

Collaborazioni pubblico-private nella ricerca biomedica: L'esperienza europea sui farmaci innovativi (IMI-JU)

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Ricerca, Innovazione e Competitività Camera dei Deputati, Palazzo Marini 3 dicembre, 2012







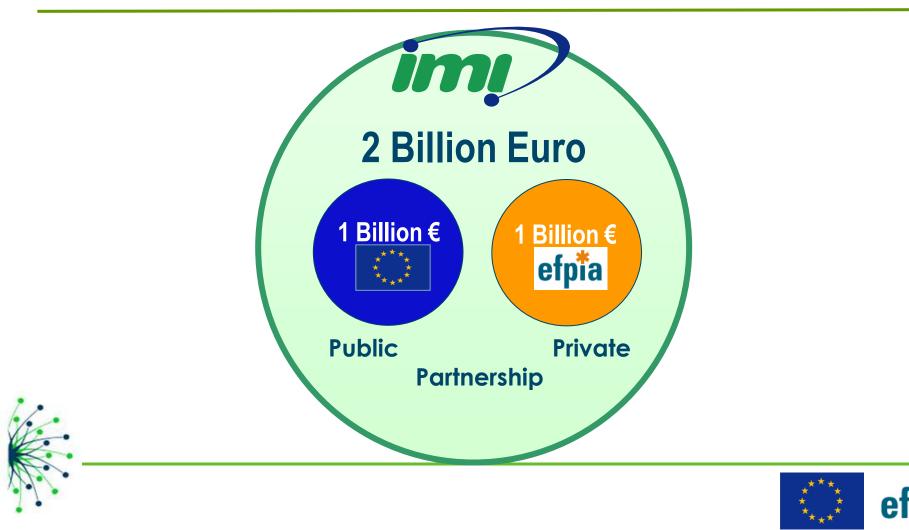
Core objectives defined in 2007

- To overcome research bottlenecks in drug development through collaborative approaches
- To increase investments in the biopharmaceutical sector and provide socio-economic benefits across Europe
- To contribute to the health of European citizens





Innovative Medicines Initiative: Joining Forces in the Healthcare Sector IMI the Largest PPP in Life Sciences R&D



EFPIA Member Companies



Participating companies:











- "Non-competitive" collaborative research for EFPIA companies
- Competitive calls to select partners of EFPIA companies (IMI beneficiaries)
- Open collaboration in public-private consortia (data sharing, wide dissemination of results)





WHY IMI?

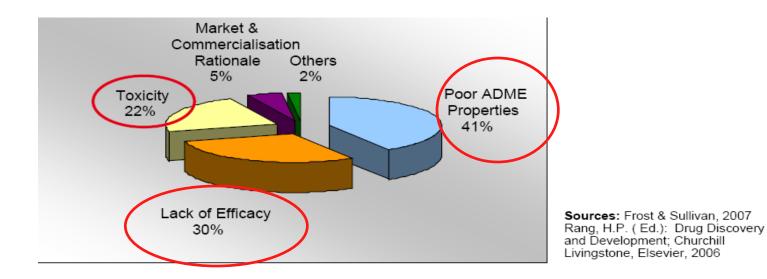


- The drug development process is very long, complex and costly;
- Only one drug candidate in 10.000 will reach the market/patients;
- It takes up to 10 -13 years to develop a drug and bring it to the market;
- It requires an investment of up to € 800 million;
- •Despite global increases in R&D expenditure over the past ten years, the output of new medicines has not matched this increase;

• Europe's R&D investment is furthermore characterised by a much lower investment level than in other regions of the world.



