



School of
Health
Innovation



CREM TONOHANE

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シンポジウム27 再生・細胞治療の産学連携拠点で解決すべき問題とはなにか

Scientific Understanding of the Value of Cell Therapy Products

再生医療／細胞加工製品の価値の科学的理解

Yoji SATO, Ph.D.

Head, Division of Drugs, National Institute of Health Sciences

Visiting Professor, School of Health Innovation, Kanagawa University of Human Services

Adjunct Research Scientist, Kanagawa Institute of Industrial Science and Technology

DISCLAIMER

再生医療／細胞加工製品の価値の 科学的理解

佐藤陽治
国立医薬品食品衛生研究所
薬品部

筆頭演者は、過去1年間(1月～12月)において、本演題の発表に関して開示すべきCOIはありません。

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Scientific Understanding of the Value of Cell Therapy Products

Yoji Sato, Ph.D.,
Division of Drugs,
National Institute of Health Sciences

For the past year (January-December), the speaker has no COI to disclose for this presentation

The views and opinions expressed in this presentation are those of the presenter and do not necessarily represent official policy or position of the National Institute of Health Sciences, or the Ministry of Health, Labour & Welfare.

What is “the value of medicine” expressed by?

「医薬の価値」とは何によって表現されるか？

Drug Price



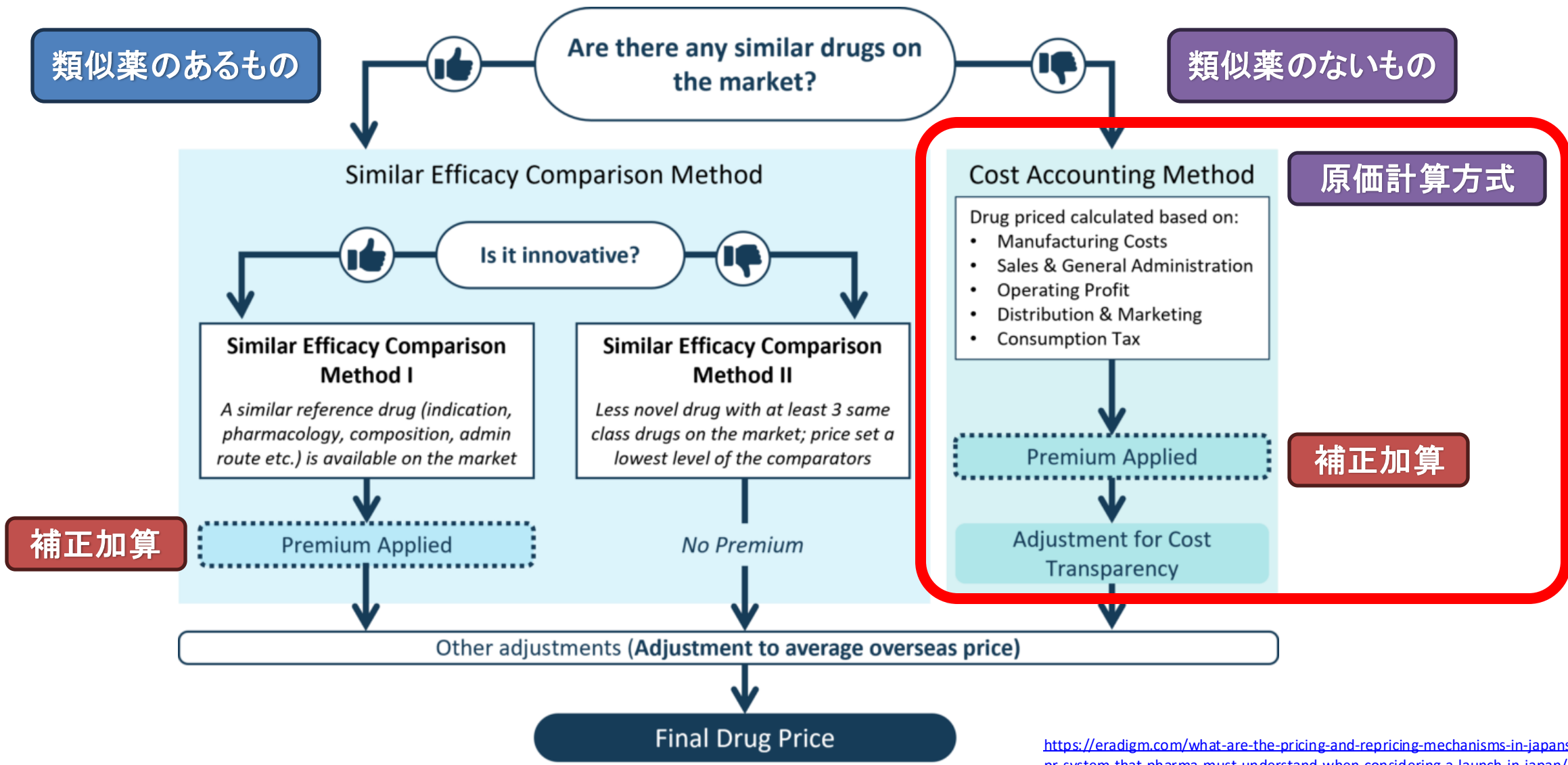
薬価





Japan's Pricing System for New Pharmaceuticals

日本における新医薬品の薬価算定方式



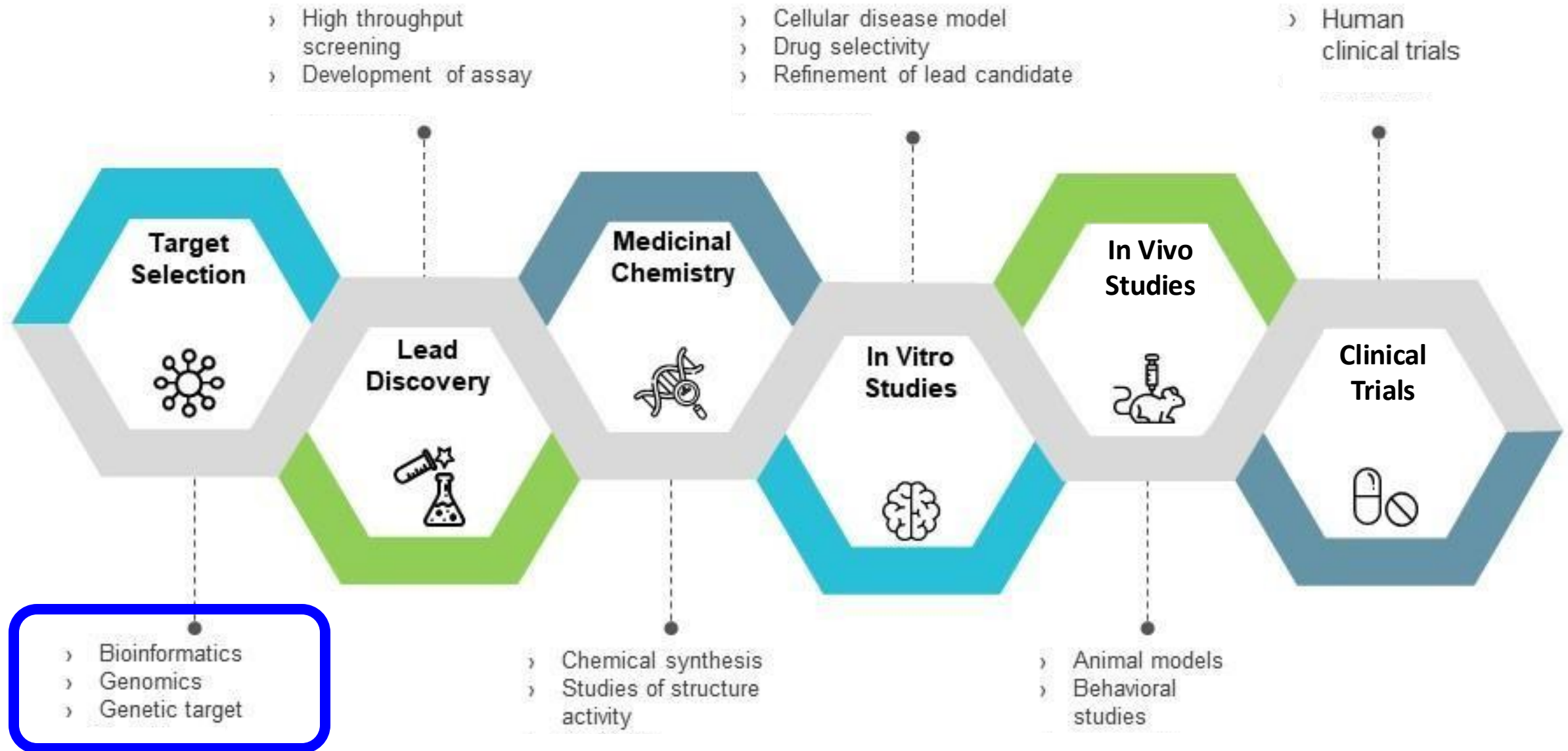


Corrective Premiums in Japan's Pricing System for New Pharmaceuticals

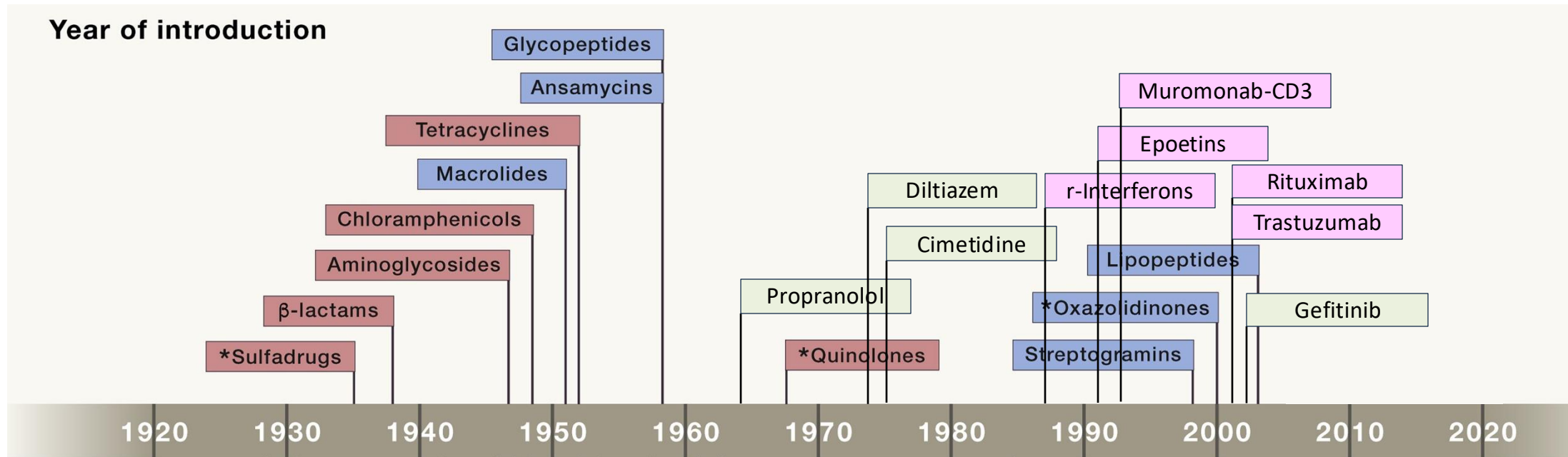
日本の薬価制度における新医薬品の補正加算

Premium Category	Description	Range
Innovativeness	<div>New action mechanism, <u>high efficacy/safety, improvement of disease treatment method</u></div> <div>AND</div> <div>画期性加算</div>	<u>70-120%</u>
Usefulness	<div><u>High efficacy/safety, improvement of disease treatment method</u>; percentage dependent on how many conditions the therapy satisfies</div> <div><div>New action mechanism</div><div>OR</div><div>有用性加算</div></div>	<u>5-60%</u>
Marketability	Orphan drug, etc.	<div>市場性加算</div> <div>5%, 10-20%</div>
Pediatric	Dosage and usage expressly includes those pertaining to children	<div>小児加算</div> <div>5-20%</div>
Sakigake Review Designation Scheme	Pharmaceutical approval obtained in Japan ahead of other countries	<div>先駆け加算</div> <div>10-20%</div>
Specific Use	Target a small/high unmet need therapeutic area and the product's comparator/product itself has not received a marketability or pediatric premium	<div>特定用途加算</div> <div>5-20%</div>

