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Personalized Healthcare

“Fitting the treatment to the patients”

*Forum για τα Οικονομικά & τις Πολιτικές Υγείας*

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# Personalised Healthcare (PHC) – What does it stand for?

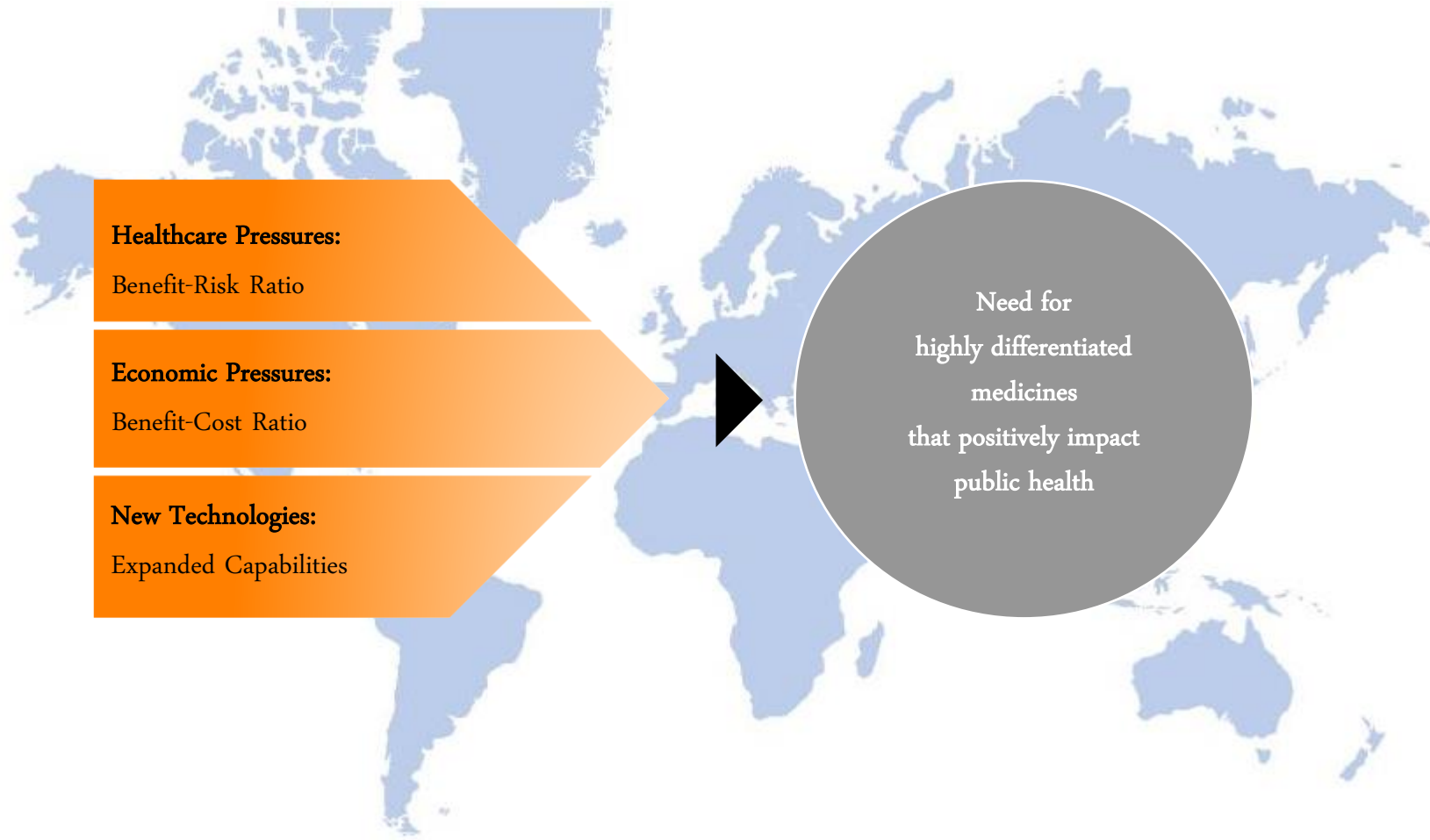


- Use of genetic or other biomarker information to improve safety, effectiveness and health outcomes of patients via:
  - Efficiency-targeted patient stratification
  - Prevention
  - Tailored medication
  - Tailored treatment-management approaches

## Sources:

1. Faulkner E. et al - Value in Health 15 (2012): Challenges in the Development and Reimbursement of Personalized Medicine – Payer and Manufacturer Perspectives and Implications for Health Economics and Outcomes Research: A Report of the ISPOR Personalized Medicine Special Interest Group
2. Willard H et al – Academic Press 2010: Essentials of Genomic and Personalized Medicine.

## *Key to enabling highly differentiated medicines*



## PHC - Fitting the treatment to the patients

# *Delivering better, safer and more efficacious treatments*

Personalised Healthcare approach enables experts:

- To better understand disease diversity or subtypes
- To identify the differences between patients
- To identify the best drug targets
- To improve the quality and efficiency of R&D results
- To provide biomarkers and diagnostic tests



Optimising patient care

Making development of new tests and drugs more efficient

## ***Delivering better, safer and more efficacious treatments***

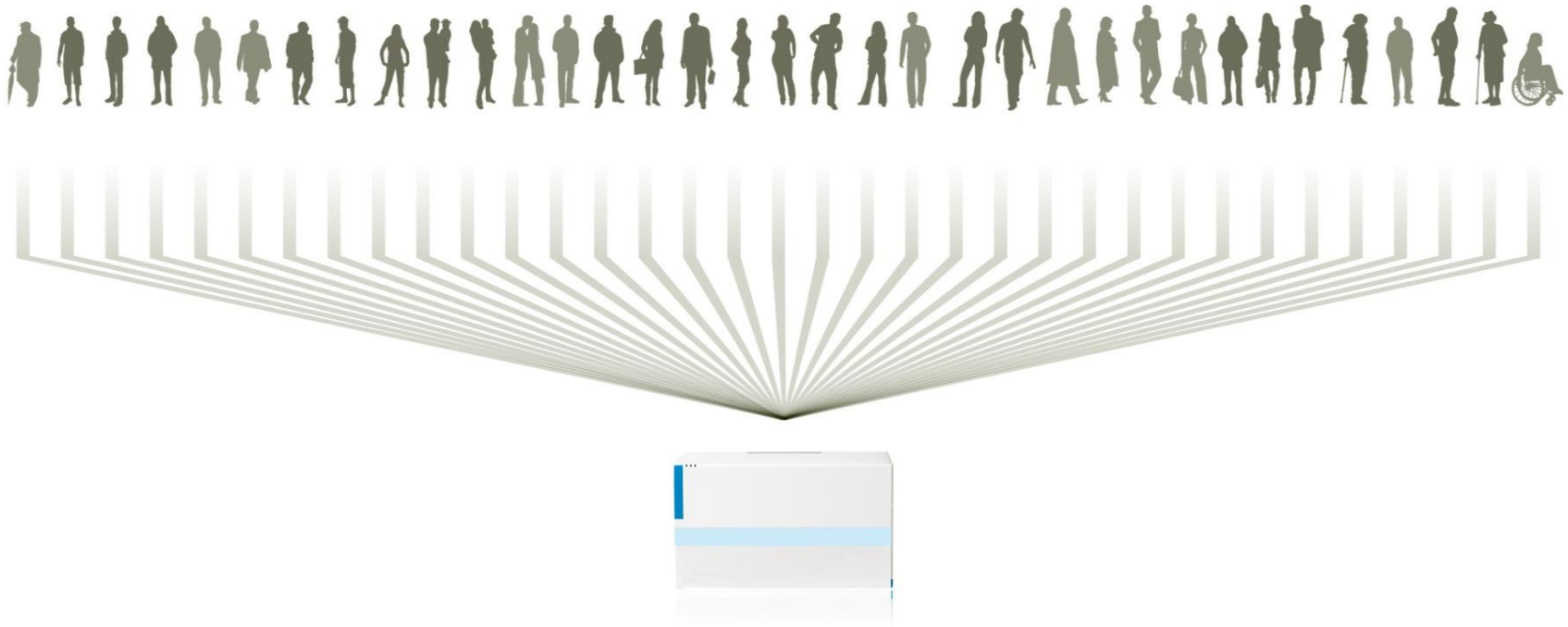
**Personalised Healthcare enables physicians today:**

