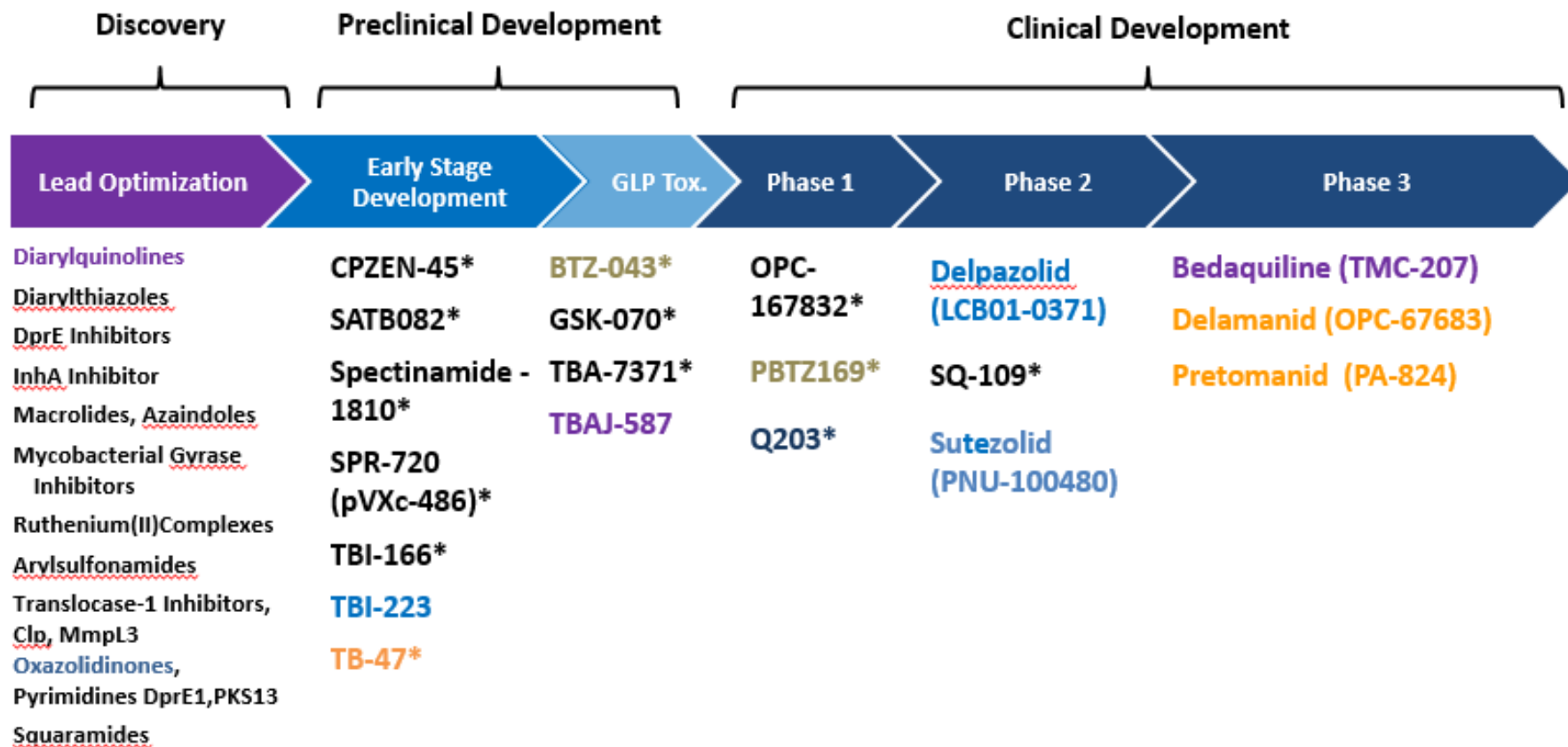




# Critical Path to TB Drug Regimens Global Collaboration for Accelerating Novel TB Regimen Development

Debra Hanna, Executive Director, Critical Path to TB Drug Regimens  
NOV 2017

# Global New TB Drug Pipeline <sup>1</sup>



\*New chemical class. Known chemical classes are color coded: fluoroquinolone, rifamycin, oxazolidinone, nitroimidazole, diarylquinoline, benzothiazinone, imidazopyridine amide.

