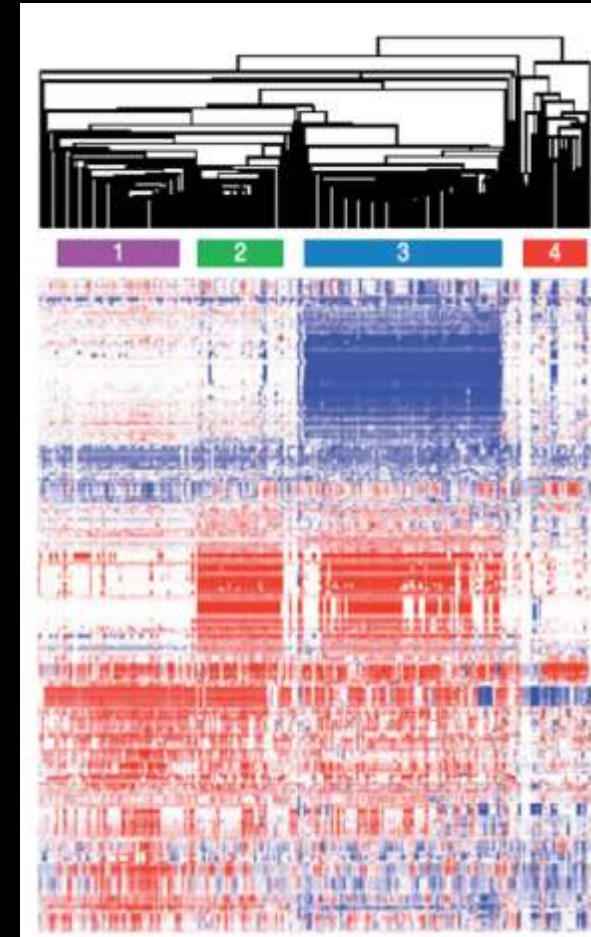
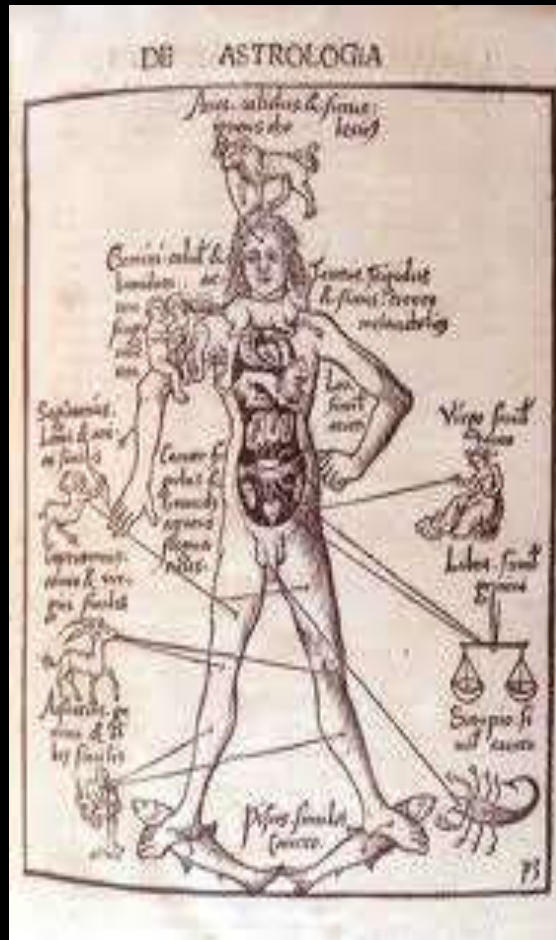


**Biomarkers, Biosignatures and Molecular Diagnostics:
Key Value Drivers for Precision Medicine,
Improved Healthcare and Maximizing Wellness**

Dr. George Poste
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and Del E. Webb Chair in Health Innovation
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Presentation at: National Biomarkers Development Alliance Launch Symposium
The National Press Club, Washington DC 20045
January 13, 2014

