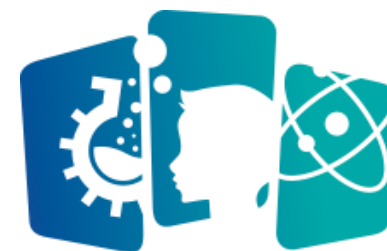


# RARE ENTREPRENEUR BOOTCAMP

## Introduction to clinical biomarker development

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**RARE ENTREPRENEUR**  
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# What is a biomarker?

A characteristic (e.g., molecule) that is objectively measured to evaluate:

- Healthy biologic processes – establish a healthy baseline
- Pathologic processes – distinguishes disease from healthy
- Biologic responses to a therapeutic intervention – for example, a characteristic that moves towards healthy under therapeutic pressure

Biomarkers may also serve as an alternative to a clinical endpoint – these are called surrogate biomarkers

*“In rare diseases, often the **population size and heterogeneity**, the **nature of the disease** and the **limited historical clinical data** can make traditional studies with **clinical endpoints** difficult or impossible to conduct.”* Kakkis et al., *Orphanet journal of rare diseases* (2015)10:16

- The nature of rare diseases frequently includes:
  - **Pediatric indications**, in which clinical measures may be more subjective / challenging to capture and some (e.g., MRI, certain wearables, PROs) may not be practical
  - **Long, slow & progressive periods with no clinically evident changes** (e.g., neurodevelopmental disorders (NDD), bone developmental, musculo-skeletal disorders), leading to long clinical studies
  - Leveraging **novel drug mechanisms**, with variable degrees of biological validation
- Relying solely on clinical endpoints of how a patient “feels, functions or survives” can be impractical in these cases

Biomarkers address these challenges, providing **critical insight into the effects of a drug on the underlying disease mechanism**, and **connecting this with the therapeutic response in the individual patient**

# Proof of therapeutic mechanism & clinical concept

Biomarkers provide **critical insight into the effects of a drug on the underlying disease mechanism**, and **connect this with the therapeutic response in the individual patient**

- **Proof of mechanism:** The drug is hitting the target with the “expected” effect on the biology / marker
- **Proof of concept:** The mechanism of action of the drug is associated with clinical activity

RARE DISEASE CHALLENGE	BIOMARKER DELIVERABLES
Patient heterogeneity	<ul style="list-style-type: none"><li>• Address <b>unifying underlying pathobiology</b> on backdrop of <b>diverse clinical presentation</b></li><li>• <b>Clarify pathobiology</b> &amp; association to clinical presentation &amp; response</li></ul>
<u>Pediatric populations</u> : limitations of standard tools (PROs, wearables)  <u>Slow, progressive diseases</u> : Long trials to demonstrate clinical outcomes	<ul style="list-style-type: none"><li>• <b>Objective measures</b> of drug action</li><li>• Target engagement, PD, <b>PoM</b></li><li>• <b>Early evidence</b> of potential for disease modification</li><li>• Surrogate endpoints (at a minimum inform <b>decision-making</b>)</li></ul>
Novel drug mechanisms	<ul style="list-style-type: none"><li>• <b>Accelerated</b> test of therapeutic hypothesis &amp; <b>PoC</b></li></ul>

