

# Precision Medicine in non-Oncology therapeutic areas

#### Dr Thorsten S Gutjahr

VP, Global Head of Companion Diagnostics, AstraZeneca Precision Medicine and Genomics, IMED Biotech Unit, AstraZeneca, Cambridge, UK

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#### **Need for new medicines**



Cancers – 42%

Respiratory – 9%

Cardiovascular – 22%

%-ages refer to the premature death toll by each of those conditions



# The 5R framework has guided scientific rigor to ask the 'killer' questions



Identifying the right target

Making sure our molecule gets to the **right tissue** where it is needed

Ensuring **right safety** with minimal side effects

Selecting the **right patients** that will benefit Defining the **right commercial** value and future viability

Underpinned by the **right culture** of truth-seeking behaviours and scientific rigor



#### As a result, we have delivered >4-fold improvement in AstraZeneca success rates from pre-clinical to Phase 3 completion since 2012



#### nature drug REVIEWS DISCOVERY

OUTLOOK

## Impact of a five-dimensional framework on R&D productivity at AstraZeneca

Paul Morgan, Dean G. Brown, Simon Lennard, Mark Anderton, J. Carl Barett, Ulf Eriksson, Mark Fidock, Bengt Hamrén, Anthony Johnson, Ruth E. March, James Matcham, Jay Mettetal, David J. Nicholls, Stefan Platz, Steve Rees, Michael A. Snowden and Menelas N. Pangalos

Abstract | In 2011, AstraZeneca embarked on a major revision of its research and development (R&D) strategy with the aim of improving R&D productivity, which was below industry averages in 2005–2010. A cornerstone of the revised strategy was to focus decision-making on five technical determinants (the right target, right tissue, right safety, right patient and right commercial potential). In this article, we describe the progress made using this '5R framework' in the hope that our experience could be useful to other companies tackling R&D productivity issues. We focus on the evolution of our approach to target validation, hit and lead optimization, pharmacokinetic/pharmacodynamic modelling and drug safety testing, which have helped improve the quality of candidate drug nomination, as well as the development of the right culture, where 'truth seeking' is encouraged by more rigorous and quantitative decision-making. We also discuss where the approach has failed and the lessons learned. Overall, the continued evolution and application of the 5R framework are beginning to have an impact, with success rates from candidate drug nomination to phase III completion improving from 4% in 2005-2010 to 19% in 2012-2016.

NATURE REVIEWS | DRUG DISCOVERY



#### **Precision medicine and genomics**

#### 'The right patient'

We are driven by patient need, with a commitment to matching life-changing precision medicines to patients most likely to benefit

> - across all our core therapeutic areas





#### **Precision Medicine – it's in our DNA**





#### Approximately 90% of our NME clinical pipeline follows a Precision Medicine approach

ours

ours

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mour

~ 90% of our clinical pipeline follows a Precision Medicine approach, compared with 10% in 2009



Pipeline correct as of Q4 2017.

RIA CVRM Oncology Other Project with PMG Approach O PMG Not Apolicable

Phase I – 27 New Molecular Entities				
IED		Medimmune		
ZD4573 DK9 haematalogical alignancies	•	MEDI9197# TLR 7/8 solid tum		
ZD2811#		MEDI0562# hOX40 solid tumo		
ZD0156		MEDI1873 GITR solid tumou		
ZD4785 RAS solid tumours	•	MEDI3726# PSMA prostrate c		
ZD5153 RD4 solid tumours	٠	MEDI4276 HER2 solid tumou		
ZD5991 CL1 haematalogical alignancies	•	MEDI5083 immune activator tumours		
ZD1390 TM-BBB_GBM		MEDI-565# CEA BITE GI tum		
ZD9496 ERD breast	•	MEDI7247 antibody drug cor haematological ma		
ZD1402# 4 / Anticalin® asthma	•	MEDI9447 CD73 mAb solid t		
ZD5634 NaC cystic fibrosis	•	MEDI3506 IL-33 mAb COPD		
ZD9567 SGRM	•			
ZD0284 ORg psoriasis				
ZD4831 yeloperoxidase	•			
ZD8601# EGF-A				
EDI1814# myloidβ Alzheimer's sease	•			
EDI1341 Ipha-synuclein arkinsons Disease	•			
EDI7352 GF/TNF osteoarthritis ain	0			

PMG adoption across AstraZeneca pipeline

	Phase II and Life Cycle N	lanaç
	IMED	
•	AZD1775# WEE1 solid turnours	•
•	AZD6738 ATR solid tumours	•
•	AZD9150# STAT3	•
•	AZD5069 STAT3 CXCR2	•
•	AZD8186 P13Kβ solid tumours	•
•	AZD4635 A2aR inhibitor solid tumours	•
0	AZD5363# AKT breast cancer	•
•	AZD4547 FGFR solid tumours	•
	vistusertib TORC 1/2 solid tumours	•
	AZD7594# iSGRM asthma/COPD	•
	AZD1419# TLR9 asthma	•
	AZD8871# MABA COPD	0
	abediterol# LABA asthma/COPD	0
	AZD7986# DPP1 COPD	•
	PT010 Triple MDI asthma	0
	PT027 asthma	0
	AZD5718 FLAP coronary artery disease	•
	verinurad URAT-1 chronic kidney disease	•

