

# **Drug Development Tools for Kidney Disease**

#### The Nuts and Bolts of Forming a Consortium





**Steve Broadbent Critical Path Institute** 

## Value of Consortium Model



- Accelerates the ability to learn and answer critical research questions through the sharing of experience, knowledge, and data
- Spreads the cost and risk to advance research in areas of unmet need
- Engagement of regulatory authorities helps assure deliverables will be accepted in regulatory process



# **Kidney Disease Consortium**



Establish a new consortium to support collaborative research and regulatory endorsement of new, effective methods for evaluating the safety and efficacy of therapies in chronic kidney disease and acute kidney injury

#### **Initial Objectives:**

- Create a database of aggregated, standardized clinical data to support regulatory submissions and research. Update CDISC standards as needed.
- Create scientific consensus on the optimal prognostic biomarkers for use in clinical trials for therapies to treat CKD and AKI that can be advanced for regulatory endorsement by the FDA and EMA

#### **Potential Objectives:**

- Identify and qualify diagnostic, predictive, or pharmaco-dynamic biomarkers
- Develop a disease progression model and simulation platform to inform clinical trial design
- Other clinical outcome assessment methods



## **Membership Legal Agreement**



- Initial Scope
- Responsibilities and Expectations of Members
- Governance
- Confidentiality
- Intellectual Property
- Publications and Publicity
- Fees
- Anti-Trust
- Anti-Corruption, Anti-Bribery
- Termination, Liability, Indemnification, etc.





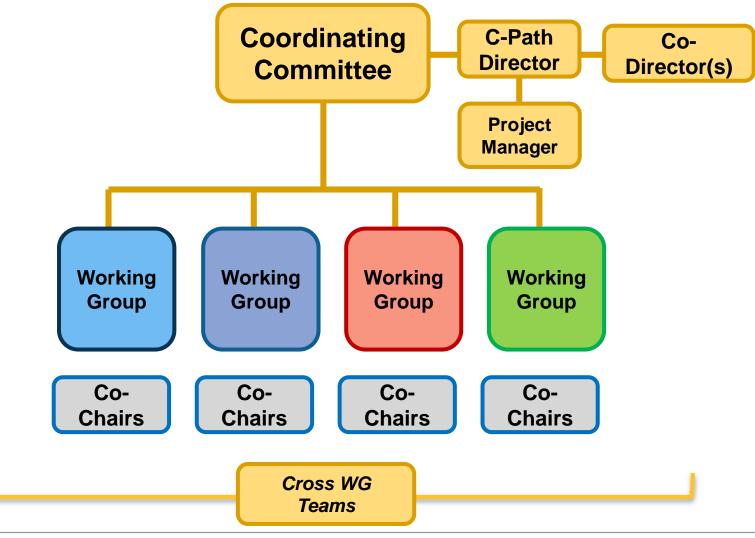
#### **Project governance to be informed by C-Path best practices**

- Leadership Team consisting of C-Path executive director and founding partner co-director(s) as primary leadership team
- Coordinating committee with representation for all members makes all significant decisions
- Separate Working Groups created to focus on each deliverable led by a chair or co-chairs



### **Typical Governance Structure**





CRITICAL PATH INSTITUTE a decade of excellence

## **Data Capability & Safeguards**



Establish a pooled, standardized, secure database of clinical trial data

- Data access is determined by owners/contributors of the data
- Full data de-identification that meets HIPAA "Safe Harbor" specifications
- C-Path CODR database platform
  - Extensive security measures for online data access & database management
  - Proven database technology
- Leverage existing data standards partnerships
  - C-Path consortia expertise
  - CFAST data standards project with CDISC



## **Clinical Data Shared with C-Path**



Consortium	Therapeutic Area	# of Studies	Total Number of	Range of Subjects per Study		Duration (wks)		Number of Data Contributors
			Subjects	Min	Max	Min	Max	contributors
Coalition Against Major Diseases	Alzheimer's disease	32	12,960	57	1581	12	156	12
	Parkinson's disease	9	5069	80	1174	40	147	3
Critical Path to TB drug Regimes	Tuberculosis	14	4492	68	1075	1	24	5
MS Outcome Assessments Consortium	Multiple sclerosis	16	14,432	239	1515	9	234	9
Polycystic Kidney Disease	Polycystic kidney disease	5	2941	202	1112	1yr	67 yrs	4
Predictive Safety Testing Consortium	Normal healthy volunteer-kidney	1	172	172	172	1 day	7	1

77 Studies

40,066 Subjects

**34 Contributors** 



### **Project Management**



- Written Goals and Deliverables
- Project Plan with Schedules
- Clear Tasks with Owners
- Tracking and Communicating
- Budgets and Finance
- Meetings and Workshops



