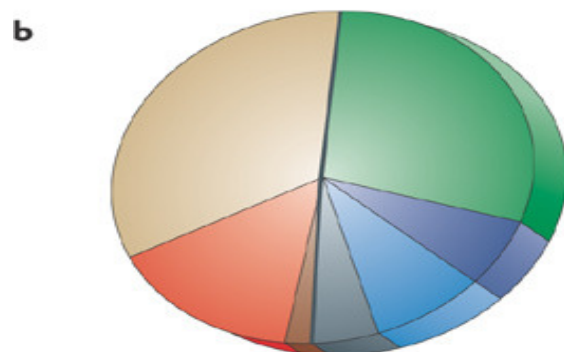
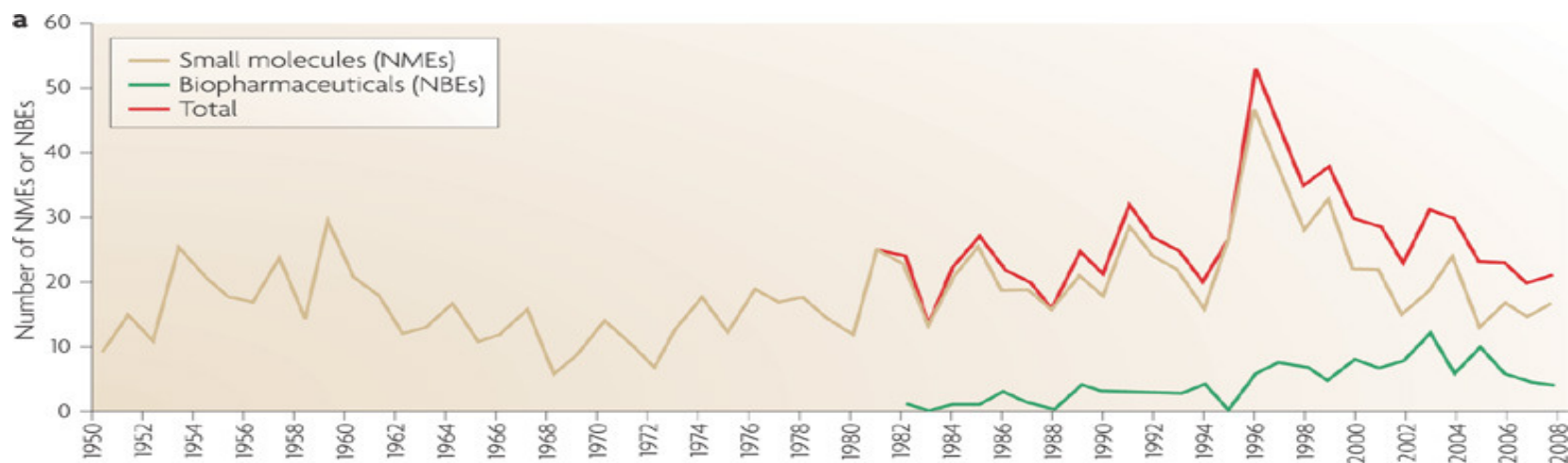


Regulatory Science and the FDA



Garret A. FitzGerald MD, University of Pennsylvania

An Existential Challenge



No longer in existence

400 NMEs came from 34 big pharma that disappeared through M&A

193 NMEs came from 103 small pharma that disappeared through M&A

25 NMEs came from 19 small pharma that were liquidated

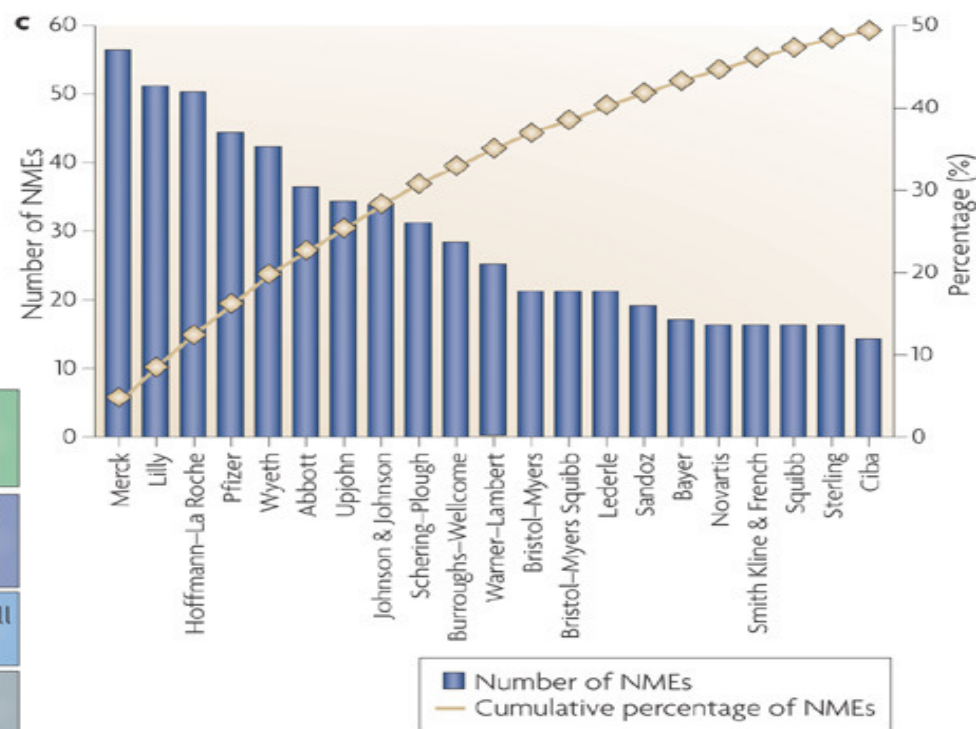
Still in existence

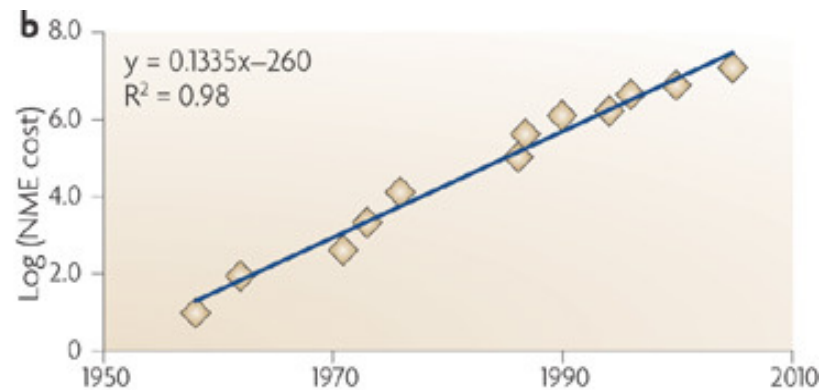
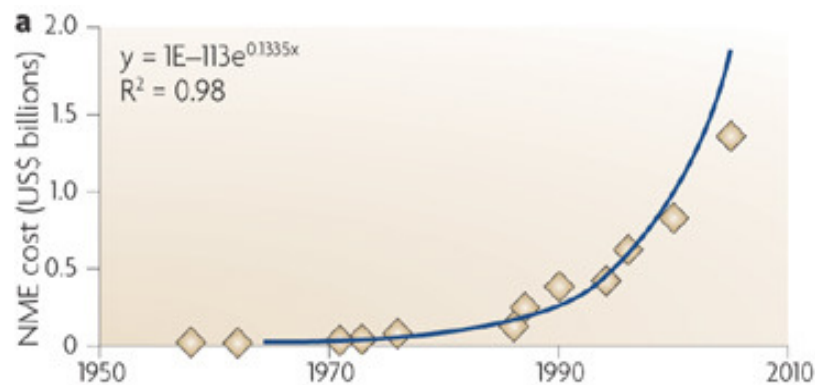
360 NMEs came from 9 big pharma that have existed for the whole period

