



IMI impact on:

Early Career researchers

IMI impact on: Early career researchers

the speakers:



Eline van Overbeeke
Pfizer



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Medical University of Vienna



Colm Carroll
IHI, Event Moderator

The session will focus on projects supported by the Innovative Medicines Initiative, a partnership between the European Union and the European pharmaceutical industry.

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Agenda

● Introduction and welcome

The challenges the projects were designed to address and the

● researchers' role in the project activities

Followed by questions and answers

● How have the researchers' participation in the IMI project benefited their careers

Followed by questions and answers

● Closing remarks

IMI impact on: Early career researchers

Use the chat below



Ask questions and interact
with the speakers
(bottom of your screen)

The session is being **recorded**.
The recording will be posted on IHI's
website and Youtube channel.



**The challenges the projects
were designed to address
and the researchers' role in
the project activities**



EU-PEARL
EU PATIENT-CENTRIC
CLINICAL TRIAL PLATFORMS

IHI Early Career Researchers Event

Elias Laurin Meyer, PhD
Medical University of Vienna



This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking (JU) under grant agreement No 853966. The JU receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA and CHILDREN'S TUMOR FOUNDATION, GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT NON PROFIT ORGANISATION, SPRINGWORKS THERAPEUTICS INC.



PERSONAL PRESENTATION

- **BSc, MSc and PhD in Biostatistics; (Co-)Author of ~35 papers in statistical/clinical research**
- **PhD thesis: „Designing exploratory platform trials“, supervised by Franz König**
- **Since 2016: Biostatistician and Lecturer at Medical University of Vienna**
- **Since 2020: Member of EU-PEARL**
- **Since 2022: Biostatistics expert at the local Ethics Board**
- **After project end in April 2023 transition to industry**



EU-PEARL
EU PATIENT-CENTRIC
CLINICAL TRIAL PLATFORMS



WHAT IS EU-PEARL?

Strategic **alliance** between the **public** and **private** sectors to:

Transform the way
clinical trials
are conducted

Improve and accelerate
drug development
processes

Place the **patient**
at the center
(co-designed by patients)



