Biospecimens: A Critical Resource for Advances in Molecular Diagnostics, Imaging and Therapeutics

Dr. George Poste
Chief Scientist, Complex Adaptive Systems Initiative and Del E. Webb Chair in Health Innovation
Arizona State University
george.poste@asu.edu
www.casi.asu.edu

Keynote Presentation:
Annual Biospecimen Research Network (BRN) Symposium
Bethesda, MD 28 March 2011
Declared Interests:

- Board of Directors: Monsanto, Exelixis, Caris Life Sciences
- Scientific Advisory Board: Synthetic Genomics, Anacor
- IOM Forum on Global Infectious Diseases
- USG Activities: DoD, DHS
Key Themes

1. Sustaining Healthcare Innovation in an Era of Constraint
2. The Challenge of Translation of Discovery Advances to Tangible Benefits for Patients and Society
3. Biomarkers and Diagnostic Technologies as Major Value Drivers in Improving Health Quality and Outcomes and Controlling Costs
4. Radical Reform of the Organization and Funding of Biomedical Research to Address Major Gaps in Scale, Standards, Education and Accountability
The Economic, Social and Clinical Benefits of Proactive Mitigation of Disease Risk and Chronic Disease Co-Morbidities

**Health Status**

- Healthy/ Low Risk
- At-Risk
- High Risk

**20% of the Population Generate 80% Cost**

- End-of-life care
- Chronic disease progression
- Chronic disease early stage
- Acute disease

Multiple co-morbidities

Value → Cost
New Value Propositions in Healthcare

- social and economic value of reducing disease burden will rise
  - earlier disease detection and mitigation
  - rational Rx and guaranteed outcomes
  - integrated care for complex chronic diseases
  - extension of working life

- progressive shift from ‘reactive’ medicine to ‘proactive’ care and ‘integrated’ delivery
  - prospering in an era of increasing constraints
  - managing the limit(s) of society’s willingness and ability to pay for innovation
Disruptive Innovation in Healthcare: Redefining the Value Equation in Healthcare

- BETTER CARE AT LOWER COST
- EARLIER DISEASE DETECTION AND RESPONSE TO RX
- PRECISION DIAGNOSIS

- molecular taxonomy of disease
- managing risk, cost and quality
- health status monitoring
- optimized decisions

TREATMENT PERSONALIZED TO THE PATIENT
# US Cancer Prevalence Estimates 2010 and 2020

<table>
<thead>
<tr>
<th>Site</th>
<th># People (thousands) 2010</th>
<th># People (thousands) 2020</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>3461</td>
<td>4538</td>
<td>31</td>
</tr>
<tr>
<td>Prostate</td>
<td>2311</td>
<td>3265</td>
<td>41</td>
</tr>
<tr>
<td>Colorectal</td>
<td>1216</td>
<td>1517</td>
<td>25</td>
</tr>
<tr>
<td>Melanoma</td>
<td>1225</td>
<td>1714</td>
<td>40</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>639</td>
<td>812</td>
<td>27</td>
</tr>
<tr>
<td>Uterus</td>
<td>588</td>
<td>672</td>
<td>15</td>
</tr>
<tr>
<td>Bladder</td>
<td>514</td>
<td>629</td>
<td>22</td>
</tr>
<tr>
<td>Lung</td>
<td>374</td>
<td>457</td>
<td>22</td>
</tr>
<tr>
<td>Kidney</td>
<td>308</td>
<td>426</td>
<td>38</td>
</tr>
<tr>
<td>Leukemia</td>
<td>263</td>
<td>240</td>
<td>29</td>
</tr>
<tr>
<td><strong>All Sites</strong></td>
<td><strong>13,772</strong></td>
<td><strong>18,071</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

Defining A New Taxonomy for the Diagnosis and Classification of Disease

- Redefining pathology as the deregulation/dysregulation of specific biological pathways
- Disease with similar symptoms can arise in the same cell type via different patterns of pathway dysregulation
  - Different points in the same biological pathway
  - Multiple points in connected biological pathways
- Molecular profiling of disease subtypes as the intellectual foundation for rational drug discovery and Rx treatment selection
  - "Targeted therapeutics"
  - "Personalized medicine"
From Pharmaceuticals to Pharmasuitables: Right Rx for the Right Disease (Subtype)

ID Molecular Targets for Rx Action

Disease Profiling to Identify Subtypes (+ or - Rx Target)
K-RAS Profiling and Anti-EGFR Monoclonal Antibody Therapy

