



Assessing Risk and Progression of Prediabetes and Type 2 Diabetes to Enable Disease Modification

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on behalf of the SGG Diabetes / Metabolic Disorders

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Janssen, Lilly, MSD, Novartis, Novo Nordisk, Pfizer, Sanofi,
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- **Problem**

- The incidence of type 2 diabetes (T2D) is increasing at epidemic proportions
- Declining cellular health in T2D likely begins before glucose levels rise or diagnosis of disease
- Current T2D therapies focus more on blood glucose control than on improving cellular health or altering the course of the disease
- Gaps exist to improve feasibility of drug development to restore cellular health and
 - Prevent progression of prediabetes to T2D or to
 - Delay or prevent disease progression in individuals with T2D

Need



- Robust approaches are needed to select the individuals most in need of and most likely to benefit from new potential disease-modifying therapies for clinical trials.
- Validated biomarkers and diagnostic assays are needed to identify individuals with rapidly declining health of cells that function in maintaining blood glucose levels, including insulin-producing pancreatic beta cells and glucose-metabolizing liver, muscle, and fat cells.
- Innovative clinical trial designs are needed to improve the feasibility of drug development for disease-modifying therapies in prediabetes and diabetes.
- Collaboration and dialogue with regulatory and economic experts is needed to advance development of disease-modifying therapies to prevent or delay progression of T2D.

Prioritize and /or validate biomarkers (and assays):

To enable prospective selection of subjects with rapid progression from prediabetes to type 2 diabetes and type 2 diabetes subjects with accelerating type 2 diabetes disease progression prioritize and/or validate panels of human biomarkers or assays of

- **pancreatic beta cell stress, function, mass, and death (validation and discovery components)**
- **impaired hepatic, skeletal muscle, and/or adipose cellular functions contributing to progression of insulin resistance (validation and discovery components)**

Develop innovative potential regulatory approaches

In collaboration with regulatory experts, including adaptive clinical trial designs, enabling feasible and robust benefit/risk assessments in clinical trials for

- therapeutic intervention in prediabetes to prevent or delay onset of type 2 diabetes
- therapeutic interventions in type 2 diabetes for disease modification to reduce the rate of disease progression

Model short- and long-term economic and public health benefit/risk assessments for

- therapeutic intervention in prediabetes to prevent or delay onset of type 2 diabetes
- therapeutic interventions in type 2 diabetes for disease modification to reduce the rate of disease progression



Validation and/or discovery of human phenotypes and biomarker panels predictive of rapid declines in

- Pancreatic beta cell health and function
 - Insulin action-targeted hepatic, skeletal muscle, and/or adipose cellular functions
- to enable prospective identification of a) “rapid progressors” from prediabetes to type 2 diabetes and b) accelerating type 2 diabetes disease progression for patient identification for clinical trial recruitment or therapeutic intervention

Prioritization and selection of robust phenotypes and biomarker panels that enable feasible prospective patient segmentation/selection, clinical trial design and regulatory paths to assess new therapeutic options for

- Prevention of progression from prediabetes to type 2 diabetes and
- Prevention of acceleration of type 2 diabetes disease progression

Development of new regulatory approaches or standards enabling innovative and feasible clinical trial designs for disease modification in patients with prediabetes or type 2 diabetes

Benefit/risk models for public health and economic impact of therapeutic intervention to prevent or delay progression from prediabetes to type 2 diabetes



- Network of academic basic, translational, clinical research scientists with expertise in
 - biomarker discovery across the range of specified technologies,
 - human pancreatic beta cell, hepatic, muscle, and adipose biology
 - conducting intensive clinical phenotyping of prediabetes and type 2 diabetes patients
- Investigators with expertise in and ability to leverage existing retrospective cohorts and collaborations with ongoing studies of individuals with prediabetes and with type 2 diabetes
 - including clinical phenotype data, biomarker data, longitudinal outcomes data and available biobank biofluids and/or tissues

Suggested project structure



Strategic Governing Group
Diabetes / Metabolic Disorders

WP1: Administration, management, and communications

WP2: Data integration, analysis, and informatics

WP3: Pancreatic beta cell biomarker prioritization and selection

WP4: Insulin action target (liver, muscle, adipose) cell biomarker prioritization and selection

WP5: Assays and technologies development

WP6: Regulatory consensus for disease modification

WP7: Modeling economic and public health impact of disease modification

Further details and timelines



Strategic Governing Group
Diabetes / Metabolic Disorders

- Indicative project duration: 4 years
- Anticipated Timelines:
 - Currently in consultation process with IMI stakeholders
 - 7th October 2014: Publication of indicative topic text on IMI Website
 - 12th Dec 2014: Launch of call
 - 24th March 2015: Deadline for submission of Expression of Interest