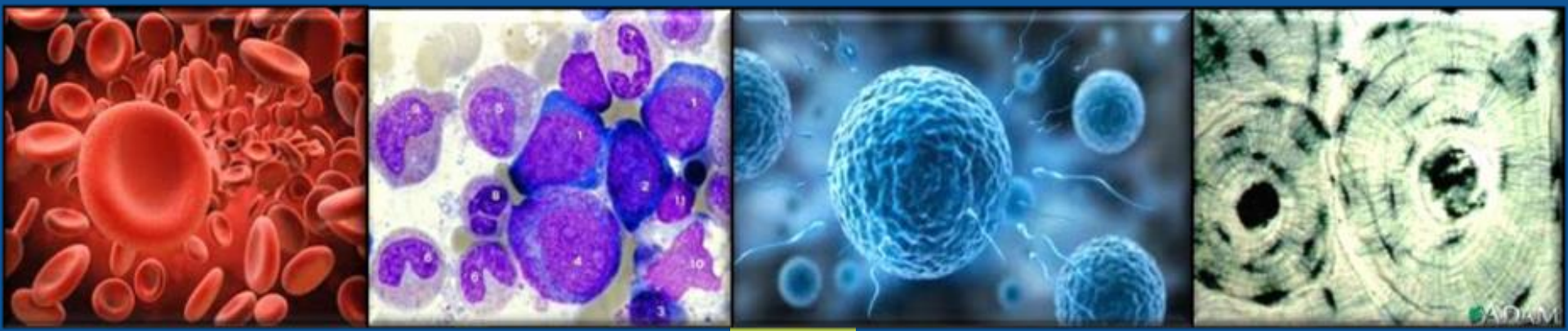
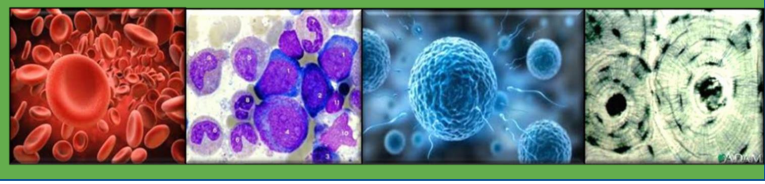
CONFERENCE ON THE EVALUATION OF THE EU LEGISLATION ON BLOOD, TISSUES AND CELLS

October 28 2019



Practical Information for Participants



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- This conference is **web-streamed** – a recording will remain online. If you do not wish to be filmed or photographed PLEASE INFORM THE RECEPTION DESK
- Tweet about the conference at **#BTCConference**
- **Internet** access: ***Network: ec_guest, Username: xicb510 Password: Meeting***
- The room will be full to capacity – please **use the cloakrooms** on this floor for coats, suitcases etc.
- Please turn you phones to '**silent**'
- If the **fire alarm** sounds leave by the main entrance and move to your right towards Place Jourdan
- Please put your **colour plate in a vertical position** when you wish to speak from the floor
- Switch on your **microphone** to speak (linked to the cameras in the room)
- **Mini-CVs of panellists** are on the Conference internet page at https://ec.europa.eu/health/blood_tissues_organs/events/ev_20191028_en

European Commission

SESSION 1:
WELCOME AND INTRODUCTION
Moderator for the day: Vivienne Parry

WECOME

Anne Bucher

Director General

DG-Santé, European Commission

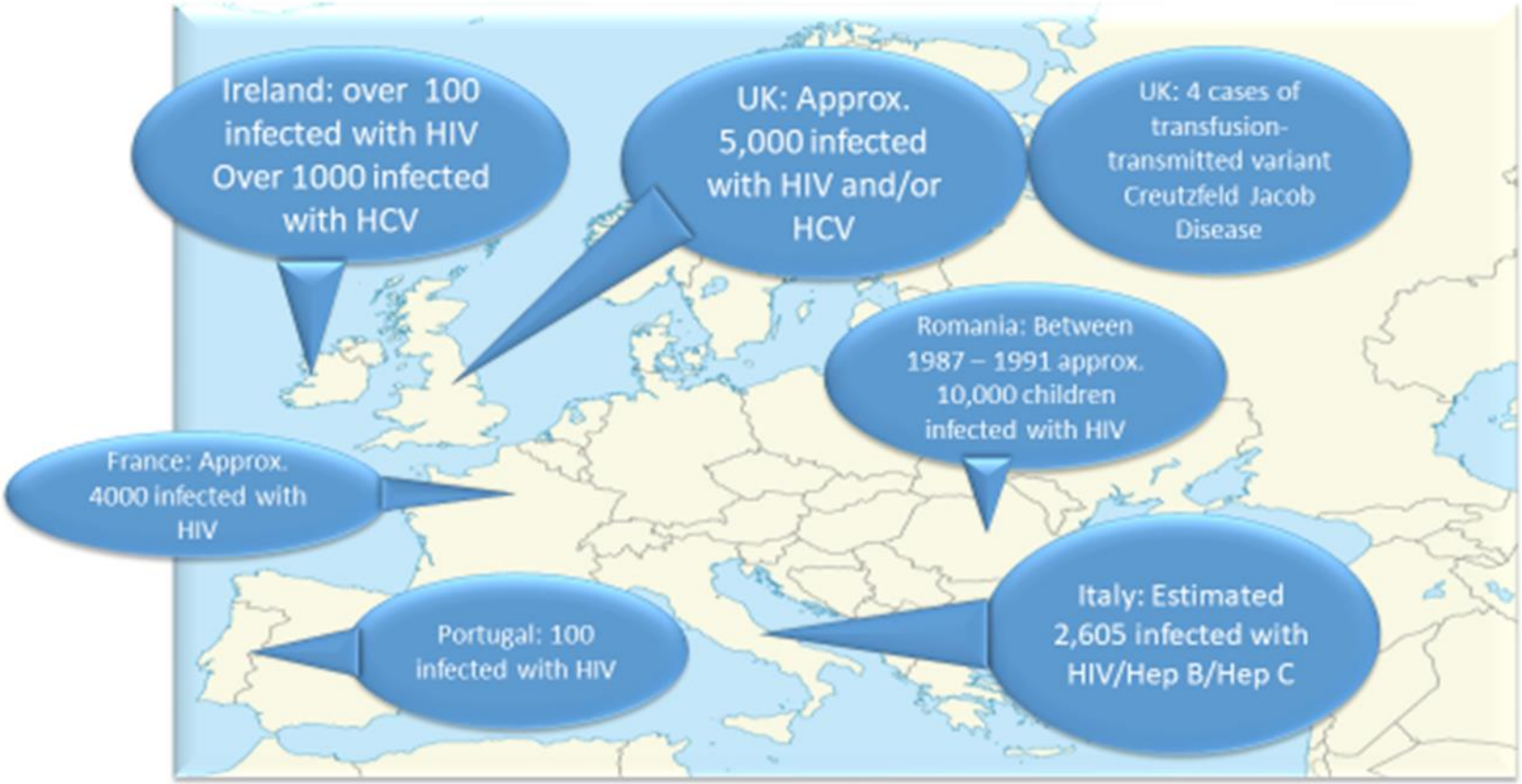
Health

An overview of the BTC Evaluation process and key findings

Anna Eva Ampelas, DG SANTE

Health

Why did the EU decide to legislate on this area of health in the early 2000s?



Infectious disease transmissions of HIV and hepatitis C by blood transfusion and plasma derived medicinal products in the 80s and 90s

Original drivers

Specific objectives

Widespread public concerns regarding **safety and quality** in the chain from donation to clinical use of blood, tissues and cells across the EU

Concerns regarding **equivalency and coherence** of standards across EU Member States

Concern regarding **sufficient supply** of blood, tissues and cells through voluntary and unpaid donation (VUD)

Legal Basis for SoHO Legislation

Amsterdam Treaty 1997

Treaty on the Functioning of the EU - Article 168 4(a)

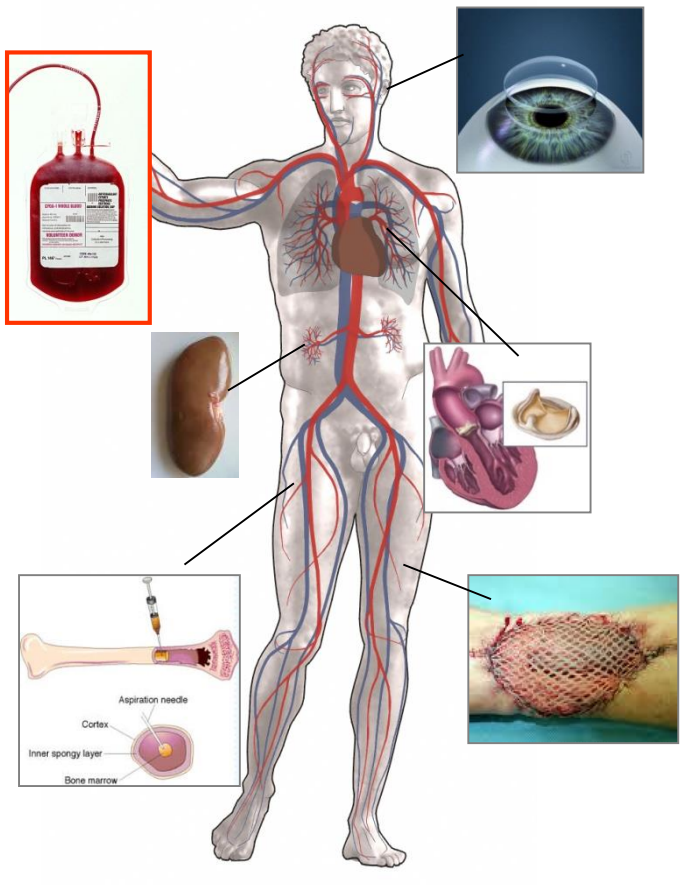
"Measures setting high standards of quality and safety of organs and substances of human origin, blood and blood derivatives; these measures shall not prevent any Member State from maintaining or introducing more stringent protective measures."

