The BIH - an Institute Dedicated to the Science of Translation

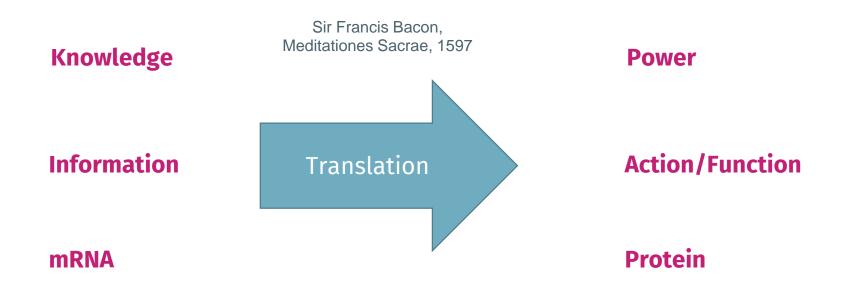
Prof. Dr. med. Christopher Henrik Baum



Aus Forschung wird Gesundheit

What is Translation?

"Turning Science into Health"







Postground effect of sustainable development



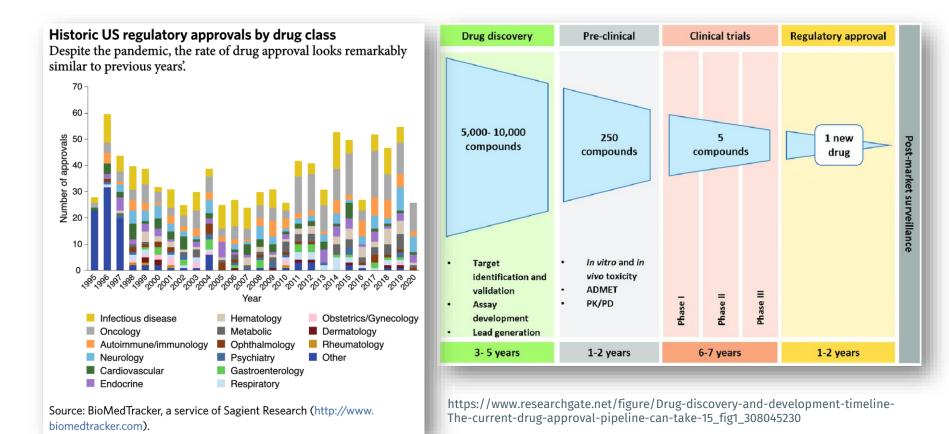
Foreground future aims and

milestones \rightarrow pathway

Sideground may change perspective and speed of the process



Background | Drug pipeline & bottlenecks



Berlin Institute

Academia-driven

- ATMPs (gene & cell therapy, tissue engineering)
- Medical engineering incl. digital products
- Biomarkers (precision medicine)

Relevance | ATMPs and biotherapeutics



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Relevance | Digital medicine

		DIGITAL MEDICINE		
			DIGITAL THERAPEUTICS	
DEFINITION	Digital health includes technologies, platforms, and systems that engage consumers for lifestyle, wellness, and health-related purposes; capture, store or transmit health data; and/or support life science and clinical operations.	Digital medicine includes evidence-based software and/or hardware products that measure and/or intervene in the service of human health. ¹	Digital therapeutic (DTx) products deliver evidence-based therapeutic interventions to prevent, manage, or treat a medical disorder or disease. ²	
CLINICAL VIDENCE	Typically do not require clinical evidence.	Clinical evidence is required for all digital medicine products.	Clinical evidence and real world outcomes are required for all DTx products.	
REGULATORY	These products do not meet the regulatory definition of a medical device ³ and do not require regulatory oversight.	Requirements for regulatory oversight vary. Digital medicine products that are classified as medical devices require clearance or approval. Digital medicine products used as a tool to develop other drugs, devices, or medical products require regulatory acceptance by the appropriate review division.	DTx products must be reviewed and cleared or certified by regulatory bodies as required to support product claims of risk, efficacy, and intended use.	
	nesociety.org/index.php/defining-digital-medicine alliance.org/dbproducts/	unision.		

