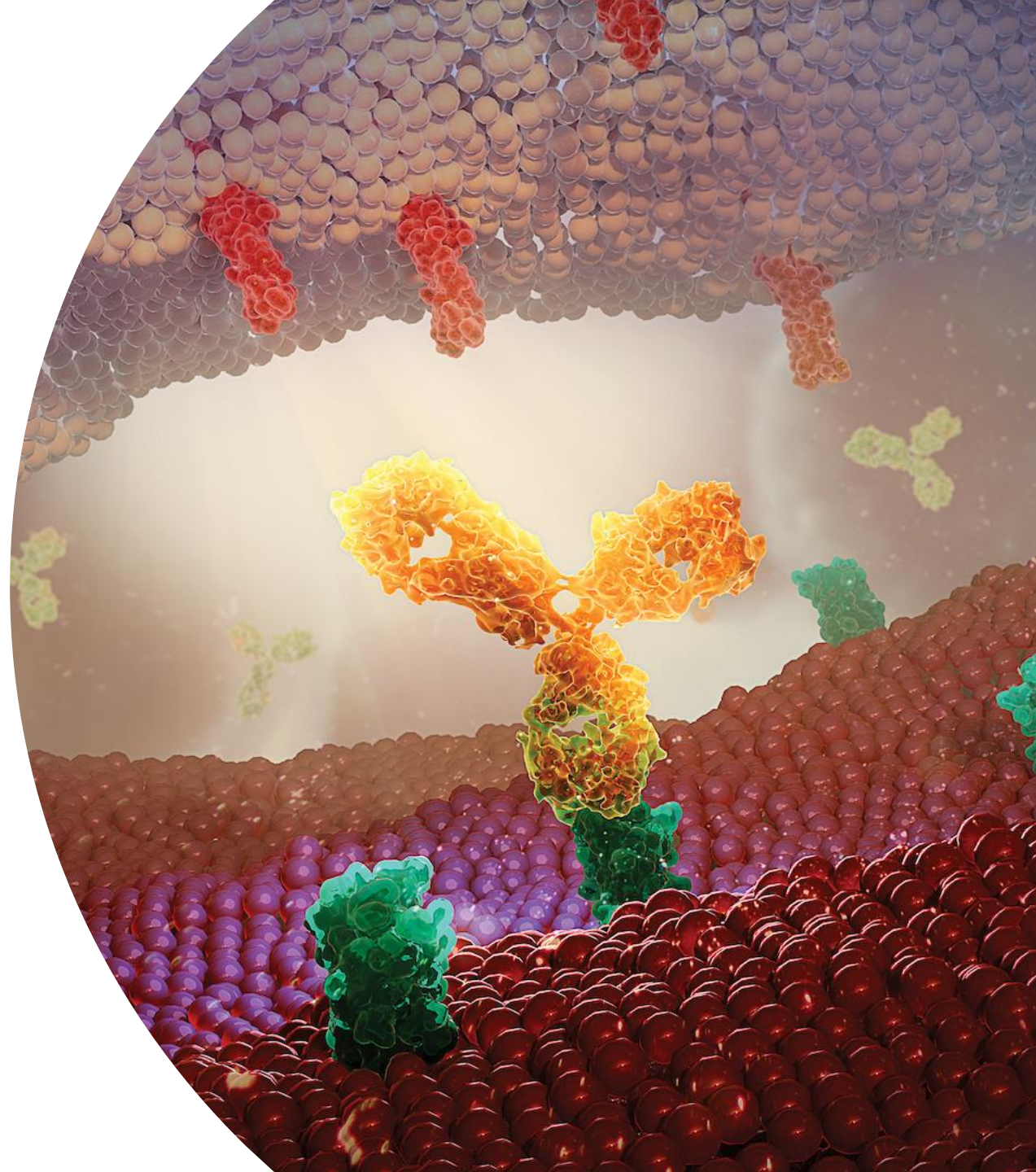




# High Flux Tangential Flow Filtration for Perfusion Harvest Scale Up

Ana Di Lillo and Ashna Dhingra

20Jun24





# Agenda

1

What is NGM at AstraZeneca?

2

Platform NGM Upstream Process

3

Scaling Concerns/Strategies

4

Why High Flux?

