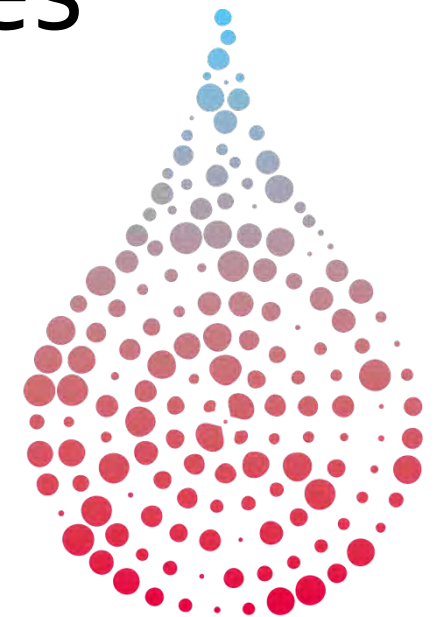


HARMONY – IMI Big Data for Better Outcomes for Hematologic Malignancies

Jesús M Hernández Rivas



HARMONY

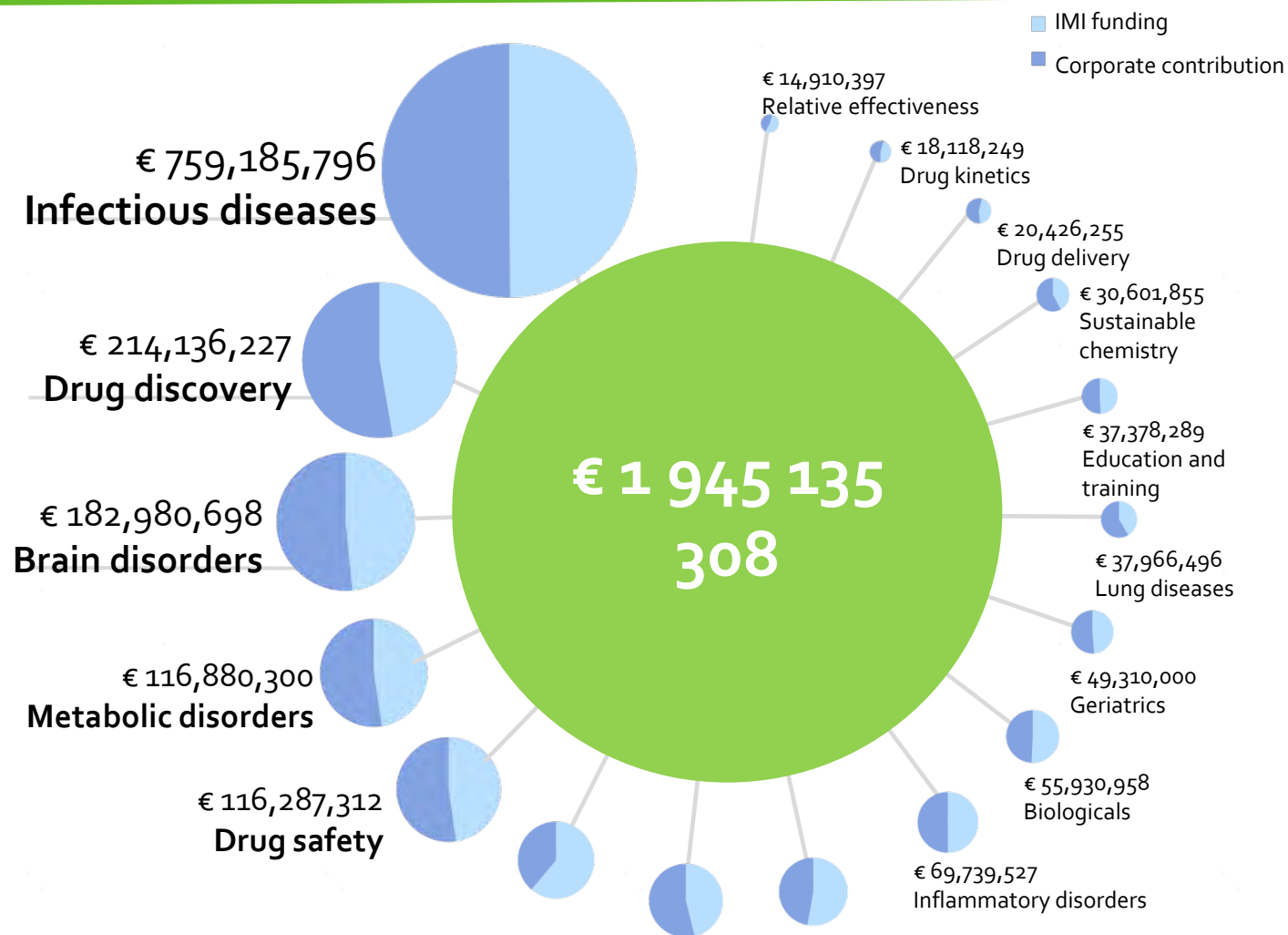
IMI: Largest EU Public Private Partnership for Health R&D



- 1:1 funding, joint decision making
- All EU funds go to SMEs, academia, patient organisations
- Pharmaceutical industry matches contribution **in-kind**
- 3.400 M€ in IMI-2
- IMI-2 not limited to pharmaceutical industry (**NGS**, IT, medical devices, diagnostics)

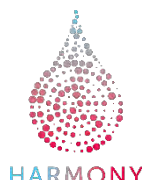


11 Calls for Proposals under IMI-1 spend €2 billion



Oncology?
Hematology?

