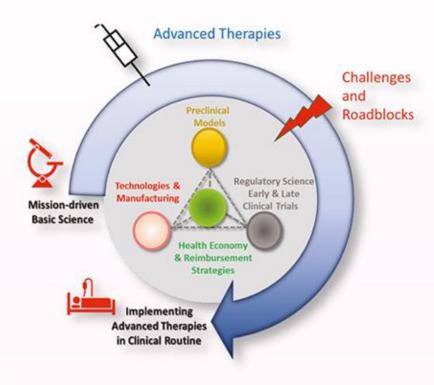




## **RESTORE - Health by Advanced Therapies**

(Advanced Therapy Medicinal Products and Biologised Medical Devices)



**ALL for Advanced Therapies. With Passion. For Patients.** 

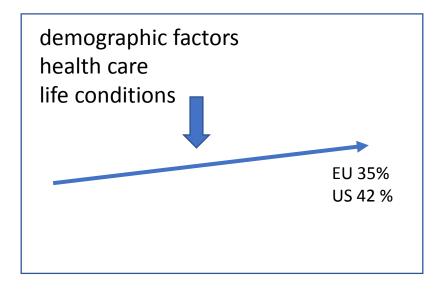
# Why do we need «REЭЯОТЗ»?





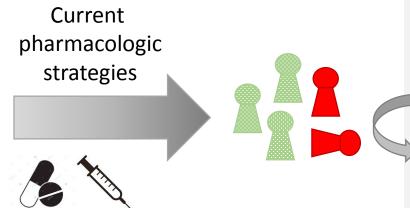
## **Chronic Diseases – Burden for Patients & Society**

## Increasing Prevalence of Chronic Diseases



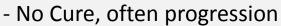
2000 2020

cardiovascular, cancer, T2 diabetes, lung, (auto) immune, musculoskeletal, neurodegenerative, mental diseases ... => increase in multi-morbidity



 $\Rightarrow$  Many <u>non-responders</u>  $\blacksquare$ 





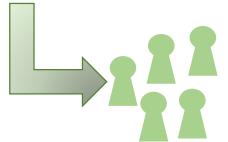
- Need for chronic treatment



- Limited quality of life

- High cost for society

Direct Health Costs EU	2008		<u>2017</u>
% of GDP	8.3 %	=>	9.6 %
billions €	1.070	=>	1.526



Need for sustainable improvement or even curing of chronic diseases avoiding conventional chronic treatment

**⇒** Advanced Therapies

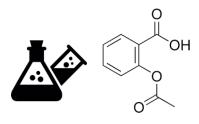
Sources: Annual reports of CDC on chronic diseases, and EU Health at a Glance





## Advanced Therapies – Novel Class of "Living" Drugs

since >120 years



Defined, chemically produced

Small Molecules

since >30 years



Protein-based drugs produced in living cells Biologics

since >10 years







"Living" drugs

(gene therapies, gene modified cells, somatic cells, engineered tissues)

Advanced Therapies (ATMP)

chance of cure (game changer)

complexity

Complexity of chronic diseases requires complex therapeutic approaches

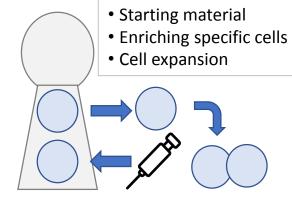




# Advanced Therapies – Novel Class of "Living" Drugs



#### Somatic cells

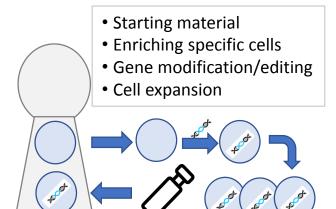


Generating specific living cells *ex vivo* (sCTMP)

e.g. severe infections, cancer transplantation, autoimmunity, tissue regeneration



### Ex vivo gene-modified cells

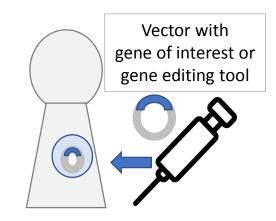


Gene modification/editing of living cells ex vivo (GTMP)

e.g. severe infections, cancer transplantation, autoimmunity, genetic diseases



### *In vivo* gene therapy

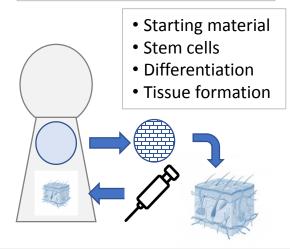


Gene modification/editing of living cells in vivo (GTMP)

