DEPARTMENT OF RENAL MEDICINE Centre for Genetics and Genomics



## **Getting New Therapies: the Rare Disease Problem**

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#### **Challenges for rare kidney diseases**

- Developing a new therapy is expensive so biotech/pharma/investors need to have a credible pathway to regulatory approval of a potential therapy before risking investment needed to develop and test a treatment in a clinical trial
  - Market size for rare disease therapy is necessarily small
- · Regulators need to decide what treatment effect would justify approval
  - Funders (or NICE) need to have evidence that the cost of the drug is commensurate with the benefit to patients and society
- Need clear data on natural history (ie quantify unmet need) to assess benefit (i.e. to balance against known and unknown risks of novel treatments)

#### Challenges for rare kidney diseases (2)

- In rare diseases, trials are necessarily small (not enough patients for mega-trials) and duration is short (>2 years not usually feasible)
- Time between established evidence of kidney damage and kidney failure is typically longer than this
  - Limited opportunity to gather safety data so large effect size needed to balance unascertained risks (in addition to those that are known)
  - Intervention usually must be before CKD advanced so trial endpoint cannot be kidney failure event
- A trial showing that proteinuria reduces or eGFR slope flattens is not enough to get a new medicine to patients unless the likely impact on kidney failure risk has been quantified
  - The greater the transparency/predictability of approval decisions the more manageable the risk of investing in drug development: engage with stakeholders!

## Federal Drug Administration criteria for approval of new medicines

- In US law, FDA approval is based on a drug showing evidence of efficacy to improve how patients: **Feel, Function or Survive** 
  - Because kidney failure is known to be detrimental to function and survival (and often to how patients feel) this is an approvable outcome
- Evidence of how a potential new therapy affects how patients feel is important
  - Need validated tools to assess how people feel
  - Need to quantify how diseases make patient feel before potential impact of a new therapy on this can be appraised



#### How RaDaR can advance treatments for rare disease

#### Epidemiology studies

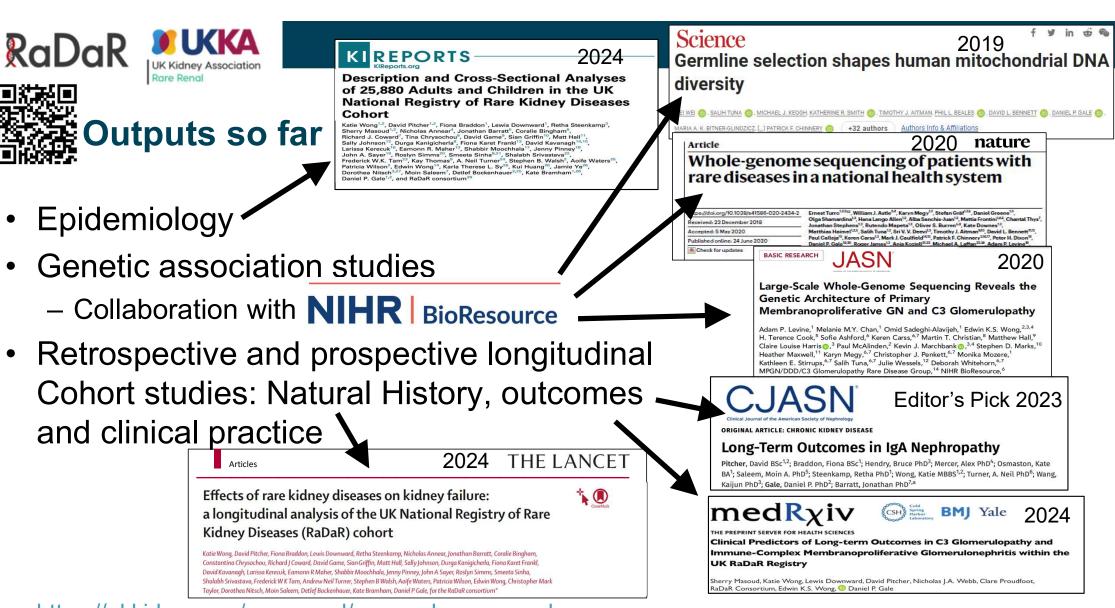
- Contribution disease makes to societal/healthcare needs important in justifying resource to study it and understanding potential impact of treatment
- Informs feasibility of clinical trials (RaDaR can also help recruitment)

#### Natural history studies

- Data showing what happens to untreated patients needed to inform rational appraisal of risk/benefit ratio of interventions: patients, clinicians, regulators and funders (NICE) need this information
- Identification and validation of surrogate endpoints to unlock potential for trials
  - Working with industry (individually or as part of PARASOL) helps establish these
- Needed to calculate power of clinical trials (and other aspects of **trial design**)

