



Industry Academic Collaboration: A Key to Successful Involvement of Patients Early in Clinical Development

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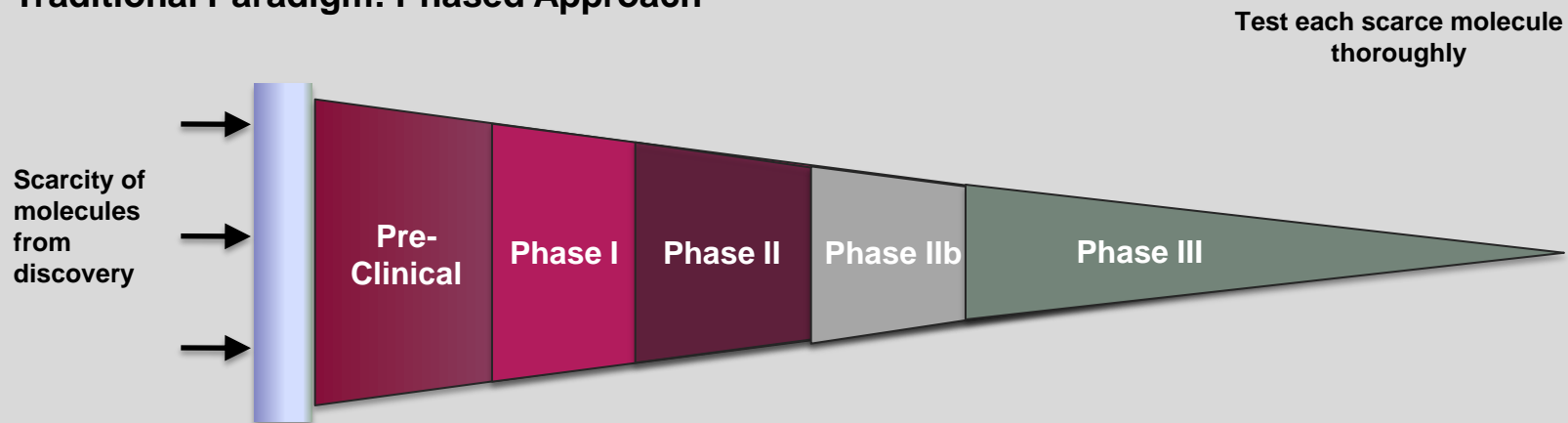
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Industry Academic Collaboration - Trends

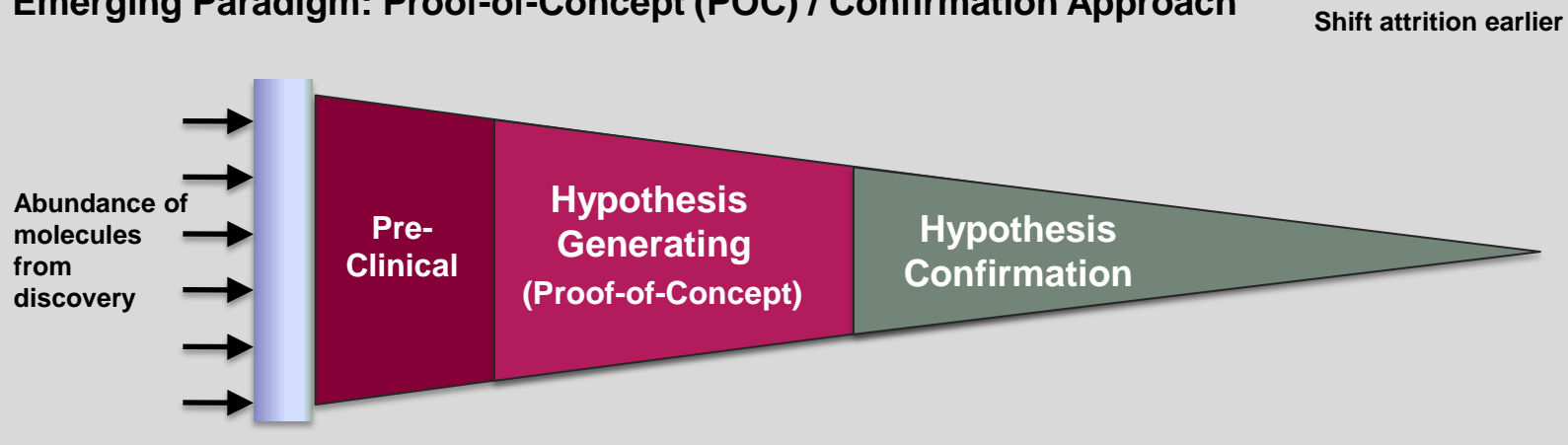
- Pharma and academia: from separate worlds to team approach
 - Academia leveraging IP (“valorization”)
 - Knowledge exchange
 - Combined resources
- Expanding role for CROs in setup and conduct of studies
- Increased patient involvement in early stage