e.g. genetic diseases, cancer



## Engineered tissues



Tissue Engineering from living cells ex vivo (TEP)

e.g. replacement of irreversibly injured tissues/organs





# Advanced Therapies – Novel Class of "Living" Drugs







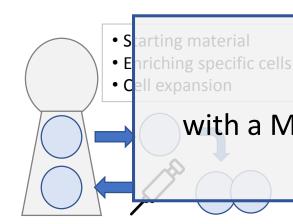


Somatic cells

Ex vivo gene-modified cells

*In vivo* gene therapy

**Engineered tissues** 

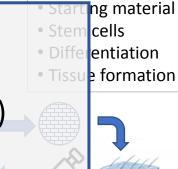


Combinations of any

Advanced Therapy Medicinal Product (ATMP)

with a Medical Device component (e.g. polymer-based biomaterial)

 $\Rightarrow$  Combined ATMP (=CTMP)



Generating specific living cells *ex vivo* (sCTMP)

e.g. severe infections, cancer transplantation, autoimmunity, tissue regeneration

Gene modification/editing of living cells ex vivo (GTMP)

e.g. severe infections, cancer transplantation, autoimmunity, genetic diseases

Gene modification/editing of living cells *in vivo* (GTMP)

e.g. genetic diseases, cancer

Tissue Engineering from living cells ex vivo (TEP)

e.g. replacement of irreversibly injured tissues/organs





## Curing by Advanced Therapies – not just a dream, it is reality

Cell Therapy
=> Immune Disease (chronic GvHD)







Regulatory T cells
=> isolation from 50 ml blood => expansion
=> single shot therapy => long-lasting benefit







Landwehr-Kenzel S ... Reinke P, submitted

Cell & Gene Therapy
=> Genetic Disease (skin)







Skin biopsy => gene repair in skin stem cells => expansion





Hirsch T ... De Luca M, Nature 2017

## **Cell & Gene Therapy**

=> Cancer (non-Hodgkin lymphoma)



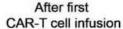
Before first CAR-T cell infusion



#### T cell isolation from blood

- => generation of anti-cancer CAR-T cells
- => expansion => 2 infusions







After second CAR-T cell infusion

Turtle CJ et al., Sci Transl Med 2016





## Curing by Advanced Therapies – not just a dream, it is reality

### Current Clinical Trials on Advanced Therapies (Q2 2018)

#### 977

Clinical Trials underway worldwide by end of Q2 2018 Phase I: 324 Phase II: 560

Phase III: 93



317







Gene Therapy	Gene-modified
	Cell Therapy

314

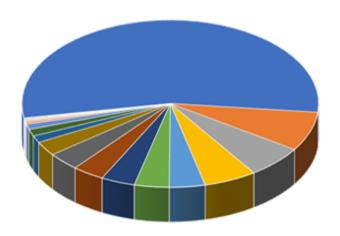
Somatic Cell

**Tissue Engineering** 

Therapy

322 24

## Clinical Trials by Indication: Q2 2018



- 1 Oncology
- = 3 Musculuskleletal
- 5 Endocrine, Metabolic & Genetic Disorders
- 7 Hematology
- 9 Ophthalmology
- 11 Genitourinary Disorders
- 13 Respiratory Diseases
- = 15 Lymphatic Diseases
- 17 Geriatric Diseases

- 2 Cardiovascular
- 4 Central Nervous System
- 6 Dermatology
- 8 Immunology & Inflammation
- 10 Infectious Diseases
- 12 Gastroenterology
- 14 Surgery
- 16 Ear Diseases
- 18 Radiation Diseases

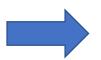
Alliance for Regenerative Medicine Report 2018





## The Pain

- Society became accustomed to being treated for chronic diseases but rarely healed by conventional drugs resulting in high burden for patients and society
- Advanced Therapies might be transformative by their sustainable efficacy
- Unfortunately, only a few Advanced Therapy products that cure from chronic disease have reached the market so far because of several major challenges 
   ⇒ selecting and manipulating the right cells, manufacturing, preclinical models, mode-of-action, scaling-up/scaling-out, regulatory sciences, reimbursement...
- Progress is happening quickly in the US and Asia Europe lags behind despite its high innovation potential



The need for strategic positioning in Europe through a well-coordinated large-scale research initiative







# Standard Sta





## The Vision

- Making the transforming promise of Advanced Therapies a reality for the benefit of patients and society
- Making Europe a spearhead in R&D and application of Advanced Therapies