- ✓ to stratify patients with specific characteristics, such as mutation-carrying tumors (e.g. HER2, BRAF, EGFR)
- ✓ to increase quality of prognosis (e.g. HBV, HCV)
- ✓ to define treatment duration (e.g. HCV)
- ✓ to identify optimal treatment sequence  
(e.g. Erlotinib first-line in EGFR-positive lung cancer)
- ✓ to monitor treatment success (e.g. HIV, HBV, HCV)

# Personalised Healthcare versus standard treatment



Patients with same syndrome

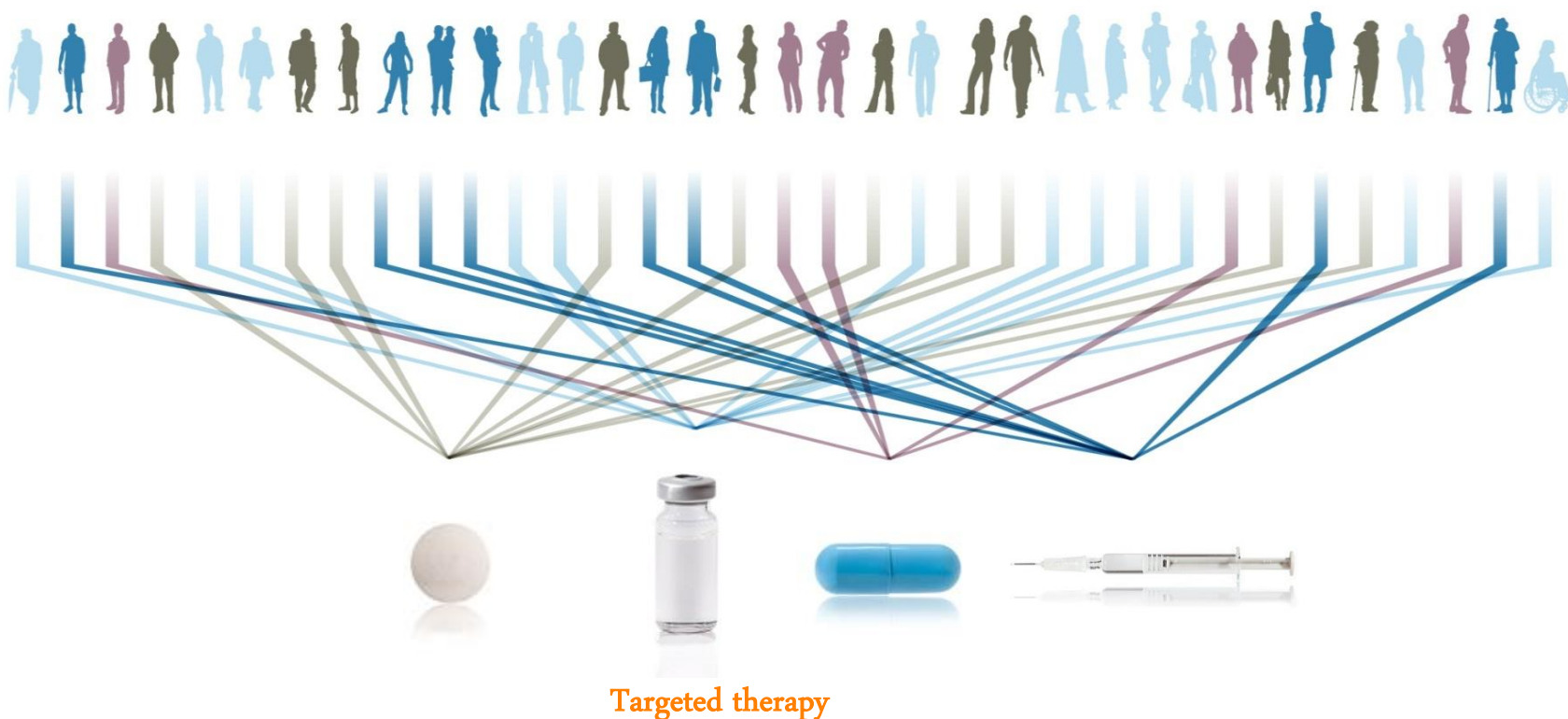


One-size-fits-all approach

