# XXV Encuentro de Cooperación Farma-Biotech

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PH-Care: Biomarker signature for early diagnostic of portal hypertension







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#### 1. The Institution



Fundació Recerca Clínic Barcelona – IDIBAPS

#### **Centre Esther Koplowitz**





#### Liver Vascular Biology research group

PI: Jordi Gracia-Sancho

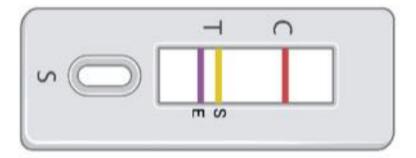
Expertise: vascular liver diseases at both pre-clinical and clinical levels.

#### Focus:

- Knowledge of the pathophysiology of the main complications of chronic liver diseases such as portal hypertension
- To identify new therapeutic targets.
- To develop non-invasive biomarkers to improve patients' management.

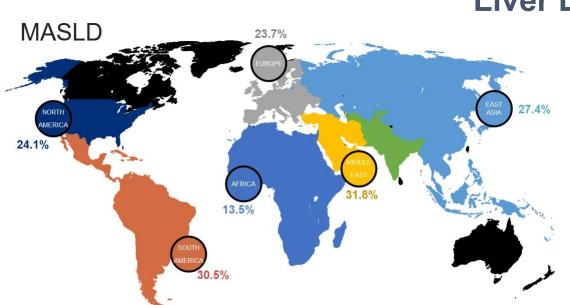
a) Target Indications

# PH-Care

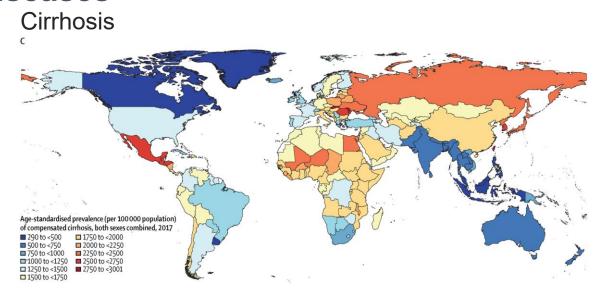


Point of care assay for the **estimation of portal pressure** using a blood sample

a) Target Indications - Why do we need it?



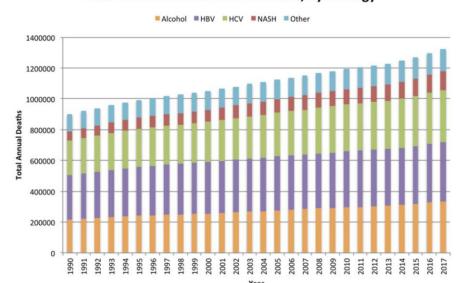
## **Liver Diseases**



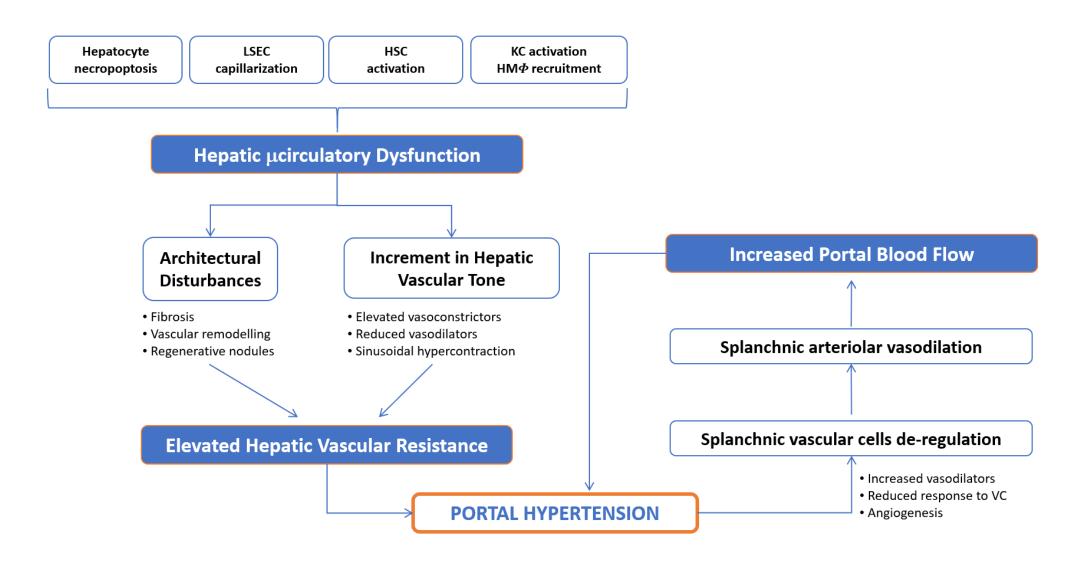
#### Total Annual Deaths from Cirrhosis, by Etiology