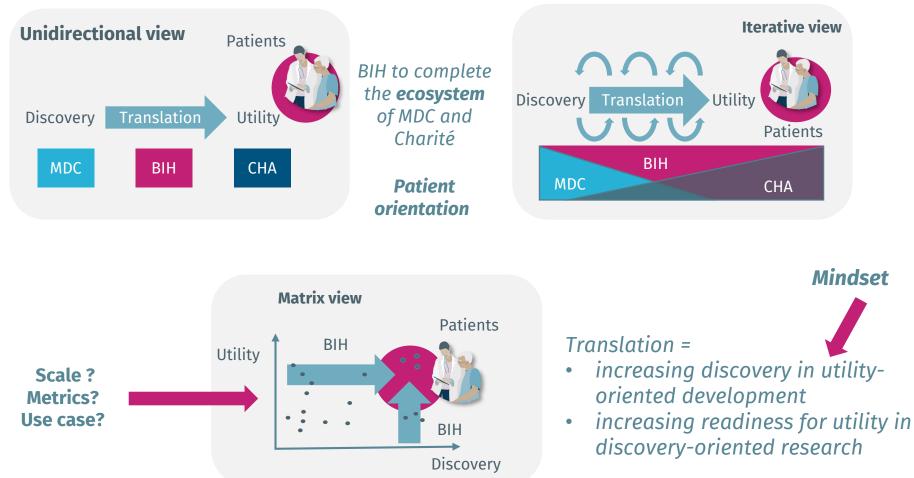


STANDARDS AND KEY STAKEHOLDERS IN THE DIGITAL MEDICINE COMMUNITY



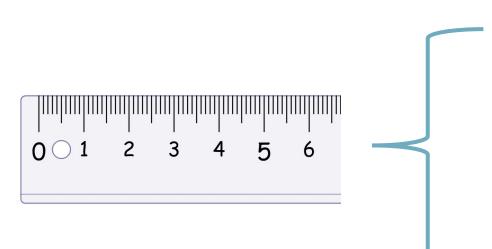


Foreground | The BIH – an institute dedicated to translation

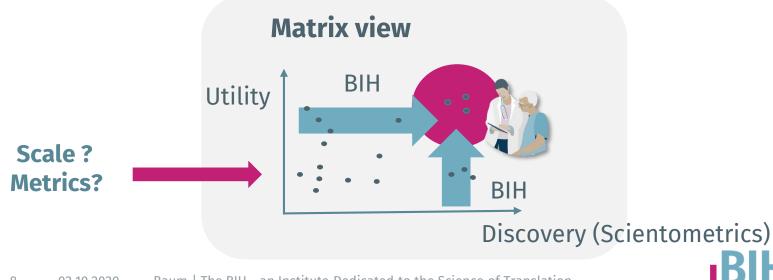




Developing translation as an *exact* science



- Medical need
- Patient outcome
- Economic value
- Readiness for application: TRLs
- Regulatory readiness
- Intellectual property
- Technical skills
- Uniformity, reproducibility
- Financial need, feasibility



Technology Readiness Levels (NIH)

TRL	Description			
TRL1	Review of Scientific Knowledge Base			
TRL2	Development of Hypotheses and Experimental Designs			
TRL3	Identification and Characterization of Preliminary Product			
TRL4	Optimization and Demonstration of Activity and Efficacy			
TRL5	Advanced Characterization of Product and Initiation of Manufacturing			
TRL6	Regulated Production, Regulatory Submission, and Clinical data			
TRL7	Scale-up, Initiation of GMP Process Validation, and Phase 2 Clinical Trial(s)			
TRL8	Completion of GMP Validation and Consistency Lot Manufacturing, Clinical Trials Ph3, and FDA Approval or Licensure			

Objective Assessment

- Infrastructure
- Careers
- Teams
- Cooperations
- Products
- Projects
- Research and clinical landscape

Granularity OK <u>https://ncai.nhlbi.nih.gov/nca</u> <u>i/resources/techreadylevels</u>

BIH Translation Agency to assess projects and identify partners



Precision mindset: Seneca

All wish *translation* (happiness), but are dull at perceiving exactly what it is that makes it work: and so far is it from being easy to attain to *translation* (happiness) that the more eagerly you struggle to reach it the further you depart from it, if you take the wrong road; when this leads in the opposite direction, your very velocity carries you all the further away.

