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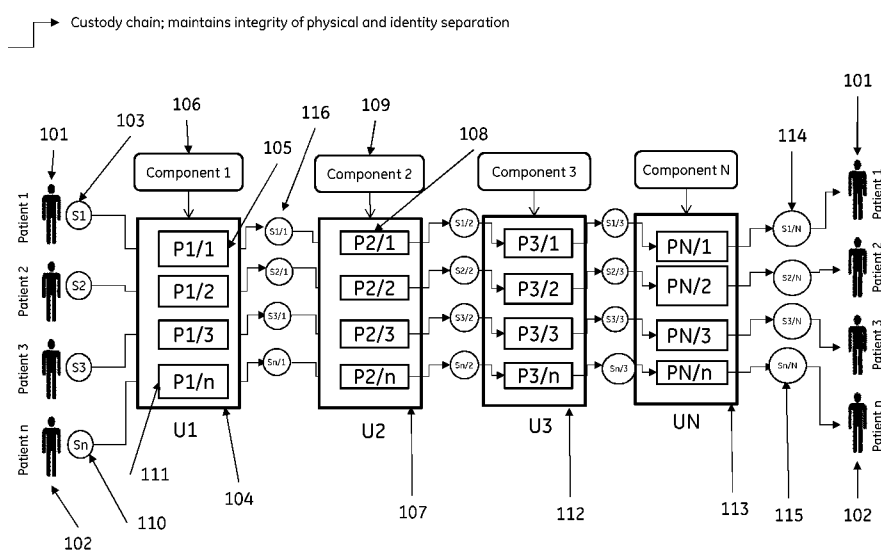
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(54) Title: CELL PROCESSING METHOD

FIGURE 1



(57) Abstract: The present invention provides improved methods for maintaining the physical separation and identity integrity of a biological cellular sample from a patient during processing. The invention enables parallel processing of biological cellular samples, such as patient samples, in a space and time efficient fashion. The methods of the invention find particular utility in processing patient samples for use in cell therapy.

CELL PROCESSING METHOD

BACKGROUND TO THE INVENTION

Cell therapy is a key area of medical advance in the treatment of a range of conditions and diseases including cancer. Autologous cell therapy, the treatment of a patient with the patient's own cells, is an increasingly used and improving method for combatting cancers, including melanoma and leukaemia, which are refractory to conventional drug treatment. One area of autologous cell therapy, immunotherapy, uses selection and expansion of cells from the patient's own immune system to target and attack cancer cells, effectively boosting many fold the patient's immune response to destroy the cancer cells.

To achieve immunotherapy and other forms of cell therapy samples of cells taken from a patient, typically in the form of a blood sample, must be processed through a complex workflow to isolate, concentrate and expand by culture the cells which will form the therapeutic material administered back into the patient. Carrying out the cell processing workflow requires a series of operations performed using a variety of processing methods, machines and instruments, each with a unique role in the overall process. The process may comprise steps of different duration and complexity requiring varying degrees of operator intervention and skill and all operations must be carried out under sterile conditions to prevent microbial, viral or other contamination of the patient sample. The process must also be carried out using means which maintain the integrity of the patient's material and prevent partial or whole cross-contamination or mixing of patient samples to prevent a patient receiving a therapeutic preparation which is not wholly derived from the patient's own cells.

To achieve the sterility and integrity of patient material all processing operations are typically performed in a laboratory or clean room furnished with equipment, for example laminar air flow cabinets, which allow the material to be manipulated using open containers

in a sterile environment to minimise the risk of biological or other contamination from the environment. To prevent mixing of patient materials and maintain the integrity of the sample identity the processing operations are carried out in separate and isolated processing rooms or units each of which duplicates the equipment and processes of the others. Each duplicated unit provides the necessary sterile working environment and is furnished with all of the sample handling and processing equipment required to process one single patient sample at one time. As each unit is used only for one patient sample at a time, a facility processing many patient samples requires a number of identical processing units and therefore duplicates costs of providing space, services and equipment, such costs scaling linearly with the number of patient samples to be processed. These costs are seen as a major barrier to the further development of cell therapy and the expansion of use of cell therapy in a larger patient population as the duplicative approach does not provide economies of scale to reduce treatment costs.

In addition to the high setting up and running costs and the high costs of capacity expansion, the duplication of processing units is extremely inefficient in use of space and equipment. Since each stage of the processing workflow takes a different period of time, the overall throughput of the workflow is determined by the rate limiting step, i.e. the longest step in the process, and therefore most of the resources available in each duplicated processing unit are underutilised for much of the time taken to process a sample through the workflow. In a typical immunotherapy processing workflow the process of cell expansion, the culture and growth of cells from the thousands of cells isolated from a patient's blood sample to the millions or billions of cells required for a therapeutic dose, may take up to two weeks. In contrast, the cell isolation and concentration steps used at the beginning and end of the workflow may take only a few minutes or hours. Consequently in the standard cell processing facility, using duplication of processing units, a large amount of space and capital

equipment used for short term operations, such as cell isolation, stands idle during the cell expansion operation.

In addition to the cost and efficiency shortcomings of the standard duplicated unit approach described above, processing samples in a laboratory or clean room using open

5 containers still retains a risk of bacterial, viral or other contamination of the sample, does not preclude loss of part or all of the patient sample or processed material at any stage in the process due to operator error, and retains the opportunity for cross-contamination of samples by residual material remaining in the processing unit from a previous patient sample or processed material.

10 What is required is a means to process patient material in a fashion which maximises the efficiency of the processing workflow for time and cost allowing the process to be operated for multiple patients with economies of scale that enable use of cell therapy in a larger patient population. Such means must retain the fundamental key principles of preventing contamination, mixing, loss of identity or other events which interfere with the
15 physical and identity integrity of the patient sample and processed therapeutic material.

These features and benefits are not provided by current cell therapy processing facilities and such features and benefits are not described or suggested by the prior art.

US20030175242 describes systems and methods for manufacturing and distributing cell therapy products. The methods include establishing a central processing facility and a
20 plurality of satellite facilities administered under a single license for conducting cell therapy, collecting source material at one of the satellite facilities from a first subject, transporting the source material from the first subject and delivering the source material to the central processing facility, processing the material at the central processing facility to produce a

therapy product for administration to the same first subject, transporting the therapy product back to the satellite facility and administering the therapy product to the same first subject.

US8656670 provides a system, workflow and facilities for tissue banks comprising a central access corridor having spaces on both sides for public and private diagnostic areas,
5 public and private clean room areas for processing, culturing and other manufacturing steps and public and private storage areas, wherein all public facilities are on one side of the central access way and private facilities are on the other side provided with air locked sample pass through connections between each area.

WO1998028700 describes a method for quality management in a cell therapy process
10 of sampling cells from a patient, specific treatment of these cells according to a specific treatment protocol, and reinfusion of cells into the patient. The method comprises steps of identifying entities involved in the therapeutic process; steps of sequential and conditional validation of the therapeutic process; and steps of quality control. The steps of identification, validation and control are carried out for each batch of samples taken from a given patient.

15 WO2006129312 describes a method for automated cell processing, including receiving a tissue sample containing a multiplicity of cells belonging to multiple cell types, and automatically increasing both the proportion of cells of cell type.

WO2007105846 describes a method for using a cell therapy facility and a franchise market business method wherein the facility comprises a plurality of separately prefabricated
20 units having individual-specific functions and having an entrance and exit separately partitioned from each other so as to minimize occurrence of contamination.