Clear Mandate for EU-level action to improve quality & safety of Substances of Human Origin

Substances of Human Origin (SoHO)

European Commission

- **Blood and blood components**
- **Tissues and Cells**
- **Organs**



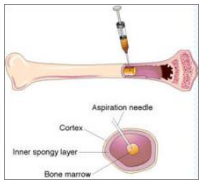
EU Regulation of SOHO

European Commission


BLOOD AND PLASMA

Transfusion

Medicines

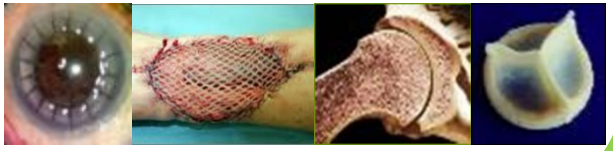


Bone marrow transplant

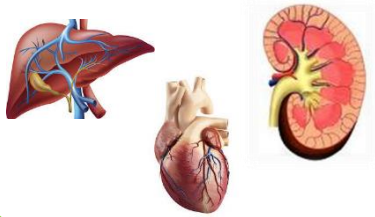
IVF

TISSUES AND CELLS

Tissue transplantation



ORGANS



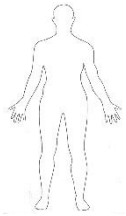
EU legislation since 2002 (4 Directives)

EU legislation since 2004 (4 Directives)

EU legislation since 2010 (2 Directives)

+

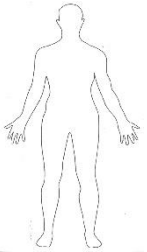
EU Action Plan



Donor

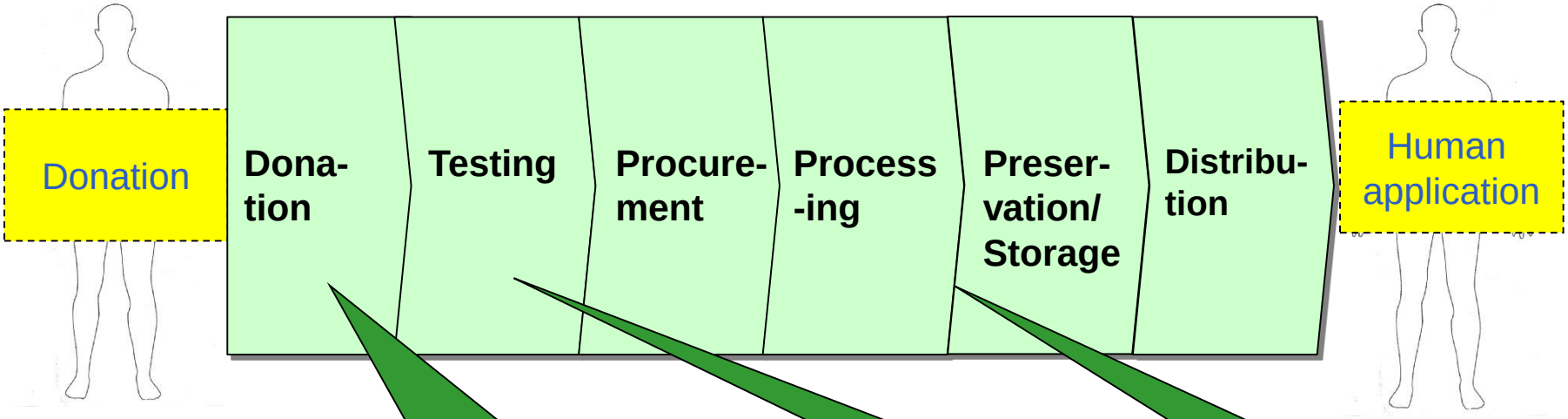
Collection, Testing, processing, storage, distribution

Recipient



Health

EU legal frameworks



① **Professionals**

Selection/deferral, consent…

HIV, Hepatitis B, Hepatitis C..

Quality requirements

② **National Competent Authorities**

Oversight: autorisation, inspection, vigilance, traceability,…

③ **European Commission**

EU-level support: rapid alerts, coding system…

The BTC Evaluation

Purpose and Scope

- The purpose of the evaluation was to provide a comprehensive assessment of the directives, examining their **functioning across the EU**.

- In particular the evaluation assessed the extent to which the Main Directives have met their **original objectives** and whether they remain **fit for purpose** assessing also the contribution of the Implementing Directives.

- The evaluation aimed to provide a sound **evidence base** which will be used to consider the need for any changes to the legislation.

- The scope did **not include organs**.

- **Other legal frameworks** (e.g. ATMPs, medical devices) were not evaluated but coherence of the BTC legislation with those frameworks was assessed.

Assessment Criteria

1. Relevance → Still up to date? (science, technology, epidemiology, commercialisation, new actors)?
2. Effectiveness → Increasing safety and quality? Negative side-effects or barriers?
3. Efficiency → Benefits and costs for establishments, clinicians, authorities?
4. Coherence → Consistent with other legislation, any gaps and overlaps?
5. EU Added Value → Could the results be achieved better at national or global level?

The Evaluation Process

January 2017 to October 2019

- Publication of a Roadmap with a 4 week feedback period.
- An online public consultation – over 200 submissions including all the most significant associations working these fields. A summary and submissions were published.
- Many in-depth meetings with selected stakeholders and Member State authorities to explore particular topics
- Numerous meetings between the Commission and key stakeholder organisations
- An external study by ICF Consulting to provide evidence to support the evaluation (review of over 300 documents, focus group discussions and survey).

Evaluation of the EU blood and tissues and cells legislation

On 11 October 2019, the Commission published its Evaluation on the EU blood, tissues and cells legislation. An Executive Summary in English, French and German (link to the 3 language versions) is also available. This was the first evaluation of the legislation since the adoption of the basic Acts in 2002 (blood) and 2004 (tissues and cells). The evaluation was conducted in line with the Commission's Better Regulation Guidelines and aimed to assess whether the legislation achieved its original objectives and whether it is still fit for purpose. The evaluation consisted of several steps, starting with the publication of a Roadmap and including a study by an external contractor and extensive consultation of stakeholders. Any decision on follow-up actions will be taken by the next Commission.

The results of the evaluation will be disseminated at a Conference in Brussels on 28 October 2019. Interested organisations and individuals can register for this event. The conference will allow stakeholders to discuss the findings and express their views on the way forward.

Roadmap

The Commission published a Roadmap on the evaluation of the EU blood and tissues and cells legislation. This Roadmap was a first step in the evaluation process and outlined the purpose, content and scope of the evaluation. Stakeholders were invited to submit comments on the Roadmap up to 15 February 2017. To view the feedback received, please click here (Zip file).

External Study

An external contractor was commissioned to prepare a study to support the evaluation. This study was based on Commission documents and reports, the relevant published literature, documents developed by other bodies (such as the European Parliament, the Council of Europe or the World Health Organisation) and the results of the public and targeted consultation. Where information gaps remained, the contractor explored additional sources of information.

A request for services was sent to the 4 eligible contractors who had signed a framework contract with DG SANTE on evaluation and impact assessment in public health.

ICF Consulting Services Ltd. was selected to perform the study and their work commenced in 2017. ICF had supported several evaluations of EU legal frameworks in the field of health and food safety and they sub-contracted experts in blood, tissues and cells to support their work on this study. They conducted an extensive literature review and consulted stakeholders through interviews and focus groups. The External Study, together with an Executive Summary was published together with the BTC evaluation.

Stakeholder Consultation

Stakeholder consultation was one of the key sources of evidence that was used to support this evaluation. The aim was to collect views and opinions on the implementation of the blood, tissues and cells legislation, to gather factual information on what works well and where

e-newsletter Thu, 10/10/2019

young people get a healthy start in life

Latest updates

Conference Programme and Invitation to register - Conference on the Evaluation of the EU legislation on blood, tissues and cells (Brussels, 28 october 2019)
Released 11 October 2019

Evaluation document - Evaluation of the EU blood and tissues and cells legislation
Released 11 October 2019

Agenda - Meeting of the Competent Authorities for Tissues and Cells (22 - 23 October 2019)

Evaluation Findings

The EU legislation has effectively helped increase safety and quality of blood, tissue and cell therapies.