79 NMEs came from 23 small pharma that have existed for the whole period

105 NMEs came from 66 small pharma created by M&A

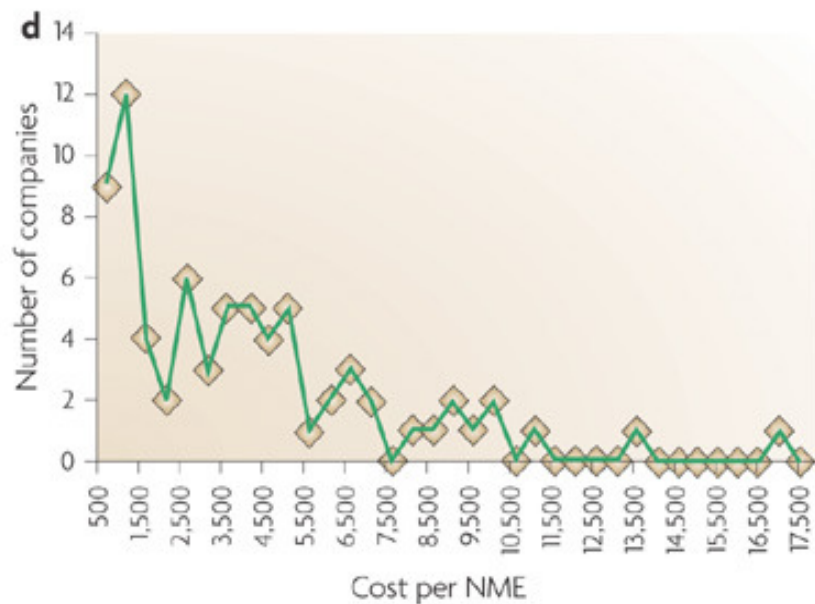
60 NMEs came from 7 big pharma created by M&A





c

Estimate	Value of item (US\$ millions)
DiMasi estimate in 2000 dollars	802
• Adjustment for post-approval R&D	95
• Adjustment for new indications and non-US approvals (20%)	160
• Adjustment for success rate (11.5% versus 21.5%)	697
Adjusted DiMasi estimate in 2000 dollars	1,754
• Adjustment for inflation (3.7% per year)	592
• Adjustment for other cost increases, such as regulation (8.3% per year)	1,565
Adjusted DiMasi estimate in 2008 dollars	3,911



Unmet Medical Needs?

