

Scaling-up or scaling-out?





Acknowledgments

■ Alici lab



■ Sällberg/Pasetto lab



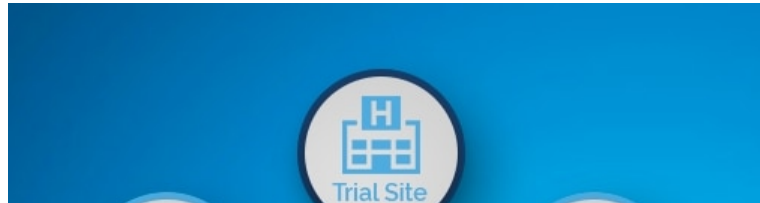
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Scaling-up?



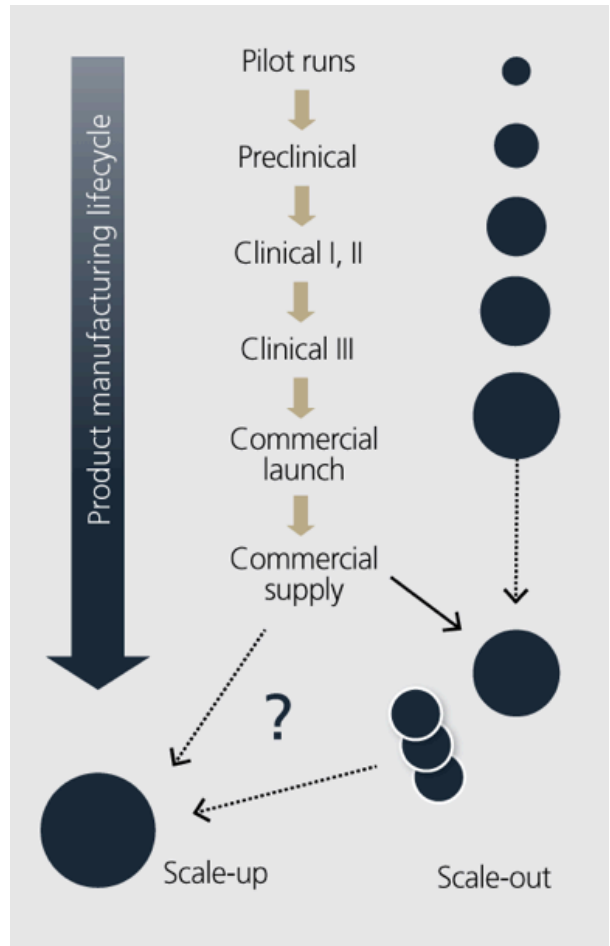


Scaling-out?