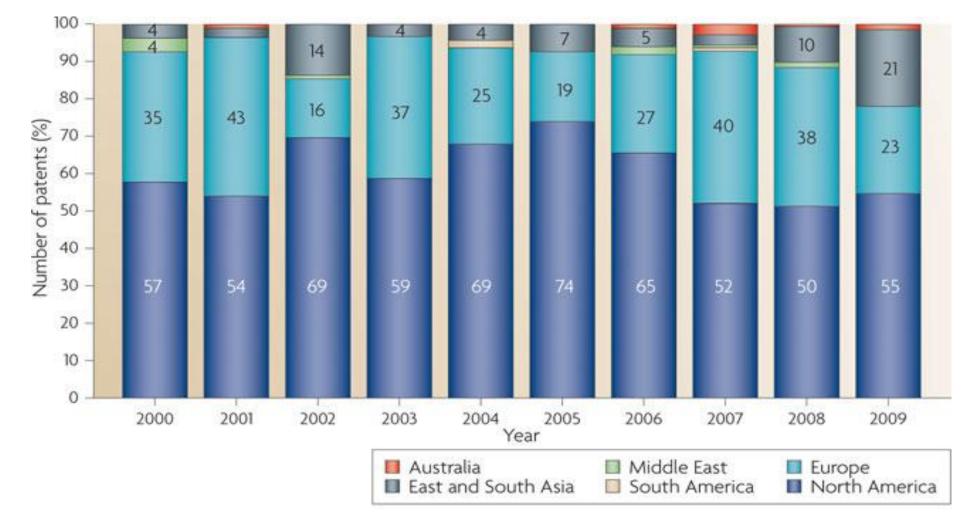
Reasons for Failure in Clinical Development



- > Approximately 92% of compounds fail during clinical development.
- > Nearly 22% of compounds fail due to toxicity related issues.
- > Nearly 30% of compounds fail due to lack of efficacy.
- > Nearly **41%** of compounds fail for poor ADME (absorbtion, distribution, metabolism, excretion)
- > Increased need to identify more effective innovative medicines with fewer side-effect at early stages of drug development to reduce development cost.



Origin of Patents in the Pharma Sector



Yali Friedman

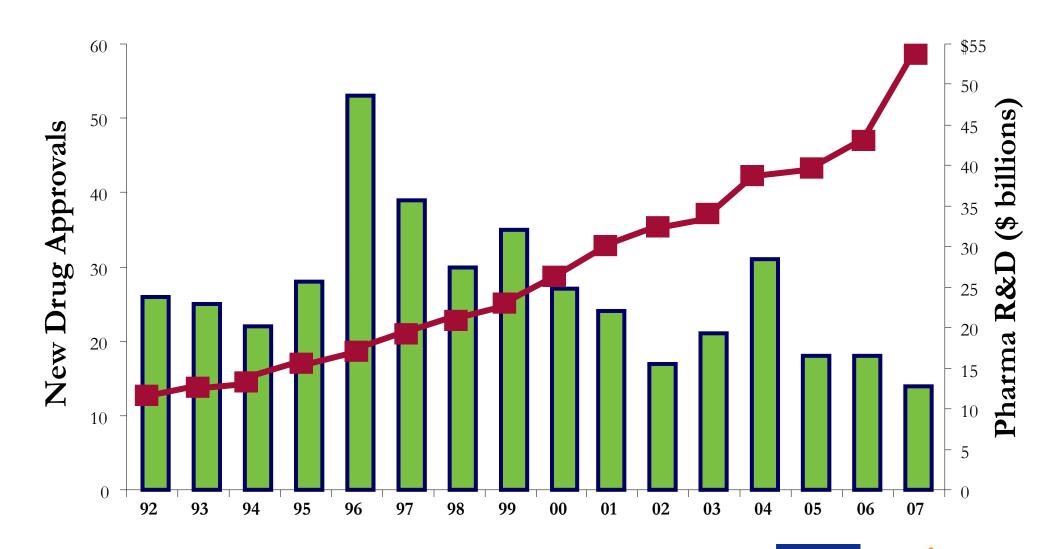
Nature Reviews Drug Discovery 9, 835-836 (November 2010)



The Productivity Gap in Pharma R&D



efpia



Source: Burrill & Company; US Food and Drug Administration.