# Personalized Healthcare versus standard treatment



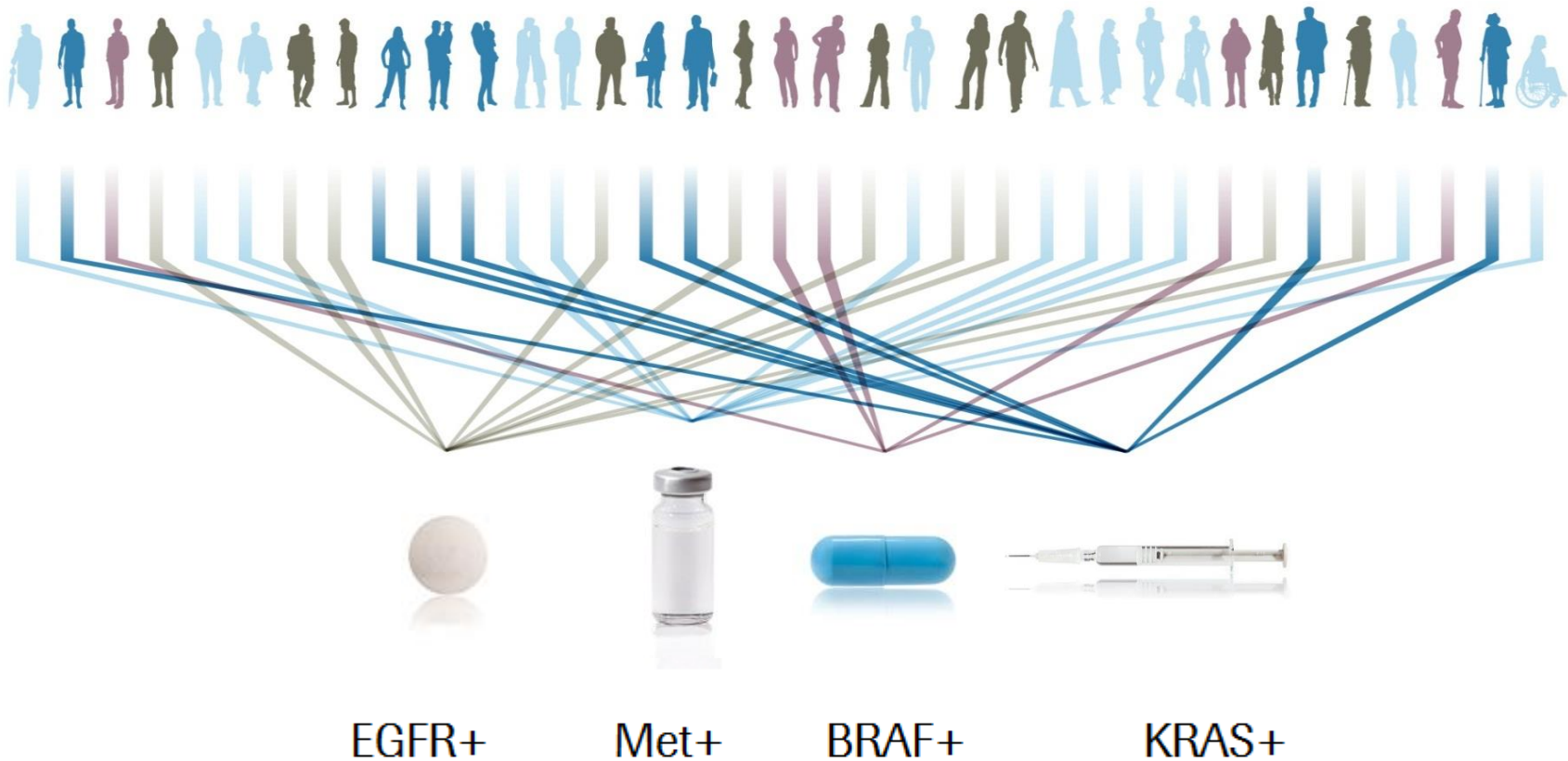
Groups of patients with the same syndrome



# Personalized Healthcare vs. standard treatment

Roche

Groups of patients with the same syndrome: non-small lung cancer





One size doesn't fit all – not tolerable any more

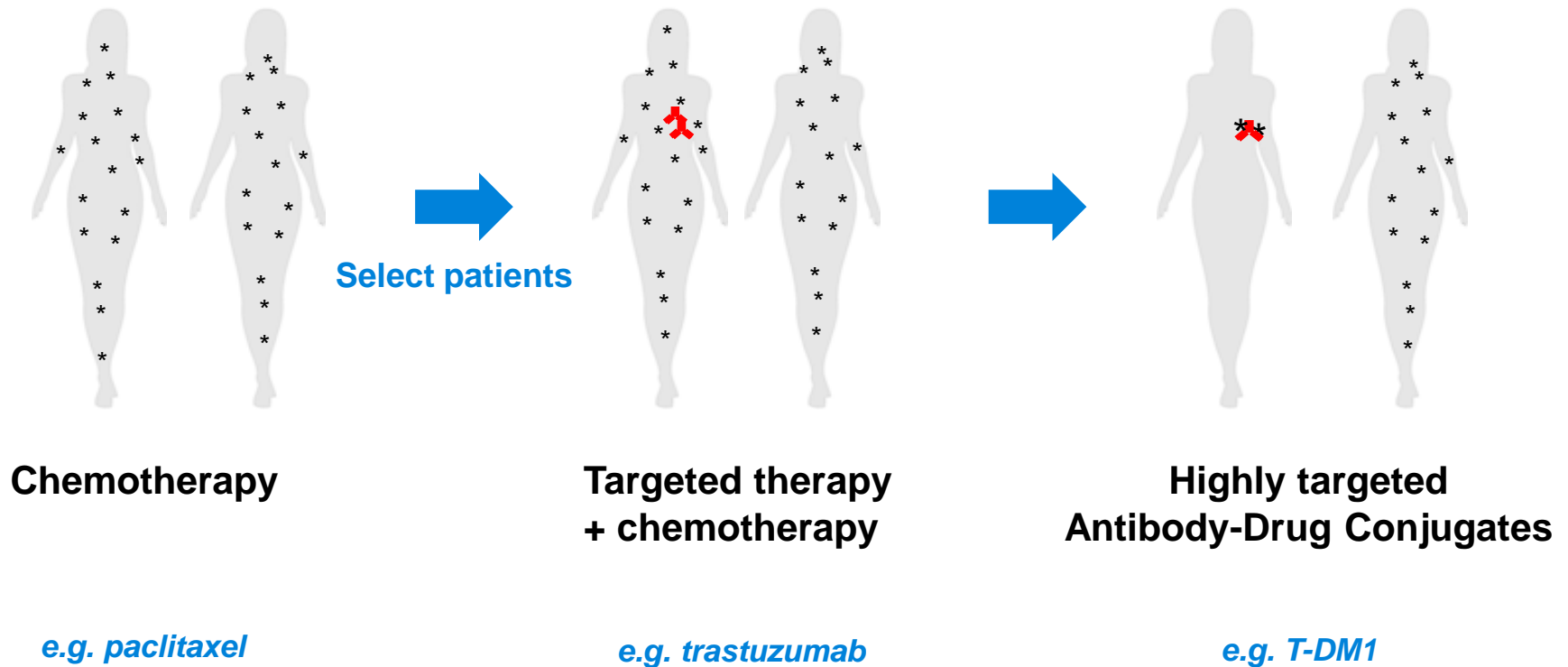
Roche

*More efficient, targeted approach required by stakeholders*



Traditional approach: out of 10 patients treated on average about half of them benefit. For some the treatment won't have any effect, and some may even suffer from side effects.

