

Requisites for Successful Precompetitive Collaboration between Industry and the Academic Community

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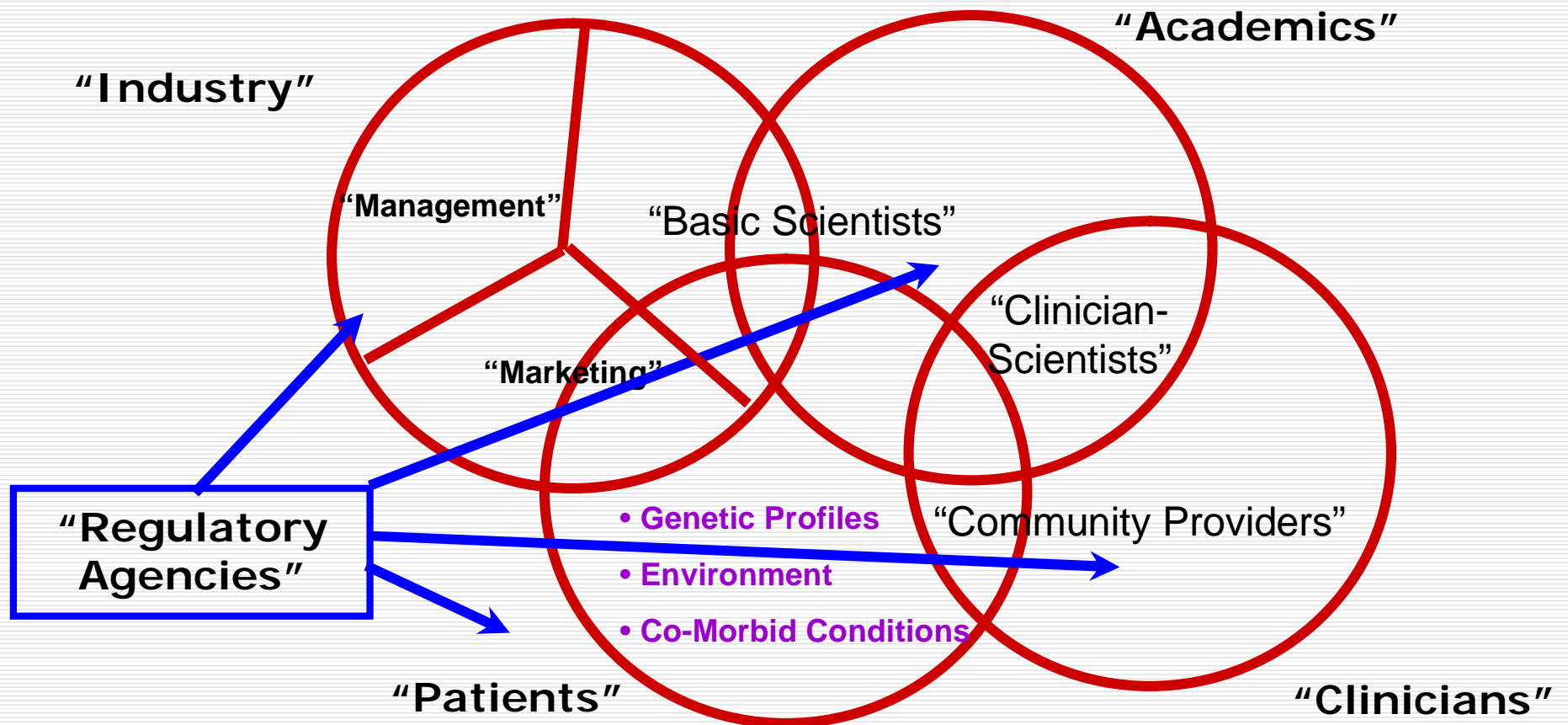
Requisites to Successful Precompetitive Collaboration

