



Advancing CGT Adoption Through Education, Evidence, and Access

Cell and gene therapies (CGTs) represent a profound shift in modern medicine, offering the potential to transform, and in some cases, cure disease. Today, scientific advancements in this space continue to accelerate. In the past year alone, 178 oncology-focused CGT candidates entered the late-stage pipeline, and studies for solid tumor and dual-target CAR T therapies show exciting promise for patients with certain cancers.¹ Beyond oncology, promising clinical data is emerging in lupus, diabetes, and heart failure. In fact, 113 late-stage programs are currently being developed for autoimmune diseases, reflecting a broader shift toward more prevalent chronic conditions.¹

This scientific progress is remarkable, but challenges related to provider confidence, reimbursement, and access continue to slow real-world adoption.

Stakeholders across the healthcare ecosystem are grappling with fundamental questions about the future of CGT: How do we generate the right evidence to build payer confidence? How do we equip providers with the resources they need to deliver highly complex treatments safely and efficiently? And how do we ensure access extends beyond major academic centers so that every eligible patient can benefit?

These questions formed the foundation of McKesson's second annual 2025 Cell and Gene Therapy Report, which surveyed and interviewed oncologists and payers nationwide who work in the CGT space. The findings revealed a maturing field that's gaining momentum but also facing barriers to adoption. The report pointed to three priorities that can enable CGT treatments to reach more patients: education, evidence, and access.

Providers are gaining experience, but hesitancy persists

Encouragingly, clinician familiarity with CGTs is rising. In our nationwide survey of oncologists, 60% stated that they are “very familiar” with CGTs, up from 55% in 2024, and the average number of patients treated climbed to 25 patients per year compared to 17 in last year's survey.¹

Yet hesitancy persists. Two-thirds of oncologists still describe CGTs as “largely unproven,” and half say stronger durability evidence is the top priority to expand access over the next decade. Perception challenges are even more pronounced among patients: 66% of oncologists report their patients view CGTs as “experimental or risky,” up from 45% last year.

Closing that confidence gap will require a focused effort from all stakeholders in the industry, including biopharma companies. Education remains one of the most powerful levers for accelerating adoption—not just through traditional data dissemination, but through practical, experience-based learning. As more treatment centers gain firsthand experience, biopharma manufacturers can help scale that expertise by supporting peer-to-peer knowledge exchange and sharing real-world insights into workflows, monitoring, and patient management. Clinicians need information that fits into their day-to-day operations, from streamlined referral pathways to practical resources that address patient concerns.

By combining clinical education with transparent communication around safety and durability, biopharma companies, patient advocacy groups,

and other stakeholders can work together to equip providers and patients with the resources that will enable them to make informed decisions about their treatment.

Payers recognize CGT's potential, but more evidence is needed

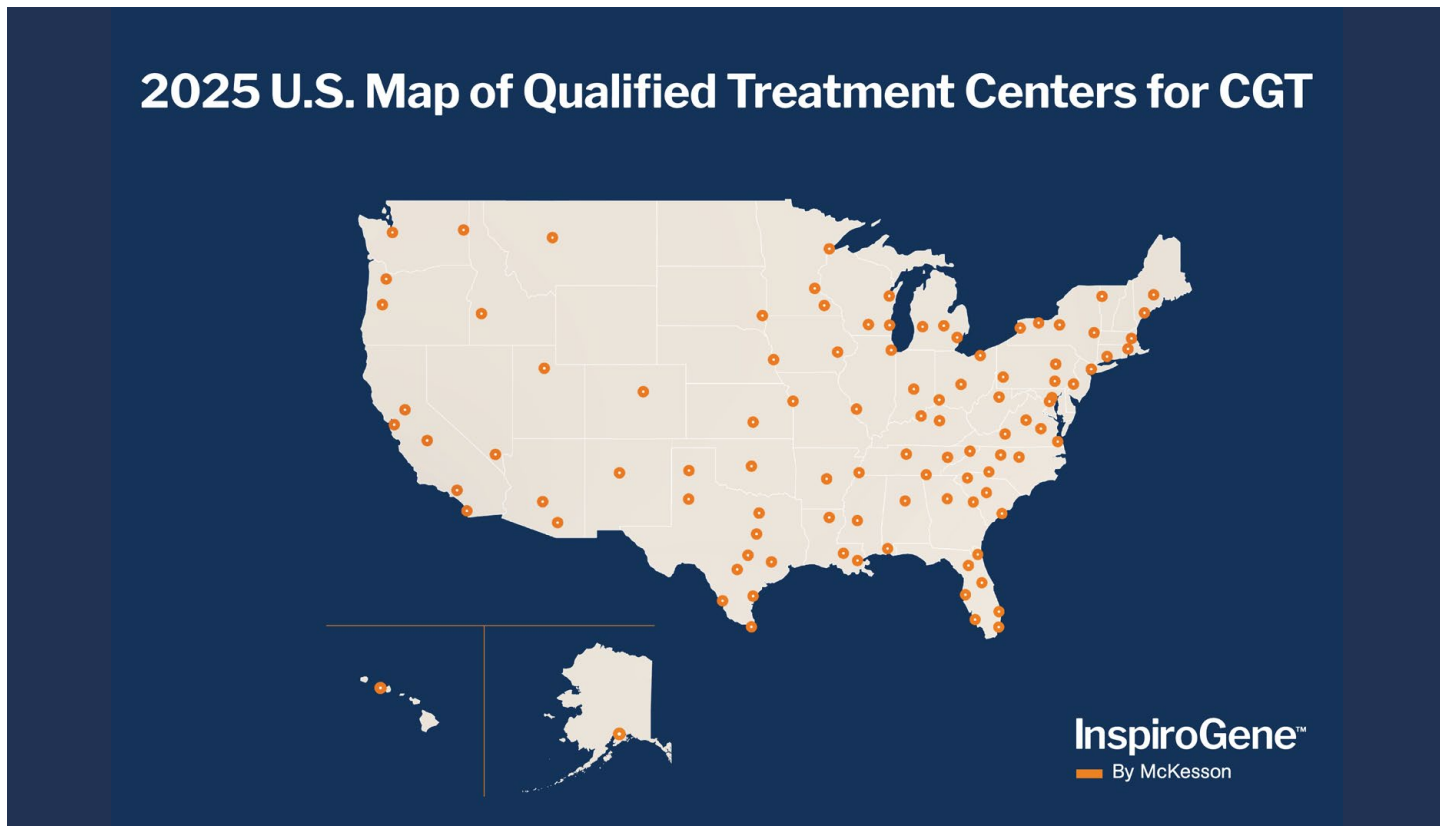
Contrary to common assumptions about payer perceptions, most payers agree that CGTs are a major breakthrough in medicine. In interviews conducted with payers from national and regional commercial health plans, Medicare and Medicaid managed care plans, and integrated delivery networks for the Cell and Gene Therapy Report, nine out of ten payers said they believe CGTs represent one of the most important medical innovations of our time. The same proportion view these therapies as safe, and eight out of ten view them as effective.