Recent Drug Development 最近の新医薬品開発



The Timeline of Drug Discovery 主な創薬の年表



Random Screening and Molecular Modification

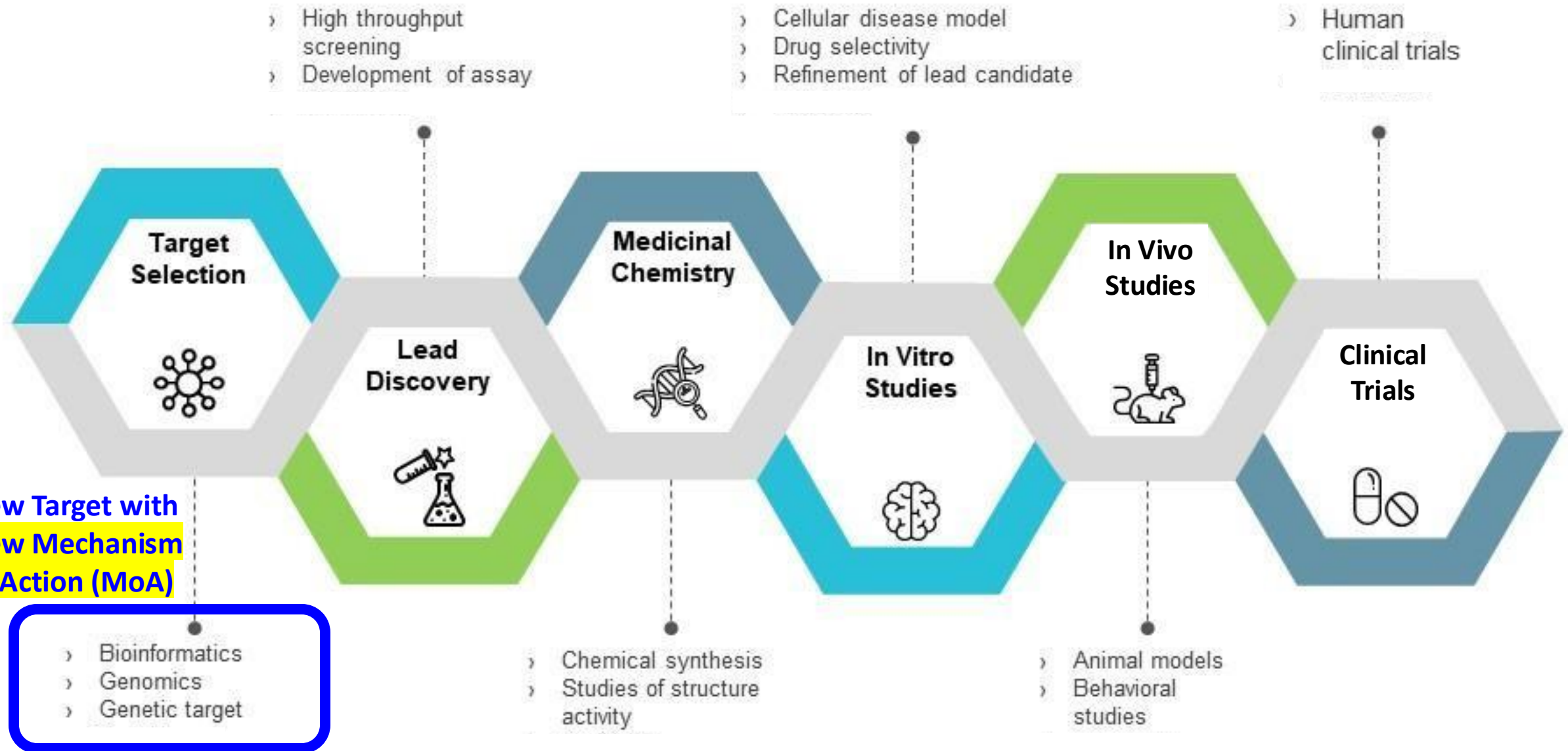
Drug Discovery by Design

Gene Cloning and Molecular Targeting

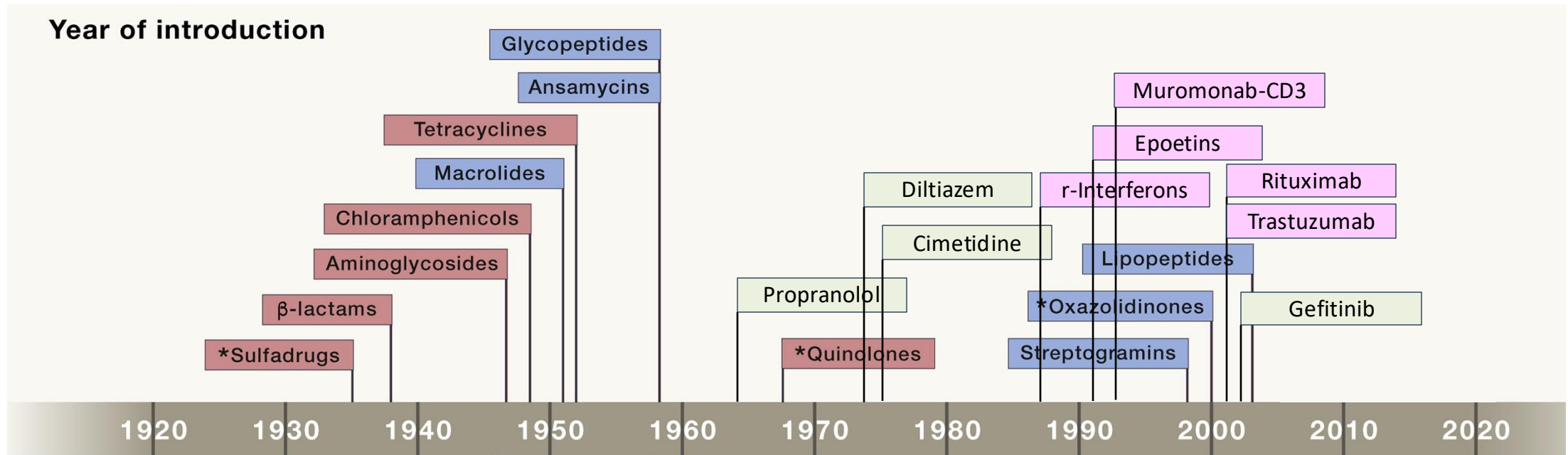
**Mechanism of action (MoA) comes first
and candidate substance follows.**

**We are
here!**

Recent Drug Development 最近の新医薬品開発



The Timeline of Drug Discovery 主な創薬の年表



Random Screening and Molecular Modification