Clinical Development is Evolving

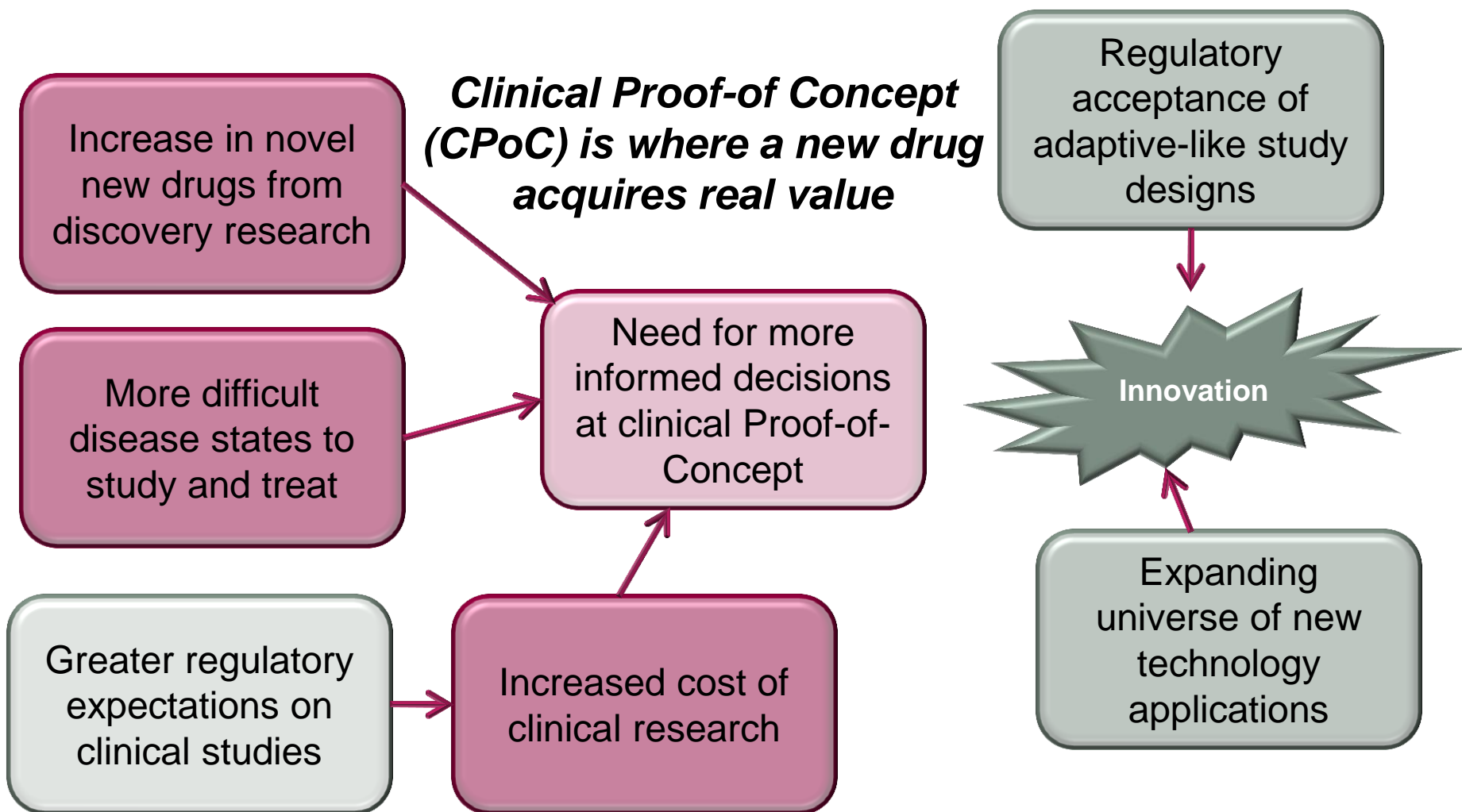
Traditional Paradigm: Phased Approach



Emerging Paradigm: Proof-of-Concept (POC) / Confirmation Approach



What's Driving Evolution of New Paradigm?



Does the Drug Work in Humans?

■ Proof-of-Presence

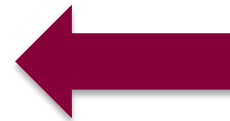
- Does the drug get to its site of action?
- Value Add: \$



- Pharmacokinetics
- Tissue concentrations
- Healthy subjects (HS) or patients

■ Proof-of-Mechanism

- Does the drug affect the biological target as it was designed?
- Value Add: \$\$\$



- Biomarkers reflecting target engagement
- Biomarkers of toxicity (liver, kidney effects)
- Healthy subjects or patients

■ Proof-of-Concept

- Is there a sufficient signal that the drug favorably impacts the disease with an acceptable risk of toxicity that would stimulate further investment in the drug?
- Value Add: \$\$\$\$\$



- Biomarkers reflecting impact on disease
- Biomarkers of toxicity (liver, kidney effects)
- Patients

Bridging Strategy to CPOC

- **Start design of CPOC study first**
 - What is “Proof”? Endpoints?
 - What patients? How many?
- **How to get to CPOC?**
 - What can I do in healthy subjects?
 - Are biomarkers available?
 - Develop novel biomarkers?
 - Biochemical assays
 - Imaging and imaging agents
 - MicroRNA panels
 - Can PK/PD modeling be applied?