5

High Flux Results

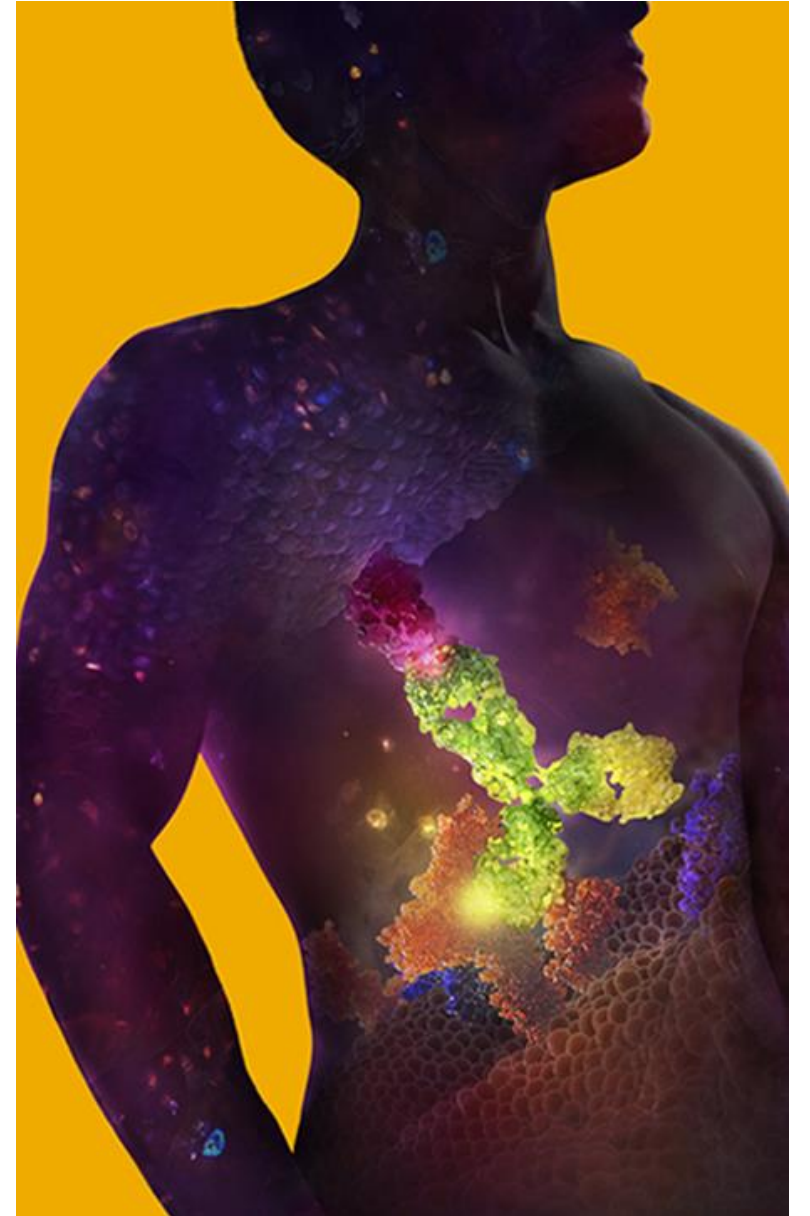
6

Conclusion



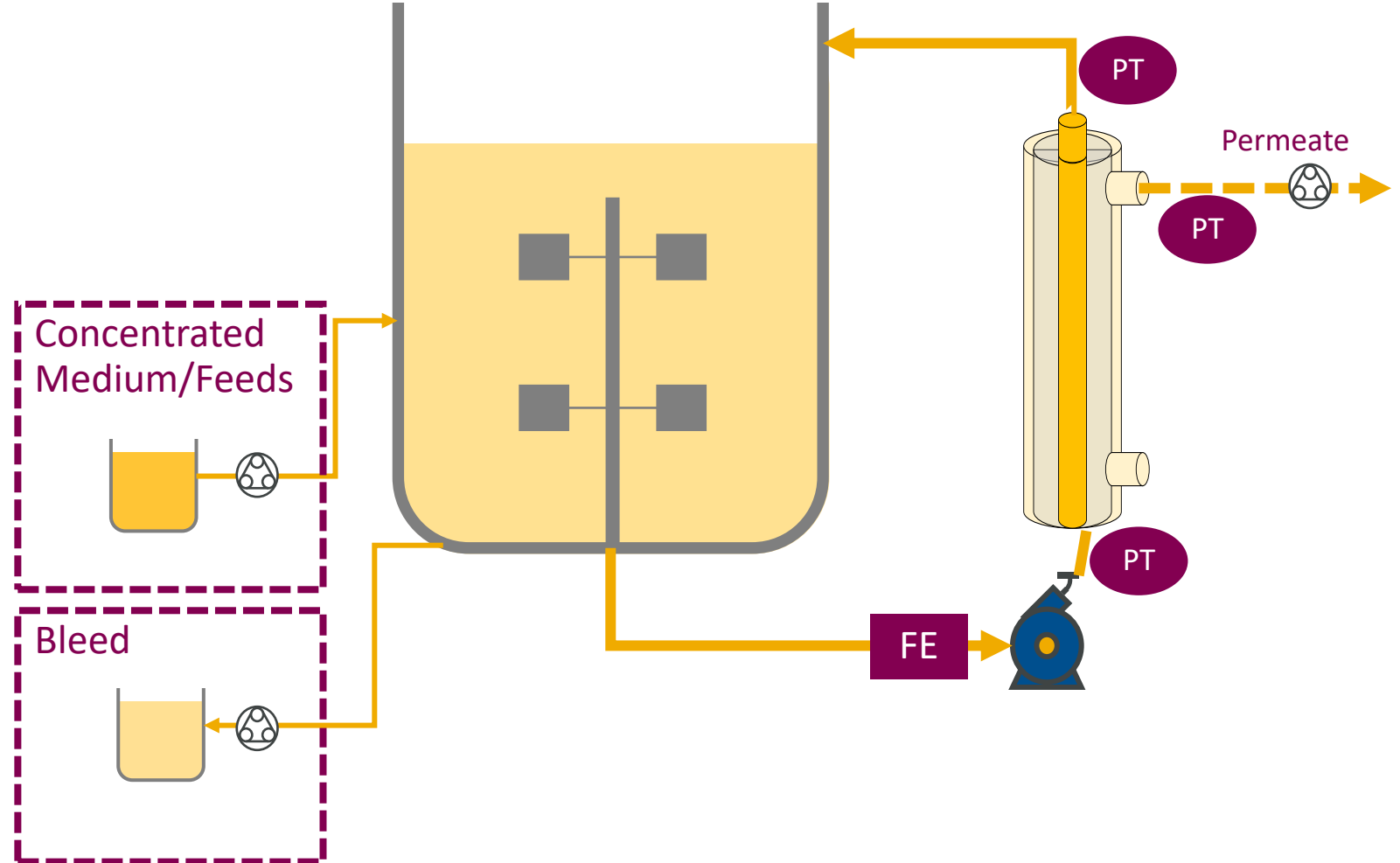
# What is NGM at AstraZeneca?

