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The ramarketing spotlight: **CAR-T therapies in 2024**

in recent years, with the US FDA approving only four gene therapies in the five years prior to 2022. But 2023 saw a re-ignition, resulting in seven C> approvals.

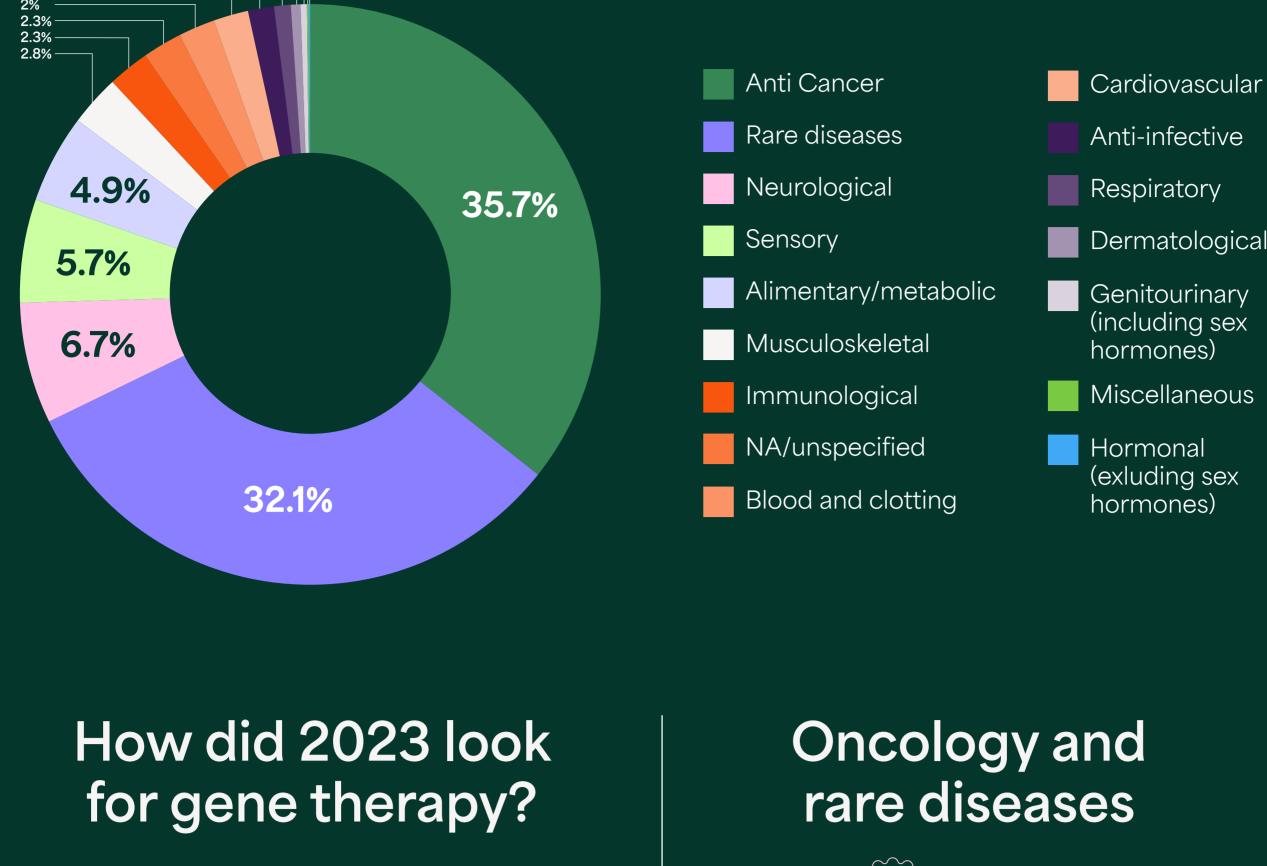
The cell and gene therapy (C>) space saw a period of instability

With no signs of this momentum slowing, 2024 is set to see an estimated 17 approvals in the US and EU.