- higher response in patients with K-RAS versus mutant-K-RAS
- estimated $604 million/year savings (ASCO)
- regulatory endorsement in product labeling

clinical guidelines
Molecular Profiling of Chemotherapy-Refractory Metastatic CRC and Resistance to EGFR-Targeted Therapy
W. DeRook et al. (2010) Lancet 11, 753

- 900 patients profiled for K-RAS, BRAF, NRAS, PIK3CA and response to cetuximab
- all wild-type genes
  - 41.3% response rate (RR)
- wild-type K-RAS
  - 36.3%RR
- K-RAS mutants
  - 6.3%
- BRAF mutants
  - 8.3% of RR
- N-RAS mutants
  - 7.7%
- PIK3CA mutants (exon 20)
  - 0%
Rethinking Approaches to Cancer

Is There a Fundamental Imbalance in Investment in Diagnostics Versus Therapeutics?
Cancer Therapeutics: Some Perplexing Questions

- have next-generation ‘targeted therapies’ (versus cytotoxic agents) resulted in improved OS and QOL?
- can ‘all comer’ cancer trials without stratification of patients on molecular profiling be afforded or ethically justified?
- can the high cost of targeted therapeutics ($40-100K) be justified for disease control of a few weeks or at most months?
### What Are We Willing to Pay for Added Months of Survival in Cancer?

<table>
<thead>
<tr>
<th>Lifetime cost above standard care</th>
<th>If cancer is on par with other diseases ($150,000 per life year gained), months of added overall survival benefit needed</th>
<th>Treating cancer as worthy of much higher reimbursement ($250,000 per life year gained), months of added overall survival benefit needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>4 months</td>
<td>2.4 months</td>
</tr>
<tr>
<td>$100,000</td>
<td>8 months</td>
<td>4.8 months</td>
</tr>
<tr>
<td>$150,000</td>
<td>12 months</td>
<td>7.2 months</td>
</tr>
<tr>
<td>$200,000</td>
<td>16 months</td>
<td>9.6 months</td>
</tr>
<tr>
<td>$250,000</td>
<td>20 months</td>
<td>12 months</td>
</tr>
<tr>
<td>$300,000</td>
<td>24 months</td>
<td>14.4 months</td>
</tr>
<tr>
<td>$350,000</td>
<td>28 months</td>
<td>16.8 months</td>
</tr>
<tr>
<td>$400,000</td>
<td>32 months</td>
<td>19.2 months</td>
</tr>
<tr>
<td>$450,000</td>
<td>36 months</td>
<td>21.6 months</td>
</tr>
<tr>
<td>$500,000</td>
<td>40 months</td>
<td>24 months</td>
</tr>
</tbody>
</table>

Source: Pink Sheet 13 Sept. 2010. Adapted from S. Ramsey FHCRC, ASCO 2010
Cancer Therapeutics:
Some Perplexing Emerging Questions

• is the multiplicity of pathways dysregulated in metastatic advanced disease an insurmountable technical barrier to design of poly-target (promiscuous) agent/combinations?
  – highest failure rate of new Rx in any therapeutic category (8% success)

• is the only viable strategy for mitigating the clinical, economic and emotional toll of cancer to focus on early diagnosis and removal of pre-metastatic lesions?
Biospecimens, Biomarkers, Biosignatures and Molecular Diagnostics:
The Key Value Drivers for Personalized Medicine, Improved Healthcare and Maximizing Wellness
‘publish and vanish’
- over 120,000 claimed biomarkers or biomarker combinations (biosignatures)
- less than 100 molecular diagnostics in clinical use or advanced validation

Google Search (February 2011)
- companion diagnostics 194,000
- theranostics 48,762
- pharmacodiagnostic diagnostics 25,162

PubMed (February 2011)
- 8416 citations
- 45.4% also categorized ‘cancer’
• literature dominated by anecdotal studies
  - academic laboratories
  - small patient cohorts
  - lack of standardization
  - poor replication and confirmatory studies

• very few biomarkers subjected to rigorous validation
  - inadequate stringency in clinical phenotyping
  - case-control studies with sufficient statistical power

• widespread lack of understanding of regulatory requirements in academic research community
  - complexities imposed by multiplex tests
  - new regulatory oversight (IVDMIA's)
“The output (for drug discovery/biomarkers) has been as close to zero as you can come. We have achieved nothing substantial that’s the bottom line.”

