

# Transfusion Involvement in Cellular Therapies, Tissue Immunology

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# Introduction

- Blood Services currently play a vital role in Transfusion Medicine
- Core competencies include:
  - Adherence to standards and best practice for the collection, processing, testing and storage of blood products,
  - Research experience
- Are ideally situated to:
  - Manufacture human derived cell culture supplements for use in expansion of human cell therapy products
  - Establish banks for other types of cells and tissues of human origin
  - Harvest cells/tissue for further manipulation and re-infusion
  - Perform state of the art tissue immunology testing for transplantation programmes



# Human Platelet Lysates (hPL's)

- Cellular therapeutics are increasingly being investigated to treat cancer, organ degeneration, or (auto)immune diseases
- Cells such as mesenchymal stromal cells (MSCs) need to be expanded after collection and before they can be used for patient care
- Increased demand for their large-scale, high-quality production globally.
  - Currently, foetal bovine serum (FBS) is the most widely used growth factor supplement
  - Many challenges exist with scaling up FBS to meet demand (ethical, regulatory and quality related)
  - Human platelet lysate (hPL) has been identified as a human derived growth supplement that can be used to replace FBS
  - hPL is a cell-free, protein rich fluid produced from lysed or activated platelet concentrates. It is rich in growth factors and other cell growth promoting biomolecules important for wound healing and tissue repair

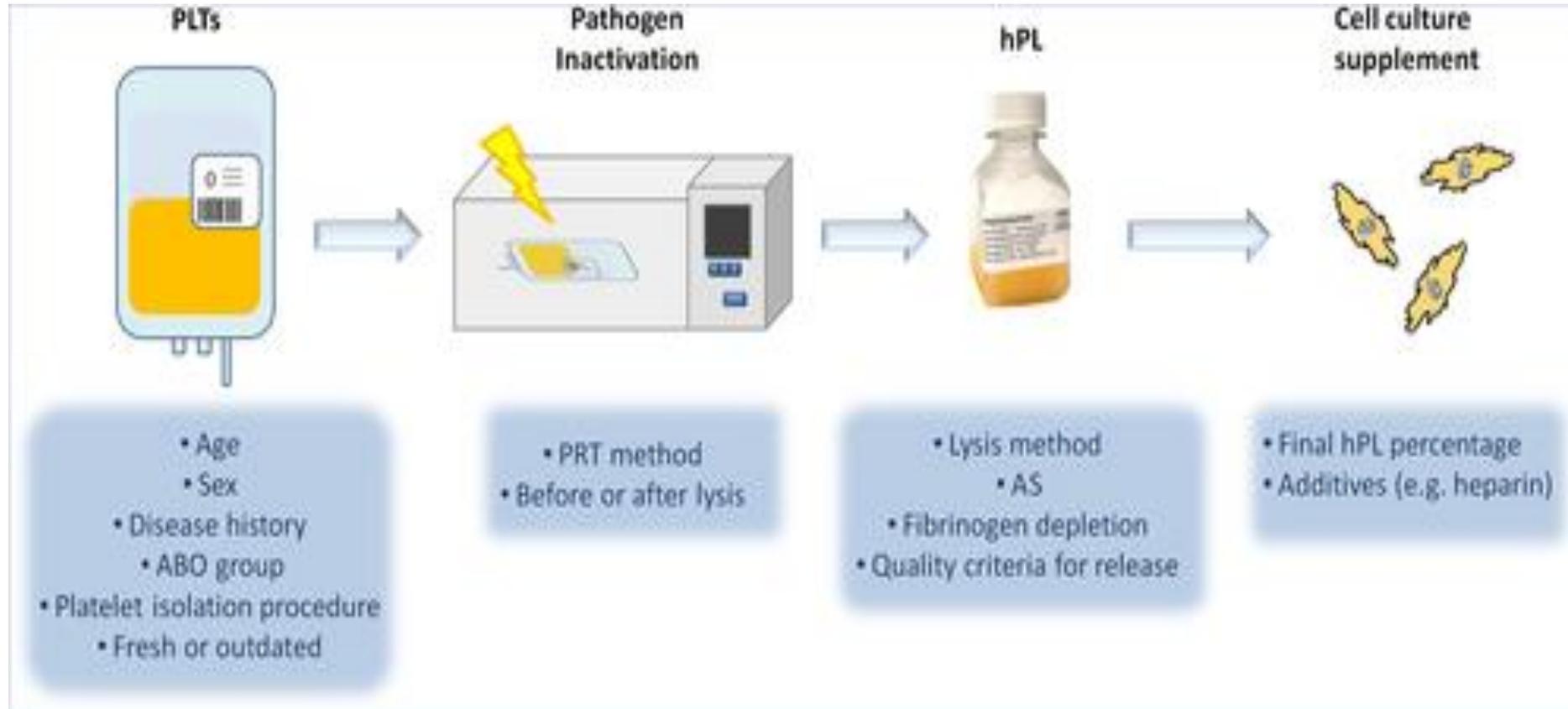


## hPL's (Continued)

- Recently expired platelets used
- SANBS has an excess of 600 000 buffy coats rich in platelets that are discarded annually
  - Starting material already exists to prepare hPL's
- No risks of cross-species immune reactions nor transmissions of animal pathogens.
- hPL shown to be more effective in hastening cell growth.
- hPL can support greater proliferation of MSCs compared to FBS (demonstrated by a number of studies)
- SANBS is exploring options for manufacture hPL's



