

The future of cell therapy ASEBIO MARZO 2019

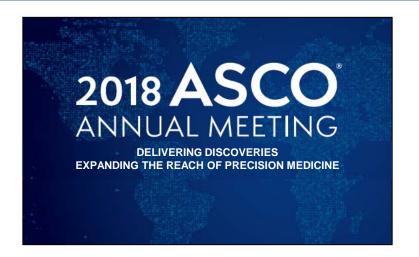
Regina Quiroga, MD

Cell Therapy Medical Lead - Spain



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2018 ASCO: Key Messages



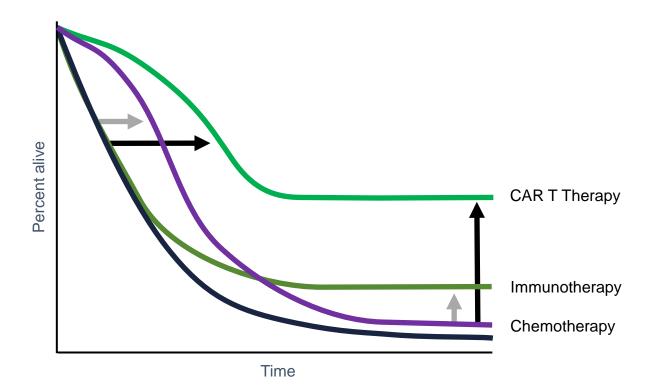
"Precision medicine is transforming cancer care in profound ways and is a focus of this year's meeting. I firmly believe that the number of patients who benefit from precision medicine will continue to increase as treatments become more effective."

Dr. Bruce Johnson *President, ASCO*

CAR T-cell therapy named ASCO's 'Advance of the Year'



CAR-T: Hope of a cure





Cancer innovation through the decades

1940s

First chemotherapy approved

1990's

First targeted antibody therapy approved

2017-18

First CAR T therapy approved (in US and Europe)

Chemotherapy
Indiscriminate – kills cancer cells
and healthy cells

Targeted Therapies
Target receptor/molecular
oncogenic drivers

Cell Therapy
Engineered T-cells

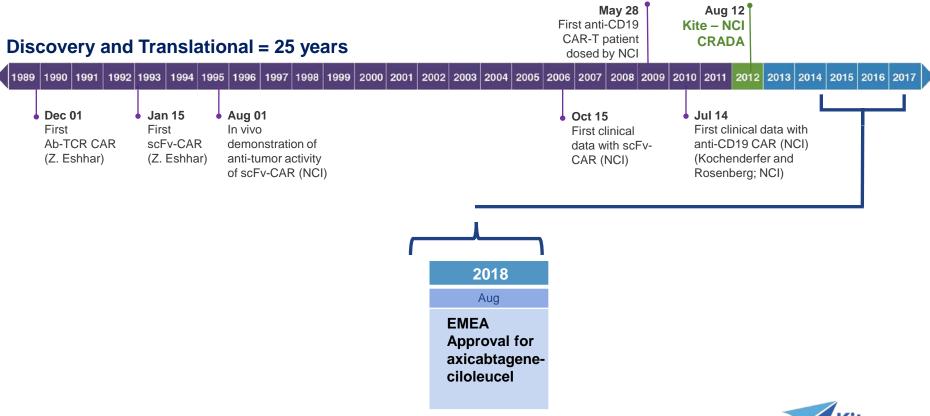


Kite – A Little Background

- Kite was founded in 2009 with the goal of changing the paradigm of cancer treatment through autologous cellular therapy
- Collaborated with NCI under a CRADA for the initial development of axicabtagene ciloleucel
- Kite was acquired by Gilead Sciences on October 3, 2017
- FDA approval of axicabtagene ciloleucel on October 18, 2017, in R/R DLBCL, TFL and PMBCL
- EMA approval of axicabtagene ciloleucel on August 23, 2018, in R/R DLBCL, PMBCL after 2 lines



History, a journey of almost 30 yearsFDA Approval for axi-ce



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Axicabtagene Ciloleucel CAR T-Cell Therapy in Refractory Large B-Cell Lymphoma