IMI-1: 59 Projects Covering Wide Spectrum of Topics



HARMONY, X Conf. de Plataformas Tecn. de Inv. Biomédica, Madrid 7 Marzo 2017

IMI2 Scientific Program: Initial Five Big Themes

Therapeutic Areas and Cross-cutting Themes

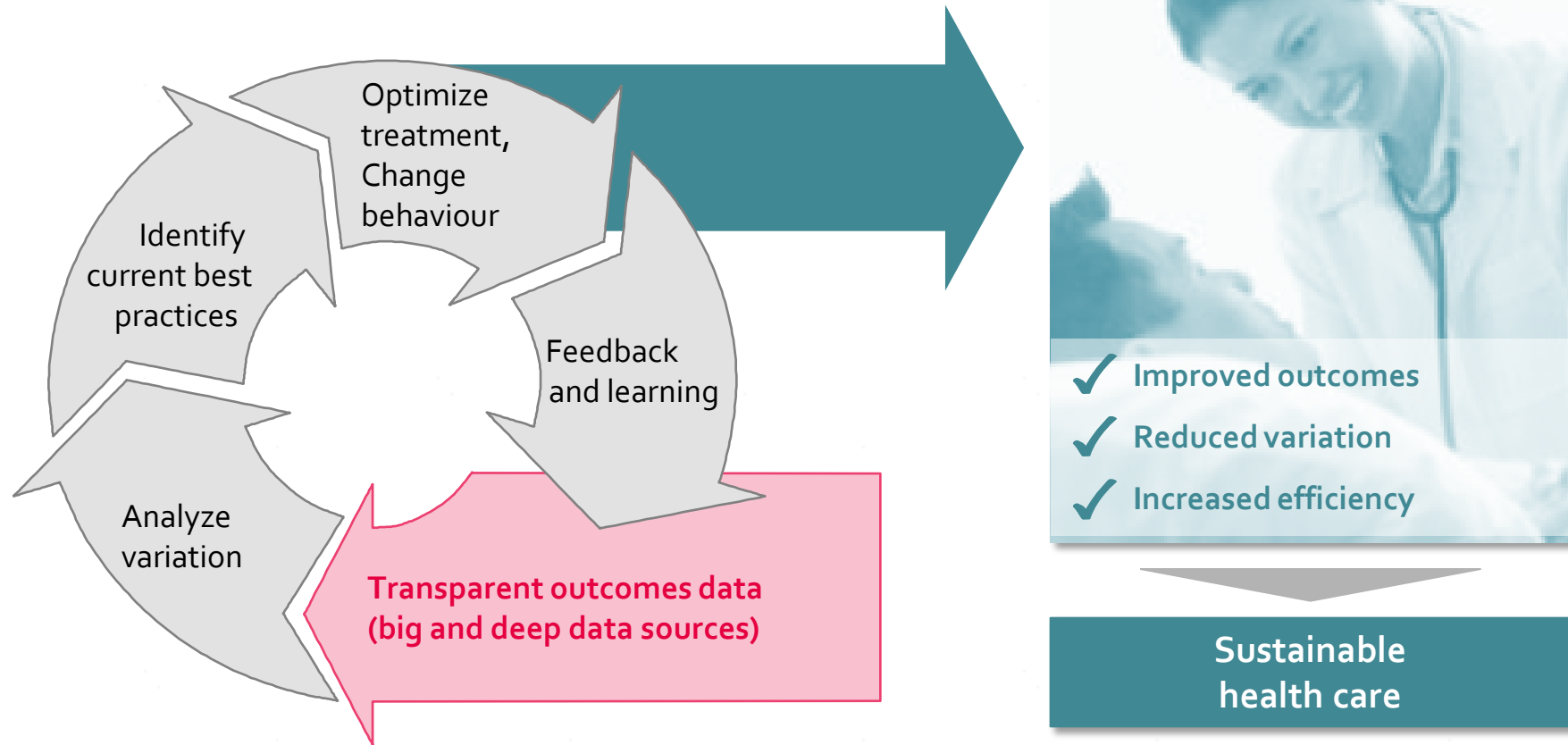
- 1. Neuro-degeneration**
prevention and treatment of dementia and other neurodegenerative diseases
- 2. Prevention and treatment of immune mediated disease**
Advance immunological understanding to deliver new medicines and better vaccines
- 3. Metabolic disorders**
prevention and early intervention type 2 diabetes, obesity, dislipidemia, hypertension and its complications
- 4. Infection control**
Address multidrug resistance and create incentives for renewed investment (antimicrobials, antivirals) and better vaccines
- 5. Translational Safety**
identification and development of point of care safety biomarkers and new system biology platforms to better predict toxicity and safety during early development

Differentiating Enablers for all themes

Towards early and effective patient access to innovative prevention and treatment solutions (MAPPs):

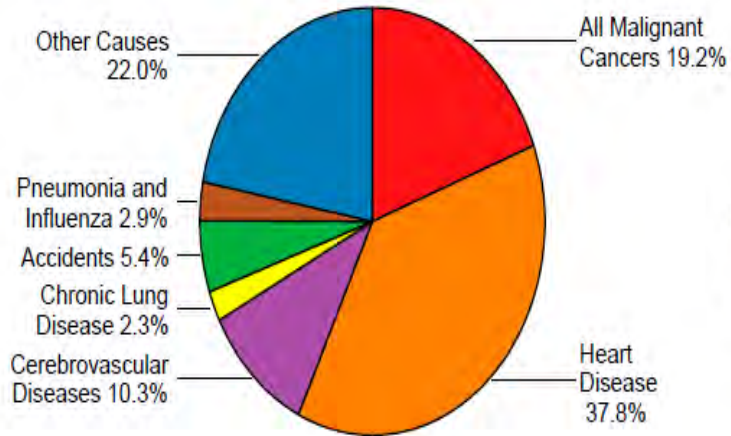
- Target validation based on human biology
- Stratified medicine, precision medicine
- Innovation in clinical trials
- Data generation and interpretation (knowledge management)
- Prevention, disease interception, patient adherence (incl. societal acceptance of vaccines)
- Effect on medical practice and outcomes (health/disease management)
- Regulatory framework (including pharmacovigilance)
- Patient access

Within IMI2, big data is a key topic as it holds significant potential to improve outcomes and drive healthcare efficiency

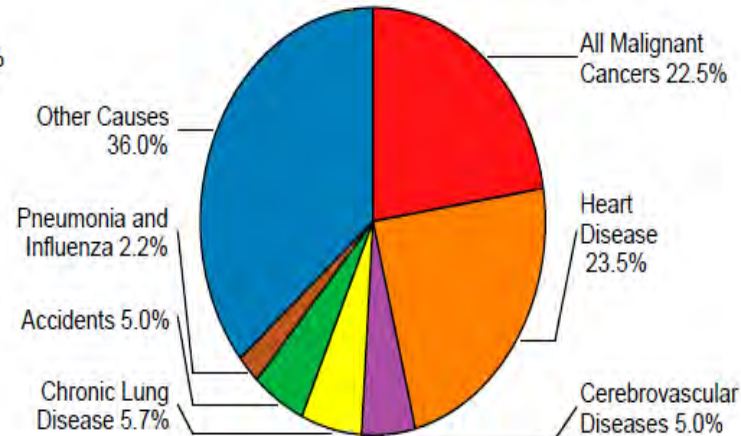


Leading Causes of Death in US, 1975 vs 2013

(% of All Causes of Death)