# Evolution of Personalized Healthcare – The future is exciting...

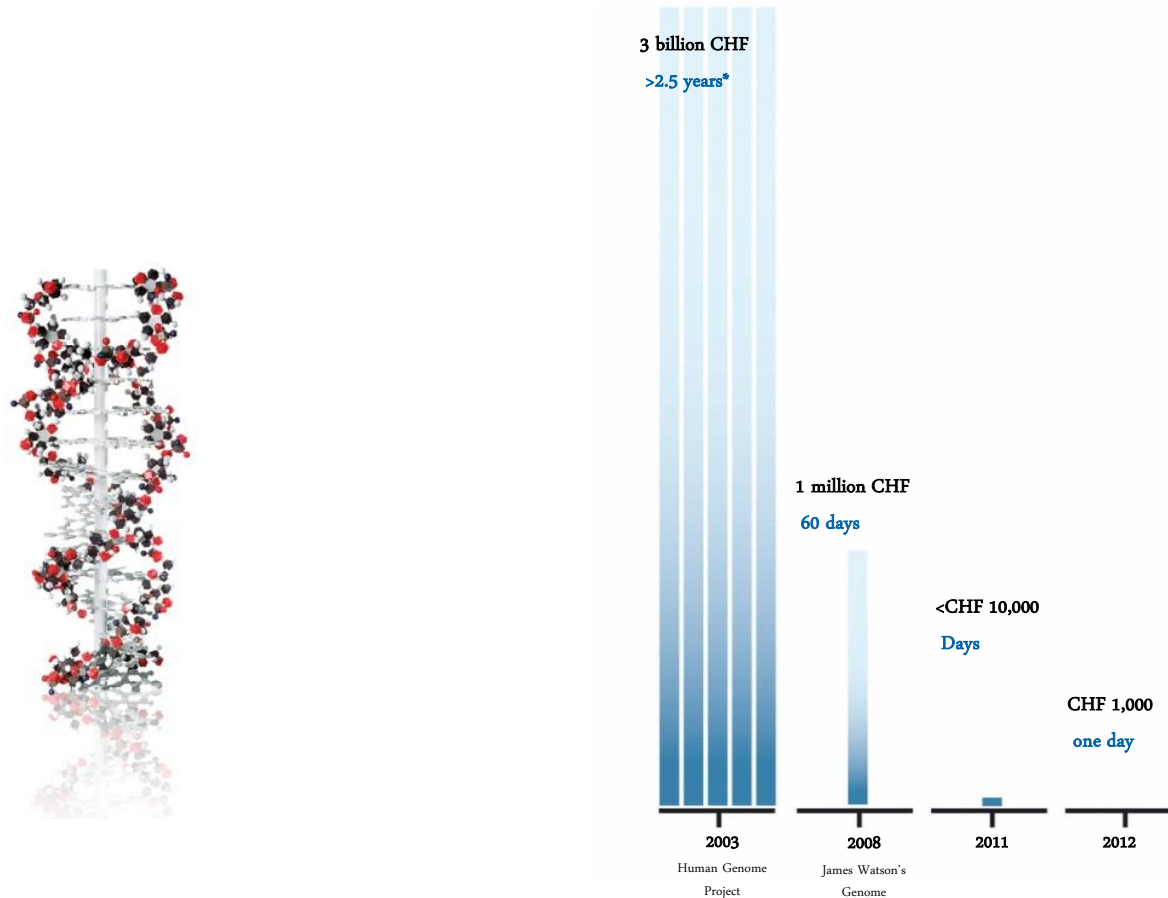


Modern technologies allow new insights



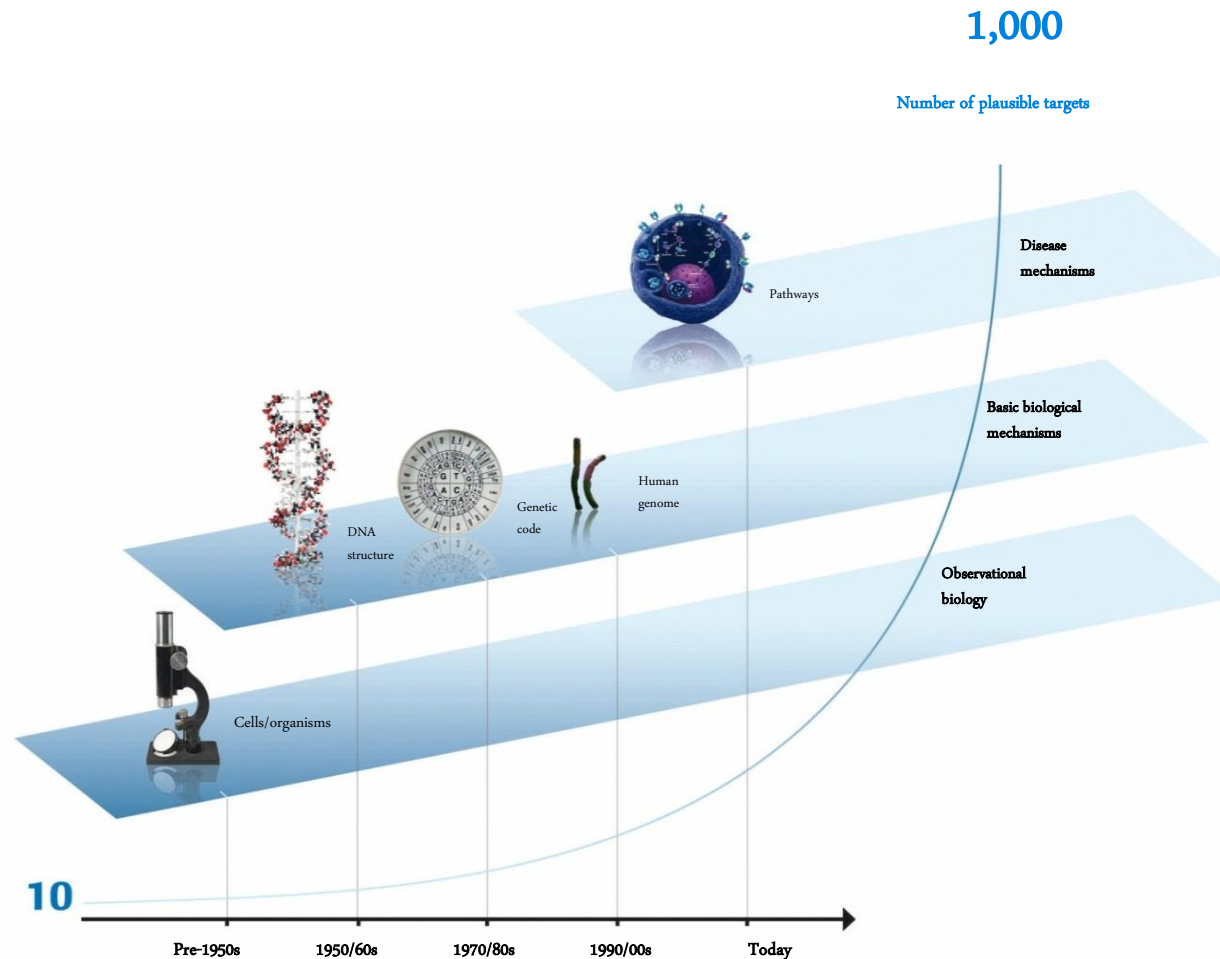
# *Example: gene-sequencing – much faster at significantly lower costs*