EU-PEARL
EU PATIENT-CENTRIC
CLINICAL TRIAL PLATFORMS

efpia



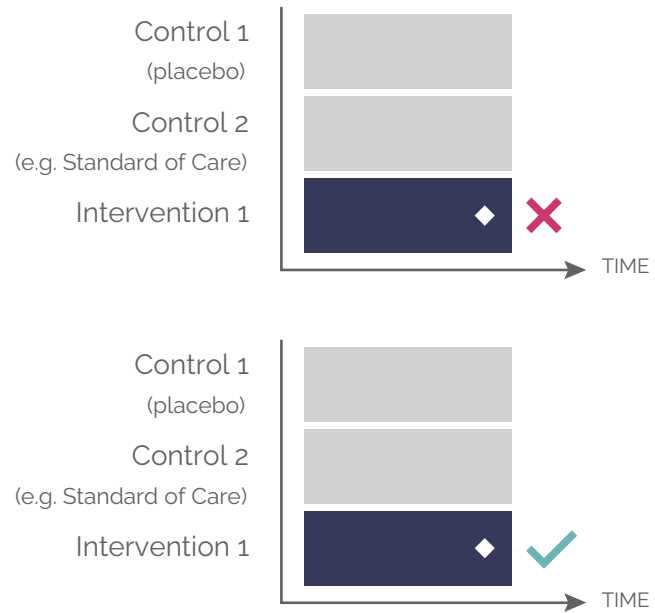
innovative
medicines
initiative



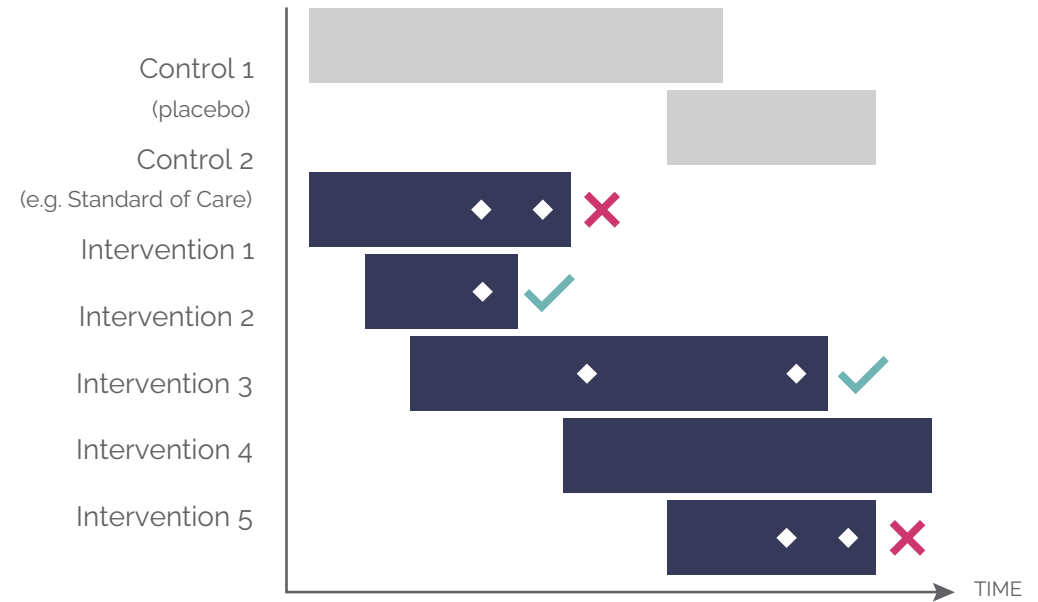
PLATFORM TRIAL APPROACH



Traditional Clinical Trial paradigm



Perpetual open adaptive Platform Trial



(INTERIM) ANALYSIS



STOP FOR FUTILITY



GRADUATE TO PH 3



ADVANTAGES OF PLATFORM TRIALS

Operational:

- **More patients eligible for trial due to multiple treatments and sub-studies with possibly different inclusion criteria**
- **Joint trial infrastructure leads to savings in time and money for sponsor(s)**

Statistical:

- **Multiple hypotheses tested in the same trial (which is also a big challenge)**
- **Sharing of control data and adaptive decision rules potentially lead to fewer number of patients required**
- **Direct comparison between treatments allows for adaptive randomization leading to effective treatments “graduating” faster and fewer patients on inefficacious treatments**

-> for patients: increased chances of being eligible for at least one study arm, increased probability of receiving effective study treatment, faster decisions



WHO IS INVOLVED

EUROPEAN UNIVERSITY HOSPITAL ALLIANCE (EUHA) HOSPITALS



OTHER HOSPITALS



UNIVERSITIES



PATIENT ORGANISATION



DATA, STATISTICS



REGULATORY



PROJECT MANAGEMENT



EUROPEAN RESEARCH INFRASTRUCTURES



BIOPHARMACEUTICAL COMPANIES / EFPIA / ASSOCIATED PARTNERS





MY CONTRIBUTION

- **Aiding development of new statistical methods suitable for platform trials**
- **Providing software for the simulation of complex platform trials (main author of several R packages: CohortPlat, cats, SIMPLE)**
- **Main author of R Shiny app for visualization of simulation results**
- **First author of 6 papers related to the design and simulation of platform trials**
- **Provided simulation results for NASH trial designs (non-alcoholic steatohepatitis), which were discussed with EMA (ITF meeting) and FDA (CPIM meeting)**
- **Co-lead of project deliverable related to software**



References



Meyer, Elias Laurin, et al. "The evolution of master protocol clinical trial designs: a systematic literature review." *Clinical Therapeutics* (2020).

Meyer, Elias Laurin, et al. "Systematic review of available software for multi-arm multi-stage and platform clinical trial design." *Trials* (2021).

Meyer, Elias Laurin, et al. "Decision rules for identifying combination therapies in open-entry, randomized controlled platform trials." *Pharmaceutical Statistics* (2022)

Meyer, Elias Laurin, et al. "Designing an exploratory phase 2b platform trial in NASH with correlated, co-primary binary endpoints." *PLOS ONE* (2023).

Meyer, Elias Laurin, et al. "CohortPlat: Simulation of cohort platform trials investigating combination therapies". arXiv:2202.02182 [stat.AP].

Meyer, Elias Laurin, et al. "An interactive R-Shiny app for quickly visualizing a tidy, long dataset with multi-application in clinical trial simulations for platform trials". *SoftwareX* (2023).

Meyer, Elias Laurin. "CohortPlat". <https://cran.r-project.org/web/packages/CohortPlat/index.html>.

