



Critical Path Institute: Coalition Against Major Diseases (CAMD)

Qualification at FDA and CHMP

IMI, Barcelona

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C-Path & FDA MOU

October 14, 2005



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74823

amendments thereto, is hereby

ORLISTAT (tetrahydrolipstatin)

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Memorandum of Understanding Between the United States Food and Drug Administration and the C-Path Institute

Food and Drug Administration
[FDA 225-05-8000]

Memorandum of Understanding
Between the United States Food and
Drug Administration and the C-Path
Institute

AGENCY: Food and Drug Administration,
HHS.

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HHS.

ACTION: Notice.

**“purpose... to establish an overarching framework
for collaboration... to foster development of new
evaluation tools to inform medical product
development”**

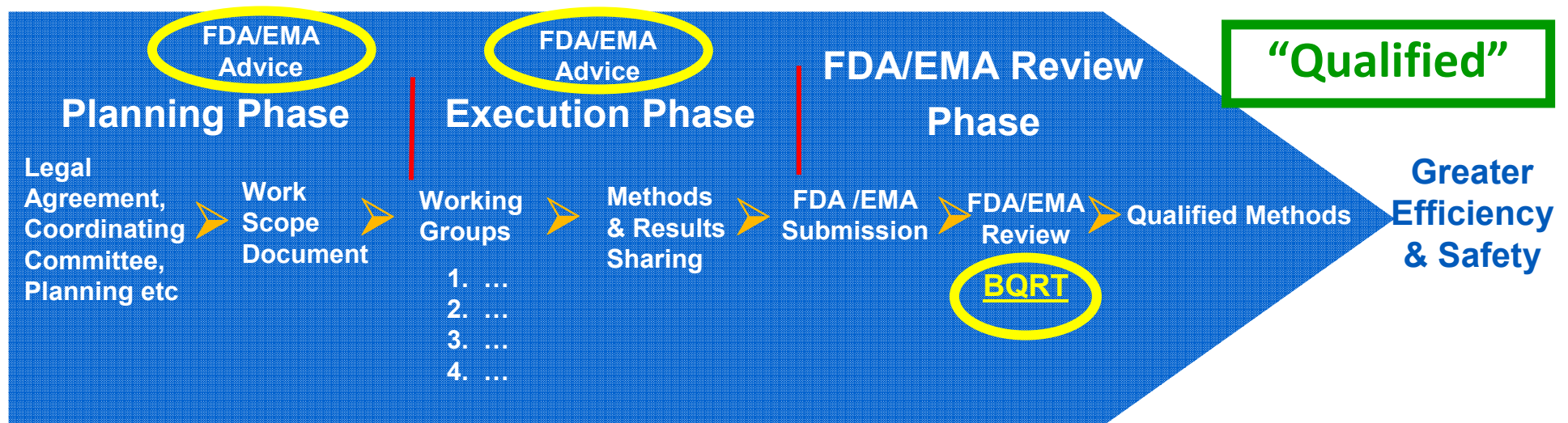
Independent and Trusted Third Party

- Public & foundation funding of infrastructure
 - **No funding from regulated companies**
- Federal Grants – Critical Path Public/Pvt Partnerships
- Philanthropy
- Transparency
- FDA, EMA and PMDA participation

Qualification of New Testing Methods



A new pathway.....



**Scientific
Consensus**



Creating New Regulatory Science



Predictive Safety Testing Consortium (PSTC)
DRUG SAFETY



Patient-Reported Outcome (PRO) Consortium
DRUG EFFICACY



Coalition Against Major Diseases (CAMD)
UNDERSTANDING DISEASE



Polycystic Kidney Disease Consortium (PKD)
IMAGING BIOMARKERS



Critical Path to TB Drug Regimens (CPTR)