- Legally binding safety and quality requirements for tissue and blood establishments have been adopted in all Member States.
- National authorities now oversee activities through inspections, authorisations and vigilance – oversight that was previously absent in many Member States.
- No major secondary spread of disease through transfusion or transplantation has occurred since the adoption of the legislation, despite a number of emerging infectious risks during this time.
- The number of serious adverse reactions is at a very low level.

HOWEVER, some key shortcomings:

5 Themes

1. **Out-of-date technical provisions in a rapidly changing sector**
2. **Oversight provisions not adequate to regulate today's BTC landscape**
3. **Some citizens are not adequately protected**
4. **BTC legislation does not keep pace with innovation**
5. **Limited provisions to ensure sufficiency**

The programme for today's conference is structured around these 5 themes. We invite you all to explore them with us during the day!

European Commission

Panel 1:
The challenge of keeping legislation up-to-date in a dynamic sector with changing risks

Health

Evaluation findings – Panel 1

Out-of-date technical provisions in a rapidly changing sector

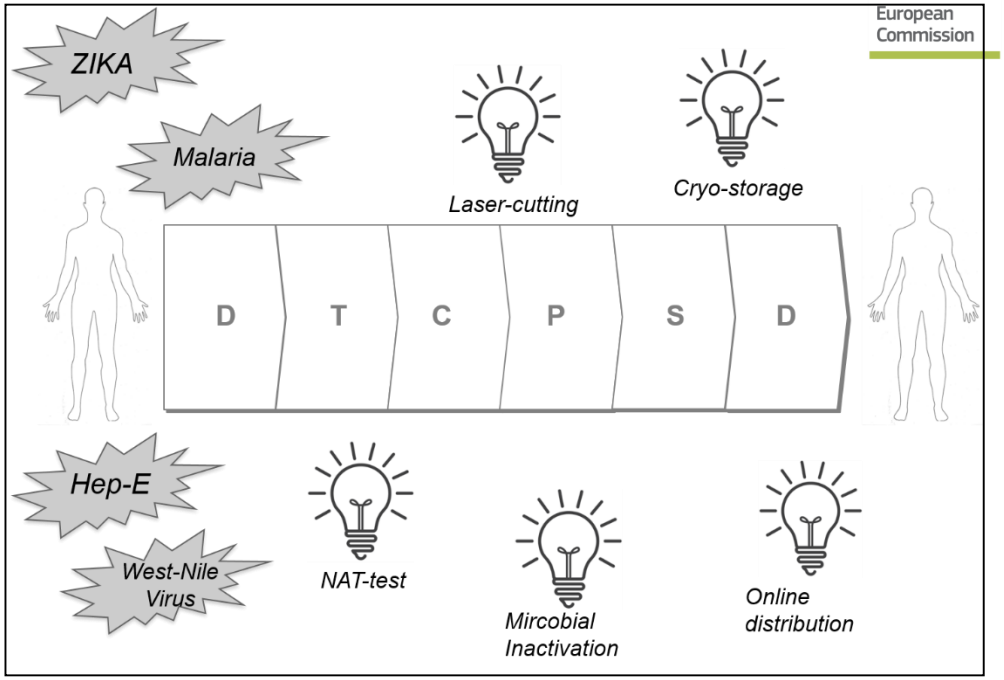
European Commission

- Technological changes
  - New donor testing possibilities – for viruses, for bacteria and for genetic conditions
  - New processing possibilities – microbial reduction (blood), vitrification (eggs), laser cutting (corneas)…
  - BTC processing at the bedside or in surgery
- Epidemiological changes
  - Global warming and increased travel causing infectious disease outbreaks
- Societal changes
  - Increased internationalisation and commercialisation
  - Aging populations
  - Changing concepts of family

➔ Legislation detailed and challenging to change frequently and quickly

➔ Gaps for substances of human origin that do not meet BTC scope and definitions but could be regulated under the Treaty mandate – e.g. fecal microbiota transplants, human breast milk

Out-of-date technical provisions in a rapidly changing sector



Limited amendments to **technical directives**

European Blood Alliance (EBA)

Philippe Vandekerckhove

Health

EUROPEAN
BLOOD
ALLIANCE

"The challenge of *keeping legislation up-to-date* in a dynamic sector with changing risks"
Philippe Vandekerckhove, EBA President

1. The Directives are not adapted to present state of the science and knowledge
2. Binding reference to the Council of Europe Guide to the preparation, use and quality assurance of blood components (the Guide)
3. Scope of future legislation
4. Public health legal basis
5. The principle of voluntary and unpaid blood donation should be reinforced

Safe blood for Europe

European Association of Tissue and Cell Banks (EATCB)

Jacinto Sanchez Ibanez

Conference on the Evaluation of the EU legislation on blood, tissues and cells.
Panel 1. *The challenge of keeping legislation up-to-date in a dynamic sector with changing risks*

LEGISLATION  DEVELOPMENT

KEY FINDINGS	EATCB PROPOSAL
Scientific update	To adopt the "Guide of quality and safety of tissues and cells for human application" as Technical Directives, similar as Blood GPG
International accreditation procedure	For mutual recognition. Homogeneous authorisation and inspection procedures . Q&S&E standards and good practices
Protection of EU citizens	To encourage member states to establish protection measures. To ensure that donors receive the same medical care after the donation (including the follow-up)
Innovation	Adequate health technology assessment (promoting the most efficacious therapies). To encourage clinical studies and registries
Legal framework / sufficiency	Have accurate data (the current situation regarding potential for donation, the amount of tissues and cells used and imported)
Patient's accesibility	To assure accessibility to the different SOHO in the current legal framework (T&C Directives vs ATMP etc)
Others SOHO	Covering all Substances of Human Origin (except organs): those aspects related with safety criteria
Sustainability	It should be recognised as a principle of the Public Health System

European Society for Blood and Marrow Transplantation (EBMT)

Jurgen Kuball

Health

The challenge of keeping EU legislation up-to-date in a dynamic sector with changing risks

How to facilitate (low volume) academia sourced cell therapies as driver for innovation and standard of care for urgent medical need at reduced costs

LEGISLATION

1. Do not over-regulate – risk of becoming outdated
2. Classification of T&C v ATMP; cell-based therapies are now medicines/drugs
   - Do we still need this differentiation?
   - Move to **risk-based** classification (not all TC are low-risk, not all ATMP are high-risk)?
   - Heterogeneous regulatory landscape (European regulation “like EMA” ?)
3. Standardized donor criteria across all Member States

OTHER MEANS

1. Allow flexibility through more dynamic technical updates but preserve European harmonization (e.g. yearly addendum through expert committee)
2. Introduce and support self control (for hospital exemption and approved T&C/ATMP) through obligatory registration and outcome controls (e.g. through a registry, CAR-T)
   - Protection of patients, users and regulators
   - Cost effectiveness analyses (HTA)
3. Increase education on “regulatory science” for healthcare professionals and more education for regulators on cell therapies

European Commission

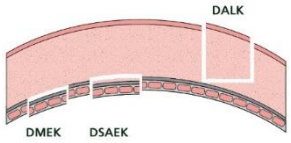
European Eye Bank Association (EEBA)

Diego Ponzin

Health

Panel 1: The challenge of keeping legislation up-to-date in a dynamic sector with changing risks

- **Dynamism**
- Directive 2004/23/EC: standards of quality and safety…
- Endothelial keratoplasty has changed forever the way we think about corneal transplantation…



- New / modified SoHO
- SoHO + devices
- Cells, …, …

- Cross-referencing to up-to-date expert technical guidance ***/*** good practice, evidence-based guidelines.
- Permanent review of classifications, involving T&C and pharma regulators, and experts / stakeholders.
- Clarification of borders with EU Regulation on **T&C**, **ATMP** and **Medical Devices** Directives.

- **Mutual recognition**
- Minimum quality and safety framework for donor criteria and processing standards across all Member States.
- SoHO as source of therapies covered by different rules.

- Removal of barriers to tissue exchanges within EU by certified **T**issue **E**stablishments to guarantee accessibility and sufficiency.
- Safety & Quality referred to the origin and common to all Member States.
- Risk management from procurement to application, efficiency & efficacy monitoring through harmonised Registries.
- Non-punitive, confidential biovigilance systems, to improve outcomes.
- Qualification and training, inspections, professional accreditation.

- **Voluntary, altruistic donation**

- A **positive** legislation to promote alternative use of non-surgical T&C (**research**, education, training).
- No financial gain from donations (including autologous use of T&C).