WO2008018671 describes a facility for cell manipulation and cultivation for production of cell therapy products comprising a room with a L-shaped partition and a clean

bench device placed inside the partition, including three clean benches to prevent contamination of cells.

EP1850289 describes the use of RFID (Radio Frequency Identification) in the workflow of a blood centre and a medical institution from a network information system. In each procedure of the blood collecting and supply workflow, the information is read/written by the computer into or from an electronic tag and through the computer information network into the service management information system.

US8099297 describes a business method and system for ordering, purchasing and storing stem cells enabling donors to order and purchase stem-cells from biological tissue sampled from the donor, such as, for example, cord-blood stem cells, wherein the ordering process interfaces directly with attending medical services, and the service steps include collection, extraction, preservation, containment, packaging, delivery and storage of the stem cells.

US8229675 provides a method for managing blood products and tracking their movement in which a database is provided for entering and storing information pertaining to each patient.

US8484049 describes a system for tissue tracking in medical facilities. The tissue tracking system may be incorporated with a supply chain, billing, inventory, and/or order systems and may also track environmental conditions of the tissue during reception, storage and issuance.

EP1238671 provides a bank of cord blood cells from which cells may be withdrawn from storage for both autologous and allogeneic purposes.

EP2263183 relates to a system for the automatic conveyance of biological cells for transplant, therapy or research purposes between withdrawal centres or banks and clinics, transplant centres or research facilities and for the monitoring of the processes from request transmission, for supply of a cell specimen which is suitable for the allogeneic transplant.

5 US6861954 describes a system for tracking medical products and for associating medical products with a location based on a RFID device signal.

US8005622 describes a system and method for safely transfusing blood to a patient in a computerized healthcare environment. A blood product to be administered to a patient is identified and the patient is identified. A database containing blood compatibility test results
10 is accessed to determine whether the database contains a blood compatibility test result for the identified blood product and identified patient in order to determine whether the test result indicates that the identified blood product is compatible for the identified patient.

US8032306 provides means for identifying a blood product to be administered to a patient by receiving, at a computer at the patient's bedside, a blood product identifier
15 identifying the blood product to be administered to the patient, identifying the patient by receiving at the computer a patient identifier and communicating the blood product identifier and the patient identifier to a blood bank database to maintain a record of the blood product administration.

US8204694 describes systems for automatically tracking blood product
20 administration in a computerized healthcare environment. Information regarding a blood product unit received by the blood bank department is documented in a database. An indication that the blood product unit has been administered to the patient by a healthcare provider is received and the database is automatically updated to reflect that the blood product unit has been administered to the patient.

US8666762 provides a tissue management system for handling tissues such as human cells where the tissue management tracking system prompts and verifies that staff of a medical establishment have handled and used tissue materials in a safe manner.

US20050184153 describes an apparatus for implementing blood sample collection,
5 blood unit requesting, and blood unit transfusion to a patient, comprising a caregiver identity means carrying an electronically readable caregiver code, a patient identification wristband carrying an electronically readable patient code, a reader wherein said reader is capable of reading said caregiver code and said patient code.

US20080189045 provides a method for the collection and distribution of cord blood
10 stem cells using a single collection and distribution entity that applies a uniform protocol to obtain cord blood stem cell samples at each of a plurality of different collection facilities enabling a greater number of samples for both private and public cord blood stem cell banks to be obtained.

US20090299763 describes a method for conducting a stem cell technology business
15 such as a regenerative medicine business using induced pluripotent stem cells (iPSC) and cells differentiated from iPSC where the method provides a database of iPSC-derived cells and methods of using the database for tracking customers and samples.

US20100049542 describes a blood component collection facility comprising a plurality of separately operable blood component collection instruments and a system for
20 networking the blood component collection facility. The networking system provides a system computer linked to a plurality of input devices for tracking donors, operators and blood component collection instruments with respect to one or more blood product collection procedures. The system computer is linked to at least one administrative level computing device to monitor blood component collection activities throughout the blood component

collection facility and to facilitate decision making on allocation of donors, operator, and blood component collection instruments.

US20130018356 describes a method for characterizing, preparing, using and disposing of medical equipment such as syringes which are encoded with unique numbers wherein data characterizing a medication container is received from a medication device within a clinical workflow and thereafter, one or more data records are generated, modified or appended to include a portion of the received data.

None of the preceding prior art addresses the problem of optimising processing of biological cellular samples, for example patient samples, in a scalable fashion which provide economies of scale. The present invention addresses this problem and provides improved methods and facilities which can be used to process biological cellular samples such as patient samples in an efficient and scalable manner.

SUMMARY OF THE INVENTION

According to a first aspect of the present invention, there is provided a method for maintaining the physical separation and identity integrity of a biological cellular sample from a patient during processing comprising

- i) reading an unique code (202) for a patient identity device with a reader (203)
- ii) storing said code (202) on a patient's database record (204) on a database
- iii) collecting a biological cellular sample from a patient in a container (206) having an identifier code (206') and storing said code (206') on the patient's database record (204) on a database
- iv) confirming that a processing component (207) is the next component in the processing sequence of the cellular sample by reading the component

identifier code (207') of the component (207) with a reader (203) and validating this against a component registry (205);

v) adding the processing component (207) identifier code (207') to the patient's database record (204)

5 vi) connecting the sample collection container (206) to the first component (207) and processing the cellular sample therein;

vii) repeating steps iv) to vi) with one or more sequential processing components to prepare therapeutic material; and

10 viii) matching the code (202) on the patient identity device with that of each of the processing components on the patient's database record (204) to verify that the therapeutic material in the container (211) is ready for administration to the patient.

15 In one aspect, the first (206) and sequential (207 to 211) processing components comprise complementary connectors (301, 303) designed to form a fluid tight junction when coupled.

In another aspect, each connector (301, 303) comprises an identity code (306) encoding the identity of the processing component attached to each connector.

20 In a further aspect, the reader (309) reads the identity code (306) of each connector to determine whether the connectors form a correct sequential component coupling for cellular sample processing.

In one aspect, the coupling of the connectors is performed only if the reader determines that the sequence for cellular processing is correct.

In another aspect, the coupling is an active process under software control.

In a further aspect, the coupling requires the physical removal of blocking means and/or the introduction of coupling means on the connectors. For example, the blocking means may comprise one or more blocking shields (314, 315) which are electromagnetically controlled.

5 In one aspect, the connectors have a male and female configuration.

In another aspect, the coupling means comprise blocking pins (305) and location holes (312, 313).

In a further aspect, the coupling of the connectors is performed by removal of one or more blocking shields to allow meshing of the male and female fittings to form a fluid
10 tight junction.

In one aspect, the method of the invention additionally comprises the step of recording the identity of the connectors on the patient's database record.

In another aspect, a user is alerted to select the correct components to form an operable connection if the reader determines that the sequence for cellular processing
15 is not correct.

In a further aspect, the code (202) for the patient identity device, the code (206') for the biological cellular sample container, the identifier code (207') of the component, or the identity code (306') for the connectors are encoded by means selected from the group consisting of a transponder, a bar code, a magnetic strip and an RFID tag.

20 In one aspect, the method of the invention further comprises means to provide processing instructions to a processing station (401) directly from or in response to a processing component (402) operably connected to said processing station.

In another aspect, the processing component (402, 502) is operably linked to a processing station (401, 501) by connectors (406, 506).

In a further aspect, the unique identifier code of the processing component (402, 502) is linked to a database in a central instruction store (405) or to a stored processing instruction set (504).

In one aspect, the reader (404, 505) reads the identity code of the processing unit (402, 502) to confirm that the sequence for cellular processing is correct and passes instructions from the central instruction store (405) or the stored processing instruction set (504) to the processing station (401, 501) if the sequence for cellular processing is correct.

