Estimating Capital Investment and Facility Footprint in Cell Therapy Facilities

Tania D Pereira Chilima^a, Fabien Moncaubeig^{b1}, Suzanne S. Farid^{a*}

^aThe Advanced Centre for Biochemical Engineering, Dept. of Biochemical Engineering, University College London, Gordon Street, London WC1H 0AH, UK

^bPall Life Sciences, 5 Harbourgate Business Park, Southampton Road, Portsmouth, Hampshire PO6 4BQ, UK

*Corresponding author:

Prof Suzanne Farid - s.farid@ucl.ac.uk

Tel +44 (0) 20 7679 4415

Fax +44 (0) 20 7916 3943

Running title: Cell Therapy Facility Investment and Footprint

¹Currently at Biotech Innovation Program Partners, Cugnaux, France

Abstract

Estimations of the facility footprint and fixed capital investment (FCI) of cell therapy (CT) facilities need to consider the unique features of the single-use technologies (SUTs) selected for CT manufacture (e.g. cleanroom containment requirement, capacity, automation) and the product nature that impacts scale-out versus scale-up approaches. A novel detailed factorial methodology is proposed for estimating FCI and footprint for bespoke stick-built cell therapy facilities that accounts for technology-specific factors for key cell culture technologies as well as the implications of SUTs, open versus closed operations and the commercialisation scenario selected. This was used to derive benchmark values for short-cut cost and area factors for typical cell therapy facilities according to the technologies selected. The results provide project-specific ratios for equipment purchase costs to facility footprint (area factor) and for FCI to total equipment purchase costs (cost factor or "Lang" factor). Area factors $(\$/m^2)$ were 675-6,815 and the cost factors were 2.3-8.5 for a greenfield project in a medium-developed country. The case study shows that for the same output facility footprints and FCI values are on average 6 times higher for autologous processes than allogeneic processes. This is attributed to economies of scale achieved with scale-up for allogeneic cell therapy manufacture. This study can be used to predict the commercial FCI and facility footprint during early stages of process development.

Key words: Fixed capital investment, facility footprint, cleanrooms, cell therapy, mesenchymal stem cells, CAR T-cells

Abbreviations

AMLFM	Automated multilayer flask manipulator
BSC	Biosafety cabinet
CAR T-cell	Chimeric antigen receptor T-cell
CIP	Cleaning-in-place
CT	Cell therapy
F_a	Area factor
FACS	Fluorescence-activated cell sorting
FBC	Fluidised bed centrifuge
F_c	Cost factor
FCI	Fixed capital investment
HFB	Hollow fibre bioreactor
HVAC	Heating, ventilation and air conditioning systems
INC40	40-layer flask incubator
INT	Integrated USP/DSP platform
ISO	International organisation for standardization
MSC	Mesenchymal stem cell
MLF	Multilayer flask
MLINC	Multilayer flasks incubator
MPB	Multi-plate bioreactor
QC	Quality control
PCR	Polymerase chain reaction
RMB	Rocking motion bioreactor
SIP	Steaming-in-place
SS	Stainless steel
SSB	Static suspension bag
STR	Stirred tank bioreactor
SU	Single-use
SUT	Single-use technology
TCEPC	Total core equipment purchase costs
WFI	Water for injection

1 Introduction

Cell therapy products can treat and possibly cure a number of unmet indications [1]–[21]. As these products cannot be sterilized, CT manufacture often employs single-use technologies (SUTs) to reduce the risks of cross-contamination [22]. Given that manufacturing processes tend to differ significantly across different classes of cell therapy products (e.g. chimeric antigen receptor T-cell therapy v mesenchymal stem cell therapy), a variety of SUTs have become available in order to meet product-specific needs in cell therapy bioprocessing. The distinctive features of these SUTs result in technology-specific facility layouts and fixed capital investment (FCI) requirements, which diverge from traditional stainless steel (SS) biotechnology facilities [23]–[36]. Therefore, it is crucial to derive novel methods for facility footprint and FCI evaluation that take into account the unique attributes of cell therapy facilities so as to increase the accuracy of estimates and help cell therapy companies make better informed decisions during process development. **Table 1** summarises reported values for the footprint and FCI of current cell therapy facilities.

Previous studies on FCI and footprint evaluation for bioprocess applications, have not covered the subject of cell therapy facilities as these were focused primarily on SS and SU facilities for protein manufacture [37]–[43]. This article will highlight the effect of technology selection on facility footprint and FCI estimates, and provide short-cut methods for footprint and FCI evaluation for cell therapy facilities that not only take into account technology-specific features, but also consider project-dependant factors such as manufacturing scale and geographic location.

SUTs were first introduced in 1970's in the form of filters and capsules [44], [45]. Since then, the use of these technologies has been extended to a number of applications including storage and mixing bags, bioreactors, and downstream processing solutions [44]–[53]. The adoption of SUTs carries a number of benefits such as lower water usage, faster changeover times and

reduced risk of cross-contamination [45]–[47], [53]–[58]. Challenges to the implementation of these technologies include scale and configuration restrictions, source availability and the creation of leachables and extractables [47], [59], [60].

The SUTs for cell therapy bioprocessing currently available differ significantly in a number of aspects including price, footprint, degree of automation and control over process parameters (e.g. pH and temperature). In upstream processing, for applications that require very low manufacturing scales, manual cell culture vessels are often employed. These include T-flasks, multilayer flasks, gas permeable vessels and static suspension bags [23], [24], [28], [30], [32], [36], [61], [62]. Key benefits of using manual SUTs include the fact that operators are familiar with these cell culture vessels as these are routinely used in laboratories. Moreover, manual cell culture vessels offer relative low equipment and consumables costs [62]–[64]. The implementation of these cell culture vessels in commercial scale manufacture of cell therapy products poses significant challenges due to the difficulty in achieving functionally closed processes, which increases facility-related costs. Moreover, the high number of manual interventions required in processes using manual technologies affects the robustness of the process and increases labour costs [62]–[64]. When using multilayer flasks for cell culture, these challenges can be addressed through the integration of robotics to aid manipulation [30], [32], [63], [65].

An additional approach to promote process robustness and decrease labour and facility-related costs include the implementation of SU bioreactors, which can process cell culture volumes of up to 2,000L[62], [63]. These cell culture vessels combine automation with process control and are available in a number of different configurations such as multi-plate reactors, packed-bed reactors, hollow-fibre reactors, rocking motion bioreactors and stirred tank reactors with microcarriers [25], [30], [32]–[34], [61]–[63].

SUTs for downstream processing of cell therapy products range from filtration techniques such as tangential flow filtration and spinning membrane filtration [66]–[70] to batch and continuous centrifugation [22], [63], [64], [66], [68], [71]–[76]. Moreover, fully integrated and automated systems for cell therapy manufacture that incorporate both upstream and downstream unit operations are also available [64], [77], [78]. These however have very limited capacity and are therefore appropriate for patinet-specifc applications [64], [77].

FCI for pharma/biotech facilities is computed typically using the "Lang factor method" [79]. In this method, a ratio between the total equipment purchase costs (including utilities) and FCI is derived from historical projects [79]. These costs included: equipment, piping, instrumentation, electrical work, building, utilities, site development and auxiliary buildings [37]. Additional factors are also applied in order to account for design and engineering, contractor fees as well as contingency [79]. The "Lang factor" ratio has been estimated to be between 3.10-4.74 for pharma facilities and 4-8 for biotech facilities [40], [79].

Given the unique product, process and technology features of cell therapy facilities, it is important to investigate the suitability of a universal "Lang factor" for facilities using different manufacturing platforms. For example, in cell therapy bioprocessing there are no protein purification unit operations, which shortens the DSP. Moreover, given that the cells are the product, in addition to the use of SUTs, methods to achieve adequate purity levels include the implementation of strigent cleanroom enviromental control systems. The use of SUTs reduces the requirement of steam and WFI which will reduce the facility and equipment costs associated with utilities. Environmental control is achieved by monitoring parameters such as pressure, temperature and humidity through the use of air filters and regular maintenance using heating, ventilation and air conditioning systems (HVAC), as failure to do so may influence contamination by microorganisms and jeopardise the maintenance of low particle counts in the air [80], [81]. Different degrees of environmental control strategies are applied to different area classifications depending on the type of process used (e.g. closed v open processing). For example, a Grade B (ISO 7) cleanroom are suited for open processing and may require 50 air changes per hour. A grade D clean room (ISO 9) can be used for closed processing and only requires 12 [46]. **Table 2** shows how the reported values for costs/m² vary with area classification. As the cleanroom classification affects the cleanroom building fit-out and running costs [46], [82] and is highly dependent on the type of technology used, when estimating FCI and facility footprint, it is crucial to consider the features of the technologies used for cell therapy manufacture.

This article provides a detailed factorial methodology for FCI and facility footprint estimation for cell therapy applications, which is highly tailored to key project-specific features such as technology selected, open versus closed operations and manufacturing scale. This method was used to derive benchmark project-specific ratios for short-cut FCI and facility footprint evaluation for stick-built facility designs.

2 Materials and methods

2.1 Methodology description

A detailed framework for FCI and facility footprint evaluation was built and used to calculate facility footprint as the sum of the footprint of the different sections within the facility. Six main sections where identified, as these are likely to have different cleanroom classifications. These sections were: product manufacture, clean circulation space, product testing area, waste circulation space, general space and plant space. The footprint of each of these sections was computed using the equations detailed in the **Supplementary section** of this article and the assumptions listed in **Table 3** and **Table 4**.

The product manufacture area corresponds to the main processing area where all product manufacture activities occur including inoculation, cell culture, downstream process and formulation and fill. These operations are carried out in cleanrooms that have the highest ISO qualification within the facility. The clean circulation space corresponds to the airlocks and corridors that separate the product manufacture area and the general area within the facility. The product testing area encompasses the space required for QC labs, microbiology labs, PCR rooms as well as the corridors and personnel and material airlocks. The waste circulation area comprises waste disposal rooms, corridors and personnel changing rooms, and the general space within the facility includes logistics rooms, meeting rooms, offices, cold rooms, general corridors, loading docks, WC, staircases and facility reception areas.