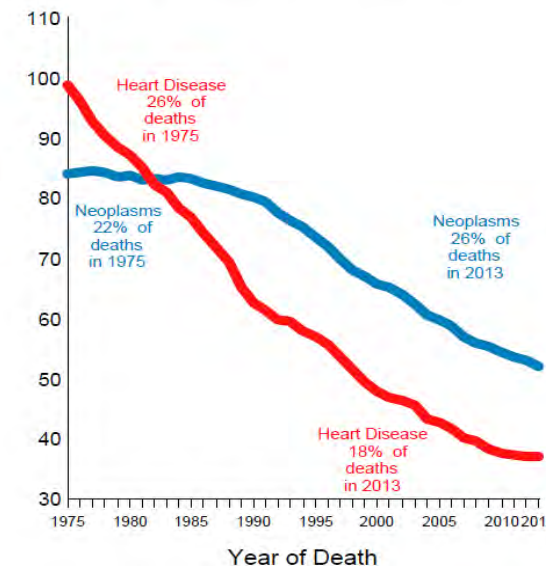


1975

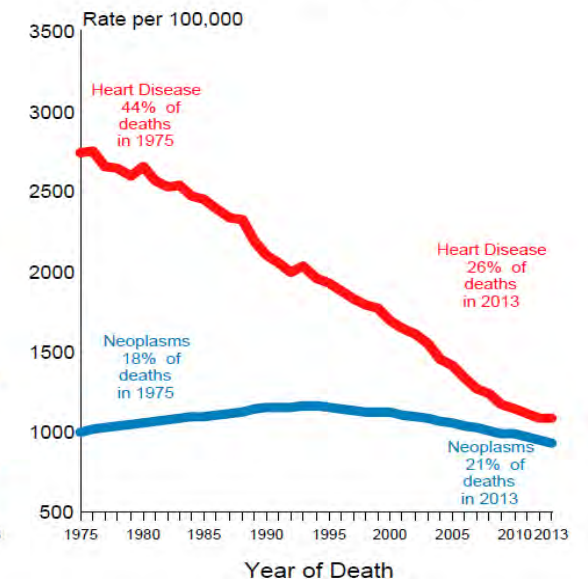


2013

Ages Less Than 65



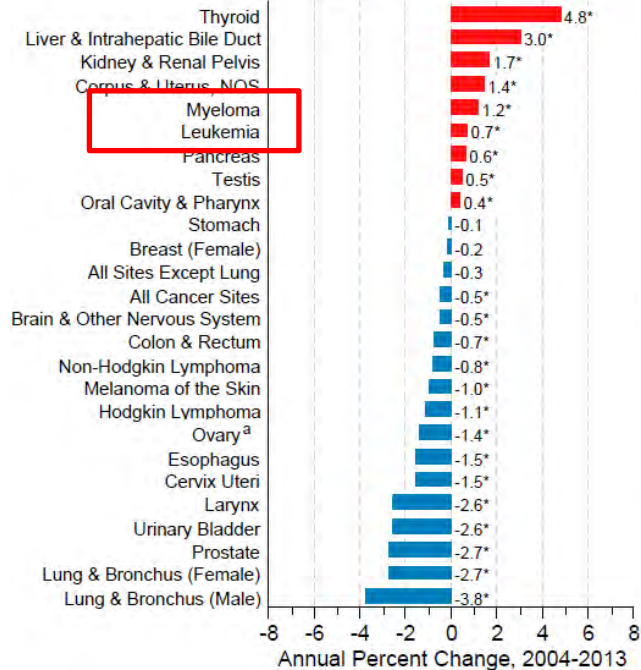
Ages 65 and Over



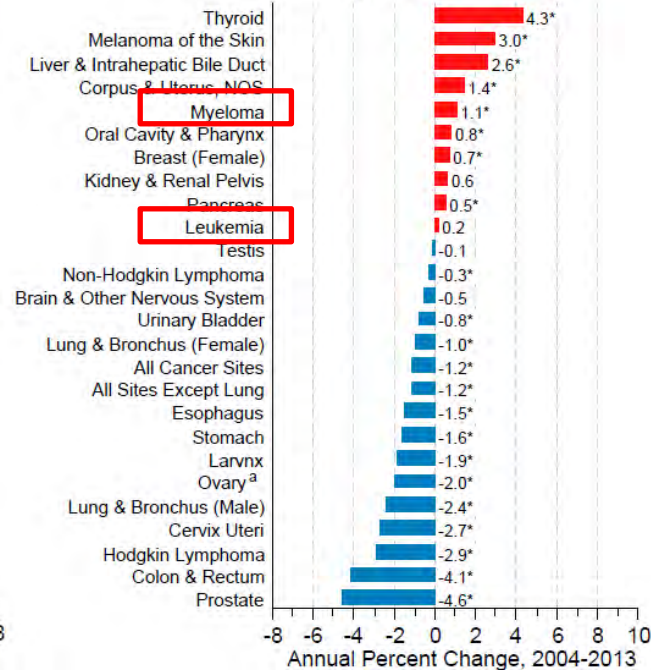
Source: US Mortality Files, National Center for Health Statistics, Centers for Disease Control and Prevention

Trends in SEER incidence rates and Life Lost

Ages Less Than 65



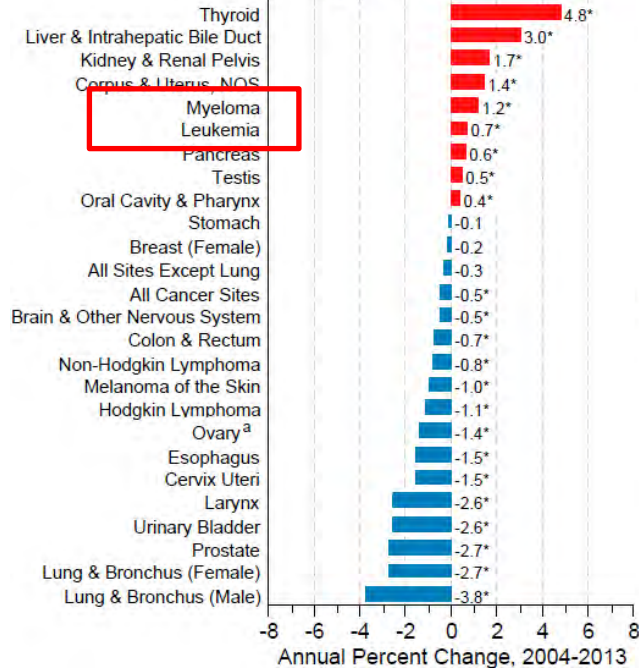
Ages 65 and Over



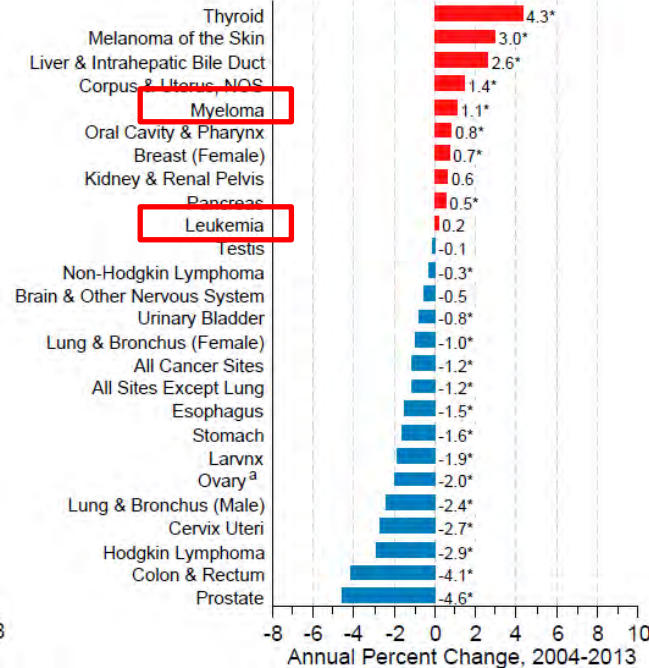
Source: US Mortality Files, National Center for Health Statistics, Centers for Disease Control and Prevention