#### Some facts:

People living with HBV: 260 million Steatotic liver disease >25% of world population 2% of US population diagnosed with a liver condition 9th cause of mortality in developed countries No approved treatment (except HCV)



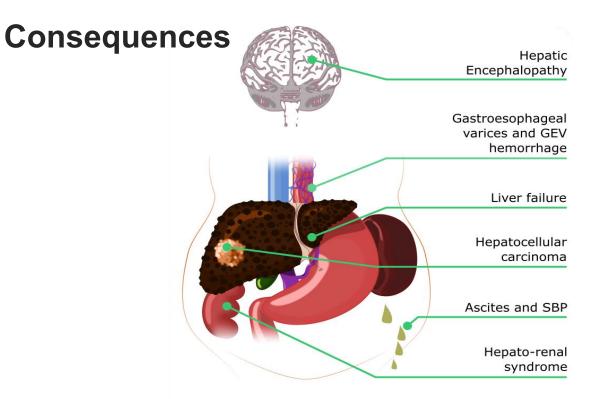
a) Target Indications - Why do we need it?



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# **Portal Hypertension**

Clinical syndrome very frequent in cirrhosis characterized by a pathological increase in the portal pressure gradient or HVPG (>5 mmHg)

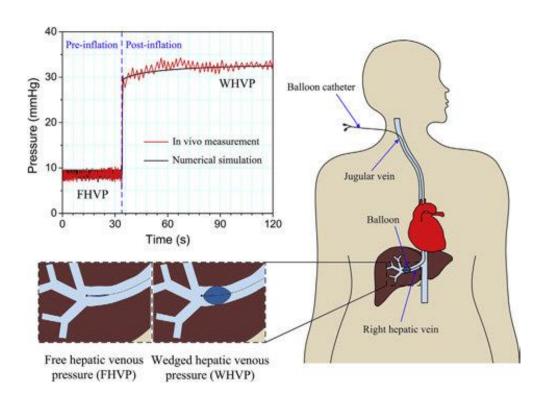


170.000 deaths/year in the EU

1.300.000 deaths/year worldwide

a) Target Indications - Why do we need it?

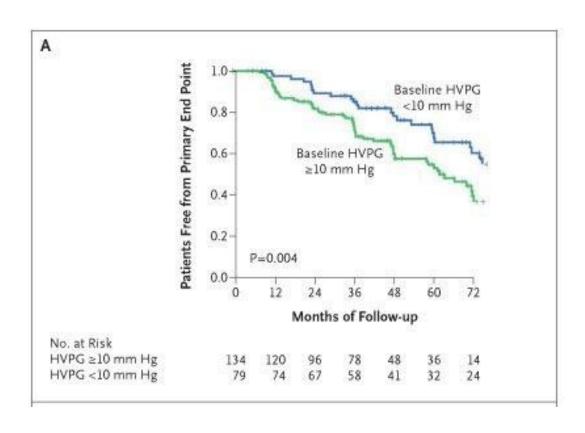
## **Current method: HVPG**

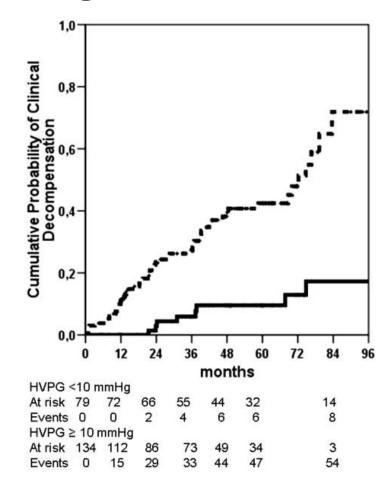


Invasive
Requires hospitalization
3.500 €/patient
Specialized team (not available in most hospitals)

a) Target Indications - Why do we need it?