Dr. Tommy Nilsson
McGill Univ.
Nature Biotechnology (2010) 28, 669

“Biomarkers have been the biggest disappointment of the decade, probably because proteomics role in their discovery was overhyped.”

Dr. John Yates
Scripps Institute
Translation of the Major Potential of Molecular Medicine into Routine Clinical Practice

A Complex Multi-Dimensional Challenge

Success Demands a Systems-Based Approach
## Biomarkers, Biosignatures and Molecular Profiling of Human Diseases

### Agnostic
- analytes
- analytical platforms

### Success Determinants
- systems-based strategies
- specimens
- standards/standardization
- scale/statistics
- silos and sociology
- sustainability
Identification and Validation of Disease-Associated Biomarkers: Obligate Need for a Systems-Based Approaches
# Molecular Diagnostics and Miniaturized Devices: A Key Future Driver in the Healthcare Value Chain

## Complex Biosignature Profiling

<table>
<thead>
<tr>
<th>genomics</th>
<th>proteomics</th>
<th>immunosignatures</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Genomics Image" /></td>
<td><img src="image2.png" alt="Proteomics Image" /></td>
<td><img src="image3.png" alt="Immunosignature Image" /></td>
</tr>
</tbody>
</table>

## Signature Detection, Deconvolution and Multivariate Analysis

<table>
<thead>
<tr>
<th>automated, high throughput multiplex assays</th>
<th>novel test formats and devices (POC)</th>
<th>new algorithms for complex signal/deconvolution</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image4.png" alt="Automated Assays Image" /></td>
<td><img src="image5.png" alt="Multiplex Assays Image" /></td>
<td><img src="image6.png" alt="Complex Signal Image" /></td>
</tr>
</tbody>
</table>
Biomarker R&D
Building An Integrated Framework

Discovery
- candidate marker(s)
  - biobanks
  - sample standardization
  - sample preparation
  - high sensitivity analytical tools
    - immunoassays
    - arrays
    - MS
    - SERS
    - AFM
    - electrochemistry
  - IP

Validation
- Indus Partners
  - retrospective/prospective evaluation
  - statistical power (large N)
  - sample selection
  - platform selection
  - algorithms for multiplex tests
  - data formatting for clinical use
  - information transfer for remote monitoring
  - data security

Regulatory
- Review
  - unianalyte or multianalyte
  - home brew/ASR
  - 510 (K) or PMA
    - IVDMIAs
    - algorithms
    - platform
    - scope of clinical claims
  - use
    - central lab.
    - hospital
    - POC/physician office
    - home
    - remote monitoring

Qualified
- clinical utility
  - “fit for purpose”
  - value proposition
  - CMS and CPT Coding
  - co-use services
  - promotion
  - peer reviewed publications
Biomarkers and Personalized Medicine: The Imperative for New Research Approaches

Its the Specimens, Stupid!
The Core Components of a Systems-Based Approach to Biomarker Validation and Clinical Utility

biobanks/patient registries/clinical phenotyping

biosignatures

analytes and platforms

large scale informatics

clinical validation and adoption
Biospecimen Science
Access to High Quality Biospecimens

- #1 obstacle to ID and validation of novel biomarkers
- unknown or variable quality of legacy biorepositories and limited linkage to clinical records
- historical neglect of national-level leadership/standards for biorepository specimens and management
- poorly developed protocols for systematic classification, coordination or distribution (priorities)
Challenges Associated With Legacy Biobanks

- highly variable storage, curation and clinical annotation
- investigator/institutional ‘terroriality’ (cf. WU case)
- ambiguous and varied informed consent provisions
  - disease specific versus blanket ‘research use’
- limited longitudinal sampling and correlation with clinical outcomes
- relative absence of normal tissue cohorts
The Systems-Based Approach to Biomarker Validation

Standardization
- preanalytical
- analytical
- data

Subject Selection

Specimens

Study Design and Statistical Analyses
Challenges in Establishing Rigorous Correlations Between Perturbations in Molecular Pathways and Disease

- more stringent criteria for clinical phenotyping
- obtaining the right phenotypes in the right quantity
- obtaining enough investigators with the right training and right resources
- right funding mechanisms to support the right studies
Access to Quality Biospecimens for Medical Research: A Critical ‘Choke Point’ in Biomedical Research