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OPPORTUNITIES AS PROJECT MEMBER

- **Work with and learn from more experienced researchers, both from Academia and Industry**
- **Collaboration with different stakeholders gives insight into different aspects of the same problem, which in turn shape requirements of developed statistical tools**
- **Opportunities for secondments and internships in partner organizations**
- **Increased visibility through broader network, events and communications team**
- **Team spirit, own research is not disconnected but part of something bigger**





IMI impact on: Early Career Researchers

Eline van Overbeeke, PhD
Pfizer

17/04/2023

Disclaimer



- Eline van Overbeeke is currently employed by Pfizer, but was employed by the University of Leuven during her research on the IMI PREFER project
- The views and opinions expressed in the following PowerPoint slides are those of the individual presenters and should not be attributed to any organization with which the presenter is employed or affiliated

Conflict	Disclosure
Research Support	<ul style="list-style-type: none">• University of Leuven, PREFER (Innovative Medicines Initiative, IMI – EU Horizon 2020 & EFPIA)
Employee & IMI project contributions	<ul style="list-style-type: none">• Graduated PhD student, University of Leuven<ul style="list-style-type: none">• Researcher on IMI PREFER (2016-2020)• Manager, Health Economics and Outcomes Research, Pfizer<ul style="list-style-type: none">• Steering Committee member on IMI PREFER (2020-2022)• WP2 Lead & Steering Group member on IMI EHDEN (2021-2023)



• prefer.
PATIENT PREFERENCES



PREFER

- Aim: To establish recommendations to support development of guidelines for industry, Regulatory Authorities and HTA bodies on how and when to include patient perspectives on benefits and risks of medicinal products
- Public private partnership
 - 10 academic partners
 - 16 industry partners
 - 2 SMEs
 - 4 patient advocacy groups
 - 1 HTA body
 - EMA, FDA, and other Patient and HTA representatives via Stakeholder Advisory Groups
 - Scientific and Ethics advisory boards



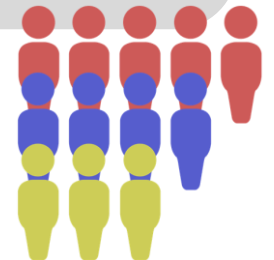
Patient preferences

Patient preference studies (PPS)

*“Qualitative or quantitative assessments of the relative **desirability or acceptability** to **patients** of specified **alternatives or choices** among **outcomes or other attributes** that differ among alternative **health interventions**”¹*

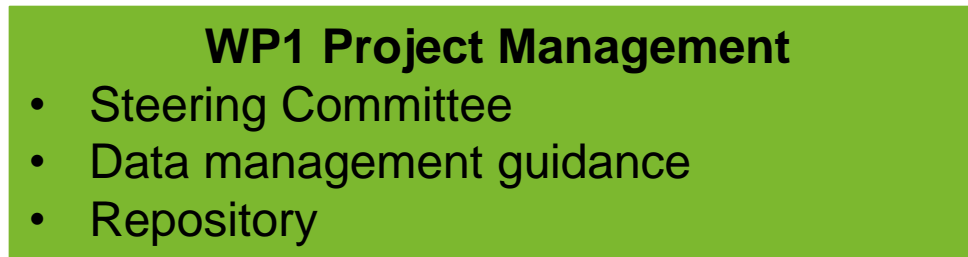


- What is important?²
- How important?
- Trade-offs
- Preference heterogeneity



PREFER work packages

Personal contributions



WP3 Case studies

- Case study on early patients needs in Neuromuscular diseases
- **Case study on gene therapy in haemophilia (BE): PAVING**
- Industry case study on gene therapy in haemophilia (UK)

WP2 Patient preference elicitation issues & approaches

- Identification of methods
- Exploration of when in the Medical Product Life Cycle patient preferences can be used
- Needs & expectations of stakeholders

WP4 Recommendations

- Methods chapter
- EMA qualification: PAVING study included as example

PAVING Objectives & Team



To identify **treatment features** important to Belgian **hemophilia patients**, and the **trade-offs** that patients are willing to make when asked to choose between **gene therapy** and **prophylactic factor replacement therapy**