In another aspect, the cellular samples are selected from the group consisting of blood samples, tissue aspirates, tissue biopsies, bone marrow, adipose tissue and umbilical cord blood.

In a further aspect, the processing of the cellular samples involves one or more processes selected from the group consisting of cell isolation, cell concentration, cell culture, cell expansion, cell transduction and cell formulation.

In another aspect, the method of the invention is an automated method.

In one aspect, the method additionally comprises the steps of:

ix) analysing the cellular sample of step iii) prior to processing to produce a biomarker signature characteristic of the sample and storing the signature on the patient's database record;

x) analysing the therapeutic material to produce a biomarker signature and storing the signature on the patient's database record; and

xi) matching the biomolecular signature of the sample with the biomolecular signature of the therapeutic material to verify that the therapeutic material is ready for administration to the patient.

Analytical means are used to ensure matching of a patient sample and a therapeutic material derived from the sample to ensure identity integrity is maintained through processing. The patient sample is subjected to a suitable chemical, biochemical or molecular analysis and a first biomarker signature characteristic of the sample is stored on the patient's database record. Following processing of the sample the resulting therapeutic material is analysed using the same analytical method and a second biomarker signature is stored on the patient's database record. Prior to administration of the therapeutic material the first biomarker signature of the original patient sample and the second signature of the therapeutic material are checked to verify a match between the two signatures confirming that the patient sample and the processed material are both derived from the same patient.

Suitable analytical means include, but are not limited to, analysis of proteins, RNA and DNA. Suitable means for deriving a signature of protein biomarkers include analysis of cellular proteins, including but not limited to, HLA antigens and blood group proteins by flow cytometry, ELISA or western blotting. Suitable means for deriving a signature for RNA and/or DNA include, but are not limited to, PCR, RT-PCR, DNA sequencing, SNP analysis, RFLP analysis, genetic fingerprinting and DNA profiling. Particularly suitable methods include those in standard use in forensic medicine which analyse DNA repeat sequences that are highly variable such as variable number tandem repeats (VNTR) and in particular short tandem repeats (STR) which are so variable that unrelated individuals are extremely unlikely to have the same VNTR. Such means can be used to unambiguously assign a patient identity to a processed therapeutic material by matching the STR signature of the original patient

In another aspect, the method of the invention additionally comprises the step of administering one or more of the therapeutic materials to one or more patients.

In a further aspect, the one or more patients are the original donors of the cellular samples.

In one aspect, the one or more patients are not original donors of the cellular sample.

In another aspect, the patient is a cancer patient.

According to a second aspect of the present invention, there is provided a computer program product comprising machine instructions operable to configure a data processing apparatus to implement the method as hereinbefore described.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1: Schematic of a unitised parallel processing facility illustrating the workflow of patient samples and processed materials through discrete workflow units comprising processing stations and processing components.

Figure 2: Schematic of an identity custody chain for patient sample and processed material illustrating means to achieve physical and identity integrity through the use, tracking and recording of uniquely encoded disposable components.

Figure 3: Schematic of means of maintaining the physical and identity integrity of sample and processed material illustrating means to achieve connection of disposable closed processing components preventing mixing, loss or contamination of sample or processed material through use of encoded connectors.

Figure 4: Schematic of means of providing processing instructions to a processing station from an instruction store.

Figure 5: Schematic of means of providing processing instructions to a processing station from a processing component.

DETAILED DESCRIPTION OF THE INVENTION

A scalable cell therapy facility comprises a number of discrete processing units (UNIT 1 to UNIT N) isolated from one another by physical walls, barriers or other demarcation. Each processing unit comprises a number of identical processing stations (P1/1 to P1/n in UNIT 1; P2/1 to P2/n in Unit 2; PN/1 to PN/n in UNIT N) appropriate for the unique processing operation to be carried out within the unit. Patient samples (S1 to Sn) are received by UNIT 1 in uniquely encoded closed sample containers and processed on processing stations P1/1 to P1/n using a separate uniquely coded closed disposable processing component 1 for each sample. Processed samples in closed components appropriate to the workflow stage are sequentially passed through UNIT2 to UNIT N to complete the processing workflow using uniquely coded closed processing components 2 to N at each stage. At each stage of processing transfer of processed patient material from component to component is tracked by recording component unique identities maintaining an identity custody chain.

UNIT 1 to UNIT N may comprise physically separated rooms or zones within a facility with the operations of processing platforms and handling and transfer of components and samples being carried out by one or more operating staff. Alternatively UNIT1 to UNIT N may comprise designated areas within a larger area or room where processing platforms operate automatically and transfer of components and samples is performed by one or more robot devices. The facility comprising UNIT 1 to UNIT N may be housed within a larger facility, such as a hospital or other treatment centre, or may be a self-contained unit capable of independent operation. The facility may be housed in a prefabricated building, vehicle, craft, vessel or other container suitable for deployment to a suitable location for processing cell therapy materials. The facility may be situated locally or remotely to patients providing samples and/or undergoing treatment. Where the facility is located remotely to patient sampling and/or patient treatment locations patient samples and/or final therapeutic materials

are transported from and/or to patients in sealed uniquely encoded containers and remote location(s) are connected to the facility by means to allow transmission and receipt of patient and sample identities to provide means to maintain physical and identity integrity for samples and processed materials.

5 The parallel processing facility maintains physical separation of samples within the processing units by use of disposable closed processing components at all stages in the processing work flow from sample receipt to formulation of the therapeutic material for administration. The facility is readily scalable by increasing the number of processing stations in each unit and the numbers of processing stations in each unit may be tailored to
10 provide the optimum efficiency and throughput to the facility by having a larger number of stations in units where the processing step has a long duration and a smaller number of stations in units which short processing steps (e.g. a small number of stations in the sample isolation unit; a larger number of stations in the cell expansion unit). Segregation of processing stations by function enables the provision of the optimum environment (lighting,
15 electrical power and other services, temperature control etc.) required for the processing stations within a common unit. These characteristics of the unitised parallel processing facility provide a number of key advantages over the shortcomings of conventional duplicated parallel operations where all processes for a single patient are carried out within a separate room (e.g. redundant duplication of equipment, scalability requiring additional space
20 and equipment services).

Description of one possible illustrative embodiment of the scalable cell therapy processing facility is made with reference to Figure 1. The facility comprises a number of processing cells (UNIT 1 to UNIT N) wherein samples from Patient 1 [101] to Patient n [102] are processed in parallel in separate closed disposable containers within the facility to
25 maintain patient sample integrity and identity at all times. A sample S1 [103] containing cells

from Patient 1 [101] is collected in a uniquely encoded disposable container and transferred to UNIT 1 [104] to begin processing. UNIT 1 [104] comprises a number of processing stations P1/1 [105] to P1/n [111] suitable for performing the first step in the cell processing work flow. Patient sample S1 [103] is processed on processing station P1/1 [105] using a uniquely encoded disposable processing component 1 [106]. Other samples from Patient 2 to Patient n [102] are processed in parallel with sample n [110] from Patient n [102] processed on processing station P1/n [111] using a uniquely encoded disposable processing component 1 [106]. Following completion of processing in UNIT 1, sample 1 [116] is moved in a closed container to the next processing unit, UNIT 2 [107] for the next stage of processing on processing station P2/1 [108] using a uniquely encoded disposable processing component 2 [109] suitable for the processing operation to be carried out. Processing of samples continues in parallel through processing units UNIT 3 [112] to UNIT N [113] in which the final stage of processing is performed using a separate uniquely encoded disposable processing component for each processing stage and each patient sample. The fully processed therapy sample 1 [114] is transported in a uniquely encoded disposable closed container for administration to Patient 1 [101] from whom the starting sample [103] was taken. Other samples from Patient 2 to Patient n are similarly processed in parallel through the facility at all times being isolated in enclosed uniquely encoded disposable containers with the fully processed therapy sample n [115] being administered to Patient n [102] from whom the starting sample [110] was taken.