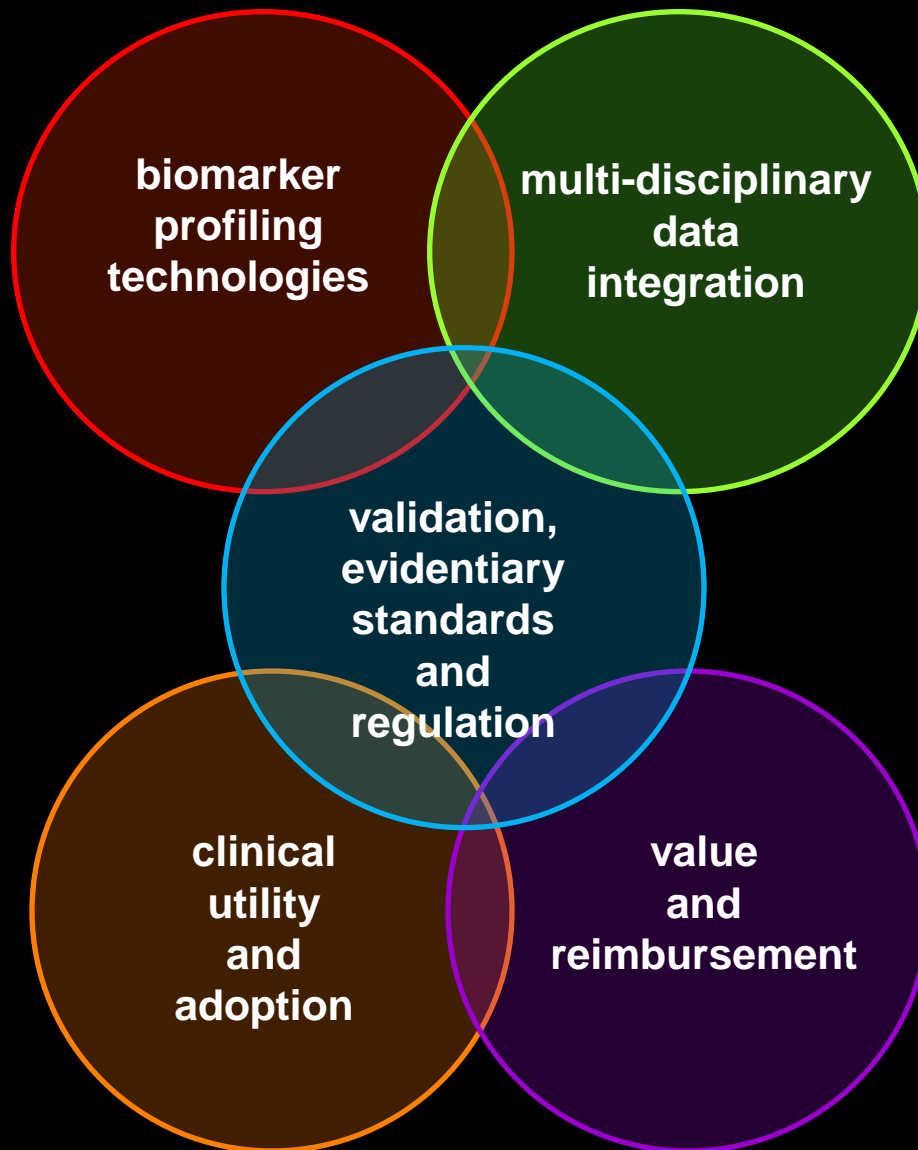
Medical Progress: From Superstitions to Symptoms to Signatures



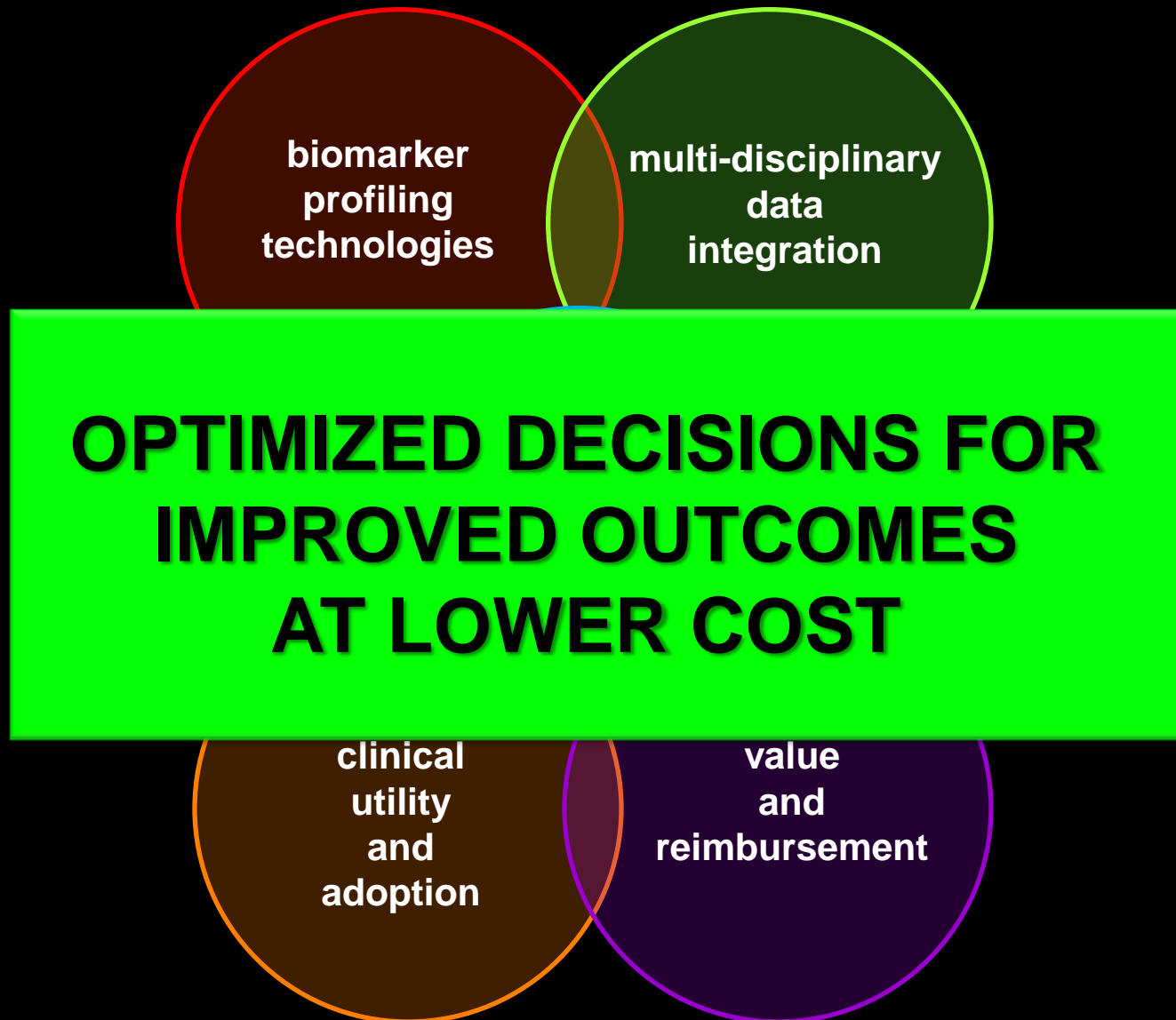
Biomarkers, Molecular Diagnostics (MDx) and Precision Medicine