Still, that enthusiasm is more tempered when it comes to reimbursement, with payers citing the lack of durability data as the biggest hurdle in making high-cost reimbursement decisions.

Payers are tasked with weighing the high upfront costs typically associated with CGTs against long-term benefits, and cite the need for more long-term durability data to support those decisions.

Biopharma companies can play a central role in advancing that evidence base. Continued investment in post-marketing and real-world studies can help increase payer confidence, particularly in measuring treatment durability across diverse patient populations. Just as importantly, early and transparent engagement with payers can help shape sustainable payment models. In our interviews, 60% of payers noted that they believe innovative models, such as outcomes-based or milestone payments, could mitigate financial risk, but only if supported by clear, clinically relevant endpoints and practical mechanisms for data collection.

Progress will depend on collaboration. When manufacturers, payers, and providers align early on how to define and measure value, it becomes easier to justify coverage decisions and sustain confidence in CGT's long-term benefit.



Locations of **qualified treatment centers** for cell and gene therapy across the U.S. Each dot represents a region or metropolitan area with one or more qualified treatment centers.

Treatment center capacity is growing, but too slowly

Even as clinical experience grows, physical access to CGT care remains a major constraint. Most CGT treatment is concentrated at large academic medical centers in major metropolitan areas, leaving vast geographic gaps in treatment availability. Our research found that the number of new qualified treatment centers in the U.S. remained essentially flat between 2024 and 2025, which signals that capacity is not keeping pace with scientific progress. Reflecting that frustration, twice as many oncologists this year said that making it easier to become a qualified treatment center should be a top priority to increase access to CGTs.

Expanding capacity into the community represents one of the greatest opportunities and challenges facing CGT today. Building a broader, more distributed network of treatment sites would reduce travel burdens for patients, improve timeliness of care, and relieve capacity bottlenecks at major centers. To make that shift viable, we must evolve our existing qualification, accreditation, and reimbursement models. Many of today's standards are designed for large institutions, creating an uneven playing field for community providers who are eager to bring CGTs to their patients.

Biopharma companies can help lead this evolution by designing treatment center strategies that include a range of delivery settings from the start. Harmonizing qualification criteria and supporting streamlined accreditation processes will reduce duplication and speed up readiness for new sites. Organizations such as the Foundation for the Accreditation of Cellular Therapy (FACT) and the Association for the Advancement of Blood & Biotherapies (AABB) are developing new industry standards for handling CGTs to support streamlining qualification processes.

For example, FACT recently released new standards for cell therapy in community settings, and AABB released protocols to provide clear standards in pharmacy settings.²

Similarly, working with logistics and specialty pharmacy partners can reduce the operational burden on providers. Models that enable just-in-time dispensing, integrated handling, and simplified reimbursement workflows can make participation more feasible for smaller centers without compromising safety or quality.

Expanding the CGT ecosystem beyond academic centers requires building resilience into the system. With the right infrastructure, community-based care can safely extend the reach of these therapies, ensuring that access grows alongside innovation.

Outreach, research, and collaboration to boost adoption

The challenges slowing CGT adoption are complex, but they are solvable. Every barrier, whether clinical, operational, or financial, represents an opportunity for smarter collaboration and better design. By taking a deliberate, data-driven approach to education, evidence, and access, the biopharma industry can help ensure that the next wave of therapies reaches patients faster and more equitably.

The field has proven what's possible in the lab. Now, our success as an industry will be measured by what we achieve in practice.

1. InspiroGene by McKesson. 2025 Cell and Gene Therapy Report: Advancing the Future of Medicine. Published October 6, 2025. <https://inspirogene.com/cgt-report/>

2. FACT. FACT'S new standards for immune effector cells in the community clinical setting help bring cell therapies closer to patients. Accessed March 10, 2026. <https://www.factglobal.org/press-releases/>; AABB. Cell and Gene Therapy Standards for Pharmacy. Accessed November 14, 2025. <https://www.aabb.org/standards-accreditation/standards/cell-and-gene-therapy-standards-for-pharmacy>