The preceding description of one possible embodiment of the present invention is provided for illustrative purposes only. Those skilled in the art will readily appreciate that other means of providing the key required features of the present invention for a unitised parallel processing cell therapy facility are possible.

All components in the processing chain, including an identity bracelet or other identification means worn by the patient, carry unique encoding. Suitable encoding means include but are not limited to encoding using tags in printed, magnetic or electronic form which may be read by light, electronic or magnetic means, such as barcodes, QR codes,

5 RFIDs or transponders. It will be readily understood by those skilled in the art that a variety of encoding means are suitable for use in the method of the current invention. One suitable encoding means comprises light activated micro-transponders, such as those from the PharmaSeq company described in WO2002037721, US5981166 and US6361950, which are small (500 x 500 x 200µm) low cost silicon devices which store a unique 30 bit read-only
10 identity code and emit the code as radio frequency signal when powered and interrogated with a light emitting reader device. All processing components (sample collection tube, cell purification components, cell culture and expansion components etc.) are pre-registered in a facility component registry where each component's function and intended stage of use in the processing workflow is logged against the component's unique identifier code. In the
15 descriptions of embodiments described herein the term 'transponder' is intended to encompass any means of encoding a unique sample identity which may be read by suitable reading means.

At each stage in the therapy processing workflow the identifier code is read into a unique patient specific record in a central database. The first entry in the database is the identity code
20 from the patient bracelet. At sample collection (e.g. blood collection) the sample collection component identity code is read and two actions are carried out;

1. The sample collection component identity code is checked against the component registry to confirm the correct component is being used for that stage in processing and;

2. The sample collection component identity code is added as the second entry to the custody chain of component identity codes in the patient record.

Following sample collection the filled collection component is transferred to the next operation in the processing workflow to perform a processing step using a processing

5 component specific to that workflow stage and two actions are carried out;

1. The processing component identity code is checked against the component registry to confirm the correct component is being used for that stage in processing and;
2. The processing component identity code is added as the third entry to the custody chain of component identity codes in the patient record.

10 Processing of the patient sample continues through the necessary operations with each transfer of physical sample from component to component being accompanied by the check and record actions 1 & 2 with the processing components being added as the fourth to the nth entry in the custody chain.

At the end of the processing workflow when the therapeutic material is ready for
15 administration to the patient the following actions are carried out;

1. The identity codes of the component containing the therapeutic material and the patient identity bracelet are both read and;
2. The patient record data base custody chain of component identity codes is checked stepwise to ensure that all component identity codes track back to the same patient
20 identity.

Further features of the custody chain include the ability to link all component identity codes to electronic manufacturer's and/or supplier's batch records whereby scanning of the

component appends electronic copies of component batch record files to the patient record

file to enable traceability of all components used in processing the patient's sample. In

addition all commercially supplied reagents (e.g. cell growth media) carry transponders on

their containers with identity codes linked to the manufacture's batch records allowing

5 electronic copies of records, certificates of analysis etc. to be appended to the patient record.

To allow for the use of non-commercially supplied, bespoke or other special reagents or

formulations which may be prepared within the facility, additional encoded reagent

containers are provided for filling and storage of facility produced reagents (e.g. virus

preparations for transduction of CAR T-cells in cancer immunotherapy).

10 These principles are demonstrated in the following illustrative embodiment by reference

to Figure 2. The patient undergoing cell therapy wears an identity bracelet [201] or other non-

removable identifying device comprising a unique readable transponder code [202]. The

transponder code is read by a reader [203] connected to a central database and the code stored

in the patient's individual database record [204]. At the first stage in the cell therapy process

15 a sample, for example of blood, is taken from the patient into a sample collection tube or

container [206] carrying a unique transponder code. The transponder code for the sample

collection tube or container is read by the reader [203] and the identity code for the filled tube

or container stored in the patient's database record [204]. The transponder code is also used

to check the component function by reading a component registry [205] containing

20 component functions matched to component transponder numbers for all components in the

cell processing workflow. To further process the sample collection tube or container

containing the patient's blood sample the sample collection container or tube [206] must be

connected to the first component [207] in the processing workflow. Prior to connection the

transponder on the first component [207] is read by the reader [203] and checked against the

25 component registry [205] to confirm if the component is the next correct component in the

processing sequence. If the component is correct the component transponder code is appended to the patient's database record [204]. If the component is not correct the operator is notified to select the correct component. The sample is sequentially processed through each stage in the workflow using processing components 2 [208], 3 [209], 4 [210] through to processing component n [211] with the number of components determined by the complexity and steps in the workflow. At each stage in sample transfer between components the transponder codes on each component are read by the reader [203], checked against the component registry [205] and recorded in the patient's database record [204]. When sample processing is complete and the therapeutic material is present in the last processing component [211] ready for administration to the patient the transponder code on the component [211] and on the patient identity bracelet [202] are read on the reader [203] and the identity numbers checked against the patient record in the database record [204] to ensure that the transponder identity number for the final component containing the therapeutic material [211] tracks back through the custody chain of successive transponder codes stored in the database record [204] to the same patient identity bracelet [202] transponder code read at sample collection. Matching of all transponder component identity codes in the patient database record [204] confirms that the sample and therapy relate to the same patient in the identity custody chain and therapy can proceed by administration of the sample stored in the final processing container [211].

The described embodiment is provided for illustrative purposes only and those skilled in the art will appreciate that other means of achieving an identity custody chain providing the key features of the invention are possible.

A further key aspect of the present invention is means to achieve a physical and identity custody chain which prevents contamination, cross-contamination or partial or whole loss of a patient sample by environmental exposure in a non-sterile environment or through operator

error. All samples and processed materials are handled, processed and stored in closed disposable containers which are specific to each stage of the processing workflow and interface with each processing station in the workflow. All such process components are joined by connection means which prevent;

- 5 1. Cross contamination of patient samples by cross-mixing of parallel processing sample workflows being performed in the same processing unit.
2. Loss of patient sample or processed material through the incorrect order of use of components.

 To maintain the physical separation and identity of the processed patient sample all
10 connections between processing components 1 to N in the processing workflow are made using connectors furnished with means to prevent loss, mixing or cross-contamination of the sample integrity through operator error. Such connectors are designed and operated to;

- A. Allow only the correct sequence of processing components to be used in processing the patient sample preventing loss of the patient sample through use of incorrect
15 components in sequential steps of the processing workflow.
- B. Allow only components linked to the patient identity to be coupled together preventing mixing or cross-contamination of the sample with another sample being processed through the facility in parallel.
- C. Maintain a record of the identity of the patient sample at all stages in the workflow
20 preventing mixing or cross-contamination of the sample with another sample being processed through the facility in parallel.
- D. Prevent the re-use of components preventing mixing or cross-contamination of the sample with another sample being processed through the facility in parallel.