- **the potential economic and health benefits from biomarkers transcend any other current category of healthcare innovation**
 - **increased diagnostic accuracy**
 - **rational treatment selection**
 - **monitoring treatment efficacy**
 - **health monitoring and optimized wellness**
 - **earlier detection of treatment resistance**

Identification and Validation Biomarkers: A Complex, Multi-Dimensional Challenge



Identification and Validation Biomarkers: A Complex, Multi-Dimensional Challenge

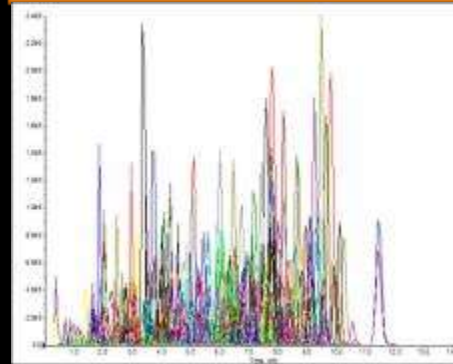


The Evolution of Clinical Diagnostic Testing in The Pending 'Omics Era and New Device Technologies

Unianalyte Tests



Multianalyte Biomarkers

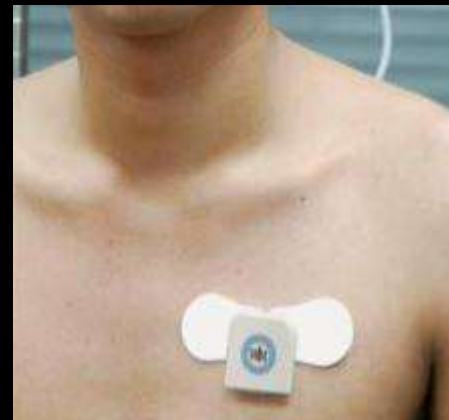


Whole Genome Sequencing



New Regulatory and Reimbursement Policies

On-Body: In-Body Sensors



Portable, Point of Need Diagnostic Devices



Centralized Testing, Large Capital Base Instrumentation

Increasingly Distributed Data Feeds and Real Time Health Monitoring

The Imperative for Integrated End-to-End Systems Approaches in Biomarker R&D

The complexity of multiplex biomarker discovery, clinical validation and regulatory oversight is comparable to (bio)pharmaceutical R&D

In common with R&D for drugs and vaccines, solutions to complex multi-dimensional technical challenges require systems-based approaches

Sloppy and Unstandardized Science: The Growing Problem of Poor Reproducibility in Biomedical Publications



Garbage Data, Fragmented Data, Selfish data and Untapped Data: Pervasive Deficits in Academic Biomarker “Discovery”