We must therefore first define clearly what it is at which we aim: next we must consider by what path we may most speedily reach it, for on our journey itself, provided it be made in the right direction, we shall learn how much progress we have made each day, and how much nearer we are to the goal.

But as long as we wander at random, not following any guide except the shouts and discordant clamours of those who invite us to proceed in different directions, our short life will be wasted in useless roamings, even if we labour both day and night to get a good understanding. LVCIIANNEI SENECAE DE VITA beata ad Gallionem fratrem, LIBER VNVS.

CAPVT L



IV ERE, Gallio fra ter, omnes beatè vo= lūt, fed ad peruiden= dū quid fit, quod bea tā vitam efficiat, cali= gant. Adeog non eft facile confequi Beatā vitā, vt ab ea quifq eo longius recedat, quo ad illam concita

tius fertur. Si via lapíus eft, quæ in contrarium ducit, ipfa velocitas maioris interualli caufa fit. Proponendum eft itag primum, quid fit quod appetamus. Tunc circumípiciendum eft, quà cos têdere illò celerrimè poísimus, intellecturi in ipfo itinere, fi modo rectum erit, quantum quotidie proficiamus, quantog propius ab eo fimus, ad quod nos cupiditas naturalis impellit. Quandiu quidem paísim vagamur, non ducem fecuti, fed fremitum & clamorem diffonum in diuerfa vos cantium conteritur vita inter errores, breuis, etiã fi dies noctes ponæ mentis laboremus. Decers natur itag & quò tendamus, & quà, non fine pes A s rito

Science (~Wikipedia)

A system of knowledge, discoveries and experiences

- Systematically collected and taught, stored, expanded and passed on
- Causality and clearness: relationships, rules, terms and definitions, theories and hypotheses
- Methodology, measurement, quantification (exact sciences)
- Rational, objective, honest
- Reproducible, valid
- Transparent
- Definite, unambiguous
- New, reliable, useful



QUEST (est. 2017) - Quality Ethics Open Science Translation Center for Transforming Biomedical Research



...to increase the trustworthiness and usefulness of biomedical research – at BIH (i.e. Charité and Max Delbrück Center) and beyond – by optimizing its robustness, transparency, patient-orientedness, and ethics.

http://quest.bihealth.org



QUEST Approaches



Quality assurance: promote compliance of preclinical and clinical research with standards and guidelines on design, conduct, analysis and reporting.



• Education: develop and implement training and teaching resources on experimental and study design, methods to reduce bias, new modes of publishing, open science, etc.



• **Open Science:** improve the accessibility and transparency of BIH research and its results through Open access and Open data.



• **Rewards and incentives**: develop, implement, and assess the impact of novel indicators incentives and metrics for rewarding researchers, appropriating funding and awarding academic degrees.

QUEST Approaches



• **Stakeholder engagement:** develop, support, and evaluate patient and stakeholder engagement activities throughout the entire process of biomedical research



 Meta-Research: identify opportunities for improving research practice and obtain evidence for the impact of its activities through 'research on research'.



 Bioethics of translation: develop scientifically sound and practice-oriented recommendations on ethical requirements for research with humans, animals and sensitive data



• **Think tank:** act as advisors to stakeholders in biomedicine from funders to politics.