- **Safety and Quality**
- Dilution of the role of Medical Director

- Rethink of the role of Responsible Person.
- A sound and consistent role for MD & clinicians in TE

Open discussion

Stakeholder Colour Coding

Please give your name and organisation when you speak from the floor

PROFESSIONALS FROM THE BLOOD FIELD BLOOD ESTABLISHMENT PERSONNEL AND THEIR ASSOCIATIONS	YELLOW
PROFESSIONALS FROM THE TISSUE AND CELL FIELD TISSUE ESTABLISHMENT PERSONNEL AND THEIR ASSOCIATIONS	GREEN
EU AUTHORITIES and EU INSTITUTIONS	ORANGE
INTERNATIONAL ORGANISATIONS (non-EU)	PALE ORANGE
INDUSTRY – PLASMA	BLUE
INDUSTRY – OTHER (medical devices, ATMPs etc.)	PALE BLUE
DONOR AND PATIENT ASSOCIATIONS	PINK
OTHERS (INDIVIDUAL CITIZENS, JOURNALISTS, LAW FIRMS ETC.)	WHITE

European Commission

Panel 2:
The challenge of ensuring that all EU citizens affected by the BTC chain are protected

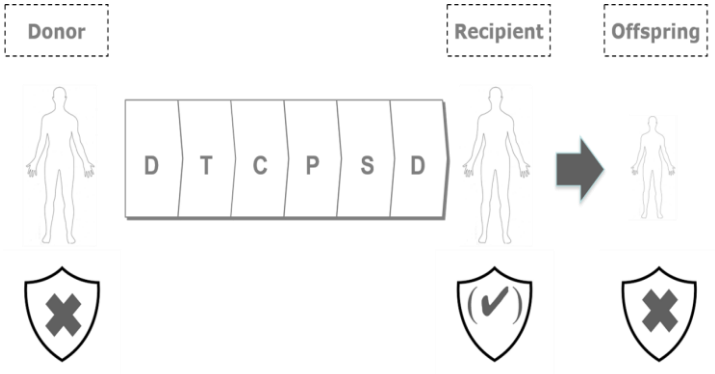
Evaluation findings – Panel 2

1. Some citizens are not adequately protected

- Limited provisions to **protect BTC donors**
  - donors having a surgical intervention (e.g. bone marrow), hormonal treatment to stimulate production/release of cells/gametes (blood stem cells, eggs)
  - Reporting of donor adverse reactions, donor eligibility
  - Safety following donation – short and long term

- Gaps identified in **protecting the offspring** born from donated gametes
  - Detection of genetic conditions in donors
  - Need for follow up on children born from these donations
  - Limited requirements for testing gamete donors for genetic conditions

Protecting donors is key to maintaining high levels of S&Q of donated BTC and public confidence in the system



European Commission

International Federation of Blood Donor Organisations (FIODS)

Alice Simonetti

Health

The challenge of ensuring that all EU citizens affected by the BTC chain are protected

Voluntary, anonymous, non-remunerated, regular donors are the "safest" allies for themselves and especially for the patients

Donor selection criteria: any kind of revision must be supported by accepted and regularly reviewed scientific evidence

The importance of **donor education**, proper information and general awareness-raising should be also underlined

Sustainability as a key concept

We stress the relevance of a **comprehensive, coordinated and long-term oriented approach**, based on the idea of donated **blood (and blood components) as a public, ethical, strategical and community good**.

European Commission

European Society for Human Reproduction and Embryology (ESHRE)

Kersti Lundin

Health

Assisted reproduction

- **”Donors” within ART**
  - Partners/couples
  - Non-partner donors
- **Traceability vs anonymity**
- **Cross-border treatments**
  - Patients
  - Gametes/embryos
- **Registries – for whom and for what?**
  - Long term follow up
- **Who needs to be protected**
  - The (oocyte) donor; SAR during hormonal treatment/oocyte pick-up
  - The gamete donor & family; social issues
  - The offspring; genetic conditions, their right to know

European Plasma Alliance (EPA)

Matthias Gessner

Ensuring protection of donor health and patients access to care

- Welcomes Commission focus on BTC donor safety and patient access

- Patient access: Due to a growing clinical need for patients treated with PDMPs, there is an urgent need to collect also more plasma in Europe
  - Europe strongly relies on US plasma (35%)

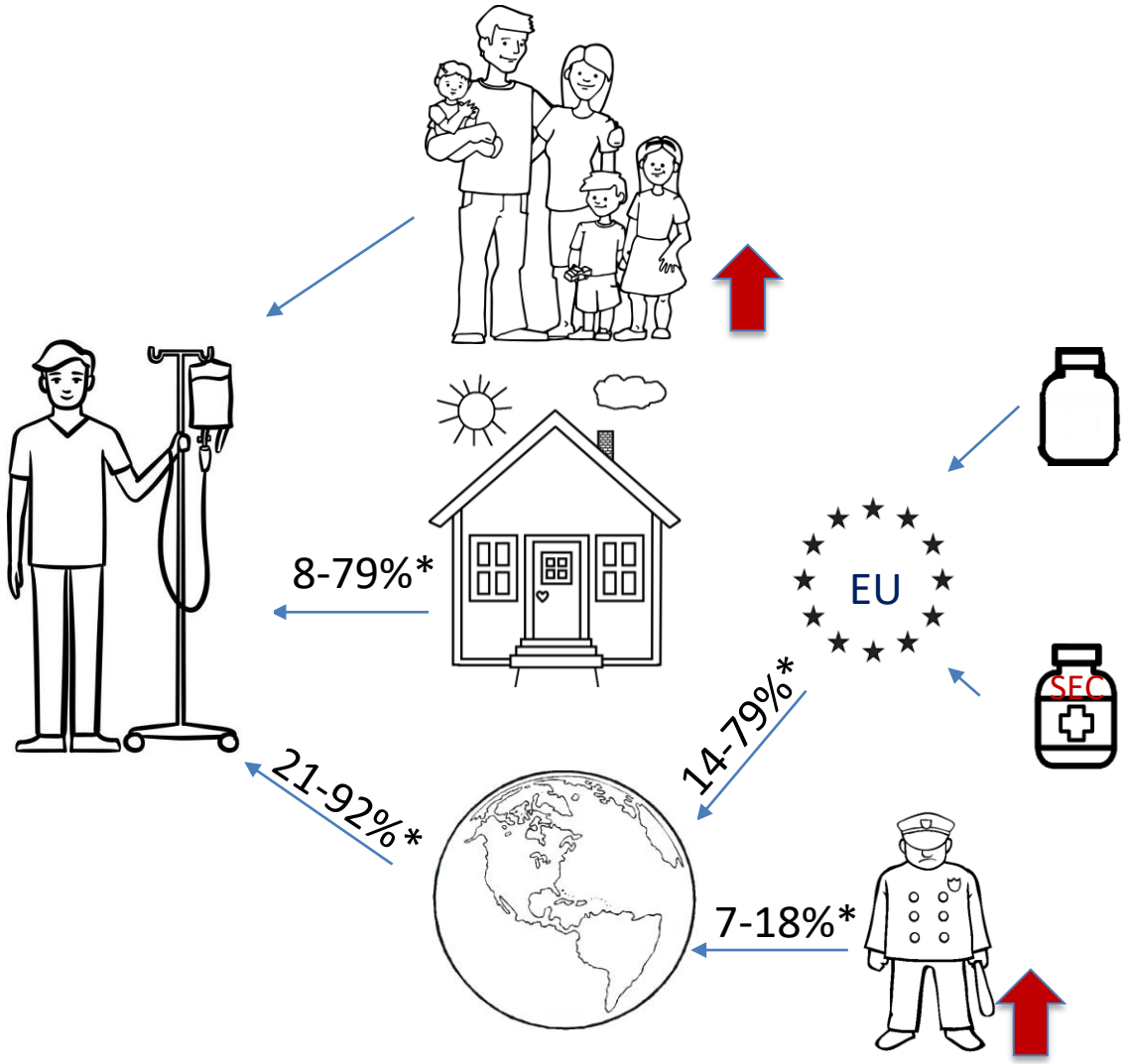
- Plasma donor protection is a top priority for EPA
  - EPA members are committed to the health and safety of every person who donates plasma - Plasma donors save lives
  - Donor studies help ensure donor protection
    - Volume per donation and frequency (e.g. SIPLA)
    - Monitoring of donor safety/adverse events (e.g. PPTA donor adverse event/health studies)
  - Donors are diverse – no one size fits all regulation possible
  - Monitoring of relevant parameters allows tailoring donation intervals and volume to the individual – e.g. Total Protein, IgG

- Future policy decisions on key donor safety topics must be based on (1) scientific rational and data, including (2) input from all stakeholders

World Marrow Donor Association (WMDA)

Lydia Foeken

In 2017, 61% of European patients, received an unrelated allogeneic transplant from an imported stem cell donation/cord blood



Equal access to high quality cells for European patients.
Endorse accreditation programmes developed by professional societies and recognize the role of donor registries as importing entity.

Equal donor care for European volunteers donating stem cells.
Define equal pathways for all donors to safeguard their **rights and safety**.

Regulators and professional societies **collaborate** to achieve a biovigilance ecosystem that prevents avoidable harm.