Figure 1.1 Peer-reviewed articles covered by *SciBX*

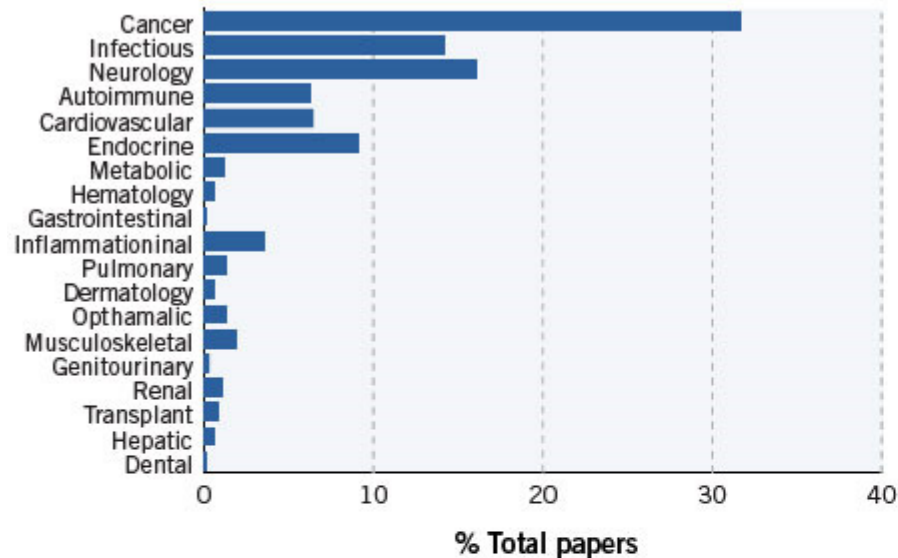


Figure 1.2 Money raised by private and public biotechs 2006–2008

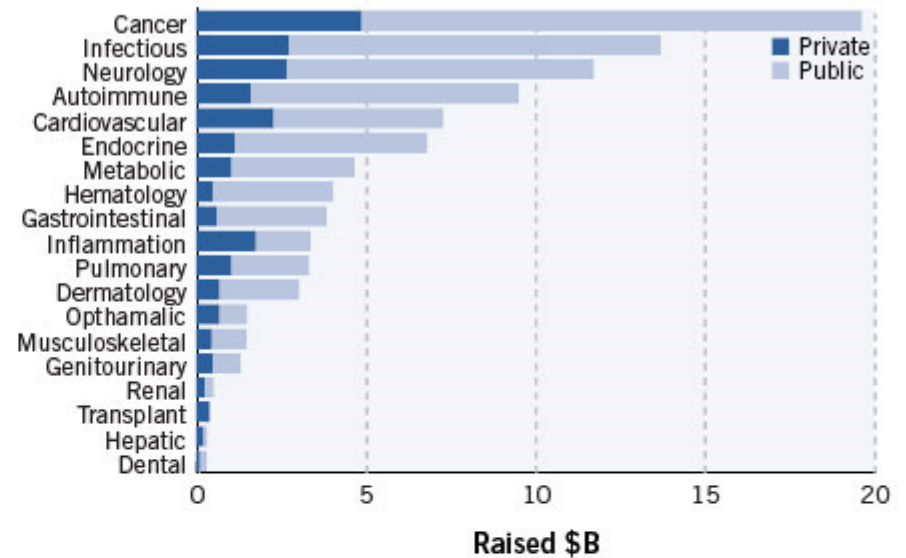


Figure 1.3 NIH funding FY08

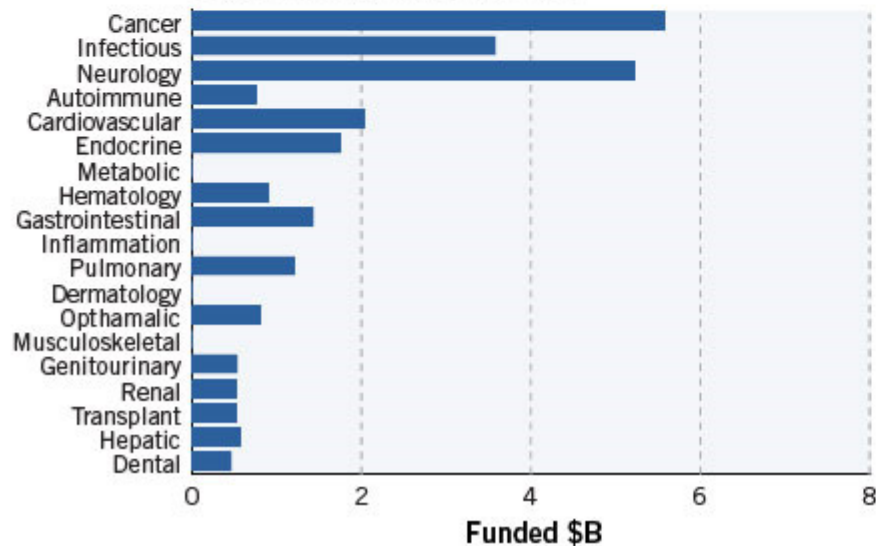
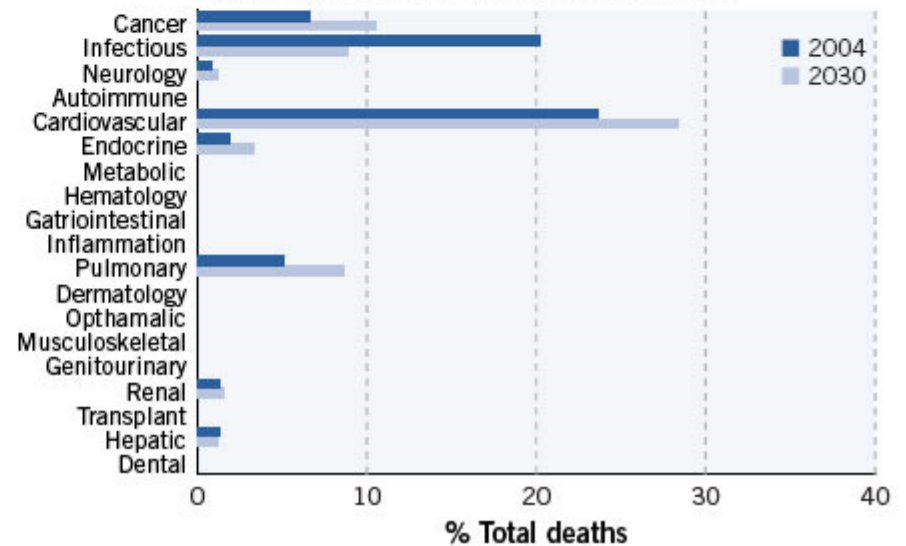
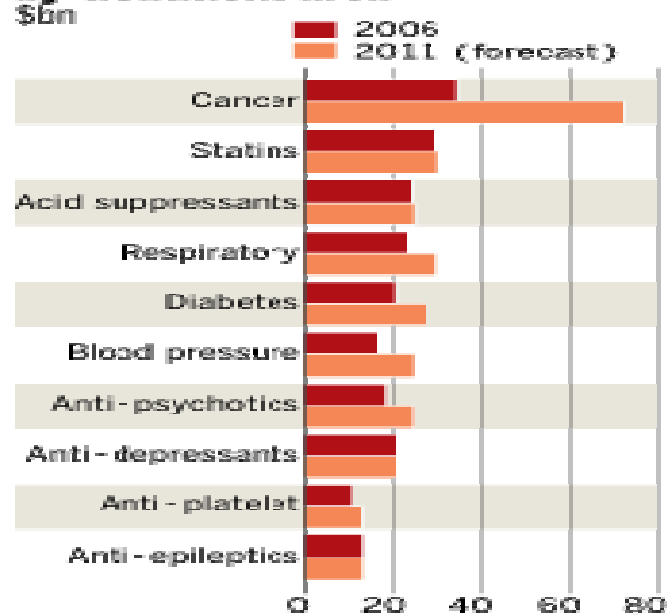