The plant area is where the utilities reside (including the HVAC systems). This area is smaller in SU facilities than in SS facilities as CIP and SIP activities are reduced[40], [45], [46], [51], [53], [54], [56], [58], [59], [83]–[85]. Moreover, this case study assumes that no media and buffer preparation is carried out within the facility as these materials are pre-made before arriving to the manufacturing site. Therefore, additional space for cold storage rooms is necessary to store these materials. FCI was divided into direct FCI and non-direct FCI. In this case study, the cost categories included in the direct FCI costs were: the core process equipment costs, process support equipment costs, QC equipment costs, logistics equipment costs, environment monitoring systems (EMS), main process equipment installation costs, building shell costs, building fit-out costs, contractor fees, land costs and yard improvement costs.

The core process equipment includes the key equipment required for product manufacture such as bioreactor skids, biosafety cabinets, incubators and downstream process units. The process support equipment costs correspond to the costs of all support equipment including benchtop centrifuges, pumps, trolleys and racks etc. The QC equipment correspond to the costs associated to all equipment required for QC testing such as filter integrity testers, incubators and fluorescence-activated cell sorting (FACS) systems etc. The EMS costs are the costs associated with the equipment required for environment monitoring (e.g. probes). The process equipment installation costs are the costs for installing the core process equipment into the facility. Logistics equipment include fridges, freezers and roller racking. The building shell costs are the costs of the base building while the fit-out costs include the majority of the costs related to building works such as partitions, floors, ceilings, air conditioning, duck work, electrical distribution, lighting, controls and monitoring, pipework and insulation etc. The contractor fees is the payment made to the contractor. The land and yard improvement costs are the costs associated with purchasing the initial construction site and the costs of any additional work required prior to construction. The non-direct cost categories included in the FCI calculation were project design, engineering management and consultant fees and contingency costs, which account for unforeseen events which may increase the FCI and/or delay the process (e.g. strikes and natural disasters). The costs of each of these categories was computed using the equations in the **Supplementary section** of this article and the assumptions in Table 4, Table 5 and Supplementary Table 1.

2.2 Case study setup

The aim of this case study was to first validate the detailed methodology for FCI and facility footprint evaluation described in the previous session. This methodology was used to help understand the trends in FCI and facility footprint for cell therapy manufacturing processes using different combinations of technologies referred to as manufacturing platforms with the aim of deriving benchmark correlations for project-specific short-cut FCI and facility footprint estimation.

2.2.1 Validation of the detailed factorial methodology for estimating FCI and footprint for bespoke cell therapy facilities

The detailed framework for computing FCI and facility footprint was validated in order to increase the confidence in the results attained using the short-cut method for FCI and facility footprint evaluation. This was done by comparing the FCI and facility footprint results attained with the novel factorial method previously described against the values provided by eXmoor Pharma Concepts Ltd (Bristol, UK) for the same scenario. The scenario selected for this comparison was of an allogeneic MSC-based cell therapy process using automated cell factories for cell expansion and a fluidised bed centrifuge (FBC) for wash and recovery. The equipment list established for this scenario included biosafety cabinets (BSCs), multilayer flask incubators (MLINC), 40-layer flask incubators (INC40), automated multilayer manipulators (AMLFM) and FBCs. The number of BSCs, MLINCs, INC40s, AMLFMs and FBCs modelled in this scenario were 4, 2, 5, 2 and 1 respectively.

2.2.2 FCI and facility footprint for cell therapy facilities

The detailed framework for computing FCI and facility footprint was used to evaluate values for hypothetical cell therapy facilities using different technologies across annual demands ranging from 500 patients per year to 10,000 patients per year. The study was then extended to

help understand the relationships between technology selection, annual demand, FCI and facility footprint. The understanding of these relationships was strengthened by the identification of key parameters contributing towards facility footprint and FCI.

2.2.3 Estimating project-specific cost factors for FCI evaluation

FCI estimates may vary with geographic location. Therefore, the benchmark values for ratios of FCI to core process equipment (cost factors or "Lang" factors) were adjusted by multiplying these by geographic location factors. The geographic location factors were estimated according to the degree of economic development of the geographic regions being considered. For example for regions with relatively low economic development (e.g. Mexico and India), this factor was assumed to be 0.85. For regions with medium economic development such as the Gulf Coast of the US, this value was assumed to be 1, and for sites with high economic development such as Western Europe and the West Coast of the US this value was assumed to be 1.25 [37]. Moreover, project requirements may also vary according to the condition of the construction site. Facilities may be built on a greenfield site, brownfield site or an existing facility maybe refurbished to allow for cell therapy manufacture. In scenarios where facilities are to be built on a brownfield site, it was assumed that no yard improvements were required, hence these costs were removed. In scenarios where a facility was to be refurbished (i.e. an existing shell is available), it was assumed that the land costs, yard improvements and shell costs were null, so that the facility shell was rented and refurbished.

2.2.4 Process overview

In order to evaluate the trends in FCI and facility footprint for cell therapy facilities with the aim of deriving project-specific cost and area factors, multiple hypothetical facilities for autologous and allogeneic cell therapy manufacture were modelled. The unit operations carried out within these hypothetical facilities were pre-cell culture steps (e.g. cell activation,), cell culture, downstream process and formulation and fill.

The allogeneic process modelled in this case study was based on a 21 day process for the manufacture of mesenchymal stem cells (MSCs). This process is described in detail in Pereira Chilima et al [63] and the autologous process modelled was based on the manufacturing process of a lentivirus-based chimeric antigen receptor T-cell (CAR T-cell) process lasting 13 days (described in detail in Pereira Chilima et al [64]).

For facilities manufacturing autologous CAR T-cells, it was assumed that the number of product manufacture rooms was dependent on the manufacturing platform being used and proportional to the number of processes carried out in parallel. For facilities producing allogeneic MSC-based products on the other hand, it was assumed that the starting material was retrieved from a frozen cell bank and therefore an inoculation stage using T-flasks in biosafety cabinets surrounded by a Grade B cleanroom was required. Moreover, in these facilities it was also assumed that the product manufacture area was divided into four main suites: inoculation room, cell culture room, DSP room and formulation and fill room.

2.2.5 Key assumptions

The dose size of both autologous and allogeneic cell therapy products modelled in this case study was assumed to be 100M cells. It was assumed also that the hypothetical facilities considered in this article were built on a greenfield site in a medium economically developed area and that they were active for 335 days per year.

The majority of the manufacturing platforms considered in this article allow for functionally closed processes, which can be carried out in a Grade C cleanroom. This trend excludes multilayer flasks for autologous CAR T-cell therapy manufacture, as these require multiple open steps throughout the manufacturing process, and hence must be operated in biosafety cabinets surrounded by Grade B processing cleanrooms. The characteristics of the technologies

combined together to form the different manufacturing platforms are summarized in **Table 5**. All other cost and footprint assumptions used in this case study are summarised in **Table 4**.

3 Results and discussion

3.1 Validating the novel detailed factorial methodology for estimating FCI and facility footprint

In order to validate the FCI and facility footprint predictions generated using the detailed framework for by the FCI and facility footprint estimation, these were compared with values kindly provided by a design consultancy, eXmoor Pharma Concepts, for the same scenario. This comparison is shown in **Figure 2**. **Figure 2** illustrates a good agreement in the estimates of facility footprint (-3%) and FCI costs (+3%) when comparing the results provided by eXmoor Pharma Concepts and those generated using the detailed framework for FCI and facility footprint estimation. The small difference in facility footprint can be explained by differences in ratios used to compute the total facility footprint (shown in **Table 3**).

The key factors causing differences in the FCI predictions are the QC equipment costs and EMS costs. The difference in QC equipment costs is attributed to the fact that the list of QC equipment included in the FCI model (**Supplementary Table 1**) includes additional equipment that was not included in the analysis carried out by eXmoor Pharma Concepts. Moreover, in the FCI model, it was assumed that a single environmental monitoring probe per measurement (humidity, pressure and temperature) is required in each manufacturing suite. This may not always be the case. Hence, the difference in EMS costs can be attributed to differences in the number of environment monitoring probes considered.

3.2 Technology-specific trends in facility footprint and FCI

As previously highlighted, there are a number of technologies available on the market for the commercial scale manufacture of cell therapy products. These technologies have different features therefore, when selecting a platform for cell therapy manufacture, it is important to understand the effect that this may have on the FCI and facility footprint. The effect of manufacturing platform selection on the relationship between FCI and facility footprint of cell therapy facilities with increasing demand was investigated in **Figure 3**. **Figure 3a** shows that autologous processes require higher footprints than allogeneic processes. This is an expected trend since autologous products require a scale-out manufacturing model as samples from different patients cannot be mixed. Allogeneic processes on the other hand benefit from the use of a scale-up approach to product manufacture, thus rapidly decreasing the facility footprint.

Figure 3a also indicates that for allogenic cell therapies, the manufacturing platform with the highest footprint is the multilayer flasks followed by the hollow fibre bioreactor. The manufacturing platform with the lowest facility footprint alternates between the multi-plate bioreactor and the stirred tank bioreactor depending on the commercialisation scenario.

Multilayer flasks have the highest footprint across all manufacturing platforms. This is due to the fact that specific incubators (INC40) and automation (AMLFM) are employed for incubation and manipulation of larger multilayer flasks. These technologies have relatively high footprints (INC40: 2.3m²; AMLFM: 2.9 m²), thus, increasing the facility footprint for processes employing multilayer flasks.