Trends in SEER incidence rates and Life Lost

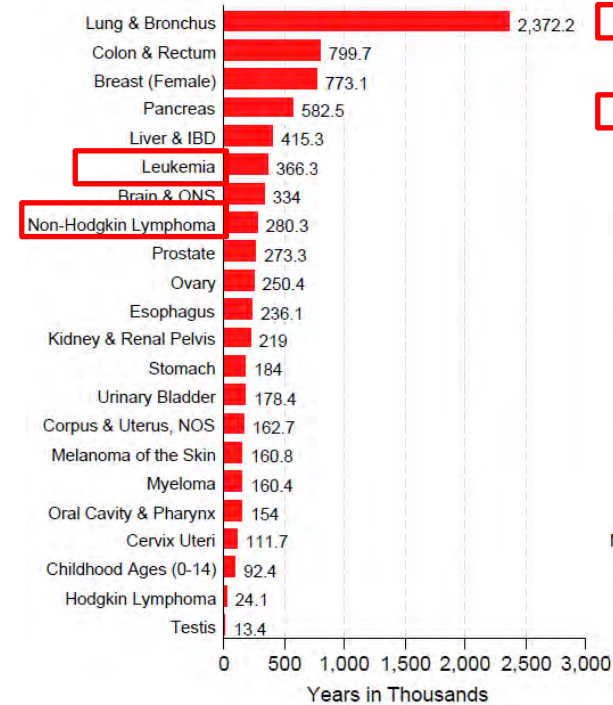
Ages Less Than 65



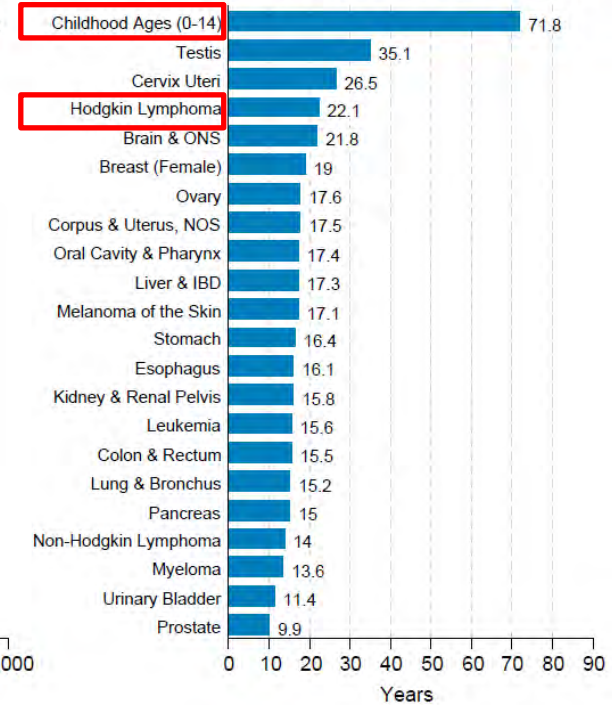
Ages 65 and Over



Person-Years of Life Lost Due to Cancer
All Races, Both Sexes, 2013

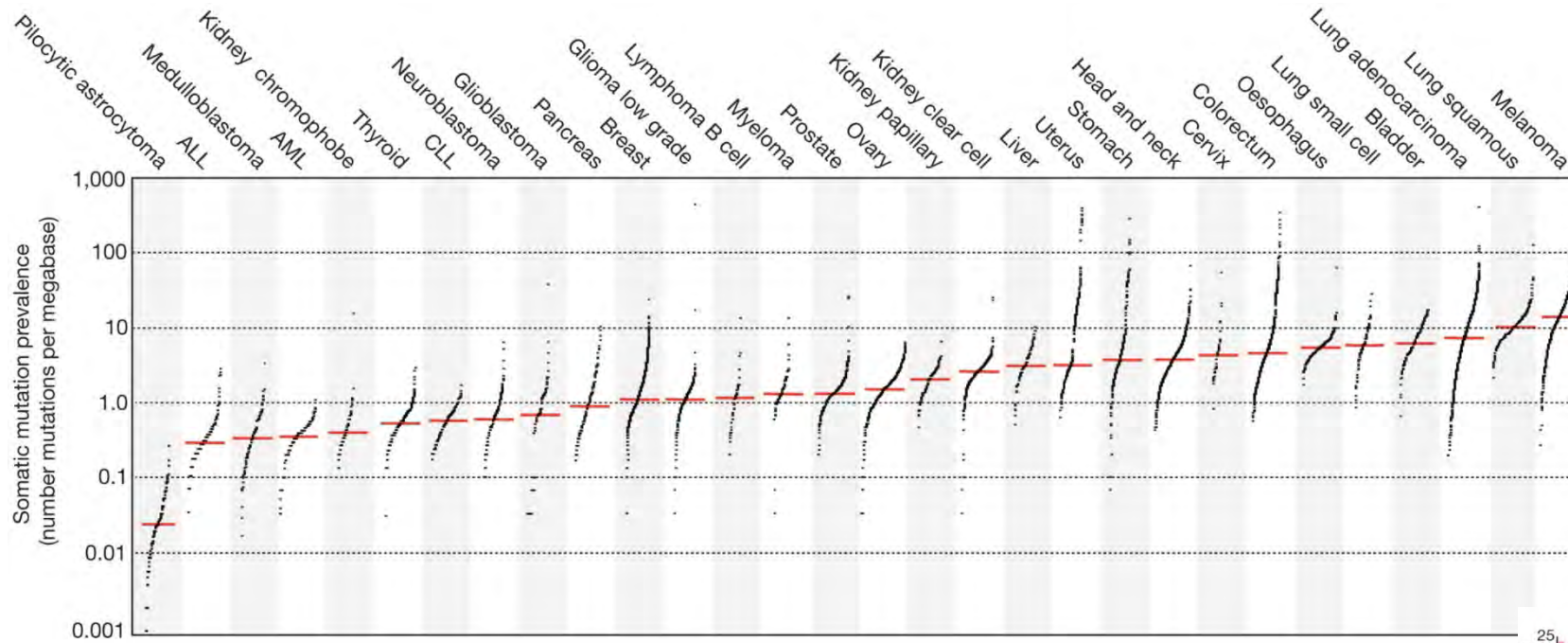


Average Years of Life Lost Per Person Dying of Cancer
All Races, Both Sexes, 2013



