

# SUCCESSFULLY NAVIGATING THE TRANSLATIONAL TRANSITION

Chris Leptak, MD/PhD

Executive Vice President, Drugs and Biologics

Greenleaf Health

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# DISCLAIMERS

Views expressed in this presentation are those of the speaker and do not necessarily represent an official regulatory or company position.

I do not have any financial disclosures regarding pharmaceutical drug products.



# What is Unique About Regulatory Approach?

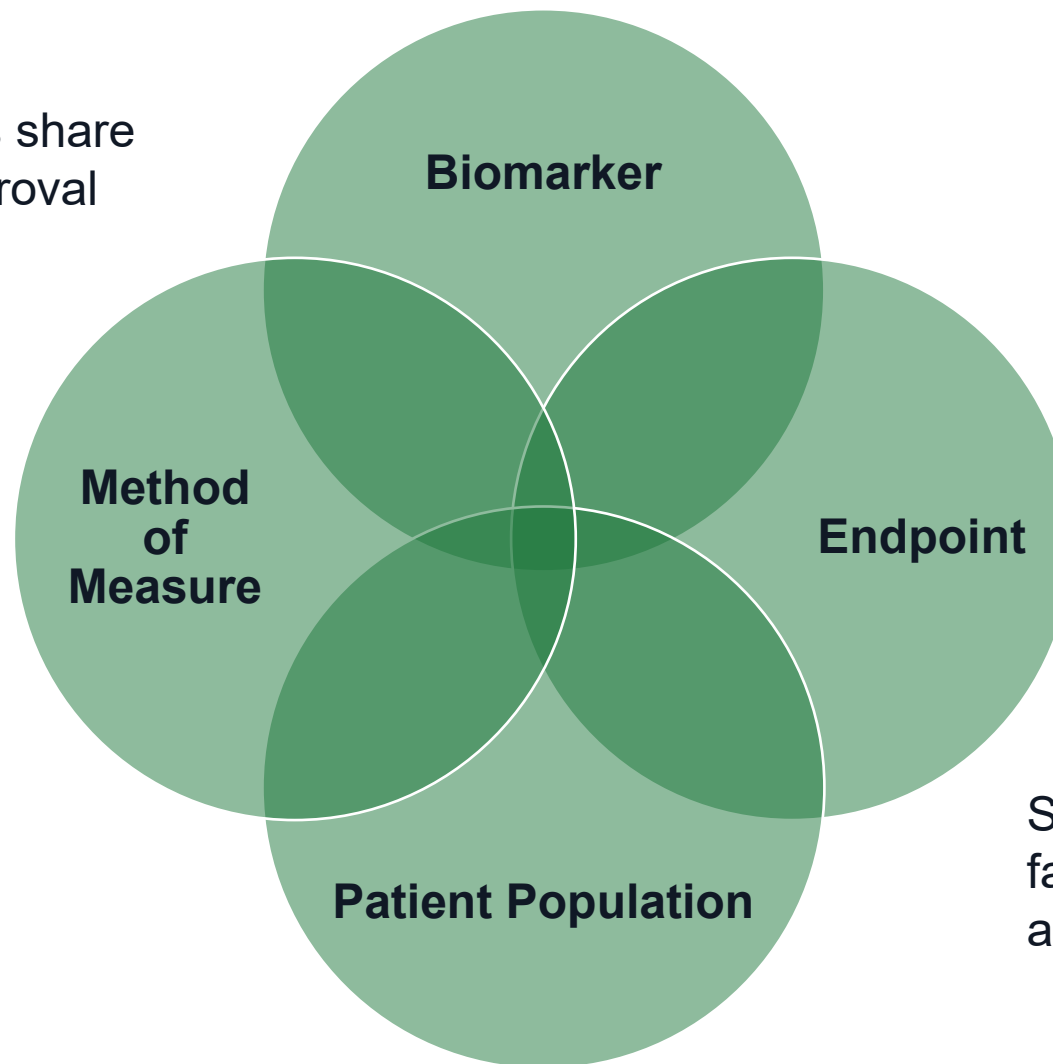
Although a biomarker may be used by clinical or basic science research communities, regulatory acceptance focuses on a drug development context that is supported by robust data for that context. Considerations include:

- Reproducibility of data  
e.g., high rate of discordant information in the scientific literature RE biomarker data and conclusions
- Adequacy of an analytic device's performance to support a biomarker's regulatory use
- Feasibility of the biomarker should a drug be approved  
e.g., will the analytic be widely available and capable of integration into clinical practice paradigms



# Components of Drug Development Success

Each of these elements share importance to drug approval



Since any element can lead to failure, important to optimize as appropriate and feasible



# Key Considerations in Biomarker Validation

- “The evidence sufficient to qualify a biomarker depends on its context of use (COU) and the potential benefits and risks associated with its use”
- “Benefits and risks associated with a biomarker’s COU drives expectations for the reliability of the biomarker to predict the outcome of interest”
- Essentials of a validation effort:
  - Specify the biomarker of interest;
  - Specify the particular test, tool or instrument that is the object for validation;
  - Clearly define the purpose, including the setting, for which the test, tool or instrument will be used;
  - Understand the potential benefits and risks associated with that use

**Validation is a process that is related to a specific intended purpose. Therefore, a biomarker that has been determined to be fit-for-purpose for a given regulatory purpose, is not necessarily sufficient for another regulatory purpose**



# Pitfalls to Avoid

## Inadequate and inappropriate planning

- If you are planning to develop a novel biomarker endpoint, you will need to engage FDA early (even preIND) to ensure that you have sufficient time to align on what data will be needed
- Reasonably match your goals to your available resources. Ultimate goals can be broken into realistic milestones to build understanding as well as identify gaps that may need to be addressed.

## Ignoring the need for rigorous validation of your measurement method

- If your measurement method has not been validated, you may be making business decisions based on data that is not reliable or meaningful
- Expectation that the measurement method has been appropriately validated prior to use in Ph3
- Method will likely improve/evolve requiring pre-planning for bridging studies

## Over interpretation of data from sources that have not been vetted to regulatory standards

- Peer-reviewed publications are helpful as a starting point only. The raw data is not scrutinized, results are many times not reproducible, and the conclusions are often not generalizable/overstated

## Not recognizing the importance of data management

- Protocols, SOPs, and rigorous documentation are required for regulatory audits



# Multimodal Biomarker Considerations

Terminology: Multimodal, composite, panel, score, etc.

- Individual components should be described, carefully chosen, and assessed for relative contribution

Strategies: Important to focus on a single COU to define the development

- Explore biomarkers and associated measurement methodologies individually and then build into a composite once value has been demonstrated
- Alternatively, define a composite of promising candidates and then refine

NOTE: do not be reluctant to make early and frequent updates based on pragmatic choices

Measurement Scenarios:

- Each member of the composite is measured with a separate platform, each of which is independently validated. The readouts are then “manually” transformed into a composite value for interpretation
  - Single score is interpreted by cut points (e.g., Mild, Moderate, Severe)
  - Group assessment schema – still have cut points for “biomarker positivity” but interpretation simplified (e.g., if any 2 of 7 are positive, composite is positive)
- Individual biomarkers of the composite are measured by a single measured by a single platform
  - Individual readouts (e.g. Chem 7) or integrated score
  - If score, then the algorithm which generates the score should be defined



**THANK YOU FOR YOUR ATTENTION**