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15 March 2019

Biological Science Section
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RE: Consultation Paper – Options for the Regulation of Faecal Microbiota Transplantation (FMT) materials

Thank you for asking The Royal College of Pathologists of Australasia (RCPA) to consult on this matter.

The RCPA supports defining FMT material from human faeces as 'biologicals' irrespective of whether they contain human cells because the gut microbiota is now considered by many researchers and clinicians as another "organ" of the human body as it constitutes a part of the human gastrointestinal tract.

Given the high level of variations of process and manufacture of FMT products, as well as the unknown long term effects of FMT, the RCPA supports the overarching idea of some regulatory framework especially Option 2 in the consultation document. The requirement of meeting TGA standards but not requiring TGA licence provide safeguards to quality manufacture, yet remove the unnecessary administrative burden for the production of FMT material. The RCPA further recommends expanding the definition of production facility to encompass certain appropriately credited central processing facilities (such as suitably commissioned facility similar to ones supported by the Australian Red Cross Blood Service)

The RCPA does not think that the manufacturing facilities for minimally manipulated FMT material will need to be GMP licensed. However the RCPA strongly advises that those facilities will need to adhere to GMP principles, especially in relation to quality management and premise. The RCPA strongly advises against diagnostic laboratories being used as FMT material manufacturing sites, because GMP stipulates "Premises for the manufacture of products should be specifically designed and used so as to avoid mix-ups or contamination". Given the nature of the work, diagnostic laboratories are not appropriate premises to avoid mix-ups or contamination.

The RCPA does not support exempt/exclusion status to be applied to FMT materials for rCDI (recurrent Clostridium difficile infection) only. Long term safety profile of FMT is currently unknown, and exempt/exclusion status inevitably leads to "exclusion creeps" which will endanger public safety.

The RCPA advises against self-regulation. FMT is still an experimental treatment with unknown long term safety profile. The sector is not mature enough to apply self-regulatory mechanisms. Significant vested interest exists within the sector. A few individuals in the sector with self-interest can manipulate self-regulatory mechanisms, which can endanger public safety.

The RCPA wants to highlight that there are currently no relevant commercial tests validated for screening of faecal material for donation purpose, and therefore tests for screening stool samples will all be required to be in-house in vitro diagnostic (IVD) tests. All in-house IVDs will need to be fully validated (in the context of product screening for recipient safety) as per NATA requirement. This is likely to be a major issue because:

1. There is currently no gold standard, fully validated, faeces screening test for the purpose of screening faeces for manufacture that could be used as a reference standard to allow validation of in-house tests, therefore in-house validation would require longitudinal follow up of both donor and recipients health data. There are currently no quality mechanisms to capture this health data, and accumulating longitudinal follow up data may potentially cause significant delay to patients that may benefit from FMT.

2. No single laboratory service is likely to have enough cases to generate enough data for full validation of the tests for recipient safety and to comply with NATA requirements.

The RCPA also wants to highlight that most diagnostic laboratories do not currently hold a TGA licence that allows the laboratory to legally perform screening tests of donors or screening tests of manufactured products. Currently there are also no mechanisms to remunerate the laboratories performing these tests.

Therefore, the RCPA recommends screening tests should be performed in the context of a multi-centre clinical trial to investigate the safety limits of the tests being adopted for donor and product screening purposes. This will allow:

1. Tests to be deployed under research context
2. Safeguarding of public and recipient safety as informed consent will be required from recipients receiving products screened under these tests
3. Accumulation and sharing of data to allow appropriate validation of the in-house tests to satisfy NATA requirements
4. Appropriate remuneration of the laboratory by the sponsors as “fee for service” of a clinical trial
5. Exemption of TGA licence requirement for the participating laboratories performing the tests

Yours sincerely

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