- **What preclinical work is needed to support the early clinical program?**



The Three Constraints

Early Signals of Clinical Safety and Efficacy are the Key to Applied Translational Medicine

To get an early sense that a drug is working in humans as it was designed, you need:



Patients

- Small number
- Stable disease
- Minimal confounding treatments
- Appropriately motivated

Investigators / Clinical Trial Units

- Small number of sites
- Scientifically / medically robust
- Controlled study setting
- Follow global GCP standards
- Ethical

The Challenge of Involving Patients in Early Clinical Studies

Not a single disease

Non-therapeutic

Treatment withdrawal

Disease prevalence

Study criteria

Specialist involvement

Willingness patient

Co-medication

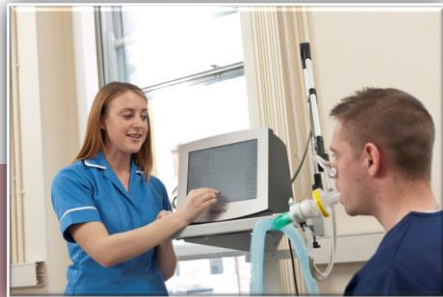
Alternative treatment

Collaboration with Queen's University, Belfast

- Partnership with Prof. Elborn at Queen's University Belfast (QUB)
 - Focused on Respiratory – asthmatics, COPD and Cystic Fibrosis
- Collaboration
 - Queens University provides scientific expertise, specialized procedures and access to patient populations
 - Celerion provides access to a high level of clinical recruitment, conduct and ability to analyze large amounts of data to high standards
- Expansion
 - Based on the success of respiratory, expanded to other areas, most recently Ophthalmology