<sup>1</sup>New Molecular Entities not yet approved, being developed for TB or only conditionally approved for TB. Showing most advanced stage reported for each. Details for projects listed can be found at <http://www.newtbdrugs.org/pipeline/clinical>

Ongoing projects without a lead compound series identified can be viewed at <http://www.newtbdrugs.org/pipeline/discovery>



Updated: June 2017

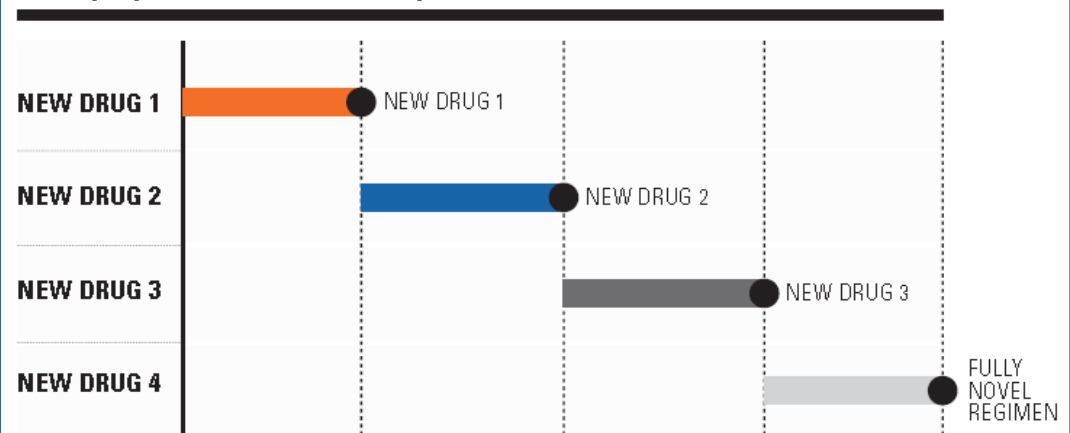
Advance TB drug pipeline emphasizing combination study approaches informed by *translational science*

Define, based on evidence, best drug development tools to de-risk compounds and improve understanding of efficacy

Define, based on evidence, novel biomarkers to inform improved trial design and adaptivity

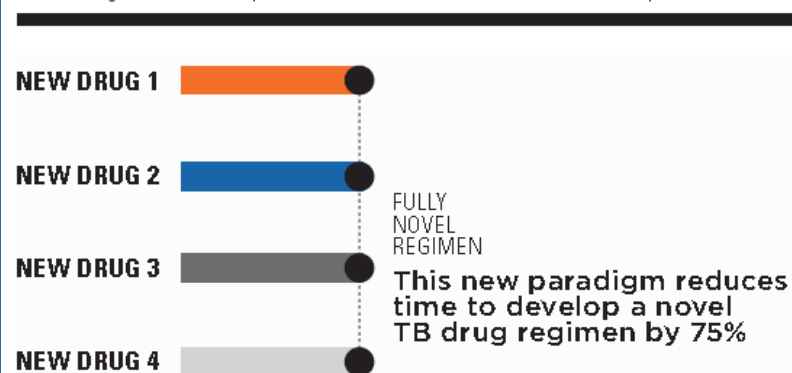
## CURRENT REGIMEN DEVELOPMENT PARADIGM:

Existing regimen consists of four drugs



## NOVEL COMBINATION TESTING PARADIGM:

Novel regimen development can reduce the time to develop a new TB drug regimen by 75%:



The Critical Path to TB Drug Regimens (CPTR) is a global, cross-sector initiative that aims to speed the development of a safer and shorter duration TB drug regimen

## Four Critical Areas of Focus:

- Advance drug development tools and methodologies to support go/no-go decisions during each stage of research and development
- Acquire and curate supportive data through establishment of collaboration network to support new methods and tool validation
- Develop pathways for new TB treatment regimens that include drugs that are not yet individually approved
- Provide regulatory excellence in the development, validation, and advancement of these drug development tools and methodologies