Cost and time involved in gene-sequencing

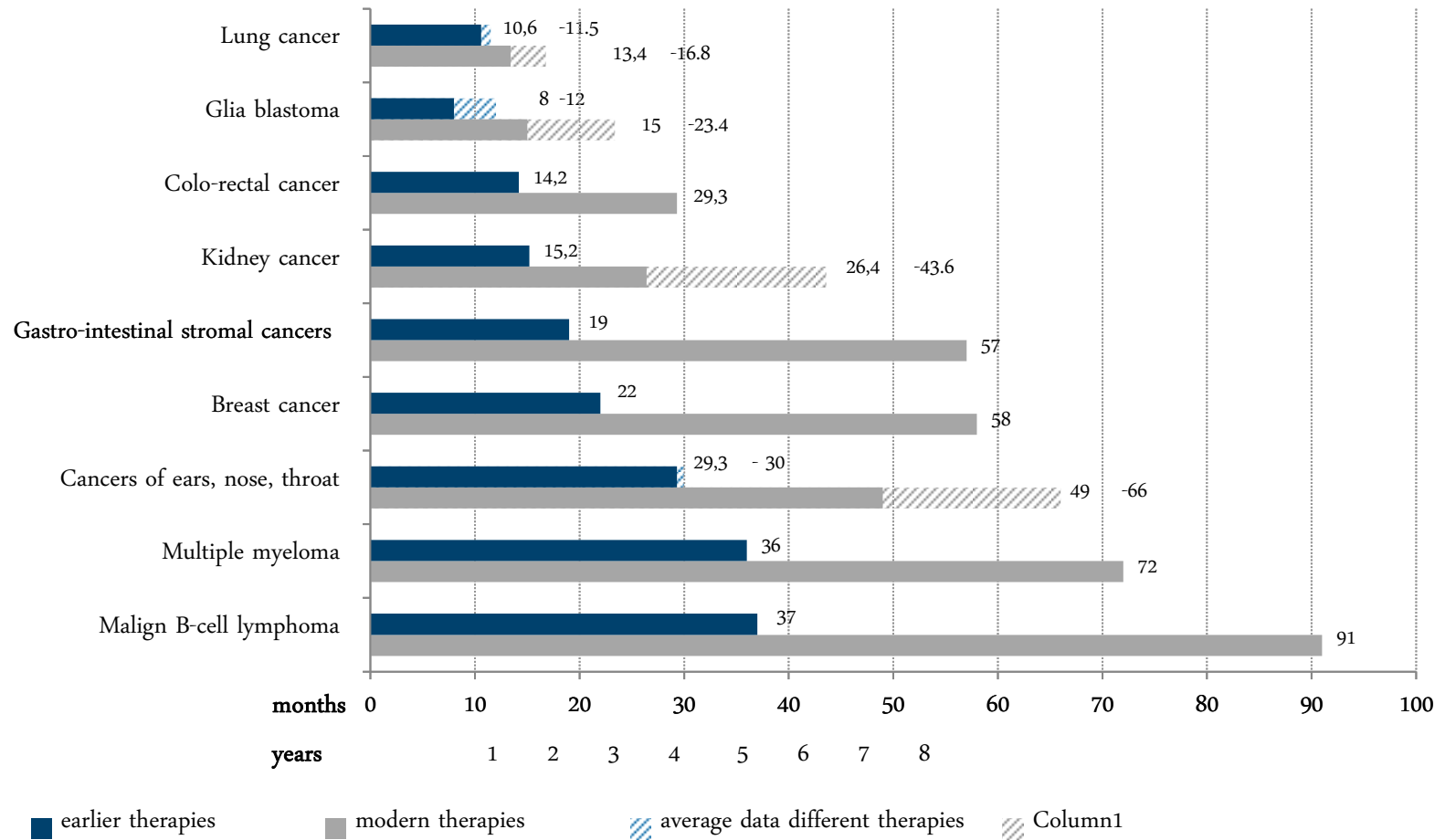


\* including preparations almost 13 years

## *New technologies allow better insights and deeper understanding of diseases*



## *Advanced cancer – progress seen in 2000 - 2010*

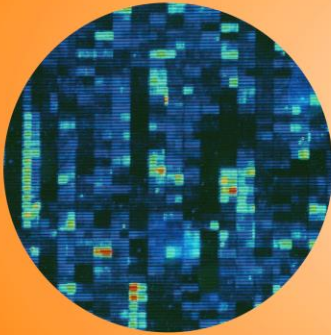


Combination of Diagnostic tools & targeted therapies

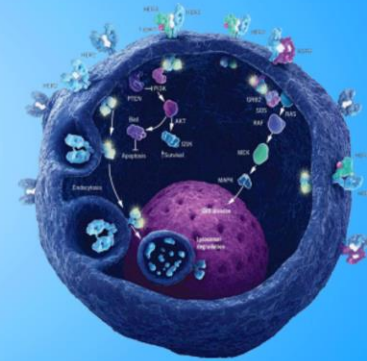
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# *Translating excellence in science into effective treatments for patients*