Figure 1.4 WHO disease burden statistics

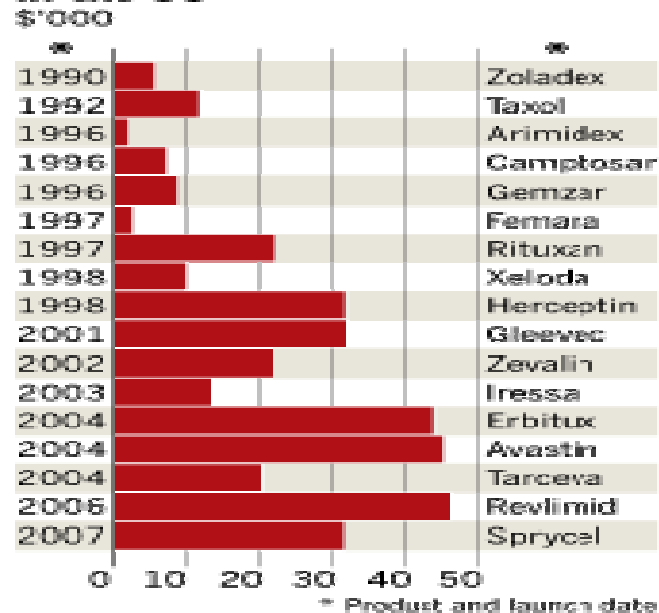


Not NICE

**Global drug market
by treatment area**



**Average annual treatment cost
in the US**



Source: IMS

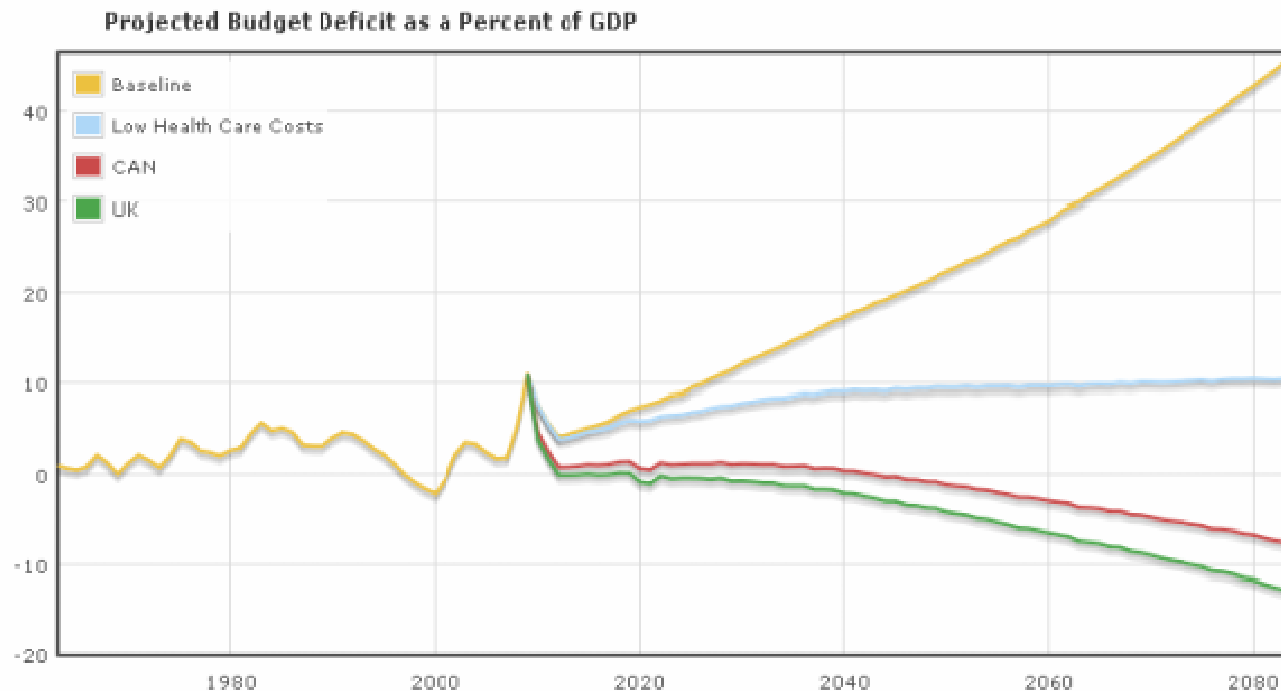
An Appeal to Reason



**“If we don’t change the business models,
we’re not going to survive as an industry”.**

**Richard Clarke, Merck CEO
Financial Times, Oct 22nd 2008**

Another Existential Challenge

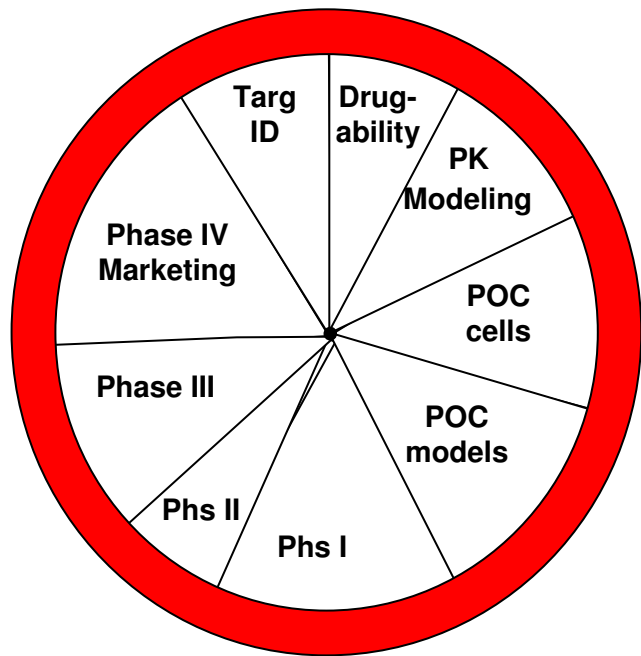


Aging population
only

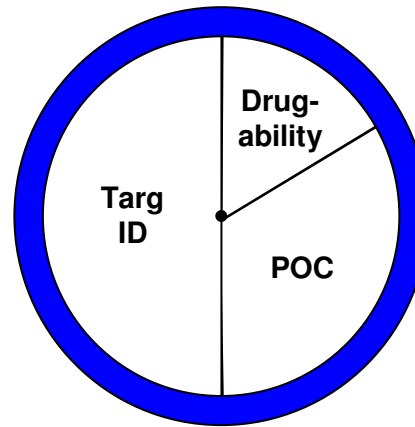
Center for Economic and Policy Research 2010

Prescription drugs rose from 10% to 18% of health care costs from 1996 to 2006

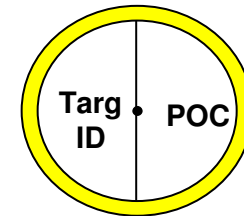
Vertical Disintegration



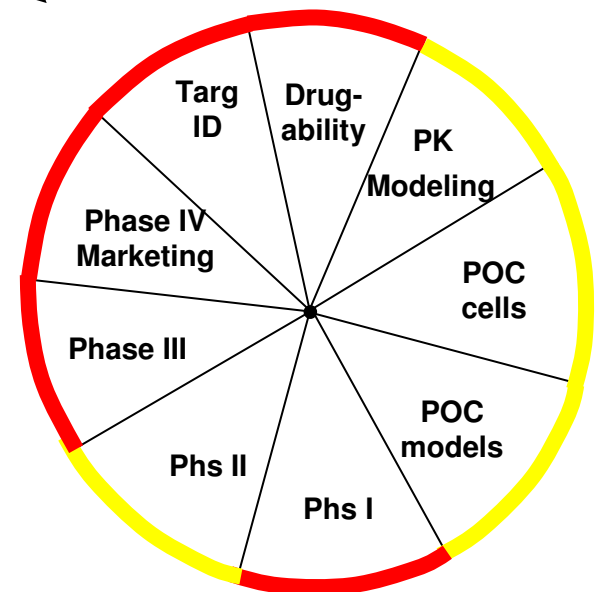
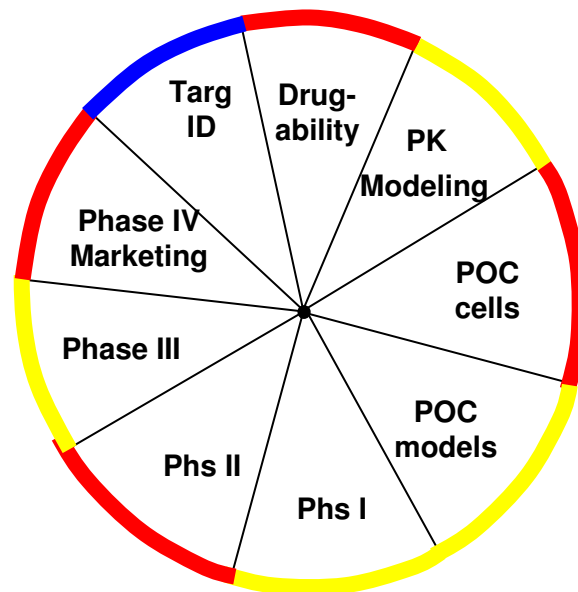
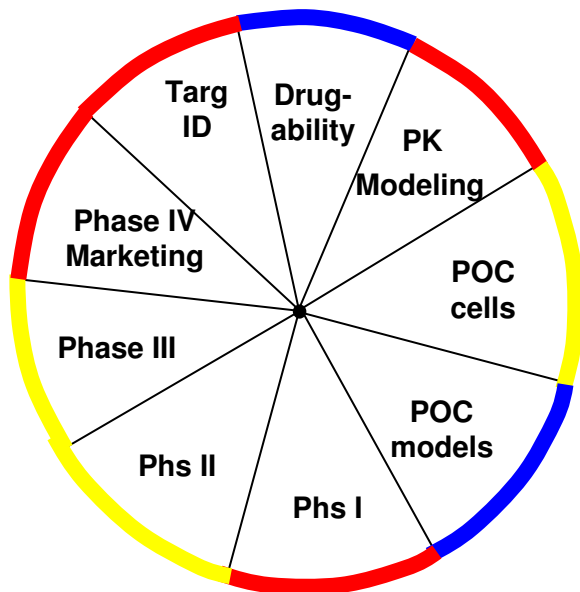
PHARMA