- “Next Generation Manufacturing” is a fully continuous process from bioreactor to drug product
- Defined unit operations are identifiable from fed-batch but continuous



# Platform NGM Upstream Process

- Multiple concentrated feeds
- TFF cell retention
  - Levitronix pump
- Perfusion Rate = Bleed Rate + Permeate Rate
- Feed flowrates based on consumption rate



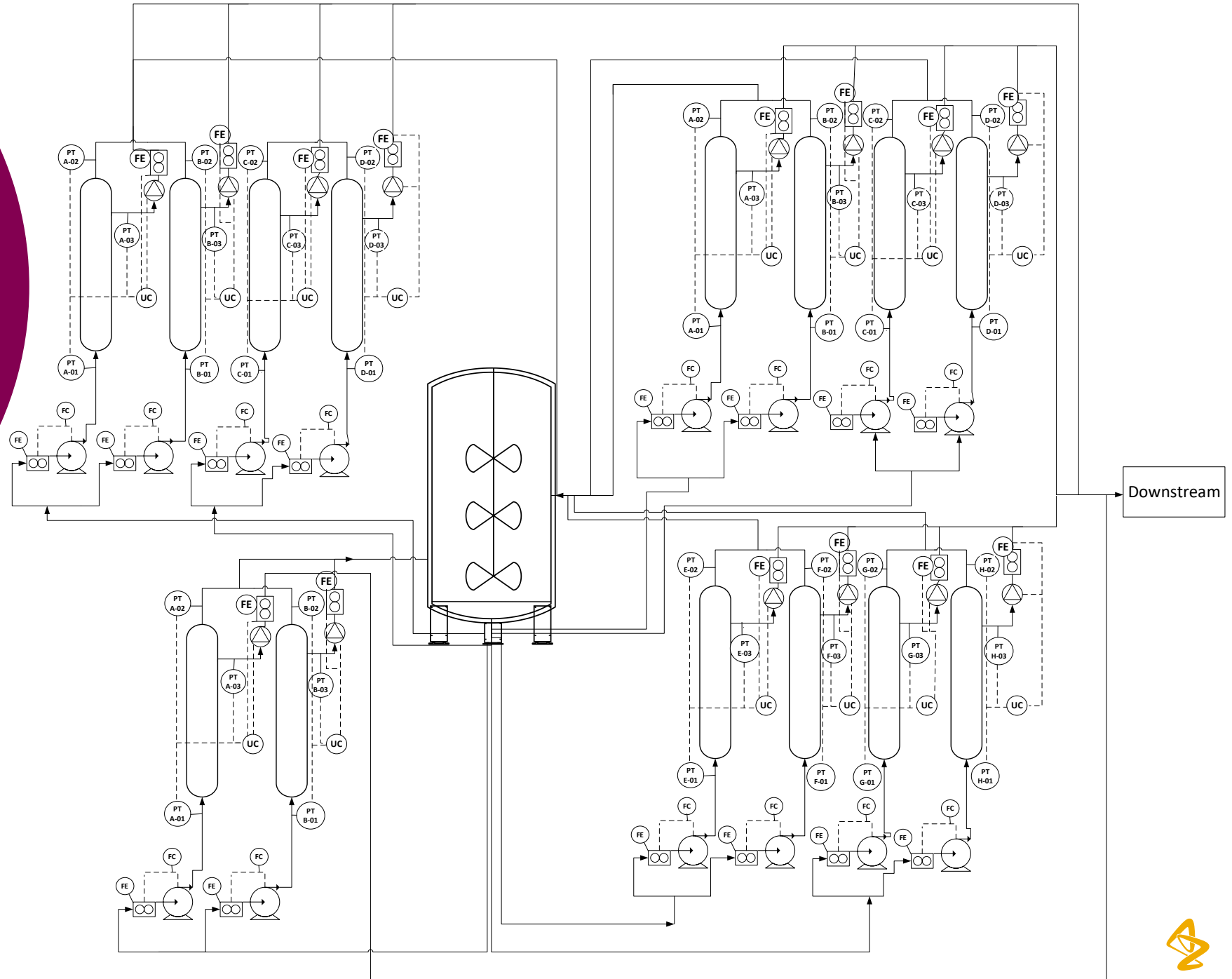
# Scaling Concerns

- Current platform at large scale would require 14 filters for one large-scale bioreactor
  - Excessive number of outlet/inlet ports on BRX bag
  - Large footprint required
  - Numerous retentate/permeate pumps
  - High demand on operators

