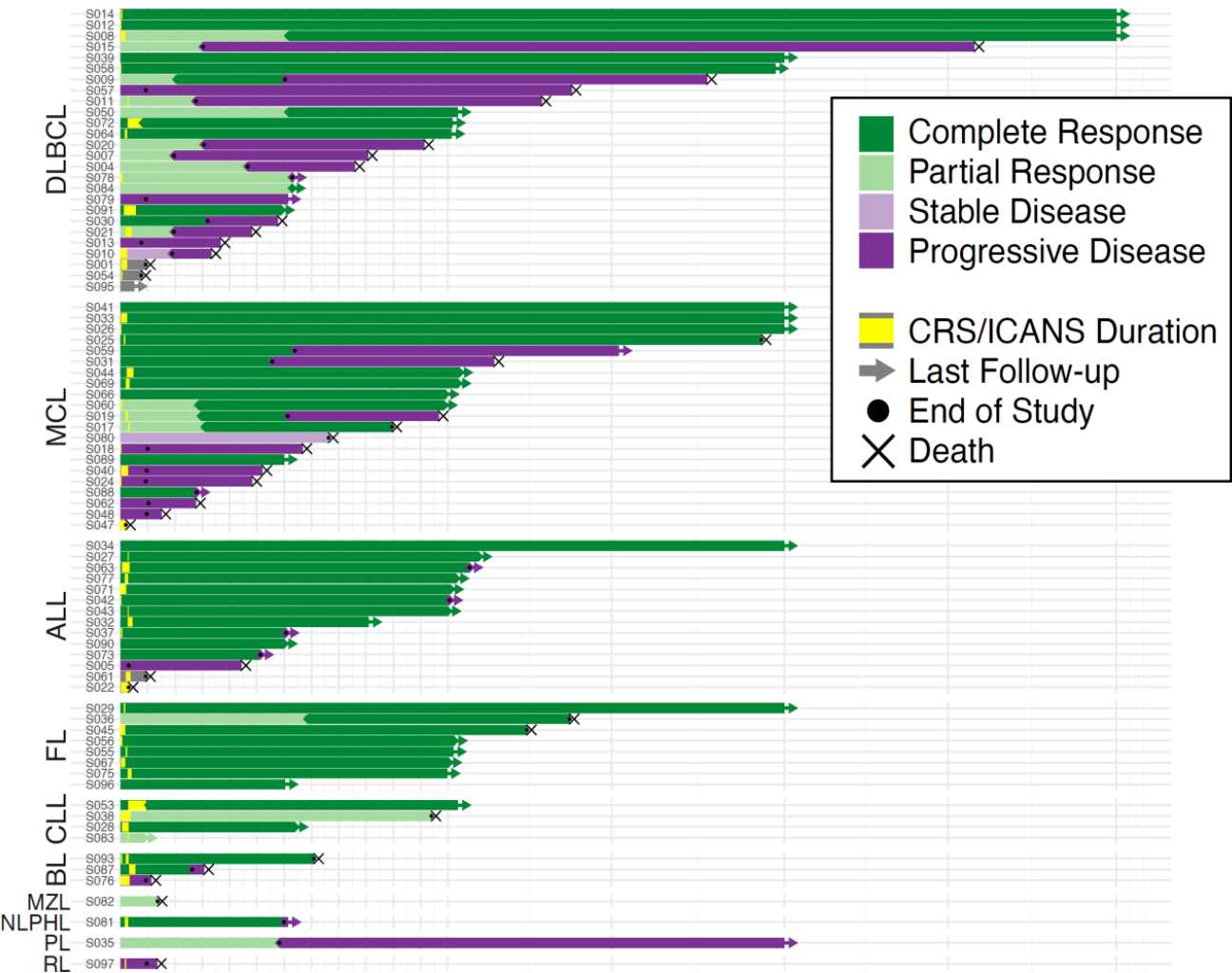
# CLIC MANUFACTURING STRATEGY



- Point-of-care, automated T-cell manufacturing
  - Simpler implementation
  - Multiple machines operated by same technologist
  - Automated means less human error
  - Small, closed benchtop system
- Established 12-day manufacturing protocol



# CLIC-01 UNPUBLISHED RESULTS



# DECENTRALIZING CLIC – OUR APPROACH

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## ONBOARDING NEW SITES:

- (1)Gap Assessment:** performed by first manufacturing centre to assess level of equivalence/appropriateness of site-specific technology and potential regulatory gaps.
- (2)Technology Transfer Package:** provide the blueprint for how to implement the technology developed already to the recipient POC site.
- (3)Audit:** Quality and Manufacturing personnel from chosen site perform an onsite audit of the recipient POC site.