Companion Diagnostics

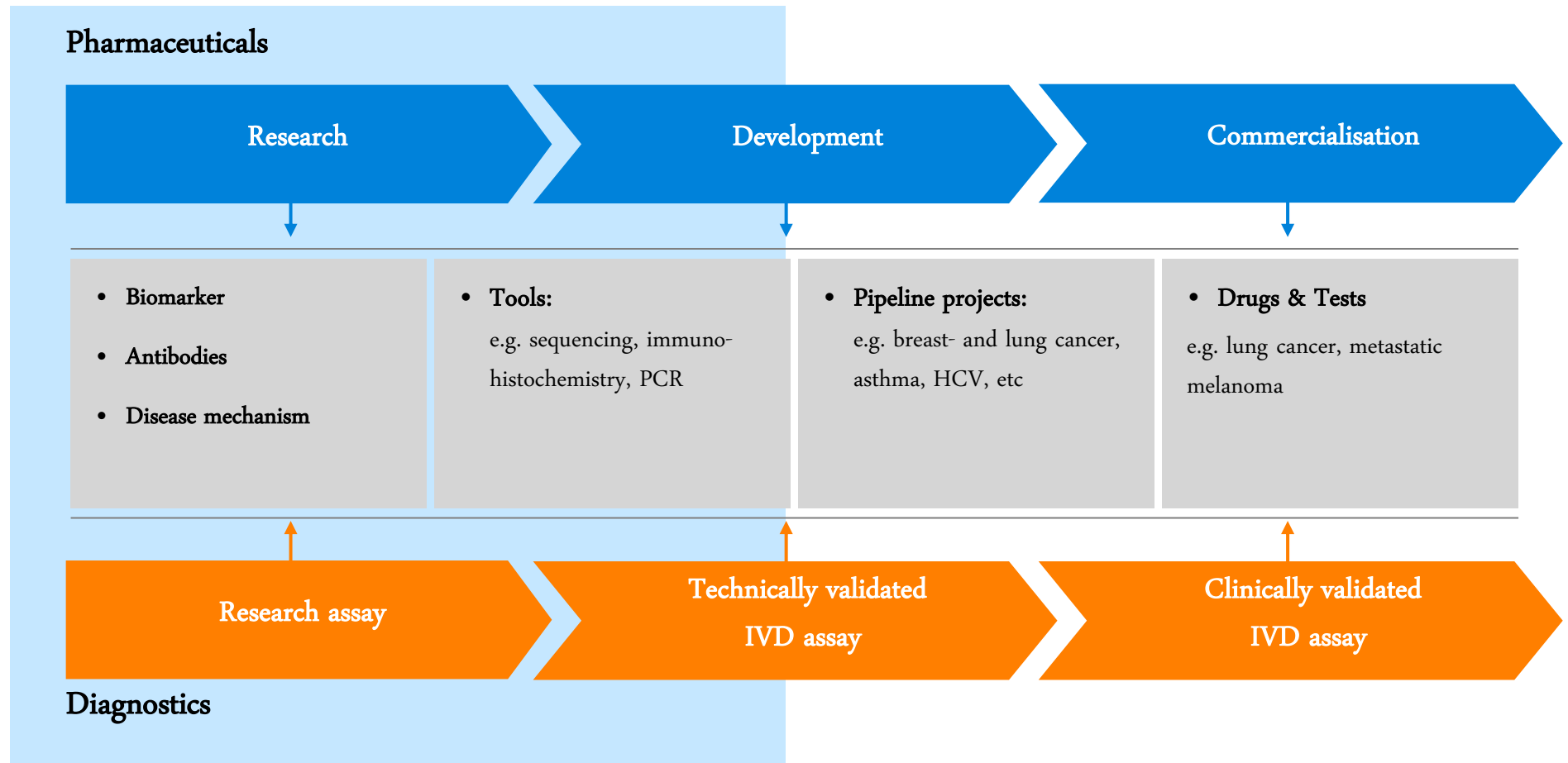


Pharmaceuticals



→ Combine molecular biology and technologies to benefit patient

## *Diagnostics input – from discovery to market*



## Biomarkers – What are they?

- Measurable characteristics (indicators) that reflect the presence or severity of some disease state
  - Can be chemical, physical or biological
- A biomarker indicates a change in expression or state of a protein that correlates with the risk or progression of a disease, or with the susceptibility of the disease to a given treatment
  - Characteristic biological properties that can be detected and measured in parts of the body like blood or tissue
- May indicate either normal or diseased processes in the body
  - Help in early diagnosis, disease prevention, drug target identification, drug response
- Can be specific cells, molecules, genes, gene products, enzymes, hormones
  - Several biomarkers have been identified for many diseases such as serum LDL for cholesterol, gene mutations for cancer etc.

Source:

1. [The Biomarkers Consortium](#)". Foundation for the National Institutes of Health.



# *Diseases requiring sub-group identification*

## *Metastatic breast cancer*

15 – 20% HER2 positive

## *Non-small cell lung cancer*

I

10 – 30% EGFR positive

## *Non-small cell lung cancer*

II

~ 50% cMET positive

## *Asthma*

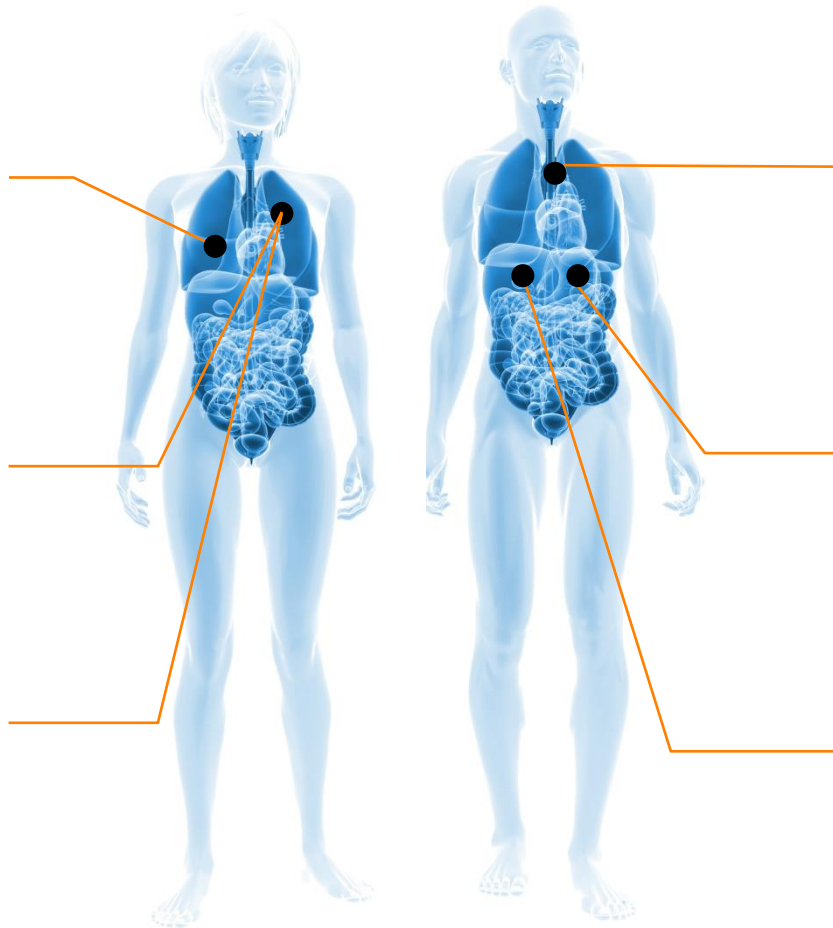
~ 50% Periostin positive

## *Stomach cancer*

16 – 22% HER2 positive

## *Metastatic melanoma*

~ 50% BRAF positive



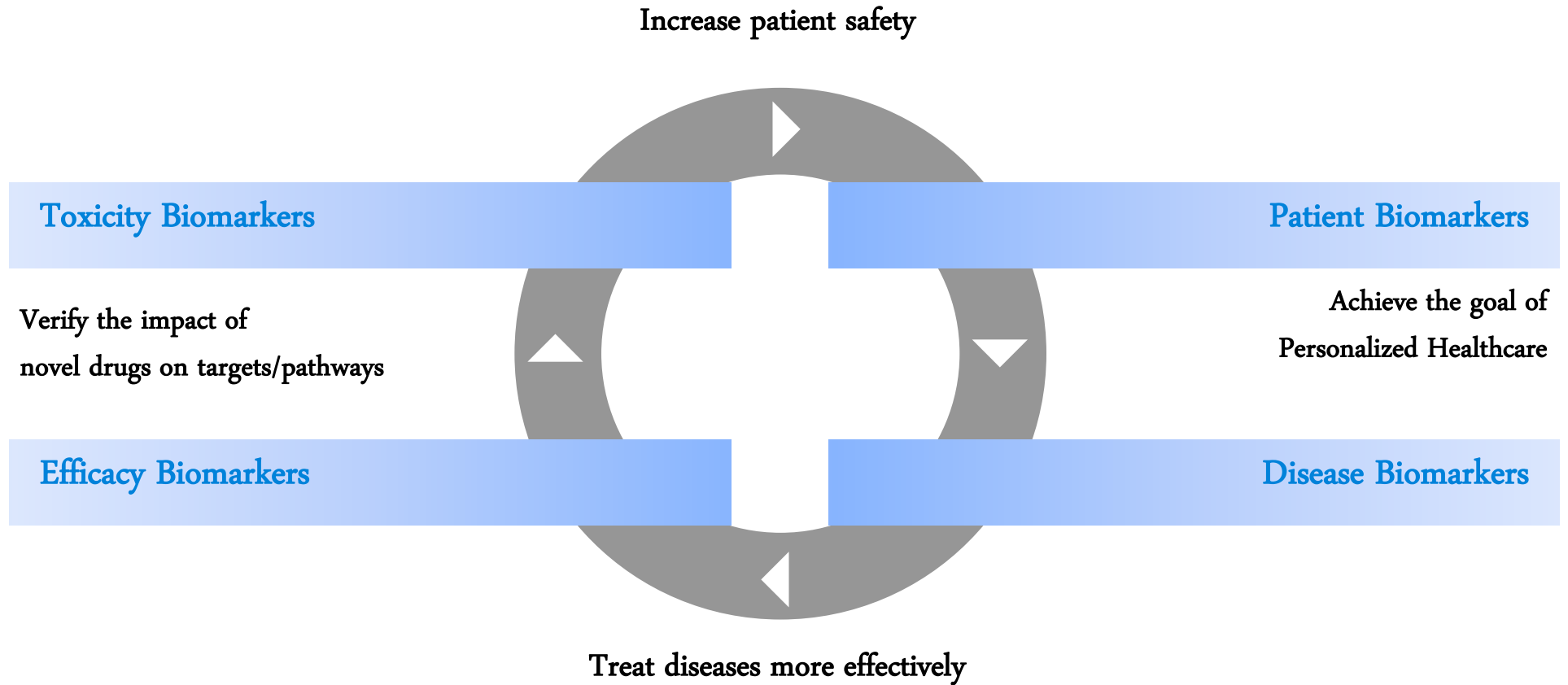
# *The 'Navigator' in highly complex systems*