Scale	Small	Medium	Large
Membrane Chemistry	PES	PES	PES
ID (mm)	1.0	1.0	1.0
SA per filter (m <sup>2</sup> )	0.098	7.16	7.16
No. of Filters Required per Run	1	4	14



# Manufacturing Outlook



# Scaling cell retention device

## Reduce $\Delta P$

- Increased fiber ID
- Decreased fiber length

## Filter Stacking

## Filter Changeout

- Returned sieving %

## High Performance Tangential Flow Filtration (HPTFF)

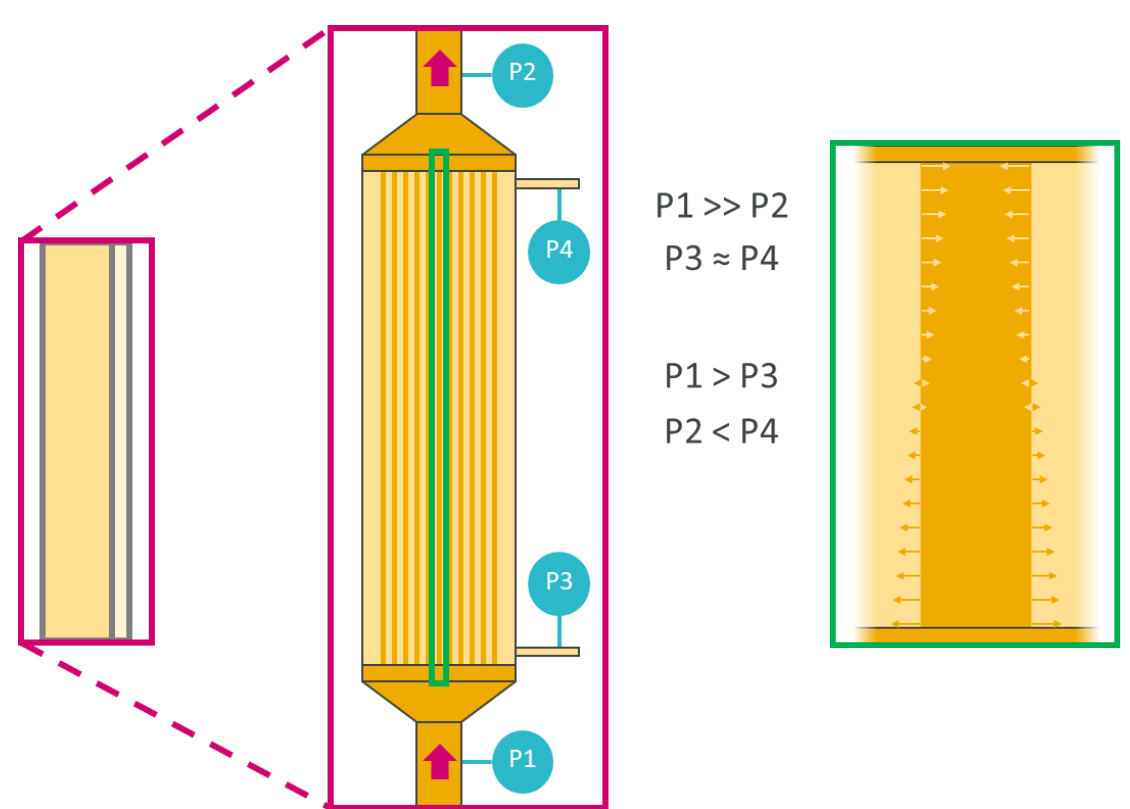
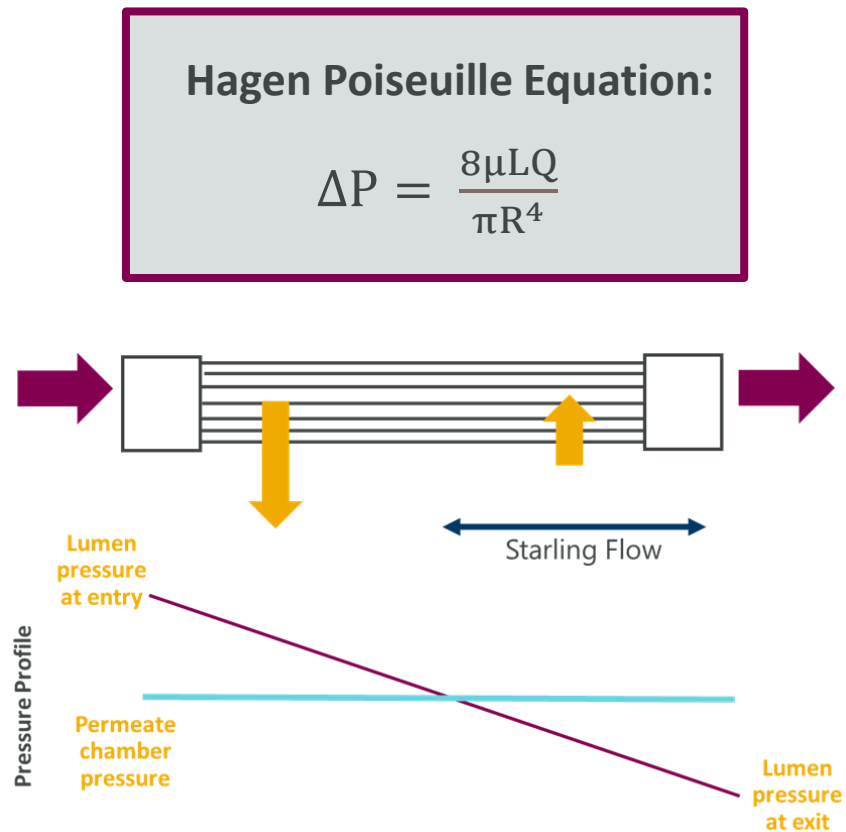
## High Flux