# DECENTRALIZING CLIC - CHALLENGES

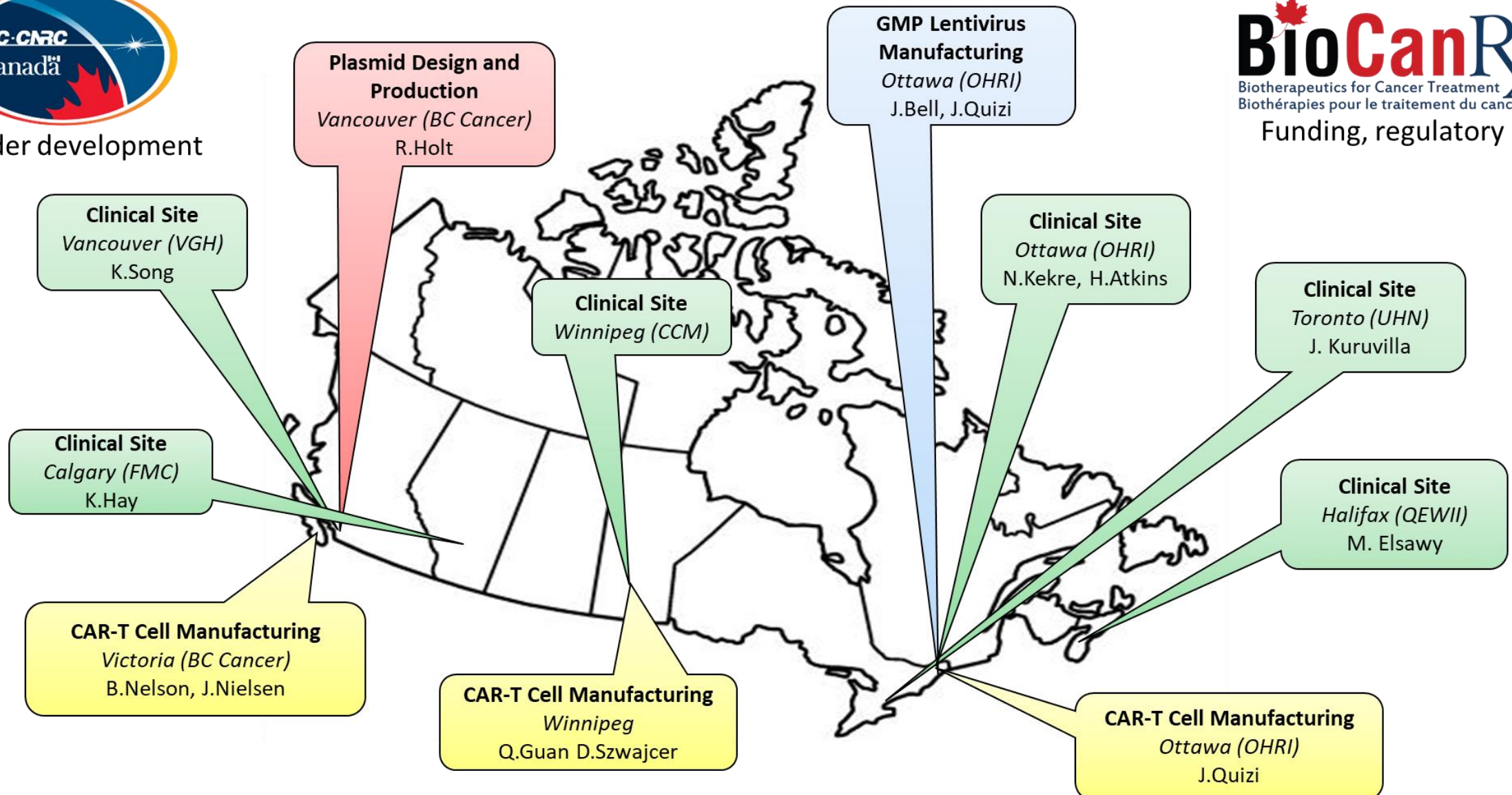
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- Ability for different centres to meet regulatory requirements under one IND while having different operating and quality systems
- Multiple trials with different sponsorship and varying priorities and commitments at each manufacturing site make cohesion difficult
- Funding is short-term and trial specific, making investments into long-term infrastructure more difficult