### Biomarkers are critical for

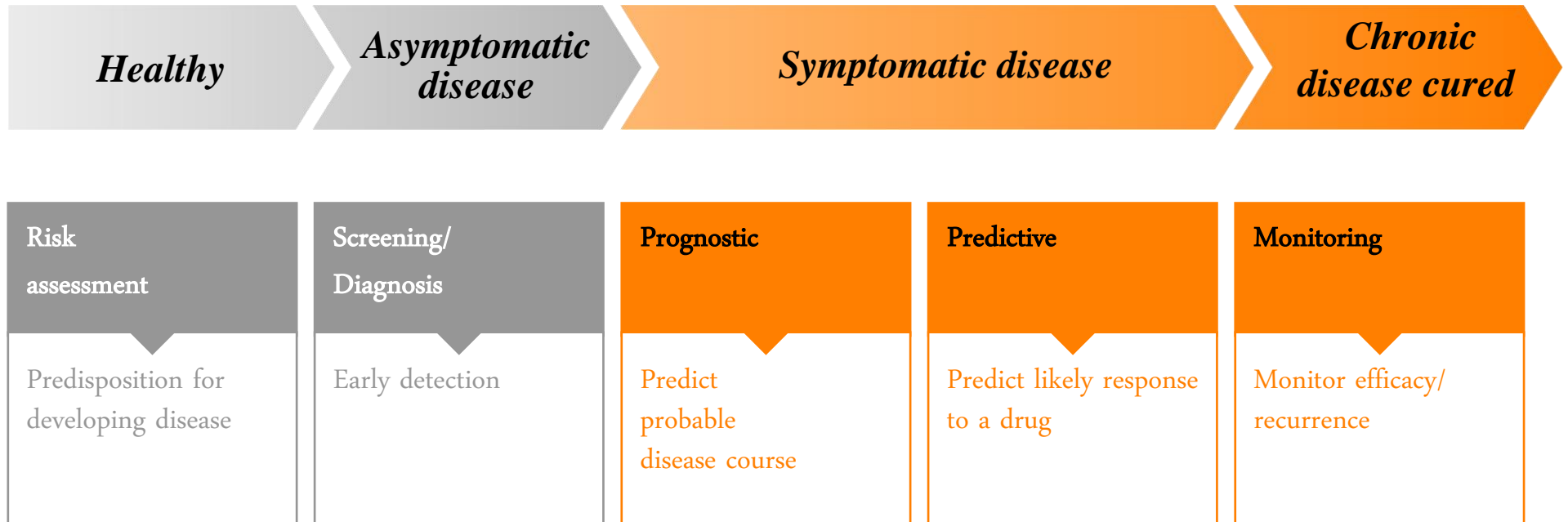
- Identifying subgroups of patients  
(e.g. optimised patient stratification)
- Improved decision making in R&D  
(e.g. tools for profiling targets or compounds)
- Understanding pathways and mechanisms
- Drivers for pharmaco-diagnostic development  
(e.g. increased benefit/ risk ratio, companion diagnostics)

*Biomarkers support navigation throughout the entire lifecycle of a medicine - from target identification to market*

