



Updates from NASH Biomarkers Consortia

NIMBLE

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NIMBLE

Non-Invasive BioMarkers of MetaBolic Liver DiseasE

LIVER FORUM 8 APRIL 10, 2018

Drs. Rohit Loomba, Sudha Shankar & Roberto Calle For the NIMBLE Project Team





FNIH - Biomarkers Consortium



Established by Congress in 1996 as a not-for-profit organization to support NIH in its mission by advancing biomedical research and training collaborations among government, universities, industry and not-for-profit organizations

\$875 Million raised since **1996** with **>550** projects supported and **93%** of funds going directly to project support. Rated as **Outstanding** by **Charity Navigator**.

Biomarkers Consortium Mission Statement

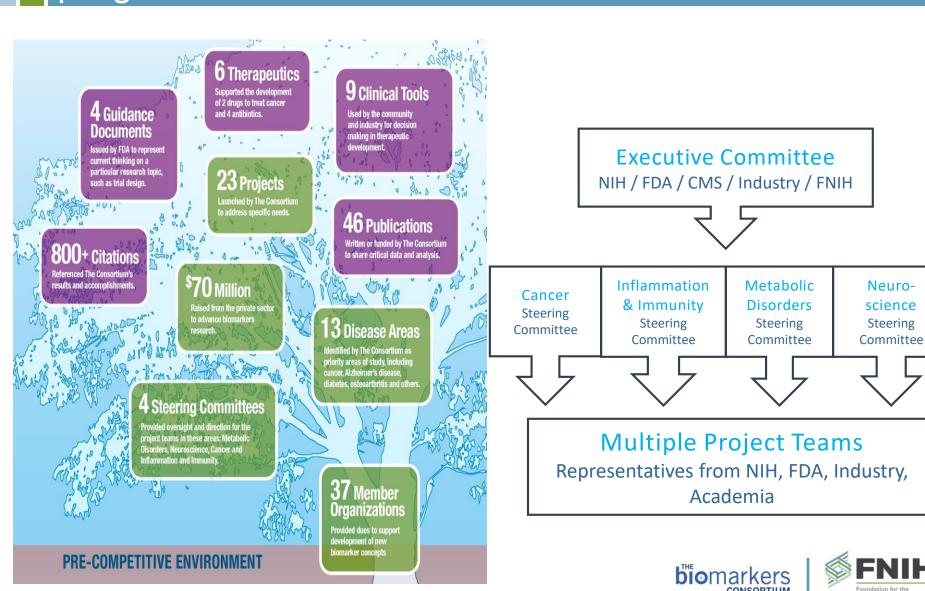
To discover, develop, and seek regulatory approval for biomarkers to support and accelerate development of new drugs, preventive medicine, and medical diagnostics by combining the forces of the public and private sectors.

Biomarkers Consortium Goals

- Facilitate development of evidence to help qualify biomarkers for specific applications in diagnosing disease, predicting therapeutic response or improving clinical practice;
- Generate pre-competitive projects; makes consortium project results broadly available to the entire scientific community



10 years of collaborative research and progress



Metabolic Disorders Steering Committee Project Portfolio

Completed Projects	Active Projects	Pipeline (in development)	Pre-Launch Phase
 Adiponectin Carotid MRI Reproducibility Sarcopenia 1 Consensus Definition 	 Atherosclerosis In-Silico Modeling Beta Cell 1 Clinical Studies Bone Quality Cardiac Troponin Sarcopenia 2 Consensus Definition 	 Beta Cell 2 - Prospective Bone Quality 2 - FDA BQP Initiative 	■ NIMBLE Program





NIMBLE's Goal

To advance qualification of one or more, fit-for-purpose, non-invasive tools, that integrate circulating and quantitative imaging markers:



Context of Use priorities for NIMBLE:

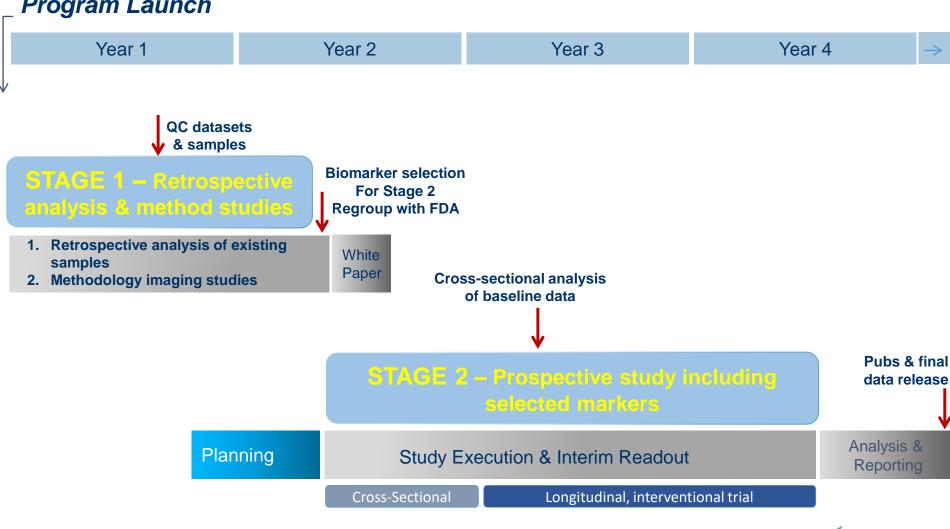
- In a patient with clinical risk factors for NASH → To <u>diagnose</u> NASH and determine <u>stage</u> of disease (F2 fibrosis or higher i.e. high-risk NASH)
- In a patient diagnosed with NASH* → for detection and quantification of change in NASH status (NASH present vs absent, change in disease activity) and stage (fibrosis stage) in response to pharmacologic intervention





NIMBLE Program Stages

Program Launch

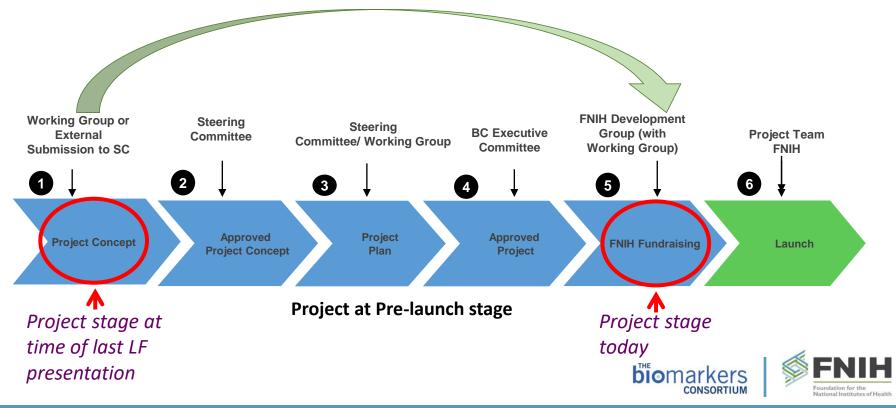






Progression of Project Development through FNIH Biomarkers Consortium

- Working Group stage: fully endorsed project
- Partners can provide:
 - Financial support 9 companies already committed to financially support NIMBLE → sufficient for full project implementation
 - In-kind support (e.g., assay platforms, reagents, samples, relevant data sets, instruments) that can be quantified financially



NIMBLE VISION

Key characteristics of NIMBLE Consortium

- Industry-academic collaboration
- Innovative team science
- Focus
- Deliverables with track-record
 - **♦** Share
- Advance the field





NIMBLE Program Team Structure: Founded in a Collaborative Innovative Team Science Model

NIMBLE Project Team

Project Team Co-chairs: Arun Sanyal, Sudha Shankar & Roberto Calle
Work Stream Co-Chairs: Claude Sirlin, Anthony Samir, Rohit Loomba
Project Team Members: Representatives from supporting companies and academia
Scientific Program Manager: Tania Kamphaus