- § Describe the academic environment -- and its implications for collaboration
 - What is it?
 - The drivers for “success”
 - § Identify the current models for industry-academic relationships
 - § Describe potential barriers to broadening collaborations with industry – and how to overcome them?
 - § Propose some models to foster (precompetitive) collaboration?
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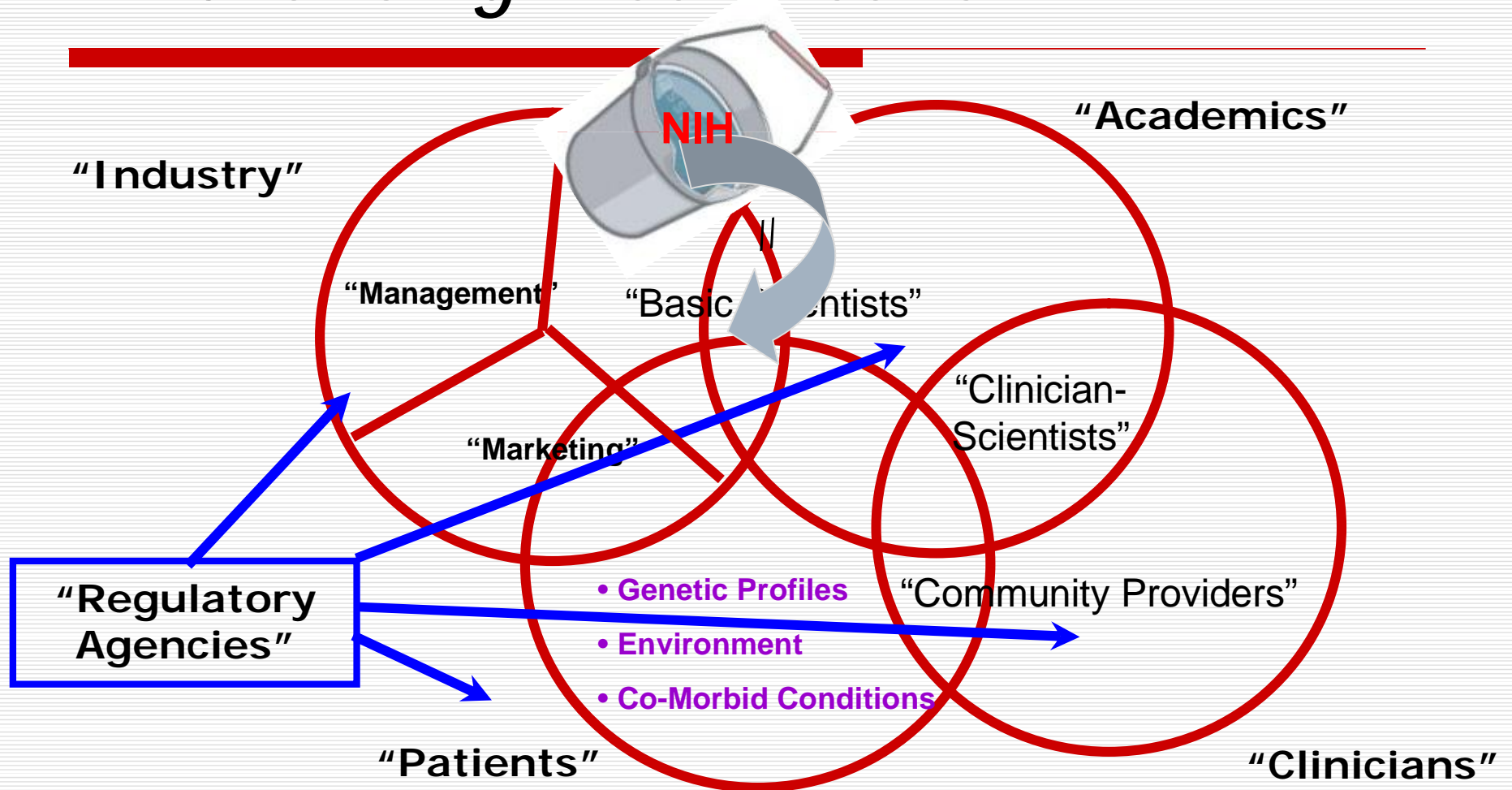
Understanding the Academic Environment

- § The academic environment is *heterogeneous*
 - Undergraduate/graduate education
 - Diverse faculty
 - Basic science community
 - Clinicians, clinician scientists
 - § Goals and measures of success differ
 - § Collaborations with industry have been critical to the success within the academic community
 - § At the same time,
 - Value of collaborative relationships with industry is being questioned
 - Economics are influencing scientific inquiry
 - Industry competes with academic community for “talent”
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"Advancing Healthcare"



“Advancing Healthcare”



For Academic Communities, Traditional Models Are No Longer Sufficient

- § Current state of knowledge, skills inadequate to address some of the more complex methodologic and clinically important questions
 - § Mandate for more effective research paradigms
 - Increasing expectation that clinical care will be advanced by science
 - Personalized approaches to clinical management
 - § Federal funding for research is not sufficient – and comes at a cost
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Most Importantly...