These principles are demonstrated in the following illustrative embodiment by reference to figure 3. Connectors providing sample physical and identity integrity comprise a female [301] connector linked via tubing [302] to a first processing component and a male connector [303] linked via tubing [304] to a second processing component. The male connector [303] and the female connector [301] are designed so as to form a liquid- and air-tight junction between two components when correctly connected. The connectors are further provided with means to establish a sterile connection when connectors are joined together in a non-sterile environment, such as that described in US 6679529. The male connector [303] carries blocking pins [305] orientated to fit into location holes [312 & 313] located in the front face of the female connector [301]. The blocking pins are prevented from entering the location holes [312 & 313] by metal blocking shields [314 & 315] held in slots within the female connector [301] which prevent coupling of the connectors to form a junction between the processing components. The male and female connectors carry identity transponders [306] encoding the individual identities of the processing components attached to each of the connectors. To form a join between the connectors the male [303] and female [301] connectors are placed in a reading device [309] comprising means to align the connectors and means to read information from the identity transponders [306] carried on each connector. On activation of the reader [309] the identity codes of the two connectors are read and the device software performs a component compatibility match check [310] to determine whether the two connectors present in the device form a correct sequential component coupling for sample processing. Additional checking is performed by the reader [309] software to further ensure the physical separation and identity of the patient sample, for example the identity codes from the transponders [306] are checked to ensure that the component being offered to receive the patient sample at a step in the processing workflow is not a waste component having been previously used. If the match checking operation [310] confirms the correct

identity of the paired connectors a power supply [311] is activated to energise electromagnets [307 & 308] held within the reading device. Activation of the electro magnets pulls the blocking shields [314 & 315] outwards and away from the location holes [312 & 313] in the female connector to an open position [316 & 317] allowing the blocking pins [305] in the male connector to enter the location holes [312 & 313] in the female connector. The connectors are now pushed together to provide a secure operating connection [318] between the processing components. Following correct connection the reader [309] additionally records the identity code of each connector from the transponders [306] and sends the data to the patient sample record to provide a sample identity custody chain. If the match checking operation [310] detects that the two connectors do not have the correct identities to form a correct sequential component coupling for sample processing, power is not supplied to the electromagnets [307 & 308] preventing the coupling of the connectors. The reader software then prompts the operator to select the correct components to form an operable connection.

The described embodiment is provided for illustrative purposes only and those skilled in the art will appreciate that other means of providing component connection meeting the required principles of maintaining sample physical and identity integrity may be used. Such means include but are not limited to alternative methods of component encoding such as barcoding, and magnetic strip and RFID tagging to identify correct components for connection. Alternative means for prevention of connection of incorrect sequential components include but are not limited to providing a sequential series of unique connectors with varying mirrored dispositions of pins and holes or grooves and ridges which physically preclude the connection of mismatched connectors. Such connection means can be designed and disposed to ensure that the output from a first component will connect only to the input of a second component, the output from the second component will connect only to the input of a third component and so on for a series of N components with the output of the N-1th

component connecting only to the input of the Nth component in the series. Additionally the connectors may be colour and or shape coded to aid in manual or automated selection of correct components and connection pairings.

A further key aspect of the invention is the provision of processing instructions to a processing station directly from, or in response to, a processing component connected to a processing station. Each processing component comprises means to instruct a processing station on the type of processing component and if applicable, the variant type of the processing component and to instruct a processing station on processing the patient sample held within the processing component. A processing component variant type may comprise a different size, capacity or other feature of the component which requires individual processing instructions specific to that variant. Such individual processing instructions may have variant specific instructions for reagent volumes, pressures, flow rates, incubation times etc. which are specific for the optimum operation of that processing component variant. For example a processing component for performing cell isolation may be provided in two variants for processing different volumes of blood; such variants will require different reagent volumes and hence different processing instructions. Similarly a processing component used for cell expansion, such as a disposable bioreactor for cell culture, may be provided in different sizes and culture capacities to allow the growth of different numbers of cells for use in therapy; such variants will utilise different volumes of culture media and different processing instructions.

Linking processing instructions to a processing component and providing such instructions to a processing platform operably connected to the processing component provides;

- a) means to ensure that the instructions for processing a patient sample within the processing component are correct for that component, obviating risk of sample loss through use of incorrect processing instructions.
- b) means to ensure that variants of processing components performing the same operation at a different scale are provided with specific processing instructions necessary for the correct processing.
- c) means to remove operator errors by directly instructing processing stations.
- d) means to permit processing to be carried out in an automated environment using robotic means to achieve the processing workflow where each processing station in the workflow is appropriately instructed to perform a processing operation on receipt of a processing component.

These principles are demonstrated in the following illustrative embodiments by reference to figure 4. In a first further embodiment of the invention a processing component [402] is operably connected to a processing station [401] by connectors [406] to permit sample processing wherein the processing component comprises a transponder [403] carrying a unique identity code. The unique identity code is linked to a database in a central instruction store [405] to specific processing instructions for the type and variant of processing component carrying the transponder [403]. The identity code carried by the transponder [403] is read by a reader [404] connected to the processing station [401] and checked to confirm that the processing component is of the correct type for processing on the processing station [401]. On receipt of the identity code the reader [404] retrieves processing instructions from the instruction store [405] by wired or wireless communication and the received instructions are passed to the processing station [401] to permit the correct operation of the processing station in processing the patient sample contained in the processing component [402].

In a second further embodiment of the invention (Figure 5) a processing component [502] is operably connected to a processing station [501] by connectors [505] to permit sample processing wherein the processing component comprises a transponder [503] carrying a unique identity code. The processing component [502] additionally comprises a stored processing instruction set [504] specific to the type and variant of the processing component [502]. The identity code carried by the transponder [503] is read by a reader [505] connected to the processing station [501] and checked to confirm that the processing component is of the correct type for processing on the processing station [501]. The processing instruction set [504] is also read by the reader [505] by wired or wireless means and the processing instructions passed to the processing station [501]. The processing instruction set [504] carried by the component [502] may be stored and read by a variety of means including, but not limited to, storage of processing instructions by barcoding, QR coding, magnetic and solid state memory, and reading of processing instructions by optical or electronic means. In a further variant identity coding and instruction storage may comprise a single data store carried on each processing component.

While preferred illustrative embodiments of the present invention are described, one skilled in the art will appreciate that the present invention can be practiced by other than the described embodiments, which are presented for purposes of illustration only and not by way of limitation. The present invention is limited only by the claims that follow.

CLAIMS

1. A method for maintaining the physical separation and identity integrity of a biological cellular sample from a patient during processing comprising
 - i) reading an unique code (202) for a patient identity device with a reader (203)
 - 5 ii) storing said code (202) on a patient's database record (204) on a database
 - iii) collecting a biological cellular sample from a patient in a container (206) having an identifier code (206') and storing said code (206') on the patient's database record (204) on a database
 - iv) confirming that a processing component (207) is the next component in the
10 processing sequence of the cellular sample by reading the component identifier code (207') of the component (207) with a reader (203) and validating this against a component registry (205);
 - v) adding the processing component (207) identifier code (207') to the patient's database record (204)
 - 15 vi) connecting the sample collection container (206) to the first component (207) and processing the cellular sample therein;
 - vii) repeating steps iv) to vi) with one or more sequential processing components to prepare therapeutic material; and
 - viii) matching the code (202) on the patient identity device with that of each of the
20 processing components on the patient's database record (204) to verify that the therapeutic material in the container (211) is ready for administration to the patient.

