Disrupting drug development with data-driven approaches: Insights for fast expanding data teams

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# Alice Walsh, Ph.D.



Oncology Immunology High-dimensional data Data/stats/methods

Pharma ecosystems Building teams and communities How can teams be creative and innovative?

#### PATH()S

ABOUT OUR APPROACH CONTACT

# Reimagining drug discovery and development through the lens of technology

OUR APPROACH

# Katie Igartua Ph.D.



Oncology & Molecular Biology Genomics Population & statistical genetics

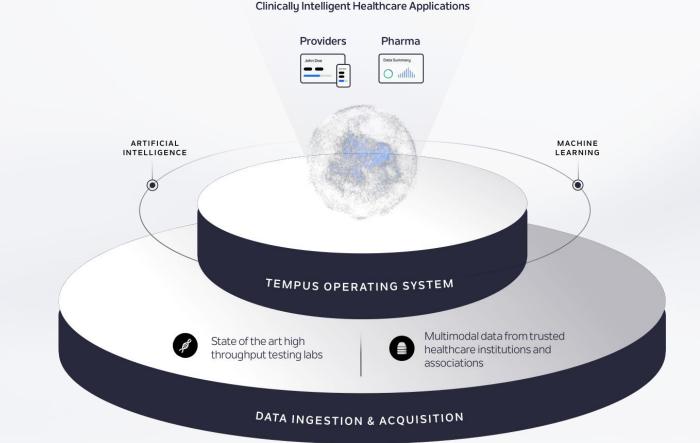
Pharma & Biotech Building cross functional teams with a focus on Systems Biology & Translational Research Innovate to directly impact patients

#### The Tempus Platform

We built both a technology platform to free healthcare data from existing silos and an operating system to make the resulting data useful.

Our end-to-end technology platform helps doctors make better decisions, drug companies make better drugs, and patients live longer and healthier lives.





**Clinically Intelligent Healthcare Applications** 

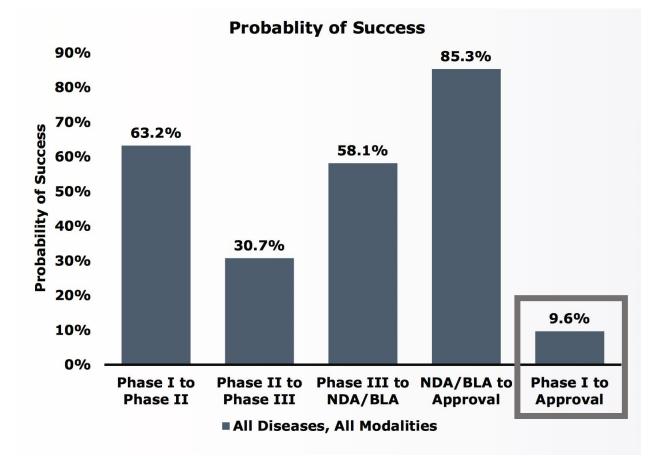
What should we be excited about in drug development for the next 10 years?