## The Mission

- Creating a pipeline of dozens of Advanced Therapy products developed and made in Europe by 2030 by addressing roadblocks
- Driving innovation and patient-centered clinical research, adhering to high quality and ethical standards
- Establishing a European ecosystem that will carry the effort further into the future





## Long way along the Technology Readiness Levels



(Cancer)

<= examples for approved "living" drugs

development time each ~20 yrs

	·			
TRL 9		TRL 9	TRL 9	
TRL 8		TRL 8	TRL 8	
TRL 7		TRL 7	TRL 7	
TRL 6		TRL 6	TRL 6	
TRL 5		TRL 5	TRL 5	
TRL 4		TRL 4	TRL 4	
TRL 3		TRL 3	TRL 3	
TRL 2		TRL 2	TRL 2	
TRL 1		TRL 1	TRL 1	

	TRL 9	Product Launch; Reimbursement Deals; Post-Marketing Monitoring
Clinical Studies	TRL 8	Pivotal Phase III Clinical Trials; "fast-track" Regulatory Pathways; Marketing Authorization
	TRL 7	Refined Translation for iterative Improvement; PoC Clinical Trials; Scaling-up Manufactoring
	TRL 6	(First-in-Human) Phase I/IIa Clinical Trials accompanied by Mechanistic Side Studies
	TRL 5	Manufactoring Authorization; Preparation of IMPD/IND Application for Early Clinical Trials
S	TRL 4	GMP Manufactoring and Product Characteristics; In vivo/In vitro PoC/Tox Preclinical Studies
Studie	TRL 3	In vitro Studies; Technology Application; Mode-of-Action Hits; Clinical Development Plan
Preclinical Studies	TRL 2	Project Plan of Mission-driven Basic Research and Technology Development
Prec	TRI 1	Review of Racic and Clinical Science Framework Identification of Medical Need