Study team



prefer. PATIENT PREFERENCES  innovative medicines initiative **Sponsor**

Stakeholder advisory board

HTA/payer	Regulators	Industry	Clinicians	Patient organizations
 			 	  



PAVING Conclusions

- Top 5 treatment attributes important to patients (interviews n=20):
 - Annual bleeding rate
 - Factor level
 - Uncertainty long-term risks
 - Impact on daily life
 - Probability that prophylaxis can be stopped
- Willingness to receive gene therapy (survey n=117):
 - Up to 88% of PWH may prefer gene therapy over prophylactic factor replacement therapy depending on its profile (under the conditions presented in the survey)
 - In contrast, at least 8% of PWH may never accept gene therapy (under the conditions presented in the survey)
- Educational tools can educate PWH and improve gene therapy acceptability

PWH, people with haemophilia

van Overbeeke E, Hauber B, Michelsen S, et al. Patient preferences for gene therapy in haemophilia: Results from the PAVING threshold technique survey. *Haemophilia*. 2021 Sep; 27:957–966. DOI: 10.1111/hae.14401

van Overbeeke E, Hauber B, Michelsen S, et al. Patient Preferences to Assess Value IN Gene Therapies: Protocol Development for the PAVING Study in Hemophilia. *Frontiers in Medicine*. 2021 Mar; DOI: 10.3389/fmed.2021.595797

Jimenez-Moreno AC, van Overbeeke E, Pinto CA, et al. Patient Preferences in Rare Diseases: A Qualitative Study in Neuromuscular Disorders to Inform a Quantitative Preference Study. *The Patient*. 2021 Feb; 14(2):1-13. DOI: 10.1007/s40271-020-00482-z

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EHDEN

Vision

The European Health Data & Evidence Network (EHDEN) aspires to be the trusted observational research ecosystem to enable better health decisions, outcomes and care

Mission

Our mission is to provide a new paradigm for the discovery and analysis of health data in Europe, by building a **large-scale, federated network of data sources standardised to a common data model**