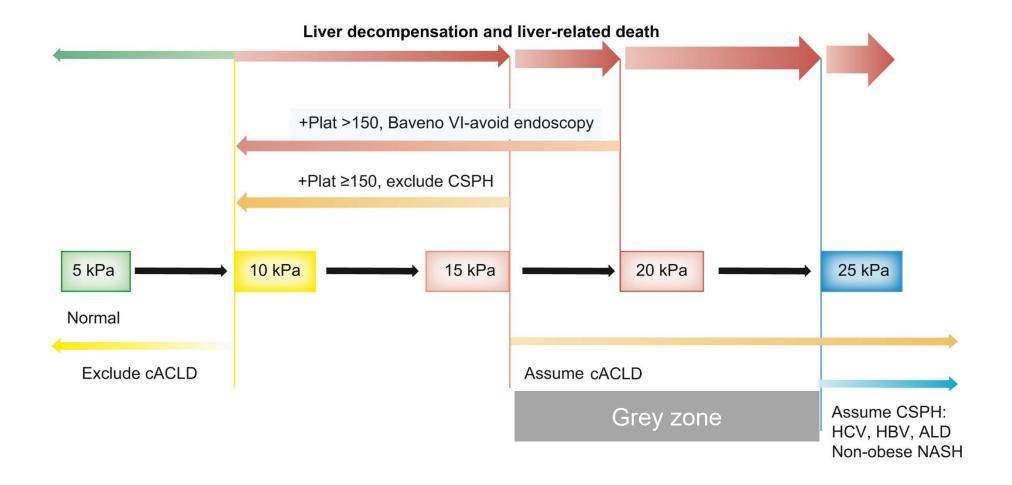
# **Portal Hypertension & Liver Disease Prognosis**



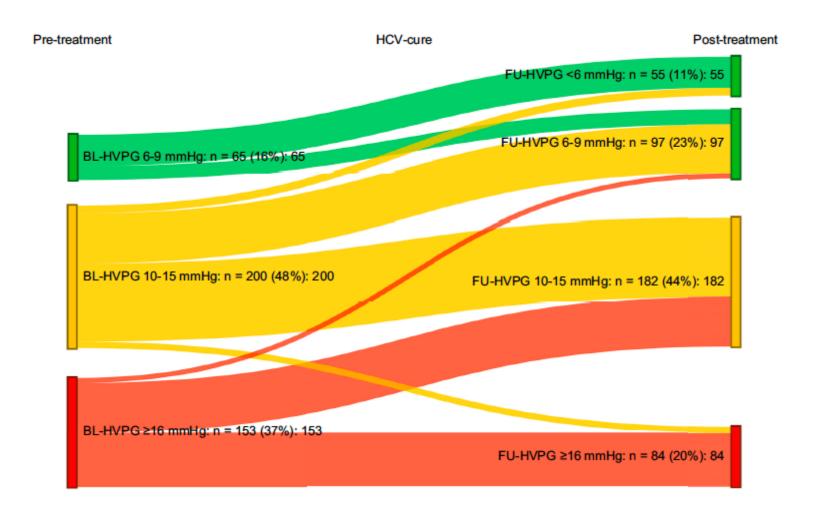


a) Target Indications - Why do we need it?

## **Alternatives to HVPG measurement**



a) Target Indications - Why do we need it?



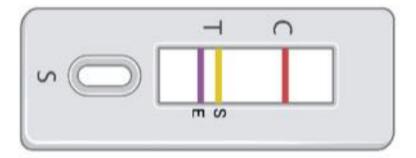
a) Target Indications - Why do we need it?

#### **Summary**

- PH represents the most important clinical complication of CLD, affecting millions worldwide.
- Prompt diagnosis of PH significantly improves patients prognosis.
- Gold-standard method for PH assessment is invasive, expensive and not available in all centers.
- Non-invasive tests offer alternatives but significant number of patients will ultimately require HVPG measurement.
- There is a high medical need of reliable non-invasive tests for PH and CSPH.