# Is the glass half-full or half-empty?

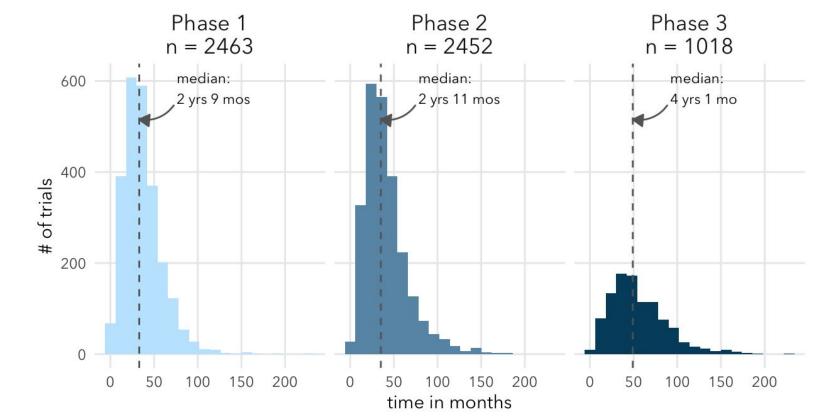
# The case for half-empty

# Probability of success is terrible



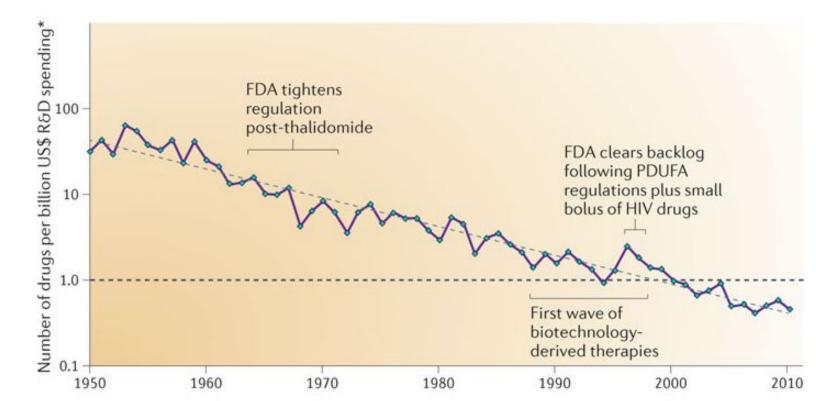
Source: Clinical Development Success Rates 2006-2015 https://www.bio.org/

# Clinical trials take too long



How long do clinical trials take? oncology therapeutic area

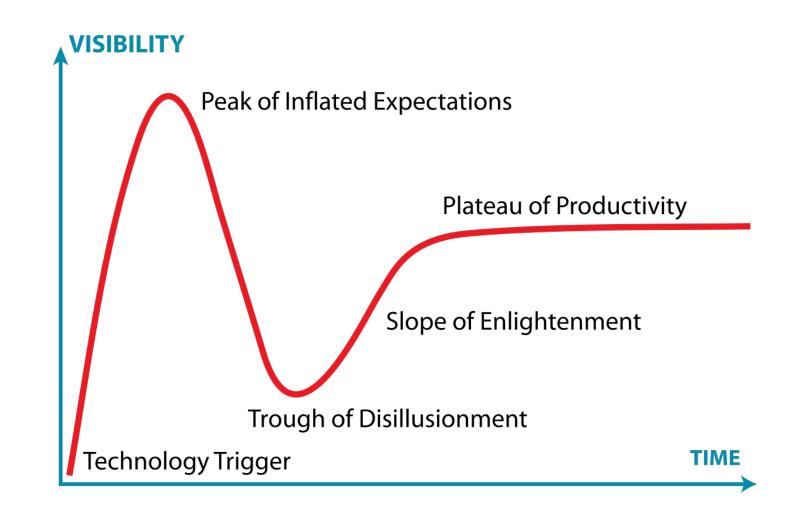
# Drug development is too expensive

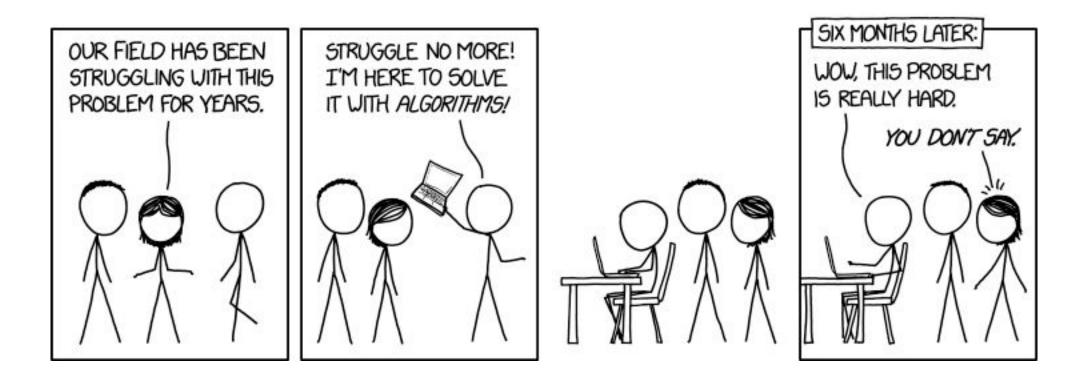


Scannell, J., Blanckley, A., Boldon, H. *et al.* Diagnosing the decline in pharmaceutical R&D efficiency. *Nat Rev Drug Discov* **11**, 191–200 (2012). https://doi.org/10.1038/nrd3681