Universities, public bodies and research organisations



SME & Mid-sized companies



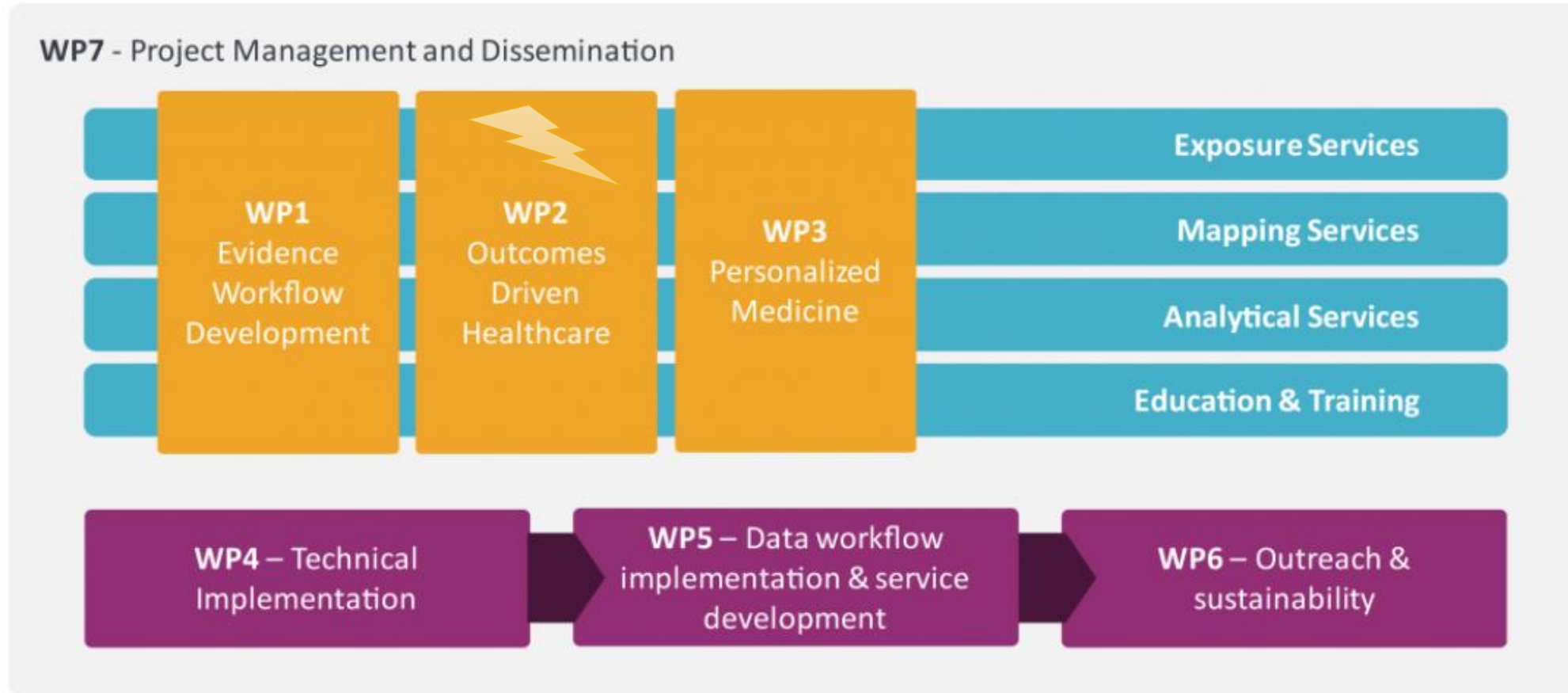
Non-profit organisations



EFPIA & Associated partners



EHDEN workpackages



WP2 interaction with regulators & payers

- Workshops with regulators and payers to educate them on Real World Data, OMOP common data model (CDM) and Federated Networks, and understand their needs and potential use
- Last Workshop end of Nov 22: Regulators are formally adopting real world evidence, when will health technology assessment?
 - Launch of DARWIN (OMOP CDM) platform by EMA
 - Adoption of OMOP CDM by payers

Overall outcomes

- Co-author on 17 published papers
- 12 presentations at congresses
- Interactions with many patients, regulators, HTA/payers, industry, clinicians, data infrastructure holders, and academia across US and Europe



Acknowledgements

- PREFER & EHDEN were supported by the Innovative Medicines Initiative, a partnership between the European Union and the European pharmaceutical industry.

With thanks to Prof. Isabelle Huys, Rudy De Cock, Jimmy Toulas, and all PREFER & EHDEN members.



Thank you for your attention

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Co-funded by
the European Union

IHI Early Career Researchers

Pierre Bauvin, PhD
Lille Hospital, France

Personal presentation

Personal presentation



- **Engineer** in mathematics and informatics, ENSIMAG 2015

Personal presentation



- Specialization in **biostatistics** and big data, South Korea, KAIST

Personal presentation



- **Data Scientist consultant** for multiple health companies

Personal presentation




- **PhD thesis:** modelling liver diseases, collaboration INSERM & SANOFI, completed in 2020