Hollow fibre bioreactors have the second highest footprint across all platforms for allogeneic cell therapy manufacture featured in this article. Given the dose size selected for this study (100M cells), a single hollow fibre bioreactor is capable of producing 5 doses per batch. As the annual demand moves from 500 to 10,000 doses per year, the batch size increases from 25 to

500 doses, increasing the number of hollow fibre bioreactors in parallel and hence increasing facility footprint.

The manufacturing platform with the lowest footprint alternates between the multi-plate bioreactor and the stirred tank bioreactor. A single multi-plate bioreactor has a lower footprint than a stirred tank bioreactor (**Table 5**) and is able to process up to 64 doses of 100M cells. Therefore, at smaller annual demands, where a single multi-plate bioreactor is required per batch, this platform offers a lower facility footprint than stirred tank bioreactors. As the annual demand increases to 10,000 doses, multiple multi-plate bioreactors are required in parallel to meet the batch size of 500 doses. As a single stirred tank bioreactor can manufacture up to 2,898 doses per batch (**Table 5**), these become the platform with the lowest facility footprint.

Figure 3a also demonstrates that for autologous manufacturing platforms, multilayer flasks are again the manufacturing platform with the highest facility footprint, followed by the rocking motion bioreactor, the static suspension bags and the integrated USP/DSP platform. As autologous processes operate at a relatively small scale, automated manipulator and large incubators are not used in combination with multilayer flasks. The relatively high facility footprint seen for these cell culture vessels in autologous processing is attributed to the use of biosafety cabinets (BSCs) required for open processing.

The rocking motion bioreactor has the second highest footprint. This is caused by two factors: 1) a rocking motion platform is required per batch and 2) incubators are used during the precell culture steps as these are carried out in static suspension bags (SSBs) as described in Pereira Chilima et al [64]. In the static suspension bags manufacturing platform, no dedicated equipment is required as all equipment used is shared across different batches manufactured in parallel, reducing the facility footprint. When using the integrated USP/DSP platform, a dedicated platform is also required per batch. However, this is an "all-in-one" platform, with relatively low footprint (**Table 5**).

Figure 3b highlights that similarly to the trends seen for facility footprint, FCI is higher for autologous processes versus allogeneic processes. However, the manufacturing platforms rank differently in FCI and facility footprint. **Figure 3b** shows that the allogeneic manufacturing platform with the highest FCI is the hollow fibre bioreactor followed by multilayer flasks, and that the platform with the lowest FCI alternates between multi-plate bioreactor and the stirred tank bioreactor.

The hollow fibre bioreactor has the highest FCI due to a combination of poor scalability and relatively high equipment costs (150,000/unit) (**Table 5**). Multilayer flasks have the second highest FCI due to the requirement of INC40s and AMLFMs. These technologies not only have high equipment costs (INC40 = 198,016; AMLFM = 482,560), but also increase the facility footprint (as seen in **Figure 3a**), increasing the building shell and fit-out costs as well as land and yard improvements costs.

Similar trends are seen in the ranking for FCI and facility footprint for stirred tank bioreactors and multi-plate bioreactors, where at lower annual demands multi-plate bioreactors have the lowest FCI. As the annual demand increases, increasing the number of multi-plate bioreactors per batch, stirred-tank bioreactors become the manufacturing platform with the lowest FCI.

As for autologous platforms, **Figure 3b** shows that multilayer flasks have the highest FCI followed by the integrated USP/DSP platform, rocking motion bioreactor and static suspension bags. Multilayer flasks have the highest FCI due to the use of BSCs in Grade B cleanrooms, which causes all cleanroom-dependent costs (e.g. building shell costs, fit-out costs etc.) to increase. The integrated USP/DSP platform has relatively high FCI due to fact that a dedicated platform with relatively high equipment costs (\$235,500/unit) is required per batch.

Despite the fact that the rocking motion bioreactor was shown to be the platform for autologous cell therapy manufacture with the second highest facility footprint (**Figure 3a**), the equipment costs associated with the platform are relatively low, allowing this platform to have the second lowest FCI. Moreover, static suspension bags have the lowest FCI due to the fact that these only required shared equipment with relatively low costs.

3.3 Relationship between FCI and facility footprint in cell therapy facilities

Figure 3 has revealed that cell therapy facilities using different manufacturing platforms have different facility footprints and FCI. This section will establish the relationship between facility footprint and FCI across multiple manufacturing platforms in order to draw general relationships between FCI, facility footprint and technology selection.

Figure 4a shows a linear relationship between FCI and facility footprint across all manufacturing platforms. However, the slope of this relationship changes significantly across manufacturing platforms, indicating that some manufacturing platforms have higher FCI per m^2 of facility footprint than others. In allogeneic facilities, this slope ranges between 7,000 \$/m² (multilayer flasks) to 13,000 \$/m² (hollow fibre bioreactor). Similarly, in autologous facilities, FCI per m^2 ranges between 8,200 \$/m² (multilayer flasks) to 16,000 \$/m² (integrated USP/DSP platforms). For the allogeneic processes, the manufacturing platform with the highest FCI per m^2 is the hollow fibre bioreactor platform (13,000 \$/m²) followed by the multiplate bioreactor platform (9,500 \$/m²), the stirred tank bioreactor platform (8,000 \$/m²) and finally the multilayer flasks platform (7,500 \$/m²).

Hollow fibre bioreactors have a relatively high FCI per m² due the combination of low capacity and high equipment costs as previously explained. Although both multi-plate bioreactors and stirred tank bioreactors have relatively low FCI (**Figure 3b**), these platforms also have low facility footprints increasing the FCI: facility footprint ratio. Moreover, even though the multilayer flasks have the second highest FCI across all platforms for allogeneic cell therapy manufacture (**Figure 3b**), this platform has significantly high facility footprint (**Figure 3a**), decreasing the FCI: facility footprint ratio.

For autologous processes, **Figure 4a** shows that the manufacturing platform with the highest FCI per m² is the integrated USP/DSP platform $(15,000 \text{ }/\text{m}^2)$ followed by the rocking motion bioreactor (8,500 $\text{}/\text{m}^2)$), the static suspension bag (8,400 $\text{}/\text{m}^2)$) and finally the multilayer flasks platform (8,300 $\text{}/\text{m}^2)$). The relatively high FCI per m² seen when using the integrated USP/DSP platform is attributed to high equipment costs previously highlighted. Rocking motion bioreactor and static suspension bags offer lower FCI per m² due relatively low FCI associated with this platforms. Similar to the trends seen for allogeneic processes, even though multilayer flasks have the highest FCI (**Figure 3b**), they also have the highest facility footprint across all manufacturing platforms for autologous cell therapy manufacture considered in this article, which reduced the FCI per m².

Figure 4b shows the relationship between FCI per m^2 of facility and facility footprint. This figure shows that for allogeneic processes, FCI per m^2 decreases with increasing facility footprint across all manufacturing platforms but for autologous processes, this ratio remains constant. This is due to the economies of scale achieved in allogeneic processes as a result of a scale-up approach to cell therapy manufacture which allows for fixed overhead costs (e.g. EMS and QC costs) to be spread over a higher number of doses.

3.4 Key factors influencing FCI and footprint of cell therapy facilities

As previously mentioned, the layout of cell therapy facilities is likely to differ from traditional biotechnology. This section highlights the key features of the facility layout of cell therapy facilities and identifies the major factors contributing to FCI. **Figure 5** illustrates the relationship between the different sections within the product manufacture floor of a cell

therapy facility, by showing the detailed facility floorplan used as the basis to evaluate the ratios provided in **Table 3**. Even though the plant area is not shown in **Figure 5** since it was assumed to be in a different floor, this is the section within the facility with the highest footprint. The section with the second highest footprint is the office space, this is also not clear from **Figure 5**, as this space was split across two different levels.

Figure 6 shows that the cost drivers affecting the FCI vary across the different manufacturing platforms. For allogeneic processes, when the annual demand is of 500 doses per year, the key direct cost drivers across most manufacturing platforms are building fit-out costs followed by process equipment costs and QC equipment costs. The effect of the core equipment costs on the hollow fibre bioreactor is higher than for other manufacturing platforms due to a combination of high equipment costs and low capacity as previously discussed. As the annual demand increases to 10,000 doses, economies of scale allow for overhead costs (EMS and QC costs) to be spread over a higher number of batches, reducing the relative contribution of these costs.

In autologous processes at 500 doses per year, for most manufacturing platforms, the building fit-out costs are the key direct cost driver followed by process equipment costs and the facility shell costs. This trend excludes the integrated USP/DSP platform due to the significantly higher core equipment costs associated with this platform. Increasing the annual demand to 10,000 has no significant effect on these trends due to the scale-out approach applied in autologous cell therapy manufacture.

3.5 Evaluating costs and area factors

Figure 3 and **Figure 4** have shown that different manufacturing platforms require very different facility footprints and FCI and that the relationship between FCI and facility footprint

may vary with annual demand. Therefore, costs and area factors were derived in order to provide short-cut methods to evaluate footprint and FCI for bespoke cell therapy facilities. This is shown in **Figure 7**. A detailed breakdown of the different factors contributing to the overall cost factor across the different manufacturing platforms can be found in **Table 6**.

Figure 7a shows an inverse relationship between the cost factors and the area factors where manufacturing platforms with the highest area factors (i.e. highest core equipment costs per m²) (e.g. hollow fibre bioreactors and integrated USP/DSP platforms) have the lowest cost factors (i.e. lowest ratio between FCI and core equipment costs) and vice versa. This figure also shows that annual demand has an impact on FCI and facility footprint of allogeneic processes but not on autologous processes due to the economies of scale achieved with allogeneic processes as previously discussed. Moreover, **Figure 7a** shows that for allogenic processes, area factors range between 950 (stirred tank bioreactor) and 5,400 (hollow fibre bioreactor) and cost factors range from 2.3 (hollow fibre bioreactor) and 8.3 (stirred tank bioreactor). Similar trends are seen for autologous processes as area factors range between 980 (multilayer flasks) and 6,500 (integrated USP/DSP platform) and cost factors vary from 2.3 (integrated USP/DSP platform) and 8.5 (multilayer flasks).