Traditional Models Stifle Innovation

- § Most “collaborations” with industry are the result of individual academic-industry relationships (“siloes”)
 - § Interdisciplinary research programs have been “undervalued”
 - § Each of the relationships has constraints that limit options
 - Conflicts of interest, commitment
 - Consulting relationships may preclude research opportunities
 - Industry support augments Federal grants and contracts – but doesn’t necessarily advance science
 - § The existing models don’t allow open access or sharing of critical resources and data
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So, What are the Alternatives?

- § There is no single new model that will address all issues
 - § Multiple opportunities to transform the relationships
 - Precompetitive collaboration
 - Shared scientific (and clinical) expertise
 - Integration of large databases, specimen banks that include diverse populations to establish meaningful relationships, associations
 - Engage the broader communities
 - § *but*, to do so, we have to understand existing barriers – and manage them
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Industry-Imposed Constraints

- § “Industry” is diverse
 - § Discovery valued based on benefit it brings to real world problem(s) – [commercial value]
 - § Scientific “autonomy”
 - § Economic realities
 - § Regulatory constraints
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Academia-Imposed Barriers

§ Intellectual autonomy

- Discovery valued for “advancing knowledge”
- “Academic freedom”

§ Compartmentalization of knowledge, skills

- Lack of inventory of research focus, strengths, opportunities
- Inadequate collaboration between basic scientists and clinicians

§ Merit, promotion, tenure processes

§ University policies and procedures

- Contract negotiations
- Technology transfer (royalty stream)
- Economic autonomy

§ Conflict of interest, conflict of commitment

So, How Do We Convert These Challenges into Opportunities?

- § “Market” the importance of industry-academic collaborations
 - § Define the new (broader) strategic vision for collaboration
 - Scientific synergies, internal needs
 - Opportunity to establish relationship in other areas
 - § Identify alternative models for collaboration, including precompetitive collaboration
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Acknowledge the AHS as a critical link to fostering innovation

- § Identify potential collaborators *throughout* the academic community
 - Basic and clinician scientist relationships
 - Clinicians also provide keys to breakthrough technologies
 - Understand mechanisms of disease
 - Monitor individual response to and compliance with therapies
 - Source for patient cohorts, biological specimen banks
 - Build on CTSA model
 - § AHCs train future generations of health care professionals
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Share Information and Resources

- § Develop “open” standards to allow validation, comparative analysis
 - § Create “Open Innovation” Research Networks to foster collaboration and innovation through shared resources (compound libraries, screening facilities, personnel sharing)
 - § Develop non-exclusive consortia, alliances, networks, particularly in *precompetitive* areas of research
 - § Create incubators within the AHS
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Manage Collaboration as an “Enterprise-Wide” Investment Portfolio

- § Manage projects as a portfolio to capitalize on synergies and eliminate redundancies
 - § Identify key partner(s)
 - § Negotiate Master Agreements
 - Clarify goals and scope of collaboration(s)
 - Predefine terms and conditions
 - Minimize delays
 - § Think beyond the traditional academic models
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Redefine Collaborative Relationship

- § Define oversight structure for these relationships that promotes exchange of knowledge and collaboration
 - Strategic Planning Board
 - Coordinating Committee to “manage” collaboration
 - Advisory Board
 - § Address potential sources of conflict
 - Confidentiality
 - Ownership and commercialization of jointly developed biologics
 - Publication “delays” (patent filing)
 - Intellectual property rights
 - Budgeting to support the research collaboration
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Model for Industry-Academic Collaboration



Outstanding Questions

- § What are the best model(s) for successful collaboration?
 - § What will be the measures of success?
 - § Is “precompetitive” collaboration sufficient to generate breakthrough technologies?
 - § Can we effectively overcome the concerns about COI in these collaborative relationships?
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