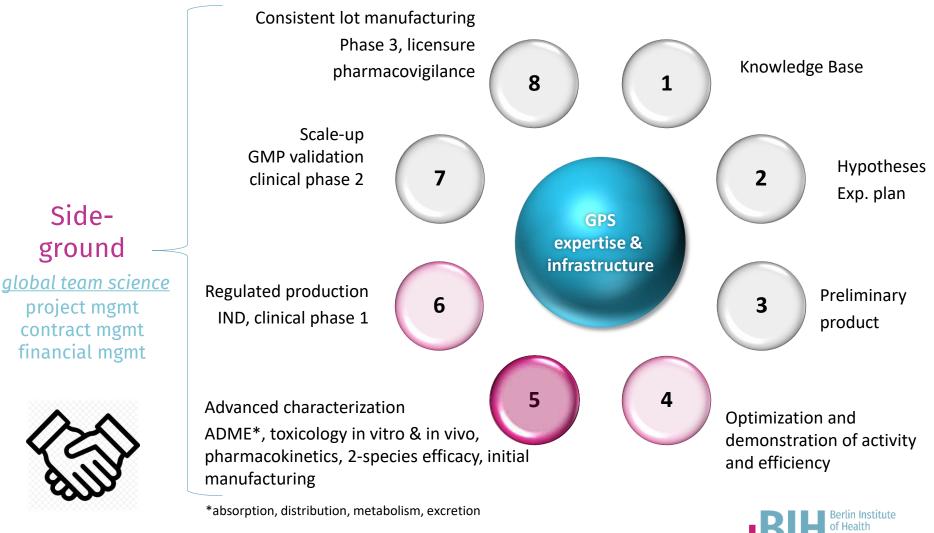


BIH approaches to improve readiness for translation

BIH-Academy	People	Task Approach Incentives	Establish a faculty skilled in medical translation Support personal development and careers BIA - Career Support Initiatives
QUEST	Quality	Task Approach Incentives	Assure optimal use of material and human resources Define and assure value of research Value-Incentives <i>(VoM)</i>
BIH-Accelerator	Support	Task Approach Incentives	Increase speed and probability-of-success in translation Bridge gaps in the translational process Translation-Incentives (<i>ToM</i>)
BIH-Innovation	Transfer	Task Approach Incentives	Increase effectivity of innovation transfer Provide structures and support for effective transfer Innovation-Incentives (<i>IoM</i>)



Technology Readiness Levels (circular, iterative)



Sideground mindset: Prepared for the unknown

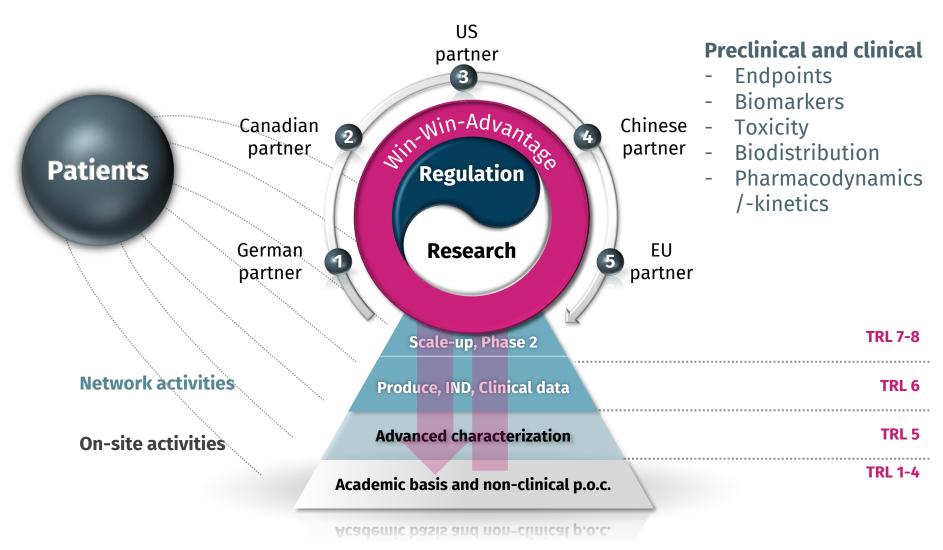
I only know that I know nothing (Socrates) $\otimes \rightarrow \odot$

Joni Mitchell: I've looked at clouds from both sides now From up and down and still somehow It's clouds illusions I recall I really don't know clouds at all

The greatest enemy of knowledge is not ignorance, it is illusion of knowledge (Hawking)