As **Figure 7a** highlighted that the cost and area factors are sensitive to annual demand in allogeneic processes, **Figure 7b** was generated to illustrate the process of selecting the adequate cost and area factor from **Figure 7a** taking into account the manufacturing platform used and the target annual demand.

3.6 Selecting a project-specific cost factor for cell therapy facilities

The hypothetical facilities considered in this case study so far were assumed to be built on a greenfield site. However, the starting condition of the site chosen to build the facility may vary from project to project. Some projects may be built on a brownfield site and others in an

existing building shell. Moreover, the geographical location of the facility will also have an effect on the FCI. Furthermore, different manufacturing platforms require the use of different cost factors for relevant evaluating of FCI as previously observed (**Figure 3** and **Figure 4**). Hence, it is important to provide cost factors that capture project-specific features in order to increase the accuracy of estimates. The differences in cost factor across the manufacturing platforms were captured by grouping them together into three categories according to the core equipment costs per m² characteristic of the different platforms. These categories were: high equipment costs per m² of facility, medium equipment costs per m² of facility.

The different platforms were grouped together according to the trends seen for area factors in **Figure 7a**. The hollow fibre bioreactor and integrated USP/DSP platforms were considered to have relatively high equipment costs per m^2 . Platforms with medium equipment costs per m^2 of facility were assumed to be the multilayer flasks (allogeneic), multi-plate bioreactor, static suspension bags and rocking motion bioreactor. Manufacturing platforms with low equipment costs per m^2 of facility were assumed to be stirred tank bioreactor and the multilayer flask with open steps (autologous).

The effect of manufacturing platform selection, the starting condition of the construction site and its geographical location and manufacturing platform selection are captured in **Figure 8**. For each site condition-geographic region combination, each group of manufacturing platforms seen in **Figure 8** offers a range of cost factors in order to account for the effect of annual demand on the cost factor; such that at smaller annual demands, users may choose higher cost factors and vice-versa.

Figure 8 shows that manufacturing platforms with high equipment costs per m² have average cost factors of 2.1-3.3 depending on the annual demand, geographic region and initial condition

of the construction site. This factor increases to 4-6.4 for platforms with medium equipment costs per m² and 6.4-10.1 for platforms with low equipment costs per m². Moreover, **Figure 8** shows also that in low economically developed areas such as India and Mexico, the cost factors are lower as building materials, land and labour costs are lower. As the degree of economic development increases to geographic areas such as the US west coast or Eastern Europe, these costs increase, increasing the overall cost factor. Furthermore, when building a facility in the brownfield site as opposed to a greenfield site, it was assumed that no yard improvements were required such that these costs would be null, decreasing the overall project costs and hence the cost factor. This assumption may not always apply as in some cases land remediation maybe required due to possible soil contamination, which will incur some yard improvement costs. Moreover, when considering building the facility in an existing (rented) shell, although the land costs, yard improvement costs and shell costs maybe null, resulting in lower FCI, and hence a lower cost factor, the facility running costs would be higher as the company now must pay to rent the facility. Furthermore, when using an existing shell possible design restrictions must also be considered.

4 Conclusion

This article aimed at proposing a detailed project-specific factorial methodology and using it to provide benchmark short-cut ratios for FCI and facility footprint evaluation for cell therapy facilities using the core equipment costs. The results clearly highlight that allogenic facilities have significantly lower FCI and facility footprint than autologous facilities. Moreover, when evaluating FCI and facility trends for different cell therapy facilities, the results showed that multiple factors will have an effect on the FCI and footprint of cell therapy facilities including annual demand, manufacturing technology, initial condition of the construction site and geographic location of the facility. These parameters caused the area factors to range between

675-6,815 and the cost factors to range between 2.3 and 8.5.

FCI and facility footprint are important factors to consider when selecting a manufacturing strategy for a novel cell therapy product. This method can be used for manufacturing platform selection based on crude FCI and facility footprint estimates during the early stages of process development of novel cell therapy products.

Acknowledgements

Financial support from the UK Engineering and Physical Sciences Research Council (EPSRC) and Pall Life Sciences is gratefully acknowledged (Grant Code: EP/G034656/1). Andrew Besso, Paul Dempsey and Angela Osborne at eXmoor Pharma Concepts (Bristol, UK), a design consultancy firm, are gratefully acknowledged for providing capital investment and facility footprint estimations to help validate the proposed methodology as well as generating the facility layout diagram in Figure 5. The Advanced Centre for Biochemical Engineering at UCL hosts the Future Targeted Healthcare Manufacturing Hub in collaboration with UK universities and with funding from the EPSRC and a consortium of industry and government users.

References

- J. Glenn and K. Whartenby, "Mesenchymal stem cells: Emerging mechanisms of immunomodulation and therapy.," *World J. Stem Cells*, vol. 6, no. 5, pp. 526–39, Nov. 2014.
- [2] M. Reinders *et al.*, "Autologous bone marrow-derived mesenchymal stromal cells for the treatment of allograft rejection after renal transplantation: results of a phase I study.," *Stem Cells Transl. Med.*, vol. 2, no. 2, pp. 107–11, Feb. 2013.
- [3] W. Noort *et al.*, "Mesenchymal stromal cells to treat cardiovascular disease: strategies to improve survival and therapeutic results.," *Panminerva Med.*, vol. 52, no. 1, pp. 27– 40, Mar. 2010.
- [4] L. Wang, I. Tran, K. Seshareddy, M. Weiss, and M. Detamore, "A Comparison of Human Bone Marrow–Derived Mesenchymal Stem Cells and Human Umbilical Cord– Derived Mesenchymal Stromal Cells for Cartilage Tissue Engineering," *Tissue Eng. Part A*, vol. 15, no. 8, pp. 2259–2266, Aug. 2009.
- [5] A. Ramkisoensing *et al.*, "Human Embryonic and Fetal Mesenchymal Stem Cells Differentiate toward Three Different Cardiac Lineages in Contrast to Their Adult Counterparts," *PLoS One*, vol. 6, no. 9, p. e24164, Sep. 2011.
- [6] M. Chmielewski, A. Hombach, and H. Abken, "Antigen-specific T-cell activation independently of the MHC: Chimeric antigen receptor-redirected T cells," *Front. Immunol.*, vol. 4, no. NOV, pp. 1–7, 2013.
- [7] B. Tumaini *et al.*, "Simplified process for the production of anti–CD19-CAR– engineered T cells," *Cytotherapy*, vol. 15, no. 11, pp. 1406–1415, Nov. 2013.
- [8] M. Cartellieri *et al.*, "A novel Ex Vivo isolation and expansion procedure for chimeric antigen receptor engrafted human T cells," *PLoS One*, vol. 9, no. 4, pp. 1–12, 2014.
- [9] V. Hillerdal, M. Ramachandran, J. Leja, and M. Essand, "Systemic treatment with CARengineered T cells against PSCA delays subcutaneous tumor growth and prolongs survival of mice.," *BMC Cancer*, vol. 14, p. 30, 2014.
- [10] Reuters, "Novartis, Juno face production hurdles for new blood cancer drugs | Reuters," 2015. [Online]. Available: http://in.reuters.com/article/us-pharmaceuticals-cancerfactories-anal-idINKCN0SO0F520151030F520151030. [Accessed: 24-Dec-2016].
- [11] S. Rosenberg and N. Restifo, "Adoptive cell transfer as personalized immunotherapy for human cancer," *Science (80-.).*, vol. 348, no. 6230, pp. 62–68, 2015.
- [12] C. Sumen, D. Williams, and G. Binder-Scholl, "Adoptive T-cell therapies: Unlocking the potential of engineered antigen receptors," *Drug Discov. world*, vol. 16, no. 2, pp. 47–54, 2015.
- [13] M. Bernardo *et al.*, "Mesenchymal Stromal Cells: Sensors and Switchers of Inflammation," *Cell Stem Cell*, vol. 13, no. 4, pp. 392–402, Oct. 2013.
- [14] J. Valton *et al.*, "A Multidrug-resistant Engineered CAR T Cell for Allogeneic Combination Immunotherapy.," *Mol. Ther.*, vol. 23, no. 9, pp. 1507–18, 2015.
- [15] A. Bartholomew *et al.*, "Mesenchymal stem cells suppress lymphocyte proliferation in vitro and prolong skin graft survival in vivo," *Exp. Hematol.*, vol. 30, no. 1, pp. 42–48, 2002.
- [16] H. Sheng *et al.*, "A critical role of IFNγ in priming MSC-mediated suppression of T cell proliferation through up-regulation of B7-H1," *Cell Res.*, vol. 18, no. 8, pp. 846–857, Aug. 2008.
- [17] M. Di Nicola *et al.*, "Human bone marrow stromal cells suppress T-lymphocyte proliferation induced by cellular or nonspecific mitogenic stimuli," *Blood*, vol. 99, no. 10, 2002.
- [18] M. González, E. Gonzalez-Rey, L. Rico, D. Büscher, and M. Delgado, "Treatment of experimental arthritis by inducing immune tolerance with human adipose-derived

mesenchymal stem cells," Arthritis Rheum., vol. 60, no. 4, pp. 1006–1019, Apr. 2009.