2. The method according to claim 1, wherein the first (206) and sequential (207 to 211) processing components comprise complementary connectors (301, 303) designed to form a fluid tight junction when coupled.
3. The method according to claim 2, wherein each connector (301, 303) comprises an identity code (306) encoding the identity of the processing component attached to each connector.
4. The method according to claim 3, wherein the reader (309) reads the identity code (306) of each connector to determine whether the connectors form a correct sequential component coupling for cellular sample processing.
5. The method according to claim 4, wherein coupling of the connectors is performed only if the reader determines that the sequence for cellular processing is correct.
6. The method according to claim 5, wherein coupling is an active process under software control.
7. The method according to either claim 5 or 6, wherein coupling requires the physical removal of blocking means and/or the introduction of coupling means on the connectors.
8. The method according to claim 7, wherein said blocking means comprise one or more blocking shields (314, 315) which are electromagnetically controlled.
9. The method according to any of claim 2 to 8, wherein the connectors have a male and female configuration.
10. The method according to any of claims 7 to 9, wherein coupling means comprise blocking pins (305) and location holes (312, 313).
11. The method according to claim 10, wherein coupling of the connectors is performed by removal of one or more blocking shields to allow meshing of the male and female fittings to form a fluid tight junction.

12. The method according to any of claims 5 to 11, additionally comprising the step of recording the identity of the connectors on the patient's database record.
13. The method according to any of claims 1 to 4, wherein a user is alerted to select the correct components to form an operable connection if the reader determines that the sequence for cellular processing is not correct.
14. The method according to any preceding claim, wherein the code (202) for the patient identity device, the code (206') for the biological cellular sample container, the identifier code (207') of the component, or the identity code (306') for the connectors is encoded by means selected from the group consisting of a transponder, a bar code, a magnetic strip and an RFID tag.
15. The method according to any preceding claim, further comprising means to provide processing instructions to a processing station (401) directly from or in response to a processing component (402) operably connected to said processing station.
16. The method according to claim 15, wherein the processing component (402, 502) is operably linked to a processing station (401, 501) by connectors (406, 506).
17. The method according to claim 15 or 16, wherein the unique identifier code of the processing component (402, 502) is linked to a database in a central instruction store (405) or to a stored processing instruction set (504).
18. The method according to any of claims 15 to 17, wherein the reader (404, 505) reads the identity code of the processing unit (402, 502) to confirm that the sequence for cellular processing is correct and passes instructions from the central instruction store (405) or the stored processing instruction set (504) to the processing station (401, 501) if the sequence for cellular processing is correct.

19. The method according to any preceding claim, wherein the cellular samples are selected from the group consisting of blood samples, tissue aspirates, tissue biopsies, bone marrow, adipose tissue and umbilical cord blood.
20. The method according to any preceding claim, wherein the processing of the cellular samples involves one or more processes selected from the group consisting of cell isolation, cell concentration, cell culture, cell expansion, cell transduction and cell formulation.
21. The method according to any preceding claim, wherein said method is an automated method.
22. The method according to any preceding claim, additionally comprising the steps of:
- ix) analysing the cellular sample of step iii) prior to processing to produce a biomarker signature characteristic of said sample and storing said signature on the patient's database record;
 - x) analysing the therapeutic material to produce a biomarker signature and storing said signature on the patient's database record;
 - xi) matching the biomolecular signature of the sample with the biomolecular signature of the therapeutic material to verify that the therapeutic material is ready for administration to the patient.
23. The method according to any preceding claim, additionally comprising the step of administering one or more of the therapeutic materials to one or more patients.
24. The method according to claim 23, wherein said one or more patients are the original donors of the cellular samples.
25. The method according to claim 23, wherein said one or more patients are not an original donor of the cellular sample.
26. The method according to claim 23 to 25, wherein said patient is a cancer patient.

27. A computer program product comprising machine instructions operable to configure a data processing apparatus to implement the method according to any of claims 1 to 26.