COMBINATION DEVELOPMENT PARADIGM

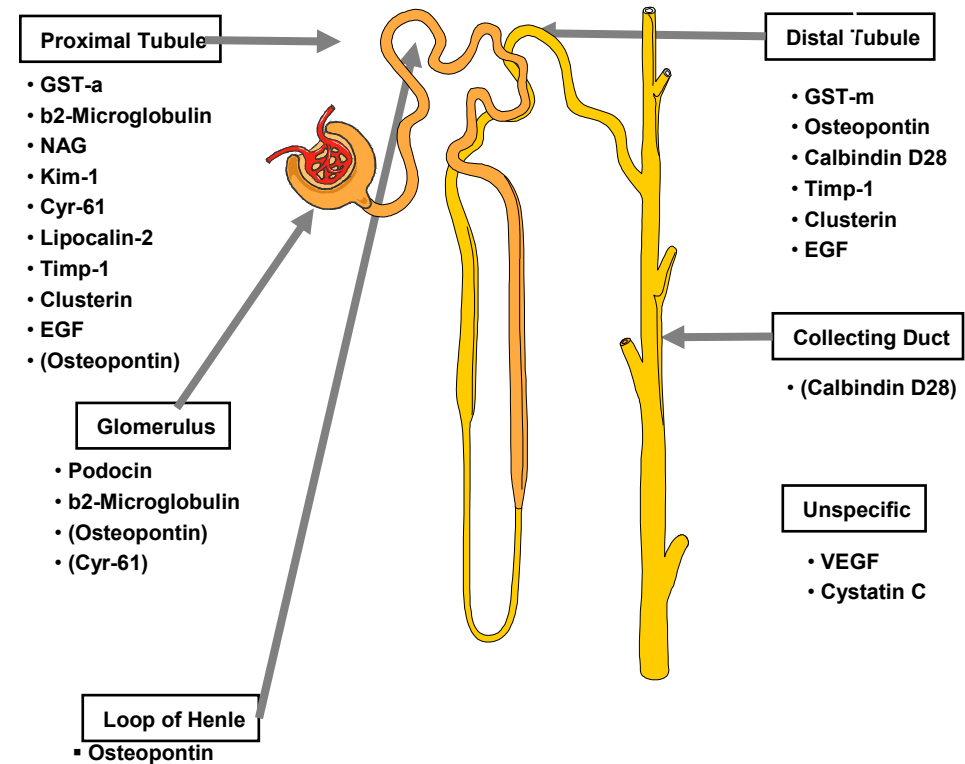
Type of Biomarker



- Safety
 - Kidney earlier than BUN /creatinine
- Predictive & Prognostic for decision making
 - Safety monitoring
 - Go/No Go
 - at nomination-intermediate-confirmatory stage
 - Phase I in normals
 - Phase 2/3 in patients

Ideal features of biomarkers to detect Kidney Injury

- Identifies injury early
- Reflects degree of toxicity
- Similar reliability across multiple species, including humans
- Localizes site of injury
- Tracks progression of injury and recovery
- Well-characterized with respect to limitations
- Accessible in readily available body fluids/tissues



Nephrotoxicity Biomarkers: Injury Location & Assay



| Biomarker | Proximal Tubules | Distal Tubules | Glomerulus | Injury Response Markers | Leakage Markers | Functional Biomarkers |
|---------------------------|------------------|----------------|------------|-------------------------|-----------------|-----------------------|
| Osteopontin | X | X | | X | | |
| Serum & Urine Clusterin | X | X | | X | | |
| NGAL | X | X | | X | | |
| Serum & Urine Cystatin C | X | X | | | | X |
| Urine Total Protein | | X | X | | | X |
| GST- π | | | | | X | |
| β -2 Microglobulin | X | | X | X | | X |
| GST- α | X | | | | X | |
| Interleukin-18 | X | | | | | |
| Liver FABP | X | | | | | |
| Retinol Binding Protein 4 | X | | | | | X |
| Urine KIM-1 | X | | | X | | |
| Urine NAG | X | | | | X | |
| Osteoactivin | | | | X | | |
| Trefoil Factor 3 | X | | | X | | |
| Urine Creatinine | X | | | | | X |
| Urine Microalbumin | X | | | | | X |