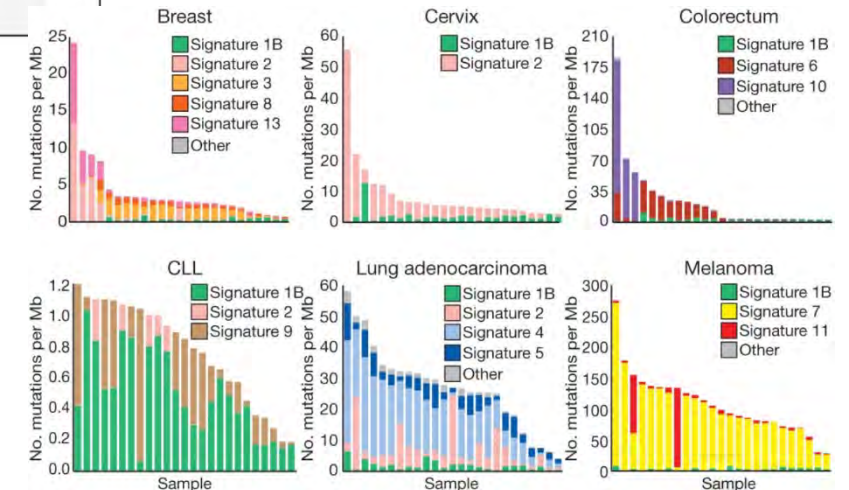
Source: US Mortality Files, National Center for Health Statistics, Centers for Disease Control and Prevention

Genetic Signatures in Cancer



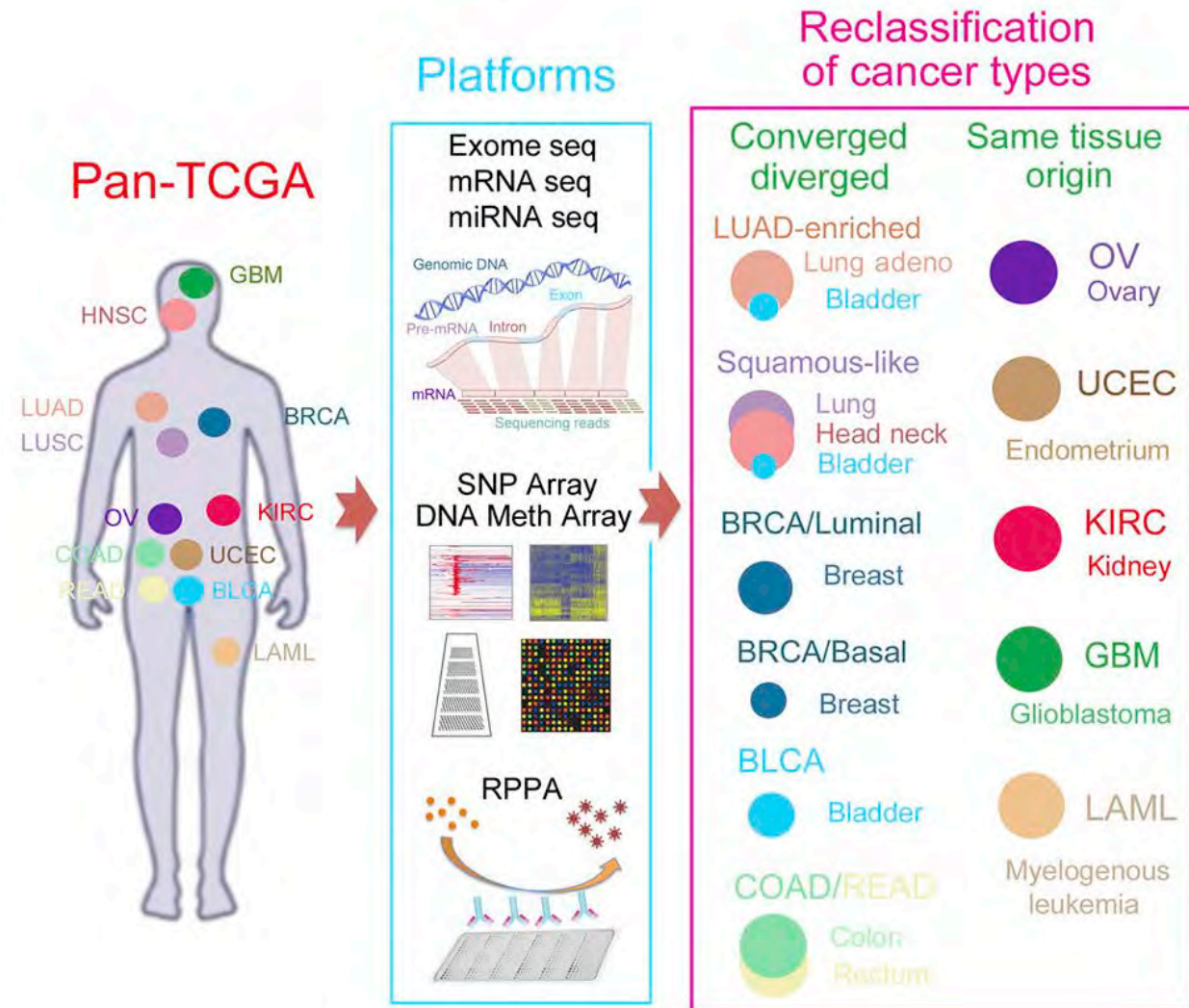
4.938.362 mutations in 7.042 patients with cancer

