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Beyond the Factory Floor: The Critical Role of Starting Materials in Cell Therapy Success

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Kevin Land of Vitalant discusses donor recruitment, starting-material resilience, biotherapy infrastructure, and the operational foundations needed to scale advanced therapies globally.

As cell and gene therapies move from clinical promise to commercial reality, the industry is increasingly recognising that success begins long before manufacturing. Reliable access to high-quality starting materials, robust donor networks, and integrated collection infrastructure are emerging as critical determinants of scalability and patient access. **During BIO International Convention 2026 in San Diego, BioSpectrum Asia spoke with Kevin Land, Executive Medical Director, Biotherapies and Vice President of Clinical Services at Vitalant,** about the evolving donor landscape, supply chain resilience, and why building sustainable starting-material ecosystems will be essential to the future of advanced therapies.

As demand for cell therapies grows, how is the industry addressing challenges around donor recruitment and retention?

The field is becoming much more deliberate about donor strategy. Rather than treating donor recruitment as a one-time transaction, the strongest programs are building recallable, well-characterized donor pools and aligning recruitment more closely with collection capacity, product needs, and long-term program goals. There is also growing recognition that donor retention depends on more than compensation alone. Donors are more likely to stay engaged when the process is convenient, when expectations are clear, and when they understand the purpose behind their participation. In practice, that means better profiling up front, more thoughtful stewardship over time, and a donor experience built on trust, respect, and a clear connection to patient impact.

What makes Phoenix an emerging hub for biotherapy innovation and manufacturing?

Phoenix is compelling because it is a high-growth, innovation-driven market that combines biosciences growth with

practical operating advantages that matter in advanced therapies. It offers room to scale, strong infrastructure investment, a reliable operating environment, and logistics that connect well to the West Coast, the rest of the United States, and international markets. It also provides access to a diverse donor base and the ability to organize recruitment, collection, cryopreservation, laboratory support, and distribution in a more coordinated way than many legacy markets. For a sector that increasingly depends on resilient regional networks, Phoenix is not just attractive scientifically. It is attractive operationally.

How are developers reassessing starting material strategies to strengthen supply chain resilience?

Developers are asking a more mature question than they did a few years ago. The issue is no longer simply whether cells can be sourced, but whether the right starting material can be sourced repeatedly, with predictable quality, timing, and chain of custody. That shift is pushing programs to think earlier about donor profiling, collection site readiness, transport conditions, cryopreservation strategy, and the quality systems needed to support each step. It is also accelerating interest in more standardized, modular, and digitally integrated workflows. The programs that will be most resilient are the ones that treat donor strategy, collection, processing, logistics, and manufacturability as one connected system from the beginning rather than as separate handoffs later.

What trends are you seeing in donor engagement and collection programmes across the CGT sector?

Donor engagement is becoming more selective, more data-driven, and more longitudinal. Programs are putting greater emphasis on curated donor pools, repeat reassessment, and better prediction of donor suitability rather than simply trying to recruit more people into the funnel. At the same time, collection programs are becoming more operationally mature. There is growing interest in placing collection capability within networks that already support apheresis, cryopreservation, and regulated product handling, which reduces friction for both developers and donors. Another important trend is increased recognition that donor experience matters operationally, not just ethically. Programs that support donors well and create a sense of trust and continuity are more likely to build durable participation over time.

What will be critical to ensuring a sustainable supply of high-quality starting materials over the next decade?

Sustainability will depend on building a real starting-material infrastructure layer for the field. That includes diverse and recallable donor cohorts, standardized collection methods, strong chain-of-identity and chain-of-custody systems, regional collection and cryopreservation capacity, and broader use of automation and digital tools to reduce variability. Just as important, it will require workforce investment, because high-quality starting materials depend on trained nurses, technologists, laboratory teams, and medical leadership who understand both regulated operations and patient-facing care. Over the next decade, the advantage will belong to organizations that combine donor depth, process discipline, and distributed operational capability. If the field gets that foundation right, the conversation can move away from bottlenecks and toward reliability, scalability, and patient access.