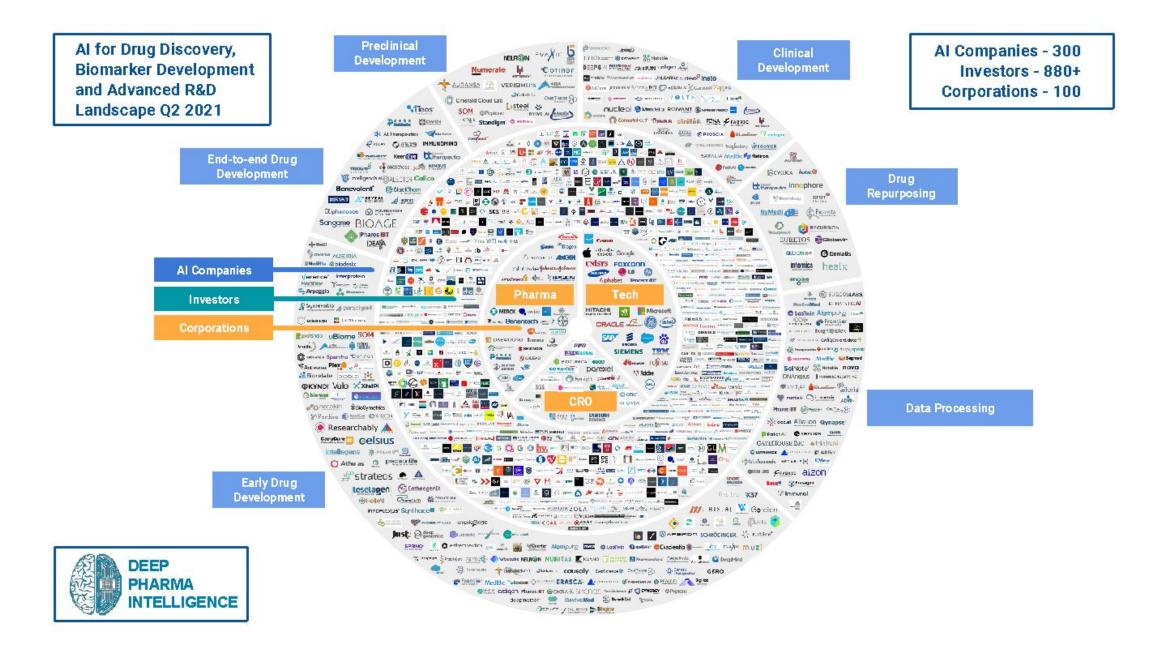
#### Eroom's law

# We are in the peak of inflated expectations





https://xkcd.com/1831/



# We don't have enough diagnostics

- 145 FDA approved/cleared companion diagnostics
- ~35 biomarkers
- 143/145 are for oncology

#### **35** Biomarkers across



MET

PD-L1

PDGFRB

PIK3CA

RET

ROS1

TMB

TP53

ALK

BRAF

BRCA1 and BRCA2

BRCA1, BRCA2 and ATM

C-Kit

deficient mismatch repair (dMMR) proteins

EGFR (HER1)

FRBB2

ERBB2 (HER2)

EZH2

FGFR2

FGFR3

FLT3 (ITD/TDK)

genes

IDH1

IDH2

Ki-67

KIT

KRAS

#### Abbott Molecular Inc. KRAS and NRAS Agilent Technologies Liver iron concentration imaging **ARUP** Laboratories, Inc. Biogenex Laboratories, Inc. MSI-High bioMérieux Inc. Myriad HRD Dako Denmark A/S NTRK1, NTRK2 and NTRK3 Dako North America, Inc. NTRK1, NTRK2 and NTRK3 Foundation Medicine, Inc. Guardant Health, Inc. Illumina, Inc. Invivoscribe Technologies, Inc. POMC, PCSK1 and LEPR Leica Biosystems Life Technologies Corporation MolecularMD Corporation Homologous recombination repair (HRR) t(9;21) Philadelphia chromosome Myriad Genetic Laboratories, Inc. Pillar Biosciences, Inc. PreventionGenetics, LLC Qiagen Manchester, Ltd. Resonance Health Analysis Services Pty Ltd Roche Molecular Systems, Inc. Ventana Medical Systems, Inc.