Gene and genetically modified cell

therapies from preclinical through





were the top areas of gene

therapy development in

both the overall pipeline

and in clinical stage

gene therapies were in the development

1.4% 1.9%

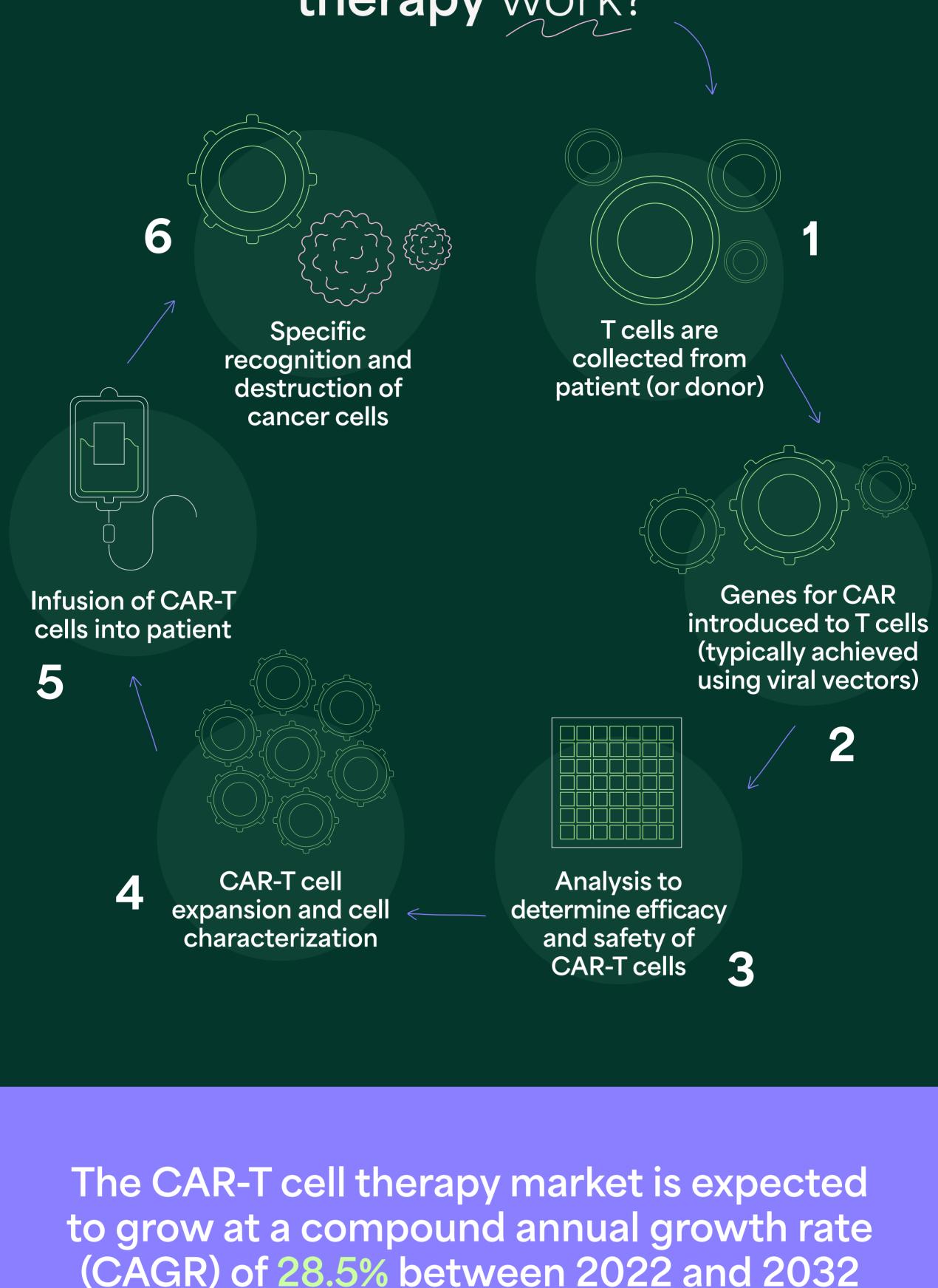
pipeline in Q4 2023

Offering the ability to specifically target and destroy cancer cells it's no surprise chimeric antigen receptor (CAR) T cell therapies made up 52% of technology used in the genetically modified cell therapy pipeline in Q4 of 2023.