- Increased filter capacity



# What is Starling Flow?

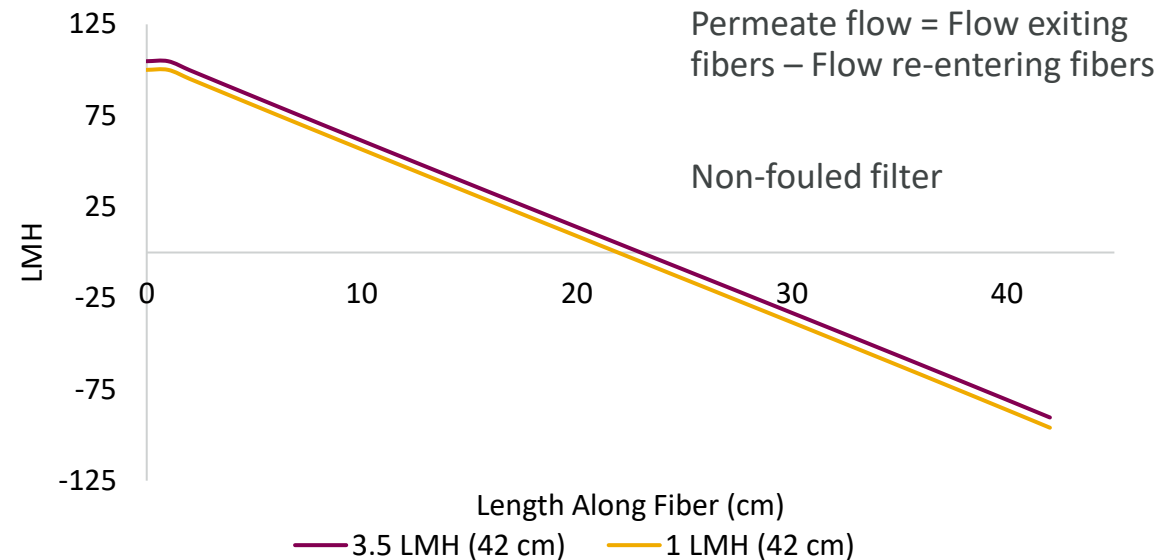
- Starling Flow = Undesired permeate flow back into lumen caused by transmembrane pressure transition from positive to negative along length of fiber.





# Why High Flux?

- Higher flux = Higher filter capacity
  - Greater area of positive pressure across filter length compared to low flux



$$\frac{Q_s}{Q_p} = \text{Ratio of flow rate exiting fibers to net permeate flow rate}$$

For 42 cm fibers:

- 1 LMH = Ratio of 10.3
- 3.5 LMH = Ratio of 3.3



# High Flux Considerations

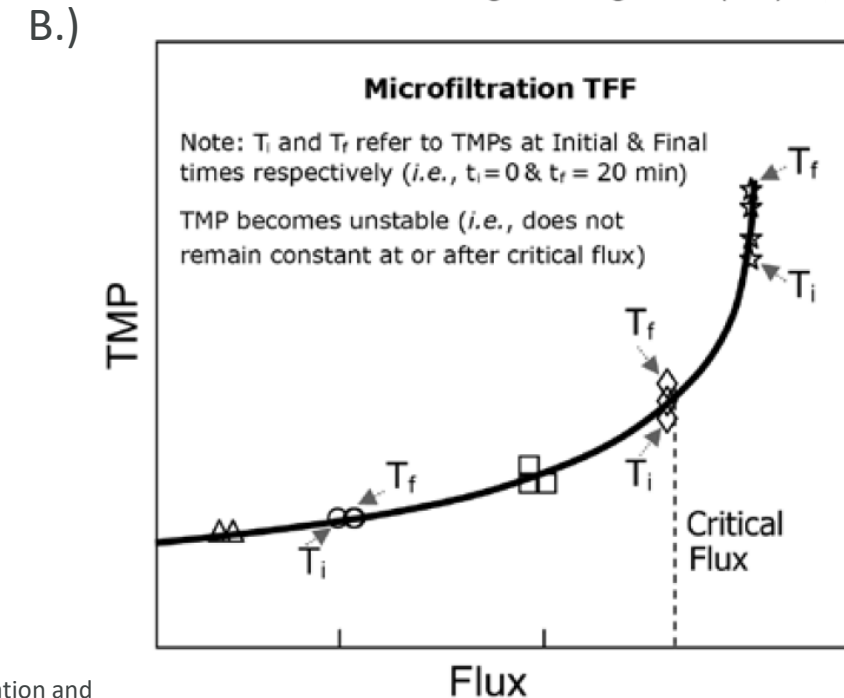
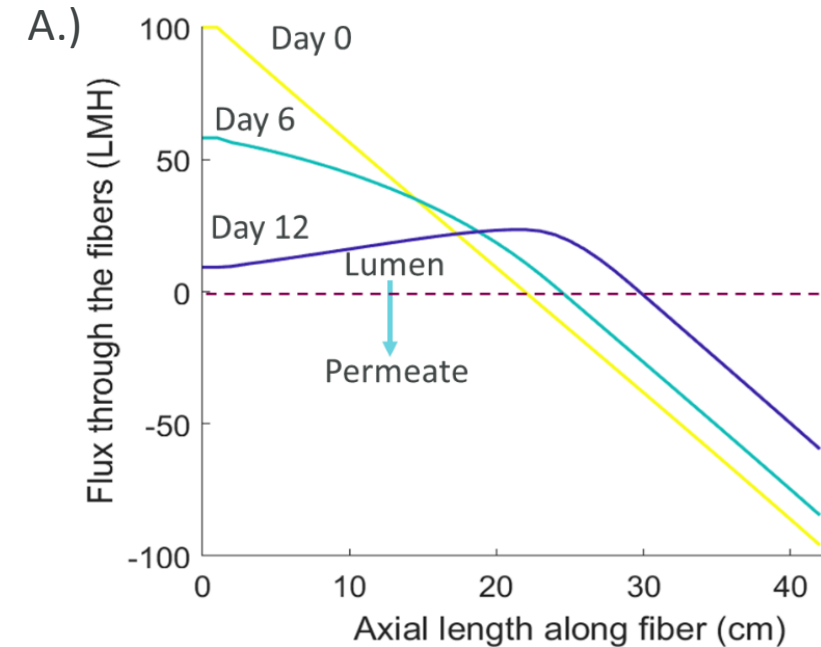
- As run progresses:
  - Viscosity increases
    - Begins to act as a Non-Newtonian fluid
  - Fouling Increases
    - Flux begins to act unpredictable
- As net flux is held constant and viscosity increases, TMP begins to rise
- Risk of passing critical flux point

Assuming cylindrical pores, the resistance ( $R_t$ ) based on the Darcy's equation is:

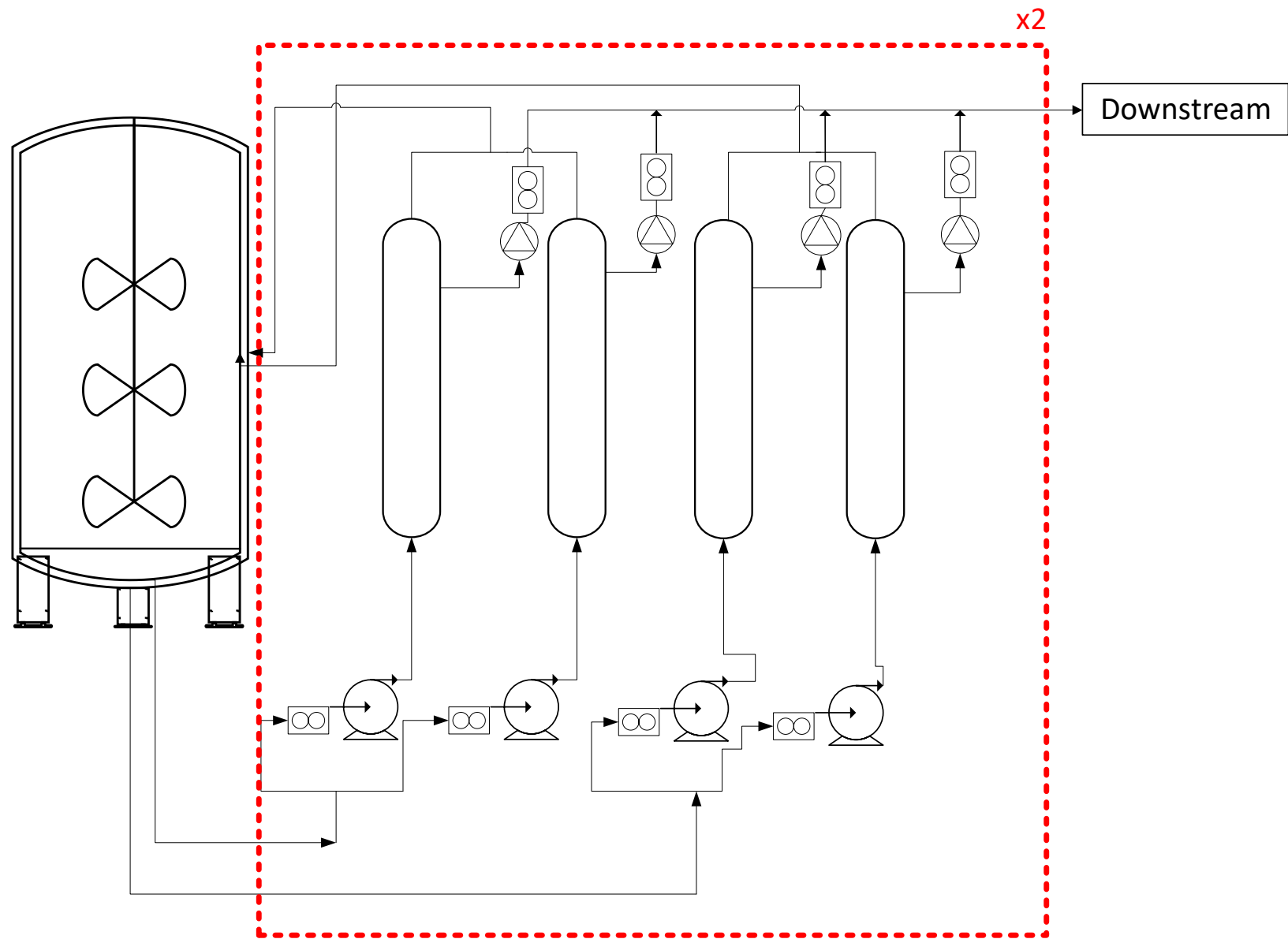
$$J = \frac{TMP}{\mu R_t}$$

$$R_t = \frac{8\delta_m}{r_p^2 \varepsilon}$$

$\delta_m$  = membrane thickness  
 $\varepsilon$  = membrane porosity  
 $\mu$  = viscosity  
 $r_p$  = pore radius



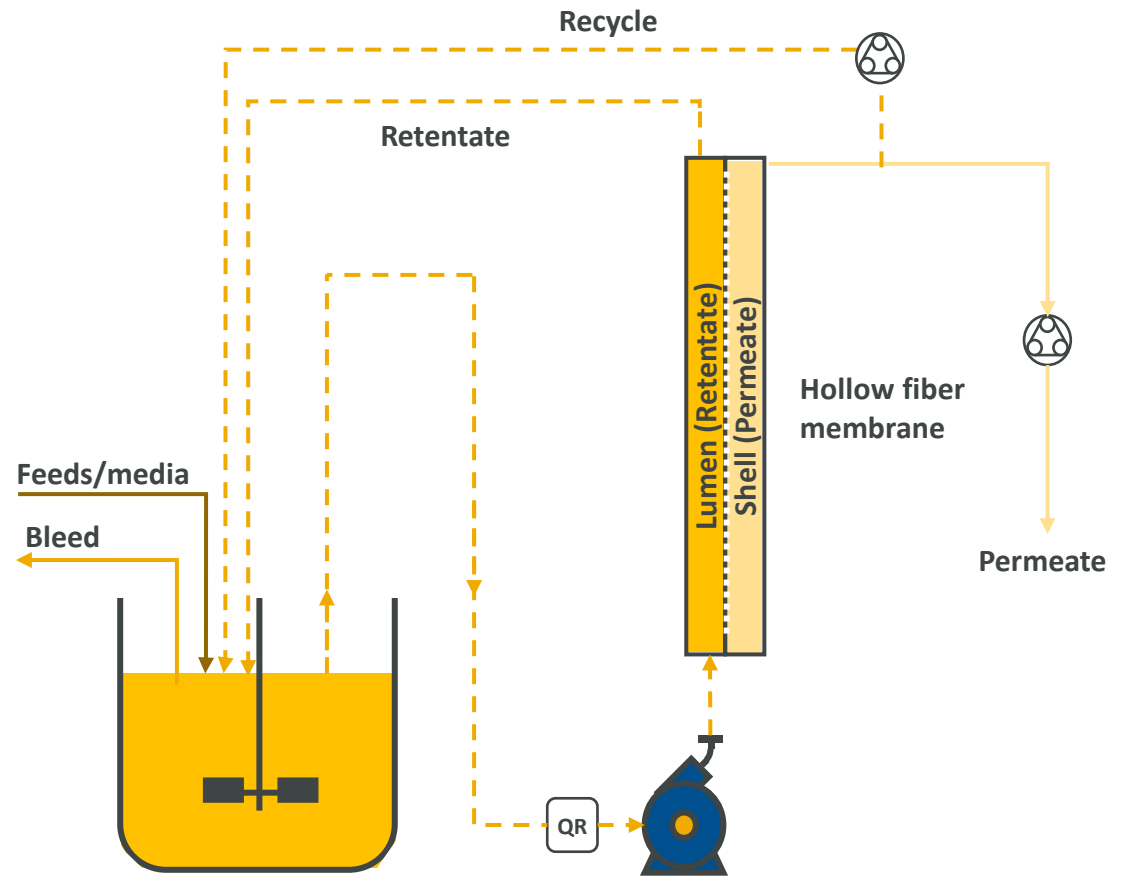
# Manufacturing Outlook: High Flux High Capacity TFF



# 3L High Flux Experiment

- Varied High Flux Conditions
  - Split permeate line into constant recycle stream (return to bioreactor) and permeate
- Perfusion Rate = Permeate Rate + Bleed Rate
- Fixed Recycle Rate
- Assessed Harvest Throughput at Varied Flux Rates utilizing different membrane chemistries