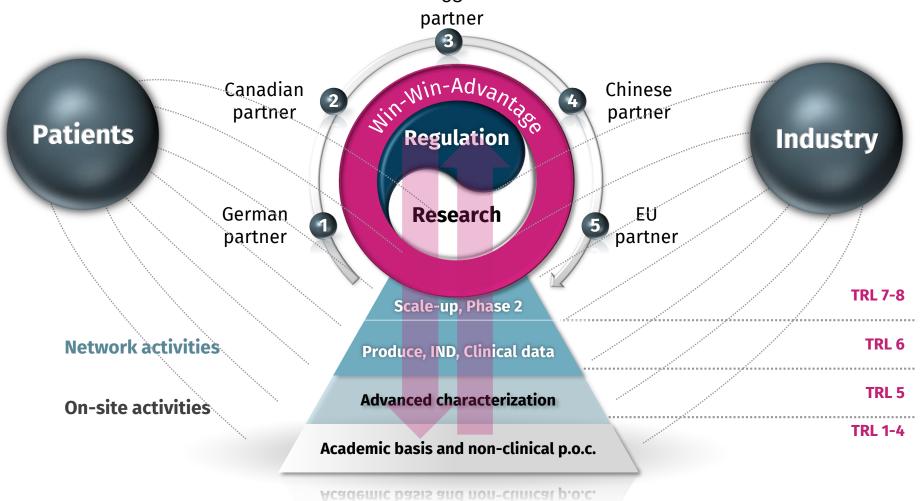
Regulatory and patient perspective



18



Global team science: includes industry perspective



Berlin Institute of Health

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Positioning of the BIH

ADDITIVE to ROLES of OTHER PLAYERS

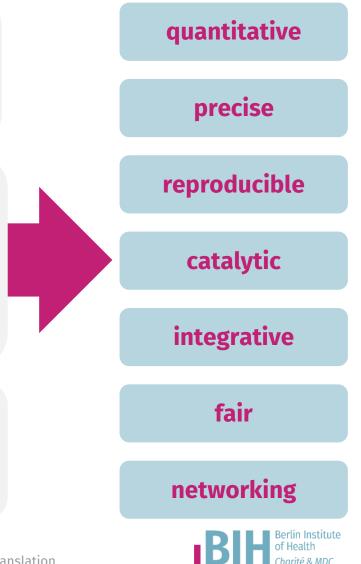
University Medicine, DZGs, NUM, Helmholtz, Fraunhofer, Leibniz, Max-Planck, Industry

AGILE GOVERNANCE

Finding project-specific regional, national and international partners Combine science, business and regulation

MAKING TRANSLATION MEASURABLE

Objective assessment: values and specific project components



Governance mindset: Virchow

Zwei Dinge pflegen den Fortschritt der Medizin aufzuhalten: Autoritäten und Systeme

Two things tend to block progress in medicine: authorities and systems

BIH to challenge this statement

- Balancing established pathways and new avenues
- Productive, pro-active communication
- Openness to the complexity of challenges
- Institutional governance fostering agility



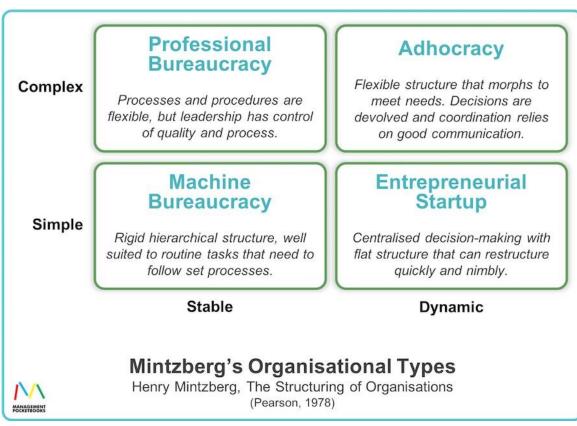


Governance of the BIH

IBIH

Process-adapted governance

- Professional Organisation
 - ScientificDepartments
 - Core Units
 - Academy (BIA) and enabling platforms
- Adhocracy
 - Translational projects
 - Patient consultation