BIOTECH



ACADEMIA



Regulatory Science



Regulatory Science

The acquisition and analysis of data sufficient to inform decision making pertinent to the approval of safe and effective therapeutics, devices and cosmetics and ensuring the safety and nutritional value of the food supply.

What it's not...

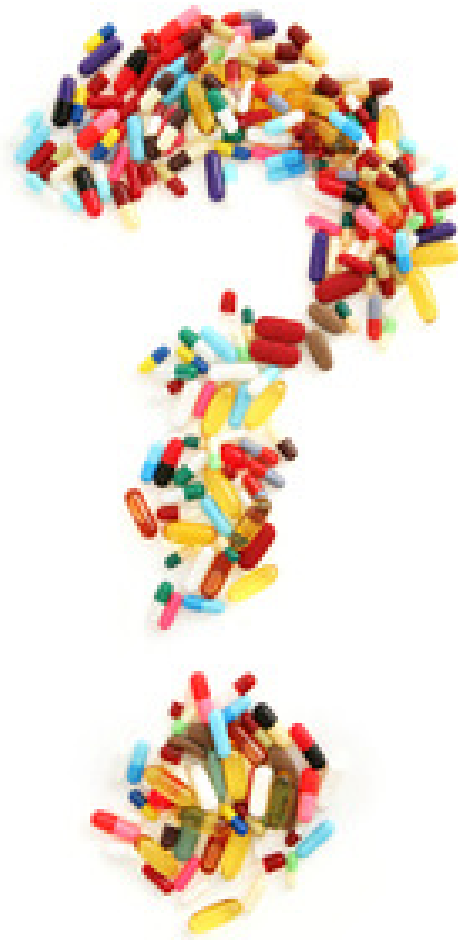


A new set of regulations

An approach to speed the approval process

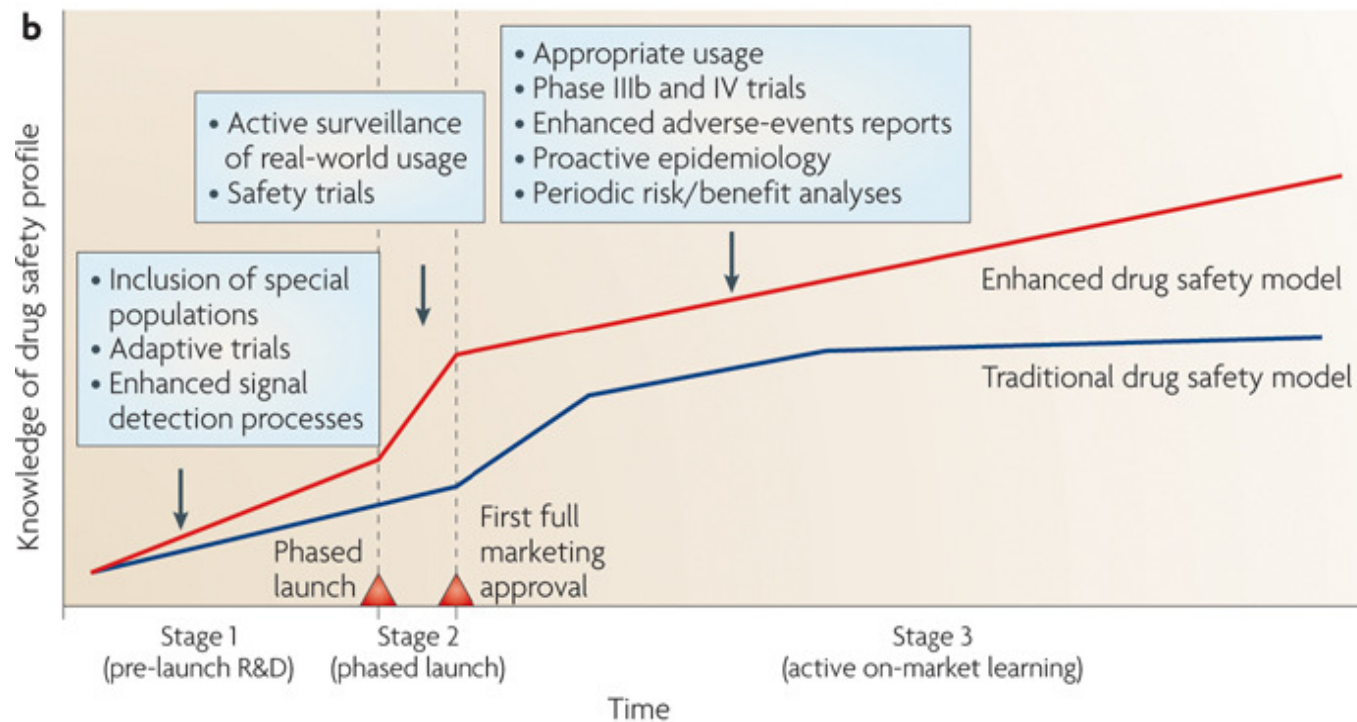
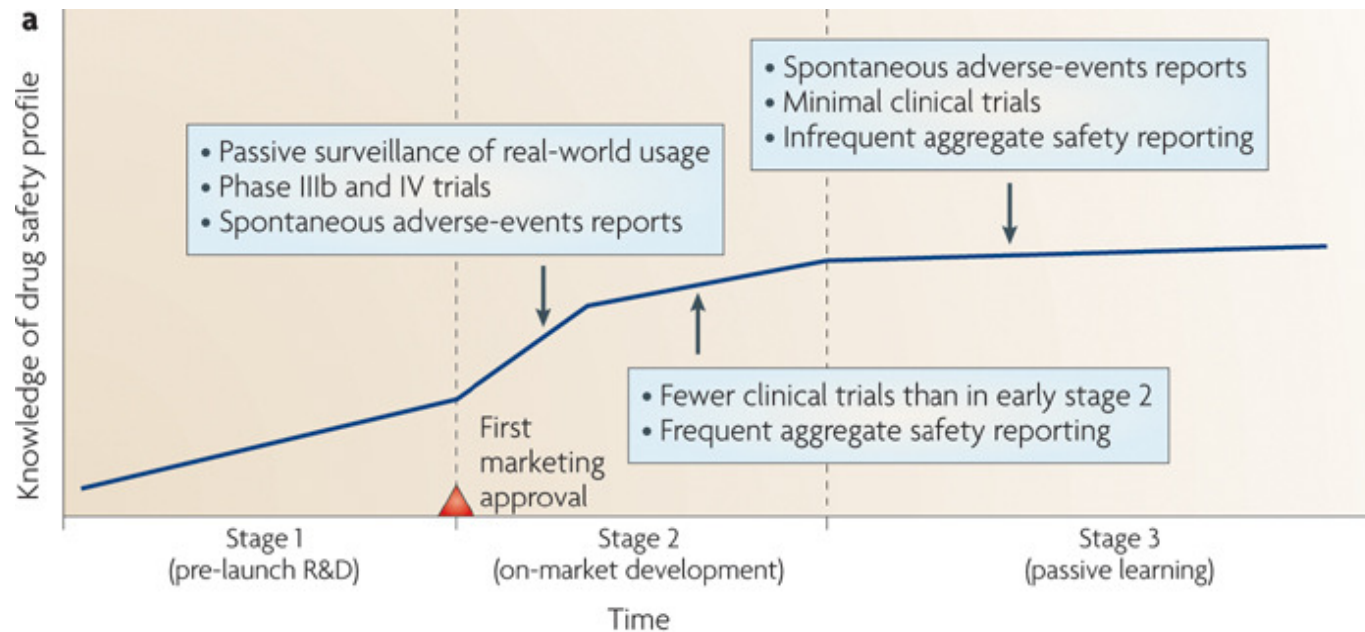
An attempt to establish cutting edge biomedical science in
the FDA