FIGURE 1

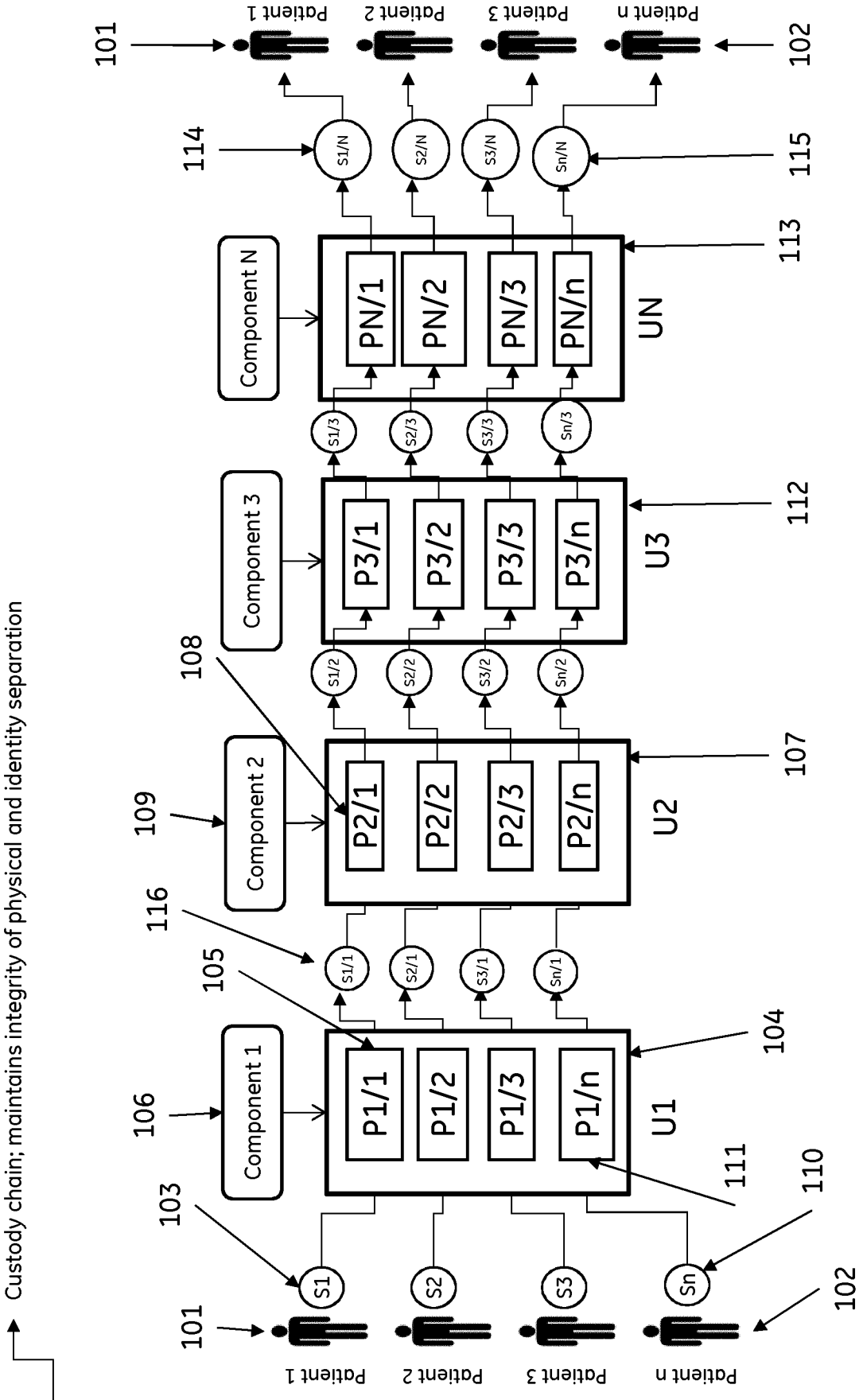


FIGURE 2

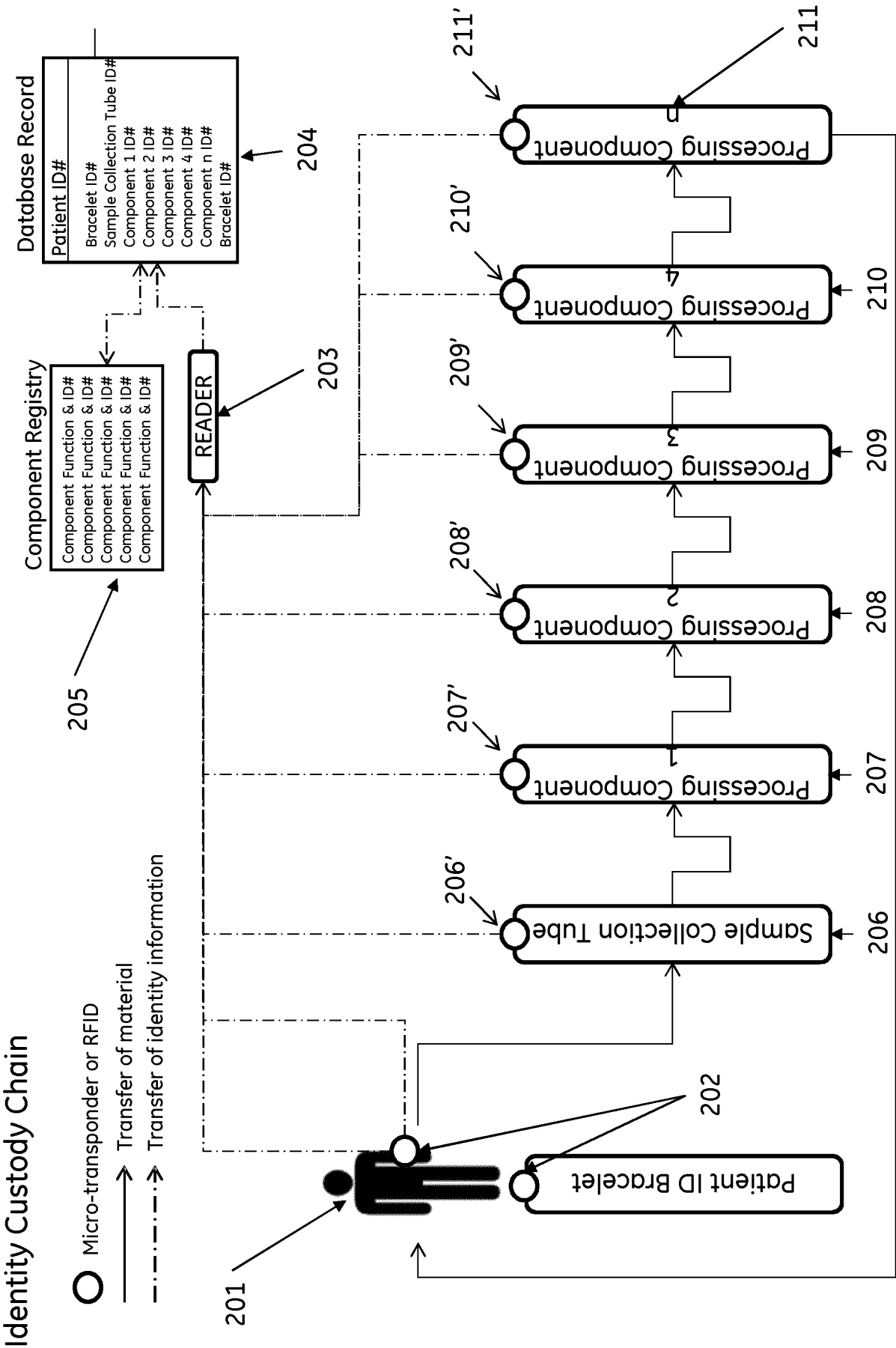


FIGURE 3

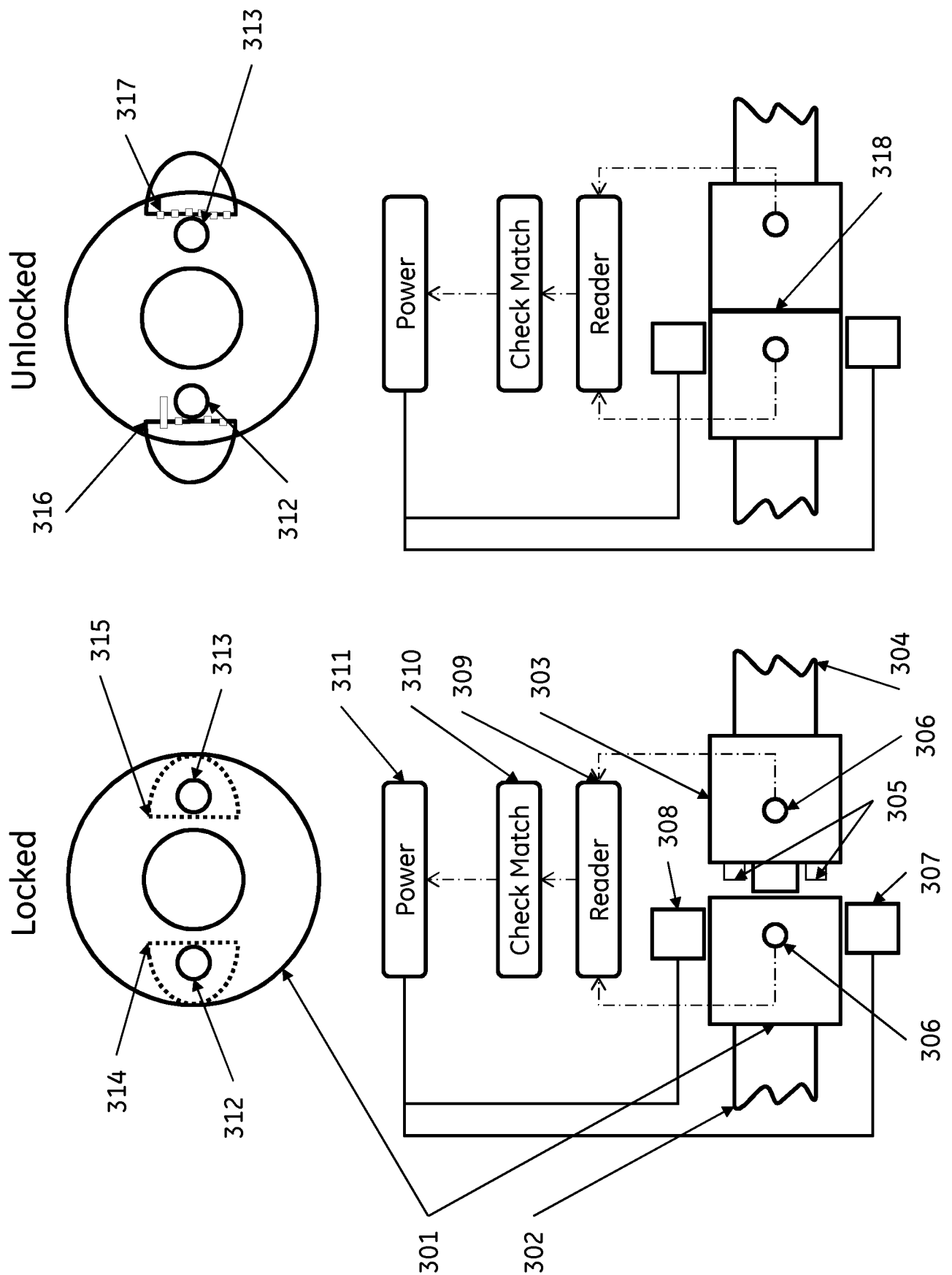


FIGURE 5

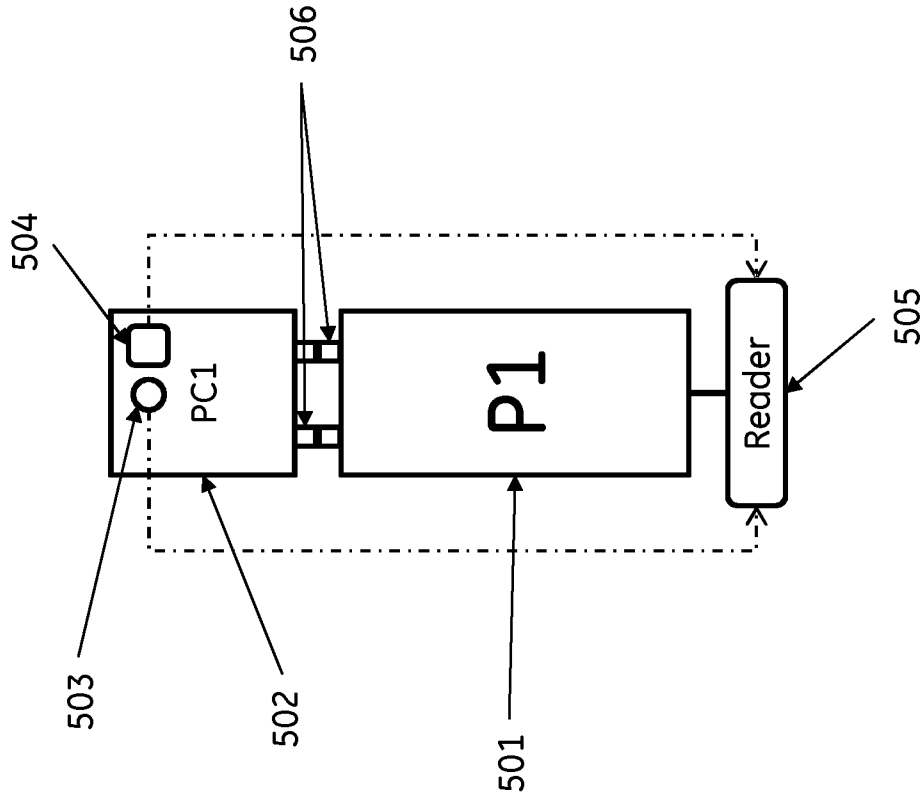
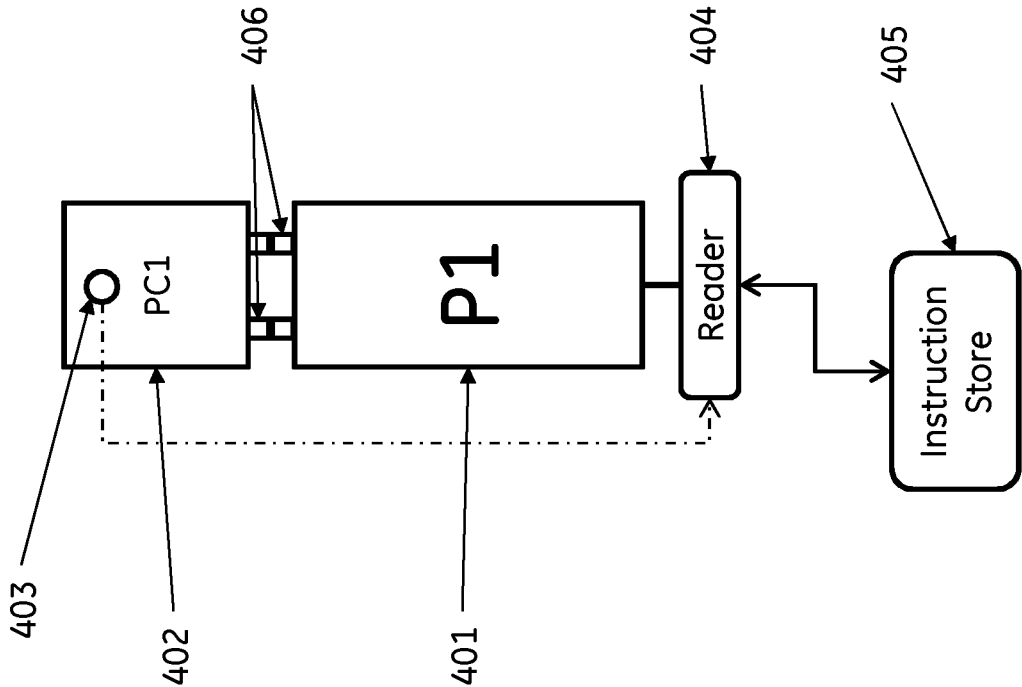


FIGURE 4



INTERNATIONAL SEARCH REPORT

International application No
PCT/EP2015/065300

A. CLASSIFICATION OF SUBJECT MATTER INV. G06F19/00 B01L3/00 G06Q50/24 ADD.		
According to International Patent Classification (IPC) or to both national classification and IPC		
B. FIELDS SEARCHED Minimum documentation searched (classification system followed by classification symbols) G06F B01L G06Q		
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched		
Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) EPO-Internal, WPI Data		
C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y A	EP 2 610 621 A2 (SYSMEX CORP [JP]) 3 July 2013 (2013-07-03) paragraphs [0035], [0039], [0062]; figures 1,2 abstract -----	1-4, 15-27 5-14
X	US 2005/106747 A1 (CHAOUI SAM M [US] ET AL) 19 May 2005 (2005-05-19) abstract; figure 1 -----	1,27
X	US 2007/204497 A1 (DE LA HUERGA CARLOS [US]) 6 September 2007 (2007-09-06) paragraphs [0144], [0190], [0192], [0235], [0237], [0253] -----	1,27
Y	US 2006/178909 A1 (HAUCK ARTHUR J [US] ET AL) 10 August 2006 (2006-08-10) paragraph [0040] -----	1,27
-/-		
☒ Further documents are listed in the continuation of Box C. ☒ See patent family annex.		