| Biomarker | Distal Tubules | Proximal Tubule | Glomerulus | Collecting Duct | Functional Biomarkers |
|-------------------------------------|----------------|-----------------|------------|-----------------|-----------------------|
| Calbindin | X | | | X | |
| GST- π | X | | | | |
| Urine Total Protein | | | X | | |
| α -1 Microglobulin | | | X | | |
| γ -Glutamyl Transferase | | | | | X |
| CXCL-10 | | | | | X |
| Hepatocyte Growth Factor | | X | | | |
| Osteoactivin | | | | | X |
| Serum urea nitrogen | | | | | X |
| Tamm-Horsfall Protein or Uromodulin | | | | | X |
| TIMP-1 | | | | | X |
| VEGF | | | | | X |

Biomarker Prioritization:

Green: tier 1 Blue: tier 2 Red: tier 3

Injury location based on: Bonventre, J.V., et al. *Nat Biotech* 28, 436-440 (2010).

Summary of “Fit for Purpose” Claims and Decisions



| Urinary Biomarker | Rat Kidney Pathologies | | | Clinical |
|-------------------|-------------------------------|------------------------------|--|-------------------------------|
| | Can Outperform BUN & Serum Cr | Monitor Glomerular Pathology | Monitor Tubular Pathologies (Necr., Degen., Dilatat'n, Regen.) | Supporting Published Evidence |
| Cystatin C | ✓ | ✓ | | ✓ |
| β2-Microglobulin | ✓ | ✓ | | ✓ |
| Total Protein | ✓ | ✓ | | ✓ |
| KIM-1 | ✓ | | ✓ | ✓ |
| Albumin | ✓ | | ✓ | ✓ |
| Clusterin | ✓ | | ✓ | |
| Trefoil Factor 3 | ✓ | | ✓ | |

Predictive Safety Testing Consortium (PSTC)



U.S. Food and Drug Administration



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FDA News

FOR IMMEDIATE RELEASE

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Media Inquiries:

301-827-6242

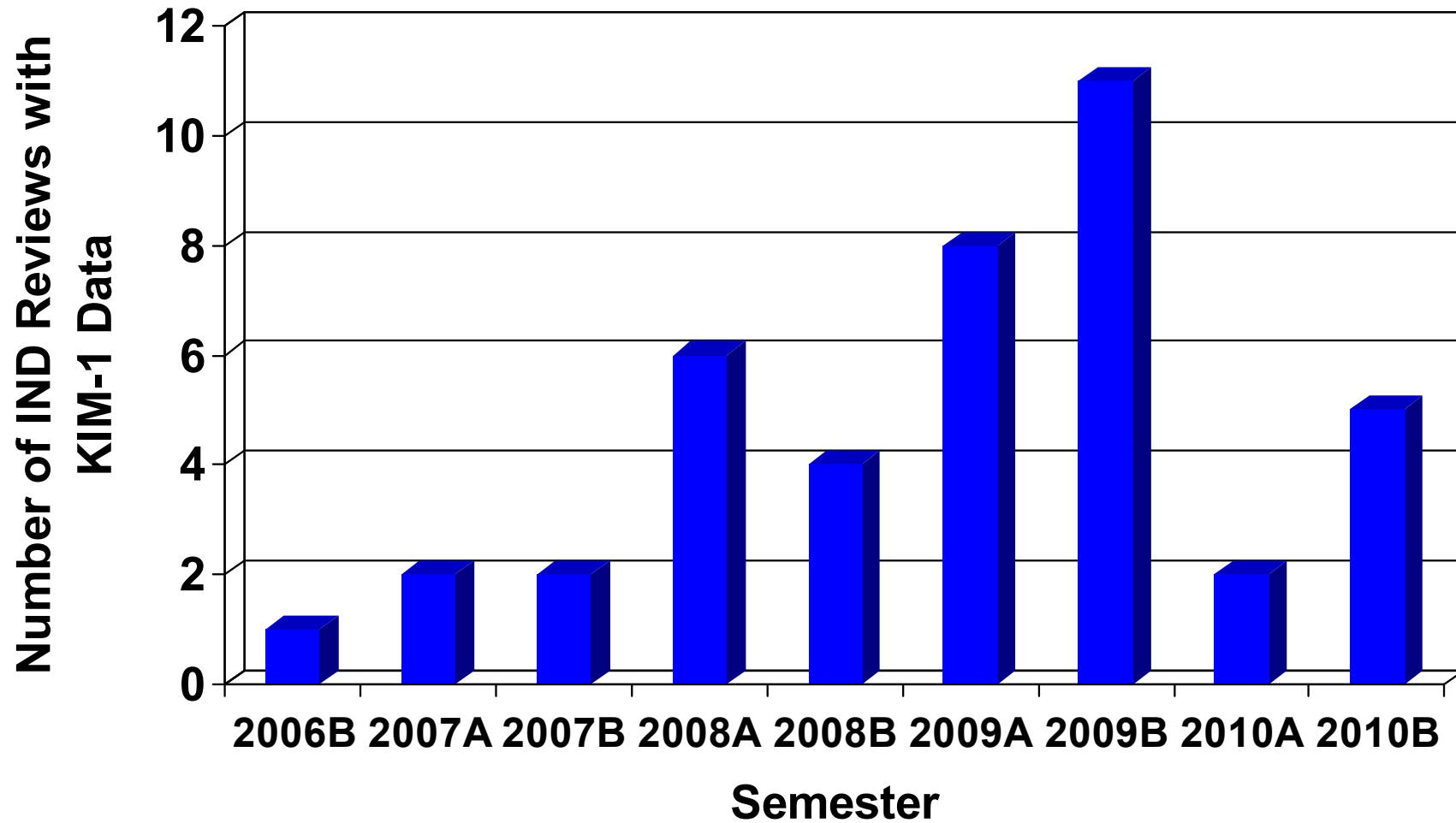
Consumer Inquiries:

888-INFO-FDA

FDA and the Critical Path Institute Announce **Predictive Safety Testing Consortium** Consortium Will Share Tests to Understand Safety of Potential New Drugs Earlier

The Food and Drug Administration (FDA) and **The Critical Path Institute (C-Path)** today announced the formation of the Predictive Safety Testing Consortium between C-Path and five of America's largest pharmaceutical companies to share internally developed laboratory methods to predict the safety of new treatments before they are tested in humans. The FDA, while not a member of the Partnership, will assist it in an advisory capacity. This unprecedented sharing of potential early indicators of clinical safety may streamline the cost and time of preclinical drug safety evaluation and better inform the use of "personalized medicine". The Consortium was announced today at a press conference detailing the release of the Critical Path Opportunities List -- 76 initial research priorities that, if accomplished, will modernize the drug development process by 2010 and help get new medical discoveries to Americans faster and at a lower cost.

IND Reviews with KIM-1 Data



3 Critical Questions



1. **WHEN is a new biomarker ready for use?**
2. **WHEN should it be used – under what conditions, and for what specific purpose?**
3. **WHEN does a change constitute a real signal that warrants interrupting dosing?**