Circulating & Functional Markers Work Stream

Rohit Loomba - Co-chair

Sudha Shankar (NGMBio)

Manal Abdelmalek (DCRI)

Mohammad Siddiqui (VCU)

Representatives from companies

contributing assays

Others TBD

Imaging Markers Work Stream

Claude Sirlin (UCSD) - Co-chair

Anthony Samir (Harvard/MGH) – Co-chair

Sarah Sherlock (Pfizer)

Roberto Calle (Pfizer)

Representatives form companies

contributing imaging technology

Others TBD

Pathology Platform Team

Cynthia Guy (DCRI) Melissa Contos (VCU) Others TBD **Clin Ops Platform Team**

TBD

Statistics Platform Team

Santos Carvajal-Gonzalez (Pfizer) Others TBD





Focus and Clarity in the NIMBLE Mission

Two focused but clinically important goals that are relevant to drug development and to clinicians

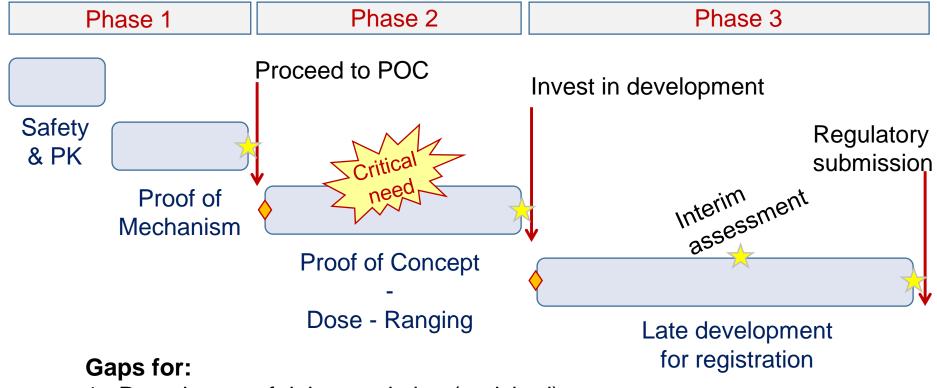
■Who should be treated?

- Is the patient responding to the treatment?
 - Improvement in disease state
 - Worsening in disease state





Drug Development – Urgent Unmet Need for Noninvasive Biomarkers for NASH

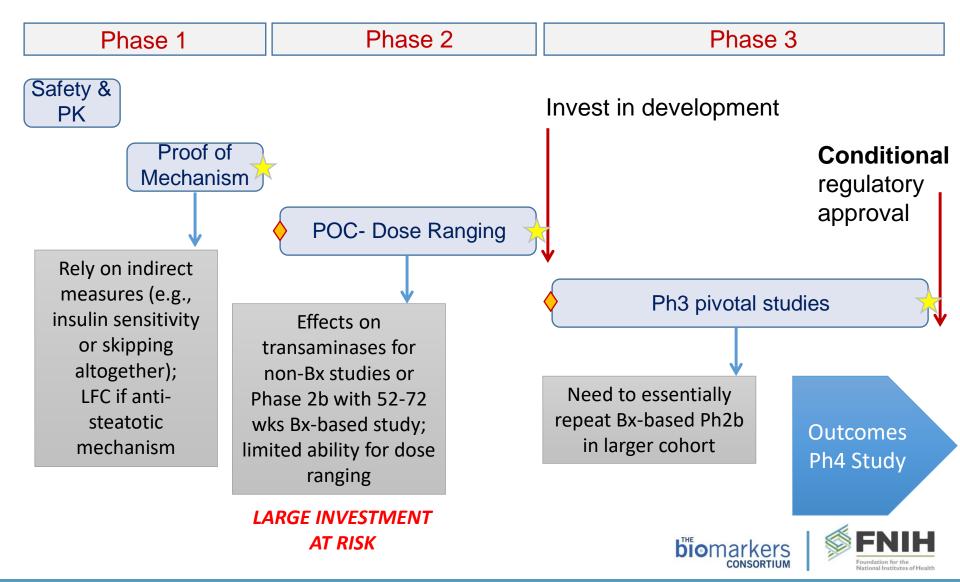


- 1. Recruitment of right population (enriched)
- 2. Non-invasive & short duration POC and dose ranging
- 3. Interval evaluation during development w/o Bx
- 4. Regulatory approval without Bx (aspirational)