* Special categories of cited documents : "A" document defining the general state of the art which is not considered to be of particular relevance "E" earlier application or patent but published on or after the international filing date "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) "O" document referring to an oral disclosure, use, exhibition or other means "P" document published prior to the international filing date but later than the priority date claimed "T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art "&" document member of the same patent family		
Date of the actual completion of the international search 28 August 2015		Date of mailing of the international search report 23/09/2015
Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Fax: (+31-70) 340-3016		Authorized officer Laub, Christoph

INTERNATIONAL SEARCH REPORT

International application No

PCT/EP2015/065300

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 2013/018356 A1 (PRINCE STEPHEN M [US] ET AL) 17 January 2013 (2013-01-17) paragraph [0071]; figure 4 -----	2-4, 15-26

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/EP2015/065300

Patent document cited in search report		Publication date		Patent family member(s)		Publication date
EP 2610621	A2	03-07-2013	CN	103185776 A		03-07-2013
			EP	2610621 A2		03-07-2013
			JP	2013140020 A		18-07-2013
			US	2013171681 A1		04-07-2013

US 2005106747	A1	19-05-2005	NONE			

US 2007204497	A1	06-09-2007	NONE			

US 2006178909	A1	10-08-2006	US	2006178909 A1		10-08-2006
			US	2009112631 A1		30-04-2009

US 2013018356	A1	17-01-2013	NONE			