- [19] I. Kan *et al.*, "Dopaminergic differentiation of human mesenchymal stem cells— Utilization of bioassay for tyrosine hydroxylase expression," *Neurosci. Lett.*, vol. 419, no. 1, pp. 28–33, 2007.
- [20] J. Hare *et al.*, "A Randomized, Double-Blind, Placebo-Controlled, Dose-Escalation Study of Intravenous Adult Human Mesenchymal Stem Cells (Prochymal) After Acute Myocardial Infarction," *JAC*, vol. 54, pp. 2277–2286, 2009.
- [21] M. Naghdi, T. Tiraihi, S. Namin, and J. Arabkheradmand, "Transdifferentiation of bone marrow stromal cells into cholinergic neuronal phenotype: a potential source for cell therapy in spinal cord injury," *Cytotherapy*, vol. 11, no. 2, pp. 137–152, Jan. 2009.
- [22] J. Pattasseril, H. Varadaraju, L. Lock, and J. Rowley, "Downstream Technology Landscape for Large-Scale Therapeutic Cell Processing," *Suppl. 38 BioProcess Int.*, vol. 11, no. 3, 2013.
- [23] D. Stroncek, J. Jin, V. David-Ocampo, V. Fellowes, L. Moses, and M. Sabatino, "Production of Clinical T Cell Therapies," Springer International Publishing, 2015, pp. 129–150.
- [24] P. Ascierto, D. Stroncek, and E. Wang, *Developments in T cell based cancer immunotherapies*. 2015.
- [25] R. Somerville and M. Dudley, "Bioreactors get personal.," *Oncoimmunology*, vol. 1, no. 8, pp. 1435–1437, 2012.
- [26] A. Kaiser *et al.*, "Towards a commercial process for the manufacture of genetically modified T cells for therapy.," *Cancer Gene Ther.*, vol. 22, no. 2, pp. 72–8, 2015.
- [27] A. Kaiser, M. Assnmacher, and I. Johnston, "METHOD FOR AUTOMATED GENERATION OF GENETICALLY MODIFIED T CELLS," 2015.
- [28] C. Lamers, R. Willemsen, B. Luider, R. Debets, and R. Bolhuis, "Protocol for gene transduction and expansion of human T lymphocytes for clinical immunogene therapy of cancer.," *Cancer Gene Ther.*, vol. 9, no. 7, pp. 613–23, 2002.
- [29] M. Granzin *et al.*, "Fully automated expansion and activation of clinical-grade natural killer cells for adoptive immunotherapy," *Cytotherapy*, vol. 17, no. 5, pp. 621–632, May 2015.
- [30] J. Rowley, E. Abraham, A. Campbell, H. Brandwein, and S. Oh, "Meeting lot-size challenges of manufacturing adherent cells for therapy," *Bioprocess Int.*, vol. 10, no. SUPPL. 3, pp. 16–22, 2012.
- [31] L. Lambert *et al.*, "Improving T Cell Expansion with a Soft Touch," *Am. Chem. Soc.*, vol. 17, pp. 821–826, 2017.
- [32] T. Pereira Chilima, T. Bovy, and S. Farid, "Designing the Optimal Manufacturing Strategy for an Adherent Allogeneic Cell Therapy," *Bioprocess int*, vol. 14, no. 9, pp. 24–32, 2016.
- [33] J.-F. Michiels and M. Egloff, "Scaling Up Stem Cells," GEN Mag., vol. 33, no. 2, 2013.
- [34] M. Szczypka, D. Splan, H. Woolls, and H. Brandwein, "Single-Use Bioreactors and Microcarriers Scalable Technology for Cell-Based Therapies," 54 BioProcess Int., vol. 12, no. 3, 2014.
- [35] J. Castillo, "Indutrialization of Stem Cell Processes how to identify the right strategy?," in *ISCT*, 2014.
- [36] J. Jin *et al.*, "Simplified Method of the Growth of Human Tumor Infiltrating Lymphocytes in Gas-permeable Flasks to Numbers Needed for Patient Treatment," *J. Immunother.*, vol. 35, no. 3, pp. 283–292, Apr. 2012.
- [37] Coulson and Richardson, *Coulson & Richardsons Chemical Engineering Design*, vol. 6, no. 4. ELSEVIER, 2005.
- [38] M. Peters and K. Timmerhaus, PLANT DESIGN AND ECONOMICS FOR CHEMICAL

ENGINEERS, 4th ed. 1991.

- [39] R. Pavlotsky, "Approximating facilities costs," *Solid State Technology*, 2004. [Online]. Available: http://electroiq.com/blog/2004/08/approximating-facilities-costs/. [Accessed: 28-Feb-2017].
- [40] J. Novais, N. Titchener-Hooker, and M. Hoare, "Economic comparison between conventional and disposables-based technology for the production of biopharmaceuticals," *Biotechnol. Bioeng.*, vol. 75, no. 2, pp. 143–153, 2001.
- [41] D. Brennan and K. Golonka, "Evolving Process Designs," vol. 80, no. September, 2002.
- [42] D. Petrides, R. Harrison, P. Todd, S. Rudge, and D. Petrides, "Bioprocess Design and Economics Bioseparations Science and Engineering (2 nd Edition)," 2015.
- [43] A. Sinclair and M. Monge, "Concept Facility Based on Single-Use Systems, Part 2: Leading the Way for Biomanufacturing in the 21st Century," *Bioprocess Interntational*, pp. 51–55, 2005.
- [44] K. Kinsella and S. Dewan, "SINGLE-USE MARKET Rise of Single-Use Technologies & amp; Systems in Biopharmaceuticals | Articles | drug development and delivery back issues | Drug Development & amp; Delivery," Drug Development & Delivery, 2015.
 [Online]. Available: http://www.drug-dev.com/Main/Back-Issues/SINGLEUSE-MARKET-Rise-of-SingleUse-Technologies-Sy-1022.aspx. [Accessed: 25-Feb-2017].
- [45] A. Lopes, "Single-use in the biopharmaceutical industry: A review of current technology impact, challenges and limitations," *Food Bioprod. Process.*, vol. 93, pp. 98–114, 2015.
- [46] B. Barak and B. Bader, "Lifecycle Cost Analysis for Single-Use Systems," *Biopharm International*, Nov-2008.
- [47] W. Flaherty and P. Perrone, "Environmental and Financial Benefits of Single-Use Technology," 2012.
- [48] R. Jacquemart, M. Vandersluis, M. Zhao, K. Sukhija, N. Sidhu, and J. Stout, "A Singleuse Strategy to Enable Manufacturing of Affordable Biologics," *Comput. Struct. Biotechnol.*, vol. 14, pp. 309–318, 2016.
- [49] J. Pollock, S. Ho, and S. Farid, "Fed-batch and perfusion culture processes: Economic, environmental, and operational feasibility under uncertainty," *Biotechnol. Bioeng.*, vol. 110, no. 1, pp. 206–219, Jan. 2013.
- [50] A. Rayner, "The application of disposable single use equipment, and it's impact on biopharma plat design." 2010.
- [51] B. Sargent, "Single-use stirred bioreactors: Enabling flexible biomanufacturing," *cell dish Cult.*, Sep. 2013.
- [52] A. Shukla and U. Gottschalk, "Single-use disposable technologies for biopharmaceutical manufacturing," *Trends Biotechnol.*, vol. 31, no. 3, pp. 147–154, 2013.
- [53] G. Tiene, "Single-Use Now Key Technology in Biopharmaceutical Manufacturing | Pharmaceutical Outsourcing - The Journal of Pharmaceutical & amp; Biopharmaceutical Contract Services," *Pharmaceutical outsourcing*, 2016. [Online]. Available: http://www.pharmoutsourcing.com/Featured-Articles/182579-Single-Use-Now-Key-Technology-in-Biopharmaceutical-Manufacturing/. [Accessed: 22-Feb-2017].
- [54] P. Rogge, D. Müller, and S. Schmidt, "The Single-Use or Stainless Steel Decision Process: A CDMO Perspective -," *Bioprocess International*, Dec-2015.
- [55] S. Haigney, "Integrating Single-Use Systems in Pharma Manufacturing," *PharmaTech.com*, vol. 40, no. 6, pp. 42–44, 2016.
- [56] A. Geipel-Kern, "Single-Use Technologies in Biomanufacturing," *Bioprocess world*, 2009. [Online]. Available: http://www.process-worldwide.com/single-usetechnologies-in-biomanufacturing-a-302185/. [Accessed: 25-Feb-2017].
- [57] S. Cox, J. Lim, L. Leveen, A. Sinclair, and M. Monge, "The Environmental Impact of Disposable Technologies," *BioPharm Int.*, 2008.