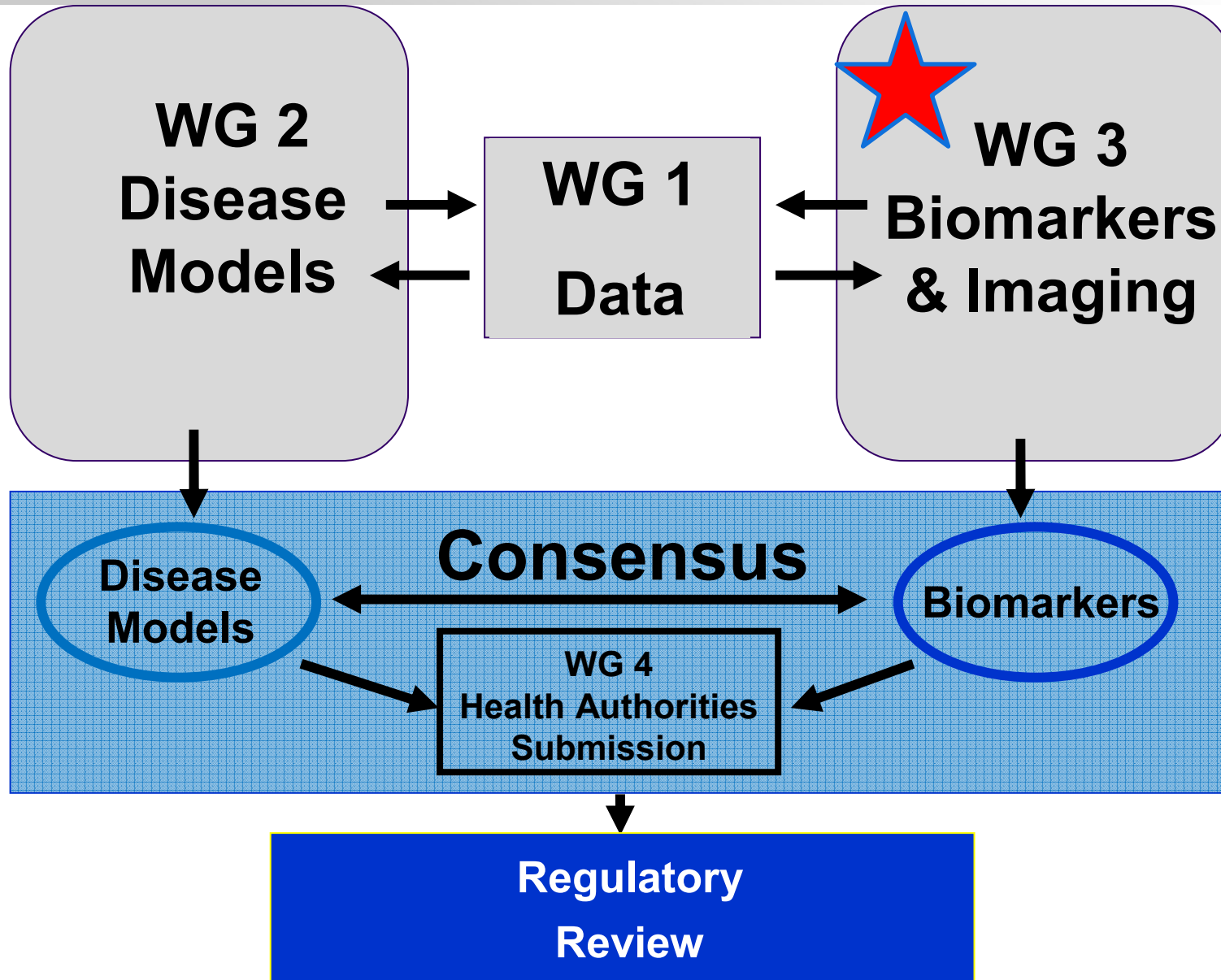
Develop a scientific consensus on which methods are
“qualified for use” in drug development among.....

1) those who will use the methods (industry),

AND

2) those who will accept the methods (RA).