Why should we care?



Regulatory Science

- Provide purpose, focus and respect for the scientific mission of the agency
- Encourage and reward innovation
- Enhance risk detection and conserve value
- Leverage the resources of the academic sector to refine decision making at the FDA



Elements of Regulatory Science

- Exploit the lifecycle approach to approval and withdrawal of novel therapeutics and devices: graded introduction and graded withdrawal
- Incentivize innovation and early, unrestricted exploration of drug action and mechanisms of SAEs: a safe haven for systems pharmacology and physiology

Elements of Regulatory Science

- Broaden the approach to risk detection

Lessons of Vioxx, Tegenero and Avandia: look beyond pharmacoepidemiology and meta-analyses

- Catalyze development of orphans; drugs and diseases. FDA as a unique repository of information
- FDA – Academia Centers of Excellence

FDA Centers of Excellence

Add value by leveraging academic expertise to Agency needs:

- Adaptation of trial design
- Informatics for collation, storage, interpretation and communication
- Translational Medicine and Therapeutics
- Emerging therapeutic modalities – stem cell biology, nanotechnology

FDA Centers of Excellence

- A source of incremental expertise in partnership with FDA investigators
- A neutral testing ground – a JPL for the FDA
- A bi-directional educational opportunity
- Lessons from CPI and CERTS – sufficient incremental resource to attract engagement and demand delivery
- Leverage NIH peer review system

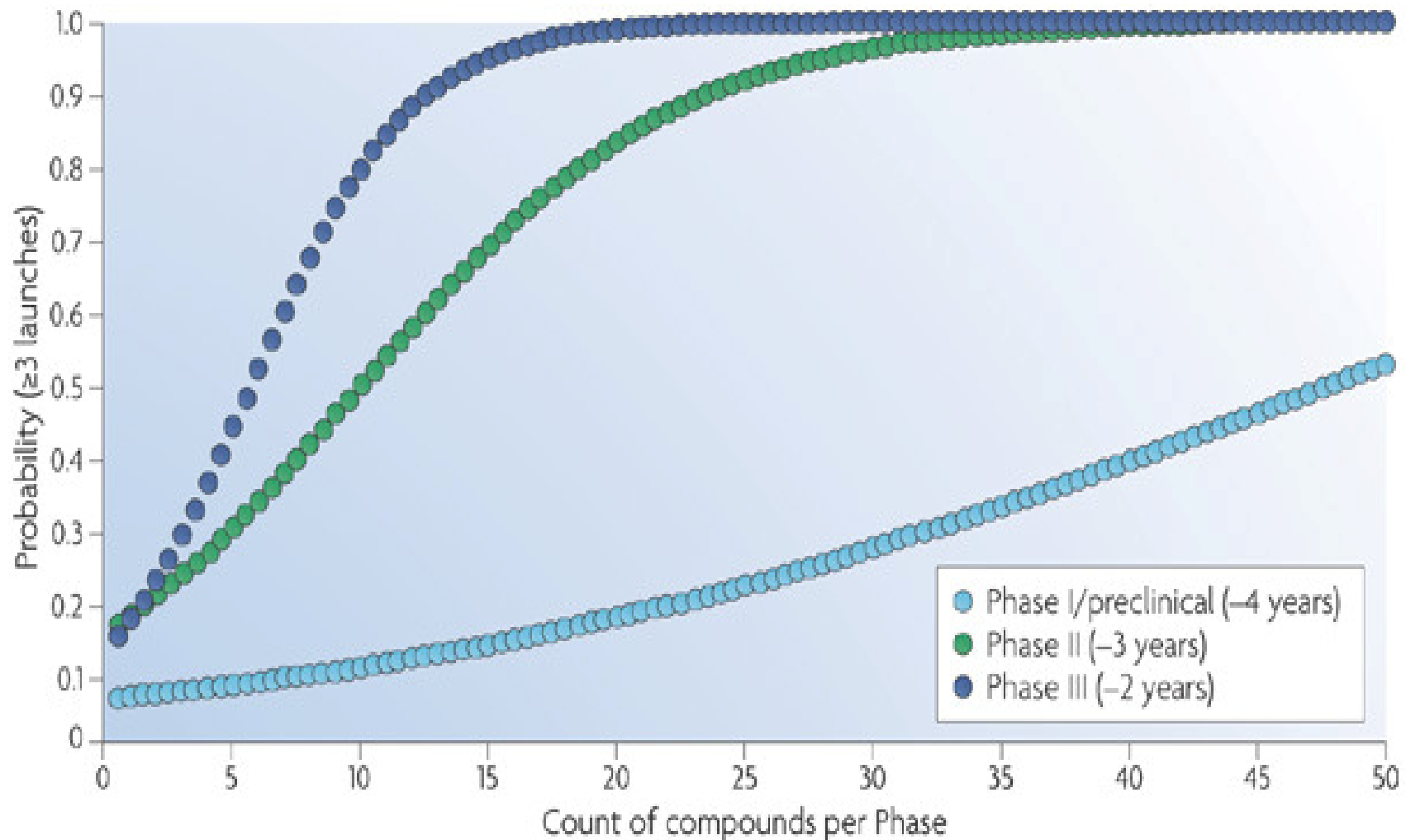
A Parallel Initiative...