* Range between EU Member States

Open discussion

Stakeholder Colour Coding

Please give your name and organisation when you speak from the floor

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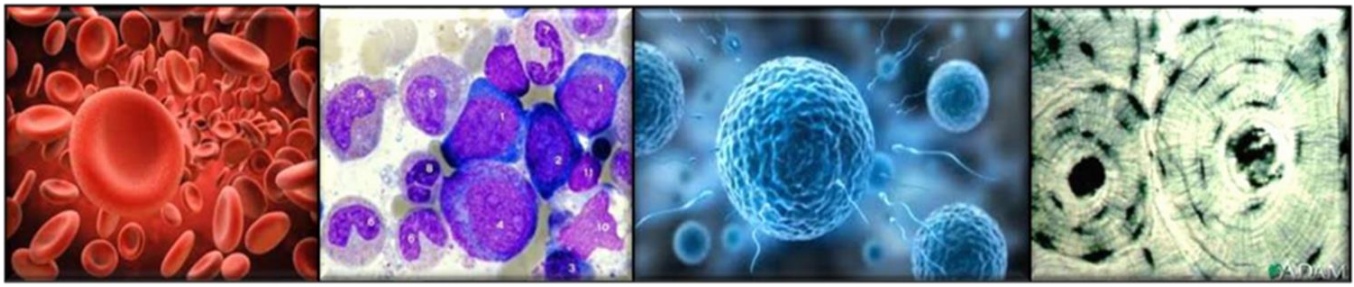
12:30 – 13:30 LUNCH BREAK

- Tweet about the conference at **#BTCConference**
- **Internet** access:

Network: ec_guest, Username: xicb510 Password: Meeting



European Commission

Panel 3:
The Challenge of providing appropriate and robust oversight

Evaluation findings – Panel 3

Oversight provisions not adequate to regulate today's BTC landscape

- **Lack of principles to ensure independence of authorities/inspectorates from the field they regulate**
- **No formal mechanism to verify effectiveness of inspections/authorisations (as seen in other frameworks)**
- **Fixed 2-yearly inspection frequency not optimal for efficiency or effectiveness**
- **Clarity of provisions for activity data reporting not adequate**
- **Clarity of provisions for vigilance not adequate**

European Commission

BTC Inspectors Expert Sub-group to the Commission's Expert Group on Substances of Human Origin (EU Competent Authorities)

Lea Joos

Health

Appropriate and robust oversight?

- **Problem: Partially different transformation/ interpretation of „minimum“ EU-requirements**
- Harmonization?
  - „Common“ interpretation document (comparable to EU-GMP-Guideline or GPG for Blood Establishments, GPG planned for tissues and cells as well)
  - „common“ approach on inspection procedures, e.g. managing the two year interval (comparable to Compilation of Community procedures on Inspections and Exchange of Information)
  - requirement of independence of inspectors in EU-directives
  - „minimum“ requirements on qualification and continuous training of inspectors
  - mutual auditing system of national authorities (comparable to e.g. JAP in GMP) or
  - central auditing of national authorities (comparable to e.g. auditing in the food sector)
  - joint inspections (comparable to e.g. EMA-Inspections)

Vigilance Expert Sub-group to the Commission's Expert Group on Substances of Human Origin (EU Competent Authorities)

Jo Wiersum

Health

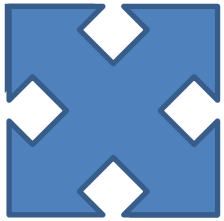
SoHO Vigilance

- Whole chain
- All organisations participate
- Valid data & denominators
- Institutions and MS analyse own data (trends, causes)

Include donor SAR & clinical SAE

Safe system

Progress on definitions+guidance



- Legislation
- Regulatory oversight
- Evidence-based Guides, texts, guidelines
- Co-owned by professionals, independent from producers

Benefits

Learn what works well

Recommendations/measures

Prevent avoidable harm

- Safe SoHO products
- Health protection for donors, recipients and offspring
- Transparency and trust

European Commission

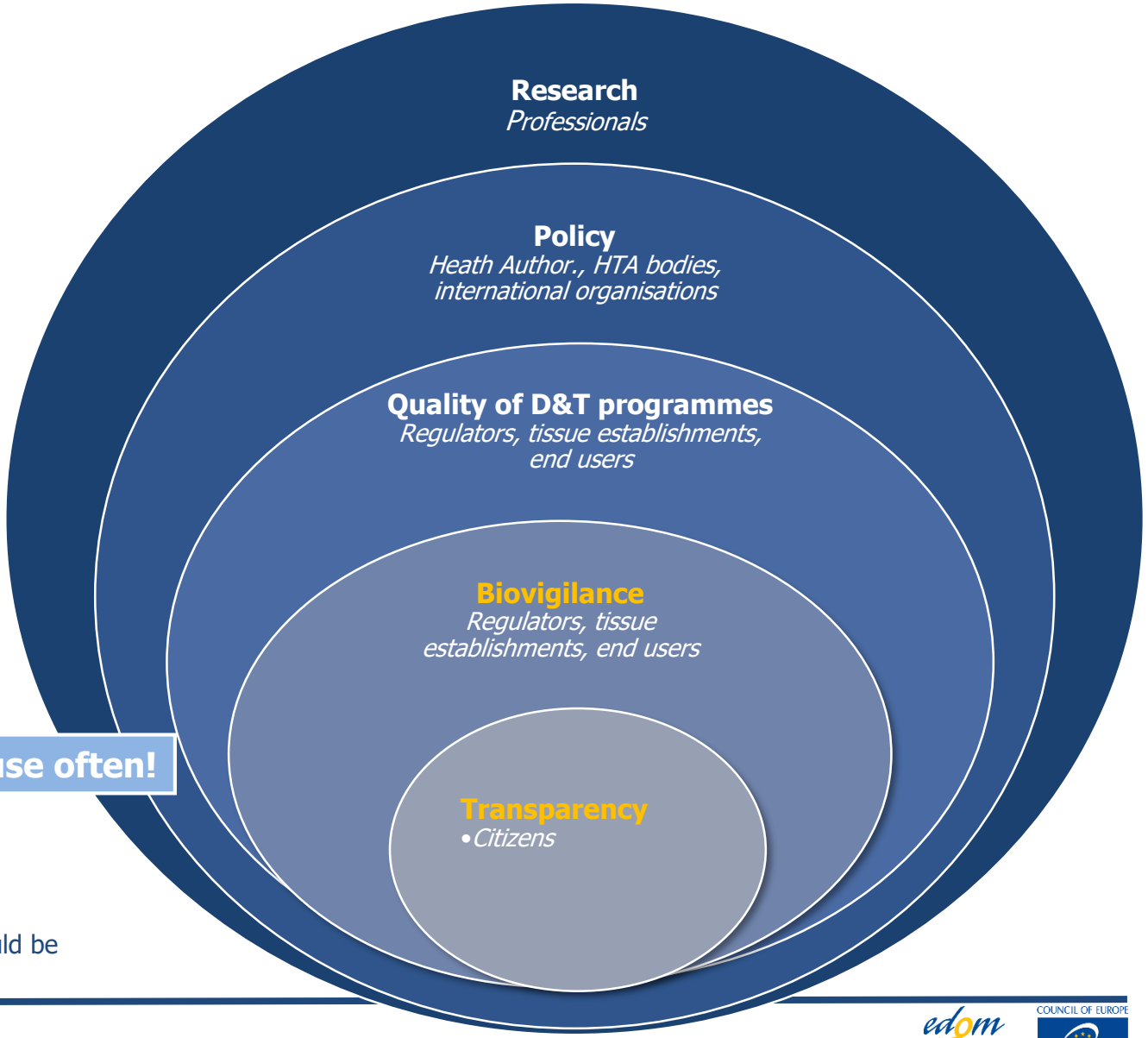
EDQM, Council of Europe

Marta Lopez Fraga

Health

Activity data reporting as an essential tool to adapt and appropriately fund donation programmes

A realistic assessment of how many tissues and cells are available and how many are required are fundamental for governments to **ensure a rational, fair, and effective distribution** of tissues and cells and to **avoid overreliance** on 3rd countries (outside the EU) or on a few EU countries with the final goal of **achieving European self-sufficiency**.



Mantra: Collect once and use often!

Basic data set (should be legally mandated)

Consortium of Representative SoHO societies (EBA, EEBA, EATCB, EBMT)