Ease of Acquiring the Quality of Biospecimens

- Very easy/Easy: 8%
- Somewhat easy: 13%
- Somewhat difficult: 32%
- Difficult/Very difficult: 48%

Question Their Data Because of the Quality of Biospecimens

- Never/Rarely: 40%
- Sometimes: 40%
- Often/Always: 20%

Limit Research Scope of Work Due to the Shortage of Quality Biospecimens

- Never/Rarely: 19%
- Sometimes: 36%
- Often/Always: 45%

Challenges in Tissue Procurement

- informed consent
  - specific or broader ‘research use’
  - workflow logistics, time and cost to clinical centers
- IRBs
  - variability, delays, risk averse
  - AMC versus community practices
- disruption to clinical workflows
- sample mishandling
- sample loss
- labeling and documentation errors and unreliable provenance
- dedicated staff
- access policies
- data collection, curation, annotation
Enterprise Grade Biospecimen Collection and Management

- standards, standards, standards!
  - consent and diverse regulatory/legal compliance needs
  - collection, transport, processing, analysis
  - storage and curation
  - chain of custody
  - longitudinal tracking of specimen samples, aliquots
  - integration of clinical and non-clinical sets
  - systems integration LIMS/CTMS, GLP/GCP
  - facile transfer to regulatory dossier/clinical EMR
  - mega-and meta-data capabilities
The Formidable Challenge of Standardization of Pre-Analytical Sources of Variation in Clinical Biospecimens

<table>
<thead>
<tr>
<th>Pre-Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• pre-existing medical conditions</td>
</tr>
<tr>
<td>• Rx</td>
</tr>
<tr>
<td>• type and duration of anesthesia</td>
</tr>
<tr>
<td>• vessel clamp time and tissue anoxia</td>
</tr>
<tr>
<td>• blood pressure variation</td>
</tr>
<tr>
<td>• intra-operative blood/fluid shifts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• room temperature</td>
</tr>
<tr>
<td>• time at room temperature</td>
</tr>
<tr>
<td>• rate of freezing</td>
</tr>
<tr>
<td>• fixative type and time in fixative</td>
</tr>
<tr>
<td>• collection container(s)</td>
</tr>
<tr>
<td>• biomarker extraction methods</td>
</tr>
<tr>
<td>• storage conditions</td>
</tr>
<tr>
<td>• transport conditions</td>
</tr>
</tbody>
</table>
Time Between Ligation Of Main Artery And Tumor Resection (Intrasurgical Ischemia) Affects Gene Expression In Colon Cancer (NCI-Indivumed study)

Intrasurgical Ischemia

PCA mapping: grouping of warm ischemia time points

Indivumed-NCI Study: Courtesy of Dr. C. C. Compton
“The technological capacity exists to produce low-quality data from low-quality analytes with unprecedented efficacy.”

“We now have the ability to get the wrong answers with unprecedented speed.”

Dr. Carolyn C. Compton
Director, Office of Biorepositories and Biospecimen Research
National Institutes of Health
‘IOM, July 2010’
Objectives:

- Unify policies and procedures for NCI-supported biospecimen resources for cancer research
- Provide a baseline for operating standards on which to build as the state of the science evolves
- Update in progress: scheduled for completion December 2009

Parallel Challenge: Data-driven standard operating procedures
“The study of cancer cells in two dimensions seems quaint if not archaic”


“Medline search reveals that more than 80% of cancer and molecular biologists still use two-dimensional techniques”

D.W. Hutmacher (2010) Nature Materials 9, 90
Challenging Questions

- Are the phenotypes and molecular pathways of cell lines and 2D cell cultures so unrepresentative of the situation to render them irrelevant and pose blind avenues for diagnostic/therapeutic discovery?

- Can the biology of metastasis be elucidated by analysis of non-metastatic cells?
A Global Map of Human Gene Expression

- 5372 microarray samples
- 206 different laboratories
- 163 different laboratories
- 369 cells, tissues, disease states and cell lines
- Solid tissue cell lines cluster together rather than with respective tissues of origin or neoplasms from same lineage
  - 1217 genes upregulated in all cell lines
  - Cell cycle, division and mitosis genes

http://www.ebi.ac.uk/gxa/array/U133A
Mixed-Up Cell Lines

- risk of cross-contamination of cell cultures
- 50 years of warnings
  - overgrowth by HeLa cells as ‘early culprit’
- ECV 304
  - “immortalized normal endothelial cells”: over 1000 papers
  - Wilhelm Dirks (1999) revealed as human bladder carcinoma
  - 80 papers in 2008/2009 still referencing as endothelial cells
- contamination of mesenchymal stem cell lines
  - therapeutic implications and regulatory oversight
- obligate requirement for STR profiling
- obligate adoption of validation criterion for publication
Complexity in Biological Systems: The Challenge of Predicting Genotype/Phenotype Relationships