## **Typical Project Schedule**

<b>DDT-KD</b>			
Consortium			

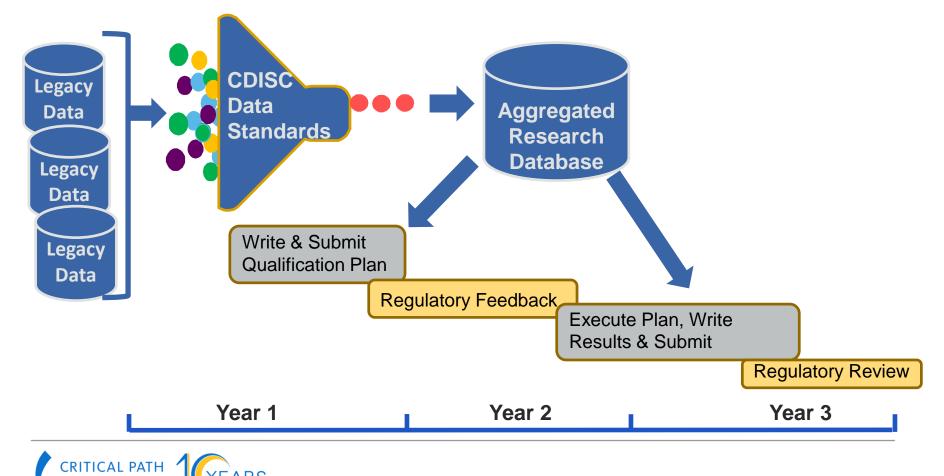
		PKD Outcome	Consortum	3/20/12
ID	Task Name	Duration	2011 SIOINID JIFIMAM JIJAISIOINID J	2012 EMAMJJJASONDJEMA
38	Map clinical trial data and load database	522 days		
54	Map Mayo Data	386 days		
55	Map Emory Data	386 days		Data
58	Map U Colorado Data	330 days		
58	Upload/VerifyMayo, Emory, Colorado Data	10 days		🖌 Mapping
62	Data LoadedWerified In the Database	0 days		<b>4/30</b>
64	Disease Modeling and Simulation	528 days		
71	Initiate Modeling and Analysis Phase	0 days		<ul><li>▲4/30</li></ul>
72	Aim 1: Modeling and Simulations Plan	5 days		
73	Aim 2: Briefing Package Review	5 days		🕺 Modeling
74	Aim 3: Disease Progression Model	29 days		
75	Aim 4: TKV Expansion and Clinical Outcomes	34 days		· · · · · · · · · · · · · · · · · · ·
76	Aim 5: Biomarker Qualification Package	40 days		- L
77	Disease Modeling Results and Review	10 days		
78	Disease Modeling Complete	0 days		10/18
80	Regulatory Qualification Process	604 days	<del>v i i</del>	
90	BQRT Briefing Book Recommendations	21 days		
91	Update BQS Briefing Package	104 days	1 🕴 🚔	Regulatory
92	Submit Updated BQS Briefing Package to FDA	0 days		5/1C
93	Conduct initial BQRT review of Briefing Pkg	5 days		
94	Consultation and Advice Phase activities	100 days		
95	FDA agreement to proceed to Review Phase	0 days		¥ 10/18
96	Prepare Final Qualification Package	40 days		📥 🖊
97	Internal Review of Final Qualification Package	10 days		🔥 🖌
98	Finalize Qualification Package	10 days		<b>Š</b>
99	RegulatorySubmission Complete	0 days		× 1/10



# **Proposal Scope and Timeline**



- Development of a data sharing platform for clinical data
- Complete/Update CDISC therapeutic area standard where gaps exist
- Use data to inform the development of regulatory documents and publications



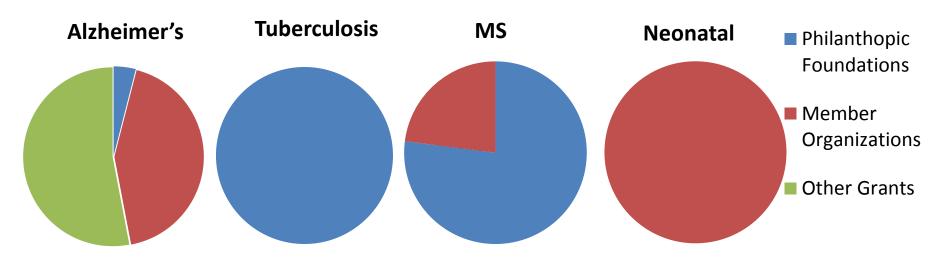
## **Funding Models**

Consortium

#### Funding could be provided through multiple sources:

- Philanthropic foundations
- Member organizations
- Other grants
- Combination of one or more of the above

#### C-Path funding model examples:







- Review proposal with all potential founding partners
- Refine Project Proposal as needed
- Finalize consortium membership agreement
- Announce and formal launch
- Staff working groups and select leadership
- Ramp up to full scope once sufficient organizations have agreed to join consortium and required funding level is achieved