Drug Discovery by Design

Candidate substance comes first,
and MoA follows.

Gene Cloning and Molecular Targeting

Mechanism of action (MoA) comes first,
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We are here!



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AND

画期性加算

OR

有用性加算

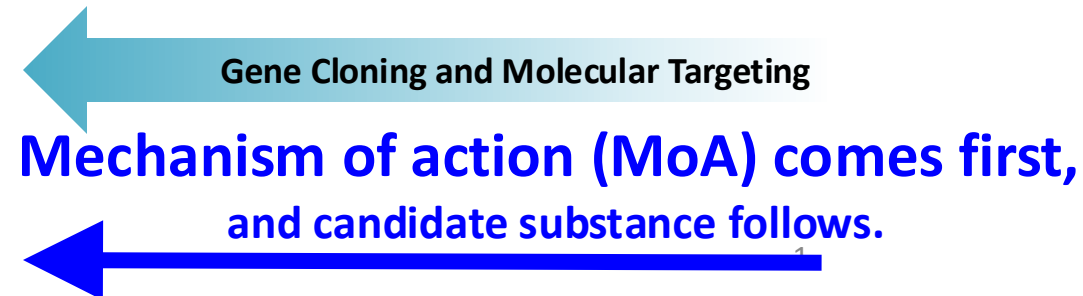
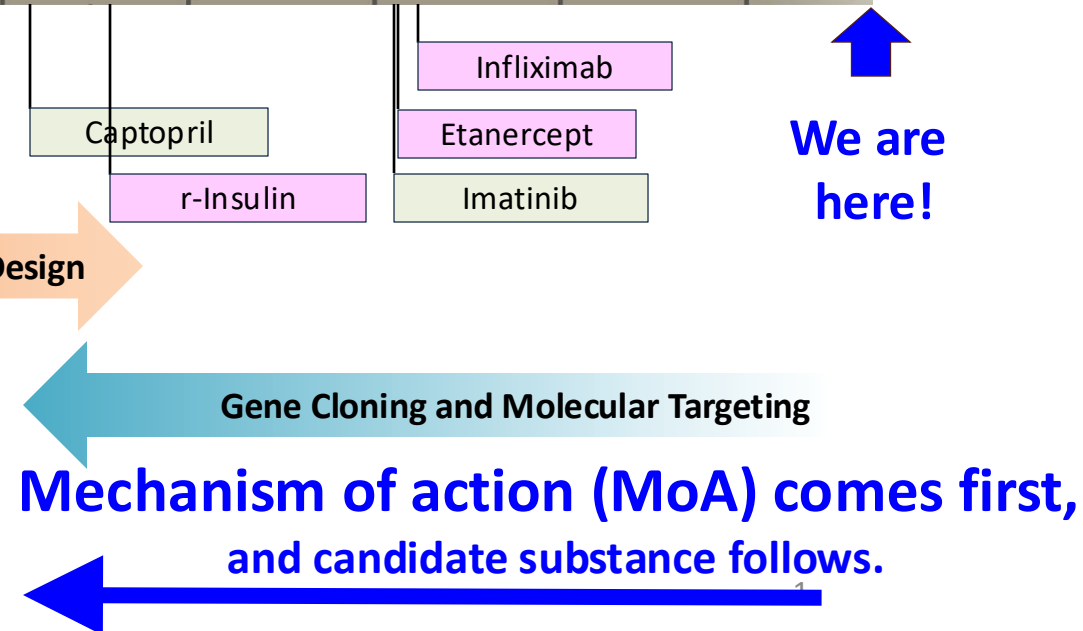
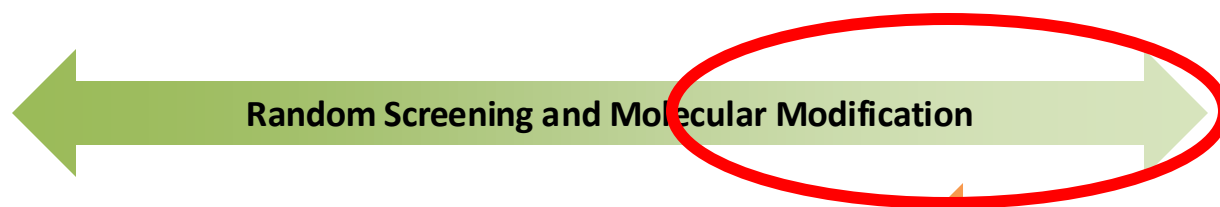
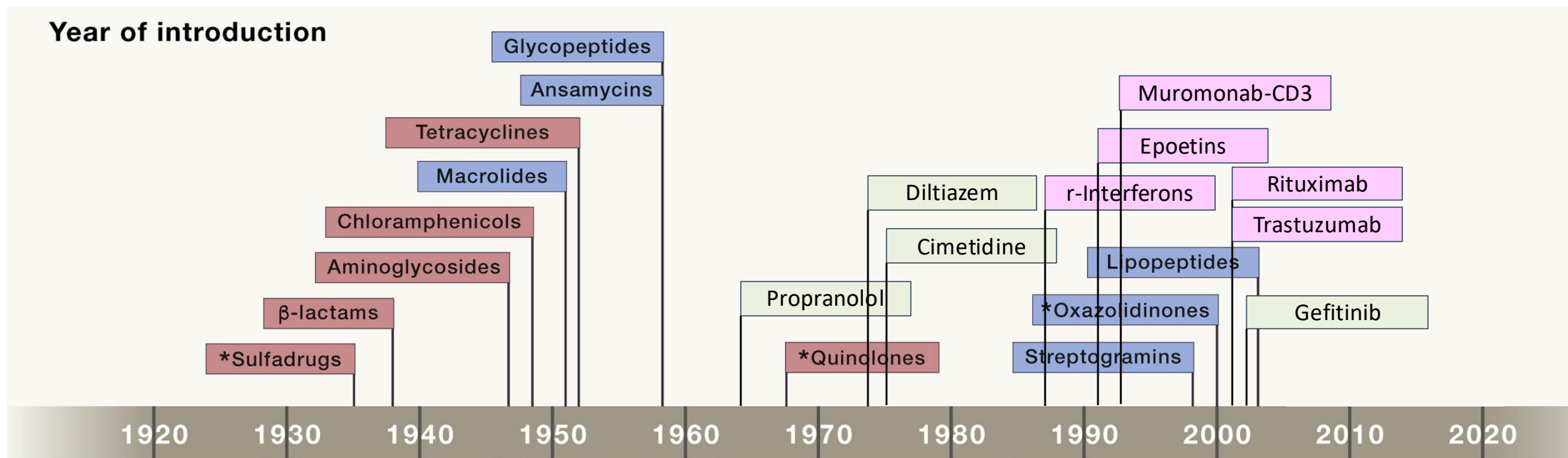
市場性加算