<https://cancergenome.nih.gov/>



Alexandrov et al. Nature, 2013

Next Generation Sequencing studies allow a new reclassification of Cancer



Hoadley et al. Cell, 2014

HM as examples of targeted therapy

Survival

CML

TKI

Imatinib, Nilotinib, Dasatinib

>90%

APL

TT

ATRA, ATO

90%

B-NHL

Mo Ab

Rituximab

>70%

MM

Proteasome inh / IMiDs

Bortezomib, Lenalidomide

>5 y

CLL

BTKInh

Ibrutinib

TBA

B-ALL

MoAb

Blinatumomab

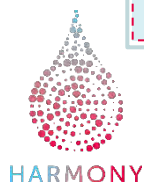
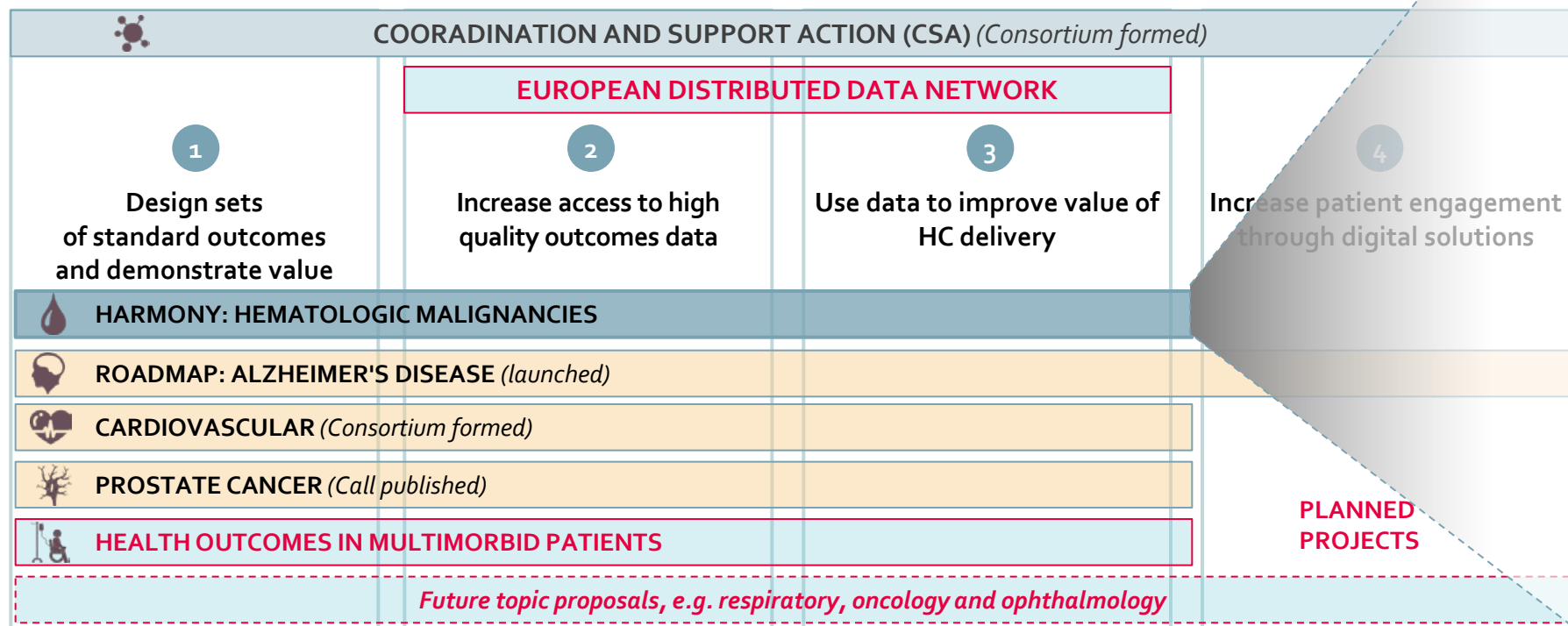
TBA

HARMONY is currently the largest program under the IMI "Big Data for Better Outcomes" umbrella



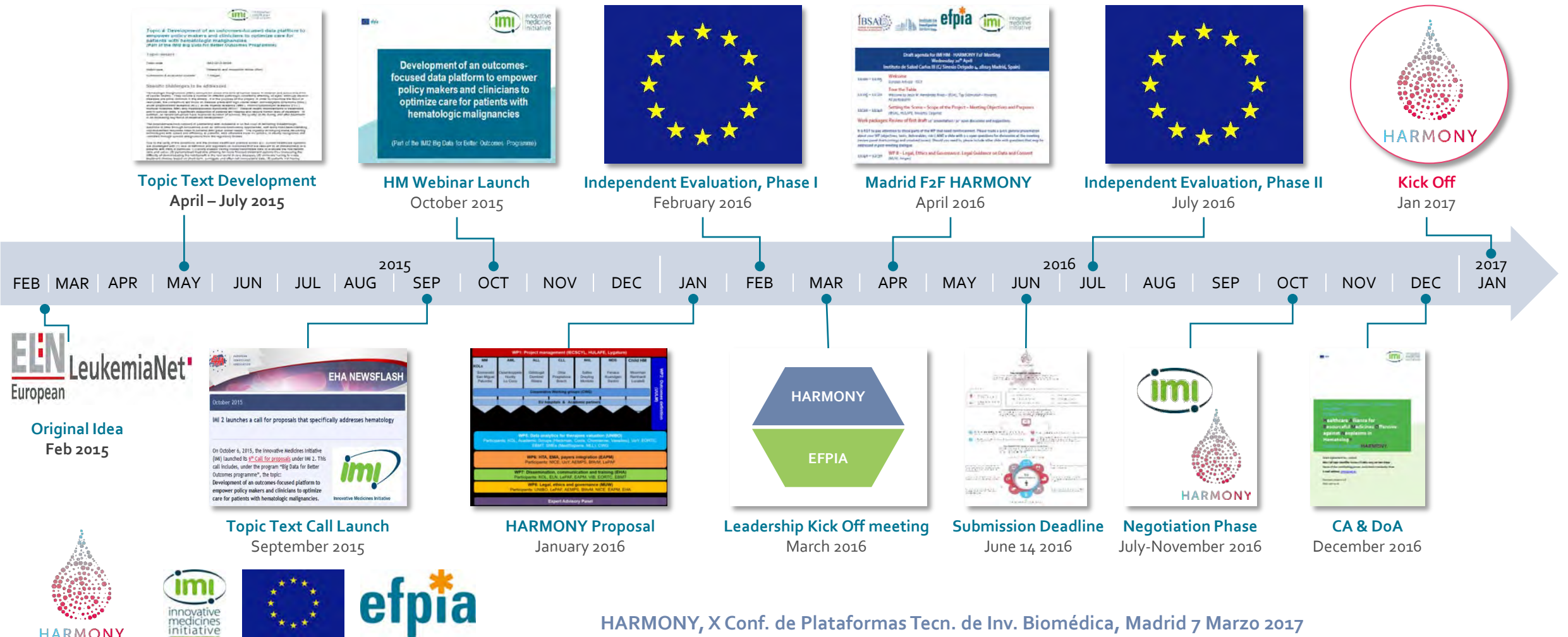
"Big data for better outcomes"

Goal: Support the evolution towards outcomes-focused and sustainable healthcare systems, exploiting the opportunities offered by large data sets from variable sources



Our journey so far

Significant milestones ... but not always easy



HARMONY Kick Off, Salamanca, January 16th-17th 2017



150 Participants

18 Countries

>45 Partners

>40 Associated Members & Observers

Participation of key stakeholders



+ **leading European KOLs** highly engaged, with defined projects & seeking collaboration with Pharma