# CPTR INITIATIVE MEMBERS AND PARTNERS

## Government/Regulatory participants



## Industry members



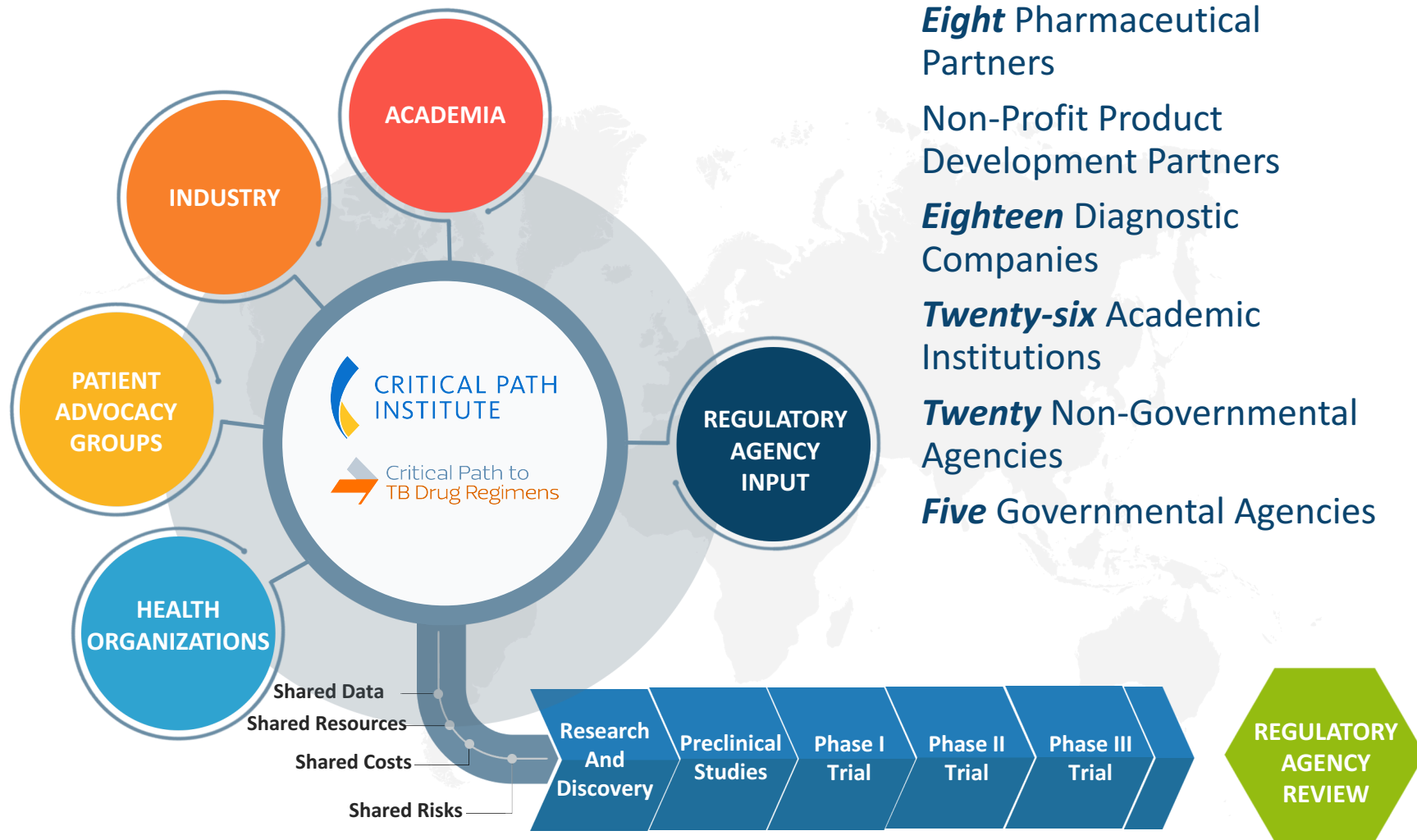
## Nonprofit research members



## Academic Partners

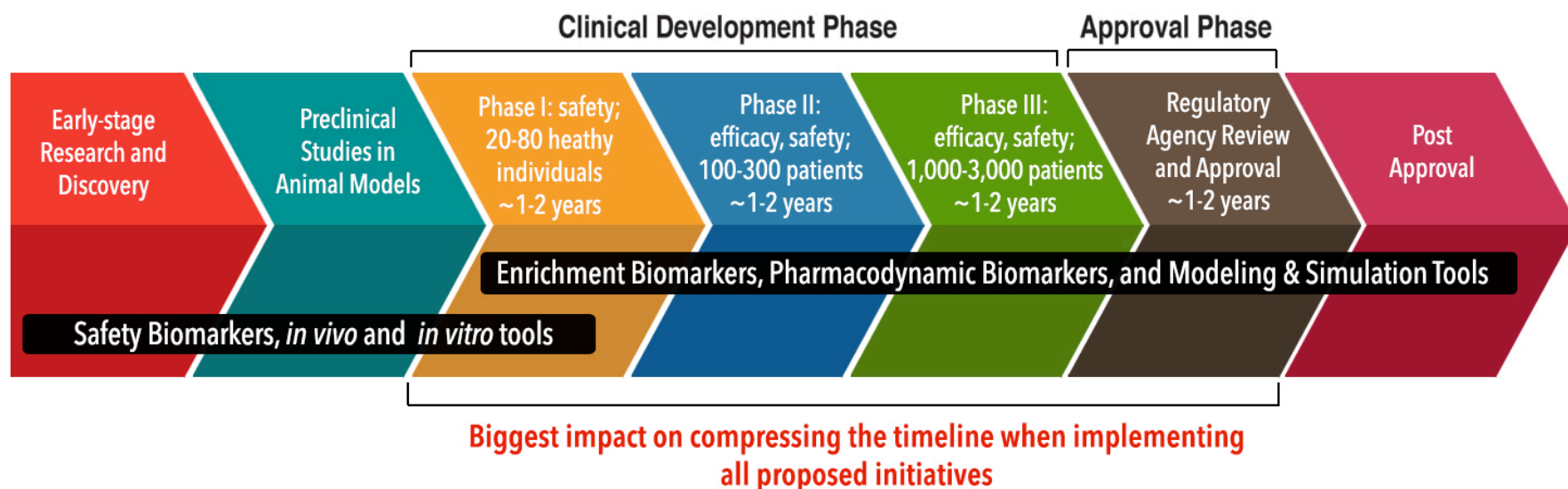
Baylor Institute for Immunology Research	O'Neill Institute at Georgetown Law Center	University College of London
Case Western Reserve University TB Research Unit	Radboud University	University of Arkansas for Medical Sciences
Colorado State University	RESIST-TB [Boston University]	University of Cape Town
Duke University	Rutgers [University Of Medicine & Dentistry]	University of Liverpool
Forschungszentrum Borstel	St. George's, University of London	University of St. Andrews
Harvard University	Stanford University	University of Virginia
Johns Hopkins University	Stellenbosch University	University of Texas Health Science Center at San Antonio
London School of Hygiene and Tropical Medicine	University of Florida	University of Toronto
Munich University	University of California, San Francisco	Uppsala University, Dept. of Pharmaceutical Biosciences
NYU		Vanderbilt University School of Medicine

# GLOBAL, CROSS-SECTOR PARTNERSHIP



# SHARED LEARNING CAN SHORTEN THE TIMELINE

- ✓ Data Sharing and Data Standardization
- ✓ Biomarker Development and Qualification
- ✓ Drug Development Tool Advancement and Qualification
- ✓ Development and Implementation of Modeling and Simulation Tools





## Therapeutic Area Data Standards User Guide for Tuberculosis

Version 2.0  
PROVISIONAL

Prepared by the  
CPTR DSI-WG and CFAST Tuberculosis Standards Team

### Notes to Readers:

- This is Version 2.0 of the Therapeutic Area Data Standards User Guide for Tuberculosis.
- This document is based on SDTM v1.4 and SDTMIG v3.2, but incorporates some modeling based on proposed changes to these foundational standards.

