

The Innovative Medicines Initiative (IMI)



IMI Strategic Research Agenda as it Applies to Surrogate Endpoint Biomarkers

EMA/EFPIA Workshop on Biomarkers
December 15th, 2006
Klaus Lindpaintner



The Drivers for a New R&D Model of Public-Private Partnership



- Important novel opportunities from genomics and related disciplines
 - Timelines and cost of drug development
 - The potential of increased cooperation among stakeholders
- ➔ Creation of IMI by EFPIA and the EC

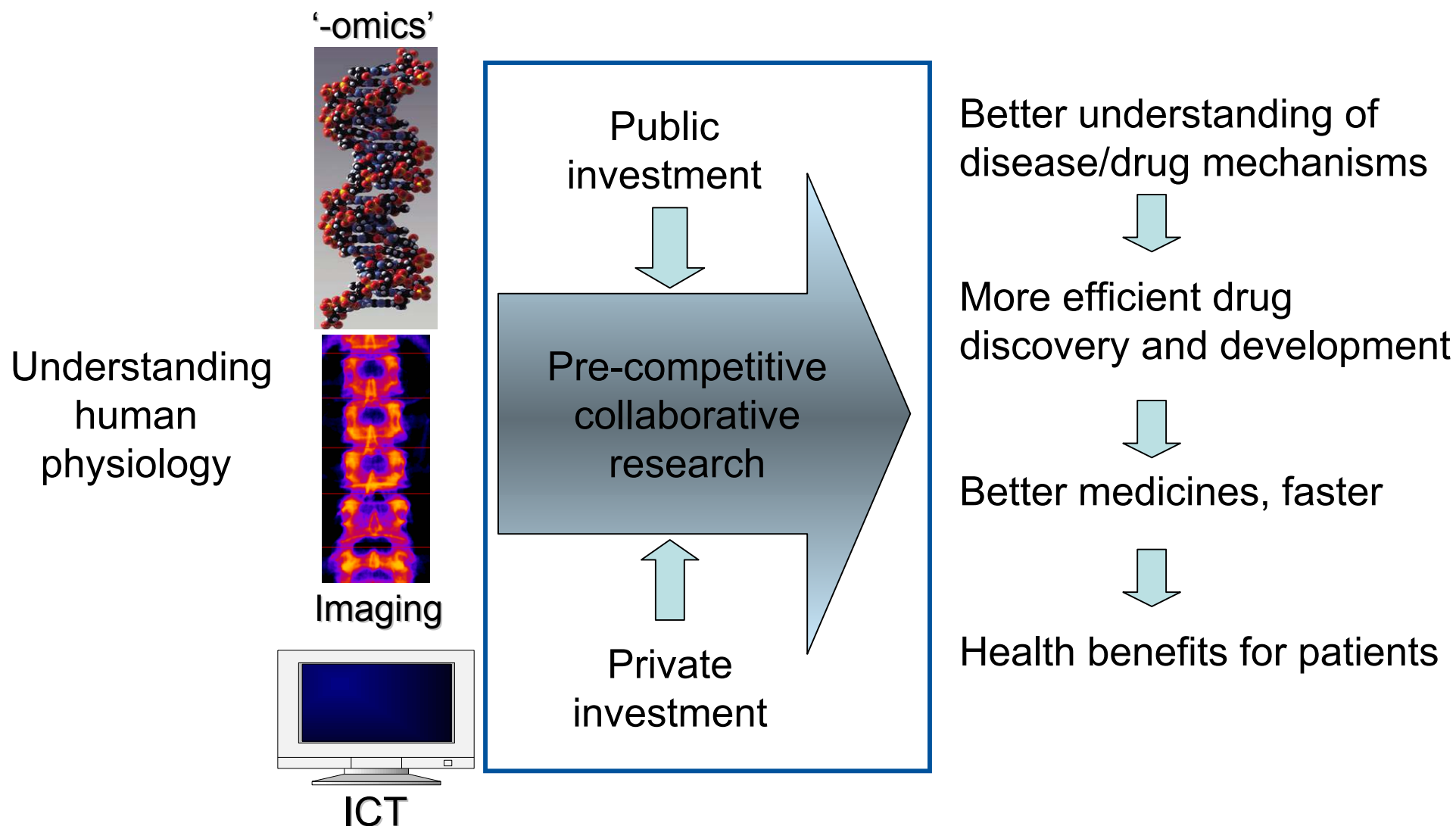
The IMI Strategic Research Agenda

<http://www.imi-europe.org>

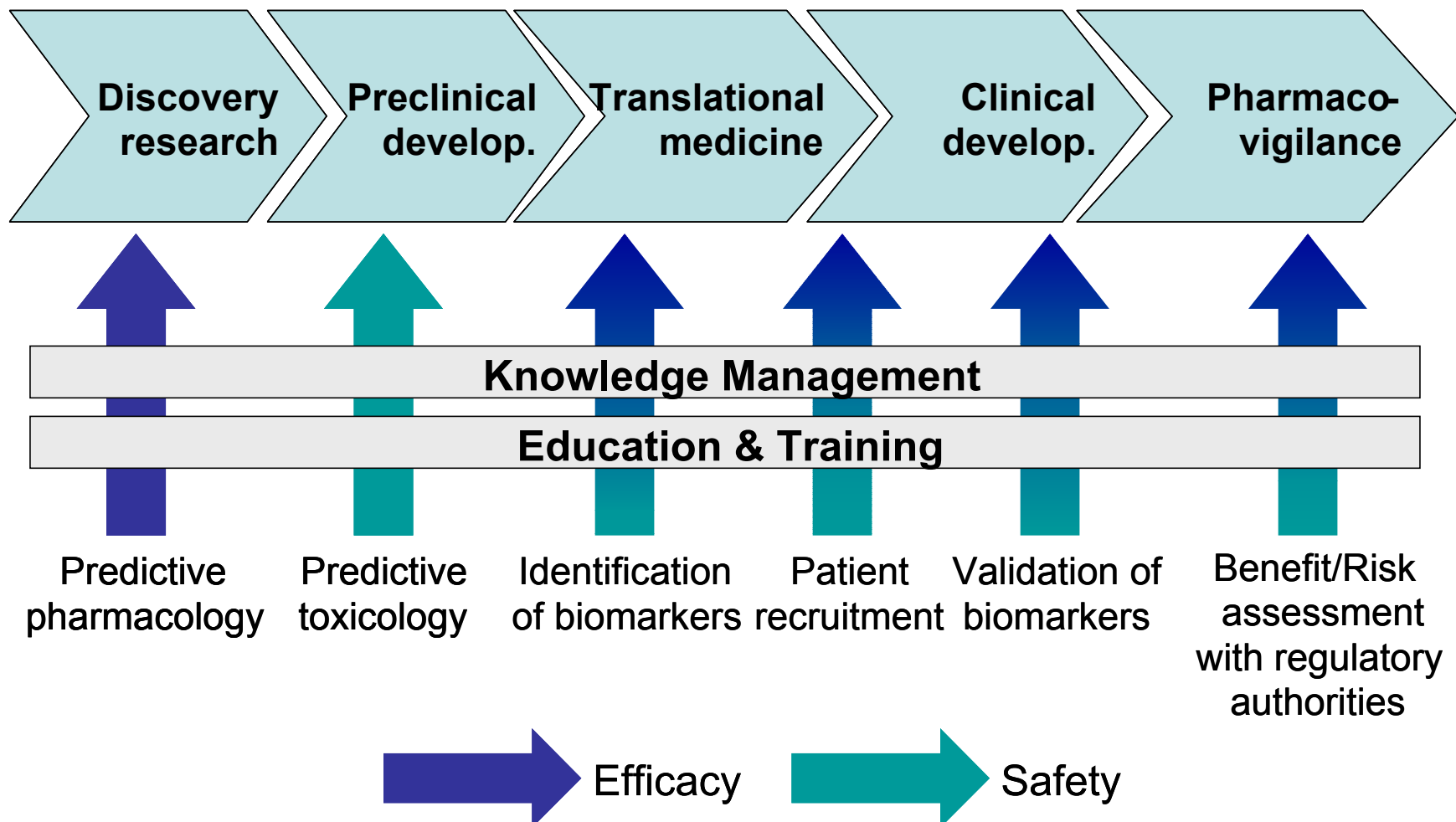


- Developed by over 350 stakeholders
- Identifies bottlenecks and associated pre-competitive opportunities in the R&D process
- Proposes recommendations to address this bottlenecks
- Proposes a new model of Public-Private collaborations to implement the recommendations