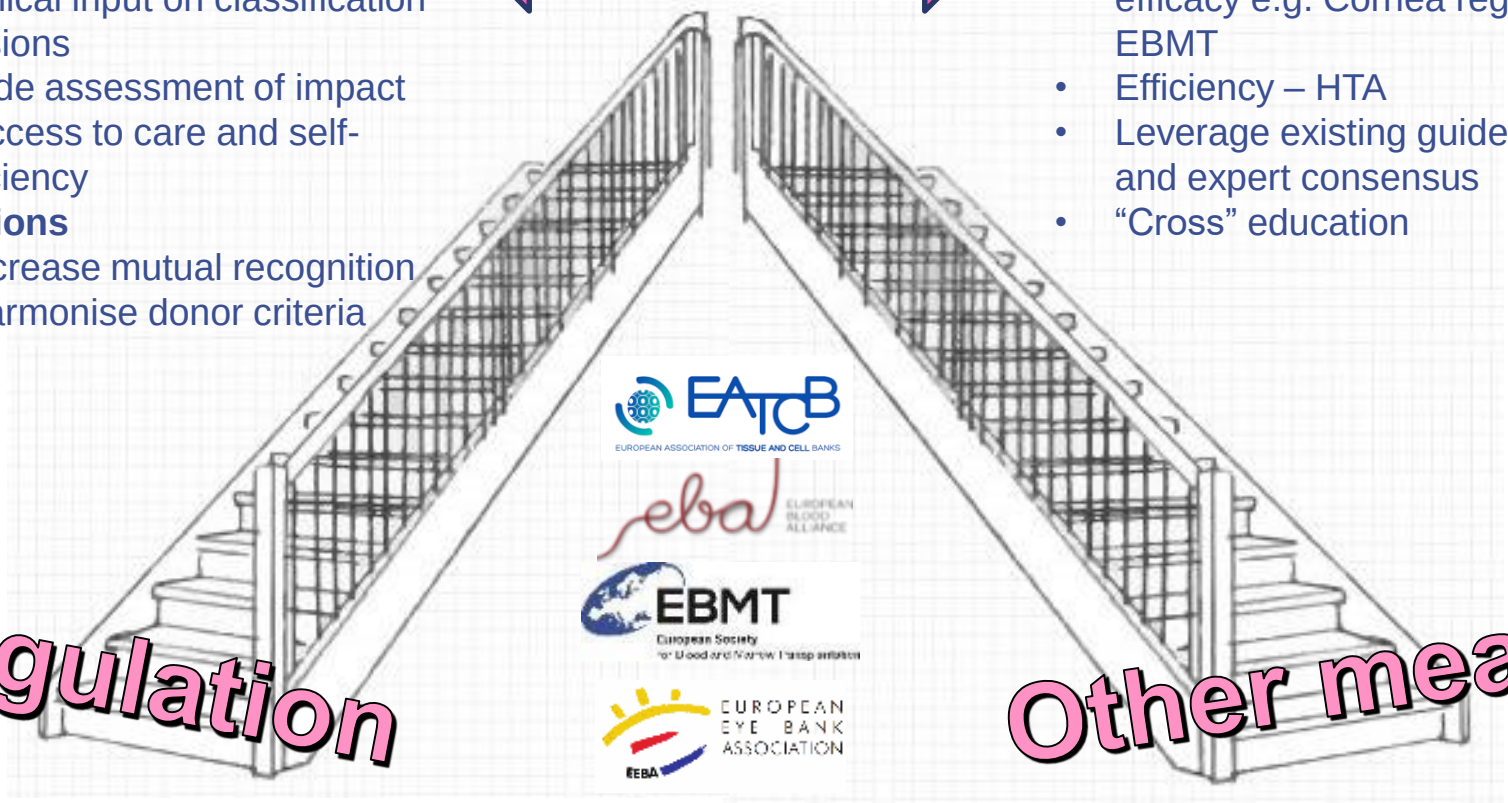
Eoin McGrath

Theme 3: The Challenge of providing appropriate and robust oversight

- **Classification** (T&C v medicines)
  - Structure to incorporate expert technical input on classification decisions
  - Include assessment of impact on access to care and self-sufficiency
- **Inspections**
  - Increase mutual recognition
  - Harmonise donor criteria

AND

- Fast-changing dynamic sectors
- Follow-up of clinical outcome & efficacy e.g. Cornea registry, EBMT
- Efficiency – HTA
- Leverage existing guidelines and expert consensus
- “Cross” education



Regulation

Other means

Open discussion

Stakeholder Colour Coding

Please give your name and organisation when you speak from the floor

PROFESSIONALS FROM THE BLOOD FIELD BLOOD ESTABLISHMENT PERSONNEL AND THEIR ASSOCIATIONS	YELLOW
PROFESSIONALS FROM THE TISSUE AND CELL FIELD TISSUE ESTABLISHMENT PERSONNEL AND THEIR ASSOCIATIONS	GREEN
EU AUTHORITIES and EU INSTITUTIONS	ORANGE
INTERNATIONAL ORGANISATIONS (non-EU)	PALE ORANGE
INDUSTRY – PLASMA	BLUE
INDUSTRY – OTHER (medical devices, ATMPs etc.)	PALE BLUE
DONOR AND PATIENT ASSOCIATIONS	PINK
OTHERS (INDIVIDUAL CITIZENS, JOURNALISTS, LAW FIRMS ETC.)	WHITE

European Commission

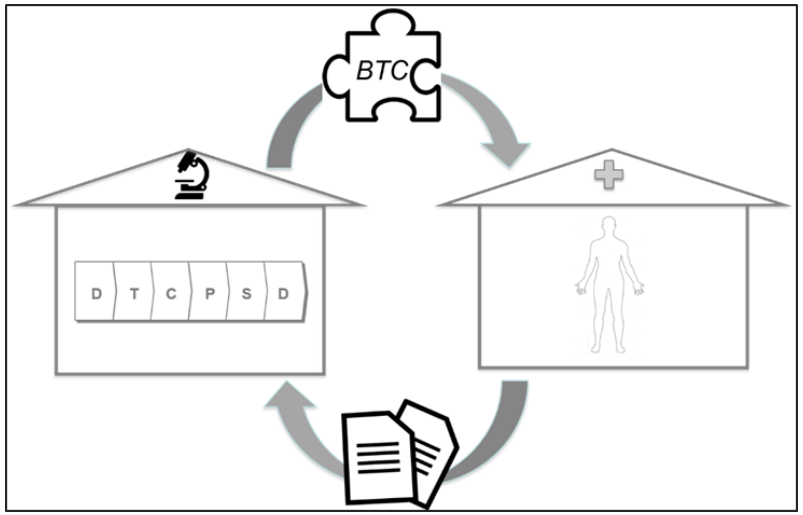
Panel 4:
The Challenge of keeping pace with innovation in BTC for patient benefit

Health

Evaluation findings – Panel 4

1. BTC legislation does not keep pace with innovation

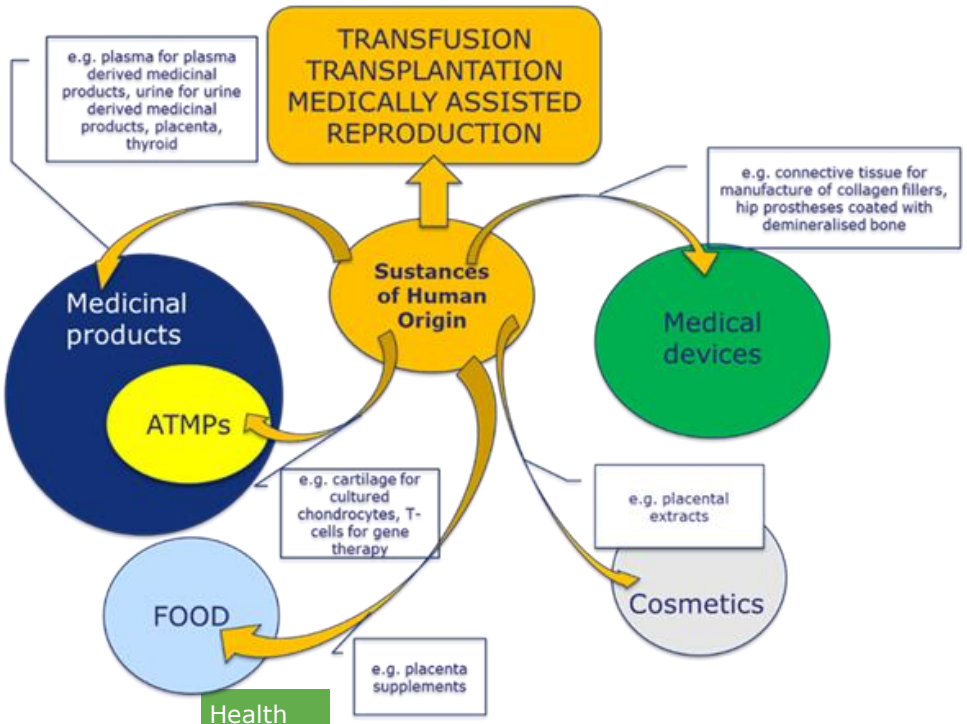
- Authorisation of new processing steps (including proof of effectiveness)



- Same surgical procedure and use of bedside/in surgery medical devices for BTC processing

1. BTC legislation does not keep pace with innovation

- Some lack of clarity at borderlines with other frameworks
- Requirements for BTC that are used to manufacture medicinal products or medical devices



European Commission

The GAPP Joint Action

Giancarlo Liumbruno

Health

Within the framework of the GAPP objectives (facilitatinG a common and optimal approach to assess and Authorise Preparation Processes with particular attention to innovative processes), the key points are:

- The BTC directives should support the CAs by defining criteria for the definition of **new** BTC products compared to non-BTC products (ATMP, combined devices)
- Development of a common European model for the authorisation of new preparation processes/products (novelty) to be applied by MS independently of the inspection system in place (whether centralised or decentralised)
- System for a dynamic adaptation of the BTC Directives to rapid technological innovation (IVD, medical devices)
- Extension of the Directives by specifying the minimum requirements for the follow-up of clinical outcomes of patients treated with **new** BTC products

Co-funded by the Health Programme of the European Union

This presentation is part of the project / joint action '785269 / GAPP' which has received funding from the European Union's Health Programme (2014-2020). The content of this presentation represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

The International Society for Cell Therapy

Owen Bain

The challenge of facilitating innovation in BTC for patient benefit - solutions

- Timing requirements for donor biological tests
  - For Autologous - up to **30 days prior to** and **7 days post** donation
- Definitions/guidelines required for 'minimal manipulation' and 'same physiological function'
  - Increases clarity for borderline products

- Import from 3rd countries
  - Empower the DI to take responsibility that is enforced through notification and inspection
- Increased clarity on unpaid and voluntary donation of BTC for commercial products

- Regulatory co-operation between competent authority and tissue establishments

European Commission

Alliance for Regenerative Medicine (ARM)

Annie Hubert

Health

ARM views on the challenge of facilitating innovation in BTC for patient benefit

- **ARM priority is the development of safe and effective advanced therapies worldwide.**

  ATMPs are highly innovative and have a profound impact on patient lives. Curative treatments become a reality.