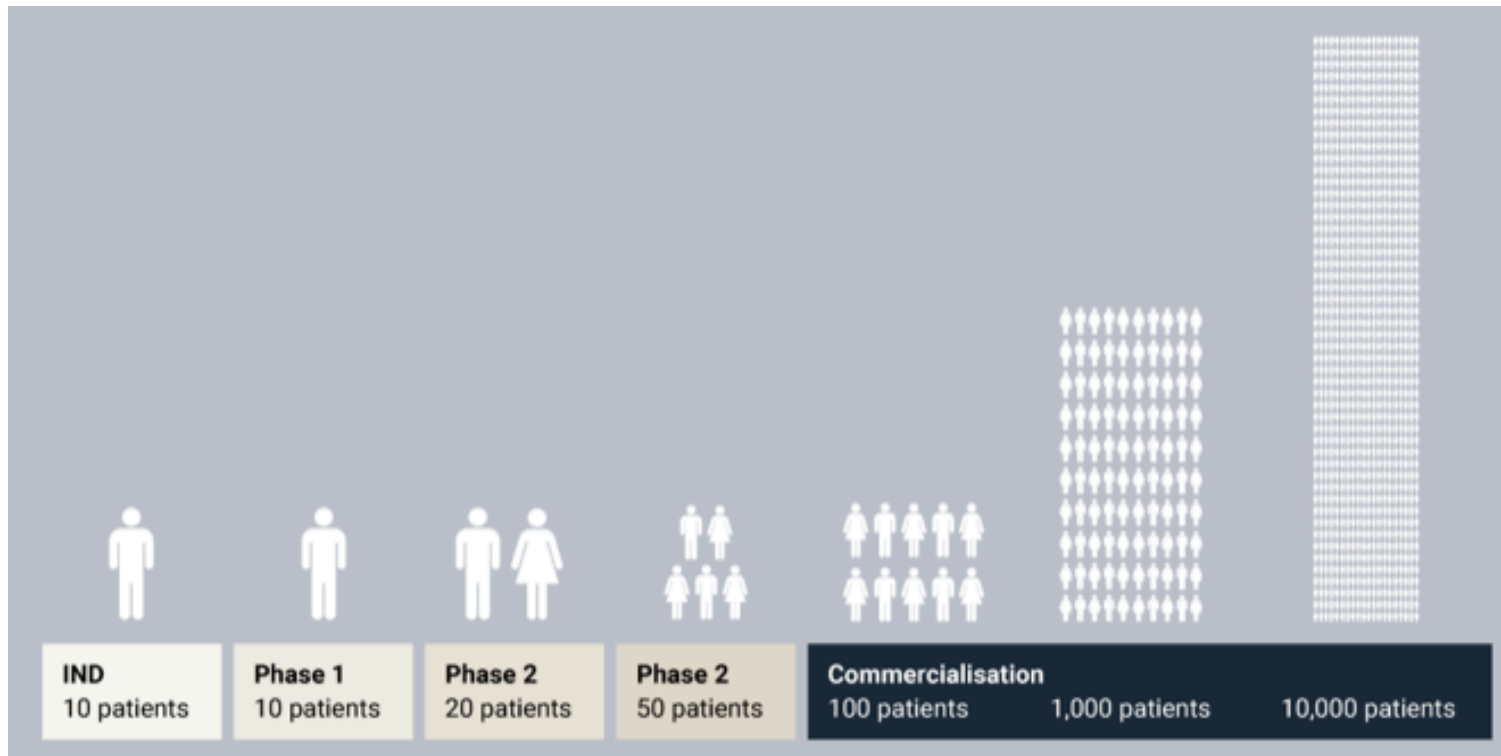


Product manufacturing model



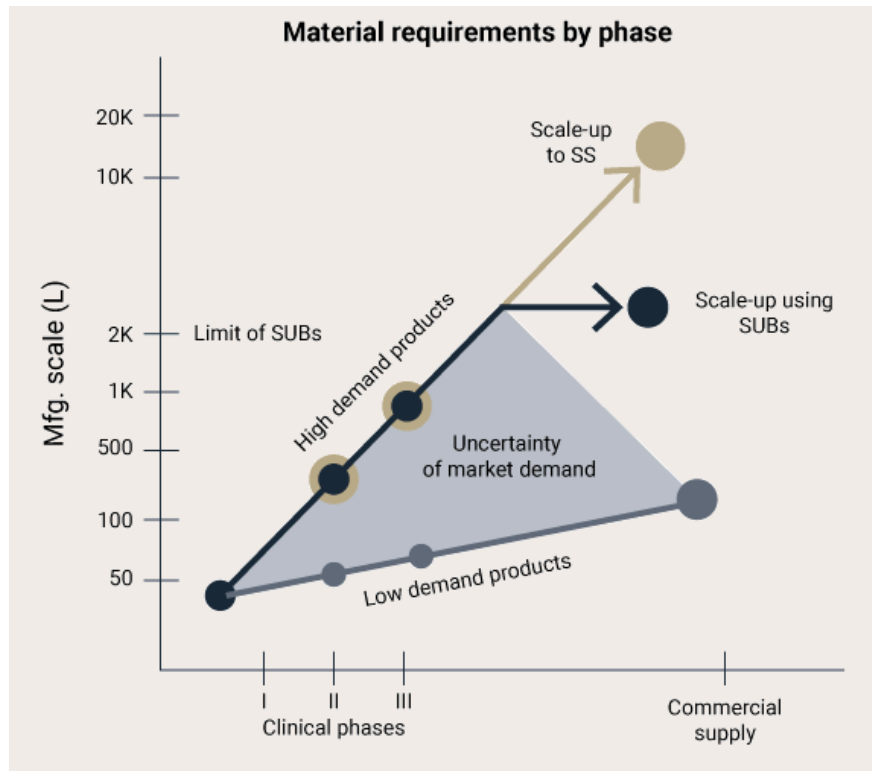


Production scale up





Material requirement and scale per clinical phase





Scalable process

- Is your technology scalable? Either to scale up or out
 - Chose of manufacturing platform and supplier is important
- Is your protocol scalable
 - How much hands-on manual work needed.
 - Skills and training of the operator
- Time limitations and handling flexibility due to “better” reagents
 - Scalable suitable reagents
- Small scale tools available