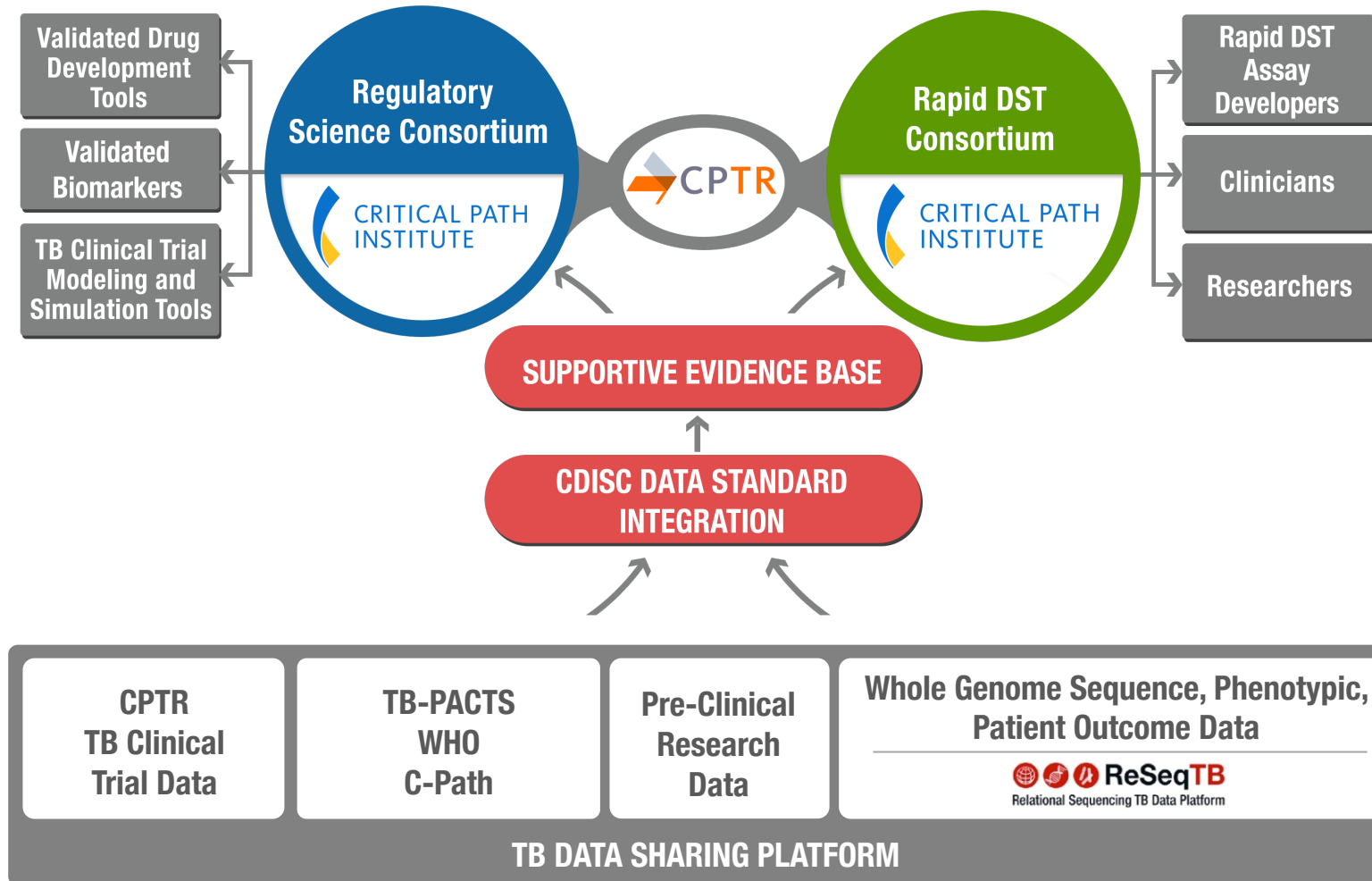
### Revision History

Date	Version	Summary of Changes
2016-02-19	2.0 Provisional	Second release for provisional use
2015-10-12	2.0 Draft	Draft for public review
2012-06-29	1.0 Provisional	First release for provisional use

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See [Appendix G](#) for Representations and Warranties, Limitations of Liability, and Disclaimers.