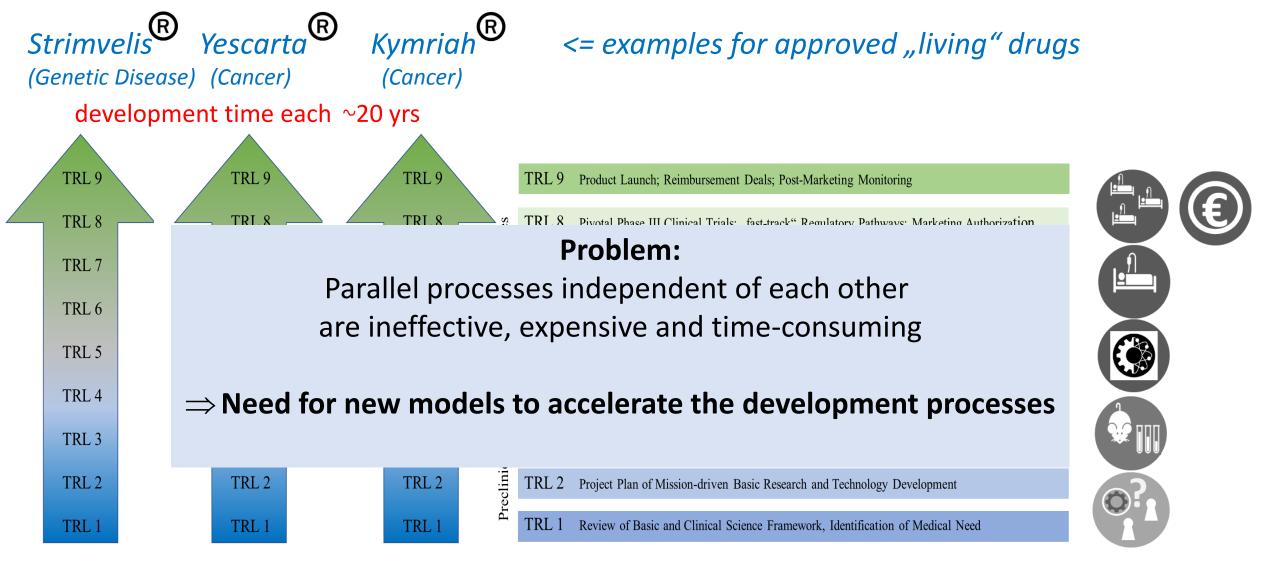








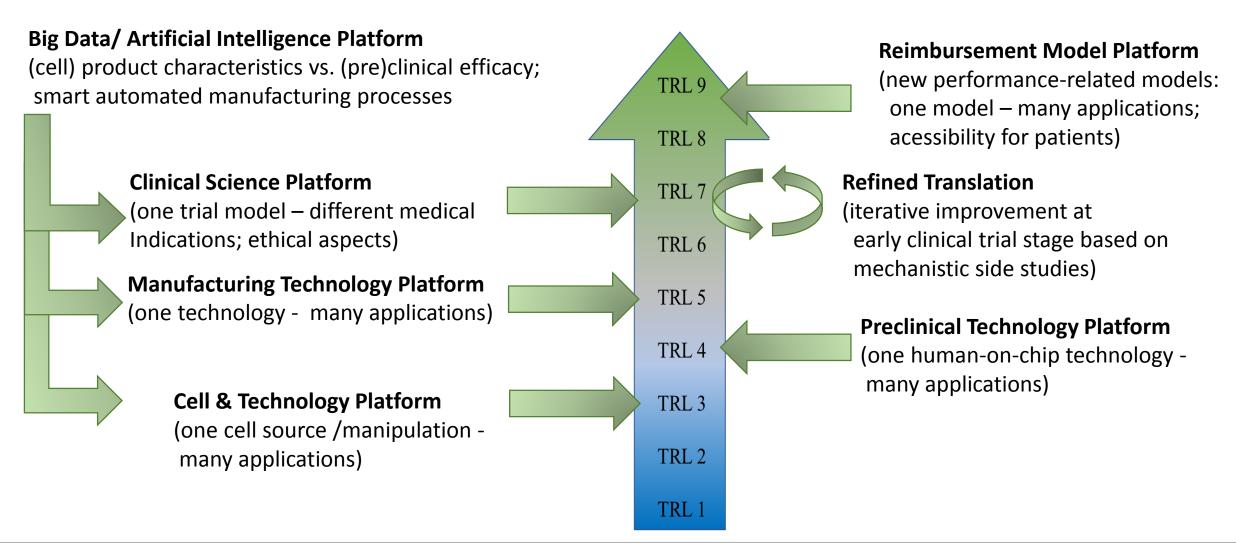
## Long way along the Technology Readiness Levels







# Accelerating and De-Risking by non-linear TRL Development Model (roadmap)



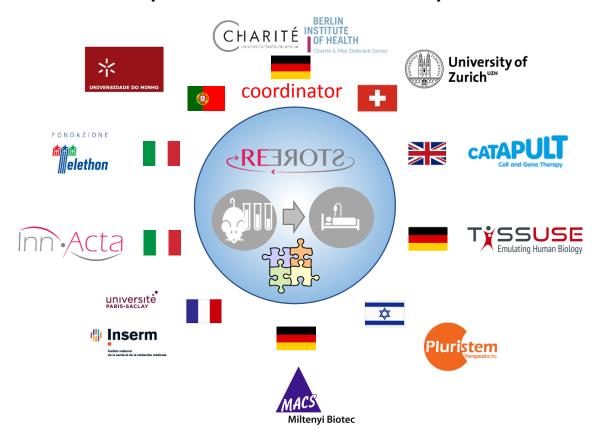




## Who we are – RESTORE community

### **Core Team**

(Academic Centers & Biotech)



## **Supporters**



from 26 countries (EU-MS, EU-AC, USA, Singapur)
[March 13th, 2019]





## How to get there

- Establishing a well-funded consortium with long-term perspective that is backed-up by the interdisciplinary scientific community, relevant stakeholders, patient advocates and the public and embedded into international networks
- Devising the strategic roadmap for the allocation of funds in order to make our vision come true
- RESTORE consortium as the docking point for biotech/medtech/pharma industry and special interest funds
- Implementing a governance that allows flexibility
  - ⇒ to respond to new trends and define key performance indicators and
  - ⇒ to engage at any time further scientists and stakeholders who can contribute significantly to the success of the mission

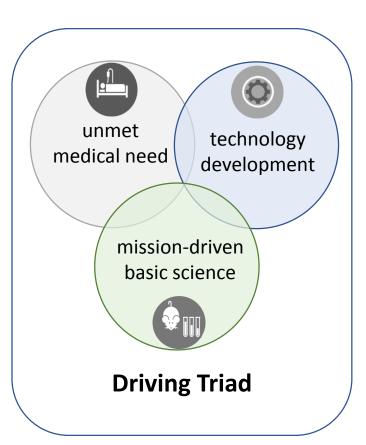
EU "Large-Scale Research Initiative" (formerly: FET-Flagship) (€1m for 12-months preparatory phase, up to €1bn afterwards)

