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2 EMA/CHMP/CAT/BWP/353632/2010  
3 Committee for Medicinal Products for Human Use (CHMP)  
4 Committee for Advanced Therapies (CAT)

5 **CHMP/CAT position statement on Creutzfeldt-Jakob**  
6 **disease and advanced therapy medicinal products**  
7 **Draft<sup>1</sup>**

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Agreed by Biologics Working Party	<Month YYYY>
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Comments should be provided using this [template](#). The completed comments form should be sent to Alberto.Ganan@ema.europa.eu

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Keywords	Creutzfeldt-Jakob disease, gene therapy, cell therapy and tissue engineering medicinal products, donor selection criteria, tissue and blood donation.
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20 In the European regulation advanced therapy medicinal products (ATMP) include those based on gene  
21 therapy, cell therapy and tissue engineering. Although they are considered biological medicinal  
22 products as described in the directive 2001/83/EC, specific legislation has also been developed  
23 (*Regulation (EC) no 1394/2007 of the European Parliament and of the Council of 13 November 2007*  
24 *on advanced therapy medicinal products*).<sup>1a,1b</sup> The composition of ATMPs may include components of  
25 human origin (either as active ingredient, excipients, or raw materials used in their manufacture) and,  
26 therefore, the risk of transmitting CJD or vCJD agents has to be considered.

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28 Gene therapy and somatic cell therapy medicinal products have been recently redefined in Commission  
29 Directive 2009/120/EC amending Directive 2001/83/EC.<sup>1a,1c</sup> For gene therapy products no specific  
30 considerations are given regarding the minimization of transmission of CJD or vCJD as the same  
31 requirements as for other biological products, biotechnological medicinal products obtained using  
32 recombinant DNA technology or vaccines could apply. For genetically modified cells the same  
33 considerations as for somatic cell therapy products (sCTP) will be appropriate. Directives 2004/23/EC,  
34 2006/17 and 2006/86 set standards of quality and safety for human tissues and cells intended for  
35 human applications and, therefore, their donation (in particular the donor history and screening),  
36 procurement and testing are to follow the described requirements.<sup>1d,1e,1f</sup> The exclusion criteria for  
37 donors related to risk of transmission of diseases caused by prions in Directive 2006/17 apply.<sup>1e</sup>  
38 Similarly where blood cells are used, the standards of quality and safety for collection and testing in  
39 Directives 2002/98/EC, 2004/33/EC, 2005/61/EC and 2005/62/EC should be followed.<sup>1g,1h,1i,1j</sup> The  
40 exclusion criteria for transmissible spongiform encephalopathies in Directive 2004/33/EC apply.<sup>1h</sup> Other  
41 official guidance on donor selection criteria for tissue and blood donation, respectively, should also be  
42 taken into account.

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44 Most of the cell based medicinal products currently under clinical investigation or already in use in  
45 some members states are from autologous donors, therefore, no specific considerations regarding CJD  
46 or vCJD risk are required. For cell based products from allogeneic donors, the WHO classification and  
47 guidelines on tissue infectivity (*WHO Guidelines on Tissue Infectivity Distribution in Transmissible*  
48 *Spongiform Encephalopathies 2010*)<sup>2a</sup> should also be considered as a part of the benefit-risk  
49 assessment of the medicinal product. Tissue infectivity in CJD seems mainly confined to the central  
50 nervous system and tissues anatomically associated with it. Regarding vCJD, infectivity has also been  
51 shown associated with blood and lymphoreticular tissues so precautionary measures should be  
52 considered if any of those tissues are used as the starting material for a cell based product. Where  
53 relevant, the recommendations of the CHMP Position statement on Creutzfeldt-Jakob disease and  
54 plasma-derived and urine-derived medicinal products should be taken into account.<sup>3a</sup> For human cells  
55 contained in ATMPs, there is no manufacturing process to add a further barrier to transmission of a  
56 TSE agent. In any case, the final risk-benefit for the therapeutic use of these medicinal products  
57 derived from human cells and tissues will have to be decided on a case-by-case basis.

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59 The collection and storage of cells from umbilical cords is becoming increasingly common in both  
60 allogeneic and autologous transplantation in children and adults. These cells are of foetal origin but the  
61 possibility of low levels of contamination with maternal blood can not be definitively excluded.  
62 However, the likelihood of infection is considered as extremely low, since vertical transmission in  
63 humans has not been observed in any prion disease.

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