- **ARM imperatives on legislation regarding Blood, Cells & Tissues and ATMPs:**
  - **Protect patient's safety**
    - Ensure no unregulated use of cells, tissues and ATMPs
    - Ensure no loophole to bypass important regulatory protection
  - **Science-based approach**
    - Consistency of classification between Member States and internationally
    - Legislation needs to be flexible enough to accommodate with rapidly evolving science and technology
  - **Clarity and predictability of regulatory requirements**
    - Clarity on the scope and interplay between the different legislations (Blood, Tissues and Cells, ATMPs, Medical Devices, etc)
    - International convergence of requirements

European Commission

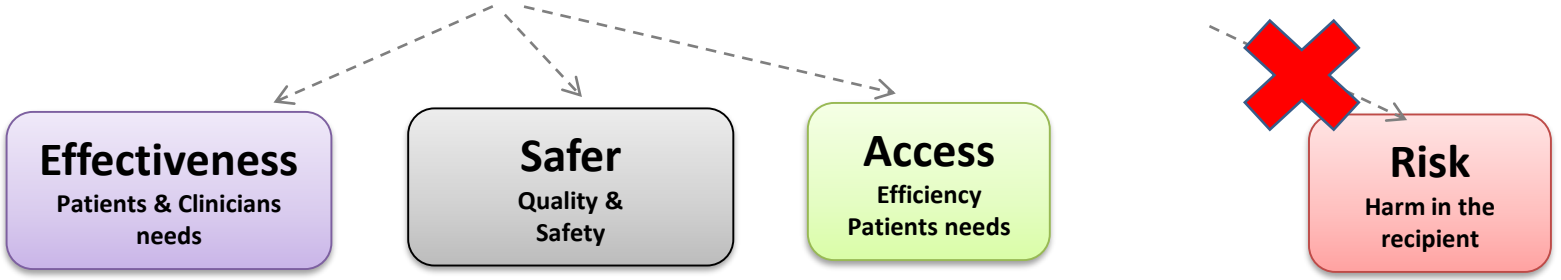
Common Representation of SoHO Associations (CoRe SoHO)

Esteve Trias

Health

The Challenge of facilitating innovation in BTC for patient benefit

Advances in basic science technology and medicine continually create opportunities for new and improved TCTPs



Governed by Principles of:

- **Voluntary and altruistic donation**
- **Non for profit / Non Financial gain**
- **Sufficiency**
- **Access - Sustainability**

- **Innovation on its own is not a synonym of new classification**

Traditional Tissue in compared to new products not necessarily subjected to substantial manipulation and/or intended to have a different function. Interpretation of Regulation 1394/2007/EC

- **Safety, Quality and Efficacy can be achieved by TEs, when T&C regulations and good practices are correctly implemented**

We have enough tools to provide strong or solid guarantees and promote common practices: CoE Guide on Q&S, EuroGTP-II on Efficacy, VISTART and GAPP on Clinical application and follow up …

- **Innovation as a way to provide therapeutical solutions with SoHO as a joint pathway with donors, researchers, clinicians, tissue - cells - blood bankers, regulators & patients/recipients**

Open discussion

Stakeholder Colour Coding

Please give your name and organisation when you speak from the floor

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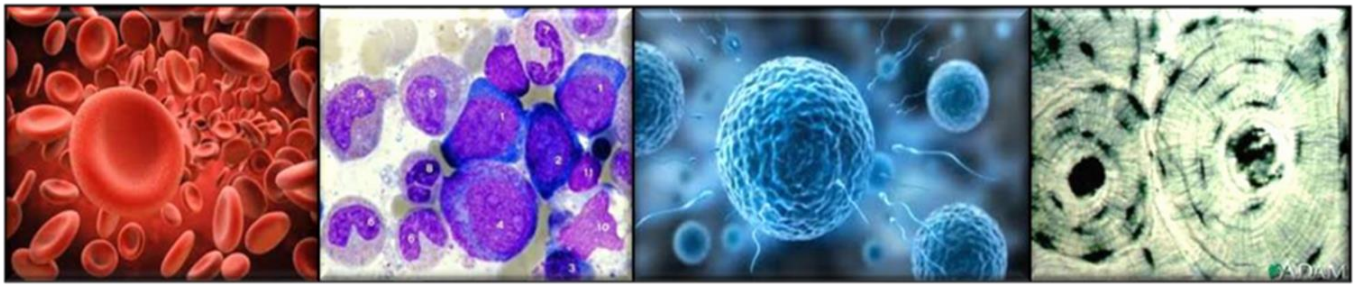
15:15 – 15:30 COFFEE BREAK

- Tweet about the conference at **#BTCConference**
- **Internet** access:

Network: ec_guest, Username: xicb510

Password: Meeting



European Commission

Panel 5:
The challenge of achieving sufficiency and a sustainable supply to meet patient need

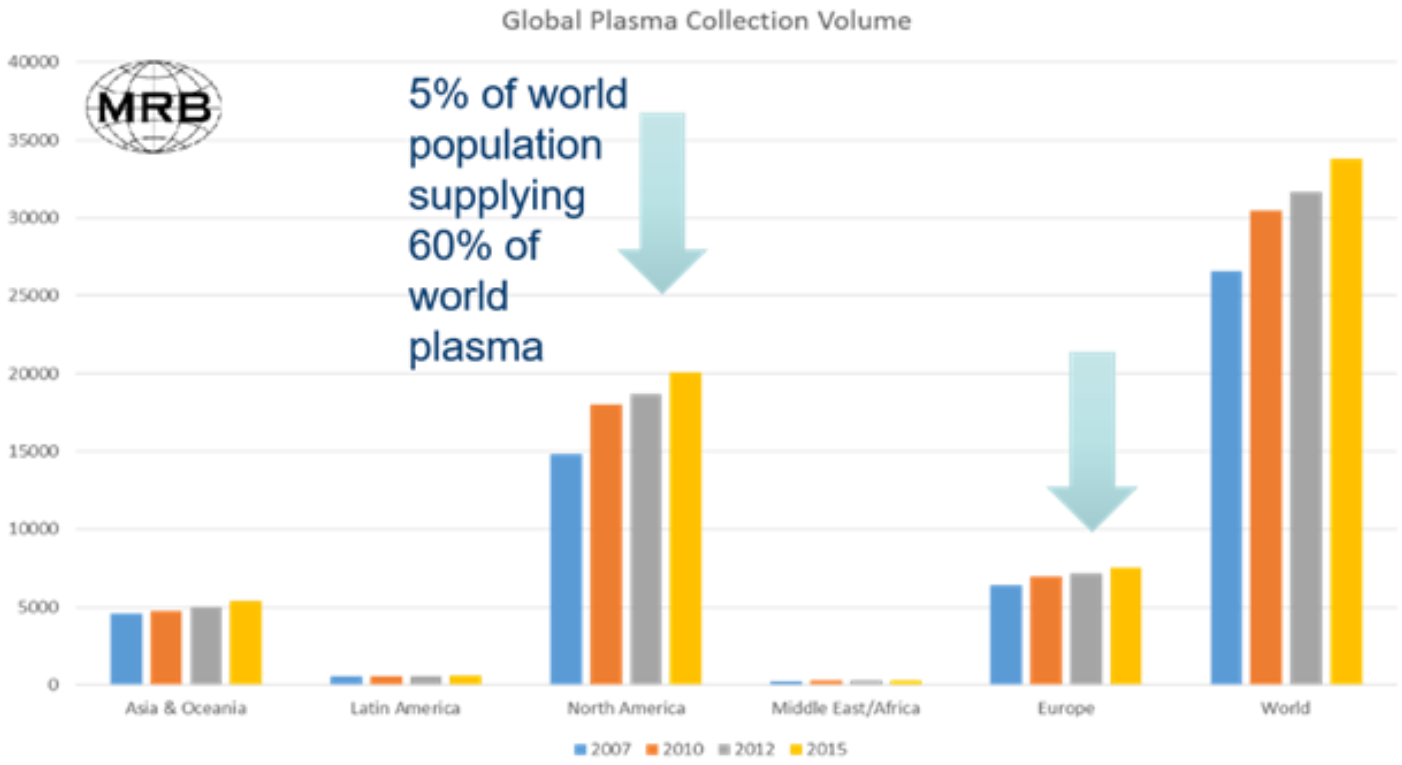
Health

Evaluation findings – Panel 5

1. Limited provisions to ensure sufficiency

- Reliance on US for sufficient plasma for the manufacture of plasma-derived medicinal products

Global plasma supply is out of balance, dependent on one country/region – should we be concerned?