# Process Followed for Preparation of Human Platelet Lysates



# Serum Eye Drops (Autologous)

- Used to treat severe dry eye syndrome
- Autologous serum eye drops have a composition that more closely resembles natural tears.
- Patient donates a unit of blood which is tested for infectious markers.
- Unit is allowed to clot, processed with addition of saline (approximately 1:4 ratio) with end product having about 20% of serum
- Packaged into tubing, segmented and frozen
- Patient then uses one segment a day
- SANBS currently makes this product



# Umbilical Cord Blood Banking

- Entails preserving the stem cells found in the blood of the umbilical cord and placenta after birth
- The process involves collection, processing , testing and storage.
- Cells are used today to treat haematological diseases such as leukaemia but also increasingly in regenerative medicine
- Many Transfusion Services have well established Cord Blood Banks which are mostly “Public Banks” with anonymous donors
- Private Cord Blood Banks also in various Countries



# Umbilical Cord Blood Stem Cells

- The advantages of cord blood stem cells for transplantation include:
  - Immediate availability of cells,
  - Absence of risk to the donor,
  - Lower risk of graft-versus-host disease and
  - A lower need for donor-recipient HLA compatibility.
  - Can be stored frozen for long periods
- A limiting factor is the low number of hematopoietic stem cells
- Recent focus has also been on the use of cord blood cells in hypoxic brain injury, including cerebral palsy and autism



# Human Milk Banks

- Similar selection and testing processes for blood donation:
  - Potential donors provide blood samples which are tested for infectious disease markers such as HIV, Hepatitis B and C, syphilis and human T-cell lymphotropic virus (HTLV).
  - Exclusion factors include anyone who smokes or uses tobacco products, uses recreational drugs, has a recent tattoo or piercing, takes certain medications or has had a blood transfusion within the past 6 months
- Typically donations from up to three donors are pooled, pasteurised and tested for sterility
- Transfusion Centres are well placed to manage the milk banks of the infectious disease testing



# Faecal Microbiota Transplantation

- Involves the transfer of the full spectrum of microbiota stool from a healthy screened donor to a recipient
  - The aim is to normalise the perturbed gut microbiome associated with *Clostridioides difficile*,”
  - *C. difficile* is among the most common hospital-acquired infections among adults
    - Almost half a million cases diagnosed every year in USA.
  - Usually treated with antibiotics, however patients with recurrent infections are eligible for faecal microbiota transplant
    - Has a clinical cure rate between 80-90%, depending on the mode of delivery



# Transfusion Involvement in Faecal Microbiota Banking

- Voluntary or paid donors recruited
- Undergo rigorous selection and testing process prior to being enrolled on the programme
  - In one New York programme donors undergo 18 stool laboratory investigations and 14 serology screen tests
  - Only 3% of applicants are accepted as stool donors
- Once donated, samples are mixed with an inert cryo-preservative, filtered with micro filters to remove fibre, homogenized and stored at minus 80 degrees Celsius.
- In Denmark the material is packaged into capsules and taken orally



# Chimeric Antigen Receptor (CAR) T cells

- Are an autologous cell therapy product which is genetically manipulated, ex vivo expanded, and induces T cell mediated kill of targeted cancer cells.
- Two CAR T cell formulations were licensed in the US and one in Europe in late 2018 and other licenses are expected in 2019
- At least 200 clinical trials using CAR T cells are currently listed within [clinicaltrials@gov](mailto:clinicaltrials@gov)
- Process of manufacture requires harvesting of cells, processing and expansion in a laboratory and re-infusion



# CAR T Cell Production

- GMP-grade production of CAR T cell therapies includes
  - apheresis of low-density mononuclear cells,
  - Monocyte depletion by density gradient separations,
  - T cell enrichments,
  - transduction with the CAR using viral vectors,
  - T cell activation and expansion using anti-CD3/antiCD28 stimulation in the presence of interleukin-2.
  - Expansion periods range from one to three weeks followed by re-infusion
- The Clinical Apheresis departments of Blood Services are well placed to collect and re-infuse the cells.



# Clinical Apheresis

- Therapeutic plasma exchange (TPE) is offered mainly for Acquired thrombotic thrombocytopenia purpura (aTTP) patients
  - Can improve survival from less than 10% to greater than 80%.
  - Entails patients plasma removal to lower specific auto-antibodies and this is followed by donor plasma replacement
- Autologous and Allogeneic Haematopoietic Stem Cells harvesting, storage and re-infusion for patients with haematological malignancies
  - Done by Blood Services for a number of years
- Potential for harvesting cells from patients selected for CAR T cell therapy
- Harvesting of specific cells for other emerging novel therapies



# HLA Testing

- Blood Services have been involved for more than 3 decades in providing HLA typing for transplantation programmes
  - Significant advances in technology and testing methods over the past few years
- SANBS and other blood services keep up with latest technology to ensure the appropriate level of service is provided to our stakeholders



Thank You