#### Patient reported experience measures

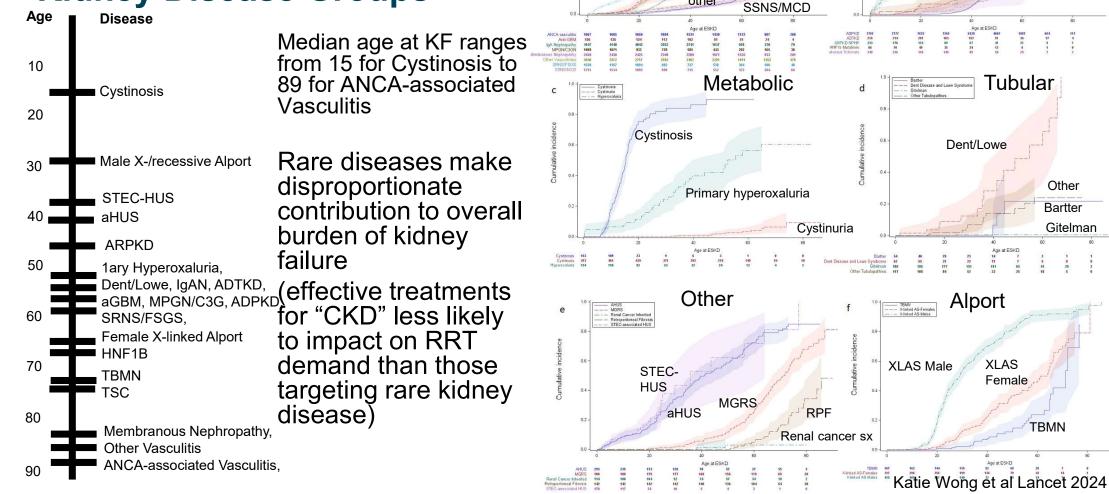
Annual RaDaR surveys



<u>https://ukkidney.org/rare-renal/research-rare-renal</u>



#### Renal outcomes in Rare Kidney Disease Groups



Glomerular

Anti-GBM

Membranous

ANCA-V

IgAN

Vasculitis other

MPGN/C3G

SRNS/FSGS

ADTKD ARPKD NPHP HNF1b Mutations

Cystic

ARPKD

ADTKD

ADPKD

TSC

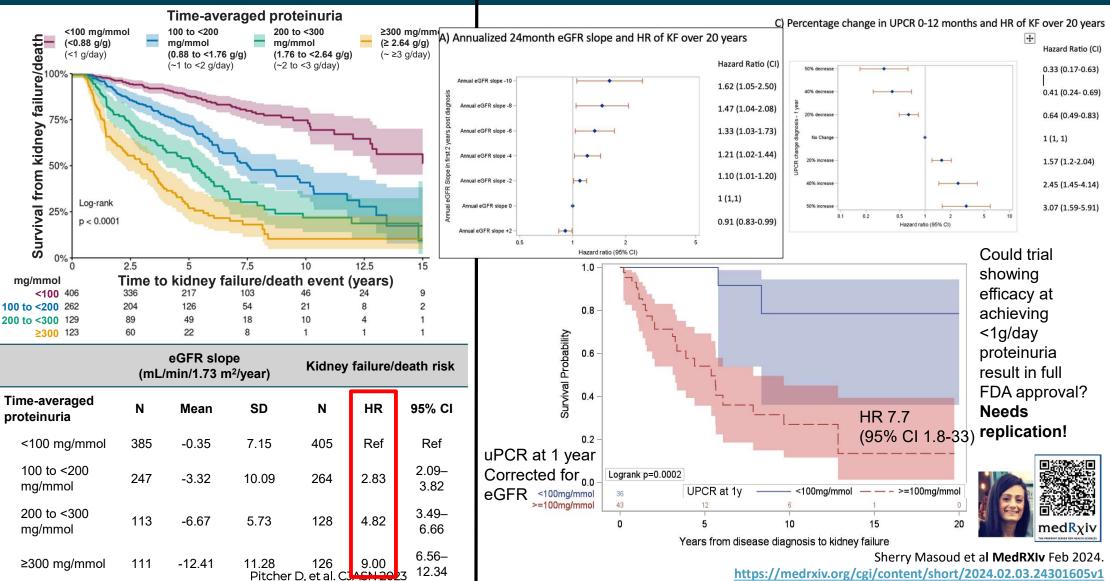
HNF1B

ANCA vasculiti Anti-GBM IgA Nephropath MPGN/C3GN

а

#### IgA nephropathy

### C3 Glomerulopathy/IC-MPGN



# Establishing clinical trial endpoints: Working with International Society of Glomerular Diseases, FDA, EMA, NephCure and others

• PARASOL:



https://www.is-gd.org/parasol

PARASOL is a collaborative international effort that aims to define the quantitative relationships between short-term changes in biomarkers (proteinuria and GFR) and long-term outcomes in order to support the use of alternative proteinuria-based endpoints as a basis for accelerated and traditional approval.

The PARASOL group will achieve this in 2024 by conducting a large-scale analysis of existing data from patients of all ages with FSGS who are participants in observational cohort studies, regional or national registries, or real-world data sets.

- Initial project in FSGS will report at the ASN in October 2024
  - 26 registries from numerous countries involved RaDaR is by far the largest
  - Future projects will target other glomerular diseases (Alport, C3G etc)

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NOVARTIS

**≥**Pfizer sanofi

Kidney

Careu



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