小児加算

先駆け加算

特定用途加算

The Timeline of Drug Discovery 主な創薬の年表

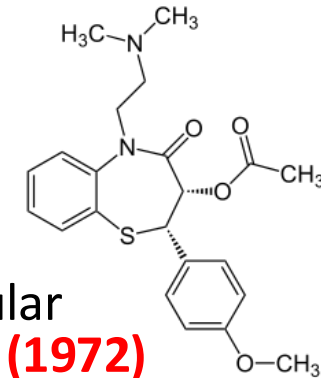


[Example] Development of Diltiazem Hydrochloride for angina pectoris and hypertension

【事例】: 塩酸ジルチアゼム(ヘルベッサー[®], 狭心症・高血圧症治療薬)の開発

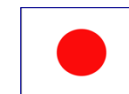
From random screening of 1,5-benzothiazepine derivatives

1. **Strong coronary vasodilation** in perfused guinea pig hearts **(1968)**
2. Increased coronary blood flow in anesthetized dogs
3. Selection of *d-cis* form (diltiazem) by isomeric activity comparison
4. **Calcium antagonist activity of diltiazem revealed** by perfused rabbit auricular artery, **despite unique chemical structure** unlike other calcium antagonists **(1972)**
⋮
5. Manufacturing authorization and marketing **in Japan (1973)**
6. Marketing authorization **in U.S. (1982)**, the first cardiovascular drug invented in Japan to receive MA from the FDA
7. **In the mid-1980s**, annual sales of **US\$2 billion/year**, distributed in 70 countries
(→ **The Pioneer of blockbusters from Japan**)



led by
Prof. Taku Nagao (長尾 拓 博士)

Affiliation:
Tanabe Seiyaku Co., Ltd.
at the time
and later he served as Professor
at the Univ. of Tokyo and
Director General of the NIHS





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“Single-Arm Clinical Trial”
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画期性加算

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国内初の遺伝子治療薬「コラテジェン」薬価60万円は高いか安い

更新日 2019/09/12

Japan's First Gene Therapy Product "Collategene"
Price: 600,000 JPY, high or low?
(Answers News 12 Sep 2019)

4mg1.6mL 1瓶	600,360円
予測年度 (ピーク時)	10年度
新薬収載希望者に	

9月10日、国内初の遺伝子治療薬「コラテジェン」が発売されました。注目された薬価は1回60万円となりましたが、投資家に「安すぎる」と受け止められ、アンジェスの株価は急落。アンジェスは本承認後の加算に期待するとともに、収益化に向けて海外展開を急ぐ考えです。

INDEX

- [1つの「日本初」と3つの「世界初」](#)
- [本承認後の加算に期待](#)
- [加算のあり方 中医協が検討](#)
- [収益最大化へ 米国開発急ぐ](#)

コラテジェンの薬価算定

算定方式	原価計算方式
製品総原価	43万7582円
	7万6615円 (流通経費除く価格の14.9%)
	4万1692円 (消費税除く価格の7.5%)
消費税	4万4471円
補正加算	なし
算定薬価	4mg1.6mL 1瓶 60万360円
市場規模予測	投与患者数992人/販売額12億円 (ピーク時)

中医協総会 (2019年8月28日) の資料をもとに作成

No premium
was granted.

再生医療等製品の価格算定は、投与形態などの製品特性から医薬品に近いと判断されたものは薬価の算定方式に沿って、医療機器に近いと判断されたものは医療機器の算定方式に沿って行われることになっています。再生医療等製品に特化した価格算定の仕組みは、今のところありません。

コラテジェンは医薬品に近いと判断され、薬価は製造原価に企業の利益や流通経費を積み上げる「原価計算方式」で算定。しかし、画期的な治療薬であるにもかかわらず、それを評価する「画期性加算」や「有用性加算」はつきませんでした。そもそもコラテジェンは、ごく小規模の臨床試験の結果をもとに5年間の条件・期限付きで承認されており、今はいわば「仮免許」の状態。加算がつかなかった背景には、データが乏しく現時点では有効性の評価が限定的であるという事情があります。

国内初の遺伝子治療薬「コラテジェン」薬価60万円は高いか安いのか

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消費税	4万4471円
補正加算	なし

No premium was granted.

Collategene is considered to be similar to a pharmaceutical product, and the drug price is calculated using the “cost accounting method,” which adds the company’s profit and distribution costs to the manufacturing cost. However, despite the fact that Collategene is an advanced therapeutic product, **neither a “premium for innovativeness” nor a “premium for usefulness” was added to the drug price** to take it into account. In the first place, based on the results of a very small clinical trial, Collategene was approved with a five-year condition and time limit, and is now in a state of “provisional license” so to speak. **The reason why the premium was not granted is that the evaluation of efficacy is limited at this point due to a lack of data.**

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- 本記事の背景
- 加算のあり方 中医協が検討
- 収益最大化へ 米国開発急ぐ



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画期性加算

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市場性加算

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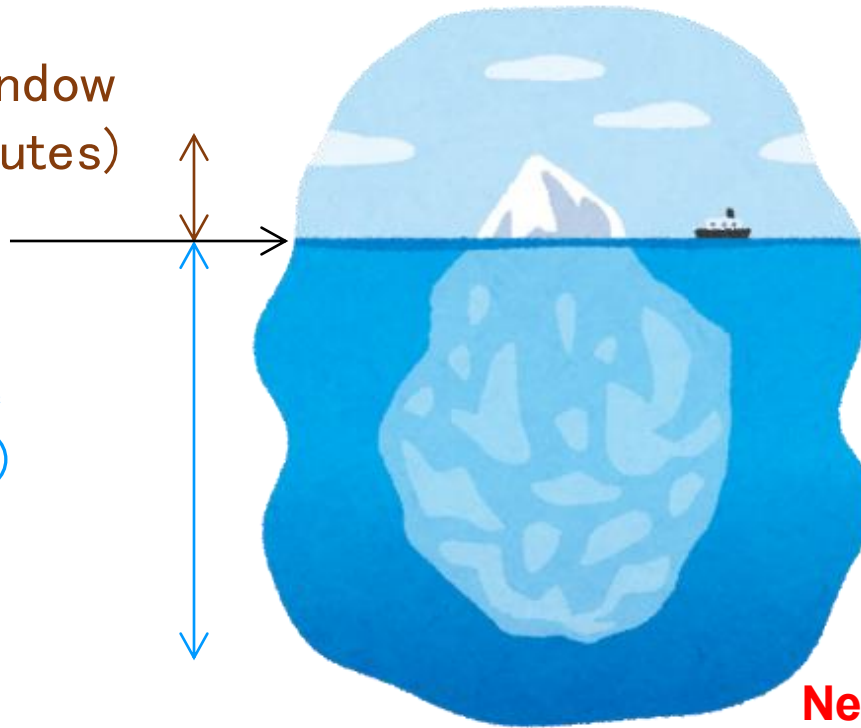
Cell Therapy Products are Complex

細胞加工製品は複雑

Limited Characterization Window
(Recognizable Quality Attributes)

Limit of Knowledge

Hidden/Unrecognizable
(but Potentially Critical)
Quality Attributes



Efficacy

The mode of action (MOA) is unclear in many cases.

Need for understanding MOA and CQAs related to the efficacy or *in vitro* potency.

Need for a tool for uncovering hidden CQAs

Need for Technology to Understand Heterogeneity/ Inhomogeneity 不均質性／不均一性を理解するための技術が必要

For example, **even when there are a total of 1 million cells, only 10,000 of them may be effective.**

“Visualization” of such inhomogeneity and characterization of those 10,000 cells would make identifying CQAs related to efficacy easier.

