

**Applying Systems Thinking to Regenerative Medicine – A Workshop**

**October 22-23, 2020**

**SESSION V : Supply Chain and Cost Modeling**

***Novel Supply Chain and Process Modeling for  
Regenerative Medicine and Cell Therapy Manufacturing  
and Distribution***

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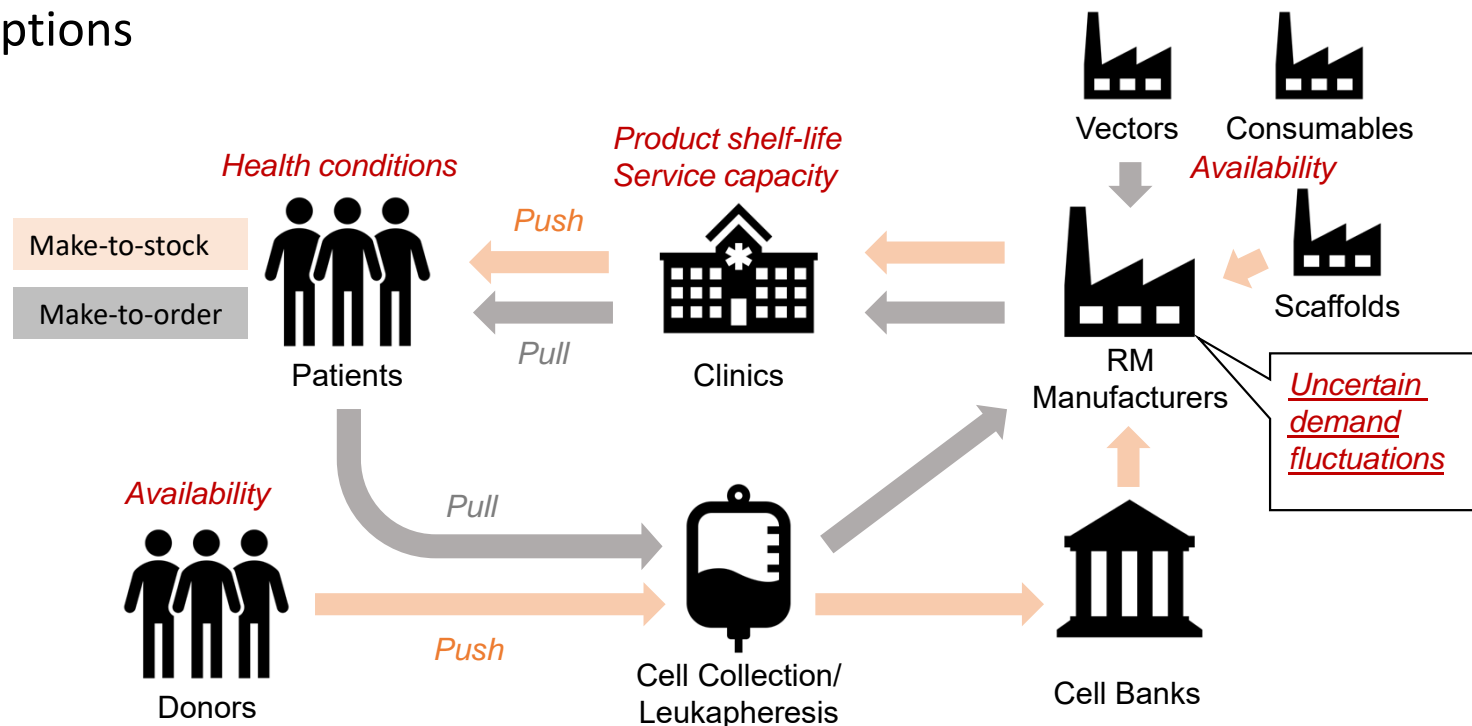
# ***Novel Supply Chain and Process Modeling for Regenerative Medicine and Cell Therapy Manufacturing and Distribution***