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Manufacturers

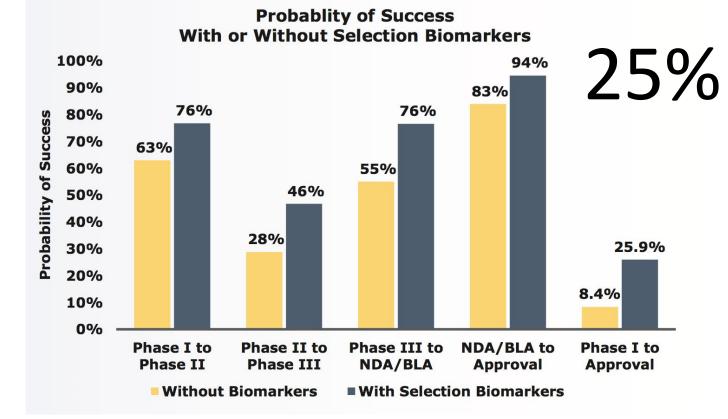
# We don't have enough diagnostics

Source: FDA List of Cleared or Approved Companion Diagnostic Devices (In Vitro and Imaging Tools) (11/1/2022)

# The case for half-full

Trials that utilized selection biomarkers had higher success rates at each phase of development

# Finding the right patients can increase probability of success



Source: Clinical Development Success Rates 2006-2015 https://www.bio.org/

# Technologies are enabling

- NGS testing has become common practice, and in some cases routine for initial treatment (EGFR-mutated NSCLC)
  - Tissue agnostic drug approvals (rare fusions & I/O biomarkers)
  - Genomic DNA repair signatures to guide therapy (e.g. HRD)
  - Genomic drivers of resistance & logitudonal testing

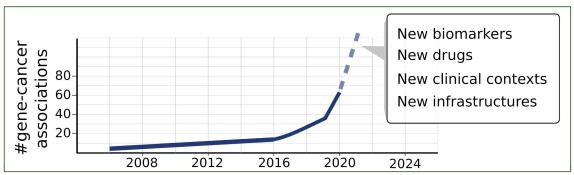


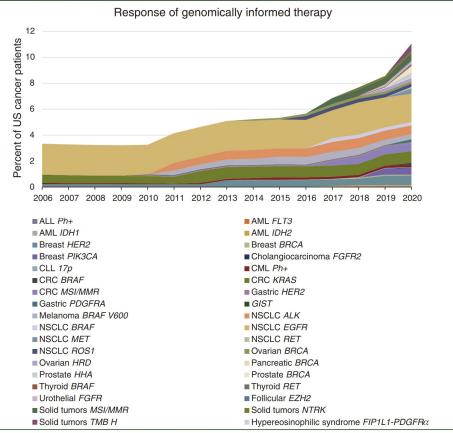
Figure 1. Number of gene biomarker-cancer associations with approved targeted drugs from 2006 (N = 6) to 2020 (N = 61), based on estimates from Haslam et al.<sup>1</sup> and Chakravarty et al.<sup>2</sup>

The dashed line represents the forecast for the coming years, which depends on precision cancer therapy enablers summarized in the box.

