



OBQI: Unique HHS Partnership

The Oncology Biomarkers Qualification Initiative (OBQI) is a new and innovative collaboration among NCI, FDA, and CMS designed to qualify biomarkers for use in clinical trials – and ultimately speed better agents to cancer patients*









*Tri-partite MOU signed 01/23/2006







OBQI Coordinates Cross-HHS Goals for Biomarker Validation and Clinical Use

OBQI





Develop biomarker technologies and validation protocols to improve detection, diagnosis, treatment, and prevention of cancer

Develop guidance for the use of biomarkers to facilitate cancer drug development Make informed decisions about reimbursement of new or existing treatment regimens based on biomarker-guided knowledge





The Biomarkers Consortium is led by an Executive Committee and organized around four Steering Committees

Cancer



Gary J. Kelloff, MD, NCI/NIH (Co-Chair) David R . Parkinson, MD, Nodality, Inc. (Co-Chair)

Caroline C. Sigman, PhD, CCS Associates, Project Manager Sonia Pearson-White, PhD Scientific Program Manager, FNIH

- Accelerate Drug Development in all Cancers
- Circulating Tumor Cells (CTCs) as a Biomarker
- Improve and Standardize Imaging

Inflammation & Immunity



Brian Kotzin, MD, Amgen Corporation (Co-chair) Dan Rotrosen, MD, NIAID/NIH (Co-Chair)

TBN Scientific Program Manager, FNIH

- · Rheumatoid Arthritis
- Transplantation

Metabolic Disorders



Myrlene Staten,MD, NIDDK/NIH (Co-Chair) David Kelley, MD, Merck & Co., Inc. (Co-Chair)

Maria Vassileva, PhD Scientific Program Manager, FNIH

- Atherosclerosis
- · Beta Cell Function
- Microvascular Complications in Diabetes
- Functional Changes in Aging

Neuroscience



Huda Akil, PhD, MA, University of Michigan (Co-Chair) Husseini K. Manji, MD, FRCPC, Johnson & Johnson Pharmaceutical R&D (Co-Chair)

Judy Siuciak, PhD Scientific Program Manager

- Imaging in Alzheimer's Disease
- Markers of Depression and Anti-Depressant Response







Joint Imaging Biomarker Qualification Committee

Gary J. Kelloff, MD (Co-Chair), NIH/NCI/DCTD Cancer Imaging Program

Daniel C. Sullivan, MD (Co-Chair), Duke University, RSNA

Monica Bertagnolli, MD, Brigham & Women's Hospital. CALGB

Ronald Boellaard, PhD, Nuclear Medicine, VU Medical University, Amsterdam

Laurence P. Clarke, PhD, NIH/NCI/DCTD Cancer Imaging Program

Claudio Dansky-Ullman, MD, NIH/NCI/DCTD/CTE/CIP

Constantine Gatsonis, PhD, ACRIN, Brown University

Otto Hoekstra, MD, PhD, Nuclear Medicine, VU Medical University, Amsterdam

Bruce Johnson, MD, Dana Farber Cancer Institute

Paul E. Kinahan, PhD, University of Washington

Michael Knopp, MD, PhD, CALBG Imaging Core Laboratory, Ohio State University

Mark G. Kris, MD, Memorial Sloan Kettering Cancer Center

Richard Little, MD, NIH/NCI/DCTD/CTEP

Michael F. McNitt-Gray, PhD, UCLA







Joint Imaging Biomarker Qualification Committee (2)

David Mozley, MD, Merck Research Laboratories

James L. Mulshine, MD, Rush Medical College

Sonia Pearson-White, PhD, FNIH Biomarkers Consortium

David Raunig, PhD, Pfizer Global R&D

Lawrence V. Rubinstein, PhD, NIH/NCI/CTEP, Biostatistics

Lalitha Shankar, MD, NIH/NCI/DCTD/CTE/CIP

Lawrence Schwartz, MD, Columbia University, CALGB

Barry Siegel, MD, Washington University School of Medicine

Caroline Sigman, PhD, CCSA

Richard L. Wahl, MD, Johns Hopkins University

Wolfgang Weber, MD, University of Freiburg

Gundrun Zahlmann, MD, PhD, Roche, Inc.

CRO

Howard Higley, PhD, CCSA; Ying Tang, PhD, CCSA

RSNA/QIBA

Andrew Buckler, Buckler Biomedical, LLC







Biomarkers:

Analytical & Clinical Validation

Biomarker validation is the process of assessing the assay and its measurement performance characteristics, and determining the range of conditions (including clinical settings) under which the assay will give reproducible and accurate data

Wagner et al., Clin Pharm Therap 2007; 81: 104-107







Biomarker Qualification

- •Biomarker qualification is the evidentiary process of linking a biomarker with biological processes and clinical endpoints.
- Qualification is verification that the biomarker is "fit-for-purpose"

Wagner et al., Clin Pharm Therap 2007; 81: 104–107





Why FDG-PET

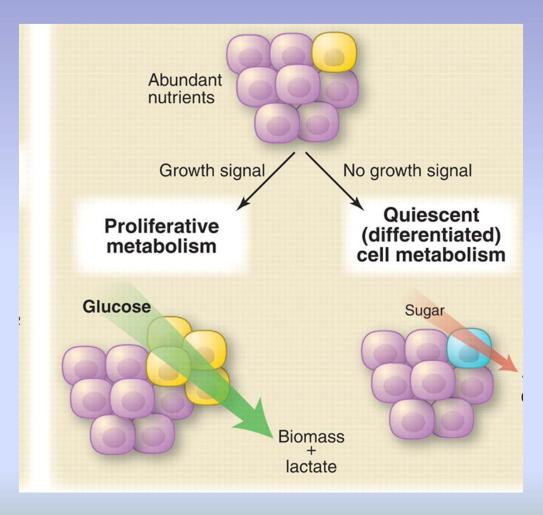


- FDG-PET exploits the reliance of tumor cells on glucose and glycolytic metabolism to image cancers (Warburg Effect, strong mechanistic rationale)
- FDG-PET data can be assessed visually, or analyzed semiquantitatively or quantitatively
- FDG-PET is approved for use in the diagnosis, staging, and restaging of a variety of cancer types, and in these applications can significantly impact the clinical management of disease
- In a number of clinical settings (e.g., NSCLC, esophageal cancer, lymphoma),
 FDG-PET can provide an early measure of response to treatment with approved therapies
- With a few additional studies, FDG-PET could facilitate drug development and patient care by resulting in:
 - Shorter duration of Phase 2 studies to evaluate new drug/regimen
 - Accelerated approval in Phase 3 trials, with full approval contingent on evidence of clinical benefit (e.g., PFS, OS after longer term follow-up)
 - Better patient care by ceasing ineffective therapies earlier



Kelloff et al. Clin Cancer Res 11: 2785-2808, 2005

Understanding the Warburg Effect: Metabolic Requirements of Cell Proliferation





Value Proposition/Benefit for Partners in Public Private Partnership (PPP)

FNIH	Nonprofit Convener and Partnership Builder
Diagnostics, Device Industry	 Companion Diagnostics, Imaging-based Biomarkers Improved Business Model
Pharma	 More Efficient Drug Development and Approval Path Better Early Response Criteria
FDA	 Provides for Evidence-Based Regulatory Policy
Academia, NCI	Better Clinical DataMore Effective Treatment/Management
Patients/ Advocates	 Opportunity to Drive Path to Personalized Treatment Potentially More Effective Treatment/Management
CMS	Helps Define Reasonableness and Need