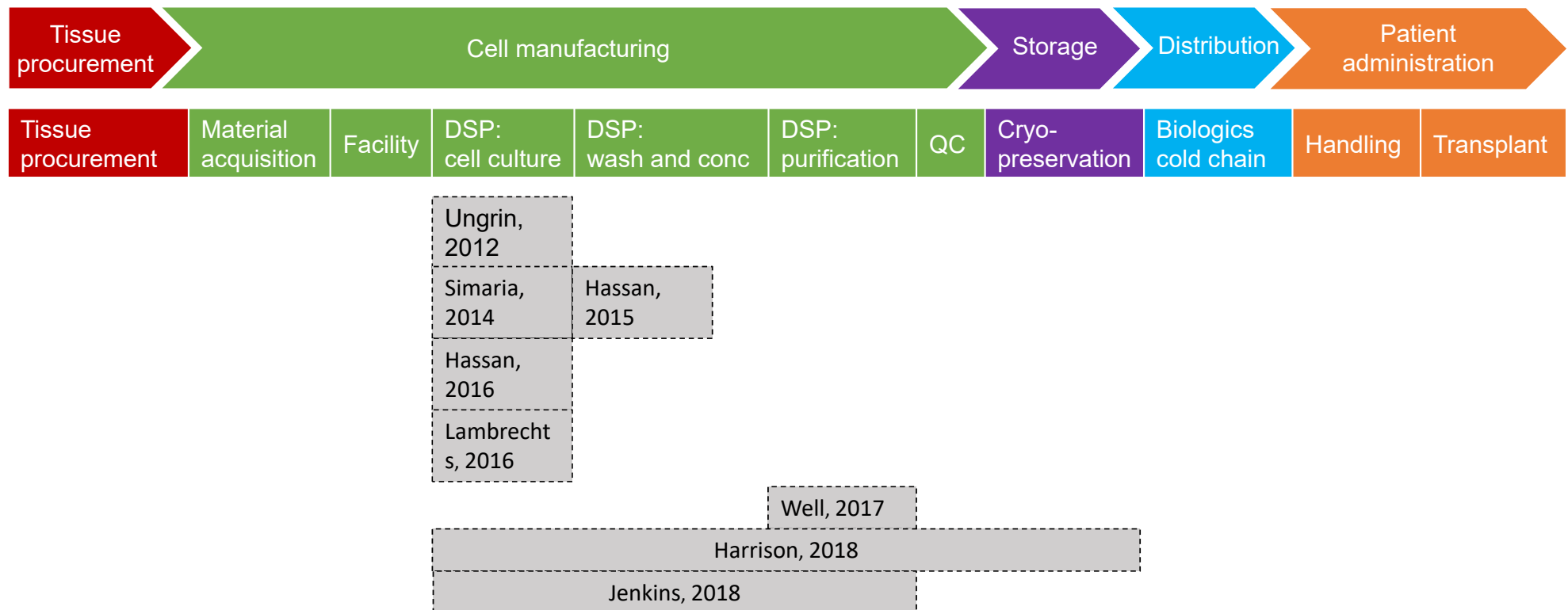
- On-going projects funded by NSF CMaT ERC and BioFabUSA
- Case studies: capacity planning, supply chain disruptions, demand surges & priority queue, cost of goods and automation

# Challenges in Managing RM Supply Chains

- A large variety of products and complex supply chain issues (pull and push)
- Realtime impact of patient health conditions on production and supply chain planning
- Uncertainties including demand fluctuations, machine breakdowns, process failures, supply chain disruptions



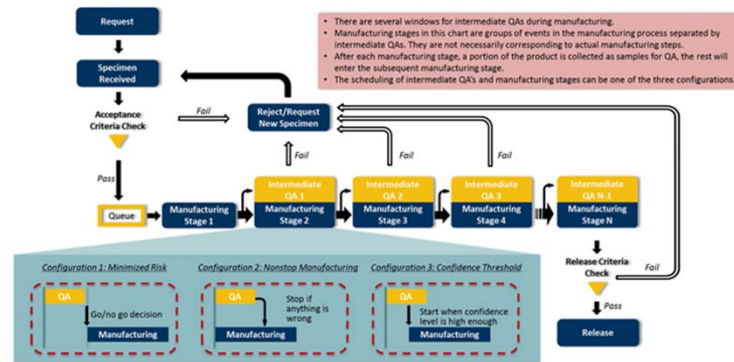
# Existing Digital Modeling Efforts



Lam, Ching, E. Meinert, A. Alturkistani, A. R. Carter, J. Karp, A. Yang, D. Brindley, and Z. Cui., "Decision Support Tools for Regenerative Medicine: Systematic Review," Journal of medical Internet research, Vol. 20, No. 12, e12448, 2018.