Workgroup Workflow

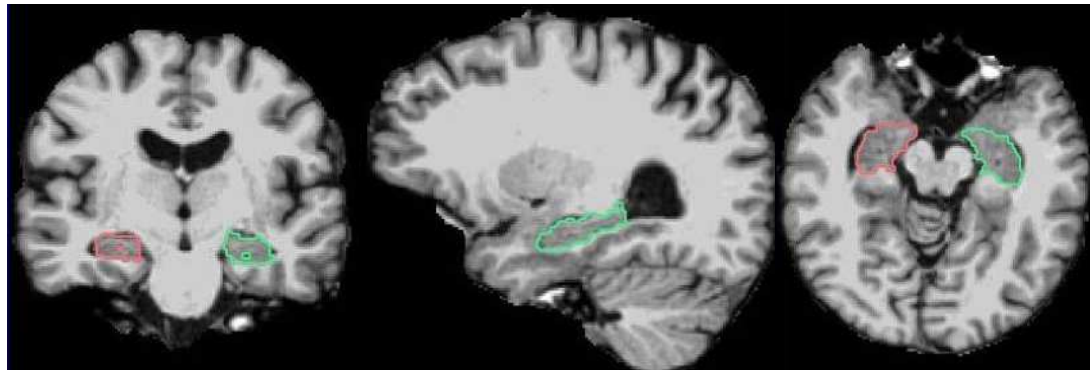


Advantages of predictive biomarker in AD, PD

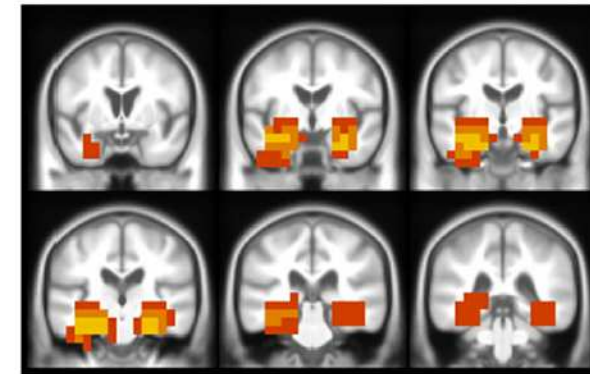


- Early Identification allows early intervention
 - Identifies before dementia stage in AD
 - Identifies before full motor spectrum in PD
- Diagnostic Specificity: Increased likelihood of successful intervention
- Progression to AD dementia or full PD (or study endpoint) within a reasonable time
- Shorter studies with smaller sample size
- More uniform patient populations

Hippocampal Atrophy as Predictor of MCI Progression to AD

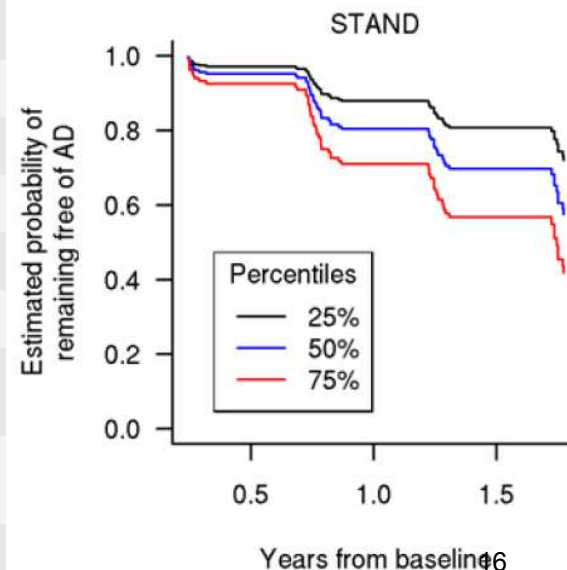


Figures from Norbert Schuff and Mike Weiner: SF VA and UCSF



STStructural **A**bnormality **i**NDex (STAND)-score
Colored regions indicate regions with maximum discriminatory power

| | STAND |
|-------------------------------|-------|
| AUROC | 0.90 |
| Threshold* | 0.25 |
| Sensitivity (%) | 71 |
| Specificity (%) | 95 |
| Test accuracy (%) | 84 |
| Positive predictive value (%) | 93 |
| Negative predictive value (%) | 79 |
| Likelihood ratio | 15.6 |



- STAND score shows high test accuracy in differentiating AD from Controls
- Those with highest STAND scores show lowest probability of remaining dementia free.

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