- [58] N. Guldager, "Next-Generation Facilities for Monoclonal Antibody Production," *Pharmatech.com*, vol. 33, no. 7, 2009.
- [59] H. Levine, J. Lilja, R. Stock, H. Hummel, and S. Jones, "Efficient, Flexible Facilities for the 21st Century," *Suppl. 2 BioProcess Int.*, vol. 10, no. 11, 2012.
- [60] E. Langer and R. Rader, "Single-use technologies in biopharmaceutical manufacturing: A 10-year review of trends and the future," *Eng. Life Sci.*, vol. 14, no. 3, pp. 238–243, May 2014.
- [61] J. Castillo, "Industrialization of Stem Cell Processes: how to identify the right strategy?," 2013.
- [62] A. Simaria *et al.*, "Allogeneic cell therapy bioprocess economics and optimization: Single-use cell expansion technologies," *Biotechnol. Bioeng.*, vol. 111, no. 1, pp. 69– 83, 2014.
- [63] T. D. Pereira Chilima, F. Moncaubeig, and S. S. Farid, "Impact of allogeneic stem cell manufacturing decisions on cost of goods, process robustness and reimbursement," *Biochem. Eng. J.*, vol. 137, pp. 132–151, Sep. 2018.
- [64] T. Pereira Chilima, F. Moncaubeig, and S. Farid, "Cost effective manufacturing strategies for feasible commercialisation of CAR T-cell products," in *ECI Scale-up and Manufacturing of Cell-based Therapies V*, 2017.
- [65] A. Simaria *et al.*, "Allogeneic cell therapy bioprocess economics and optimization: Single-use cell expansion technologies," *Biotechnol. Bioeng.*, vol. 111, no. 1, pp. 69– 83, Jan. 2014.
- [66] J. Pattasseril, H. Varadaraju, L. Lock, and J. Rowley, "Downstream technology landscape for large-scale therapeutic cell processing," *Bioprocess Int.*, vol. 11, no. SUPPL. 3, pp. 38–47, 2013.
- [67] M. Diogo, C. da Silva Lobato, and J. Cabral, "Separation technologies for stem cell bioprocessing," *Biotechnol. Bioeng.*, vol. 109, no. 11, pp. 2699–2709, 2012.
- [68] X. Wang and I. Rivière, "Clinical manufacturing of CAR T cells: foundation of a promising therapy," *Mol. Ther. Oncolytics*, vol. 3, 2016.
- [69] B. Levine, "Performance-enhancing drugs: design and production of redirected chimeric antigen receptor (CAR) T cells," *Cancer Gene Ther.*, vol. 22, no. 2, pp. 79–84, Mar. 2015.
- [70] C. Wegener, C. Heber, and K. Min, "Novel cell washing device using spinning membrane filtration," *Cytotherapy*, vol. 15, no. 4, p. S27, Apr. 2013.
- [71] S. Hassan, A. Simaria, H. Varadaraju, S. Gupta, K. Warren, and S. Farid, "Allogeneic cell therapy bioprocess economics and optimization: downstream processing decisions," *Regen. Med.*, vol. 10, no. 5, pp. 591–609, Aug. 2015.
- [72] Rontis medical, "COBE 2991 Cell Processor | Rontis Medical." [Online]. Available: http://rontismedical.com/cobe-2991-cell-processor/. [Accessed: 24-Dec-2016].
- [73] A. Dragani, A. Angelini, A. Iacone, D. D'Antonio, and G. Torlontano, "Comparison of five methods for concentrating progenitor cells in human marrow transplantation," *Blut*, vol. 60, no. 5, pp. 278–281, May 1990.
- [74] Haemonetics, "Cell saver 5+ Standard of care in intraoperative autotransfusion."
- [75] C. Serrick and M. Scholz, "Partial bowls using the Haemonetics Cell Saver 5: does it produce a quality product?," J. Extra. Corpor. Technol., vol. 37, no. 2, pp. 161–4, Jun. 2005.
- [76] D. Powell, A. Brennan, Z. Zheng, H. Huynh, J. Cotte, and B. Levine, "Efficient clinicalscale enrichment of lymphocytes for use in adoptive immunotherapy using a modified counterflow centrifugal elutriation program," *Cytotherapy*, vol. 11, no. 7, pp. 923–935, 2009.
- [77] M. Apel et al., "Integrated clinical scale manufacturing system for cellular products

derived by magnetic cell separation, centrifugation and cell culture," *Chemie-Ingenieur-Technik*, vol. 85, no. 1–2, pp. 103–110, 2013.

- [78] Octane, "see How' Octane technology can impact your goals."
- [79] H. Lang, "Simplified Approach to Preliminary Cost Estimates," *Chem. Eng.*, vol. 55, pp. 112–113, 1948.
- [80] R. Giancola, T. Bonfini, and A. Iacone, "Cell therapy: cGMP facilities and manufacturing.," *Muscles. Ligaments Tendons J.*, vol. 2, no. 3, pp. 243–7, Jul. 2012.
- [81] A. Dietz, D. Padley, and D. Gastineau, "Infrastructure Development for Human Cell Therapy Translation," *Clin. Pharmacol. Ther.*, vol. 82, no. 3, pp. 320–324, Sep. 2007.
- [82] J. Chester, "Isolators v. RABS: Isolators v. RABS: Facility Design Considerations for Facility Design Considerations for a Fill a Fill - -Finish Suite Finish Suite," in APV Basle conference, 2008.
- [83] W. Whitford, "Single-Use Systems As Principal Components in Bioproduction," *Bioprocess Int.*, pp. 34–42, 2010.
- [84] R. Eibl and D. Eibl, Single-Use Technology in Biopharmaceutical Manufacture. 2010.
- [85] N. Guldager, "Cost advantages of single use technologies," Pharm. Technol., 2010.

List of Tables

Table 1 Examples of current cell therapy facilities

Table 2 Reported values for cleanroom costs (\$ per m²)

Table 3 Ratio between the footprint of the different sections within a facility and the footprint of the product manufacture area

Table 4 Key case study assumptions

Table 5 Key characteristics of the manufacturing platforms included in this case study

Table 6 Cost factor breakdown for different hypothetical cell therapy facilities producing 5,000 doses of 100M cells per year

Supplementary Table 1 List of equipment required per QC lab and their unit costs

List of Figures

Figure 1 Schematic representation of the detailed factorial methodology used for estimating **a**) facility footprint **b**) FCI evaluation.

Figure 2 Comparison between results attained using the novel factorial method for FCI and facility footprint evaluation and those provided by eXmoor Pharma Concepts for **a**) facility footprint and **b**) FCI. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country.

Figure 3 a) Facility footprint and **b)** FCI with increasing annual demand for different manufacturing platforms. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/m² for all platforms and surface area/L for microcarrier-based platforms of 5,540cm²/L were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.

Figure 4 Relationship between **a**) FCI and facility footprint and **b**) FCI per m² of facility and facility footprint across multiple manufacturing platforms. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/cm² for all platforms and surface area/L for microcarrier-based platforms of 5,540 cm²/L were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.

Figure 5 General facility layout used in this analysis to determine the relative footprint of the different areas within a cell therapy facility. Yellow regions = Grade C area classification; Green regions = Grade D area classification; white regions = Grade U area classification. Diagram generated by eXmoor Pharma Concepts.

Figure 6 Contribution of the different factors towards the FCI for a dose size of 100M cells and annual demands of 500 and 10,000 doses per year. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.

Figure 7 a) Trends in area factor and cost factor across multiple manufacturing platforms and commercialisation demand scenarios for a product with a dose size of 100M cells. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/m² for all platforms and surface area/L for microcarrier-based platforms of 5,540 cm²/L were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor **b**) Method for evaluating facility footprint and FCI.

Figure 8 Change in cost factor with initial condition of the facility site, manufacturing platform and geographic location of the facility. The manufacturing platforms with high $costs/m^2$ are the hollow fibre bioreactor and the integrated USP/DSP. The manufacturing platforms with medium $costs/m^2$ are the multilayer flasks, multi-plate bioreactor, static suspension bags and rocking motion bioreactor and the manufacturing platform with low $costs/m^2$ are the stirred tank bioreactor and multilayer flasks with open steps.

Table 1 Examples of c	urrent cell therapy	facilit	ties		
Company	Location	Cost \$(M)	Total size (m ²)	Build/Purchase	Details
Argos Therapeutics [1], [2]] Durham, NC, USA	57	9,290	Build	Support automated production of personalized immunotherapy product candidates
UC Davis/ California Institute of Regen Med[3]	Sacramento, CA, USA	62	8,361	Build	Includes research and laboratory facilities for clinical trial product manufacture
Bone Therapeutics[4], [5]	Gosselies, Belgium	11	3,000	Build	Commercial scale manufacture of cell therapies targeted at bone fractures
PharmaCell B.V Advanced Therapies[6], [7]	Maastricht, Netherlands	6.34	1,440	Purchased from TiGenix	Manufacture of ChrondoCelect
Novartis [8],[9]	New Jersey, NJ, USA	43	16,072	Purchased from Dendreon	Manufacture of personalised products from the collaboration with UPenn
Kite Pharma[10],[11]	Netherlands	21	-	Purchased from T-Cell Factory B.V	Discovery and development of TCR products
Pluristem Therapeutics[12],[13]	Haifa, Israel	6.2	-	Build	Production of placenta expanded cells
Xcyte Therapeutics[14],[15]	Bothell, WA, USA	4	3,763	Build	Production of T- cell products for clinical trials
Aastrom Biosciences[16],[17]	Ann Arbor, MI, USA	1.4	2,787	Build	Production of autologous products for tissue repair
Cardio 3 Biosciences (now Celyad)[18]	Minnesota, MN, USA	1.5	1,394	Build	Development of autologous product for heart failure
University of Pennsylvania[19]	Pennsylvania, USA	27	2,787	Build	Development of personalised cancer therapies
Cell Medica[20]	London, UK	4.59	1,080	Build	Personalised T-cell products

Table 1 Examples of current cell therapy facilities

MaSTherCell[21],[22]	Brussels, Belgium	5.84	600	Build	Contract manufacturer
Dendreon[23],[24]	Atlanta	80	18,580	Build	Autologous dendritic cells manufacture

[1] J. DeBruyn, "Durham's Argos Therapeutics, Inc. (Nasdaq: ARGS) expands cancer-fighting scope with new trial - Triangle Business Journal," Triangle business journal, 2016. [Online]. Available: http://www.bizjournals.com/triangle/news/2016/03/24/durhams-argos-expands-cancer-fighting-scope-with.html. [Accessed: 16-Mar-2017].

https://www.sec.gov/Archives/edgar/data/1105533/000117184314004610/newsrelease.htm. [Accessed: 16-Mar-2017].

K. Robertson, "Stem cell research center to open at UCD med center - Sacramento Business Journal," Sacramento Business Journal, 2010. [Online]. Available: http://www.bizjournals.com/sacramento/stories/2010/03/01/daily53.html. [Accessed: 16-Mar-2017].
 Bone therapeutics, "Bone Therapeutics invests in cell therapy manufacturing facility," Bone therapeutics, 2013. [Online]. Available: http://www.bonetherapeutics.com/upload/files/20130225_Bone_Therapeutics_Press_Release.pdf. [Accessed: 16-Mar-2017].
 Flandersbio, "Bone Therapeutics officially opens its new headquarters in Gosselies | News | FlandersBio," FlandersBio, 2015. [Online]. Available: http://flandersbio.be/news/bone-therapeutics-officially-opens-its-new-headquarters-in-gosselies/. [Accessed: 16-Mar-2017].