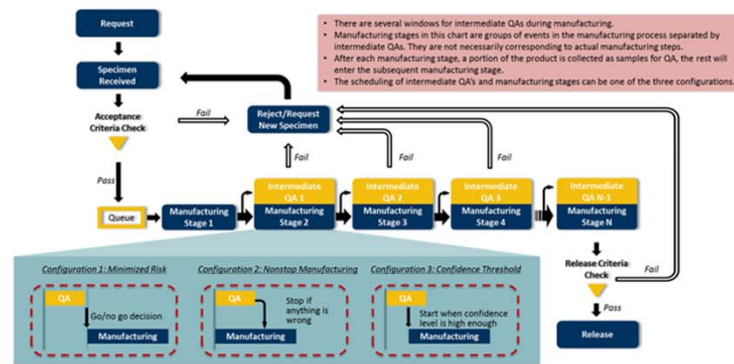
- Build a decision support toolset to incorporate all stakeholders' perspectives into supply chain system design, planning and control
- Develop and validate digital models (single production facility and a network of production facilities) of manufacture and quality assurance for regenerative medicine and cells to support reliable, scalable manufacturing of quality, affordable therapeutics
- Inform standards and regulation development
- Support and participate in education and workforce development

# Two-Level Modeling Approach: One Production Facility



(a) Single facility production process and decision flow chart

# Two-Level Modeling Approach: Network View



(a) Single facility production process and decision flow chart



(c) Regional production hub model



(b) Centralized production model

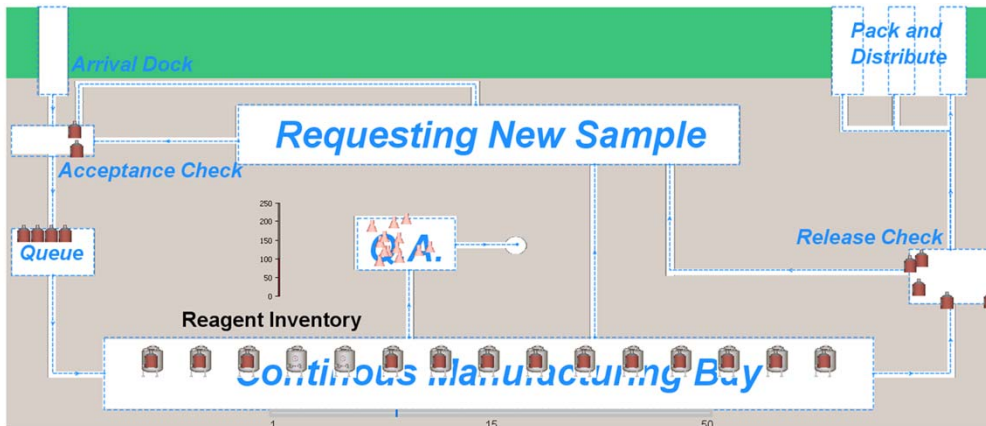


(d) Point-of-care production model

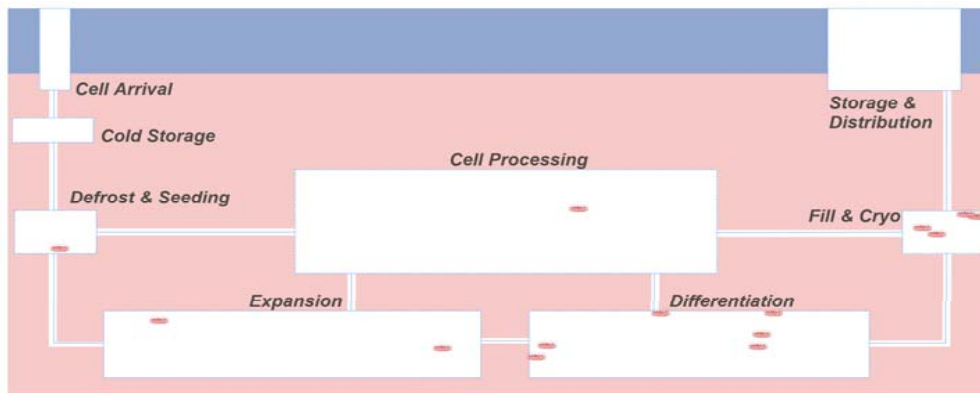




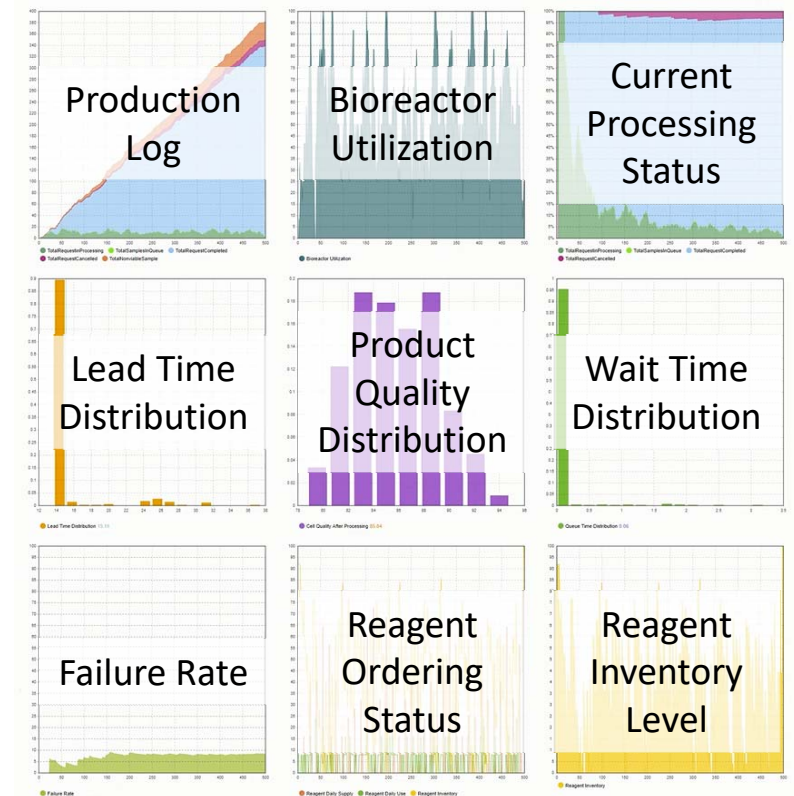
# Digital Modeling & Simulation Provides a Wealth of Information