#### Dienstmann et al., Annals Oncol 2021

Haslam et al., Annals Oncol 2021

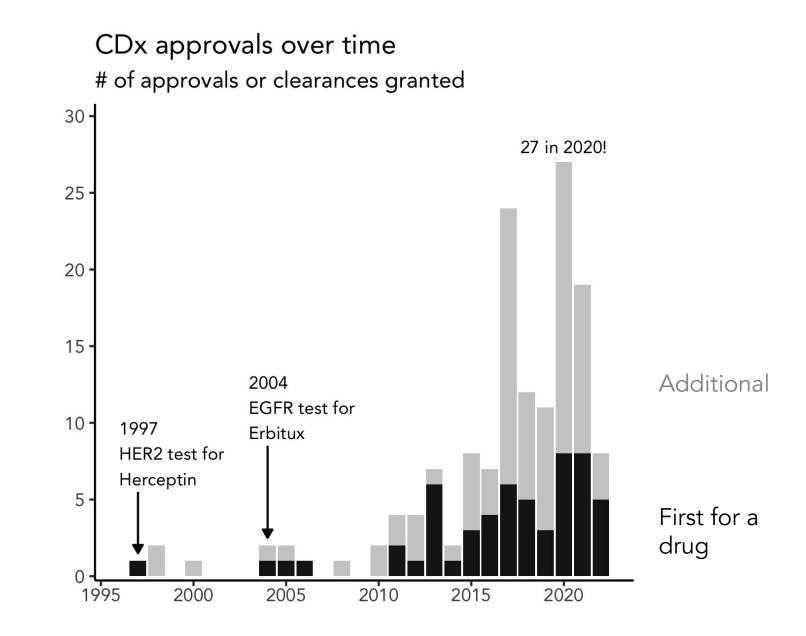
Response to genome informed therapy was 3.33% in 2006 and 11.10% in 2020



#### Figure 4. Estimated response to genome-informed therapy in US cancer patients, 2006-2020.

ALL, acute lymphocytic leukemia; AML, acute myelocytic leukemia; CLL, chronic lymphocytic leukemia; CML, chronic myelocytic leukemia; CRC, colorectal cancer; NSCLC, non-small-cell lung cancer.

# Companion diagnostics are becoming more common



Discovery & Translational Research **Clinical Development** 

Commercial & Medical Affairs

### More data than ever before is available to impact all stages of development

## How is Real World Evidence data impacting Pharma?

RWE data can unlock data-driven insights and activities at every phase of target discovery & therapeutic development programs



Indication Selection

Identify clinical biomarkers of response and indications enriched in those biomarkers. Develop novel biomarkers strategies based on DNA, RNA, or digital pathology images



#### **Preclinical Validation**

Validate biomarkers/ signatures of response and identify combination therapies in three dimensions ex vivo with tumor-derived biological models



## Clinical Trial Design & Execution

Analyze RWD to inform I/E criteria to maximize probability of trial success.



#### Companion Diagnostic Development

Design and launch validated algorithms as NGS CDx's with high biomarker stringency in select indications that have clinical benefit

Discovery & Translational Research **Clinical Development** 

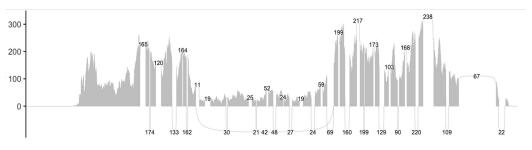
**Commercial & Medical Affairs** 

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# **Increased patient detection and clinical trial enrollment** through development of custom RNA exon skipping pipeline

**Background:** Partner was seeking help to determine eligibility for their phase II clinical trial. The eligibility criteria for the trial included variants in specific regions of interest across a family of four different genes determined through both DNA and RNA sequencing inputs.

- Developed a de novo RNA altered splicing pipeline, to increase the funnel of patients that are eligible for the trial
- Use of both DNA and RNA inputs to determine potential eligibility for the trial
- Custom reporting outputs provide principal investigators with information about a patient's potential eligibility for a trial
- CE marker the assays and supporting 30+ clinical trial sites across Europe, Israel and the US



**Custom detection of** *exon* **splicing event.** Patient with detected splicing is likely eligible for the trial.

# **Real-world data** augments evaluation of clinical trials and enables faster decision making

**Background:** Internal research and external high-profile reports that **STK11** mutations are a negative biomarker for immune checkpoint blockade (ICB)

- Studies did not include non-ICB arms (prognostic?)
- Should we launch a new clinical study?
- **Do we need to exclude patients** from ongoing studies?