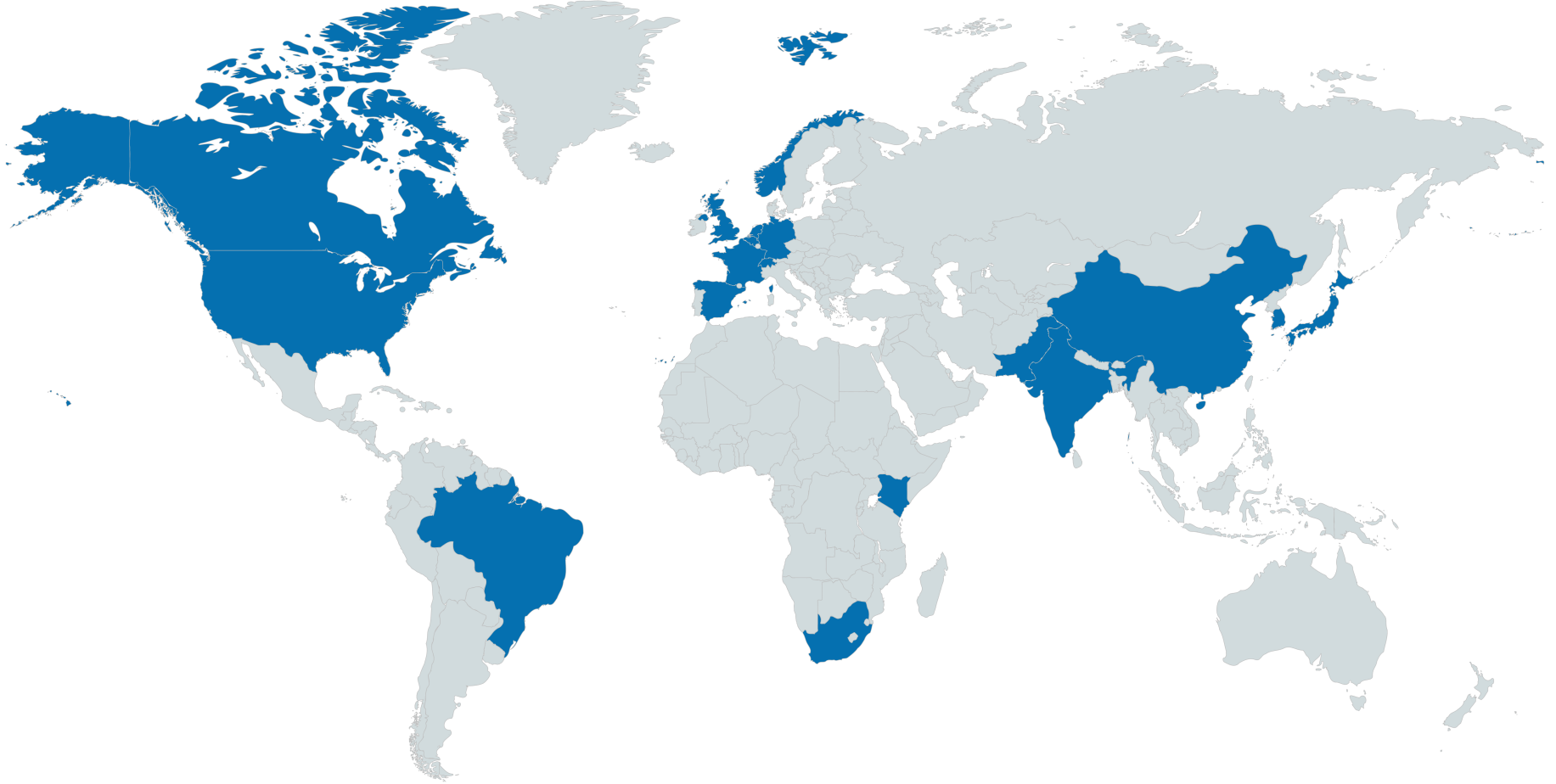


# DATA COLLABORATION IS CRITICAL

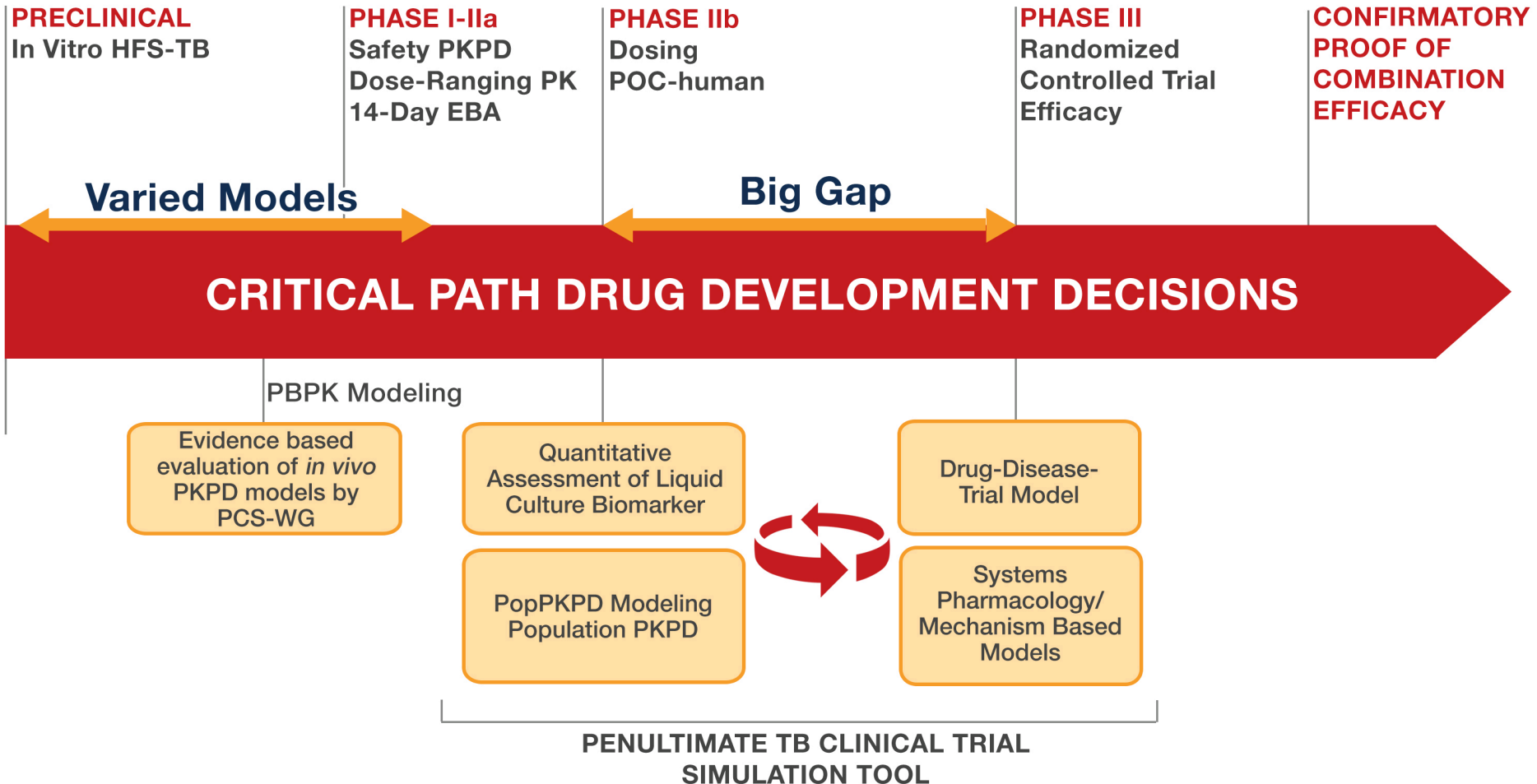


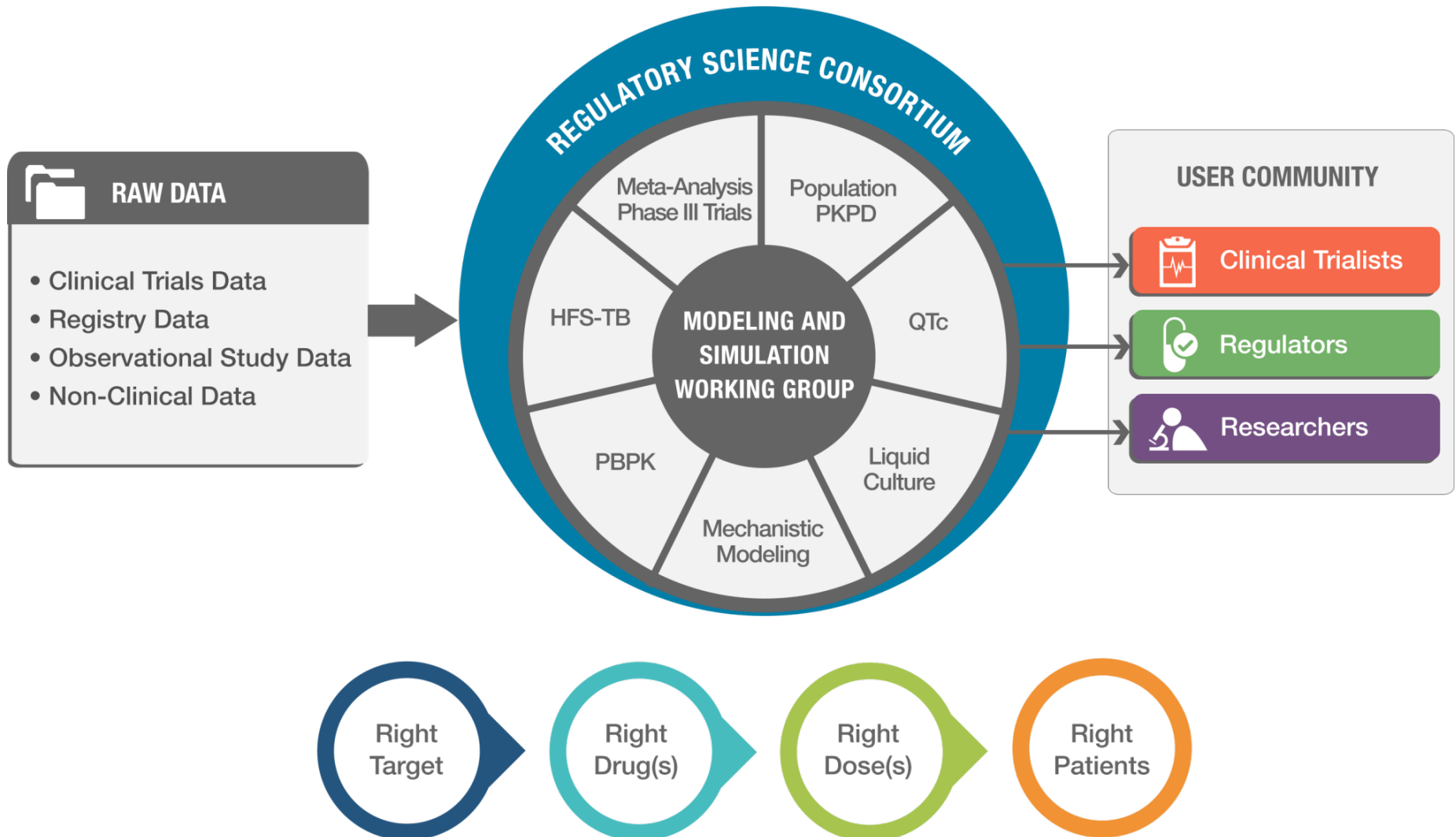
# GLOBAL CPTR DATA CONTRIBUTIONS

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# GAPS IN THE TB DRUG DEVELOPMENT PROCESS





# REGULATORY & POLICY SUCCESSES



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH



World Health  
Organization

Hollow Fiber System  
Model

Qualified as a translational  
drug development tool

Inserted into Draft Guidance  
on Drug Development for  
Pulmonary TB

Physiologically Based  
Pharmacokinetic  
Model

Submitted Letter of Intent and  
Briefing book for Scientific  
Advice Qualification

Pursue Critical Path Innovation  
Meeting 1Q2018

LAM Biomarker

Pursue Innovation Task Force  
Meeting 1Q2018

Letter of Intent accepted into  
the biomarker qualification  
program

TB-ReFLECT

Inform programmatic decisions  
based on meta-analysis of  
Phase III clinical trials

TB-PACTS

Sponsored C-Path to aggregate  
and share TB clinical data

ReSeqTB

Implement as the global srv.  
platform for TB resistance

# HOW WE WORK TOGETHER

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