...and CAR-T therapies dominated the

genetically modified cell therapy space.

How does **CAR-T** therapy work?



As CAR-T projects The recent prolonged Regulatory counsel economic downturn in throughout the progress, biotechs must consider whether their the last 24 months has development process and during clinical trials manufacturing capabilities tested C> developers' can be the difference are scalable. Even small resilience, with a steady between failure and number of monthly changes can disrupt success. As new data financing (public/private), the regulatory approval becomes available, the process, so careful alliance and acquisition deals from Q4 2022 FDA is mandating the consideration must placement of box warning go into investing in to Q4 2023.

capabilities in-house or

outsourcing to a CDMO.

Support from

Regulatory Agencies

labels on all existing and

future CAR-T therapies.

Transduction and

genes into T cell

CAR recognition

of tumour antigen

genome

incorporation of CAR

to reach a value of \$35.9 billion.

What's influencing CAR-T

cell therapy biotechs?

Manufacturing

← • Challenges

Economic

Headwinds

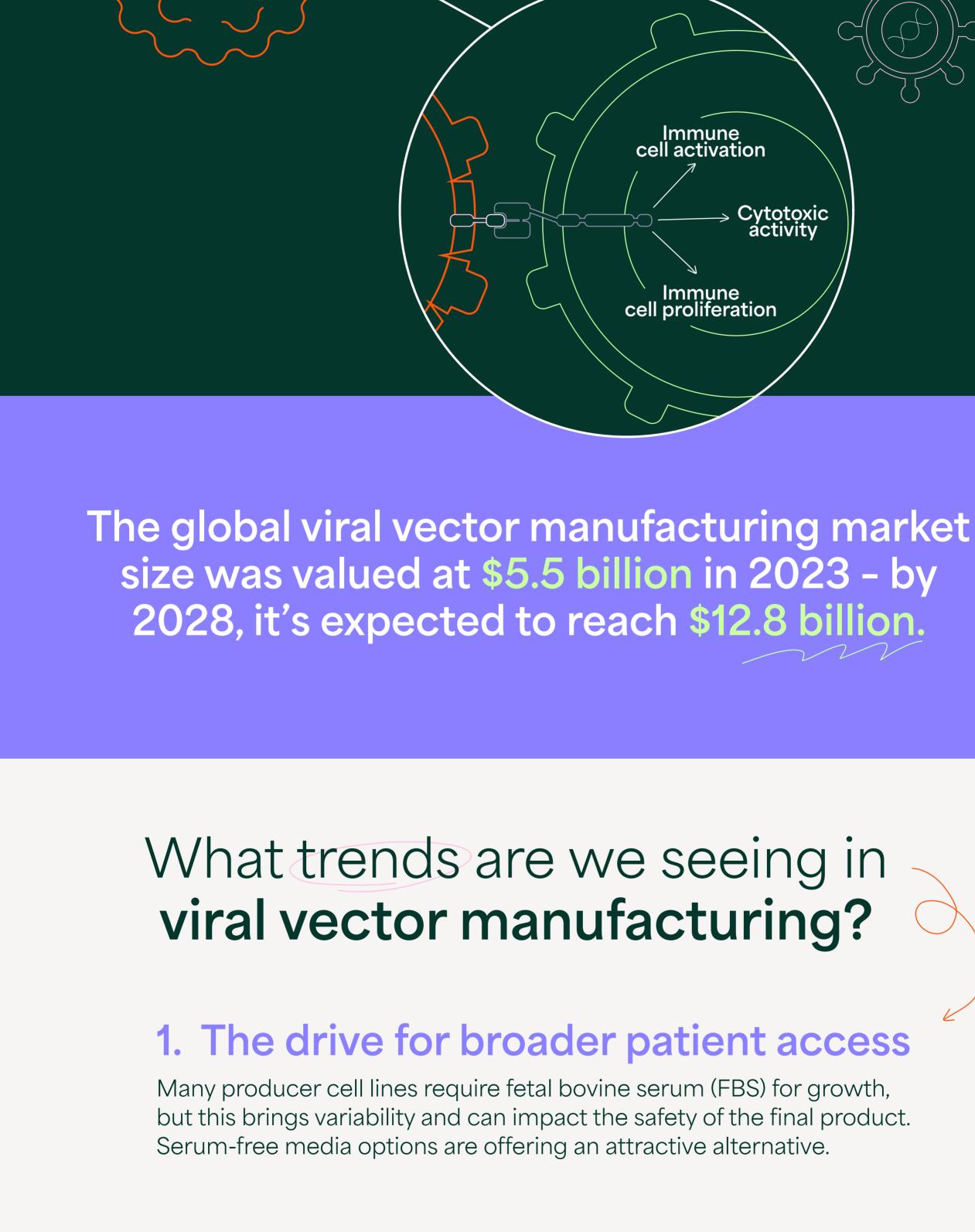
As of 2024 there are six FDA-approved CAR-T cell therapies available to treat various blood cancers - all rely on viral vector manufacturing.