# CLIC NETWORK 2.0

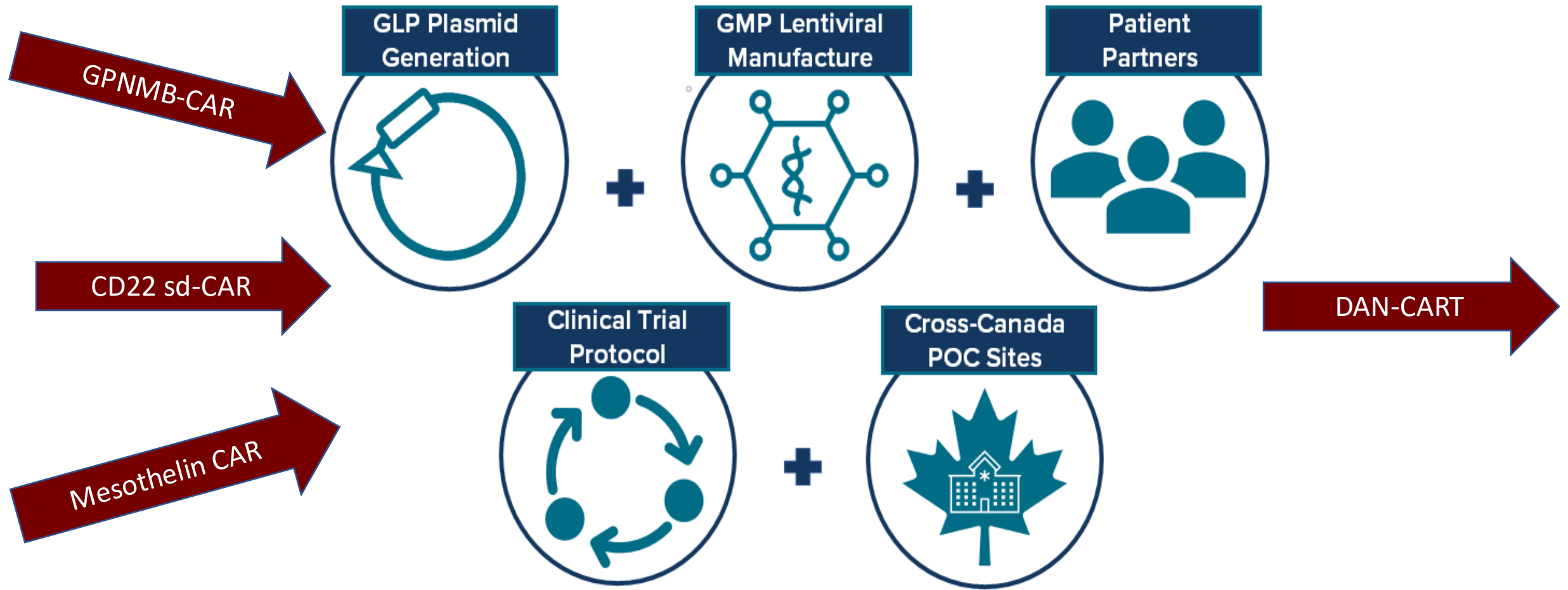


Binder development



**BioCanRx**  
Biotherapeutics for Cancer Treatment  
Biothérapies pour le traitement du cancer  
Funding, regulatory

# CLIC NETWORK 2.0



**Rapid Deployment of Made-in-Canada Clinical Trials**

# MARKET AUTHORIZATION – NEW CHALLENGES

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- Developing products for smaller patient populations still requires significant risk and investment, without high return on investment
- Existing models focus on fast-tracking based on clinical safety and efficacy, but these avenues not readily available for advances in biomanufacturing
- Left with conventional commercialization platforms for unconventional organizations just motivated to treat and possibly save more people
- Structured framework for when/how regulatory flexibilities apply to decentralized manufacturing is needed. Case-by-case flexibilities granted in the past, but not readily available.