STK11 and KEAP1 mutations as prognostic biomarkers in an observational real-world lung adenocarcinoma cohort

Simon Papillon-Cavanagh, Parul Doshi, Radu Dobrin, Joseph Szustakowski, Alice M Walsh

Work done in 2017-2019 at Bristol Myers Squibb

#### Randomized Controlled Trial

Real-World Data

#### 5,805 NSCLC

Non-squamous histology

1L treatment and treatment start <90 days

832 chemo 574 PD-1/PD-L1 other treatments

\*Patients with Foundation Medicine tumor genetic testing and outcomes data (CGDB)

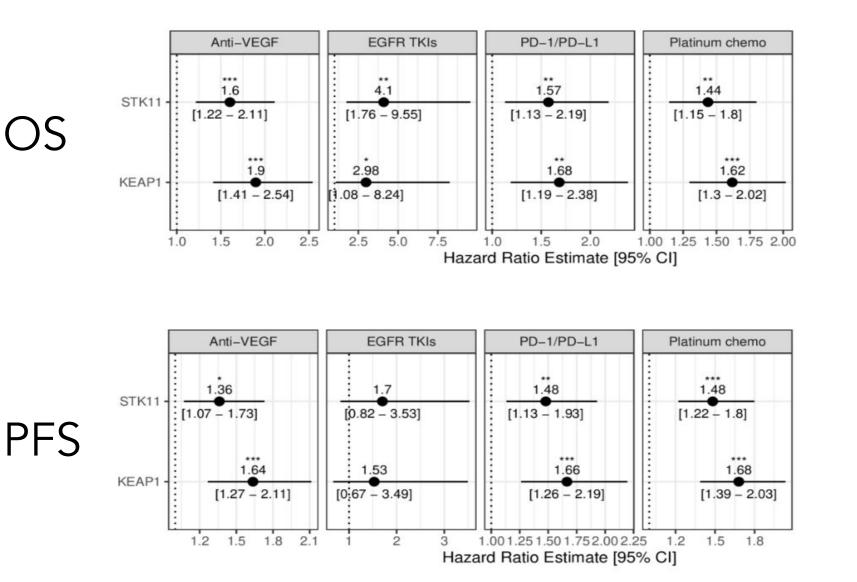
#### **530 NSCLC**

Non-squamous histology

Mutation data available

~100 patients per arm

#### STK11 and KEAP1 mutations are deleterious across all treatments

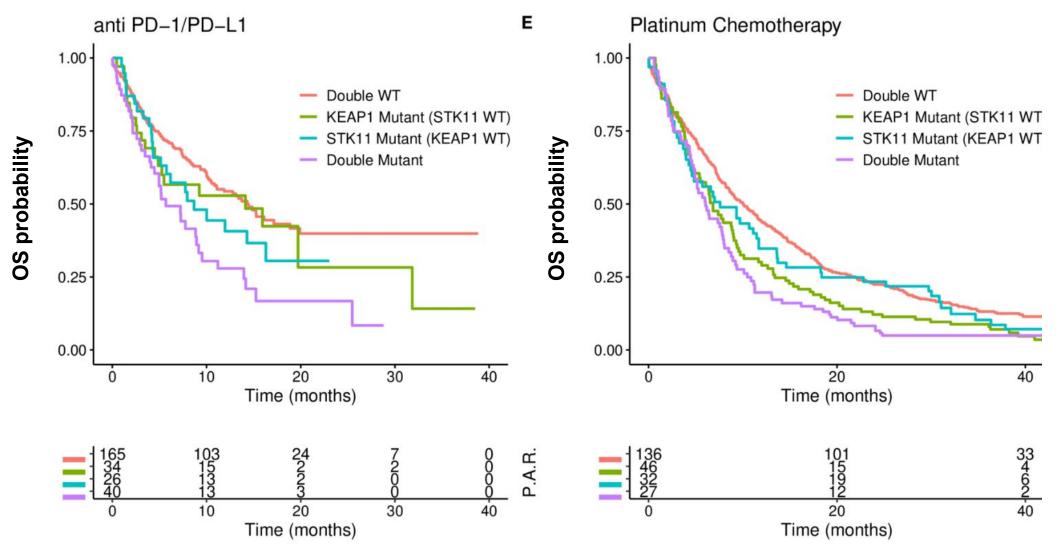


*STK11* mutations are found in **~20% of NSCLC** patients

*STK11* and *KEAP1* are **frequently co-mutated** 

ref: 10.1136/esmoopen-2020-000706

#### STK11 and KEAP1 mutations effects are additive (OS)



ref: 10.1136/esmoopen-2020-000706

We believe that data can help overcome challenges in drug development We believe that data can help overcome challenges in drug development