lle Cycle Manag	ement – 31 New Molecula
	Medimmune
nours	MEDI0382 GLP-1/glucagon type- diabetes
urs	MEDI5884# cholesterol modulati
	MEDI6012 LCAT cardiovascula
	Inebilizumab# CD19 neuromyelitis
anuor aluor	Mavrilimumab# GM-CSFR rheumate arthritis
	MEDI5872# B7RP1 mAb primary Sjögren's syndrome
	MEDI3902 Psl/PcrV Pseudomo pneumonia
tumours	MEDI8852 mAb influenza A trea
	MEDI8897# RSV mAb-YTE pass
•	RSV prophylaxis
0	<ul> <li>MEDI4893 mAb Staphylococcu aureus pneumonia</li> </ul>
OPD O	anifrolumab# Type I IFN receptor
•	erythematosus (subcutaneous)
ma	
0	
artery	-

ular Entities Phase IMED savoliti MET pR olaparit lulation solid tur osimer scular disease EGFR O acalabr litis optica BTK inh selume matoid MEK dif thyroid o fulvestr ER anta breast 0 lomonas PT010 LABA/L 0 **7S-9** treatment potassi hyperkal passiwve roxadu **HIFPH** a 0 ESRD occus omegaticagre P2Y12

SGLT2

saxagli DPP4 Ty exenati GLP1

III and Life Cycle	Man	agement – 20 Entities	
		Medimmune	
nib# CC	•	durvalumab# PD-L1 solid tumours	•
¶ nours	•	moxetumomab# CD22 hairy cell leukaemia	С
inib	•	lanabecestat# BACE early Alzheimer's	•
utinib# bitor	0	anifrolumab#	•
inib erentiated ancer	•	tezepelumab# TSLP atopic dermatitis	•
ant gonist advanced	0	benralizumab# IL-5R COPD	•
MA/ICS COPD	0		
m binder aemia	0		
<mark>tat</mark> naemia CKD/	0		
a S-carboxylic acids	•		
or	0		
lozin	0		
pe 2 diabetes	0		
le	0		

PMG adoption across AstraZeneca pipeline

Figure from 2017 AZ IMED Annual Report

### **Diagnostics linked to four AZ medicines to guide therapy**



# So what about Precision Medicine in non-Oncology areas?



#### A diverse and exciting Precision Medicine portfolio

Oncology	Respiratory, Inflammation & Autoimmunity	Cardiovascular and Renal Metabolic
Immuno-oncology	Lung Immunity	Diabetes/NASH
DNA Damage Repair	Lung Epithelium	Heart Failure
EGFR/Lung	Lung Regeneration	Chronic Kidney Disease
Tumour drivers		
Haematology		



#### New drug approvals for asthma and COPD remain low





Sources: CenterWatch: FDA Approved Drugs for Pulmonary/Respiratory Diseases FDA website: Novel Drug Approvals for 2017

#### How we could develop precision medicines to treat asthma?

## Cysteine leukotriene pathway clinically validated in asthma

Precision Medicine Biomarker



uLTE4 heterogeneity – discriminates between high/ low populations



uLTE4 data from U-BIOPRED cohort

Regardless of disease severity a significant number of asthmatics patients have "high" LTE4 levels using arbitrary calculated threshold

Hypothesis: patients most likely to benefit from LTC4S inhibition have CysLT activated pathway evidenced by high level of LTE4 (CysLT end product)

#### Putting gout patients first – serum uric acid meter

HCPs and gout patients can now monitor uric acid which enables treatment to target uric acid levels, rather than to disease symptoms:

- First FDA cleared CLIA waived PoC test for serum uric acid (2017)
- First PoC test in a new FDA test category *'home use by prescription'*
- EU PoC certification achieved in 2016 and OTC approval in 2017

AstraZeneca's first FDA cleared point-of-care test





#### **The Power of Genomics**



Understand more about the biology of health and disease



Identify new targets for medicines



Support selection of patients for clinical trials



Allow patients to be matched with treatments more likely to benefit them





#### The AstraZeneca and MedImmune Genomics Initiative

#### A company-wide Initiative, launched April 2016





We have the bold ambition to analyse up to 2 million genomes by 2026



This includes sequencing up to 500,000 genomic samples collected from our own clinical trials



#### **Successful Genomics Proof of Concept study**

Fig. 1. Drug target genes from successful drug programs have over 3-fold genetic associations compared with unsuccessful programs



Drug successful Drug not successful

Drug target genes associated with clinical phenotypes in the genetically isolated population of Finland more likely to succeed in pharmaceutical development; March et al., 2017 Poster Presentation, ASHG





Hunting rare variants in chronic kidney disease Cameron-Christie & Groopman et al

### How can we further increase our success rate in Precision Medicine to benefit patients across all indications?



## Successful precision medicine requires a diverse set of skills and collaboration – to benefit patients best

Understand **patients** and physicians needs

Availability of suitable sample

Develop **companion diagnostic** and approval

Continuous **biomarker science &** translation to clinic

**Diversity** of testing methods

Access to testing, 'finding' the patients and TAT

Test reimbursement



#### **Precision Medicine: the future is now**



#### **Critical success factors to drive precision medicine for the benefit of patients and innovation**



**Pragmatic regulatory systems** enabling approval of emerging science of Precision Medicine



**Supportive reimbursement environment** that accelerates the uptake of approved targeted therapies and linked diagnostics



**Continued investment in technology** such as next-generation testing infrastructure (e.g., NGS, ctDNA) to drive diagnostic innovation



**Coordinated health care delivery system** that continuously educates health care practitioners and empowers patients



Appropriate data sharing mechanisms that harness the power of population-level genomic and clinical databases





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