Expertise and Skills In-house



**Lung Clearance
Index**



**Bronchoalveolar
Lavage**



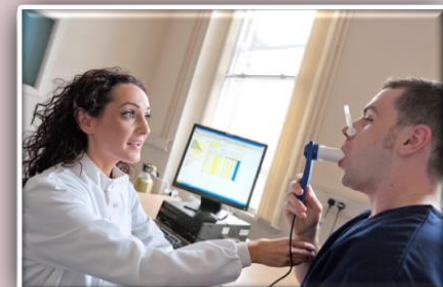
Challenge Models



**Fractional Exhaled
Nitric Oxide Testing**



**Body
Plethysmography**



Spirometry

Partnering with Queen's University: A Case Study

- Background
 - Biotech company
 - First-in-Patient study in **cystic fibrosis** patients
 - Aim to assess safety and tolerability
 - Explore pharmacodynamics
- Study design
 - Multiple ascending dose
 - 15 day treatment
 - Parallel RCT (double-blind & placebo)

Case Study: Challenges

- Cystic Fibrosis (CF) patients are very difficult to recruit
 - Rare disease
 - Willingness
 - Eligibility criteria?
- End point selection may be cumbersome
 - Reliable outcomes?
 - Feasibility in CF patients?
- Complex methodologies
- Patient management
 - Infection risk
 - Variable health status

Case Study: Approach

- Leveraged Queen's University expertise throughout study design, recruitment, conduct and reporting
- Specialized methodologies transferred to Phase I setting
 - Lung function tests, LCI
 - Sputum collection
- Patients in a controlled research environment
 - Minimize risk of cross-infection
- Flexible schedule to accommodate variable health status

Case Study: Outcomes

- Inclusion of 17 Cystic Fibrosis patients
- Fast turn-around of results allowing rapid dose-escalation
- First Patient In – Last Patient Out: 14 months
- Drug in general well tolerated (adverse events mostly mild)
- Changes in biomarkers reflected drug's Mechanism-of-Action

Five Key Elements in Translational Medicine

- **Expertise:** Scientific and medical staff with study skills
- **Experience:** Operational know-how (e.g. high density sampling)
- **Facilities and Equipment:** Modern confinement clinics and labs equipped with innovative technologies
- **Access to Patients:** Effective subject recruitment
- **Access to Biomarkers:** Capabilities to ascertain drug effect in humans

$$1 + 1 = 3$$

Global Clinical Pharmacology Unit Networks

- Most patient needs in early clinical research cannot be met by a single center
- Increasing the number of sites has its own challenges
- Need to evolve similar partnering and alliance models among groups of clinical pharmacology units
 - Work to same quality standards (undergo common systems Quality Assurance audits)
 - Coordinate through a group which also brings in other study services such as protocol preparation, bioanalysis, pharmacokinetics, data management and statistics, and clinical study report preparation

Celerion Locations and Partner Sites

A Global Network of Specialty Clinics and Labs



Celerion's Strategic Expansion of Patient Access by Leveraging Qualified Sites

- **Offices in South Korea and Singapore**
 - Modern clinical trial centers at major academic medical centers
 - Patient access in controlled clinical research settings
 - Supporting biomarker assays and imaging capabilities
 - Highly qualified investigators and well-trained, motivated staff
 - Superb access to patients
 - Various cancers, RA, infectious diseases, liver and brain disorders.
- **Acquisition of Assign Clinical Research, Vienna Austria**
 - Based throughout Europe (strong academic-CRO collaborations)
 - European and global Phase I-III studies
 - Strong expertise in multi-site patient studies
 - Key: new oncology treatments, immunology drugs and vaccines
 - Complements Celerion's early clinical research expertise in respiratory and metabolic diseases.

Conclusion

- Earlier engagement of patients in studies (PoC)
- Need to implement operational setting near clinician
- Multiple centers may be required in early clinical research
- Replication of “Belfast model” and alliance model of clinical pharmacology units preferred approach

Thank You!