- non-linear relationship between genotype and phenotype
- formidable challenges for biomedical and mathematical sciences
  - individual diversity in genome organization (SNPs, haplotypes, CNVs)
  - gene-gene interactions
  - epigenetics and imprinting
  - non-coding RNA regulatory networks
  - gene-environment interactions
  - gene-Rx interactions
Platforms for Biomarker and Biosignature Profiling

**Analytes**
- genomics
- proteomics (and PTMs)
- metabolomics
- toxicology

**Analysis**
- global analysis (non-biased)
- targeted analysis (hypothesis-driven)

**Applications**
- Dx, subtyping and staging
- Rx selection
- progression and staging
- PDx

**Alternatives**
- cost
- speed
- instrumentation capital cost
- regulatory/clinical issues

Standardized Methods, Data Reporting and Database Design

GLP/GMP; LIMS/CTMS; Regulatory Dossiers

Instrumentation: Research Use Only or Approval for Clinical Use

Platforms for Biomarker and Biosignature Profiling
Mapping the Dynamic Human Proteome

- daunting complexity of massive combinatorial space
  - 230 different cell types + body fluids
  - pre- and post-translational gene regulation
  - SNPs, copy number variants, mutations
  - 200 PTMs
  - expression, abundance and interactomes
  - localization, trafficking, turnover
  - dynamic range
  - physiological homeostasis
  - dysregulation and disease pathogenesis
Sample Complexity and Dynamic Range in MS-Based Proteome Analysis

- detection of low abundance species
- femtomole or attomole range sensitivity modulated by nature of sample (abundance, dynamic range)
- ion suppression from high abundance proteins/peptides
- 35% estimated human proteins yet to be reliably identified by MS
- under sampling
- time, cost and efficiency of pre-analytical fractionation(s)
- targeted depletion of abundant proteins and/or affinity enrichment of low abundance species
“It is time for the debate about the reproducibility of mass spectrometry to end.”

Anonymous Editorial:
The Call of the Human Proteome
Nature Methods (2010) Sept. 7 (9) 661
• analysis of C-reactive protein (CRP) by 7 labs using MS-CRM and ELISA
  – MS: 0.31 to 1.8 fmol μl⁻¹
  – ELISA: 4 fmol μl⁻¹
  – CRP comparatively abundant but source of discrepancies between platforms unresolved
• even for MS 25% between-lab quantitative variation is too high for clinical laboratory adoption
Common Problems in MS-Based Proteomics
A.W. Bell et al. (2009) Nature Methods 6, 423

- evaluation of test sample of 20 purified proteins at 5 pmole equimolar abundance
- 7/27 labs with initial correct characterization
- raw data from all sufficient to identify full 20 protein catalog and 22 derivative 1250 Da peptides
- diverse and poorly standardized databases and search engines as principal sources of erroneous reporting
  - variation in curation, annotation, comprehensiveness

• real world challenges: high complexity samples and large preanalytical (collection/storage) sample variation
• education and training to use complex technologies
• publication standards, formats and open-source databases
Does the Mass Spectrometer Define the Marker?
H.G. Gika et. al. (2010) Anal. Chem. 82, 8226-34

- coupling of UPLC sample separation to two different MS instruments
- triple quadrupole linear ion trap MS (QTRAP)
- hybrid quadropole TOF MS (Q-TOF)
  - highest scan rates, high efficiency, resolution, mass accuracy
  - good dynamic range, stability, high sensitivity, MS/MS functionalities
- orthogonal partial least-squares discriminant analysis of number of ions unique to each instrument dataset
  - significant number of unique up-and-down regulated variables in urine from isoniazid-treated rats
- obvious implications for comparison of datasets from different sources
  - different laboratories using different MS even if pre-analytical variables are standardized
“We may be lost, but we’re having a good time”

Yogi Berra
“This field has got too much happy talk. Biologists spend a lot of time talking about why it should work and not enough time figuring out ‘does it work’?