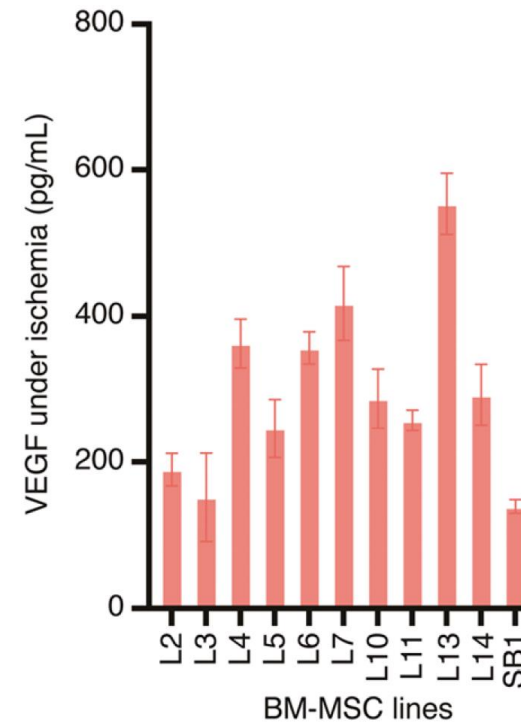
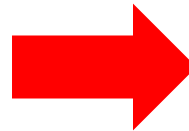
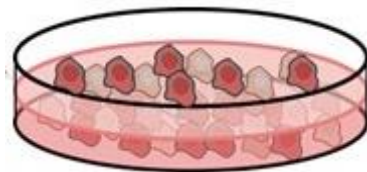
例えば、**総細胞数が100万個**あっても、**そのうち有効性を発揮するのは1万個**しかないという場合もある。

このような**不均一性を「見える化」**することで、**その1万個の細胞がどのような特性を持つのか**を明らかにすれば、**有効性に関連するCQA(重要品質特性)を発見しやすくなる(…と期待できる)**

Secretion of angiogenic factors under conditions that mimic the environment (ischemia) at the site of implantation

**VEGF secretion
under ischemic
conditions**

**hBM-MSCs (PS#5)
Hypoxia
Glucose-free**

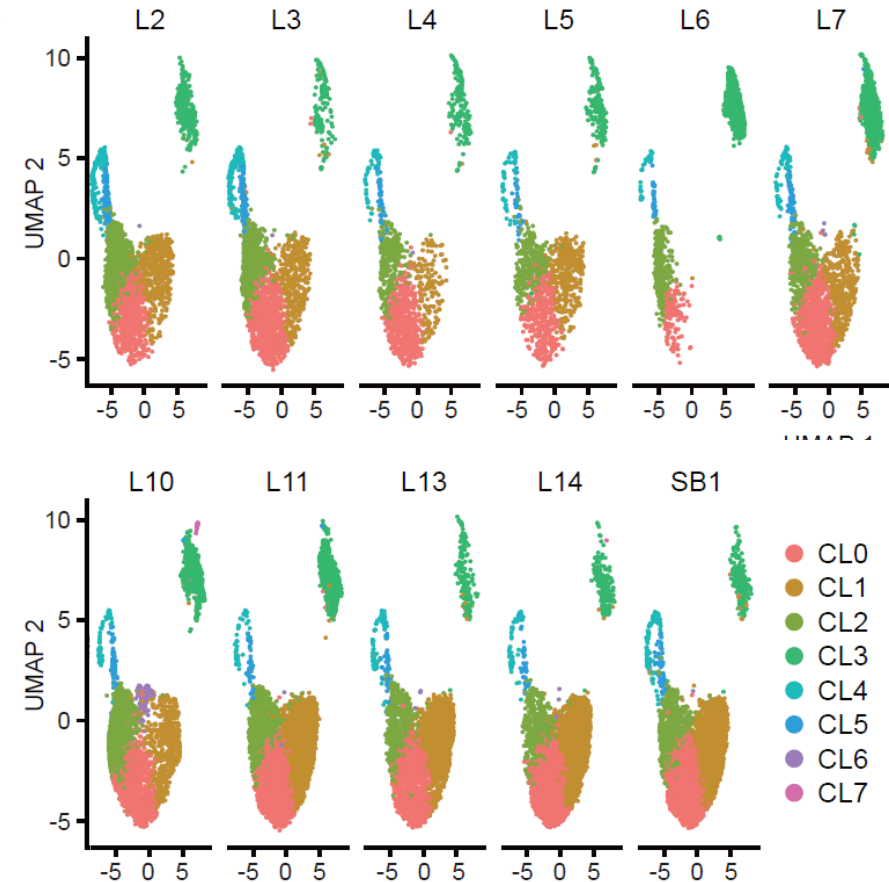
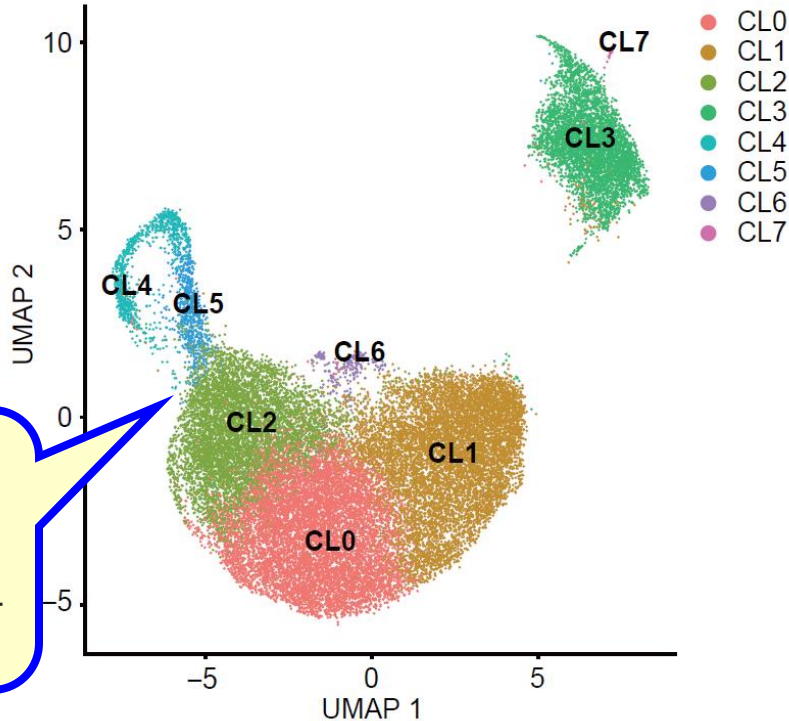


VEGF
(vascular endothelial growth factor)

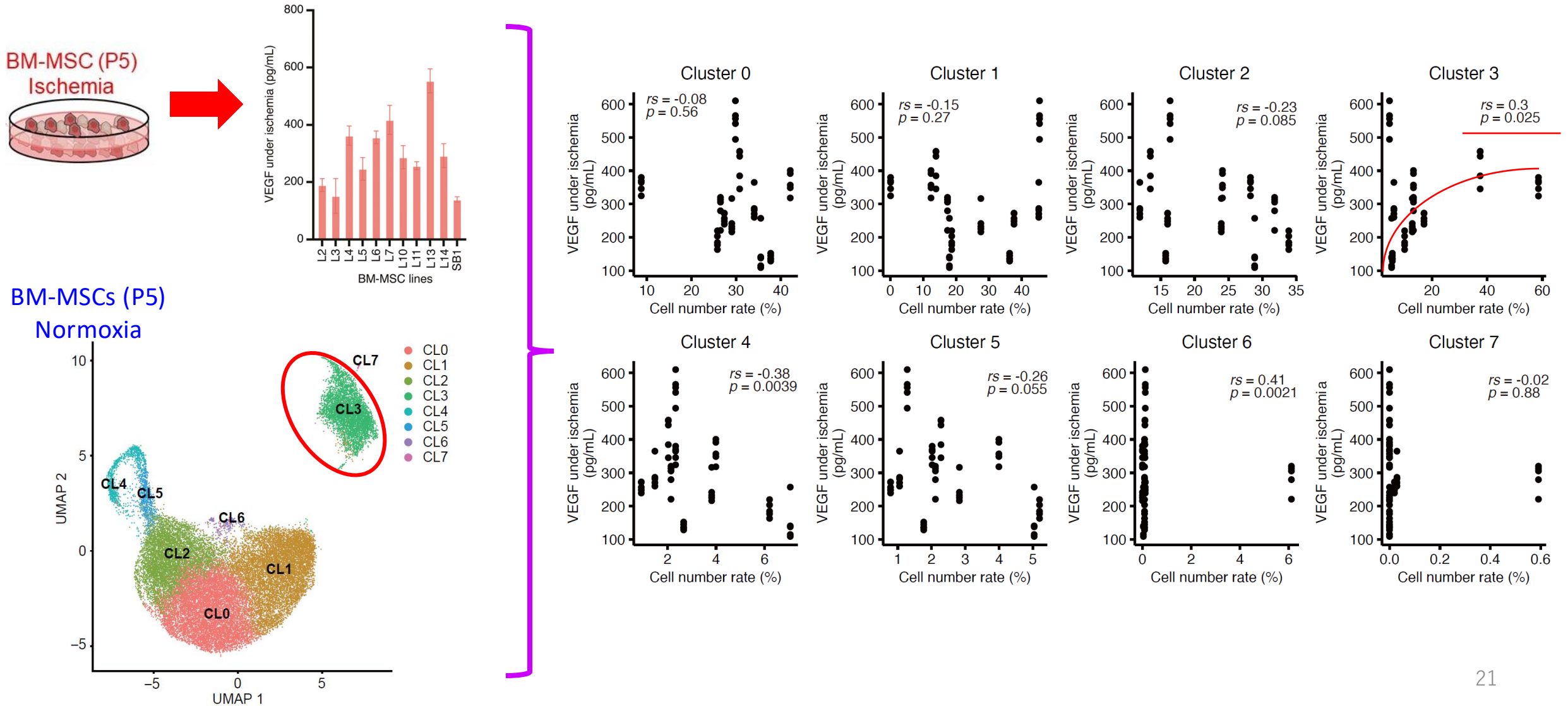
**VEGF secretion is highly variable
between cell lots.**