Personal presentation



- **IMI SOPHIA** since 2021

 Lille Hospital, France
Novo Nordisk, Favrholm, Denmark



SOPHIA

Stratification of Obesity Phenotypes to Optimize Future Therapy

Start date: 06/2020

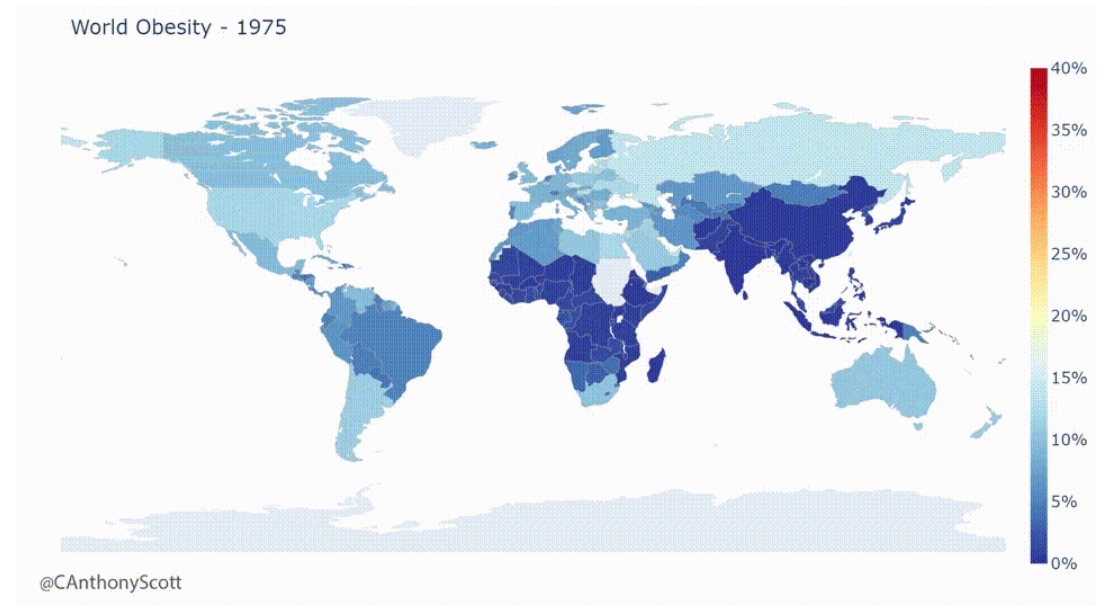
End date: 05/2025

Participating EFPIA companies:

- Boehringer Ingelheim Int, Germany
- Eli Lilly & co, United Kingdom
- Medtronic International Trading SARL, Switzerland
- Novo Nordisk, Bagsvaerd, Denmark
- Pfizer Limited, United Kingdom

Goals:

- Predict obesity complications
- **Predict best response to obesity treatments**





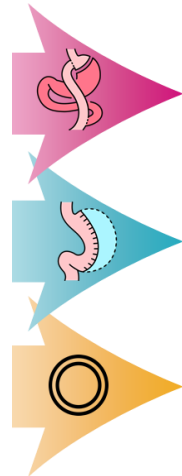
SOPHIA

Stratification of Obesity Phenotypes to Optimize Future Therapy

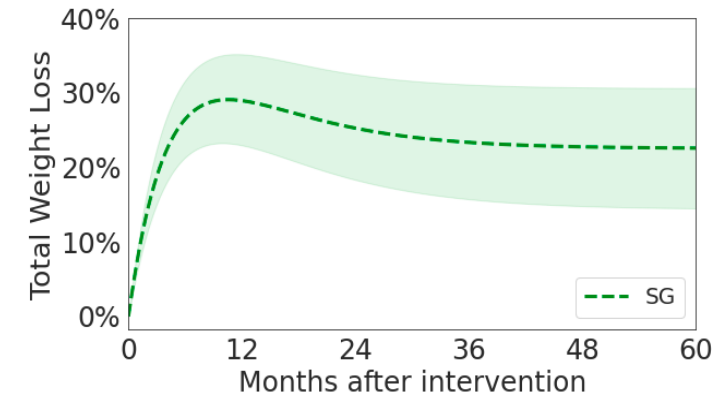
Predict best response to obesity treatments: bariatric surgery



Individuals with obesity
Eligible for bariatric surgery
(mean BMI 47 kg/m²)