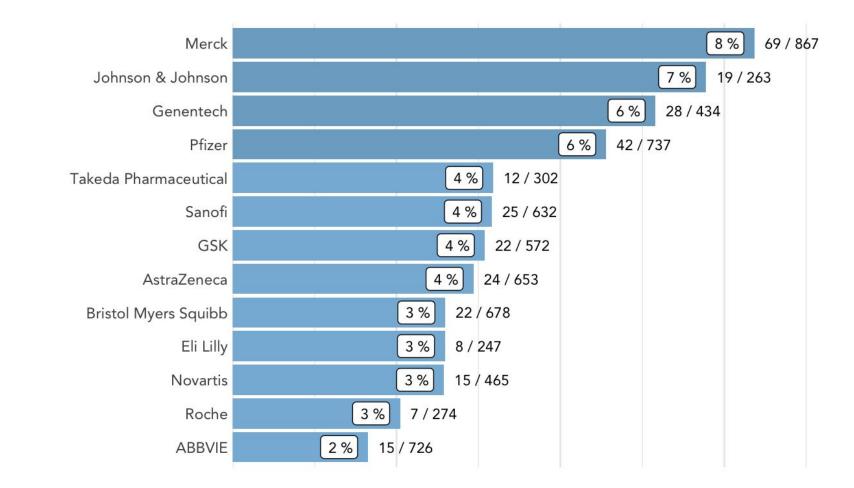
# Challenges growing teams



*Career development*  Lots of great companies to work for

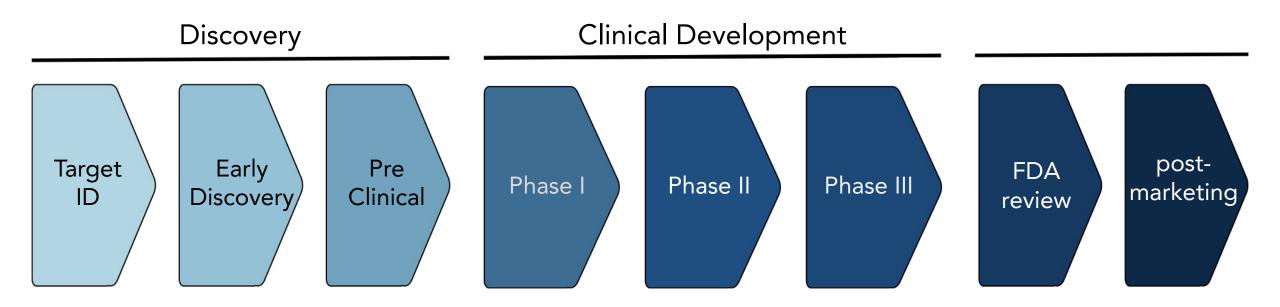
> Building & reinforcing culture

#### Jobs that require R



Source: Job descriptions from Sept 2022

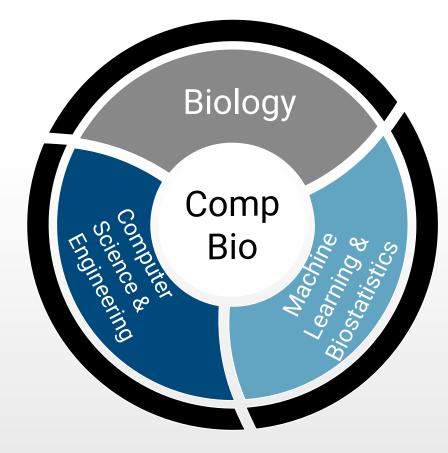
# Companies need you!



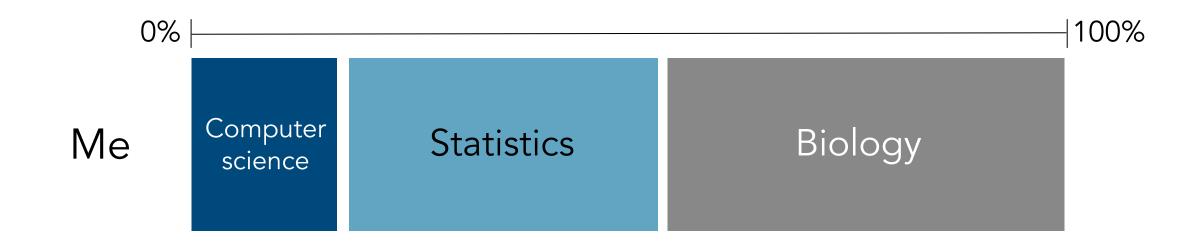
#### Who works with data?