# Context of use (COU) defines biomarker strategy

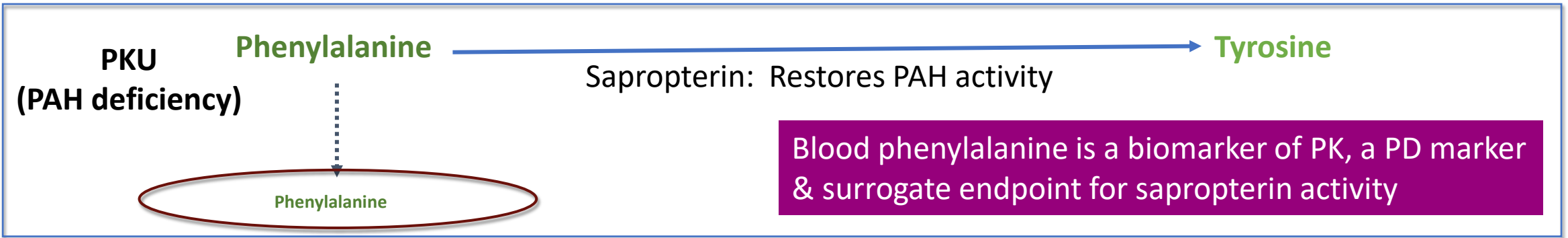
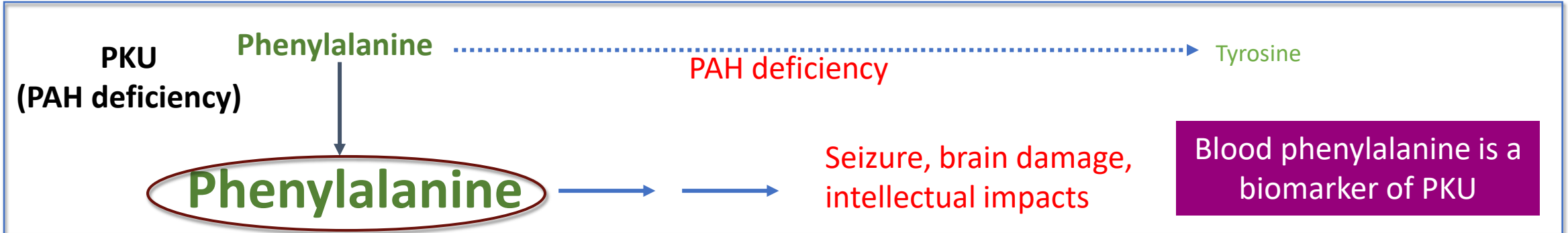
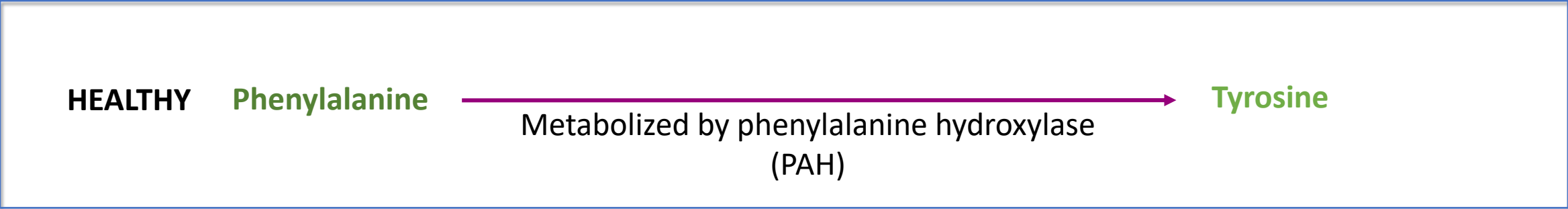
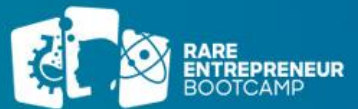
**COU encompasses the biomarker category (e.g., pharmacodynamic ) and the intended use in a drug development program**

Examples of particular use in rare diseases are:

- Inclusion / exclusion criteria for clinical studies
- Support for dose selection in clinical study
- Proof of mechanism - PD response
- Surrogate endpoint
- Stop study treatment due to safety concern

The **same biomarker** may be developed to address **several COU**  
(E.g., A PD biomarker may also serve as a surrogate endpoint if the data support this and regulatory requirements can be met)