- **publish and vanish: disturbing low reproducibility of academic publications**
- **poor access to rigorously annotated biospecimens from stringently phenotyped patients plus outcomes data**
- **insufficient control of pre-analytical parameters and poorly standardized analytical methods**
- **idiosyncratic ‘lab-specific’ analytical methods**
- **‘small N’ studies lacking statistical power**

Garbage Data, Fragmented Data, Selfish data and Untapped Data: Pervasive Deficits in Academic Biomarker “Discovery”

- **chaotic data reporting formats and poor database interoperability**
- **pressure to publish**
- **poor compliance with funding agency/journal policies on open data sharing and full data disclosure**
- **failure to work to (or understand) industry and regulatory standards**

**Access to High Quality Biospecimens, Biobanks and DNA Repositories:
An Obligate Prerequisite to Productive Validation of Putative Causal Disease Markers**



**academic
anecdotes
and
wasted
investment?**

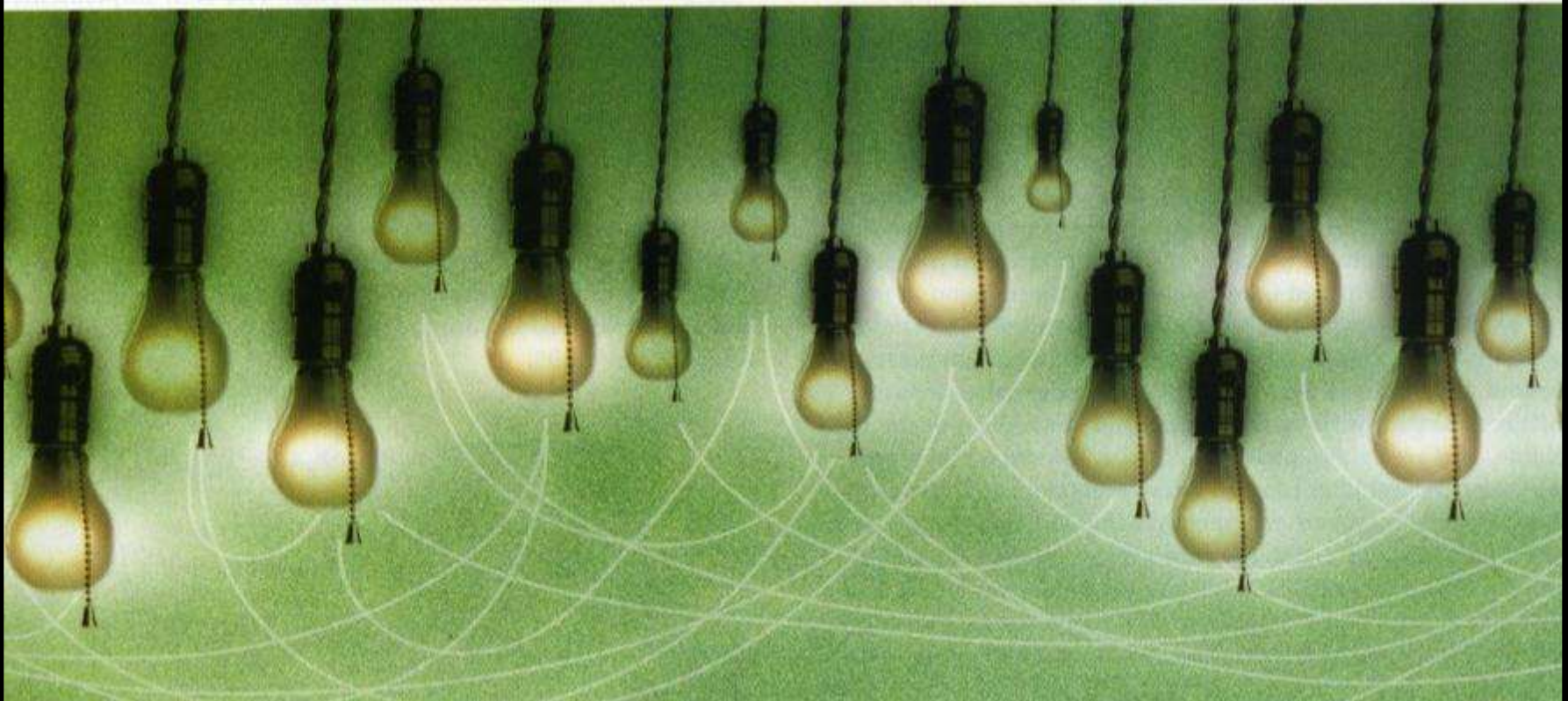
or




**requisite
scale
and
stringent
QA/QC
standards?**

Data Silos and Data Tombs

HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT



Data Silos and Data Tombs



HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT



**WELCOME TO
BIOMEDICAL RESEARCH
AND PATIENT
MEDICAL RECORDS**



Thinking Ahead

- are we building systems and infrastructure that merely support the collection of data?