The Four Pillars of the Innovative Medicines Initiative

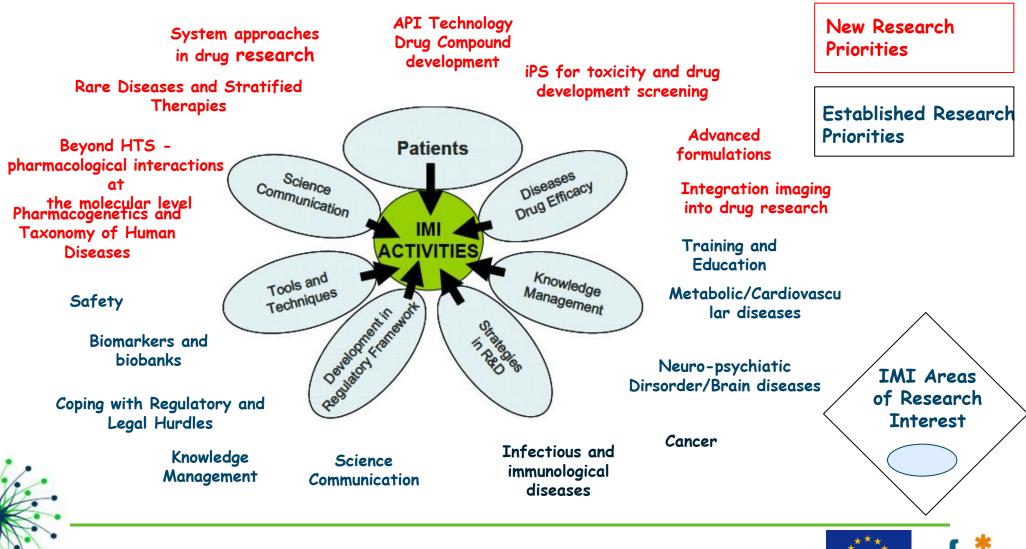






The Research Priorities in the revised IMI Scientific Research Agenda



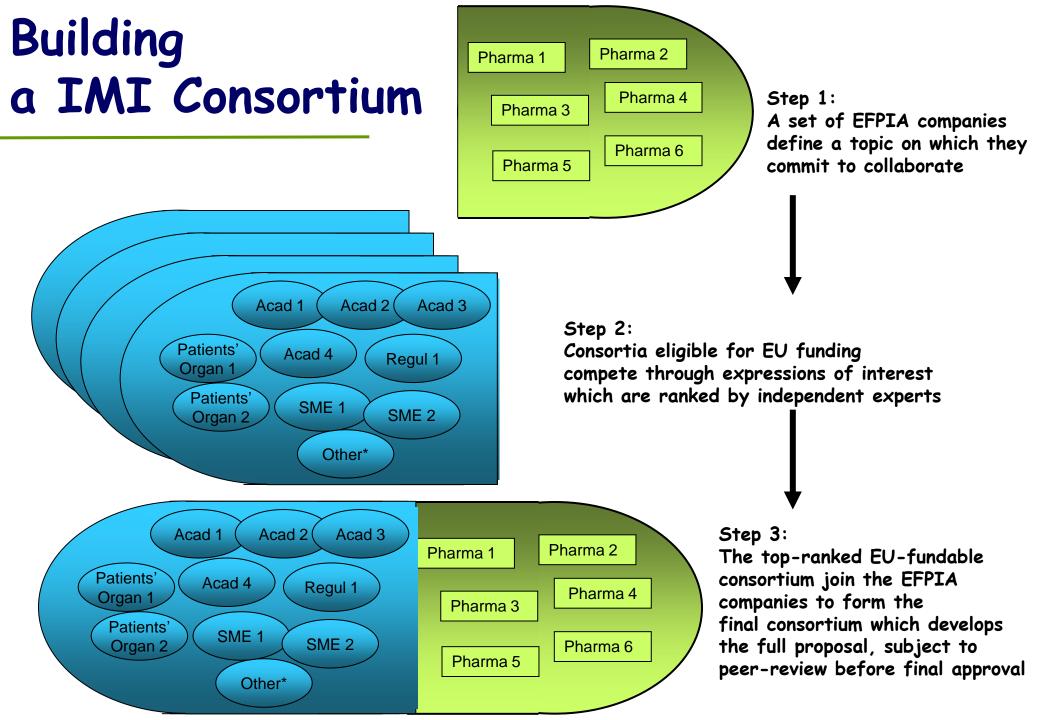


Key Bottlenecks in Pharma R&D



- Disease heterogeneity
- · Lack of predictive biomarkers for drug efficacy/ safety
- Insufficient pharmacovigilance tools
- Unadapted clinical designs
- Lack of incentive for industry

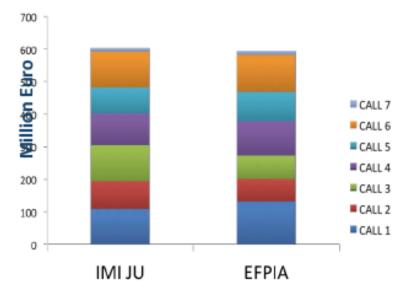






Implementing IMI

- 7 calls so far
- First projects run for ~3 years but generate already exciting results, way beyond state of the art



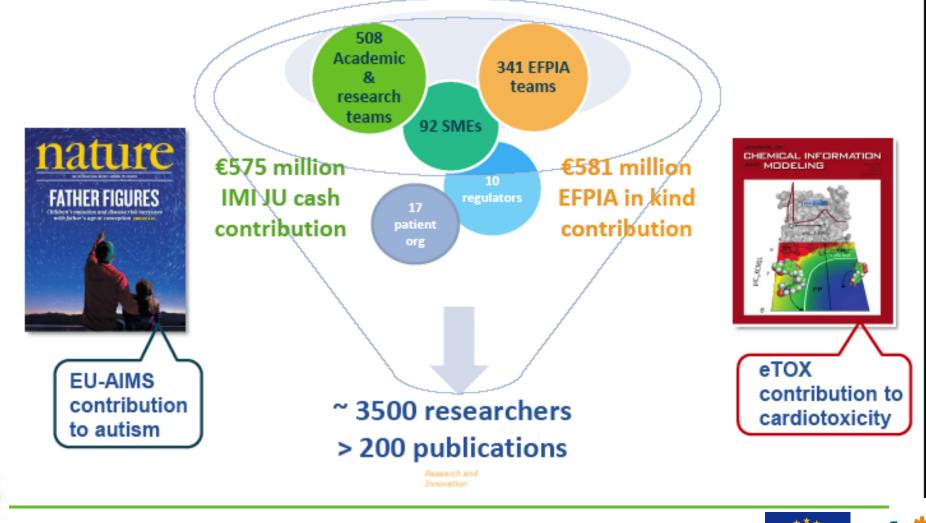
 8th call to be launched shortly, will bring contributions from IMI Joint Undertaking and EFPIA to ~€750 million each







37 ongoing projects - key figures









FOR RHEUMATOID ARTHRITIS









Anti-Biopharmaceutical Immunization: prediction and analysis of clinical relevance to minimize the RISK •Istituto Giannina Gaslini -GE •Uni Firenze

- 19 Partners:
- Novartis Vaccines and Diagnostics Siena
- Uni Siena
- 33 partners from 15 Countries
 - Fondazione Humanitas per la Ricerca, Università degli Studi di Milano, FHR
 - 25 Partners:
 - CNR e Uni Pisa
 - Uni Pavia

25 Partners:

- CNR-ISIB Padova
- 30 Partners:
- •Uni Verona

•Ordine Ospedaliero San Giovanni di Dio – Fatebenefratelli, Milano

•Uni Foggia

•Istituto di Ricerche Farmacologiche Mario Negri, Milano

26 Partners:

- Istituto di Ricerche Farmacologiche Mario Negri, Milano
- Uni Pavia
- Uni Padova
- Uni Firenze
- Uni Pisa
- Uni Cattolica Sacro Cuore, Milano
- Chiesi Farmaceutici Spa, Parma in kind