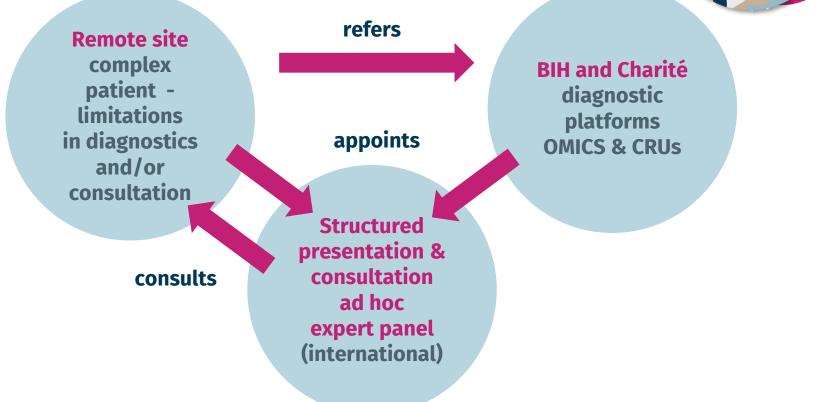


https://www.pocketbook.co.uk/blog/2018/05/29/adhocracy/



BIH | Role in patient care

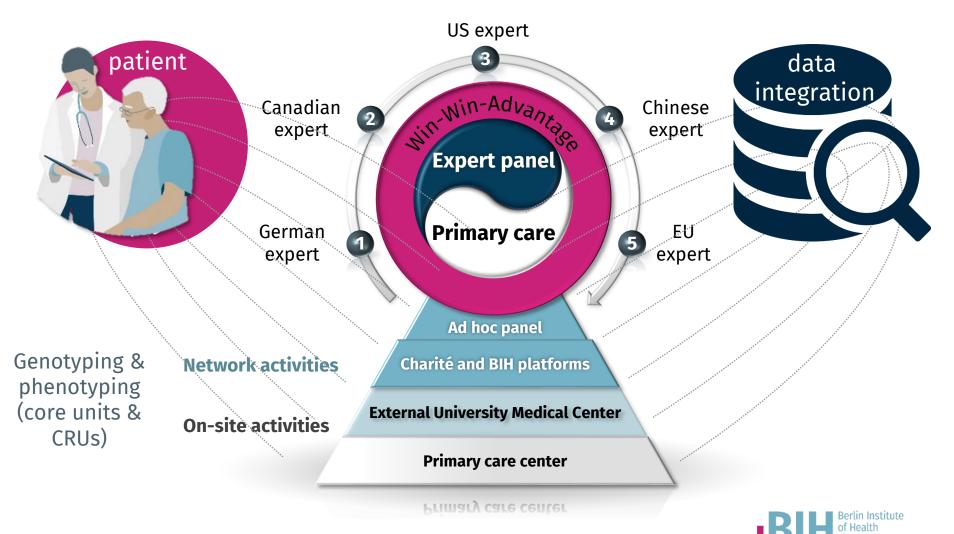
Supportive role for advanced genotyping/phenotyping





patient

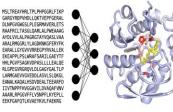
Patient case consultation "adhocracy"



Center for Digital Health







Al in Life Sciences Roland Eils

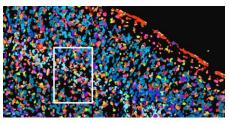


Molecular Epidemiology Irina Lehmann

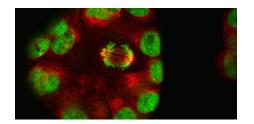


Computational Medicine Claudia Langenberg

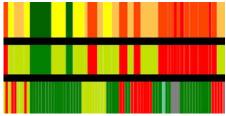




Computational Oncology Naveed Ishaque



Intelligent Imaging & Genomics Christian Conrad



Health Data & Cloud Jürgen Eils & Harald Wagener



Patient eligibility

Third line referral

Patients who are referred by another hospital



Complicated surgery

Surgeries which are performed for <1:100.000 inhabitants or which are concentrated for >85% in academic hospitals





Patiënt groups¹ whose DRG products are concentrated for >85% in academic hospitals



Multi specialty

Patients for whom three or more specialties³ are involved in treating the same diagnosis





Patients <50 years with 4 or more diagnosis groups in 2 years in all visited hospitals in the country



Rare diagnosis

DRG diagnoses for which <1:100.000 inhabitants⁴ receive care in a hospital



Treatment intensive

Patients whose treatment was 2 standard deviations more intensive¹ than the one of an average patient in the country with the same DRG