Although several different cell engineering methods can be used to introduce Viral vector with the CAR genes, including genes for CAR transcription activator-like expression

Tcell

of CAR

expression



Cytotoxic activity ` Immune cell proliferation

effector nucleases (TALEN)

and CRISPR, viral vectors

are used as a delivery tool

for all FDA- approved

Vectors used for

CAR-T therapies

Gamma

vector:

Yescarta

Tecartus

retroviral

FDA-approved

Lentiviral

vector:

Kymriah

Breyanzi

Abecma

Carvykti

CAR-T therapies.

Although adherent cell lines are commonly used for viral vector production, their need for extensive manual handling and difficulty scaling is driving the trend towards the use of suspension cell lines. 3. Allogeneic vs autologous therapies

"Off-the-shelf" allogeneic C>s could offer the advantage of being more

easily scalable than their autologous counterparts, but immunogenicity

risks remain a challenge in bringing these products to market.

2. Adherent vs suspension cell lines

start-ups. As many of these companies lack necessary capacity and facilities, CDMOs are increasingly relied on for support.

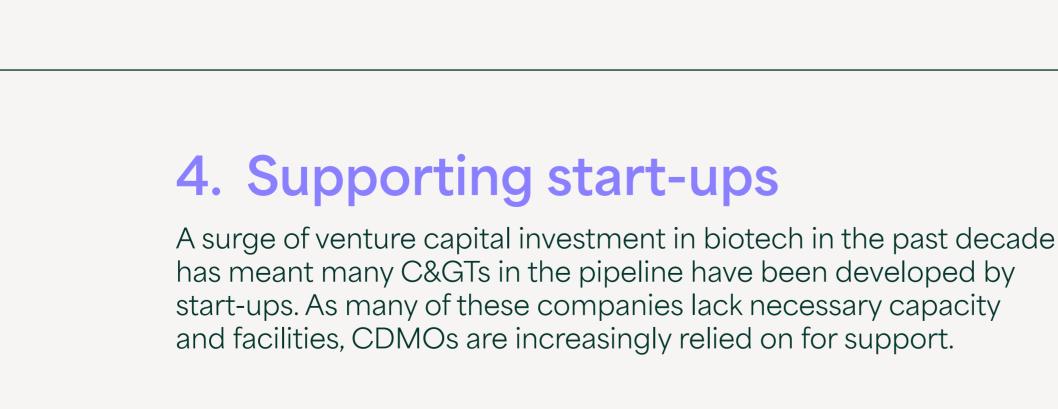
5. Rise of gene editing therapeutics The approval of the first CRISPR-based therapy, Casgevy, in 2023 signals a surge in gene editing treatments, necessitating improved manufacturing practices to address cost and access challenges.

C>s: 2024 and beyond

We can expect **2024** to be an exciting year for C>s, especially CAR-T therapies. Biotechs and CDMOs in the area are poised to rise to the challenges of C> development and manufacturing to deliver revolutionary new therapies to the patients that need them.







Find out how ramarketing can help your

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