[6] Z. Brennan, "ImmunoCellular taps PharmaCell to manufacture dendritic cell-based vaccine for trial," Outsourcing Pharma, 2015. [Online]. Available: http://mobile.outsourcing-pharma.com/Product-Categories/Contract-Manufacturing/ImmunoCellular-taps-PharmaCell-to-manufacture-dendritic-cell-based-vaccine-for-trial. [Accessed: 16-Mar-2017].

[7] GlobeNewswire, "TiGenix completes the sale of its Dutch manufacturing facility to PharmaCell Brussels Stock Exchange:TIG," Nasdaq| GlobeNewswire, 2014. [Online]. Available: http://globenewswire.com/news-release/2014/06/02/640819/10084050/en/TiGenix-completes-the-sale-of-its-Dutch-manufacturing-facility-to-PharmaCell.html. [Accessed: 16-Mar-2017].

[8] T. Staton and E. Palmer, "Dendreon 'monetizes' NJ plant with \$43M sale to Novartis | FiercePharma," FiercePharma, 2012.
 [Online]. Available: http://www.fiercepharma.com/m-a/dendreon-monetizes-nj-plant-43m-sale-to-novartis. [Accessed: 16-Mar-2017].
 [9] New jersey business, "Novartis buys Morris Plains drug manufacturing site in \$43M deal | NJBIZ," New Jersey business, 2012.
 [Online]. Available: http://www.njbiz.com/article/20121220/NJBIZ01/121229984/novartis-buys-morris-plains-drug-manufacturing-site-in-43m-deal. [Accessed: 16-Mar-2017].

[10] HollandBio, "Kite Pharma Acquires T-Cell Factory for \$21M Up Front - Nieuws - HollandBIO," HollandBIO. [Online].
[10] HollandBio, "Kite Pharma Acquires T-Cell Factory for \$21M Up Front - Nieuws - HollandBIO," HollandBIO. [Online].
[11] InvestHolland, "Kite Pharma Acquires Dutch Biotech Firm to Establish Amsterdam EHQ - NFIA," Investinholland, 2015.
[Online]. Available: http://investinholland.com/kite-pharma-acquires-dutch-biotech-firm-to-establish-amsterdam-ehq/. [Accessed: 16-Mar-

2017].
 [12] R. Dirks, "PSTI driven by High-Volume Manufacturing Capabilities, Proprietary Stem Cells and New positive Phase I clinical data for PAD," Pluristem, 2011. [Online]. Available: http://pluristem.netron-webs.com/images/stories/publications/BioMedReports-14.11.11.pdf. [Accessed: 16-Mar-2017].

[13] StreetInsider, "Pluristem (PSTI) Initiates IQ Process at cGMP Facility," StreetInsider.com, 2012. [Online]. Available: https://www.streetinsider.com/Corporate+News/Pluristem+(PSTI)+Initiates+IQ+Process+at+cGMP+Facility/7809785.html. [Accessed: 16-Mar-2017].

[14] N. Princeton, "The Seattle Times: Business & Cray posts surprise loss on defense sales decline," The Seattle times, 2004. [Online]. Available: http://old.seattletimes.com/html/businesstechnology/2001916192_bizbriefs30.html. [Accessed: 16-Mar-2017].

[15] R. Berenson, "XCYTE THERAPIES INC (Form: S-1, Received: 10/10/2003 17:31:55)," www.nasdaq.com, 2003. [Online]. Available: http://www.nasdaq.com/markets/ipos/filing.ashx?filingid=2378531. [Accessed: 16-Mar-2017].

[16] K. Kavanaugh, "Aastrom expands operations, expects to add more than a dozen positions," metromode, 2007. [Online]. Available: http://www.secondwavemedia.com/metromode/innovationnews/aastrom2707.aspx. [Accessed: 16-Mar-2017].

[17] GlobeNewswire, "Aastrom and ATEK Medical Form Strategic Manufacturing and Development Partnership Nasdaq:ASTM," Nasdaq|GlobeNewswire, 2010. [Online]. Available: https://globenewswire.com/news-release/2010/10/26/432419/204763/en/Aastrom-and-ATEK-Medical-Form-Strategic-Manufacturing-and-Development-Partnership.html. [Accessed: 16-Mar-2017].

[18] Areadevelopment, "Belgium-Based Cardio3 BioSciences To Open Facility In Rochester, Minnesota - Area Development," www.areadevelopment.com, 2015. [Online]. Available: http://www.areadevelopment.com/newsItems/3-3-2015/cardio3-biosciencesrochester-minnesota423355.shtml. [Accessed: 16-Mar-2017].

[19] Penn Medicine News, "Novartis-Penn Center for Advanced Cellular Therapeutics Unveiled at Penn Medicine – PR News," Penn Medicine News, 2016. [Online]. Available: https://www.pennmedicine.org/news/news-releases/2016/february/novartispenn-center-for-advanc. [Accessed: 16-Mar-2017].

[20] Cell Medica, "Transforming the Treatment of Cancer and Infections," in UCL cell therapy MBI, 2014.

[21] Personal communication with Eric Matthieu, COO MaSTherCell. 2016.

[22] MaSTherCell, "MaSTherCell - Take a Tour," MaSTherCell. [Online]. Available: http://www.masthercell.com/Take-a-Tour. [Accessed: 16-Mar-2017].

[23] J. Carroll, "Dendreon blueprints \$70M Provenge facility in Atlanta | FierceBiotech," FierceBiotech, 2009. [Online]. Available: http://www.fiercebiotech.com/biotech/dendreon-blueprints-70m-provenge-facility-atlanta. [Accessed: 17-Mar-2017].

[24] Bzjournals, "Dendreon may put plant in Atlanta - Atlanta Business Chronicle," bzjournals.com, 2009. [Online]. Available: http://www.bizjournals.com/atlanta/stories/2009/07/13/daily99.html. [Accessed: 17-Mar-2017].

^[2] Argos therapeutics, "Argos Therapeutics Announces Plans for New Manufacturing Facility in Research Triangle Park Area in Durham, North Carolina," sec.gov, 2014. [Online]. Available:

	Barak & Bader (2008)[1]	Chester (2008)[2]	Gering & Campesi (2013)[3]	Gering & Campesi (2013)[3]	Petrides et al (2015)[4]	eXmoor Pharma Concepts (2018)[5]
Mechanical rooms (utilities)					441-882	
Office space	2,260				732-882	1,334
Laboratory	3,874				1,463-2,937	4,734
Class 100,000	4,519				2,937-3,669	4,734
Class 10,000	5,003	5,380	5,703-7,123	5,810-6,822	3,669-5,089	5,692
Class 1,000	5,649	7,532	7,446-8,554	7,575-8,716	6,531-8,802	7,758
Class 100		9,684	9,437- 10,760	9,619- 11,836	8,802- 11,739	

 Table 2 Reported values for cleanroom costs (\$ per m²)

[1] B. Barak and B. Bader, "Lifecycle Cost Analysis for Single-Use Systems," Biopharm International, Nov-2008.

J. Chester, "Isolators v. RABS: Isolators v. RABS: Facility Design Considerations for Facility Design Considerations for a Fill a Fill - -Finish Suite Finish Suite," in APV Basle conference, 2008.
 J. Gering and C. Campesi, "Facility Construction Outlook: Costs Stable & amp; Trending Up," Controlled environments, 2013. [Online]. Available: http://www.cemag.us/article/2013/12/facility-construction-outlook-costs-stable-trending. [Accessed: 03-Mar-2017].

[4] D. Petrides, R. Harrison, P. Todd, S. Rudge, and D. Petrides, "Bioprocess Design and Economics Bioseparations Science and Engineering (2 nd Edition)," 2015.

[5] eXmoor Pharma Concepts, "Personal communication with Andrew Besso - Bioprocess consultant." 2017.

Facility section	Facility section	Area/Product manufacture area
Product manufacture	Product manufacture	1.000
Clean change 1	Clean circulation space	0.105
Clean change 2	Clean circulation space	0.147
Clean corridors	Clean circulation space	0.322
Clean Janitor	Clean circulation space	0.042
QC labs	Product testing area	0.650
Microbiology lab	Product testing area	0.301
Labs corridor	Product testing area	0.273
PCR room	Product testing area	0.294
Janitor	Product testing area	0.042
Waste corridor	Waste circulation space	0.804
Waste change	Waste circulation space	0.042
Waste treatment	Waste circulation space	0.168
Logistics	General space	1.077
Offices	General space	3.147
Meeting rooms	General space	0.105
Stairs	General space	0.231
Cold rooms	General space	0.168
Janitor	General space	0.042
General corridor	General space	0.399
Lorry/Van loading docks	General space	0.224
Reception	General space	0.538
WC	General space	0.392
Plant level	Plant space	4.755

Table 3 Ratio between the footprint of the different sections within a facility and the footprint of the product manufacture area

The ratios between the cleanroom area and the footprint of all other sections within a facility were derived from materials provided by and personal communication with Andrew Besso and Paul Dempsey (eXmoor Pharma Concepts, Bristol, UK)

Parameter	Value	Unit
Dose size	100M	cells/dose
No batches per year (allogeneic)	20	batches/year
Equipment area/ product manufacture area ^a	0.163	-
Material airlock footprint ^b	6	m^2
Personnel airlock footprint ^b	6	m^2
No QC labs/ facility	1	-
Process support equipment costs ^b	2,389	\$/m ² of cleanroom
Logistics equipment costs ^b	548	\$/m ² of cleanroom
EMS central unit ^b	108,800	\$/unit
Probe costs ^b	1,920	\$/sampling point
Equipment installation costs ^c	1,920	\$/unit
Building shell costs ^b	548	\$/m ²
Fit-out costs (Grade B) ^b	8,320	\$/m ²
Fit-out costs (Grade C) ^b	6,106	\$/m ²
Fit-out costs (Grade D) ^b	5,082	\$/m ²
Fit-out costs (CNC) ^b	1,741	\$/m ²
Fit-out costs (unclassified) ^b	64	\$/m ²
Contractor fees ^b	12%	of Fit-out costs
Land costs ^d	6%	of Shell costs
Yard improvement costs ^d	10%	of Shell costs
Engineering, management and consultant fees ^b	20%	of Direct costs
Contingency costs ^b	20%	of (Direct costs + Engineering, management and consultant fees)