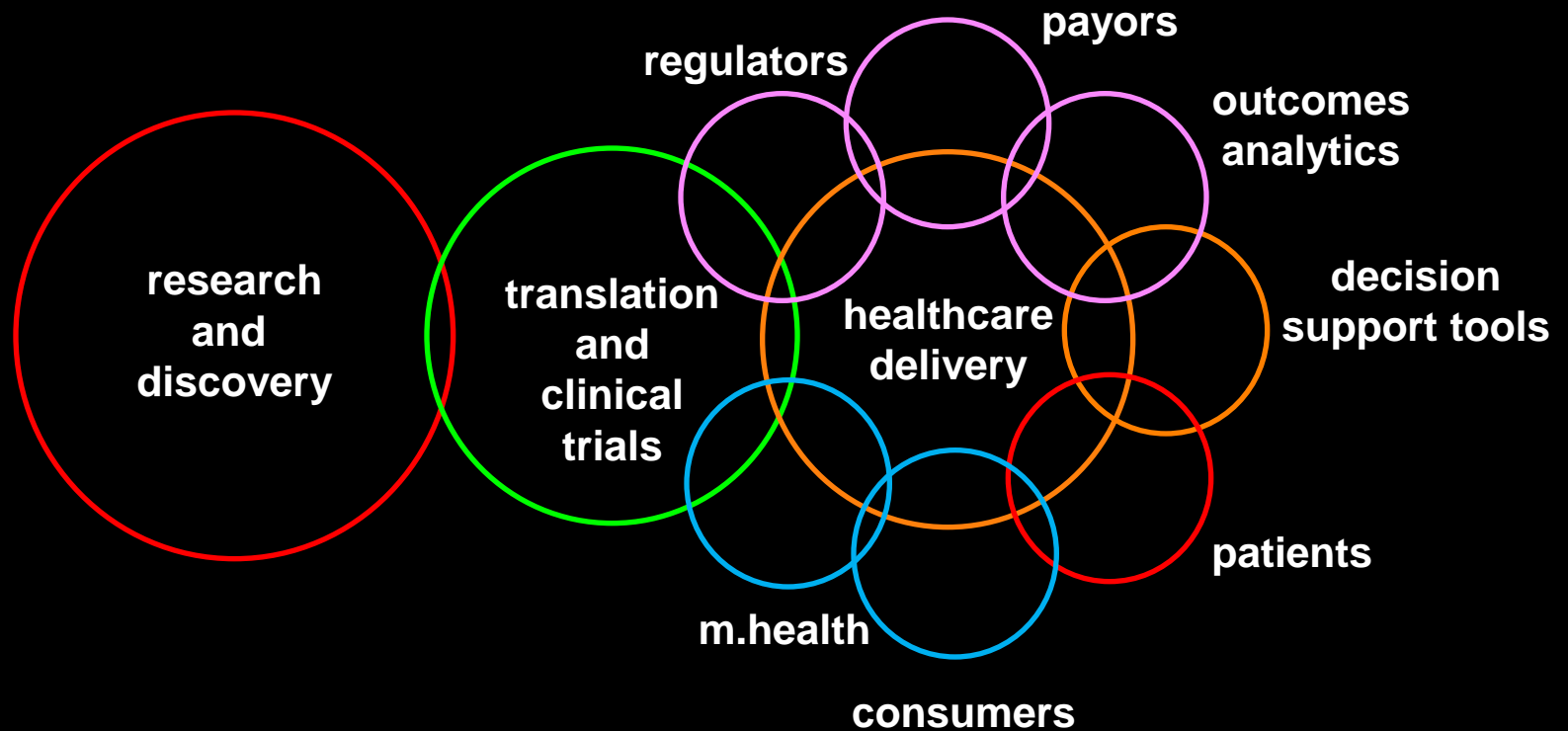
or

- systems to integrate data from early discovery to patient care?

and

- support data validation, sophisticated analytics, evidence generation and decision support systems to optimize patient care and drive a learning healthcare enterprise?

The Need for Facile, Seamless Data Exchange Formats for Large Scale Biomedical Data Systems



Biomarkers, Disease Subtyping and New Clinical Trial Designs and Regulatory Frameworks

- **the demise of the all-comers trial design?**
- **new trial designs based on biomarker-selected patient cohorts and Rx response evaluation**
 - **enrichment trials, adaptive trials**
 - **multi-agent trials and more agile shifts in combination Rx**
- **regulatory engagement and leadership**