Dr. David Ransohoff
UNC, Chapel Hill
Nature Biotechnology (2006) 24, 935

“During the last 30 years biology has become a discipline for people who want to do science without learning mathematics”
M. Cassman et. al.
Barriers to Progress in Systems Biology
The Imperative for Rigorous Clinical Sampling Protocols in Biomarker Profiling and Validation of IVD Tests

- statistical powering
- rigorous case-control studies
  - retrospective
  - prospective (piggy back on clinical trials)
- prospectively defined endpoints
  - diagnostic marker(s)
  - Rx responsiveness and resistance markers
  - staging, stratification, progression markers
- regulatory validation of software algorithms for multiplex tests
Validation of Disease Associated Biomarkers

- Disease related differences are small compared to biological variability
- Many variables behave as QTLs with graded continuum rather than binary normal: disease separation
- The high dimensionality small sample size (HDSS) problem
  - High number of variables (2000-10000) and low sample size (10-100)
  - Increased risk of selection of variables due to chance (overfitting)
- Standardization and statistical powering of validation studies
  - "The 20:200:2000 rule"
- New regulatory complexities for multiplex ‘signatures’
Payor Perspectives and Reimbursement for Molecular Diagnostics

- #1 will test alter patient management?
  - reduce cost of care
  - improve outcomes
- #2 what additional resources/services/training are affected by test adoption?
- #3 perception of RCT as only ‘gold standard’
  - narrow interpretation that discounts value of observational studies
- #4 mindset of ‘lab data’ as low cost (<1% total cost) despite role in most treatment decisions (>85%)
  - unianalyte versus multiplex tests
  - outdated US reimbursement codes

SHIFT FROM COST-BASED TO VALUE-BASED REIMBURSEMENT
Standards for ‘Omics’ Data, Cross-Domain Integration, Open-Source Data Sharing and Computational Analysis
“Managing Mega-Data”

volume

scale

global networks

multiscale heterogeneity

integration
Data: The Fastest Growing Resource on Earth: Managing the Info-Cosm

- managing the data deluge
- validation of information authenticity
- data integration, federation, distribution
- new analytics for non-linear events and risk management
- data visualization, customization and cognitive optimization
- security
- legal and ethical issues related to ‘duty to disclose’ as definitive marker-disease risk causalities are established
Data Exchange Standards

- Integrate data from multiple sources
- Inter-operability challenge from discovery to clinical practice
- Leveraging existing HL7 standards
  - Draft Standards for Trial Use (DSTU)
- Engage major data generators to adopt
  - CDISC, ICH
- Digital Imaging and Communications in Medicine (DICOM)
- Seamless federation with healthcare system and reimbursement databases
  - CPT, ICD (USA)
- Certification of compliance with HITECH EHR Standards (HIMSS, AHIMA)
The Race for Low Cost ($<1000) Whole Human Genome Sequencing
Technology Acceleration and Convergence: The Escalating Challenge for Professional Competency
Pattern-Based Recognition Is An Intrinsic, High Fidelity Element of Human Cognition and Decision Making
Now Comes the Hard Part!
Building Large Scale, Standardized Resources for Biomedical Research

- the primacy of high quality biospecimens as the foundation for understanding disease pathogenesis, precision diagnosis and rational Rx
- acquisition of rigorously phenotyped/matched/consented normal and disease samples
- standardization of pre-analytical and analytical methods and data reporting
- curation, ontologies, annotation, analytics for large scale databanks and federations
- new statistical/mathematical/computational approaches to multivariate, non-linear events
- regulatory validation of analytics
- customized data conversion for different decision categories and decision-makers
High Quality Biospecimens: The Most Crucial Asset for Advancing Personalized Medicine and Evidence-Based Clinical Decisions

- cost and logistics
- organization of coordinated programs
- international scope
- consortia and public-private partnerships
- regulatory harmonization
- intellectual property
- financing and sustainability
- role of public and private sectors
Biospecimen Economics and the Sustainability of Biobanking

- Full costing needed to implement rigorous SOPs/QA/QC largely unknown
- The ‘3F’ challenge: financing freezer farms
- The ‘3P’ challenge: public: private partnerships
- The ‘3S’ challenge: standards, stewardship, sustainability
- New models for market pricing for quality biospecimens
new enterprise models and market analytics

- data richness and differential pricing?
  - normal versus common diseases
  - rare versus common diseases
  - minimum data versus outcomes data
  - customized data
  - proprietary data exclusion versus mandated data deposition

- roles of public and private sectors
“Biobanking is a gift and a partnership between patients and medical science”

Dr. David Kerr, Professor of Clinical Pharmacology and Cancer Therapeutics, University of Oxford

“Patients must be assured that their tissue gifts will be dedicated to advancement of medical science.”