Science

Patients with an ICD-10 on which the hospital published many articles and attracts many patients⁵



paradigms: www.dasne.de

Erasmus MC

zalus

1. Patient groups are created by distinguishing all patiënts with a certain DRG diagnosis + a gender, DRG diagnosis + an age group, and DRG diagnosis + a travel time category

- 2. The intensity of a treatment is measured as Σ (performed procedure x average cost of this procedure in all hospitals in the country)
- 3. Excluding supporting specialties, e.g. radiology, pathology
- 4. The definition of the European commission for rare diseases is <1:2000 inhabitants per ICD-10/Orphanetcode. 1<100.000 is used, because the scope of the DRG diagnoses used is broader
- 5. Minimally 40 publications in 3 years and 50% more patients than expected based on location per ICD-10 chapter (i.e. the first three characters of an ICD-10 code)

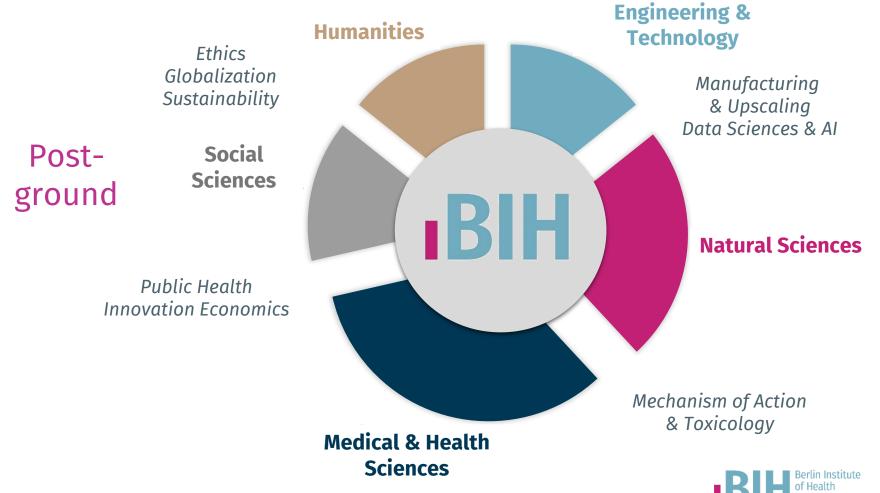


Interdisciplinarity of translation

Classification: Fields of Science

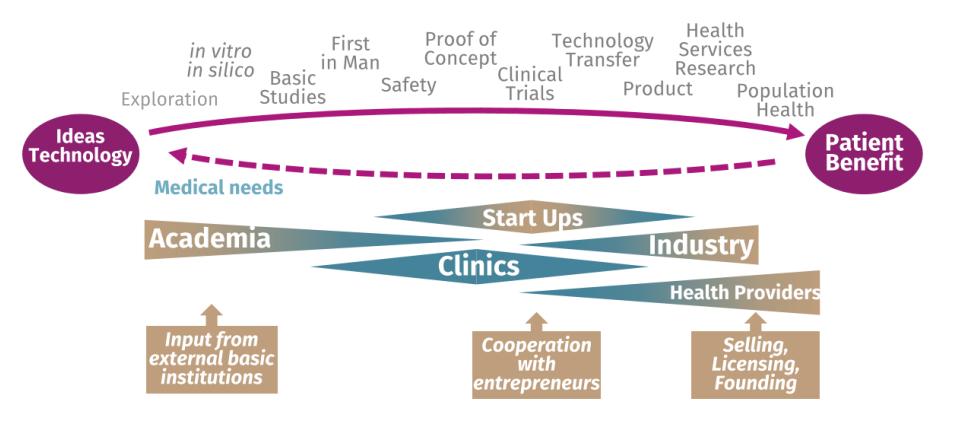


Berlin University Alliance



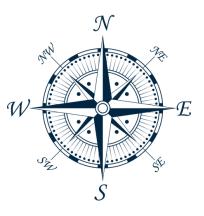
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Berlin ecosystem and partners









BIH: an institute dedicated to the science of translation interdisciplinary, precise, objective, reproducible, catalytic/supportive

Additive to role of other players

Regional, national and international scope

Novel platforms for project assessment/management and patient case consultation

Focus precision medicine, ATMPs and digital sciences/products



Thank you!

www.bihealth.org



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