Evaluation findings – Panel 5

1. Limited provisions to ensure sufficiency

- Reliance on US for sufficient plasma for the manufacture of plasma-derived medicinal products
- Reliance on the US for sufficiency of some tissues
- Need to facilitate international exchanges of haematopoietic stem cells
- National barriers for cross-border exchanges, hard to overcome for (small) public establishments (patients missing out on best matching therapy)
- Dependency of the BTC supply on the sustainable supply of medical devices
- Provisions for emergency preparedness

European Commission

Platform of Plasma Protein Users (IPOPI/PLUS)

Johann Prevot

Health

Patients call for:

1. Increased supply and free movement of safe and efficacious PDMPs developed on robust GMPs with the goal to meet patients' growing needs
2. Development of guidelines, policy & legislation should be based on FACTS & SCIENCE & experience (not ideology)
3. Safety of patients means global sufficiency based on regionally balanced plasma collection (each region has to do more, incl. the EU)
4. Avoid wastage of plasma
5. Develop or strengthen plasmapheresis programmes when possible, only way to increase plasma collection
6. Encourage the co-existence of public & private plasma collection to face the needed investments and benefit from existent knowledge and experience
7. Future EU legislation on PDMPs should be patient-centred

The EU already relies on compensated US plasma donors

In the EU the ones collecting significantly more plasma are Germany, Austria, Hungary and Czech Republic

Are we ready to equally encourage compensated plasma donations as VU blood and plasma donations?

PLUS
PLATFORM OF PLASMA PROTEIN USERS

European Commission

Plasma Protein Therapeutics Association (PPTA)

Jan Bult

Health

Panel 5: PPTA's views

28 October 2019 - EU Commission Conference

- To meet the growing clinical need of European patients for Plasma Derived Medicinal Products (PDMPs), significantly more plasma must be collected in Europe

- Europe needs to contribute more to the collection of plasma globally, due to its significant reliance (35%) on US plasma, and thus should:

  - Establish dedicated plasma collection (plasmapheresis) programs and outreach campaigns towards plasma donors in ALL EU Member States
  - Allow the co-existence between the public sector and the private sector owned plasma collection centers
  - Stimulate plasma donations by –also- allowing compensation of donors for time and efforts spent, similar to EU Tissues and Cells Directive (2004/23/EC, article 12.1)
  - Differentiate between whole blood and plasma collection for manufacturing PDMPs, which is currently lacking in many policy frameworks, by introducing e.g. definitions of plasma and of donor compensation
  - Have above suggestions addressed in the most appropriate policy frameworks at EU Member States level or at EU level.

European Commission

International Plasma Fractionators Association (IPFA)

Paul Strengers

Health

Conference on the Evaluation of the EU Legislation on Blood, Tissues and Cells, 28 October 2019

IPFA key message

The challenges of achieving sufficiency and a sustainable supply to meet patient need.

• Evaluation has confirmed the US-plasma dependency, and the US dominance in plasma supply reliance on import from the United States (p53)

- A serious risk in case of a US outbreak of TTI's that cannot be inactivated / removed.
- Strategic independence of plasma should be an EU objective requiring an appropriate balance between domestic supply and importation
- An increasing dominance supply of a strategic resource is highly undesirable

• Insufficient supply of plasma through VUD provisions to ensure it are very limited, focusing only on the need to encourage VUD and recitals on achieving community sufficiency through VUD. EU has not achieved sufficiency and is reliant on imports to meet patient needs (p54).

- Legislation should advocate and enforce 'strategic independence' of VUD plasma in the EU.
- Negative impacts of commercial plasma centers on wider blood component supply should be avoided (p34)

• Shortages of PDMPs for patients in the EU are only addressed through supply of plasma as starting material

- Sufficient supply of medicines in a free market place alone cannot guarantee secure supply
- EU has, so far, left security of PDMPs' supply to the market place to solve.
- No proposals in the report of a concerted EU-action plan for change such as transparancy, price negociations on a EU level, open science.

• Proposals for plasma donor health and safety should be included for a sustainable plasma/blood programme. There are insufficient measures in place to protect BTC donors (p84)

European Commission

Medtech Europe

Nigel Talboys

Health

5. The challenge of achieving sufficiency and a sustainable supply to meet patient needs

- ✓ **Climate change, vectors and emerging pathogens** – Pathogen Reduction systems are already available for platelets, plasma and will soon be available for red cells. Member States should have in place **"Preparedness Plans"** to ensure a **sufficient and sustainable supply of blood components to provide protection of citizens,** in the event of an outbreak caused by emerging viruses and undetected pathogens
- ✓ **Sufficient blood components** – GMP is important for **all components and implementation of automation and traceability** should be fully implemented in the interest of donors and recipients' safety. Those technologies which can demonstrably provide a greater level of safety should be prioritized in future legislation. This is the case for example of 'human error reducing technologies' i.e. technologies for the collection and processing of blood, tissues and cells with the highest level of automation.
- ✓ **Sustainability of blood supply** – The interaction between the BTC legislation and other legislation needs to be considered. The **up-classification of most blood bag systems to class III (MDR)** and **Sunsetting of DEHP (Annex XIV REACH)**, would create a risk in terms of availability of blood bag systems and, ultimately, result in shortages of blood components.

European Commission

EDQM (Council of Europe)

Marie-Laure Hecquet

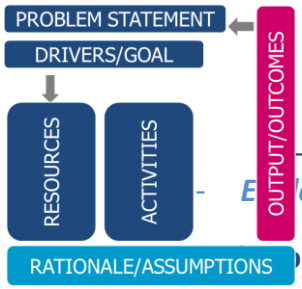
THE JOURNEY: ENSURING SUPPLIES

PRINCIPLES: PROTECTING DONORS & PATIENTS

- *Optimal use:* Definition to ensure *evidence based* sufficiency,
- *Needs* based on *evidence based* indications,
- Equal access to treatments

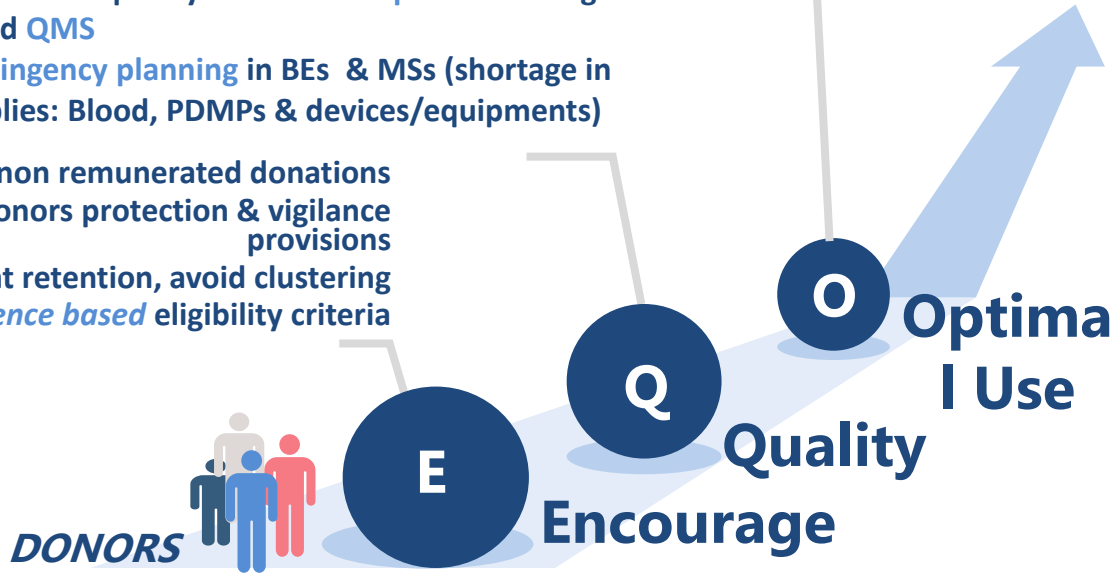
PATIENTS

DRIVERS: EVIDENCE BASED, RISK BASED, COSTS COMMENSURATE TO RISKS



- Help BEs ↗ quality of recovered plasma through risk based QMS
- Contingency planning in BEs & MSs (shortage in supplies: Blood, PDMPs & devices/equipments)
- Voluntary non remunerated donations
- *Evidence based* donors protection & vigilance provisions
- ...rs recruitment retention, avoid clustering
- *Evidence based* eligibility criteria

CONVERGENT & FIT GOUVERNANCE:
Clear roles, fit provisions, implementing and monitoring functions



INTERVENTION LOGIC

Open discussion

Stakeholder Colour Coding

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Summary of the day's discussions:

Anna Eva Ampelas
DG SANTE

European Commission

Collaboration moving forward – a moderated discussion with a panel of key European and International BTC partners

- **François-Xavier Lery, Coordinator for Technologies Standards and Norms, WHO HQ, Geneva**
- **Andrea Ammon, Director European Centre for Disease Prevention and Control, Stockholm**
- **Susanne Keitel, Director of the European Directorate of Quality Management at the Council of Europe, Strasbourg**
- **Branka Golubić Ćeplic - Ministry of Health, Croatia**

European Commission

Closing remarks:

Martin Seychell, Deputy Director General, DG SANTE