Bariatric surgery



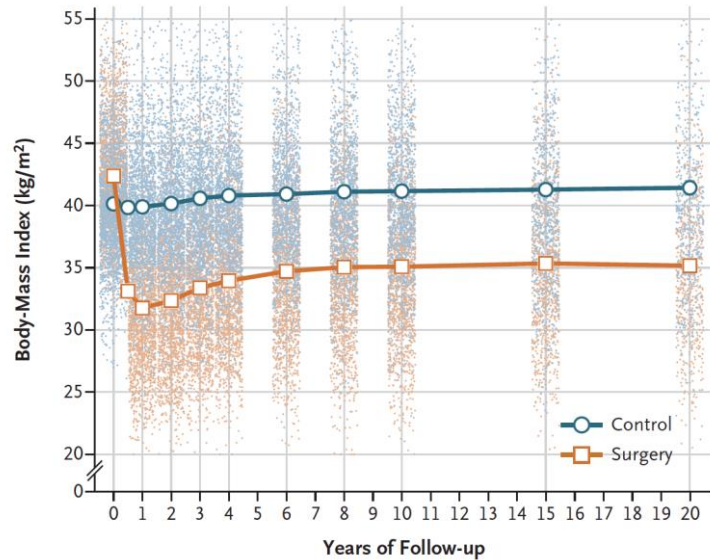
Prolonged weight loss



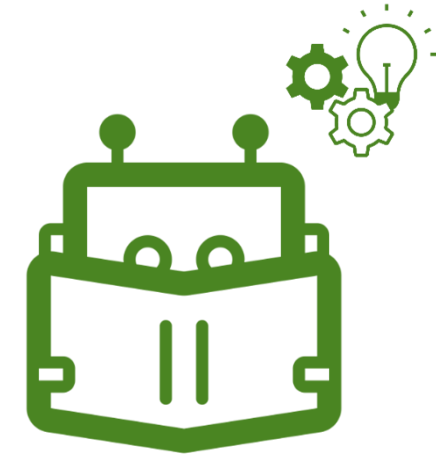
SOPHIA

Stratification of Obesity Phenotypes to Optimize Future Therapy

Predict best response to obesity treatments: bariatric surgery



Weight loss heterogeneity



Machine learning for prediction



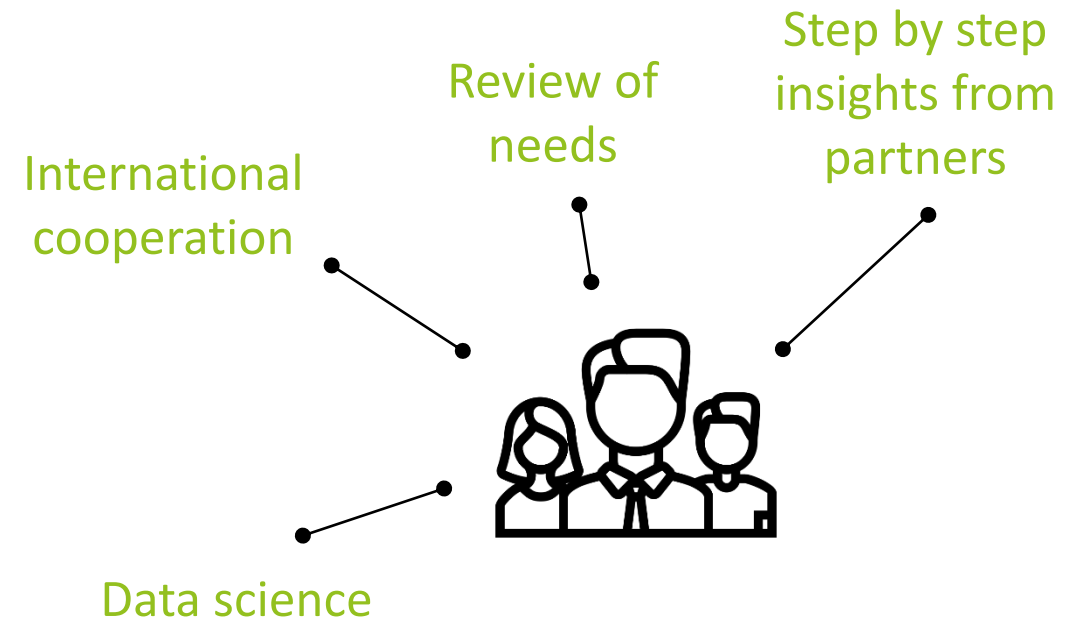
SOPHIA

Stratification of Obesity Phenotypes to Optimize Future Therapy

Predict best response to obesity treatments: bariatric surgery

Challenges:

- Easy-to-use end result, for daily use by both clinicians and patients
- Impactful metrics for patients
- Questions of interest for both the academic partners, and the private partners
- Experts approval
- Test in multiple countries to assess external validation



Preoperative data

Weight

120 kg

Height

170 cm

Age

30 years

Non-smoker

Smoker

Type 2 diabetes

No diabetes

Surgery data

Type of intervention

Gastric Bypass

Predict trajectory

Note



Based on preoperative characteristics, this application displays predicted weights at 1, 3, 12, 24, and 60 months after a **first** bariatric surgery.

- Trajectories are displayed as smooth lines for clarity.
- The range around the curve is based on the interquartile range of prediction errors.
- Predictions are based on the histories of previous individuals undergoing bariatric surgery procedures.
- This program is not intended to provide any advice on healthcare decisions but rather to help healthcare professionals in visualizing the predicted weight trajectory following bariatric surgery.
- None of the personal or health data you enter on this tool is saved on our servers.



Any questions ?





n=10,231 patients included



- **How have the researchers' participation in the IMI project benefited their career**

Find out more



eu-pearl.eu



www.imi-prefer.eu



www.ehden.eu



imisophia.eu



Upcoming webinars

Impact on:

Clinical trials

Ebola virus disease

Cancer

Vaccines

Psychiatric disorders





Thank you for your attention

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