Single-Cell Transcriptome Experiments

BM-MSCs (P5) Normoxia

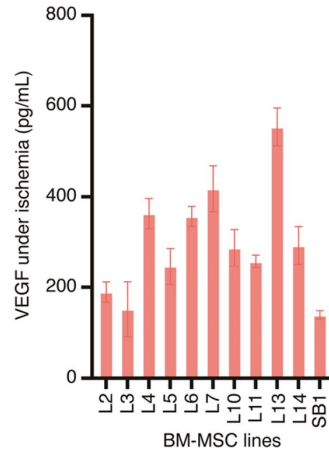
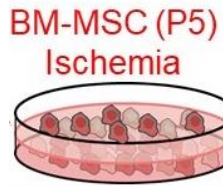


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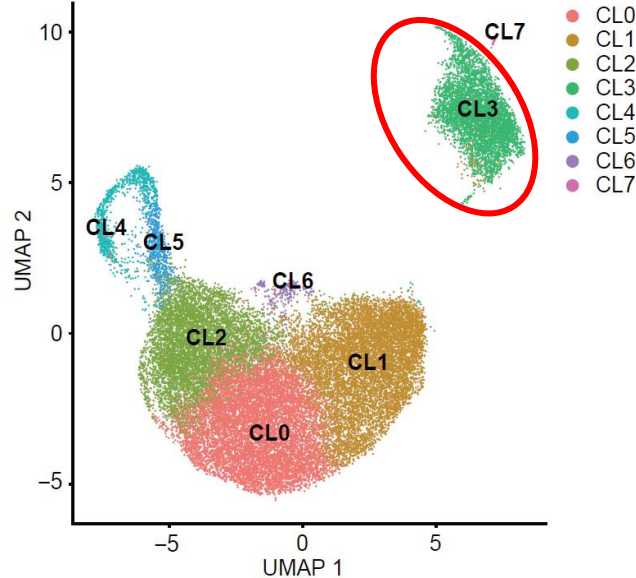


Functional involvement of LRRC75A

It is important to ensure this cell population, if you expect to reproduce angiogenesis and VEGF secretion!



BM-MSCs (P5)
Normoxia

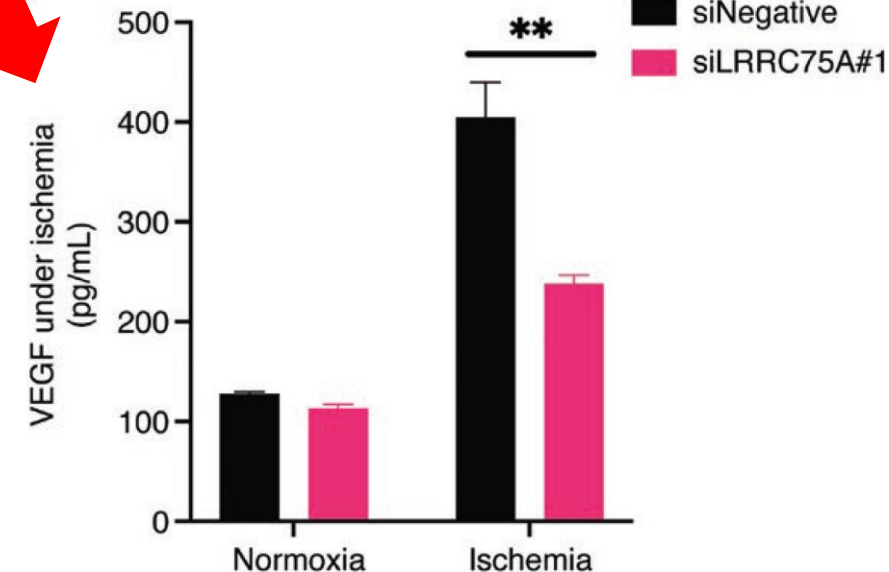
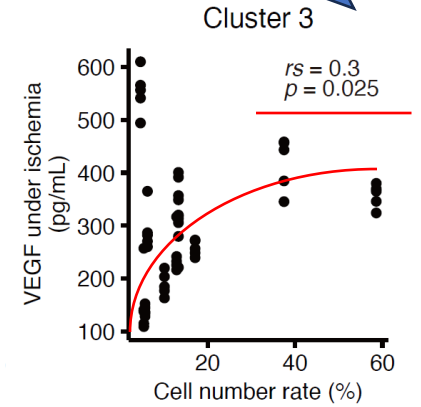


Top 20 upregulated genes of CL3

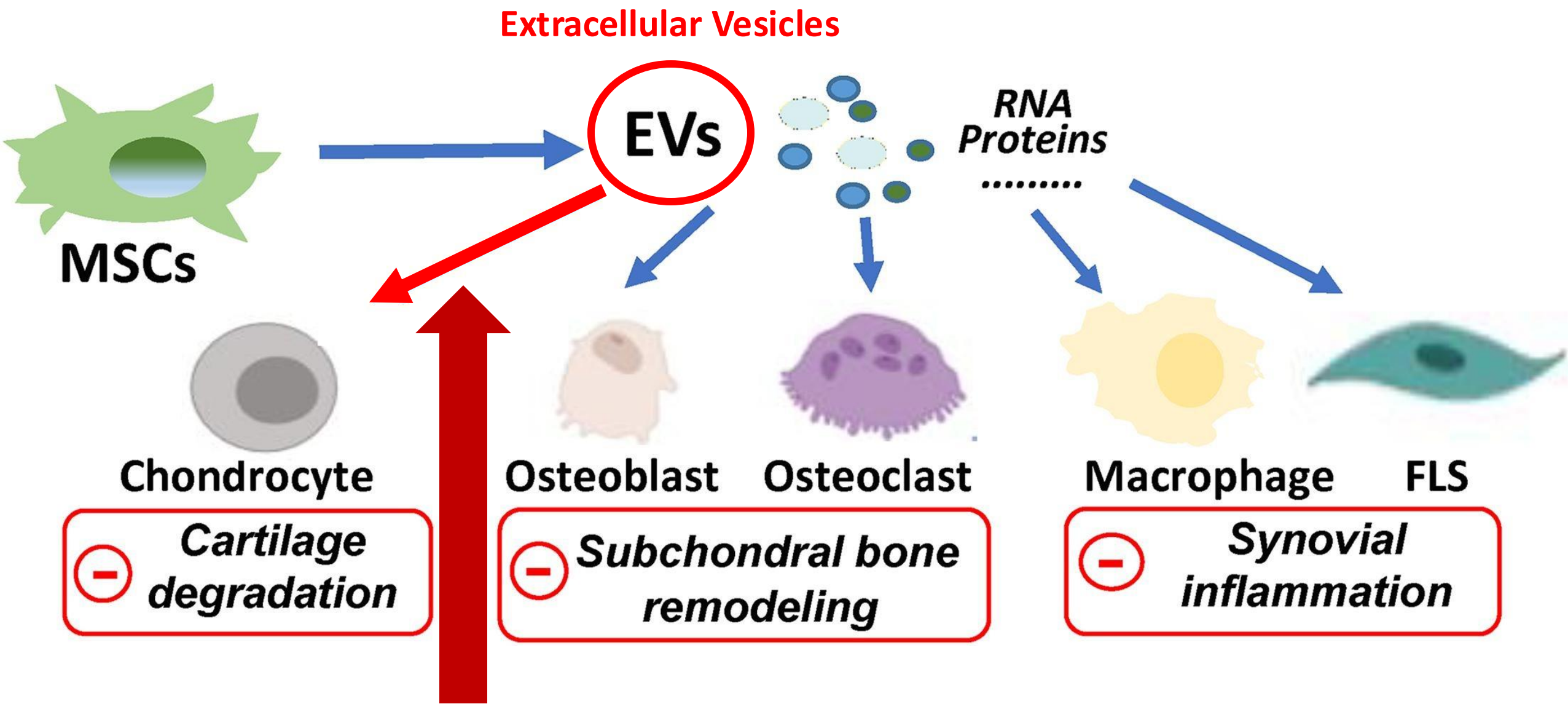
Gene name	Ave log ₂ FC
<i>LRRC75A</i>	1.0357
<i>KRT7</i>	0.8382
<i>KRT16</i>	0.7902
<i>C1orf56</i>	0.7815
<i>CRYAB</i>	0.7696
<i>HSPB1</i>	0.7572
<i>MTRNR2L12</i>	0.7060
<i>AC092069.1</i>	0.7024
<i>ADIRF</i>	0.6712
<i>LGALS1</i>	0.6573
<i>ID1</i>	0.6525
<i>MT2A</i>	0.6424
<i>S100A11</i>	0.6312
<i>COMP</i>	0.6132
<i>EIF5A</i>	0.6057
<i>FLG</i>	0.6049
<i>SH3BGRL3</i>	0.5970
<i>TPM2</i>	0.5859
<i>POLR2L</i>	0.5555
<i>GADD45B</i>	0.5543