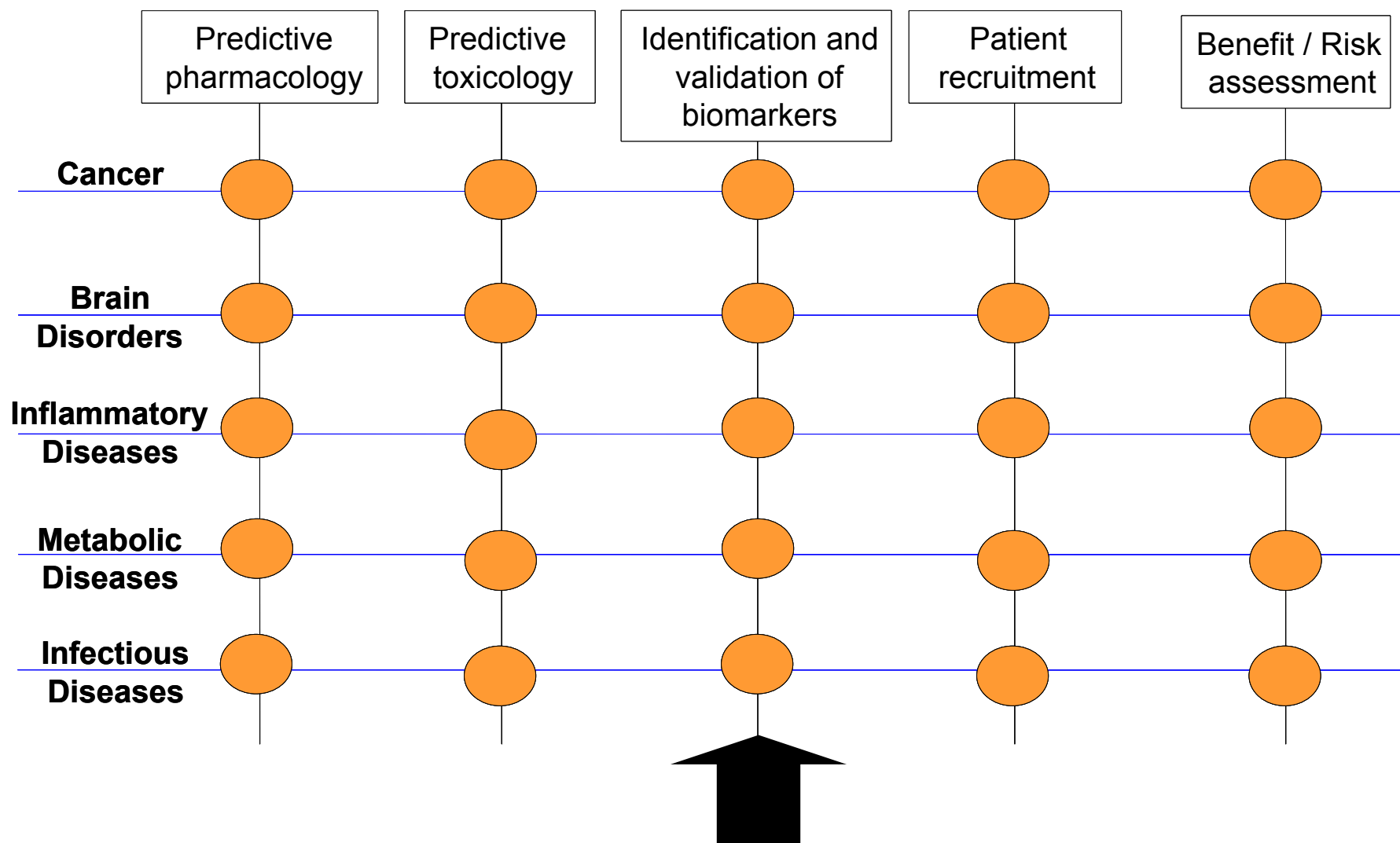
Science and technology advances present significant opportunities