**Autologous CAR-T facility Layout**

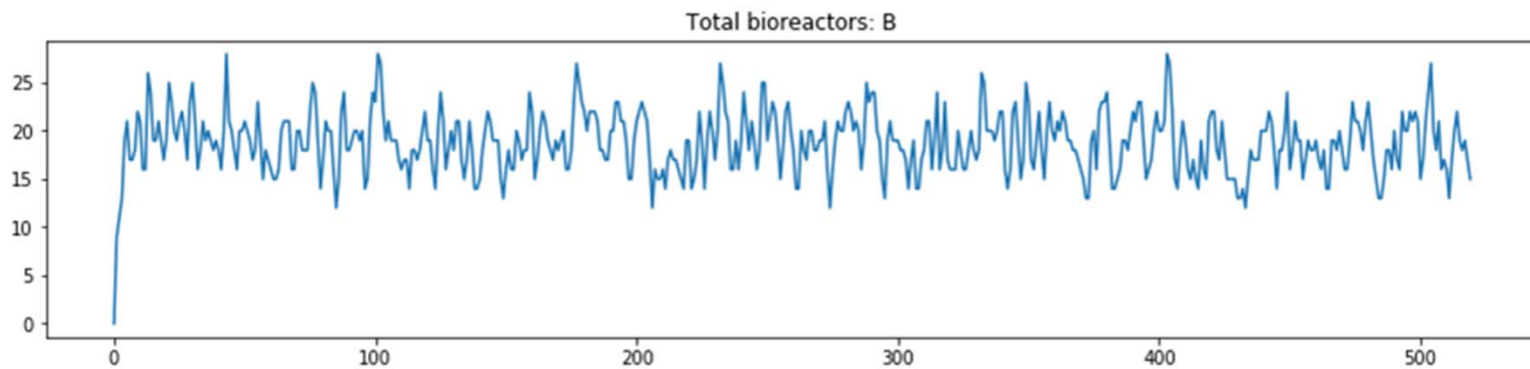


**Allogeneic iPSC facility layout**



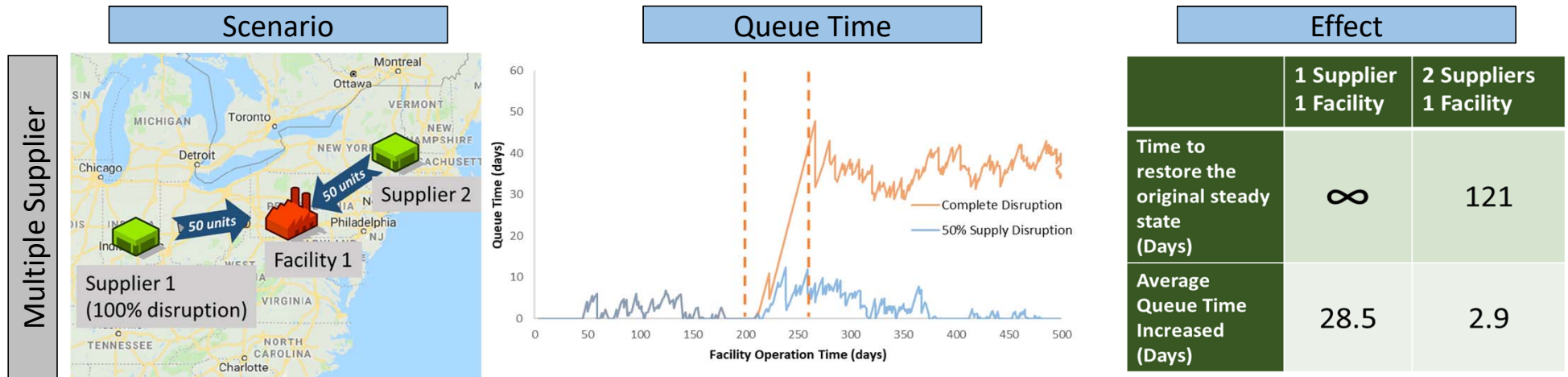
**Production Statistics**

# Production Capacity Planning



B	P(delay)	P(short in bioreactor)	P(short in reagent)
21	0.057	0.041	0.025
22	0.043	0.023	0.025
23	0.035	0.014	0.025

# Risk-Mitigation Strategy Evaluation: Supplier Disruptions



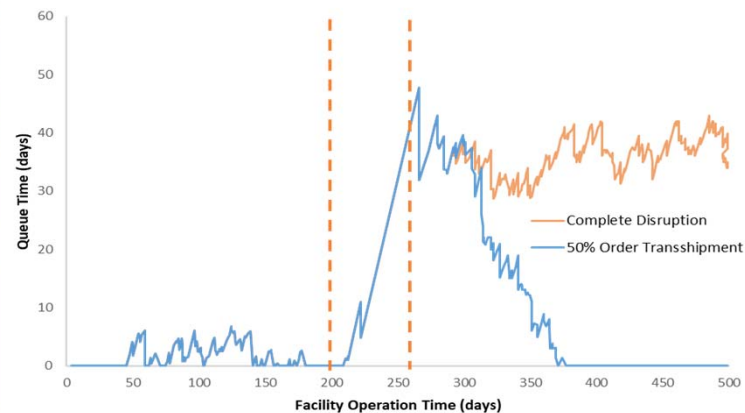
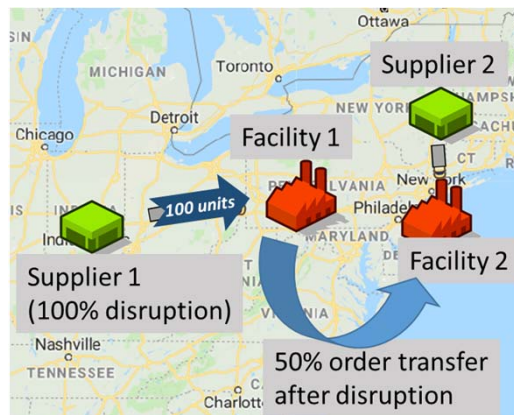
# Risk-Mitigation Strategy Evaluation: Supplier Disruptions