S.S. Neelapu, F.L. Locke, N.L. Bartlett, L.J. Lekakis, D.B. Miklos, C.A. Jacobson, I. Braunschweig, O.O. Oluwole, T. Siddiqi, Y. Lin, J.M. Timmerman, P.J. Stiff, J.W. Friedberg, I.W. Flinn, A. Goy, B.T. Hill, M.R. Smith, A. Deol, U. Farooq, McSweeney, J. Munoz, I. Avivi, J.E. Castro, J.R. Westin, J.C. Chavez, A. Ghobadi, K.V. Komanduri, R. Levy, E.D. Jacobsen, T.E. Witzig, P. Reagan, A. Bot, J. Rossi, L. Navale, Y. Jiang, J. Aycock, M. Elias, D. Chang, J. Wiezorek, and W.Y. Go

EU joins the US in the pace of cell therapy innovation



29 June 2018 EMA/431116/2018 Media and Public Relations

Press release

First two CAR-T cell medicines recommended for approval in European Union

 They belong to a new generation of personalised cancer immunotherapies that are based on collecting and modifying patients' own immune cells to treat their cancer



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-Author name in bold denotes the

2967 2-Year Follow-up and High-Risk Subset Analysis of Zuma-1, the Pivotal Study of Axicabtagene Ciloleucel (Axi-Cel) in Patients with Refractory Large B Cell Lymphoma

Program: Oral and Poster Abstracts

Session: 626. Aggressive Lymphoma (Diffuse Large B-Cell and Other Aggressive B-Cell Non-Hodgkin Lymphomas)

-Results from Prospective Clinical Trials: Poster II

Hematology Disease Topics & Pathways:

Diseases, Biological, Lymphoma (any), Therapies, CAR-Ts, Non-Hodgkin Lymphoma, B-Cell Lymphoma, immunotherapy, Lymphoid Malignancies



-A: No ∜ rele

Long-term safety and activity of axicabtagene ciloleucel in refractory large B-cell lymphoma (ZUMA-1): a single-arm, multicentre, phase 1–2 trial







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- -Author name in bold denotes the presenting author
- -Asterisk * with author name denotes a Non-ASH member
- ∀ denotes an abstract that is clinically relevant.

denotes that this is a recommended PHD Trainee Session.

denotes that this is a ticketed session.

91 Axicabtagene Ciloleucel (Axi-cel) CD19 Chimeric Antigen Receptor (CAR) T-Cell Therapy for Relapsed/Refractory Large B-Cell Lymphoma: Real World Experience♡

Program: Oral and Poster Abstracts

Type: Oral

Session: 627. Aggressive Lymphoma (Diffuse Large B-Cell and Other Aggressive B-Cell Non-Hodgkin Lymphomas)

—Results from Retrospective/Observational Studies: Outcomes With CD19 CAR T Therapy and Checkpoint Blockade

in the Real World Setting

Hematology Disease Topics & Pathways:

Biological, Therapies, CAR-Ts

Saturday, December 1, 2018: 9:30 AM

Pacific Ballroom 20 (Marriott Marquis San Diego Marina)

Loretta J. Nastoupil, MD¹, Michael D. Jain, MD, PhD², Jay Y. Spiegel, MD, FRCPC³, Armin Ghobadi, MD^{4*}, Yi Lin, MD, PhD⁵, Saurabh Dahiya, MD⁶, Matthew A. Lunning, DO⁷, Lazaros J. Lekakis, MD^{8*}, Patrick M. Reagan, MD⁹, Olalekan O. Oluwole, MBBS, MPH¹⁰, Joseph P. McGuirk, DO¹¹, Abhinav Deol, MD¹², Alison R. Sehgal, MD¹³, Andre Goy, MD¹⁴, Brian T. Hill, MD, PhD^{15,16}, Charalambos Andreadis, MD^{17,18}, Javier Munoz, MD¹⁹, Jason R. Westin, MD²⁰, Julio C. Chavez, MD²¹, Amanda F Cashen, MD²², Nora N Bennani, MD⁵, Aaron P. Rapoport, MD²³, Julie M. Vose, MD, MBA⁷, David B. Miklos, MD, PhD²⁴, Sattva S. Neelapu, MD²⁵ and Frederick L. Locke, MD²⁶