- Gaps in scalability in the technology used
- Seed train?
- Reagent handling scalability? Powder vs. liquid, GMP certification
- Personal and skills needed to perform the process



1 liter

VS

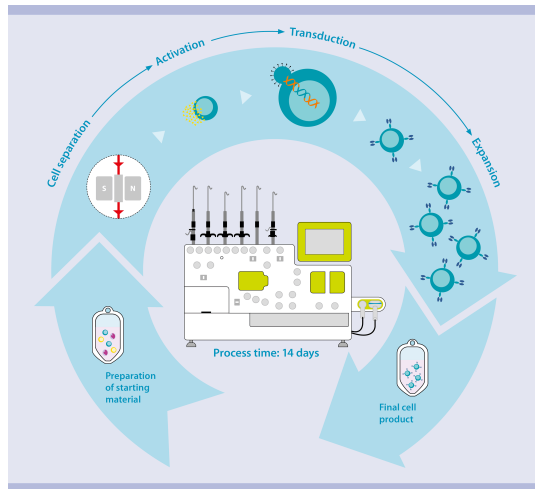


Up to 1200 liter



Automation

- Is the technology ready for automation
- How much would the process change when automated
- Flexible automated processes will ease the workload and bring reliability and reproducibility



- Large equipment needed? Benefit/risks?
- Training for operators on automation platforms
- Higher throughput due to automation
- Automation of QC/QA
 - Bottleneck



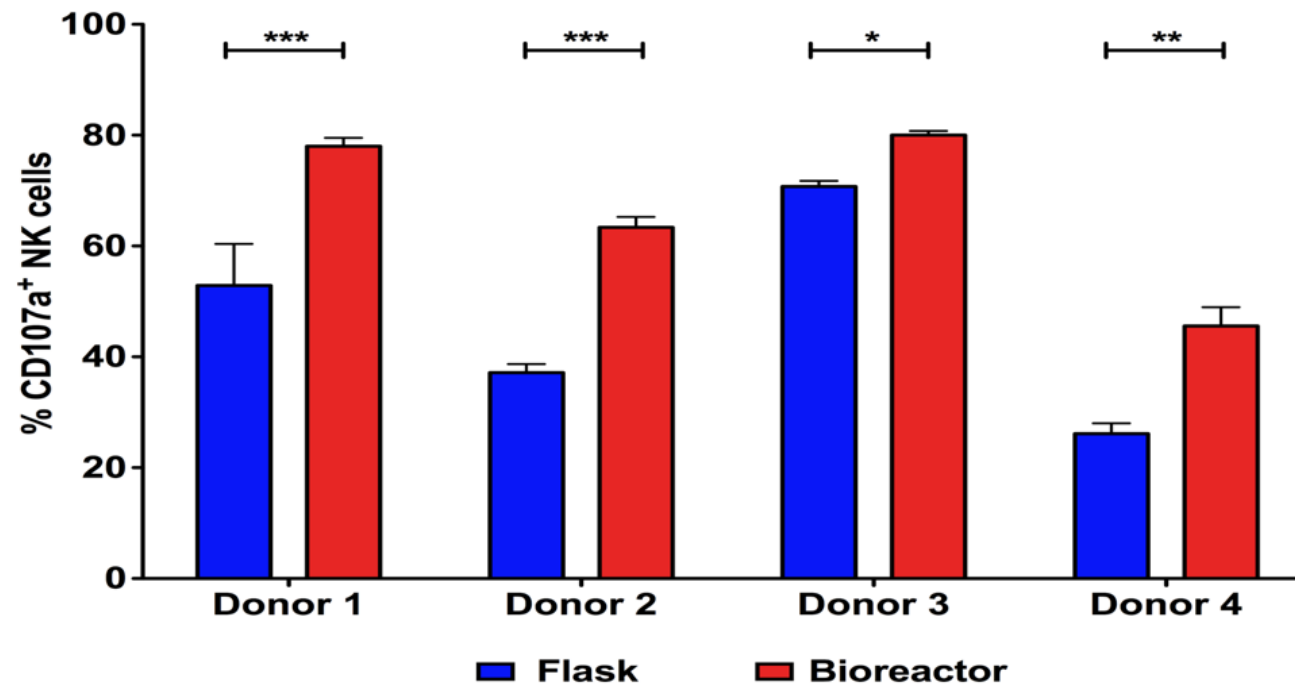
preGMP for PD

- Transition from R&D to small scale production to commercialization is not straightforward.
- Cytokines, small molecules, growth factors etc. are challenging at the transition step
- Chemically defined reagents
- Ancillary materials can be problematic