Press coverage internationally and in Spain



PR Newswire



EHA



La Vanguardia

Interviews with leadership

"Combining data available from clinical trials as well as real world patients allows us to do more advanced analyses on possible treatment options that could be effective for individual patient or categories of patients"

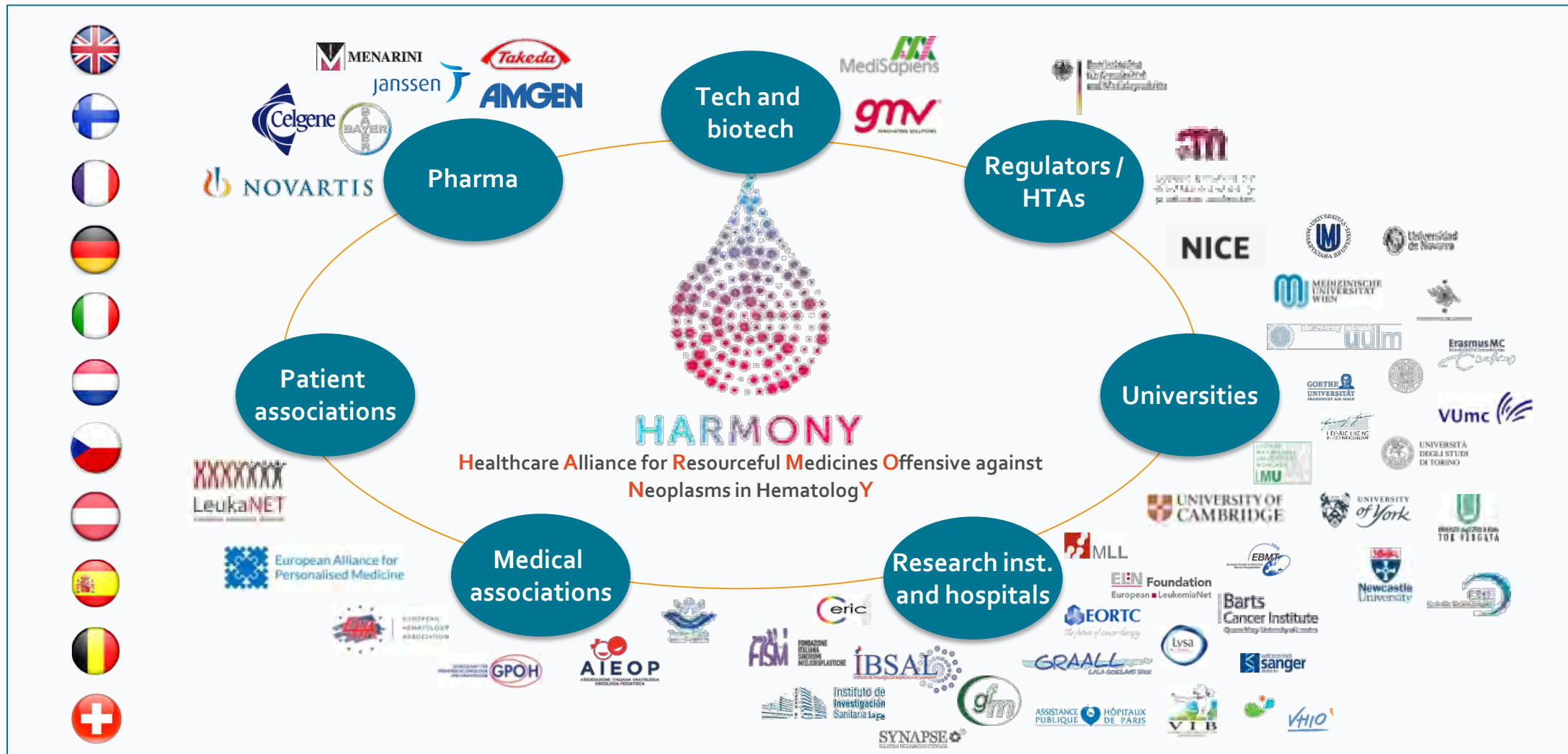
Jesús M. Hernández Rivas (Project Coordinator)

"Big Data doesn't mean collecting only large quantities. The quality of the data is much more important. Therefore HARMONY is open to associate partners that can provide high quality data"

Guillermo Sanz (Project Co-Coordinator)

HARMONY: public-private partnership

51 partners, including 44 public partners, from 11 different European countries



HARMONY Executive Committee



Jesús M. Hernández
Project Coordinator



Patricia van Dijck
Project Leader

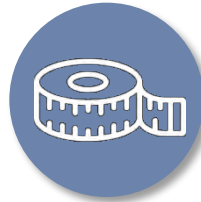


Guillermo Sanz
Project Co-Chair

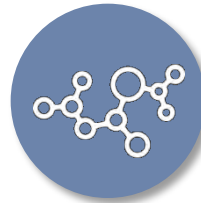


Pam Bacon
Project Co-Leader

HARMONY aims to meet major unmet needs in HMs



Need for harmonization of outcome measures and endpoint definitions for HMs at European level



