

# Multimodal biomarkers as a bridge from the past to the future of precision neuroscience

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NAS Workshop, March 13-14, 2023



# Disclaimer and Disclosure

Employee of J&J

Clinical trials and/or  
marketed products  
for Alzheimer's,  
Parkinson's,  
Depression and  
Psychosis Spectrum  
Disorders

No products  
mentioned

I do not bear any direct or indirect financial interest in products or concepts quoted in this talk.

# On classification of disease, biomarkers bridge the past to the future

*Diagnostic*

*Mechanistic*

“[One] must advance from one formulation of tentative conclusions to another in progress toward the truth.... [B]esides the symptoms of any present attack, we [must] take into account the course of the disease through the patient’s life-time together with the final outcome of the disease”

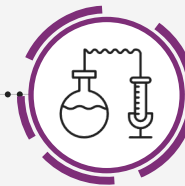
*Prognostic*

– Edward Cowles, *Progress in the Clinical Study of Psychiatry*, 1899

## The promise of biomarkers:



Understand  
disease

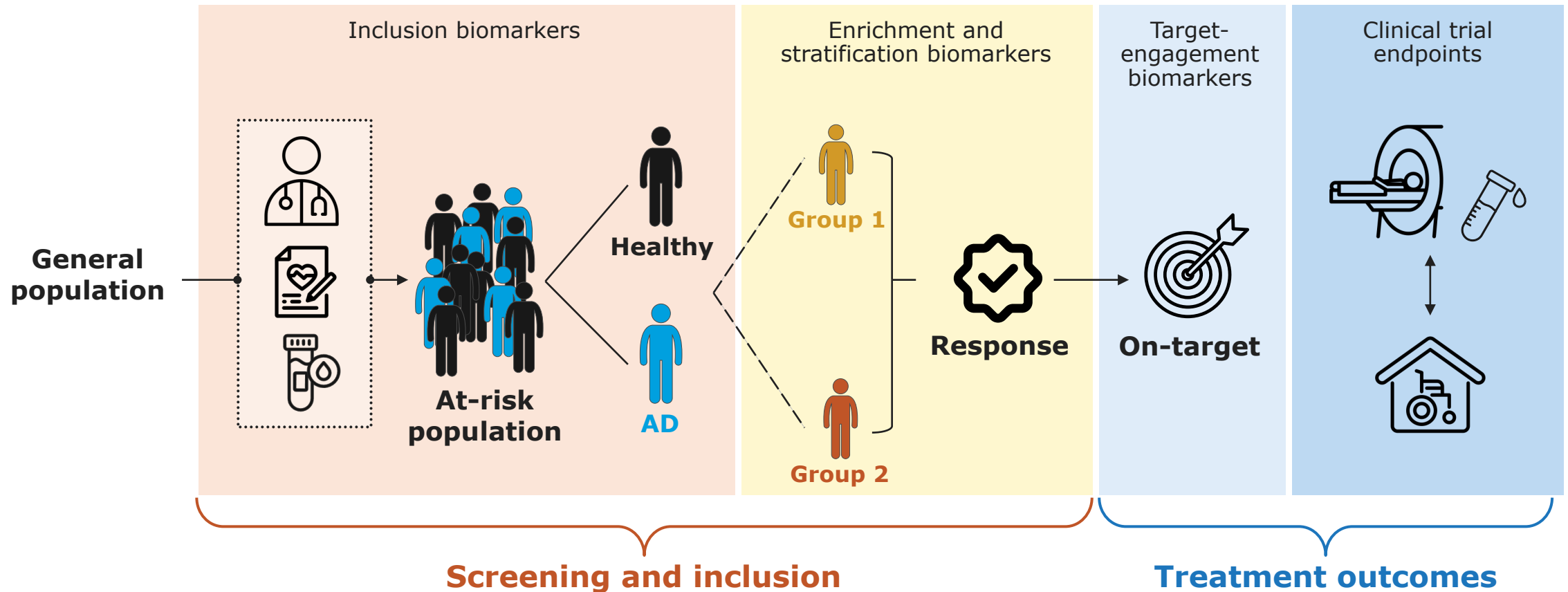


Apply understanding to  
develop therapeutics



Improve  
clinical care

# Alzheimer's disease: Biomarkers may predict clinical benefit, positioning them as an efficacy measure and surrogate endpoint for registration