The Research Focus of IMI



Disease Focus

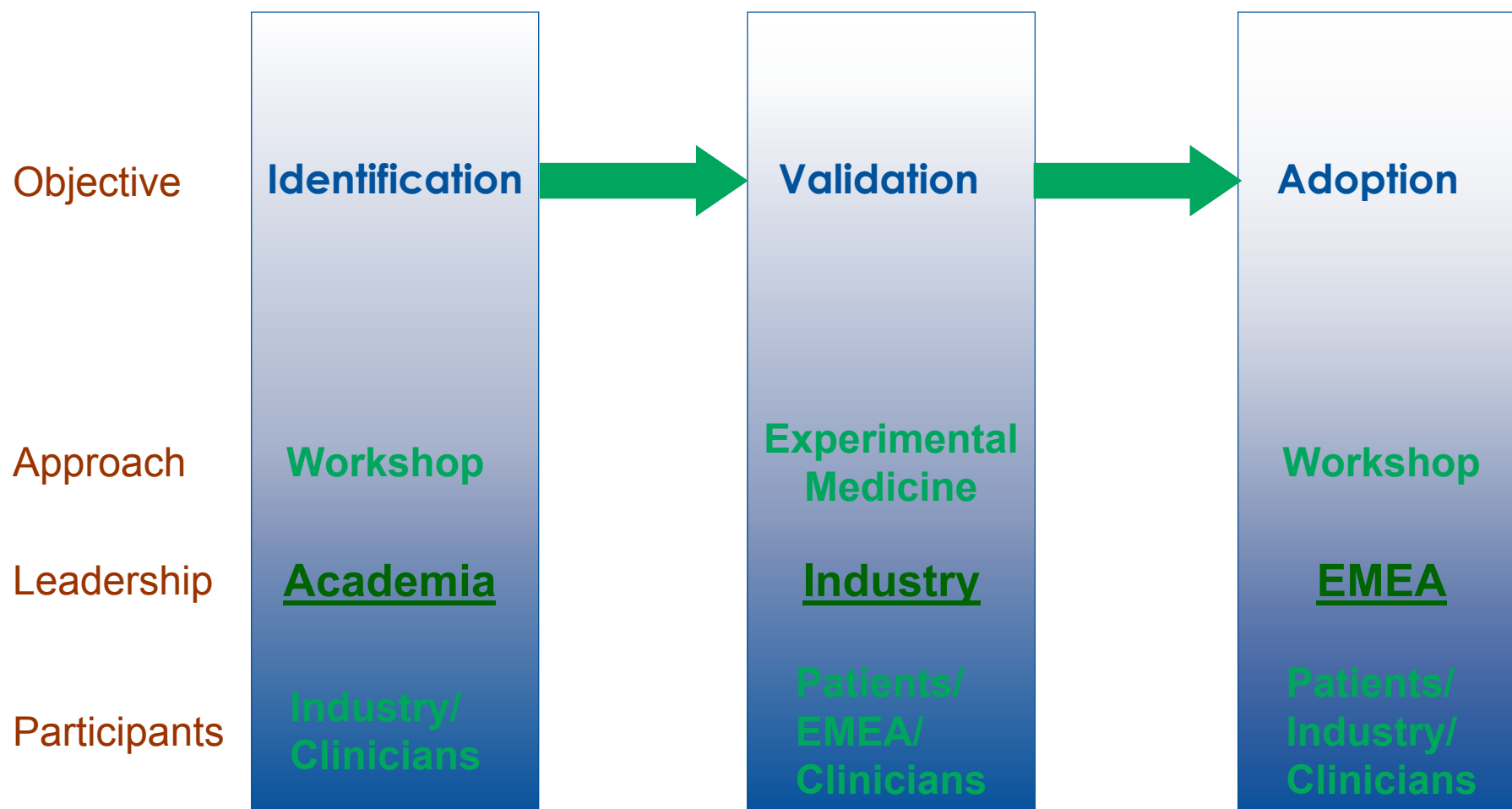


IMI Recommendations concerning the identification and validation of biomarkers



- Create disease-specific imaging networks
- Develop systems biology approaches, i.e. disease mechanistic modelling and simulation
- Stimulate translational medicine in an integrated fashion incl. new ways and tools for conducting clinical trials
- Create Regional Biomarker Centres and Communities of Experts for the identification and validation of biomarkers and novel targets
- Develop biomarker database to underpin the validation process
- Develop partnership with regulators for innovative clinical trial design and acceptance of biomarkers, where appropriate

Example of a IMI Patient Centred Project: Validation of a New Biomarker



“Validation” of Biomarkers

Sampler form the Roche Experience



- Biomarkers for efficacy likely relevant/successful if identified early on
 - Example: trastuzumab and *HER2* expression test
- Biomarkers for efficacy in serious indications must deliver high information content lest they will result in inappropriate denial of treatment
 - Example: erlotinib and *EGFR* mutations
- Biomarker “Target Product Profile” important to define
 - Major dependencies on indication (serious vs. trivial) and use (ADR vs. efficacy)
 - Differentiated approach paramount

Biomarker Target Product Profile:

Primum non nocere



- Trivial indications:
nocere = inappropriate treatment
 - ADR: avoid at all cost (inappropriate withholding of drug o.k.)
→ high sensitivity, specificity less important
 - Efficacy: don't treat unless you are sure the drug will work
→ high specificity, sensitivity less important
- Life-threatening indications:
nocere = inappropriate withholding of treatment
 - ADR: do not withhold drug inappropriately (only if very high risk of ADR)
→ high specificity, sensitivity less important (example Abacovir)
 - Efficacy: do not withhold drug inappropriately (only if very low odds of response)
→ high sensitivity, specificity less important (example Herceptin)

Benefits of IMI for Validation of Biomarkers



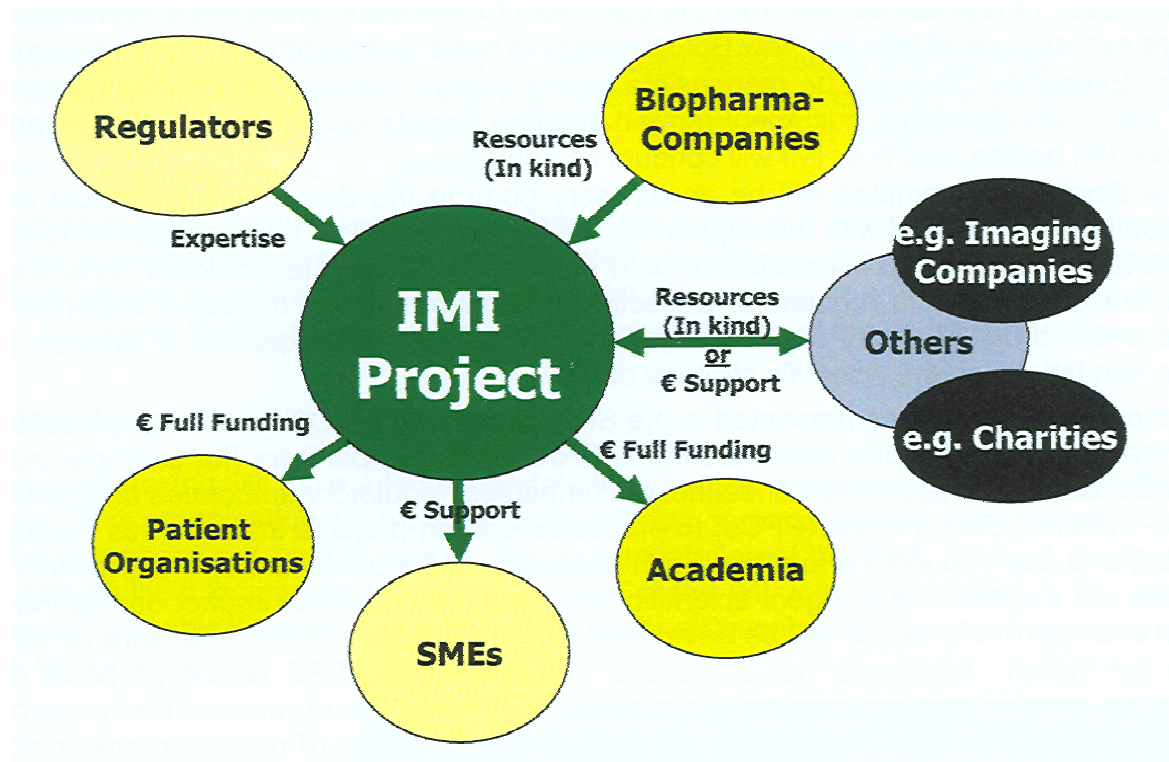
- Leverage pre-competitive knowledge that was previously out of reach
- Leverage trial data to reach requisite size for statistical power
- Earlier application of new technologies to regulatory practices
- Regulators to be involved earlier in the process
- Increased collaboration among all relevant stakeholders

→ More biomarkers, validated faster

Resource strategy



- € 460M per year x 7 years in direct, *in-cash* funding to academia, patient organizations, and SMEs
- Contingent on matching funds *in-kind* from industry in collaborative, pre/pro-competitive projects
- A major opportunity for European science, as well as a tall challenge



Benefits of Increased Collaboration for All Stakeholders



- Access to pre-competitive knowledge that was previously out of reach
- Stimulation of creativity
- Achievement of critical mass
- Shared risk of failure
- Enhanced learning experience

→ Generation of More Innovative Solutions

The Ultimate Beneficiaries ...



... All EU citizens