Hidden CQAs

LRRC75A is functionally involved in VEGF secretion during ischemia.



EXAMPLE (B)



Chondrocyte Migration Assay (chemotaxis assay) to Evaluate the Chemotaxis-promoting Effect of hADSC-derived EVs

ClearView Chemotaxis Assay

1. Coat (migration) or prime (invasion) the insert



Prepare membrane surface for cell migration or invasion.

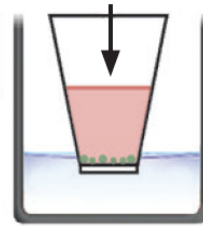
2. Harvest and seed (migration) or embed (invasion) cells



For migration, seed 1000-5000 cells and allow to settle.

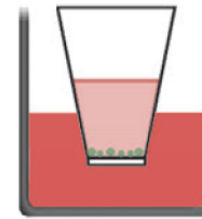
For invasion, embed cells within matrix and centrifuge.

3. Treat cells
drug compound



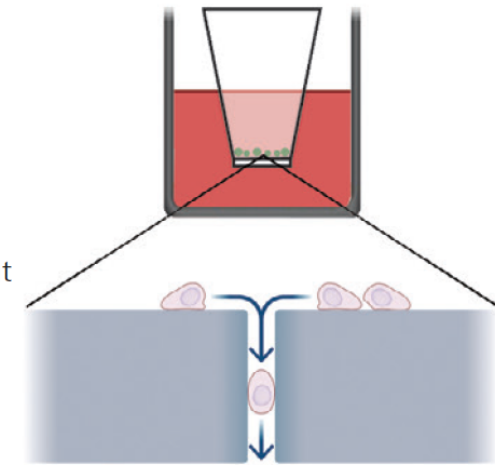
Add modulators of cell migration or invasion.

4. Add chemoattractant



Add chemoattractant or controls to reservoir plate wells.

5. Place in IncuCyte® and walk away



Automatically collect time-lapse images.

Observe cell morphology.

Quantify migration and invasion.

± EVs

Effects of EVs derived from human adipose-derived MSCs (hADSCs) on the migratory activity of human chondrocytes

Unpublished data
論文未発表データ

Functional association between the effect of EVs and the hADSC clusters

The population size of Cluster F correlated significantly with the migration-promoting effect of the EVs on human chondrocytes.

It may be important **to ensure cells of Cluster F**, if you expect to reproduce the effect of hADSC-derived EVs on chondrocytes!

Unpublished data
論文未発表データ



**Kanagawa Prefectural
Government Office**



**Yokohama City Univ.
(Tsurumi Campus)**



**RIKEN
Yokohama**



NCCHD



Inst. Sci. Tokyo

SHI KUHS Cyto-Facto KRM (Keio Univ.)



NIHS



KISTEC



CIEM



RINK



**FMIC Tokyo
(Fujita Medical Univ.)**



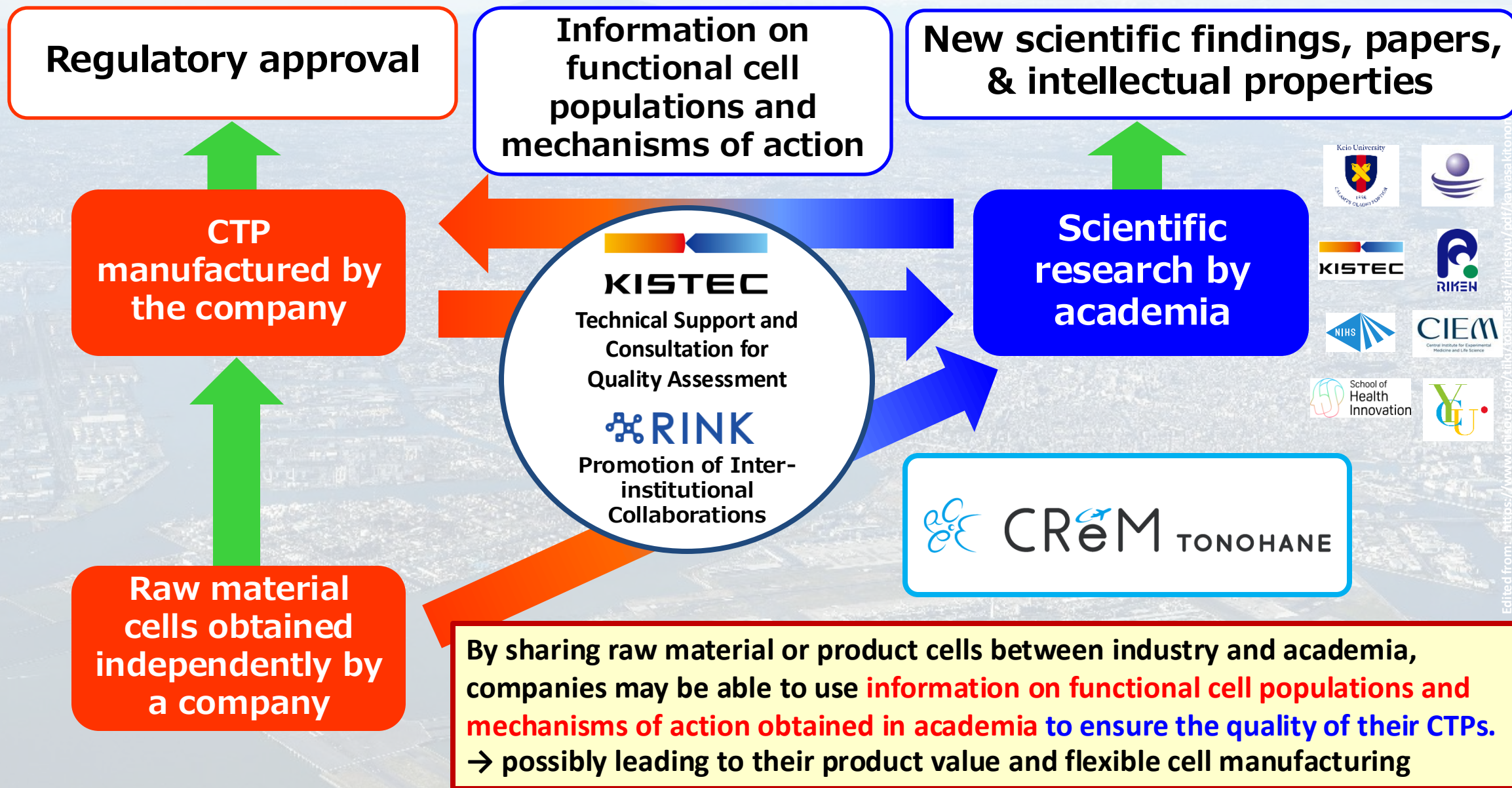
ROHTO Pharmaceutical



CYFUSE

**Tokyo Haneda
International Airport**

“Visualization” of heterogeneity/inhomogeneity and understanding of quality, mechanism of action, and product value of raw material cells and active ingredient cells