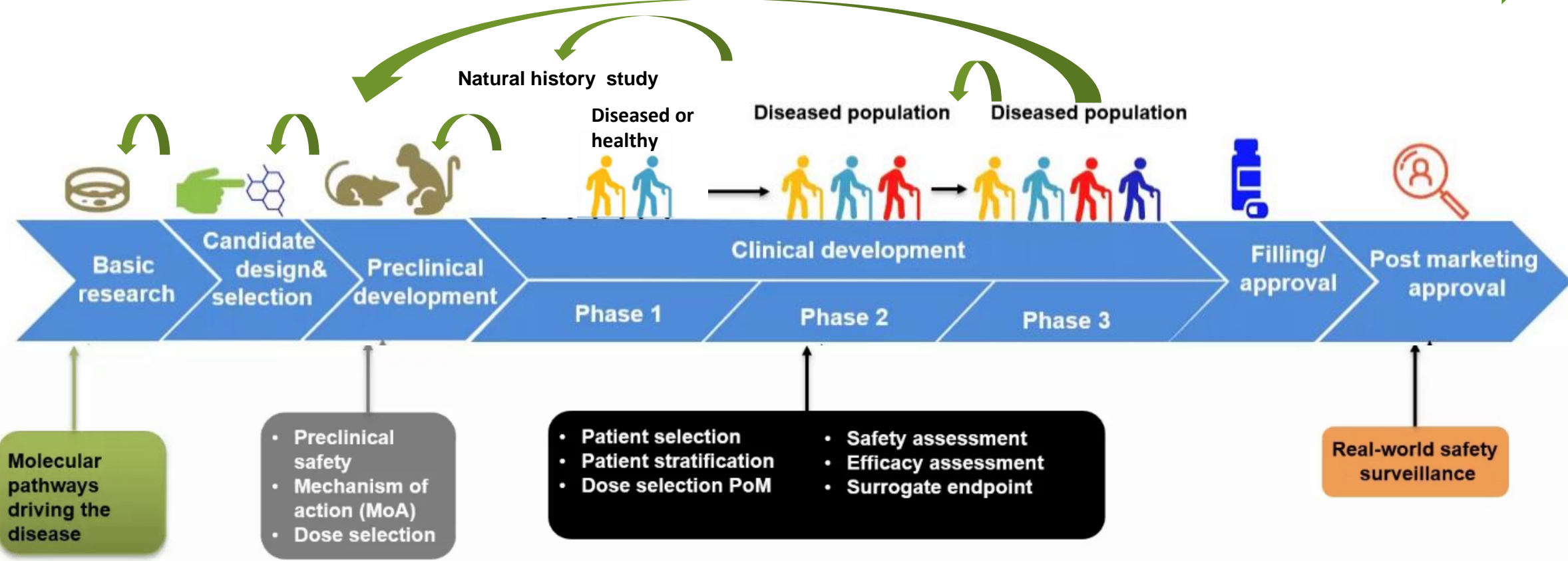
# Example: Phenylalanine biomarker for phenylketonuria (PKU)



# Biomarkers are an integral component of drug development



## Define COU



Identify clinical questions & define strategy  
 Establish feasibility  
 Preclinical proof of mechanism  
 Identify clinical sample sources

Clinical proof of concept

Modified from <https://www.fda.gov/media>

From: AAPS Biomarkers e-course 2022, Module 1

## **Biomarker Criteria**

Kakkis et al., 2016, Nature Biotechnology

1. Biomarker has **direct relationship to important disease process**
2. Changes are specific to changes in the clinical disease biology
3. Stable over time
4. Can be reliably measured with adequate sensitivity & specificity
5. Sampling compartment (e.g., urine) predicts disease compartment/tissue (e.g., difficult to sample organ such as liver)
6. Clinical intermediate endpoints (clinical physiological measures) are relevant to major clinical problem

**Biomarkers include a wide range biochemical moieties in a diversity of tissues, and physical measurements**

**Feasibility, clinical relevance and clinical utility are critical criteria for biomarker development**



# Early sourcing & careful use of clinical samples is critical

**Sample sourcing through collaboration with patient advocacy groups, consortia and pre-competitive alliances is extremely valuable**

## ASSAY FEASIBILITY

Research

**Interrogate candidate biomarkers identified in preclinical studies-> select those that can be reliably measured**

Healthy donor samples

## DISEASE ASSOCIATION

Pre-IND

**Identify & select disease-associated biomarker(s) addressing program needs**

**Disease vs age-matched controls**

Single time point  
Basic clinical annotations

## CLINICAL UTILITY

Stage 0 / 1

**Is biomarker stable in absence of treatment?**

**Does it associate with clinical measurements?**

**Longitudinal patient sampling**  
Clinical annotations critical

## INTERROGATE BIOMARKER IN INTERVENTIONAL STUDY

Does biomarker reliably address program needs under therapeutic pressure?

Ph1 / 2 test & select -> Ph 3

➤ Assess feasibility of establishing blood-based biomarkers where possible due to ease of sample access

➤ Non analyte biomarkers, e.g., Physical scans, wearable-captured data -> engagement with clinicians to establish feasibility & options

## BEST Resource: Biomarkers, EndpointS, and other Tools

- A glossary of terminology and uses of biomarkers and endpoints in basic biomedical research, medical product development, and clinical care
- Created by the NIH-FDA Biomarker Working Group
- Publicly available at: <http://www.ncbi.nlm.nih.gov/books/NBK326791/>
- BEST harmonizes terms and definitions and addresses nuances of usage and interpretation among various stakeholders, including:

- Biomedical scientists
- Translational and clinical researchers
- Medical product developers
- Patient/disease advocacy groups
- Government officials
- Clinicians