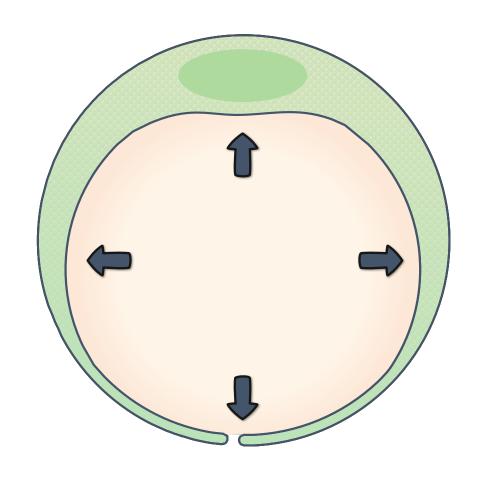
a) Target Indications

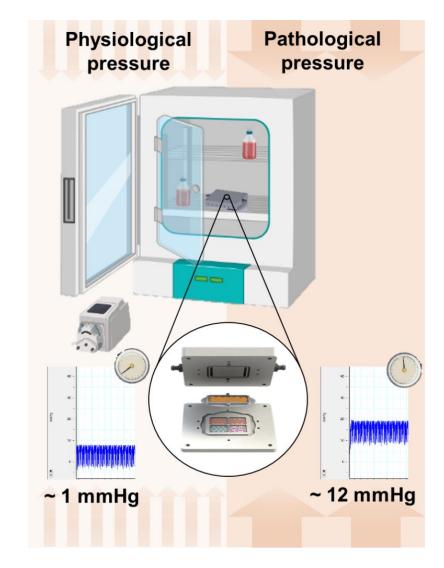
# PH-Care



Point of care assay for the **estimation of portal pressure** using a blood sample