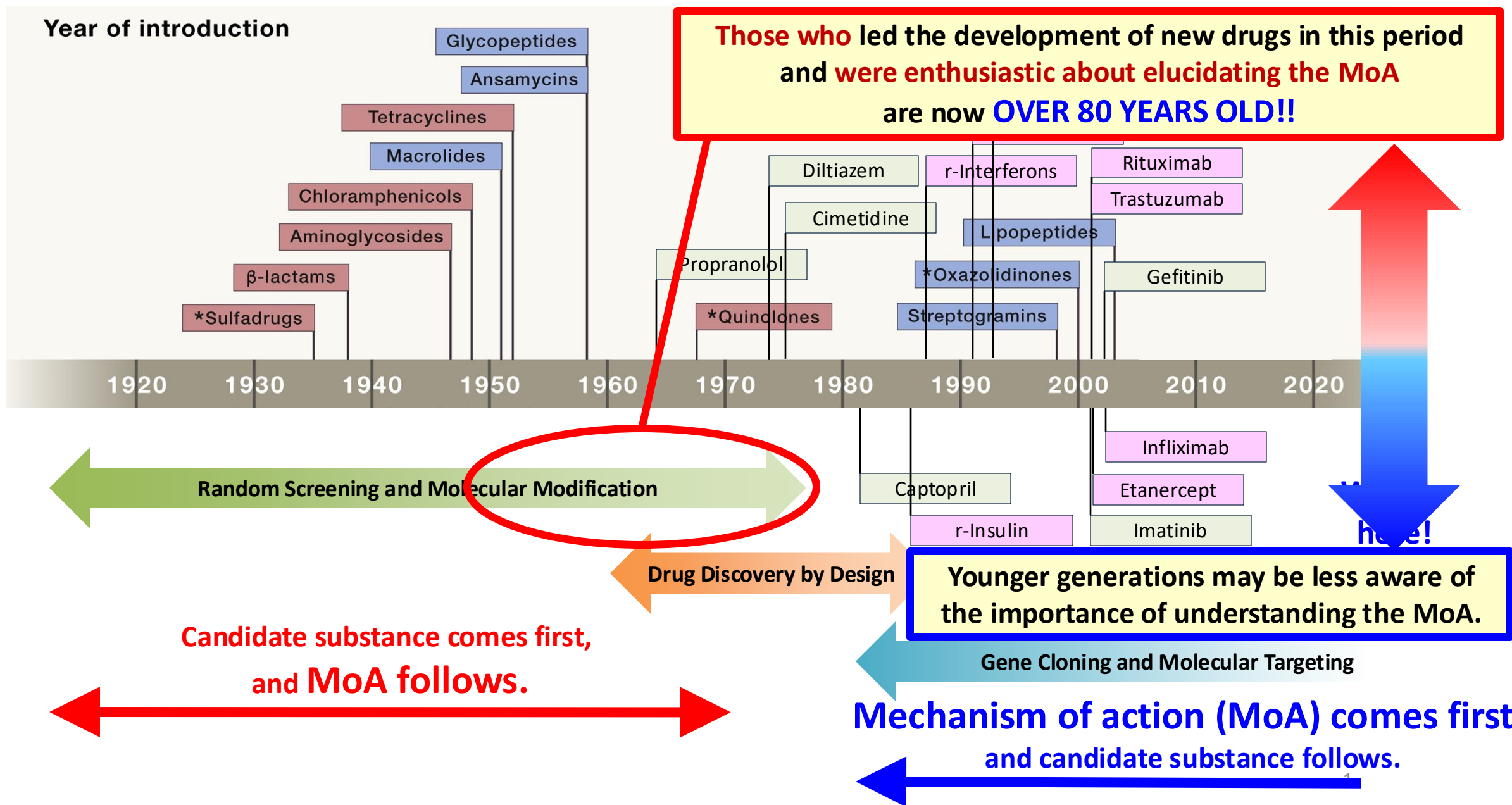
“..., many people do not understand what the value is in the first place.
If you don't understand the value, the following happens: ”

“...、多くの人が「そもそも価値とは何か？」を理解していません。価値を理解していないと、次のようなことが起こります。”

Nozomu TAJIRI (田尻 望, Representative Director & CEO of KAKUSHIN)

- 価値を理解していないから、そもそも価値をつくれない
 - 偶然に価値をつくれたとしても、繰り返し再現できない
 - 再現できないから、仕組みにできない
 - 仕組みにできないから、システムにできない
 - システムにできないから、自動化できない
 - 自動化できないから、生産性が低い
 - 生産性が低いから、報酬も低い
- You don't understand the value, so
you can't make the value in the first place.
 - Even if you could make it by chance,
you would not be able to reproduce it repeatedly.
 - Because you can't reproduce it,
you can't make it into procedures.
 - Because you can't make it into procedures,
you can't create a system.
 - Because you can't create a system,
you can't automate it.
 - Because you can't automate it,
your productivity is low.
 - Because your productivity is low,
your rewards are also low.

The Timeline of Drug Discovery 主な創薬の年表

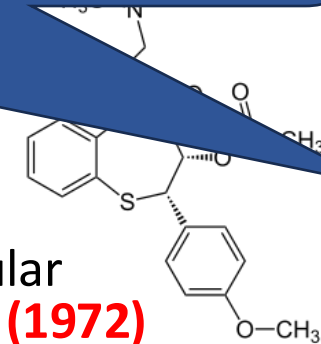


“If it’s a good drug that really works,
the pharmacology and mechanism of action will follow later.”

「本当に効く良い薬であれば、薬理や作用機序は後から付いて来るんだよ」

1. **Strong coronary vasodilation** in perfused guinea pig hearts (1971)
2. Increased coronary blood flow in anesthetized dogs
3. Selection of *d-cis* form (diltiazem) by isomeric activity comparison
4. **Calcium antagonist activity of diltiazem revealed** by perfused rabbit auricular artery, **despite unique chemical structure** unlike other calcium antagonists (1972)
- ⋮
5. Manufacturing authorization and marketing **in Japan (1973)**
6. Marketing authorization **in U.S. (1982)**, the first cardiovascular drug invented in Japan to receive MA from the FDA
7. In the mid-1980s, annual sales of **US\$2 billion/year**, distributed in 70 countries

(→ The Pioneer of blockbusters from Japan)



led by
Prof. Taku Nagao (長尾 拓 博士)

Affiliation:
Tanabe Seiyaku Co., Ltd.
at the time
and later he served as Professor
at the Univ. of Tokyo and
Director General of the **NIHS**

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Collaborators

Takumi Miura^{1,2,3}, Tsukasa Kouno^{3,4}, Megumi Takano¹, Takuya Kuroda^{1,3}, Yumiko Yamamoto⁴, Shinji Kusakawa¹, Masaki Suimye Morioka⁴, Tohru Sugawara^{2,5}, Takamasa Hirai¹, Satoshi Yasuda^{1,3}, Rumi Sawada¹, Satoko Matsuyama^{1,6}, Hideya Kawaji^{4,7}, Takeya Kasukawa⁴, Masayoshi Itoh⁴, Akifumi Matsuyama⁶, Jay W. Shin^{4,8}, Akihiro Umezawa², Jun Kawai^{3,4}, Takamasa Hirai¹, Hirotaka Nishimura⁹, Tomofumi Yamamoto⁹, Akiko Ishii⁹

¹ Division of Cell-Based Therapeutic Products, [National Institute of Health Sciences \(NIHS\)](#), Kanagawa, Japan

² Center for Regenerative Medicine, [National Center for Child Health and Development \(NCCHD\)](#), Tokyo, Japan

³ Life Science Technology Project, [Kanagawa Institute of Industrial Science and Technology \(KISTEC\)](#), Kawasaki, Japan

⁴ [RIKEN Center for Integrative Medical Sciences](#), Yokohama, Japan

⁵ Biopharmaceutical and Regenerative Sciences, Graduate School of Medical Life Science, [Yokohama City University](#), Yokohama, Japan

⁶ Center for Reverse TR, [Osaka Habikino Medical Center](#), Osaka Prefectural Hospital Organization, Osaka, Japan

⁷ Research Center for Genome & Medical Sciences, [Tokyo Metropolitan Institute of Medical Science](#), Tokyo, Japan

⁸ Genomic Institute of Singapore, [Agency for Science, Technology and Research \(A*STAR\)](#), Singapore

⁹ Division of Biological Chemistry and Biologicals, [National Institute of Health Sciences \(NIHS\)](#), Kanagawa, Japan

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For more information about the technical assistance/consultation by CReM TonoHane's Quality Evaluation Team for the quality evaluation of cell therapy products, please contact:

**Life Science Technology Project,
Kanagawa Institute of Industrial Science and Technology**

地方独立行政法人 神奈川県立産業技術総合研究所 (KISTEC)

次世代ライフサイエンス技術開発プロジェクト

sm-pg-shiken@kistec.jp