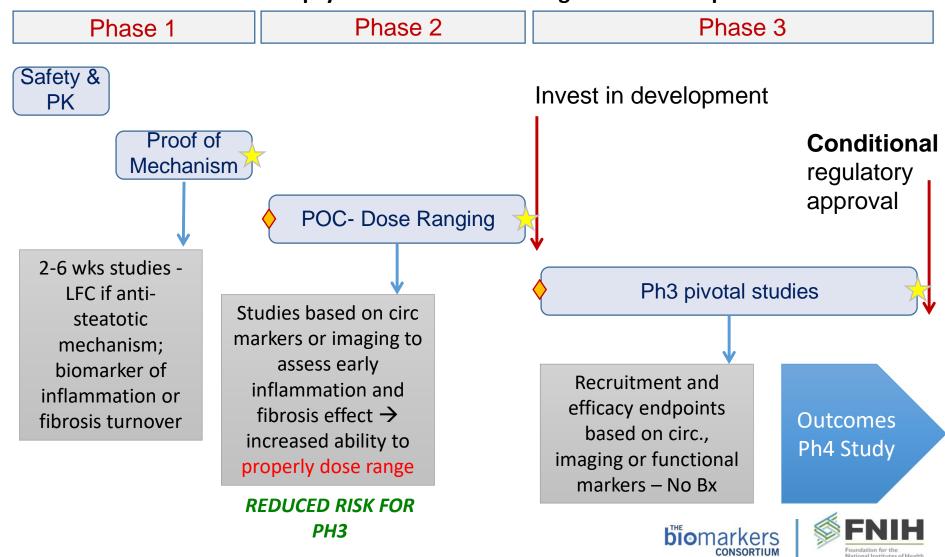


Development of New Therapeutics - Present State

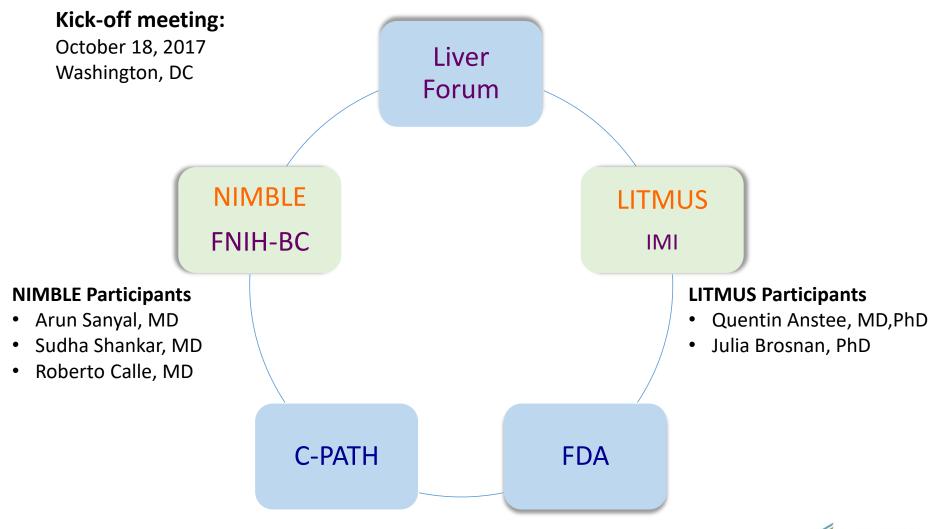


Development of New Therapeutics – Future State 1

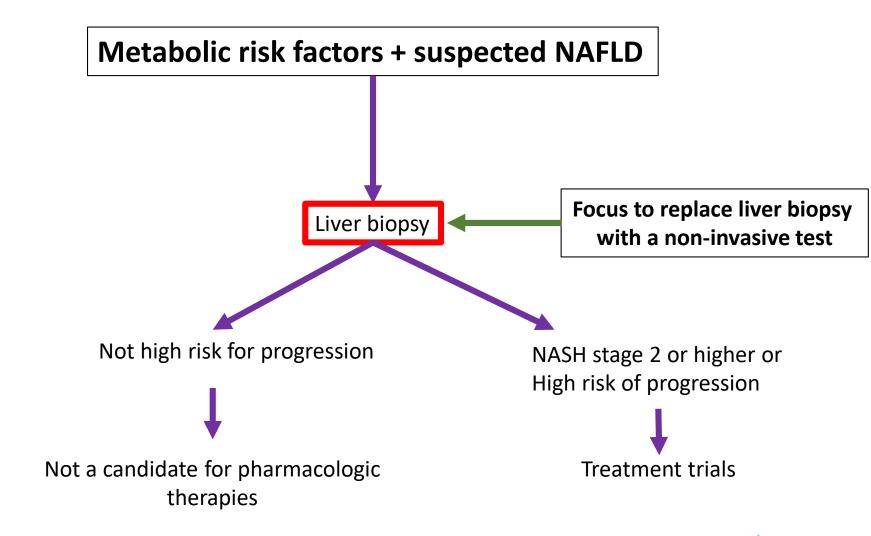
Eliminate the need for liver biopsy inclusion and assessing treatment response in Phase 2 trials



Collaborative approach to develop and qualify non-invasive tests for NASH: formation of a coalition for NASH biomarkers



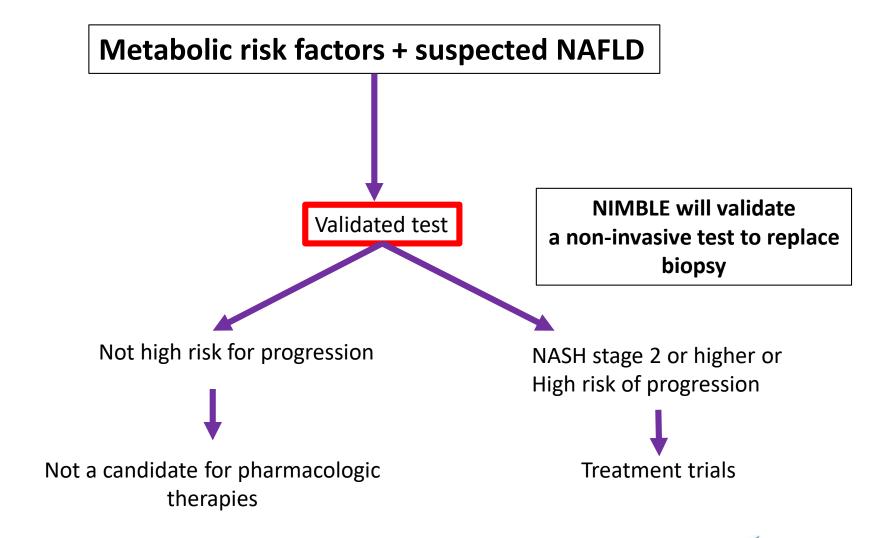
Clinical Care of NASH – Present State







Clinical Care of NASH – Future State





SHARING OF NIMBLE LEARNINGS

- Standardization of methodology, analysis and interpretation
- Publication of findings and recommended standards in peer-reviewed journals
- Aim to establish follow up to NIMBLE with collaborations to corroborate findings
 - Other large NASH Biomarkers Consortia, e.g., LITMUS
 - Emerging databases and cohorts in other countries



NIMBLE VISION

NIMBLE Team's Collaborative Vision

- Industry-academic collaboration
- Innovative team science
- Focus
- Deliverables
- Advance the field

Welcome open collaboration across silos between pharma, biotech, diagnostics, imaging companies, regulators, and academics