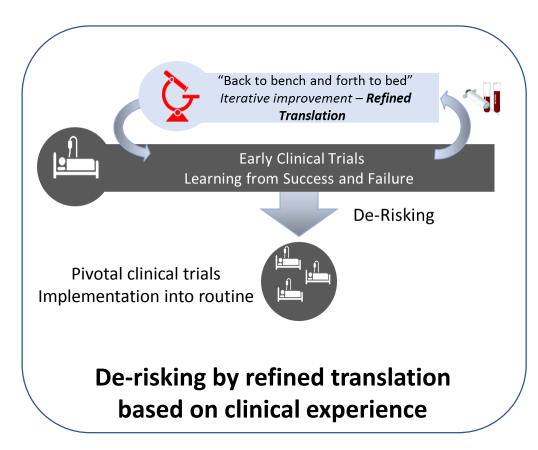


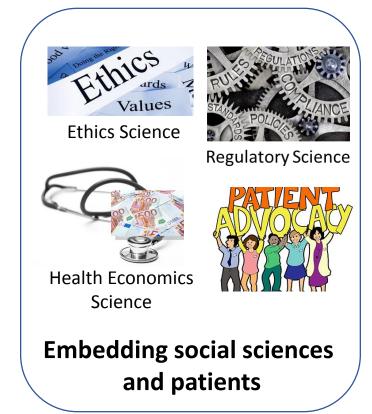




# Strengths of REJAOTS













## Disruptive Innovations and Technologies for





### **Science and Technology**

- ⇒ infrastructure and translational centers of excellence
- ⇒ boosting European competitiveness in the groundbreaking area of "living" drugs
- ⇒ fundamental knowledge and technology breakthroughs relevant for many areas
- ⇒ new generation of translational scientists with new mindset



### Societal Benefits for European's Society and Economy

- ⇒ improved survival and quality-of-life of patients suffering from chronic diseases
- ⇒ decreasing financial burden of the society by chronic diseases
- ⇒ developing an innovative product pipeline for medtech/biotech/pharma industry
- ⇒ generation and retention of highly specialized workforces and expertise in Europe
- ⇒ setting the ethical and quality standards for these new therapies

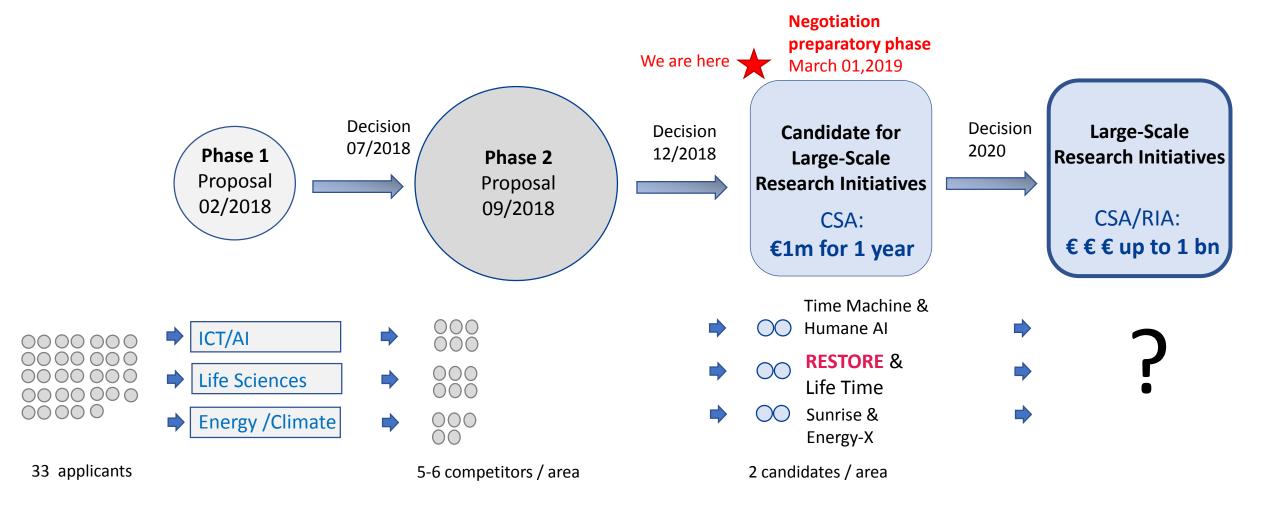




## FET Flagship call 10/2017 => now under the new name "Large-Scale Research Initiative" (LSRI):

**Areas:** 

- Information and Communication Technology and Connected Society (ICT/AI)
- Health and Life Sciences (Life Sciences)
- Energy, Environment and Climate Change (Energy)







# Thank you

Join us!

https://www.restore-h2020.eu/

info@restore-h2020.eu

This preparatory phase CSA project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 820292