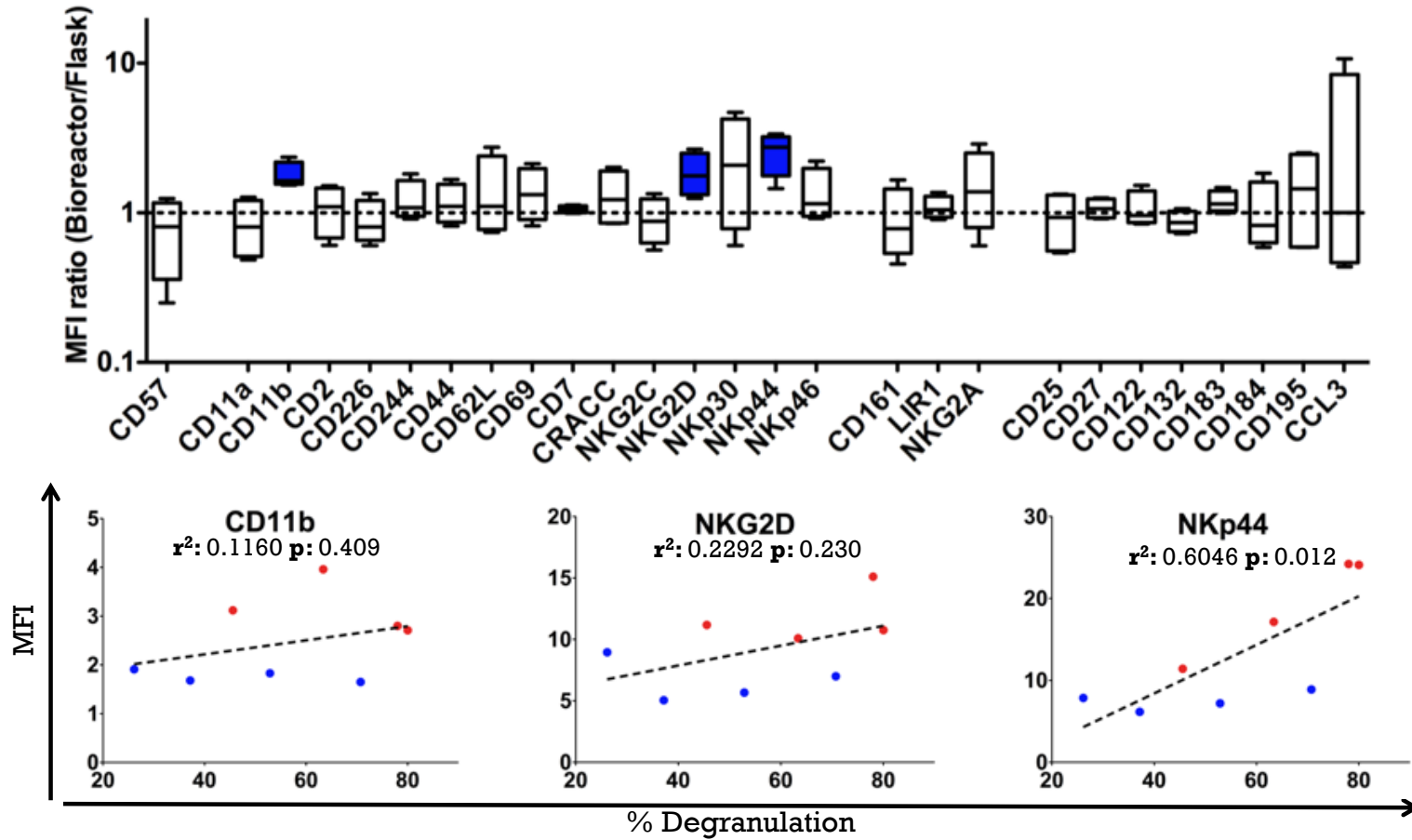


Practical consequences of automation and scalability





Phenotypic differences: Automated vs Static





Take home message

- Currently it is not clear whether scale-up or scale-out commercialization
- significant innovation will be required for the future
 - Transition from highly manual research to automated, appropriately-scaled systems
- Production costs that allows those therapies to reach the mainstream.