# b) Innovative mechanisms of action



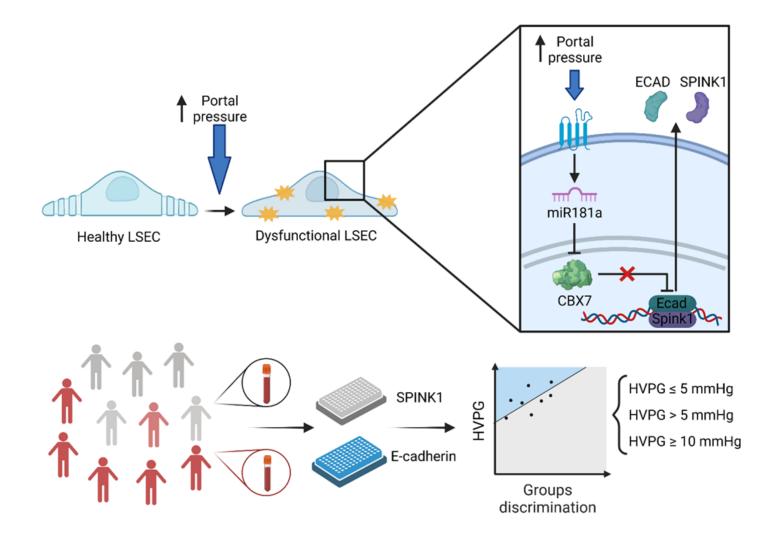




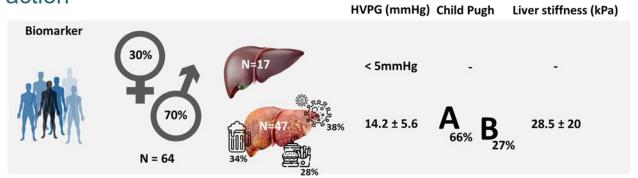


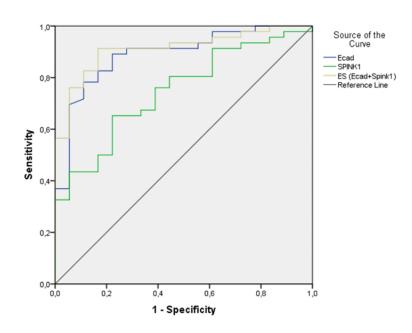


## b) Innovative mechanisms of action



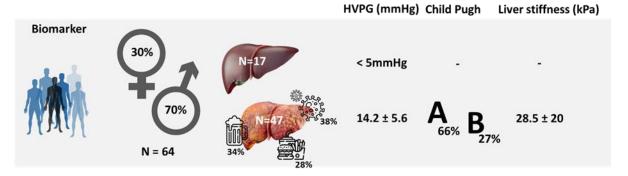
# b) Innovative mechanisms of action

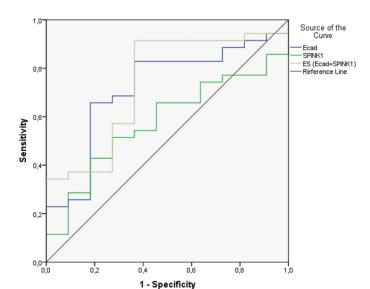




Marker	n ( 5mmHg)	AUROC (95% CI)	Cut-off	Sens (%)	Spec (%)	PPV (%)	NPV (%)
ECAD	18/46	0.889 (0.802 to 0.977)	57.673	89.1	77.8	91.12	73.64
SPINK1	18/45	0.747 (0.622 to 0.871)	16.040	80.0	55.6	81.83	52.65
ECAD + SPINK1	18/46	0.911 (0.838 to 0.983)	0.579	91.3	83.3	93.32	78.93

# b) Innovative mechanisms of action





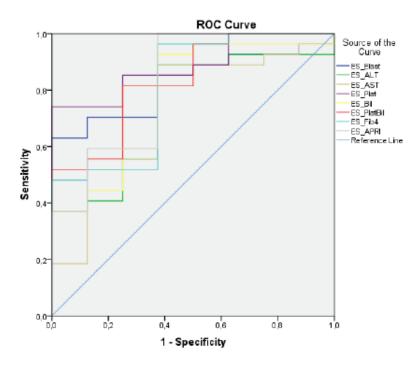
Validated in an external cohort

Marker	n (10 mmHg)	AUROC (95% CI)	Cut-off	Sens (%)	Spec (%)	PPV (%)	NPV (%)
ECAD	11/36	0.725 (0.557 to 0.893)	73.731	83.3	63.6	88.22	53.78
SPINK1	11/35	0.577 (0.401 to 0.752)	20.765	65.7	54.5	82.13	33.31
ECAD + SPINK1	11/35	0.738 (0.564 to 0.911)	0.647	91.4	63.6	88.88	69.92