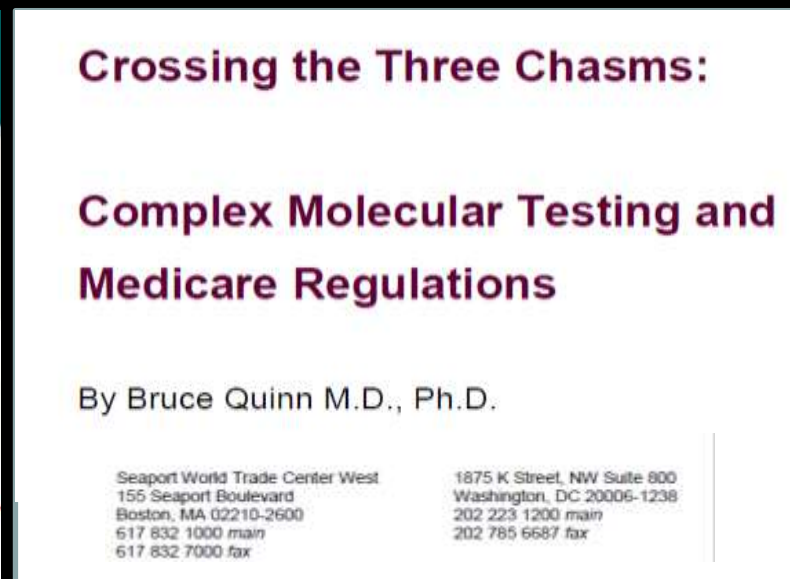
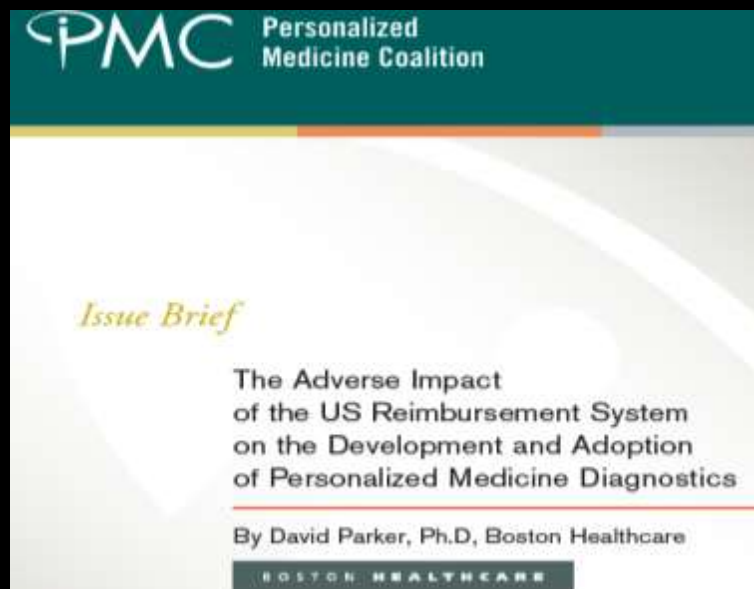
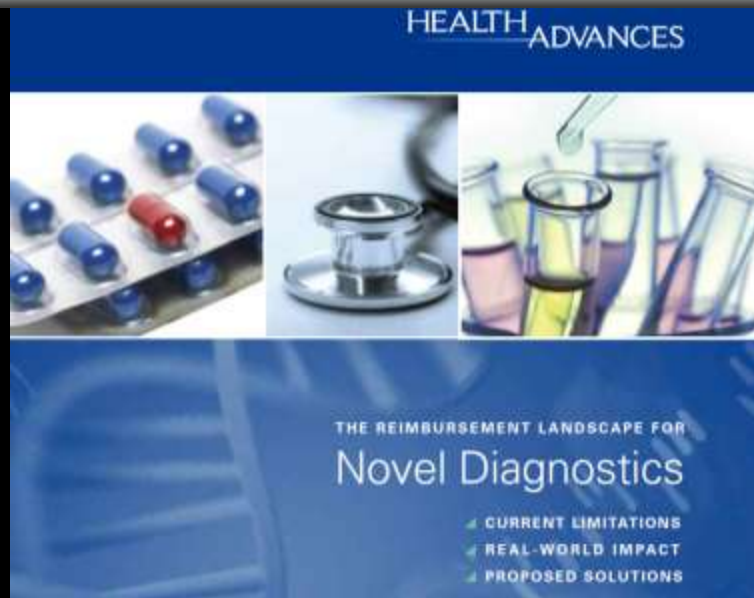
The Vital Role of Patients and Patient Advocacy Organizations



Interactive Patient-Centered Initiatives (PCI)

- **new opportunities to share, mine and integrate data on a larger scale**
 - **research, clinical trials, outcomes analysis**
- **build new biorepository networks of well curated and standardized samples to support research**
- **faster accumulation of large sample collections to achieve necessary statistical power**
- **“matchmaking” for more proficient research study/clinical trial recruitment**

