3DPHARM CHANGE Dedicated Drug Development X perts

Fast-track drug development taking the highway or the roundabout?

> Ronald van der Geest, Co-founder For: *Molecule to Business* NovioTech Campus - May 25, 2023



3D-PHARMXCHANGE CONSULTANCY & PROJECT MANAGEMENT





BRIDGING THE VALLEY OF DEATH

WHAT IT IS:

High risk phase between discovery and (partially) derisked late-stage development & commercialisation

"From bench to bedside"

Translational R&D



B. Mellor, Nature 2008



ORGANISATIONAL ASPECTS: CROSS-FUNCTIONAL TEAMWORK







ORGANISATIONAL ASPECTS: THE CORE PROJECT TEAM





ORGANISATIONAL ASPECTS: CORE TEAM GOOD PRACTICES

Staff the core project team as early as possible and assure:

- completeness
- availability
- continuity within the team
- alignment with the company goals
- allow flexibility within the team





FIT OF THE TEAM IN THE ORGANISATION





DRUG DEVELOPMENT PHASES – TEXTBOOK EXAMPLE





BUT IN PRACTICE ...





TAKING A MORE CLOSER LOOK AT REALITY ...





WHAT NEEDS TO BE IN PLACE PRIOR TO A FIRST-IN-HUMAN TRIAL?





WHAT DOES AN INTEGRATED DEVELOPMENT PLAN LOOK LIKE?

Table of Contents

1. IN	FRODUCTION	5		
2. REGULATORY FRAMEWORK				
2.1	IMPLEMENTATION OF SCIENTIFIC ADVICE & PROTOCOL ASSISTANCE	5		
2.2	REGULATORY DOCUMENTATION	7		
2.2	1.1 IMPD and IND	7		
2.2	2.2 Investigator's Brochure	7		
3. NON-CLINICAL DEVELOPMENT				
3.1	PHARMACOLOGY PROGRAM	8		
3.2	GENOTOXICITY	8		
3.3	Рнототохісіту	9		
3.4	SAFETY PHARMACOLOGY	9		
3.5	ADME AND PHARMACOKINETICS	9		
3.6	DRUG TOXICITY TESTING	10		
3.6	5.1 Species selection			
3.6	2 Dose selection			
3.7	ROUTE OF ADMINISTRATION.			
3.8	ACUTE AND REPEAT-DOSE TOXICITY			
3.9	REPRODUCTION TOXICITY	12		
3.10	LOCAL TO FRANCE			
3.11	SUMMARY OF NON-CLINICAL ASSESSMENTS			
4. CLI	NICAL DEVELOPMENT			
4.1	Overall Clinical Stratecy	13		
4.1	Duage I clinical e and multiple poce escal ation studies in human would interps	14		
4.2	Phase I single dose escalation	14		
4.2	Phase I sultiple dose escalation			
4.2				
5. CN	IC DEVELOPMENT	18		
5.1	ACTIVE PHARMACEUTICAL INGREDIENT (API)			
5.1	.1 Salt and polymorph screen and selection	19		
5.1	.2 API Contract Development and Manufacturing Organization (CDMO) selection	19		
5.1	.3 Non-GMP and GMP batches	19		
	5.1.3.1 Synthesis route / process development	19		
	5.1.3.2 Manufacturing (non-)GMP batch(es) and API characterization	20		
5.1	.4 API analytics	20		
	5.1.4.1 Analytical (QC) methods and specifications	20		
	5.1.4.2 Reference standard			
	5.1.4.3 Stability			
5.2	DRUG PRODUCT			
5.2	Drug Product Contract Development and Manufacturing Organization (CDMO) selection			
5.2	2 Quality larget Product Profile (QTPP)			
5.2	Analytics and specifications			
5.2	4 Formulation development			
5.2	1.5 Toxicological and clinical drug product supplies			
5.3	IP CONSIDERATIONS	25		
5.4	CMC SUMMARY	26		
6. REFERENCES				
7. BU	DGETS			
7.1	NON-CLINICAL BUDGET	28		
7.2	CMC BUDGET ESTIMATE	29		
8. TIM	AELINES	31		



Gantt chart



HOW TO DO CRO SELECTION & BUDGETTING?

1 Study Initiation	CRO 1	CRO 2	CRO 3	CRO 4
1 1 Protocol	10000	13100	24005	30510
1.2 Investigator's Brochure				
1.3 Volunteer Information				
1.6 Submissions to EC and CA				
2. Clinical execution	72429	132272	194710	234012
2.1 Recruitment (incl. volunteer fee + screening)				
2.2 Volunteer insurance				
2.3 Handling of supplies (include destruction, if possible)				
2.4 Clinical Conduct				
2.5 Lab safety				
2.6 CRF Handling				
3. Data management	3186	10600	49092	14919
3.1 Database Set-up				
3.2 Data Preparation / Handling				
3.3 Data Entry				
3.4 Checks / Validation				
3.5 Coding				
3.6 SAE-Reconciliation				
3.7 Data transfer				
4. Analytics and Pharmacokinetics	284	2972	51004	45520
4.1 Sample Handling / Shipment				
4.2 Generation of analytical protocol				
4.3 Assay Development / Validation				
4.4 Sample Analysis				
4.5 Analytical Report				
5. Statistics	0	15780	17758	14038
5.1 Statistical Analysis Plan				
5.2 Randomization				
5.3 Data Preparation / Handling				
5.4 Listings, Figures, Tables				
5.5 PK Evaluation				
5.6 Statistical Tests				
6. Medical Report	0	10600	14191	9350
7. Other	3115	7340	14420	9880
GRAND TOTAL	89014	192724	365784	364229



QUESTION: THE CONTRIBUTION OF "THE HUMAN FACTOR" ON SUCCESS?



QUESTION: THE CONTRIBUTION OF "THE HUMAN FACTOR" ON SUCCESS?

70/30 RATIO



SIMILAR DRUG-DEVICE COMBO & INDICATION - DIFFERENT PROGRAMS/SCENARIO's *The human factor in practice*

Program I	Program II	Program III
4 phase I trials 1 phase II trial 2 phase III trials 2 open label trials	6 phase I trials 0 phase II trials 2 phase III trials	1 phase I trial 1 small phase II trial
development duration:	development duration:	development duration:
Est. 5-6 yrs	Est. 4 yrs	Est. 2 yrs
Est. budget:	Est. budget:	Budget:
105 M	60 M	5-6 M