Preclinical stats teams Discovery scientists Bioinformatics Computational biology Clinical Biostats Operations Consultants CROs

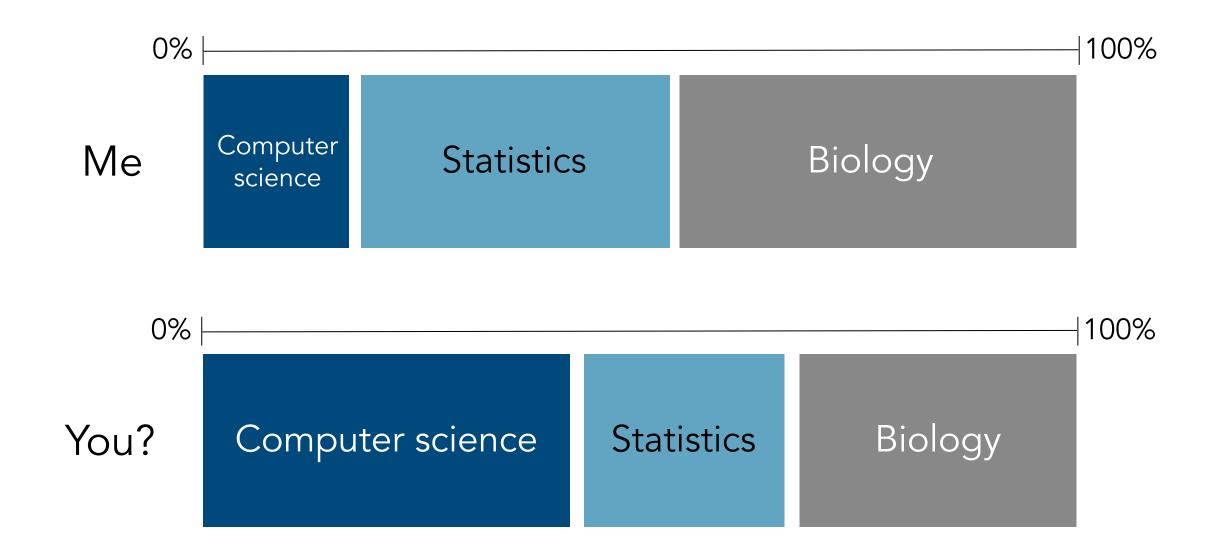
Partner companies Academic collaborators Regulatory agencies Medical Affairs RWD teams HEOR teams Can we communicate better job descriptions, company structures, and domain expertise?



## Data science roles in Pharma require a mix of skills



## Data science roles in Pharma require a mix of skills



What if I am hiring?

# What if I am seeking a job?

ESUME

# Hiring process and timeline

#### **Application Review**

- Review publications
- Evaluate github
- Make guesses on CV
- Evaluate LinkedIN networks

#### **Technical assessment**

- Take home assignment challenge and/or technical interview
- Provide open ended questions to assess thought process and showcase expertise
- Evaluate written communication
- Request code and html report

#### Offer Stage

- Act quickly!
- Ask for references and leverage shared connections
- Understand the competitive market

#### Recruitment

- Lean on your network and community events!
- Build a 'full-stack' CompBio team
- Hire roles you need not who you have available

#### Manager Informational Screen

- Describe team mission
- Ask about technical & scientific proficiency
- Assess culture fit
- Ask how their expertise will impact to team
- Evaluate if your role is the best company fit
- Ask about competitive offers and timeline considerations

#### **Virtual Interview**

- Include scientific presentation to evaluate communication and expertise
- Discuss and ask open ended questions
- Ask about career development goals
- Engage the team in this process

Aim to evaluate all candidates during this timeline and schedule all virtual interviews within 10 days of each other

# Thank you!





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Careers at Tempus leveraging R! Translational Research, Systems Biology, Immunology, Bioinformatics & Data Science