Educating Payors on the Value of Biomarkers in Healthcare: Shift from Cost-Based Pricing to Value-Based Reimbursement to Incentivize Biomarker R&D

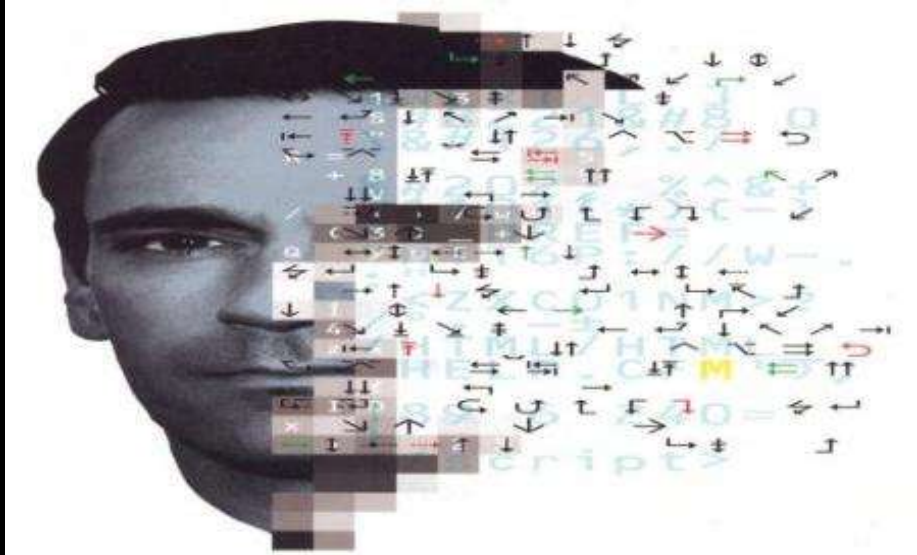
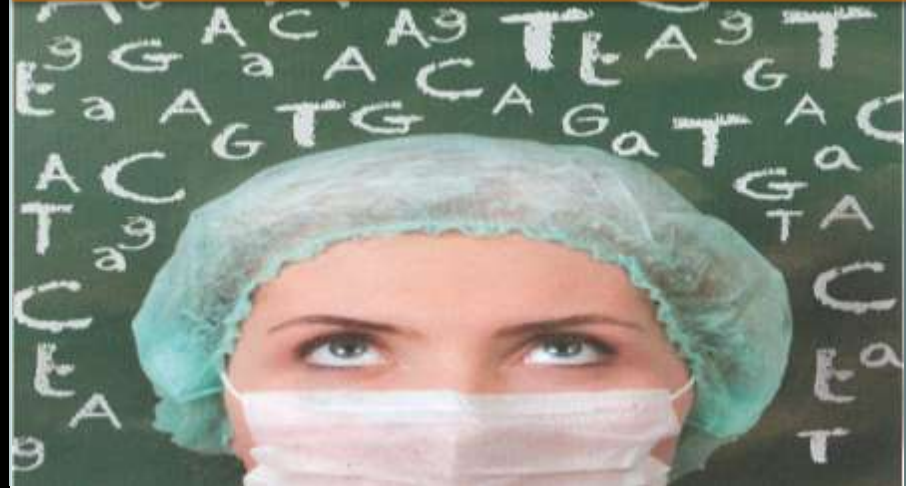


Technology Acceleration and Convergence: The Escalating Challenge for Professional Competency, Decision-Support and Future Education Curricula