Dr. Fortunato Ciardiello, Professor of Oncology, Seconda Universita di Napoli
Silos Subvert Solutions

HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT
From Silos to Systems-Based Strategies

- extravagant waste of uncoordinated, fragmented research
- fragmentation reinforced by anachronistic government funding policies
- insufficient interdisciplinary leverage of convergent technologies (academia and industry)
- inadequate standards for molecular profiling data
- systemic deficits in electronic connectivity in healthcare as major obstacle in integration of molecular profiling with disease patterns and treatment outcomes
- inadequate market incentives for integration of Dx, Rx and Ix products/services and healthcare delivery
Adapting to the Scale and Logistical Complexity of Translational Medicine

- single investigator awards and incremental (at best) progress
- single discipline focus
- funding agencies ill-prepared to review inter/cross-disciplinary research
- ‘islands’ of individual datasets with minimal standardization, diverse ontologies and poor inter-operability
- high risk, high reward projects with prospect of radical, disruptive innovation
- obligate assembly of diverse expertise for multi-dimensional engagement
- new study sections with broader expertise, including industrial experience
- large scale, standardized, inter-operable open-source databases with professional annotation, curation and analytics
Forging the Complex Interactions Required to Build a Productive Translational Medical Research Capacity

- cross-disciplinary education and training
  - mathematical and computational biology
  - complex systems design and optimization
  - status of translational medicine as a legitimate research domain
- reform of the medical curriculum
- incentives and career structure
Coordination of the Complex Interactions Required to Build a Productive Translational Medical Research Capacity

- reform current CTSA awards for obligate assembly of full expertise spectrum and obligate industry participation
- promulgation of standards and centralized orchestration of resources (national/international)
  - biorepositories and biospecimens
  - ‘omics’ analytics reference standards
  - informatics platforms (BIX, HIX)
  - ID/recruitment of, relevant case:control patient cohorts
- proactive design of regulatory frameworks to address new technologies
  - complex multivariate assays
  - remote health monitoring
  - review process for combination products
  - new CER tools/metrics
Forging the Complex Interactions Required to Build a Productive Translational Medical Research Capacity

Industry: Products and Services

- greater recognition of value and participation in pre-competitive, open-source networks/consortia
  - drive standards
  - defray risk
  - broaden partnerships

- more proactive role in shaping new trans-disciplinary education/training/employment opportunities
  - translational medicine
  - large scale database analytics
  - new analytics/models for non-linear dynamics in complex systems
  - health economics outcomes/systems modeling
Publication Standards

- Full disclosure as prerequisite for replication and evidence-based meta-analytics
- Increasing omission of key ‘methodological data’ as handicap to meta-analytics
- Burgeoning ‘supplemental sections’ to papers but myriad critical omissions persist
- Pervasive end-to-end problem: from sample to answer
  - Biospecimen acquisition, handling
  - Pre-analytical and analytical methods, data analysis and databanks
  - QC/QA of multiplex assays/equipment
  - Trial design(s)
- Role of professional societies, publishers and payors in raising the evidentiary bar?
  - CONSORT, REMARK, STARD, STROBE, MIAME loc.cit
Forging the Complex Interactions Required to Build a Productive Translational Medical Research Capacity

Culture

- **courage**
  - to declare that major change is needed versus safe refuge of status quo

- **heavy lifting**
  - engagement will impose great demands without immediate short-term benefit(s) to individuals/institutions

- **integrity**
  - hope, hype, overselling and hubris
  - with patients (current and future)
  - with next generation of researchers (competency and competitiveness)
  - with investors (public and private sectors)
The potential economic and health benefits from biosignature diagnostic profiling transcend any other current category of healthcare innovation.

Realization of this objective will require radical changes in the organization and funding of biomedical research.

Three parameters: specimens, scale and standards are fundamental to achieving tangible progress in comprehending disease pathogenesis, improved diagnosis and rational Rx selection.
realization of this potential will depend not only on technological advances but equally on circumvention of entrenched cultural, institutional and economic interests in sustaining the status quo

moving from silos to systems

DISRUPTIVE INNOVATION DEMANDS BOLDNESS