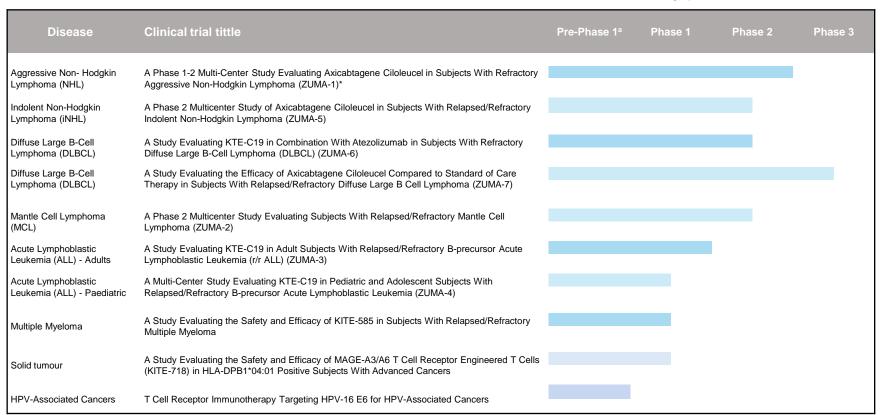
Adquisitions and mergers with objectives around cell therapy

NIH NATIONAL CANCER INSTITUTE	New Cooperative Research and Development Agreement (CRADA) to targeting patient-specific tumor neoantigens
Sangame	To use Zinc finger nucleases to edit genes for next generation cell therapies
S GADETA	Technology Gamma Delta Receptor T cells for solid tumors
Pfizer	To investigate the combination of CAR-T plus an antibody agonist of 4-1BB
Roche	To investigate the combination of CAR-T plus anti-PDL1
celldesign /abs	New technology platforms to modulate cellular therapy using small molecules

https://www.gilead.com/news/press-releases/2018/1/kite-announces-clinical-collaboration-to-evaluate-investigational-combination-of-yescarta-axicabtagene-ciloleucel-and-pfizers-utomilumab-in-large-bcell-lymphoma https://www.gilead.com/news/press-releases/2018/f7/kite-and-gadeta-announce-strategic-collaboration-to-advance-gamma-delta-t-cell-receptor-technology-for-solid-tumors https://investor.sangamo.com/press-releases/detail/397/kite-a-gilead-company-and-sangamo-therapeutics-announce

Pipeline Overview

Draft



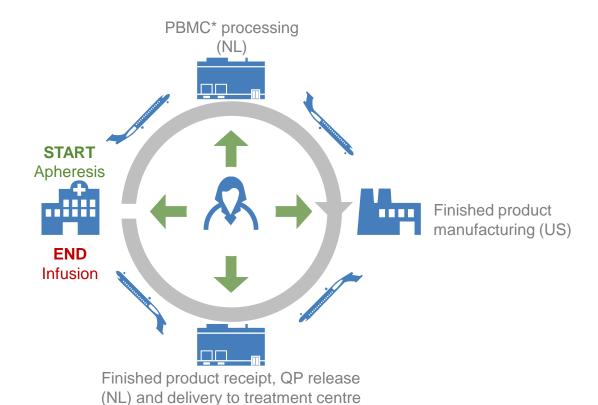
^{.*}Regulatory approval

The safety and efficacy of these investigational agents and/or uses have not been established. There is no guarantee that they will become commercially available.





Logistic process





And now the challenge of implementing across EU countries

- Selection and training of the sites
- Setting up multidisciplinary teams in sites
- Referral networks
- Ensuring equity in patient's access to this technology
- Selection of the right patients
- Boost collaboration between Gilead, hospitals and health authorities

Thanks for your attention