Table 4 Key case study assumptions

EMS = environment monitoring systems; CNC = controlled and non-classified

^aDerived from floorplans of different cell therapy facilities

^bDerived from materials provided by and personal communication with Andrew Besso and Paul Dempsey (eXmoor Pharma Concepts, Bristol, UK)

^cDerived from personal communication with Eric Matthieu (MaSTherCell, Gosseles, Belgium) ^d[38]

Donor type	Manufacturing platform	Abbreviatio	n Key technologies requiredª	Max capacity/unit (no doses in parallel) ^b	Max no of batches per cleanroom	Costs/unit (\$)	Footprint/unit (m ²) ^c
Allogeneic	Multilayer flasks	MLF	BSC; MLINC; INC40; AMLFM; FBC	500; 31; 164; 28; 10,000	NA	12,800; 13,440; 198,016; 482,560; 261,162	1; 0.46; 2.9; 2.3;0.77
	Multi-plate bioreactor	MPB	BSC; MLINC; MPBC; FBC	500; 9-64 ; 1-32 ;10,000	NA	12,800; 56,000; 261,162	1; 0.46; 0.2; 0.77
	Hollow fibre bioreactor	HFB	BSC; HFB; FBC	500; 5; 10,000	NA	12,800; 150,000; 261,162	1; 0.3; 0.77
	Stirred tank bioreactor	STR	BSC; STR; FBC	500; 1-2,898; 10,000	NA	12,800; 35,584- 291,886; 261,162	1; 0.87-4.2; 0.77
Autologous	sMultilayer flasks with open steps	MLF (open)	BSC; MLINC; SMF	2; 5; 2	1	12,800; 13,440; 79,429	1; 0.46; 0.35
	Static suspension bags	SSB	MLINC; SMF	5;2	5	13,440; 79,429	0.46; 0.35
	Integrated USP/DSP platform	INT	INT	1;	20	235,500	0.38
	Rocking motion bioreactor	RMB	MLINC; RMB; SMF	5;1;2	10	13,440; 47,500; 79,429	0.46;0.22; 0.35

Table 5 Key characteristics of the manufacturing platforms included in this case study

^a main process equipment required where: BSC = biosafety cabinet; MLINC = multilayer flask incubator; INC40 = 40-layer flask incubator; AMLFM = automated multilayer flask manipulator; FBC= fluidised bed centrifuge; MPBC = multi-plate bioreactor controller; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor (w microcarriers); SMF = spinning membrane filtration unit; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor. For allogenic processes, this capacity is calculated under the assumption that a harvest density of 45,000 cells/cm² was achieved and that microcarrier-based processes offer 5,540 cm²/L.

^b number of doses of 100M cells which can be produced using each technology. For MPB multiple bioreactor sizes were considered (with 10 plates. 50 plates, 100 plates and 200 plates), these bioreactors use the same controller, hence a range in capacity is seen. In STR a range in the capacity of the bioreactor is also seen as multiple bioreactor sizes were also considered (1L, 5L, 10L, 20L, 50L, 100L, 500L, 1,000L and 2,000L).

^c For equipment with large volumes (STR 100L, STR 500L, STR 1,000L and STR 2,000L), footprint includes auxiliary equipment (e.g. holding tanks for media and harvest)

	Items	All	Allogeneic			Autologous				
			MLF	MPB	HFB	STR	MLF (open)	SSB	INT	RMB
f_1	Main process equipment		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
f_2	Process support equipment		0.10	0.11	0.03	0.15	0.18	0.11	0.03	0.09
f_3	QC equipment		0.12	0.56	0.05	0.79	0.22	0.24	0.08	0.16
f_4	Logistics equipment		0.02	0.03	0.01	0.04	0.04	0.02	0.01	0.02
f_5	EMS		0.03	0.16	0.01	0.22	0.13	0.03	0.00	0.01
f_6	Equipment installation		0.01	0.04	0.01	0.02	0.04	0.04	0.01	0.04
f_7	Shell costs		0.34	0.39	0.11	0.55	0.56	0.31	0.08	0.26
f_8	Fit-out costs		1.23	1.50	0.39	2.10	3.17	1.32	0.34	1.05
f_9	Contractor fees		0.15	0.18	0.05	0.25	0.38	0.16	0.04	0.13
		Greenfield & Brownfield	0.02	0.02	0.01	0.03	0.03	0.02	0.01	0.02
f_{10}	Land costs	Refurbishment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Greenfield	0.03	0.04	0.01	0.05	0.06	0.03	0.01	0.03
f_{11}	Y and improvements	Brownfield & Refurbishment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Greenfield	0.61	0.81	0.34	1.04	1.16	0.66	0.32	0.56
f_{12}	Engineering, management and consultant fees	Brownfield	0.61	0.80	0.33	1.03	1.15	0.65	0.32	0.56
		Refurbishment	0.60	0.79	0.33	1.03	1.14	0.65	0.32	0.55
		Greenfield	0.73	0.97	0.40	1.25	1.39	0.79	0.39	0.67
f_{13}	Contingency	Brownfield	0.73	0.96	0.40	1.24	1.38	0.78	0.39	0.67
		Refurbishment	0.72	0.95	0.40	1.23	1.37	0.78	0.39	0.66
		Greenfield	4.41	5.80	2.42	7.51	8.37	4.72	2.33	4.04
F _C	Total	Brownfield	4.36	5.75	2.41	7.43	8.29	4.67	2.32	4.00
		Refurbishment	4.33	5.71	2.40	7.38	8.24	4.65	2.31	3.98

Table 6 Cost factor breakdown for different hypothetical cell therapy facilities producing 5,000 doses of 100M cells per year

Equipment	Costs (\$/unit)	
Balance (200g)	2,408	
Cell Counter	2,816	
CO2 incubator	13,440	
ELISA/Spectrophotometer	51,200	
Endotoxin Test	12,800	
FACS	128,000	
Filter Integrity Tester	12,800	
FTIR	8,658	
Gel Analysis Instrument	1,920	
HPLC	64,000	
Isolator, Grade A with VHP	153,600	
Microscope	12,160	
MSCII	12,800	
Osmometer	16,698	
PCR	57,600	
PCR Hood – mini LAF for PCR amplification	12,800	
pH Meter	1,039	
Plate Reader	6,221	
Power Packs	1,007	
Peristaltic Pump	1,386	
Sterility Test	153,600	
Turbidity Meter	963	

Supplementary Table 1 List of equipment required per QC lab and their unit costs

ELISA = enzyme-linked immunosorbent assay; FACS = fluorescence-activated cell sorting; FTIR = Fourier-transform infrared spectroscopy; HPLC = high performance liquid chromatography; VHP = vapour hydrogen peroxide; MSCII = class II microbial safety cabinet; PCR = polymerase chain reaction

The list of typical QC equipment in a cell therapy facility was derived through discussions with lab scientists and industrial experts. The individual equipment costs were obtained from vendor websites.



Figure 1 Schematic representation of the detailed factorial methodology used for estimating **a**) facility footprint **b**) FCI evaluation.



Figure 2 Comparison between results attained using the novel detailed factorial method for FCI and facility footprint evaluation and those provided by a design consultancy, eXmoor Pharma Concepts, for **a**) facility footprint and **b**) FCI. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country.



Figure 3 a) Facility footprint and **b)** FCI with increasing annual demand for different manufacturing platforms. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/m² for all platforms and surface area/L for microcarrier-based platforms of $5,540 \text{ cm}^2/\text{L}$ were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.



Figure 4 Relationship between **a**) FCI and facility footprint and **b**) FCI per m² of facility and facility footprint across multiple manufacturing platforms. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/cm² for all platforms and surface area/L for microcarrier-based platforms of 5,540 cm²/L were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.



Figure 5 General facility layout used in this analysis to determine the relative footprint of the different areas within a cell therapy facility. Yellow regions = Grade C area classification; Green regions = Grade D area classification; white regions = Grade U area classification. Diagram generated by eXmoor Pharma Concepts.



Figure 6 Contribution of the different factors towards the FCI for a dose size of 100M cells and annual demands of 500 and 10,000 doses per year. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor.



Figure 7 a) Trends in area factor and cost factor across multiple manufacturing platforms and commercialisation demand scenarios for a product with a dose size of 100M cells. The unit operations included in the allogenic platforms were inoculation, cell culture and wash and volume reduction while the unit operations included in the autologous platforms were elutriation, cell wash, cell selection, cell activation, viral transduction, cell culture and wash and volume reduction. For allogenic processes a harvest density of 45,000 cells/m² for all platforms and surface area/L for microcarrier-based platforms of 5,540 cm²/L were assumed. For autologous processes a maximum cell density for cell culture was 7×10^6 cells/ml was assumed. The scenario selected shown here corresponds to a greenfield project in a medium economically developed country. The abbreviations indicate the name of the different manufacturing platforms: MLF = multilayer flask; MPB = multi-plate bioreactor; HFB = hollow fibre bioreactor; STR = stirred tank bioreactor; MLF (open) = multilayer flask with open steps; SSB = static suspension bag; INT = integrated USP/DSP platform; RMB = rocking motion bioreactor **b**) Method for evaluating facility footprint and FCI.





Figure 8 Change in cost factor with initial condition of the facility site, manufacturing platform and geographic location of the facility. The manufacturing platforms with high $costs/m^2$ are the hollow fibre bioreactor and the integrated USP/DSP. The manufacturing platforms with medium $costs/m^2$ are the multilayer flasks, multi-plate bioreactor, static suspension bags and rocking motion bioreactor and the manufacturing platform with low $costs/m^2$ are the stirred tank bioreactor and multilayer flasks with open steps.