Data Deluge



New Science and Cognitive Bandwidth

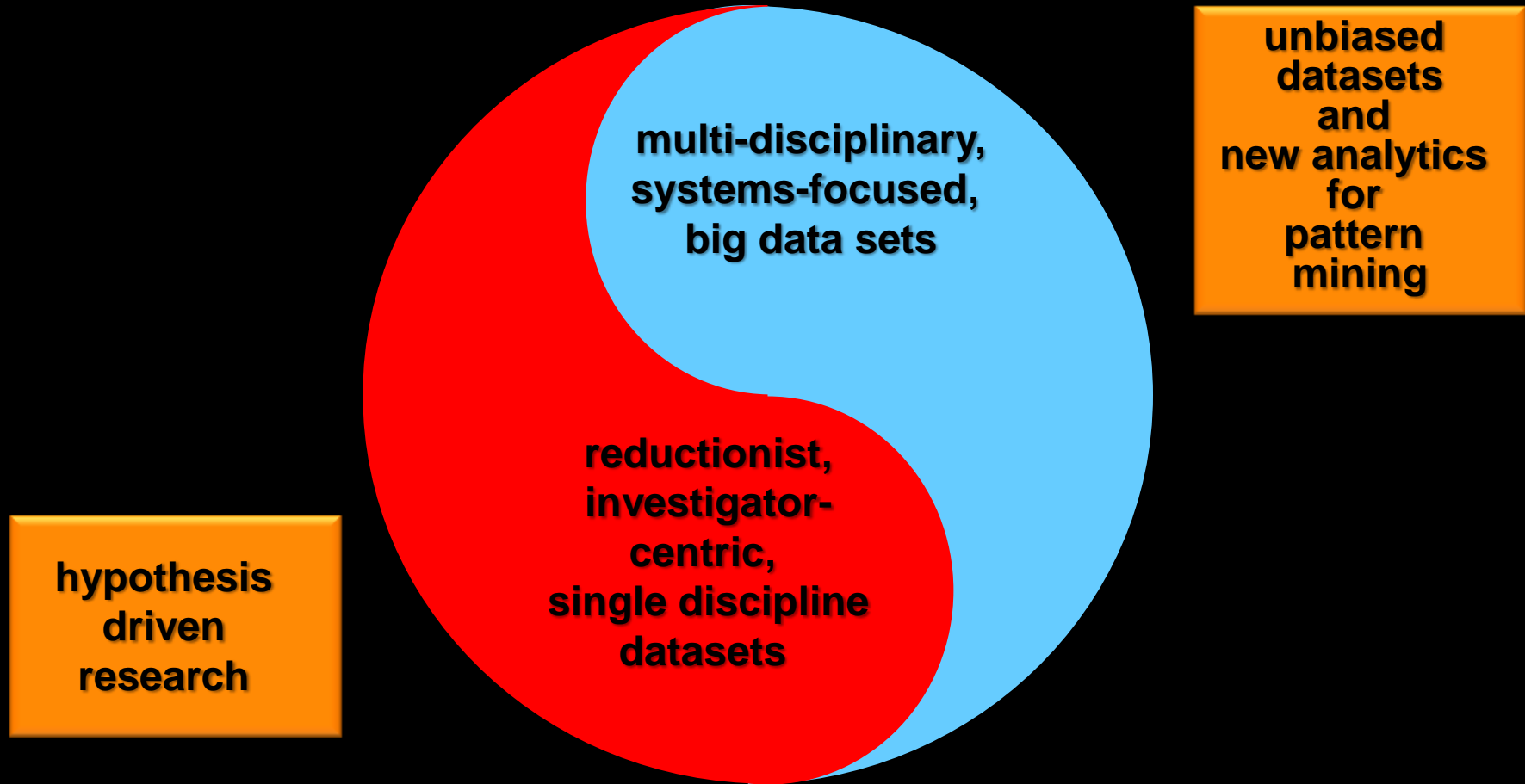


Automated Analytics and Decision Support

Facile Formats for Actionable Decisions

**21st Century Knowledge Networks
versus
20th Century Organizational Structures**

Cross-Domain Convergence, Complexity in Biomedicine and Increasing Dependency on Data-Intensive Methods and New Knowledge Networks



STANDARDS

SILO-BUSTING

SYSTEMS-BASED KNOWLEDGE NETWORKS

From Silos to Systems

- | | | |
|--|---|--|
| ● single discipline,
single investigators | ➔ | ● multi-disciplinary
teams |
| ● single institution
activities/resources | ➔ | ● large scale
collaboration networks |
| ● academic isolation | ➔ | ● academia-industry-healthcare
provider networks |
| ● erratic quality
qualitative data | ➔ | ● reproducible
quantitative data |
| ● fragmented data | ➔ | ● integrated data |
| ● incompatible data
formats | ➔ | ● data interoperability from
discovery to clinical care |

From Silos to Systems

- | | | |
|---|---|---|
| ● unshared data:
“data tombs” | ➔ | ● open, shared data and
compliance with deposition
commitments |
| ● dominance of ROI
grant policies | ➔ | ● redirect more grants to
networked systems
projects |
| ● passive patient
engagement | ➔ | ● engaged patient advocacy
groups for faster progress:
biorepositories/ clinical
trials/ outcomes analysis |
| ● cost-based
reimbursement
for molecular
diagnostics | ➔ | ● value-based pricing for
molecular diagnostics and
information services |

Realizing the Potential of Biomarkers in Healthcare

- **more than proficient adoption of new technologies**
- **depends equally on major reforms in current approaches to the organization and funding of biomarker discovery and validation**
- **new reimbursement and market incentives for commercial investment**

- **completed two year in-depth analysis of obstacles and opportunities for biomarkers in biomedicine**
- **multi-sector engagement**
 - **researchers, clinical trialists, statisticians, informaticians**
 - **healthcare providers and patients**
 - **regulators and payors**
 - **private sector (Rx, MDx, computing)**
- **urgent imperative for strategic vision and national leadership to integrate cross-disciplinary and trans-sector actions**
- **new framework for long overdue change**

Slides available @ <http://casi.asu.edu/>