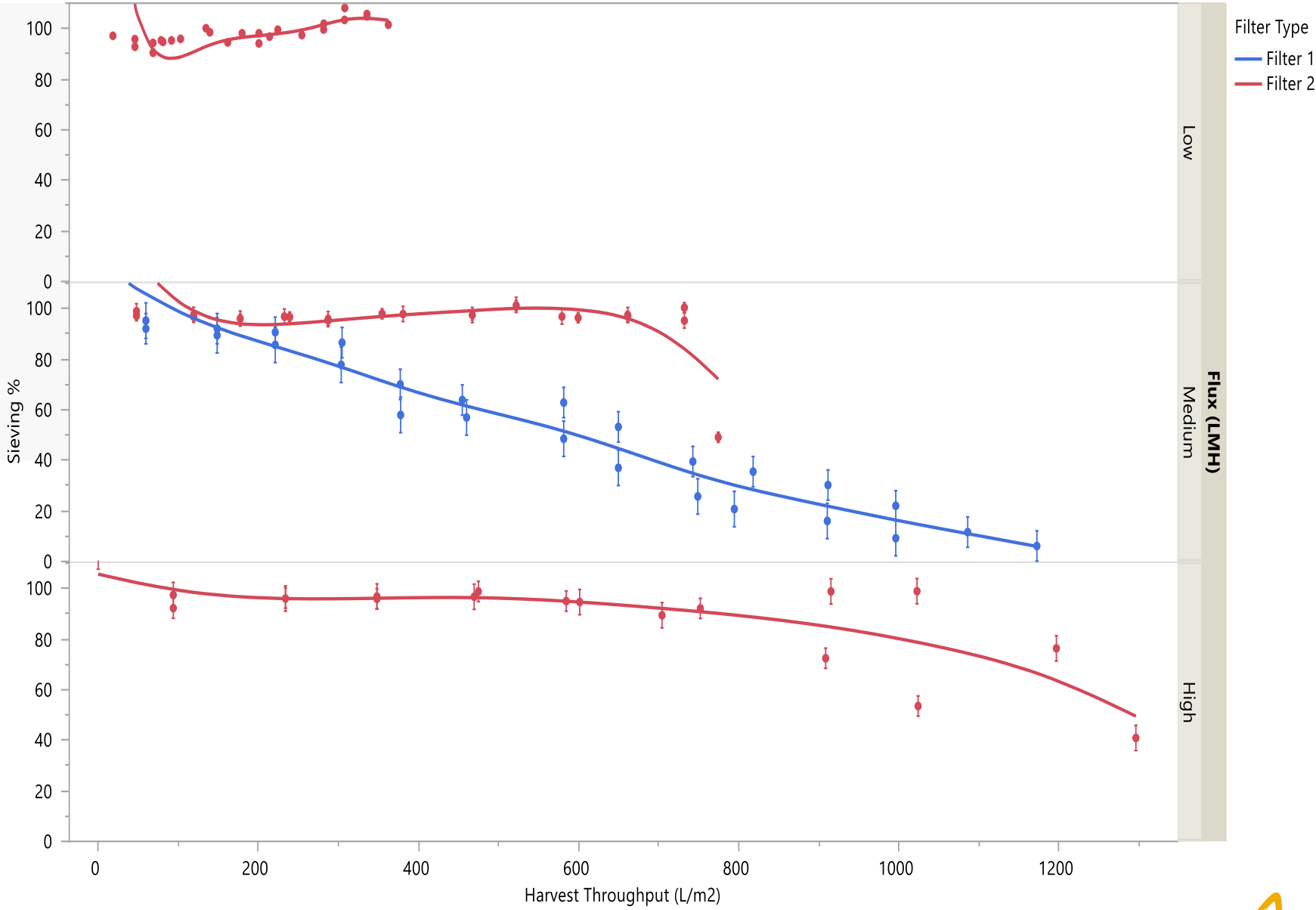
	Filter 1	Filter 2
Chemistry	PES	PVDF
ID (mm)	1.0	1.4
# of Fibers	75	100
Surface Area (m <sup>2</sup> )	0.098	0.09
Length (cm)	41.5	19.8



# Filter Performance

- Filter 2 filter shows higher sustained sieving performance in till critical flux is reached
- Filter 1 has a steady sieving decline as fouling increases
- Capacity estimation determined by mixture of critical failure and sieving reaching approximately 50%
- Filter 1 capacity:
  - Medium Flux= 550-650 L/m<sup>2</sup>
- Filter 2 capacity:
  - Low Flux= Not reached
  - Medium Flux= 700 – 800 L/m<sup>2</sup>
  - High Flux= 900-1000 L/m<sup>2</sup>

Changeout filter mid run results in lower capacity due to High VCD load



# Conclusion

Increased flux results in increased filter capacity for both Filter 1 and 2

Filter 2 displayed higher yield and sustained sieving over Filter 1

High flux can reduce both filters demand at large scale by approximately half



# Acknowledgements

- Andrea Squeri
- Samik Das
- Ken Lee
- Carrington Edmunds
- Michael Mollet
- Jon Coffman
- BTE Upstream



Questions?





### **Confidentiality Notice**

This file is private and may contain confidential and proprietary information. If you have received this file in error, please notify us and remove it from your system and note that you must not copy, distribute or take any action in reliance on it. Any unauthorized use or disclosure of the contents of this file is not permitted and may be unlawful. AstraZeneca PLC, 1 Francis Crick Avenue, Cambridge Biomedical Campus, Cambridge, CB2 0AA, UK, T: +44(0)203 749 5000, [www.astrazeneca.com](http://www.astrazeneca.com)