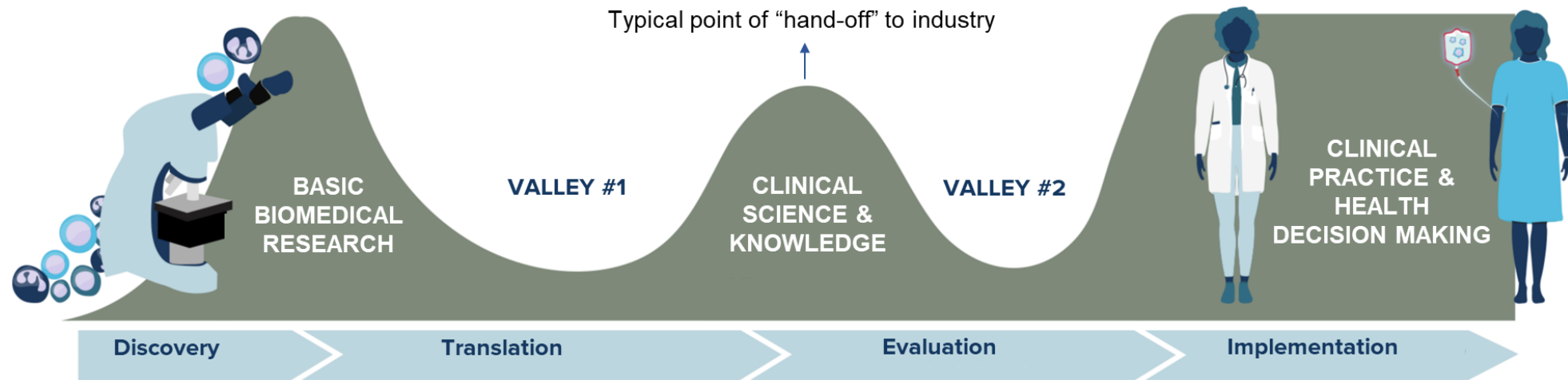
# MARKET AUTHORIZATION – CLIC

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- Demonstrate safety and efficacy in robust clinical package
- Phase-specific versus licensed manufacturing: gap assessments, drug establishment licenses, strict GMP standards
- Health Canada meetings
- Sponsorship, funding, liability to organize → under NFP? B-corp? PPP? other?
- Discussions with funders to ensure funding available if product approved

# CONCLUSIONS

Innovative decentralized manufacturing can facilitate the valleys from discovery to implementation



1) Decentralized biomanufacturing



2) Creating innovative health system adoption pathways



Requires regulatory & policy strategies

# PROJECT TEAM AND ACKNOWLEDGEMENTS

Thank you to our patients!



## **OHRI - Clinical**

Natasha Kekre

Harry Atkins

Michael Kennah

Linda Hamelin

Anne-Marie Clement

Vanessa Lopez-Ozuna

## **BC Cancer – Victoria**

Brad Nelson

Nicole Gierc

Julie Nielsen

Bianca Loveless

Mhairi Sigrist

Tyler Dyer

Ryan Guagliano

Neru Mahendiran

Stephanie Michaud

Erin Bassett



## **OHRI – BMC**

Jennifer Quizi

John Bell

Piriya Yoganathan

Mathieu Crupi

Liana Medynski

## **BC Cancer – Vancouver**

Kevin Hay

Maria Chapman

Narsis Afghari

Shanti Bell

Robert Holt

Anestis Tzanidis

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Michael Gignac

Lisa Dreolini

Stephen Zaiatc

Scott Brown

Adiba Salam



Robert L Conconi FOUNDATION



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## **OHRI – Translation**

Dean Fergusson

Manoj Lalu

Kednapa Thavorn

Justin Presseau

## **Vancouver - VGH**

Hannah Cherniawsky

Kevin Song

Claudia Piechnik