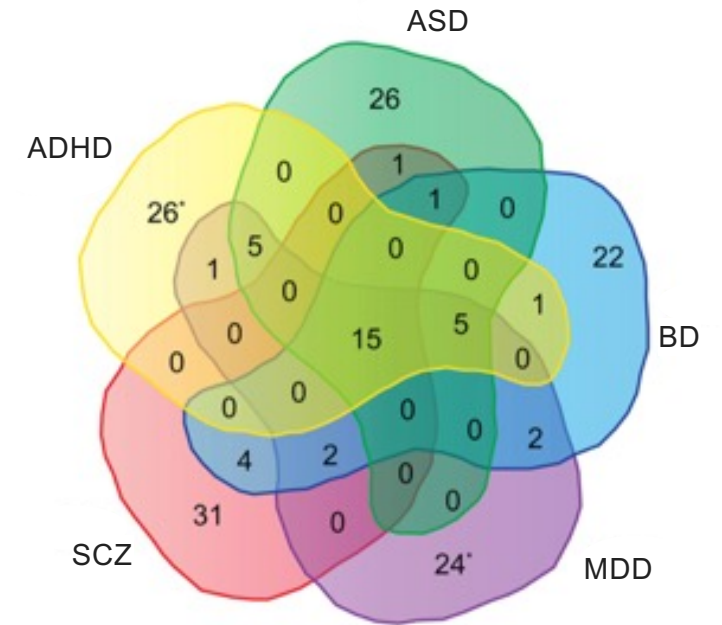


# Neuropsychiatric disorders: historical constructs hinder progress

- Genetic overlap: ~20 genes shared among at least 4 disorders
- Symptom overlap: comorbidity is the rule, rather than exception
- No systematic overlap between genes and behavioral symptoms



**Important to shift from “understand [category]” to identifying multimodal predictive and prognostic biomarkers based on biologically-defined subtypes.**



\*1 overlap with anxiety disorder

Genes shared among	N genes
6 disorders	0
5 disorders	15
≥ 4 disorders	20
≥ 3 disorders	28
≥ 2 disorders	39

*Lotan et al, 2014*

# Regulatory pathways and challenges for the integration of biomarkers in drug development

**Center for Drug Evaluation & Research (CDER) Biomarker Qualification Program**



**Scientific  
Community  
Consensus**



**Drug-Specific  
Development &  
Approval Process**



**Biomarker  
Qualification  
Program**

**Critical Path Initiative's (C-Path) creation of Drug Development Tools (DDTs)**



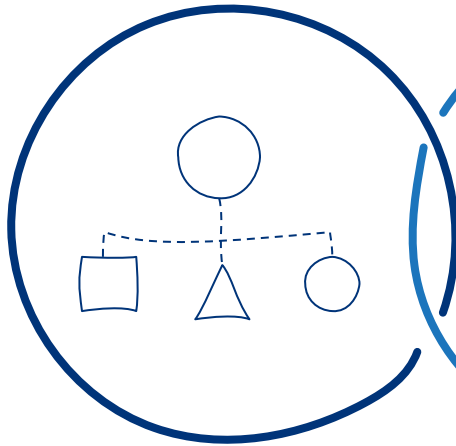
## Questions & Challenges:

- » Is a multimodal biomarker path captured by “single COU should be associated with each biomarker qualification effort”?
- » Which regulatory pathway is best fit for a specific biomarker in the early stages of drug development?
- » Evidence required for biomarker qualification is not standard for all biomarkers submitted to CDER; rather, “evidentiary criteria are dependent upon the potential impact on patients.”
- » Lack of harmonization across regulatory health authorities increases cost and uncertainty of global development programs
- » How to think about biomarkers for mental health conditions, and distinctions between biomarkers and measures of a clinical outcome assessment (COA)?

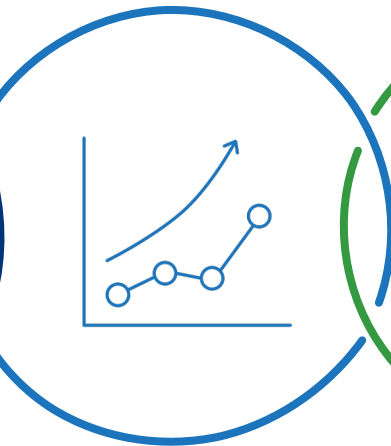
# Bridging to the future: What's needed?

Validate **surrogate endpoints**  
for clinical progression in  
Alzheimer's disease  
[mechanistic, diagnostic, prognostic]

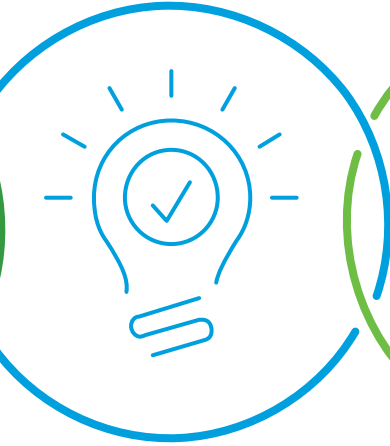
Implement longitudinal,  
(transdiagnostic) patient cohorts with  
multimodal measures to **understand**  
**course of disease** and **relationships**  
between clinical symptoms and  
biological markers [diagnostic, mechanistic]



Evolve **classification**  
**system** for categorical  
CNS conditions



Identify **biological subtypes** and/or  
**predictive markers** of treatment  
response for MDD & SCZ  
[diagnostic, mechanistic]



Align **regulatory**  
**guidance** with emerging  
state of the field