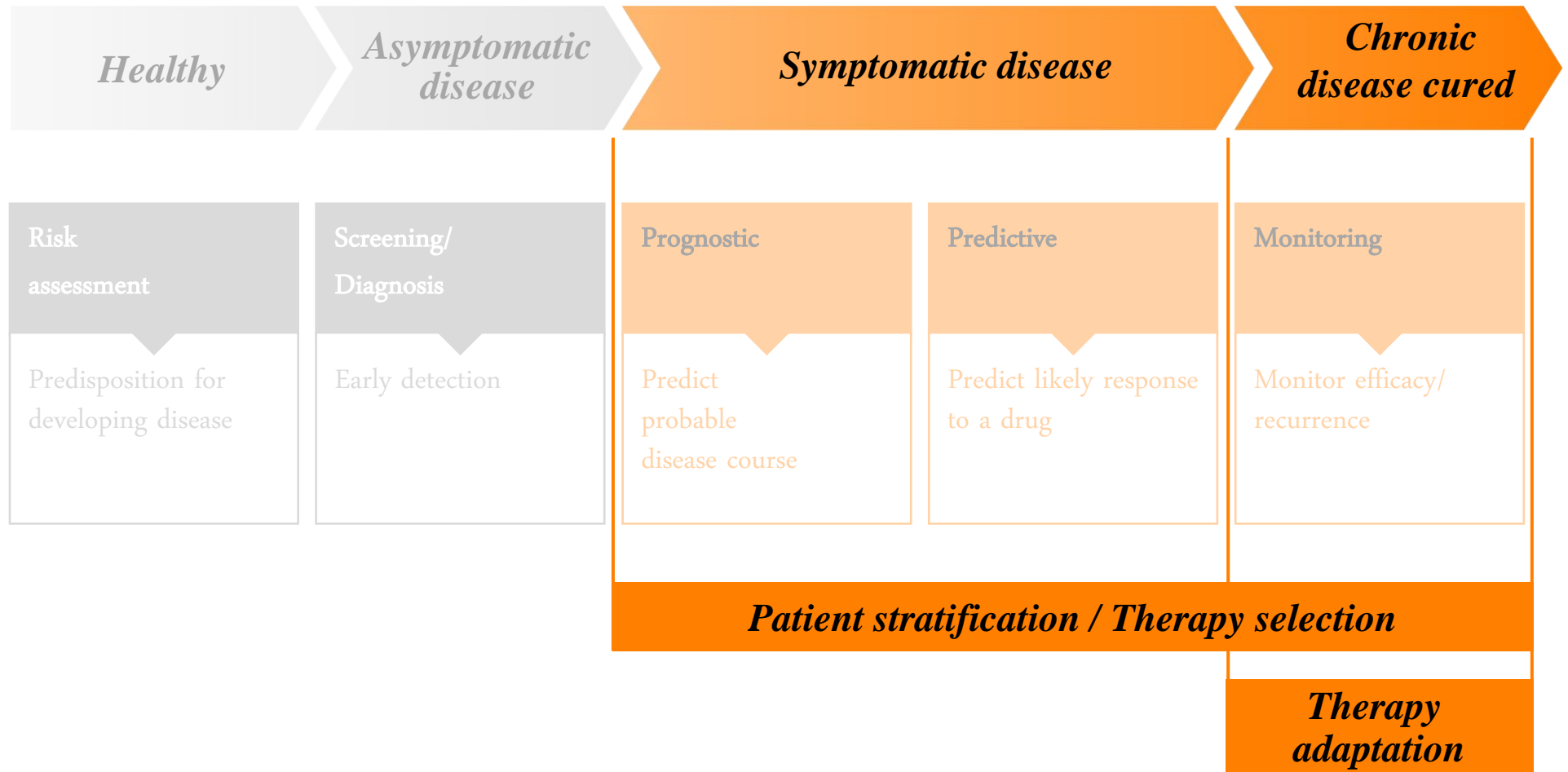




# *Most likely to benefit / most effective treatment*

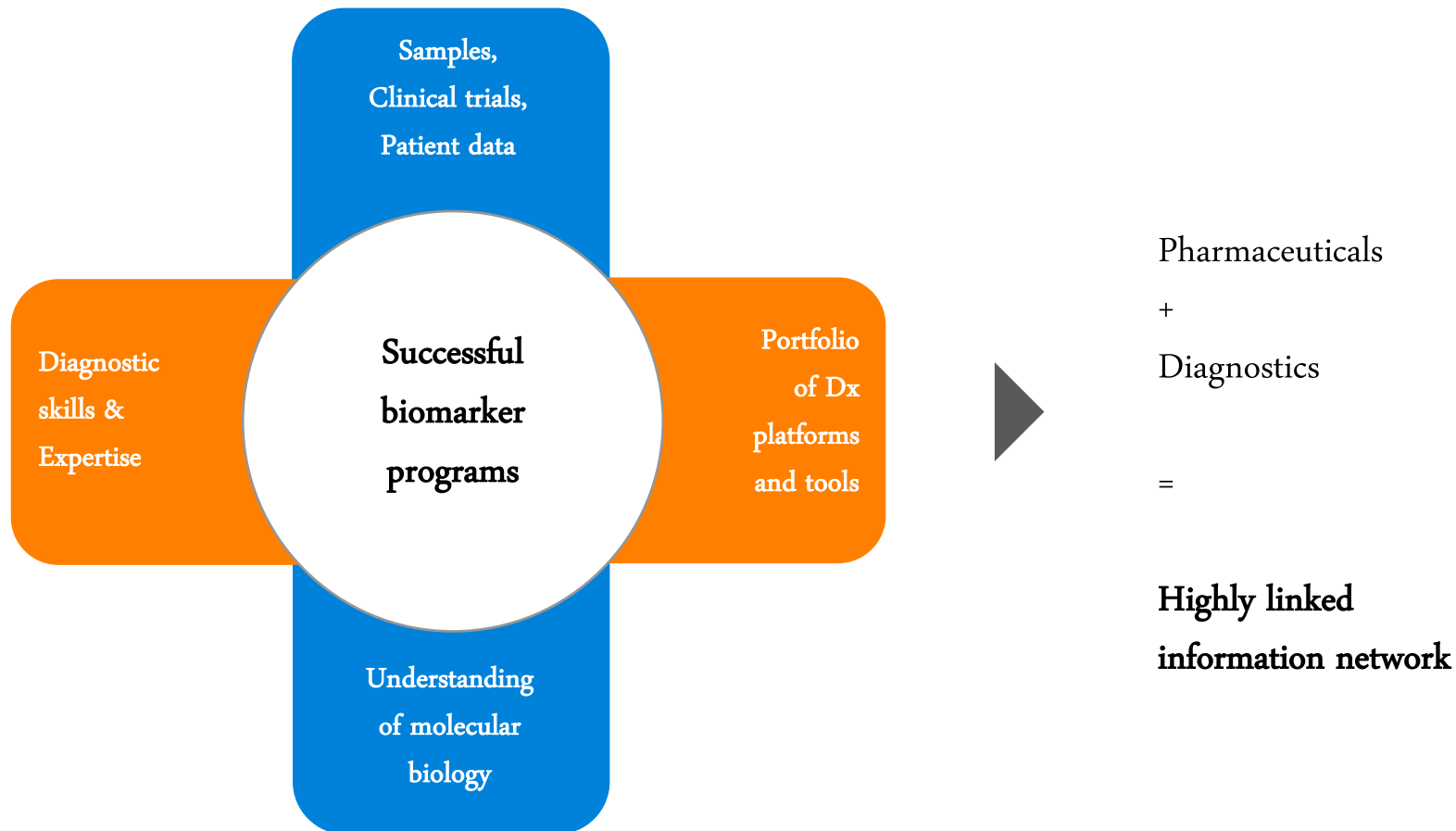


# *Most likely to benefit / most effective treatment*



## Biomarker development – what it takes

*A plethora of tools, skills and capabilities needed*



# Challenges with PHC



- PHC technologies do not neatly fit into existing HTA and reimbursement process
- Revision of the current regulatory framework is necessary with respect to:
  - Clinical evidence development and outcomes research requirements
  - Health economic assessment
  - Value assessment & decision standards
  - New incentives and reimbursement approaches for PHC

# PHC benefits all stakeholders in healthcare



## Patients

- Best treatment at the right time



## Physicians & Providers

- Maximum benefit
- Minimum toxicity



## Payers & Reimbursing bodies

- Efficient use of healthcare budgets



## Regulators & Policy Makers

- Increased efficacy & safety





# *Focus on patients and payers*

### Patients

→ Best treatment at the right time



PHC

### Payers & Reimursers

→ Efficient use of healthcare budgets



### Benefits can be:

- Better and more predictable clinical outcomes
- Improved quality of life and lifetime gained
- Reduced morbidity
- Fewer unnecessary treatments/ side effects and associated costs
- Better compliance due to better results
- Optimized use of resources in healthcare

- Allocation of scarce healthcare resources should be done in such a way that:
  - Combination of “old” traditional treatment approaches and innovative PHC alternatives is optimized through a predictable and sustainable system
  - Access of stratified eligible patients to PHC treatment approaches should not be hindered or delayed
- Updated regulatory requirements framework and HTA systems to best fit the thorough evaluation of constantly evolving PHC
- PHC therapeutic options of demonstrated value:
  - Maximize benefits & minimize untoward effects for patients, society and healthcare system

*Thank you*