# Key elements of biomarker strategies

- Biomarkers are used to establish that a given therapeutic is hitting the target and having the proposed effect on the underlying mechanism of disease pathobiology.
- Biomarkers can transform & accelerate the development of novel, safe therapeutics in rare diseases
- Defining the clinical questions early in the program, & focus on context of use are critical to success
- Essential biomarker criteria address feasibility, clinical relevance and clinical utility
- Biomarker & sample acquisition strategies should be initiated as early as possible
- Biomarker development & qualification is highly cross-functional; collaborative teamwork is critical
- Working together across public-private partnerships and in pre-competitive analyses can significantly accelerate biomarker development in rare diseases

# Thank You!



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# “Biomarkers” are developed for different applications

Defining the **clinical questions** to meet program needs is critical for framing biomarker strategy

**BEST (Biomarkers, EndpointS, and other Tools)**  
Classification: Range of Biomarker Types

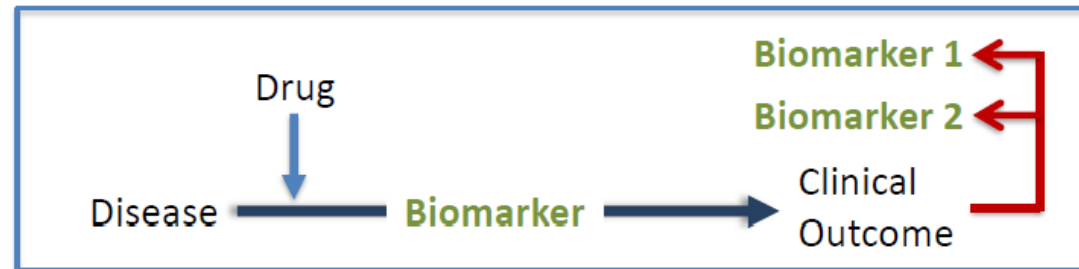


- **Susceptibility / risk biomarker** (e.g., genetic mutation(s))
  - **Diagnostic biomarker** -> confirms presence of disease or condition of interest
  - **Prognostic biomarker** -> informs on disease status and progression
  - **Monitoring biomarker** -> serial measurement of disease across time
- } Measures of disease presence & status
- 
- **Predictive biomarker** -> predicts whether a subject will respond to therapy
  - **Pharmacodynamic (PD) / Response biomarker, including surrogate endpoints**
    - Proof of mechanism, the biomarker shifts under therapeutic pressure
    - In some cases may be developed to identify clinical benefit before traditional clinical measures
    - Example: Phenylalanine in phenylketonuria
  - **Safety biomarker**-> measure of likelihood or presence of a toxic effect
- } Measure aspects of response to treatment

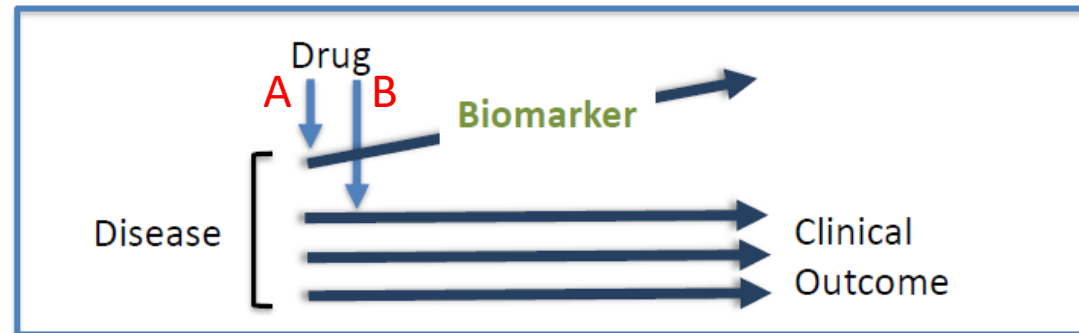
## The limitations of surrogate endpoints: complex relationships between *disease – biomarker – and clinical outcome*



- Surrogate on **causal pathway** modulated by drug
- Biomarkers may reflect changes induced by **outcome** of disease



- A** Surrogate *not on pathway* of drug MOA so may only indirectly correlate with outcome
- B** **Multiple disease MOAs** may lead to clinical outcome – and drug may impact only one



Association with the disease biology is critical  
(E.g., A urine-based biomarker in a liver metabolic disease must be associated with the disease biology and reflect the liver status +/- therapeutic)