PHARMACOLOGY



A coincident role for NIH, Academia and Industry; Rebuild Capacity in Human Pharmacology

Critical to the development of NMEs



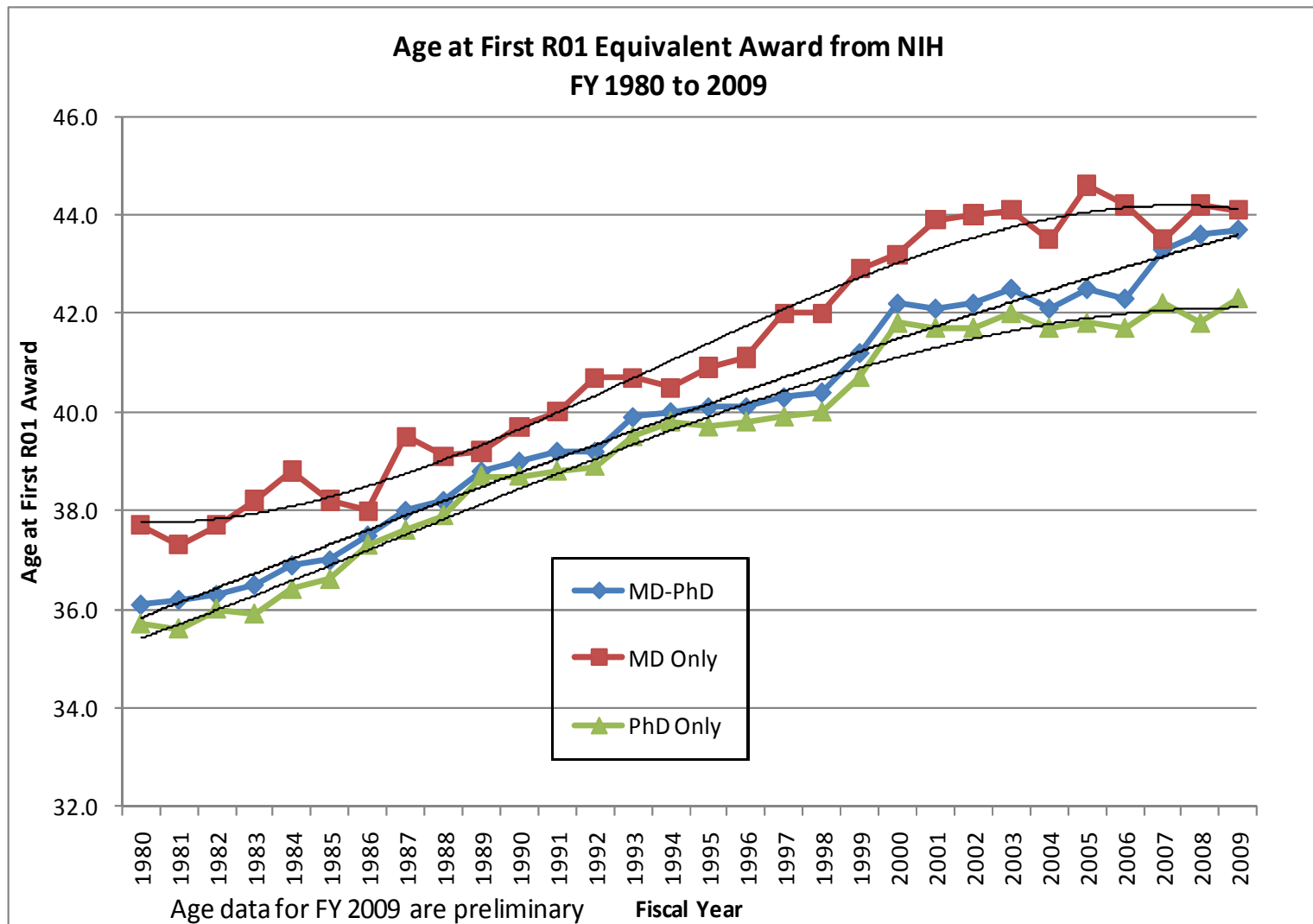
The Prescribing Physician's Primary Source of Drug Information



A coincident role for NIH, Academia and Industry; Rebuild Capacity in Human Pharmacology

- Critical to the role of the FDA in determining benefit and risk
- Critical to comparative effectiveness
- Critical to the education of doctors
- Deficient or absent in industry, academia and the FDA

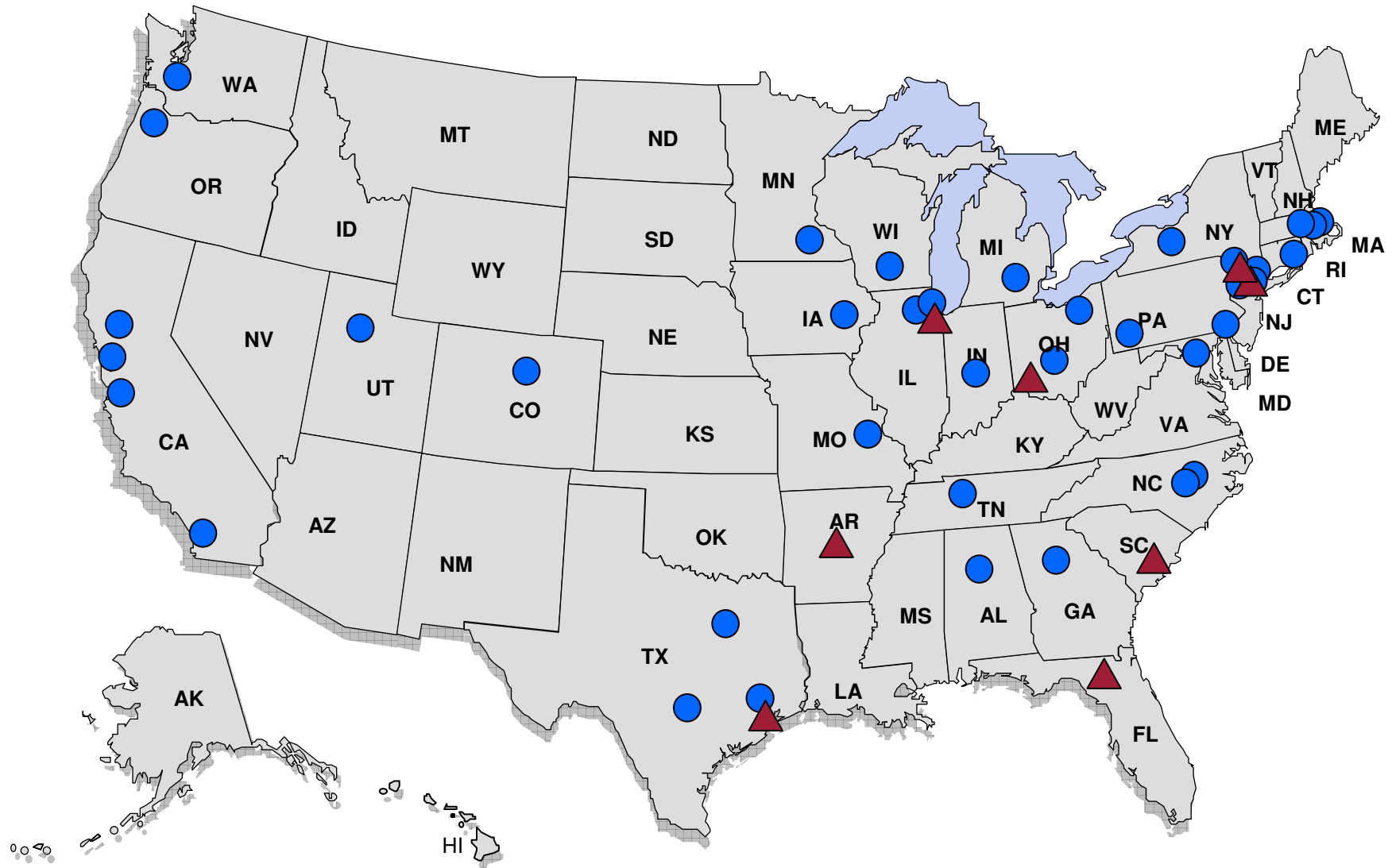
Recapture the imagination of the Young(er)