# b) Innovative mechanisms of action

#### Combination of ES + current diagnostic tests

В

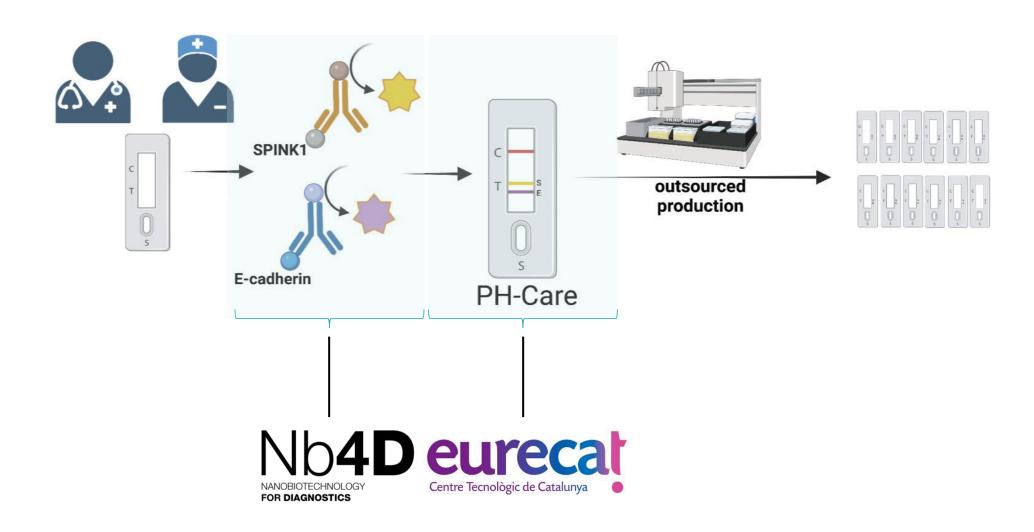


Parameter	n (10 mmHg)	AUROC (95% CI)	Cut-off	Sens (%)	Spec (%)	PPV (%)	NPV (%)
ES_Elast	8/27	0.824 (0.686-0.962)	0.588	85.2	62.5	88.5	55.6
ES_ALT	8/27	0.736 (0.542-0.93)	0.652	88.9	62.5	88.9	62.5
ES_AST	8/27	0.727 (0.52-0.934)	0.622	88.9	62.5	88.9	62.5
ES_Plat	8/27	0.884 (0.773-0.996)	0.701	85.2	75.0	92.0	60.0
ES_Bil	8/27	0.801 (0.617-0.984)	0.644	81.5	75.0	91.7	54.5
ES_PlatBil	8/27	0.833 (0.68-0.987)	0.646	81.5	75.0	91.7	54.5
ES_Fib4	8/27	0.806 (0.625-0.987)	0.582	96.3	62.5	92.9	85.7
ES_APRI	8/27	0.819 (0.637-1.000)	0.572	100	62.5	90	100

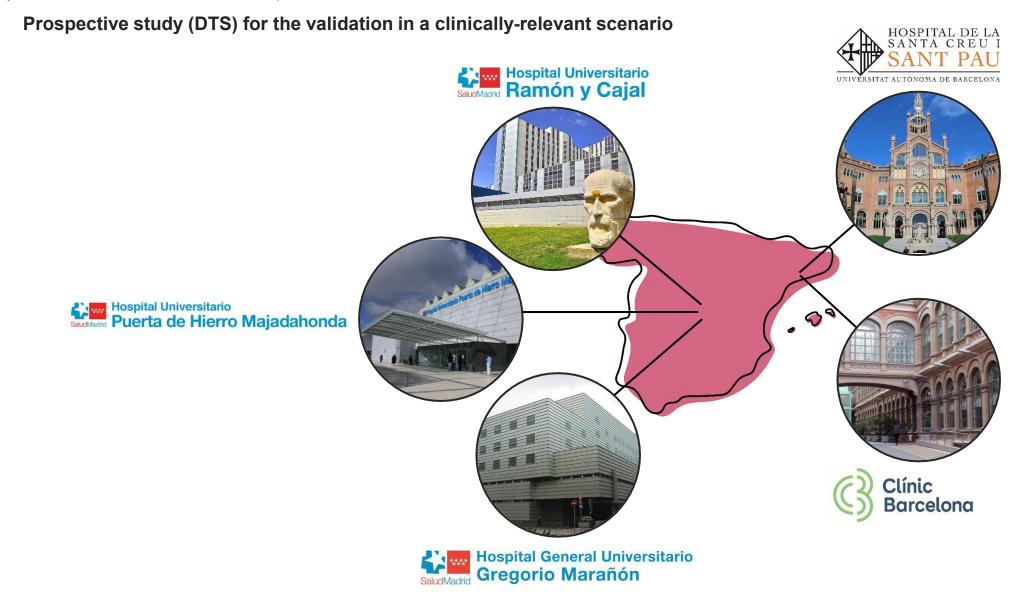
#### c) Differential features facing the market

- Cheaper, more accessible, safer, less invasive than HVPG.
- Superior performance than other non-invasive surrogates of HVPG.
- Directly reflects the biology of portal hypertension and endothelial cells.
- · May be relevant detecting regression of portal hypertension and cirrhosis.