EUROPEAN PROGRAMME IN PHARMACOVIGILANCE AND PHARMACOEPIDEMIOLOGY

European combined excellence in diabetes research







25 partners:Uni Campus Bio Medico di Roma

imį)

24 partners: • Uni Verona

21 partners:Uni Pisa

51 Partners

• Uni Cattolica Sacro Cuore, Milano

39 Partners:
•Uni Catania
•Uni Roma Tor Vergata
•Uni Cattolica del Sacro Cuore di Milano
•Lega Italiana Anti Fumo – Onlus Catania

30 partners:

• Istituto di Ricerche Farmacologiche Mario Negri, Milano



Key Deliverables of Non-Competitive Research



- Establishment of common databases
- New tools for identification of drug targets
- Standardization and harmonization of models and assays for drug efficacy and safety (*biomarkers*)
- Patient reported outcomes
- Classification of diseases





European Commission

A closer look at neurosciences

Expected output	nemeds	PharmaCog		Eur o pain
Mechanistic knowledge	*	*	*	*
Patient stratification	*		*	≪
Standardized model - in vitro -			*	
Standardized model - in vivo -	. ✓	*	*	*
Predictive biomarkers - genetic -	*	*	*	
Predictive biomarkers - "omics" -	*	*	*	*
Predictive biomarkers - "imaging" -	*	*		*
Early involvement of regulators		*	. ✓	







Horizon 2020

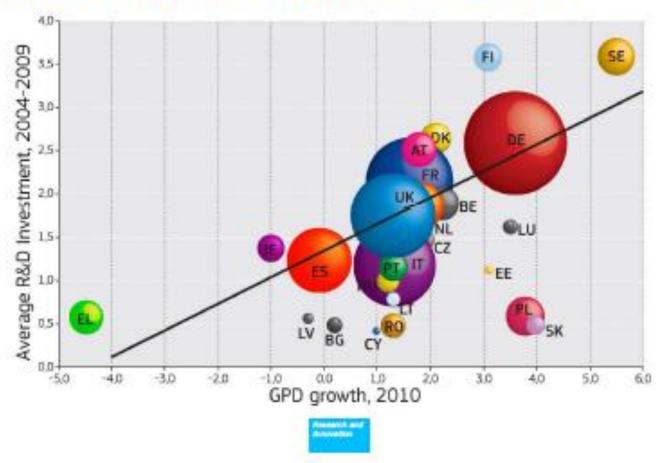
The EU Framework Programme for Research and Innovation 2014-2020

HORIZ ON 2020

Research and Innovation



Investment in R&D is part of the solution to exit from the economic crises





Public Private Partnerships

Article 19 Public-private partnerships

Horizon 2020 may be implemented through public-private partnerships where all the partners concerned commit to support the development and implementation of research and innovation activities of strategic importance to the Union's competitiveness and industrial leadership or to address specific societal challenges.





Public Private Partnerships

Article 19 Public-private partnerships (cont)

Involvement of the Union in those partnerships may take one of the following forms:

- financial contributions from the Union to joint undertakings under the Seventh Framework Programme;
- to new public-private partnerships set up on the basis of Article 187 of the Treaty;
- entering a contractual agreement between the partners which specifies the objectives and conditions of the partnership.





Three priorities:

Excellent science
 Industrial leadership
 Societal challenges



Scientific Contents - key principles



Innovative Medicines Initiative

- Societal bottlenecks: move from scientific and technological challenges in the industry only to addressing industry bottlenecks and resolving healthcare and societal challenges.
- Holistic view on disease burden (not just primary care focus)
- Starting point: health priorities, e.g. priority medicines and diseases as outlined in the 2004 WHO report (under revision)

Magda Chlebus, Director Science Policy EFPIA 24 September 2012



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