LAUNCHING A NEW DISCIPLINE IN ACADEMIA: TRANSLATIONAL MEDICINE AND THERAPEUTICS

- Develop and project mechanism based quantitative biomarkers from model systems into humans.
- Evoking phenotypic responses in humans to guide individualization of rational dose selection
- Harness the unbiased technologies to select amongst molecules directed against a single target
- Complements the emergence of Regulatory Science

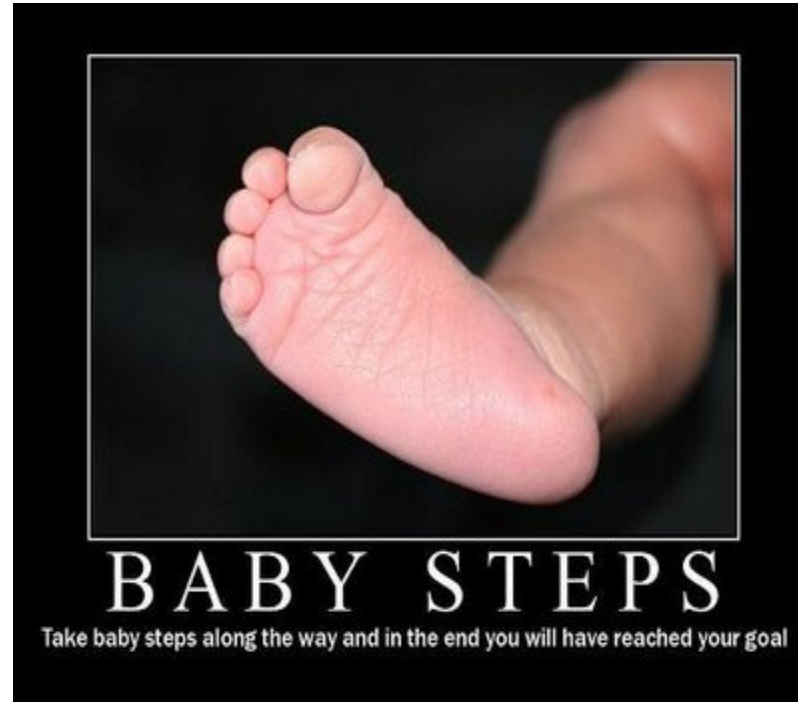
National CTSA Consortium



Participating Institutions

- ▲ New members 2009
- Members

Steps in the right direction...

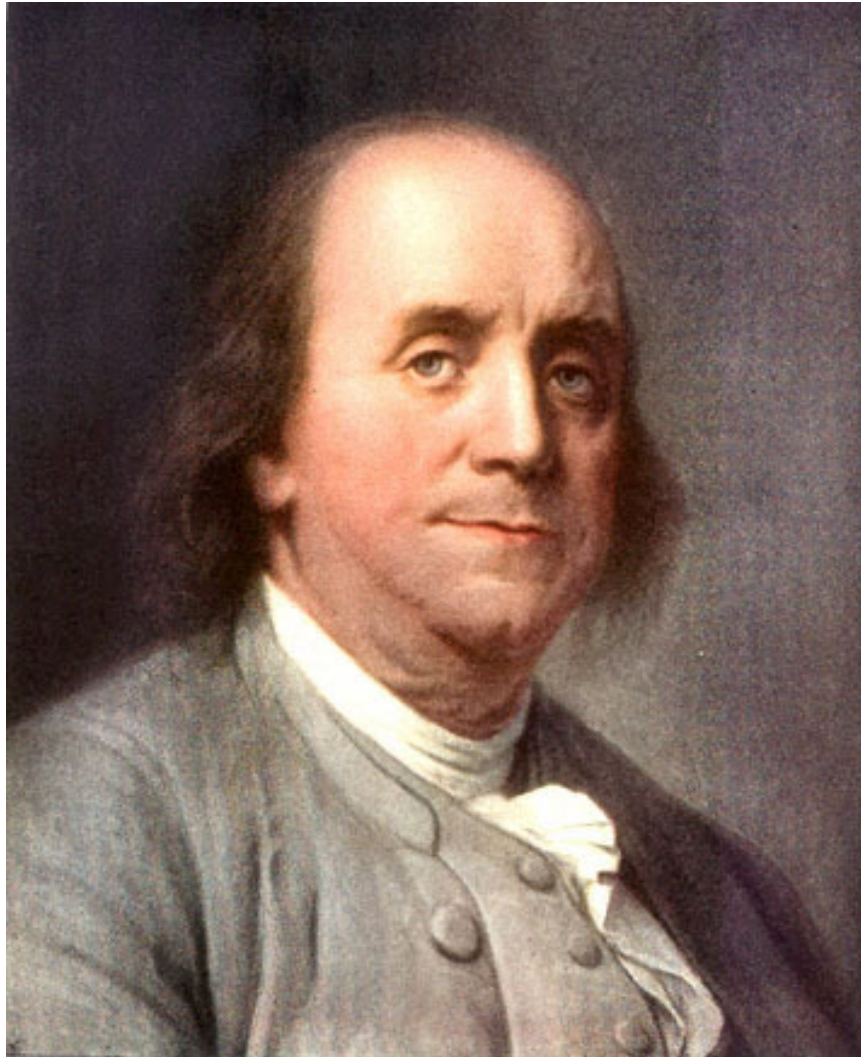


- **A Joint NIH-FDA Leadership Council**
 - **The NIH and the FDA will jointly make 2-3 awards of \$450,000 - \$675,000 per year, each for 3 years.**

Final Message

- Academia and its funders, the Pharma and Biotech industries and the FDA face serious and integrated challenges
- How we address them will directly impact both the health and wealth of the US and the wider world
- Shared problems demand imaginative approaches to developing shared solutions

A word from Philadelphia.....



Let's not hang together