Scenario

Queue Time

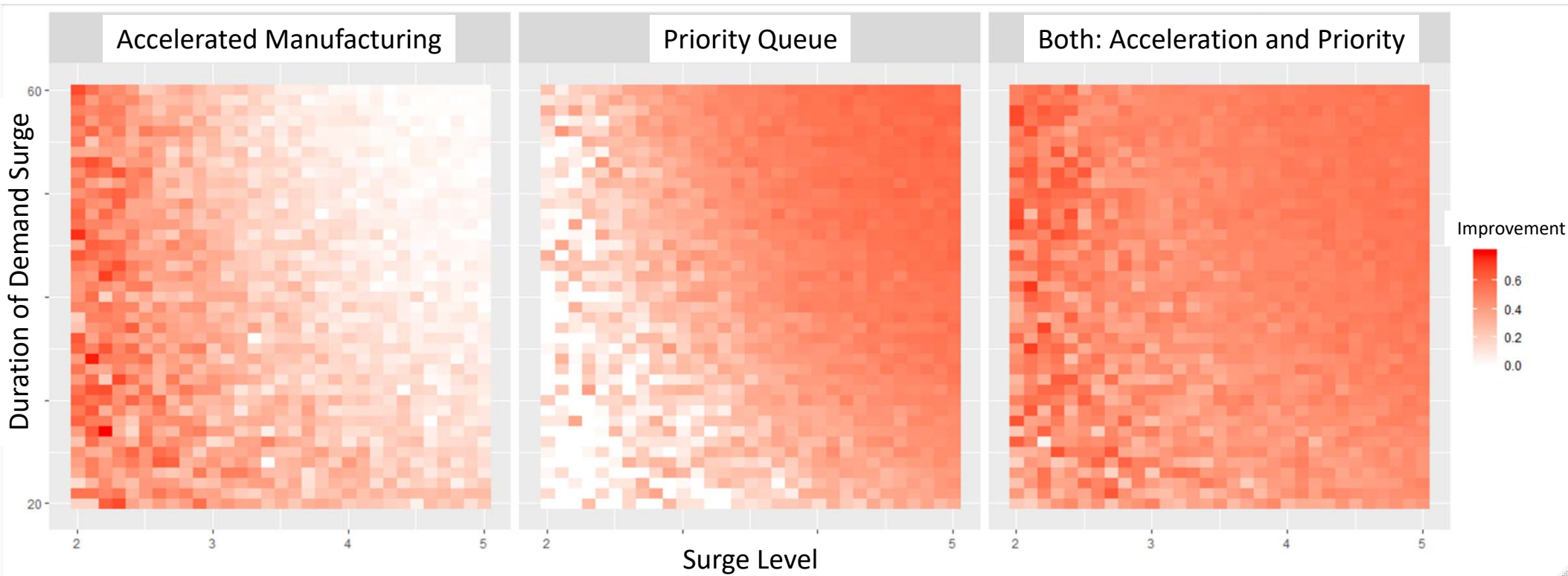
Effect

Order Transshipment



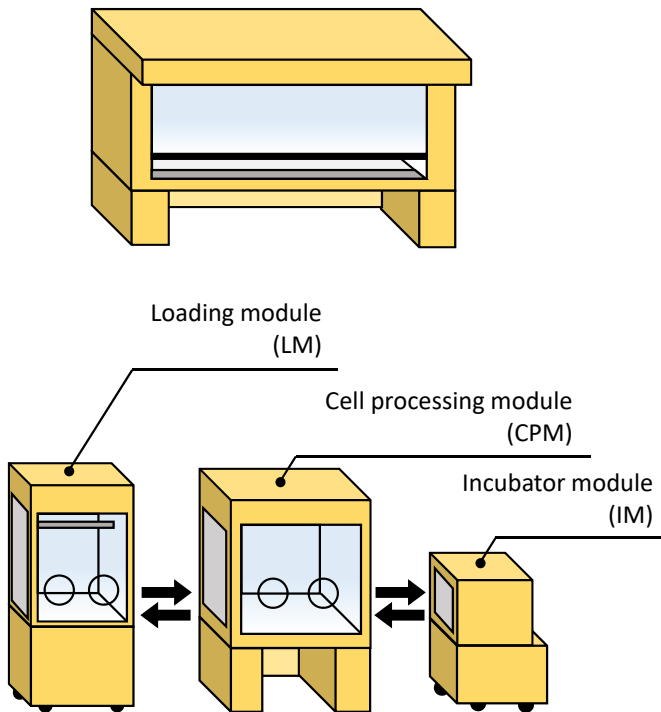
	1 Supplier 1 Facility	2 Suppliers 2 Facilities
Time to restore the original steady state (Days)	$\infty$	117
Average Queue Time Increased (Days)	28.5	18.7

# Policy Evaluations in Response to Demand Surges



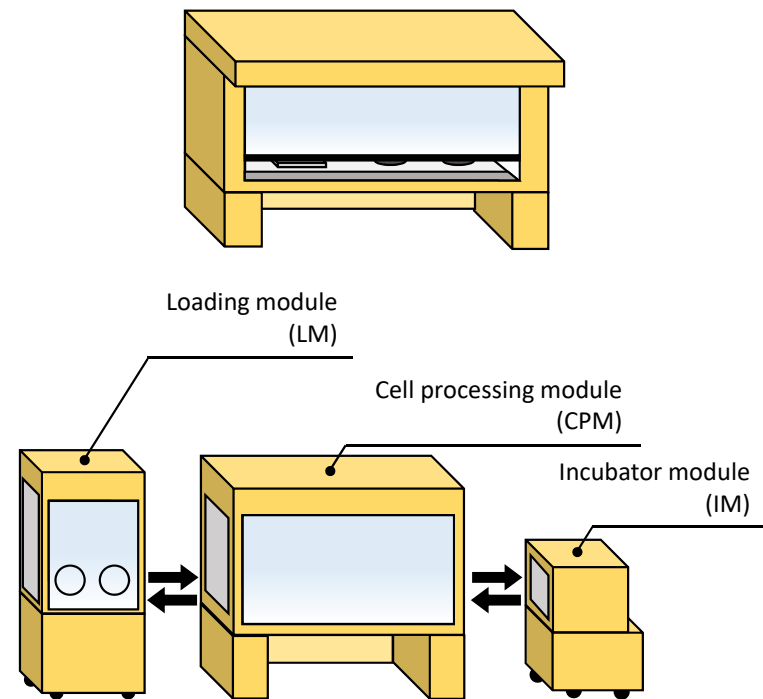
# Automating Allogeneic iPSC Production & Cost Modeling

## ① Manual operation • Biosafety cabinet (BSC)



## ③ Manual operation • Isolator system (IS)

## ② Automatic operation • Biosafety cabinet (BSC)



## ④ Automatic operation • Isolator system (IS)

## Automation appears to show cost and throughput advantages

- Manual operations require much more labor leading to a lower throughput compared to automated systems
- Isolators are more expensive and more labor intensive than biosafety cabinet
- Automation with biosafety cabinets has the lowest unit cost whereas automation with isolators has the highest output

Configuration	Machine	Labor hour requirements per batch	Annual batches produced	Average cost per batch (USD)
Manual	Biosafety Cabinet	125	21.7	\$28.6k
Automated	Biosafety Cabinet	101	27.3	\$18.4k
Manual	Isolator	173	15.3	\$92.1k
Automated	Isolator	77	36.9	\$27.6k

- Factors yet to be considered: variability of cell quality and contamination risks
- All configurations are assumed operating under the same cleanroom conditions