# d) Current status of development

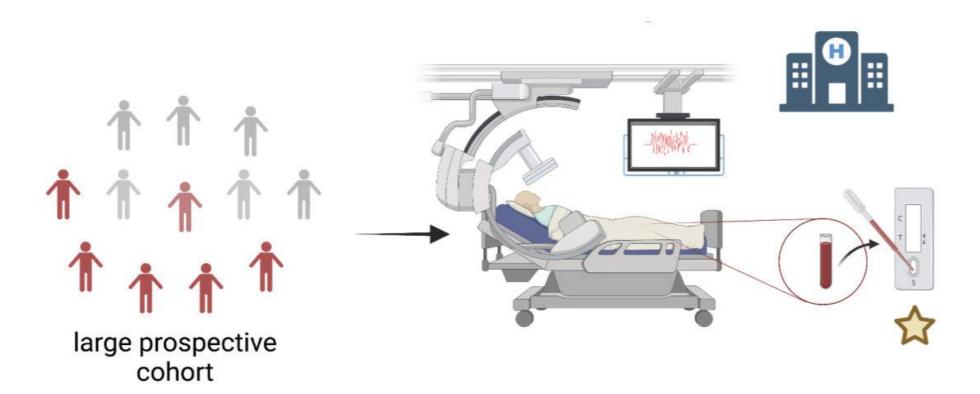


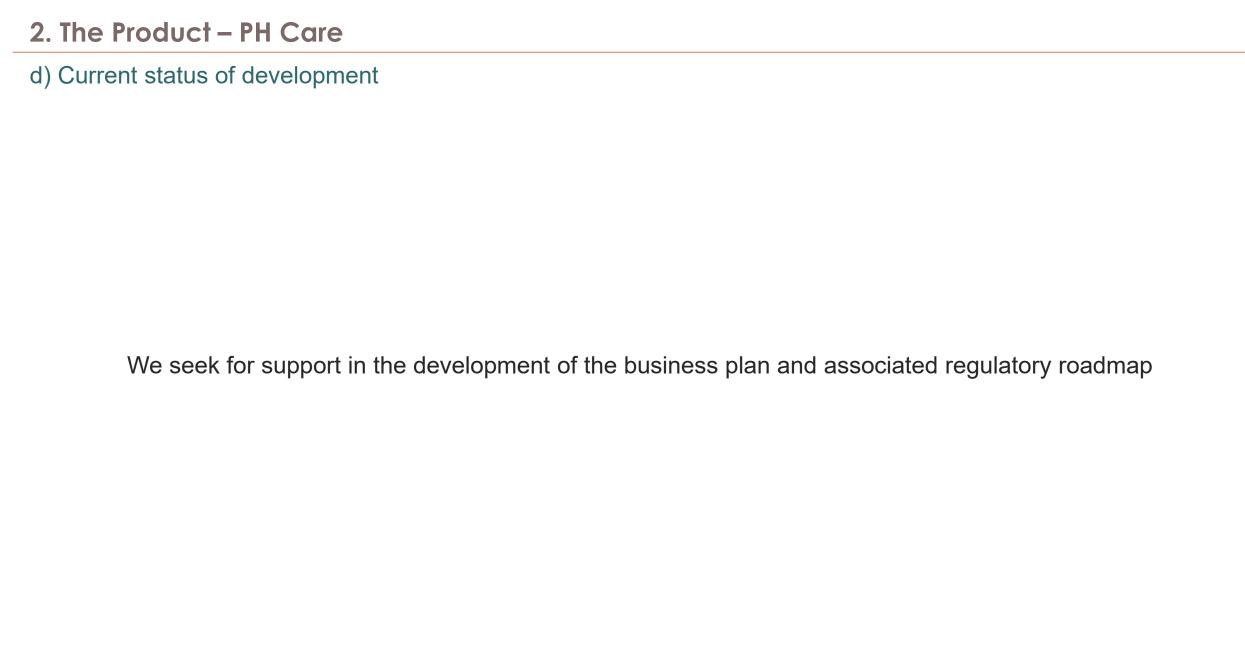
## d) Current status of development



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Prospective study (DTS) for the validation in a clinically-relevant scenario





e) IPR protection

Patented, PCT phase

#### f) Pitfalls & Risks to be considered

#### **Strengths**

- Non-Invasive Approach: avoids invasive procedures like catheterization or endoscopy.
- Early Detection Potential: biomarkers may predict portal hypertension early.
- Market Differentiation: few reliable non-invasive tools; first-mover advantage.
- Clinical Utility: stratifies patients for monitoring and treatment.
- Cost-Effective Alternative: reduces costs vs. invasive diagnostics.

#### Weaknesses

- Biomarker Validation Required: needs extensive clinical validation.
- Regulatory Hurdles: stringent approval processes (e.g., FDA, CE).
- Dependency on Sample Quality: handling variability may affect accuracy.

#### **Opportunities**

- Growing Demand: preference for blood-based tests in hepatology.
- Personalized Medicine: fits precision medicine for liver disease.
- Integration with Care Pathways: complements imaging and lab tests.
- Pharma & Biotech Partnerships: potential companion diagnostic.

#### **Threats**

- Competition from Imaging: techniques like FibroScan gaining traction.
- Regulatory Delays: may hinder market entry and investor confidence.
- Reimbursement Challenges: insurance coverage can be complex and slow.

# 3. Partnering Opportunities

We seek for IVD investors who would like to incorporate our kit in their portfolio and/or who are willing to support us through the development.

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