Increasing omics data available, but limited application in clinical practice



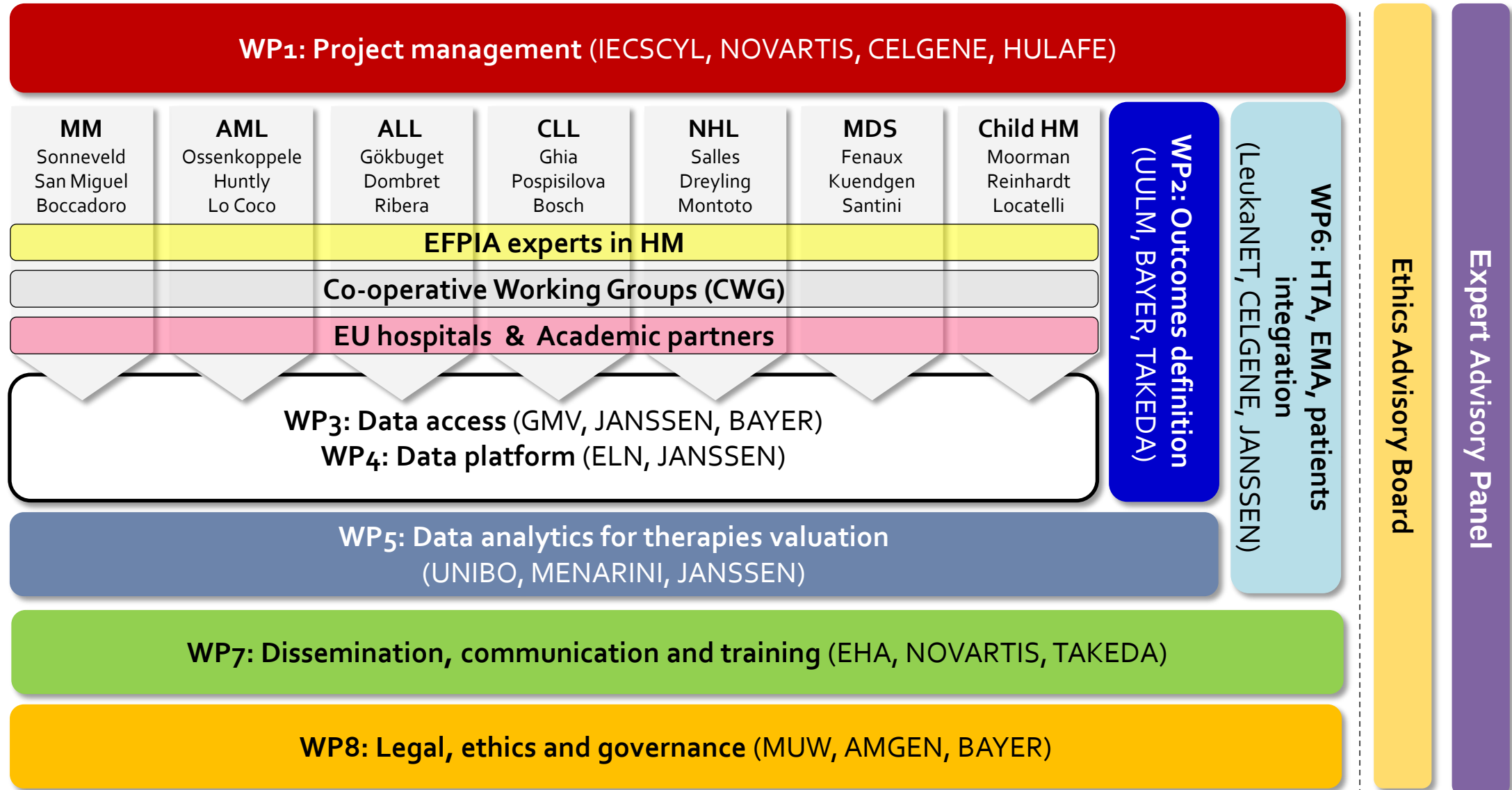
Need for speeding up drug development, access pathways and "bench-to-bedside" process

Healthcare Alliance for Resourceful Medicines Offensive
against Neoplasms in HematologY

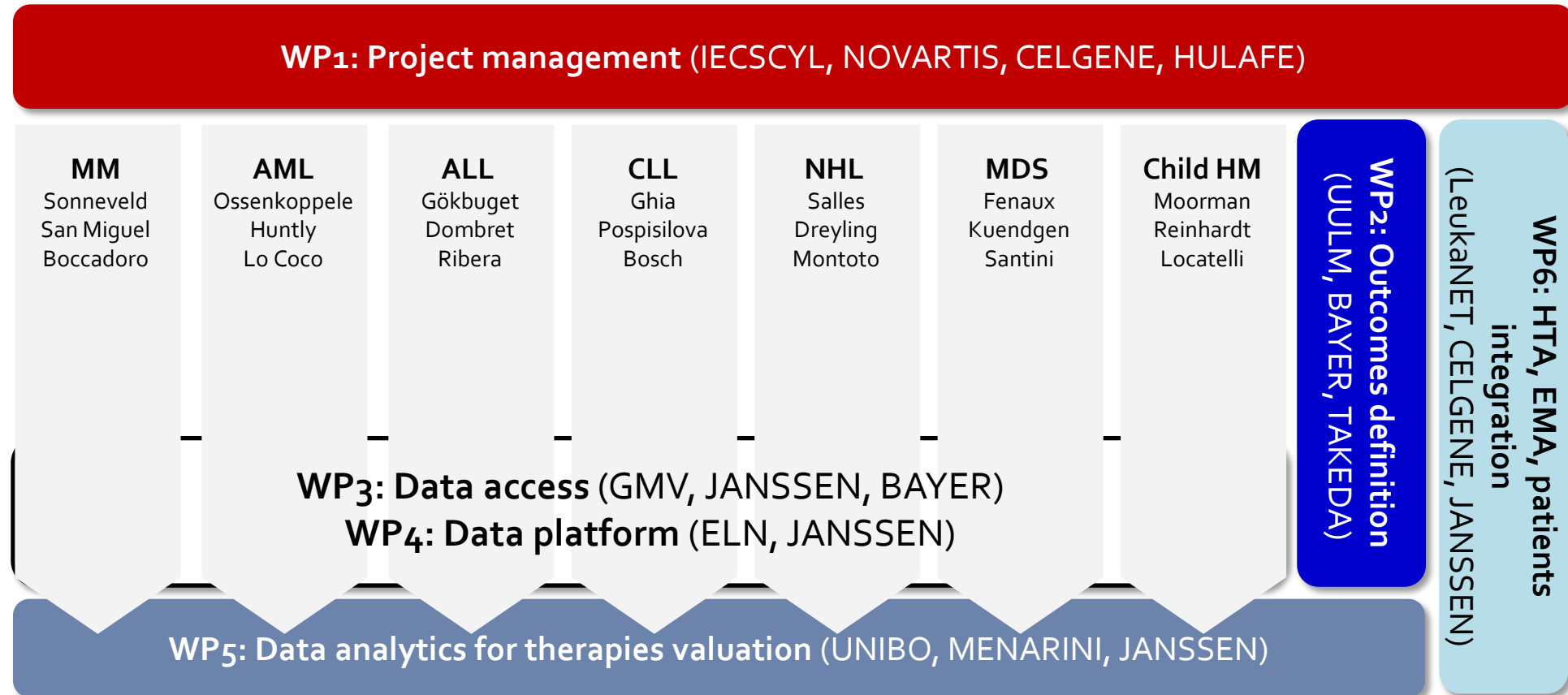
Specific outputs for Pharmaceutical companies

- facilitate drug development pipelines, accelerate the “bench-to-bedside” process in drug development by identifying appropriate targets/disease cohorts
- provide the evidence base for large co-operative studies to identify the most appropriate patient cohorts for future trial designs
- create a holistic and timely approach for innovative clinical practice by involving all stakeholders across the spectrum, from basic researchers to policy makers, in each stage of the project
- facilitate reimbursement decisions, by providing solid data and tools obtained across EU member states
- enable broader and improved collaboration between the diagnostic test developers, who are focusing on efforts for targeting early drug development, and the pharmaceutical companies

HARMONY: 8 Work Packages across 7 diseases

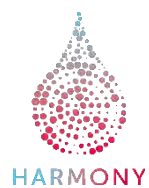
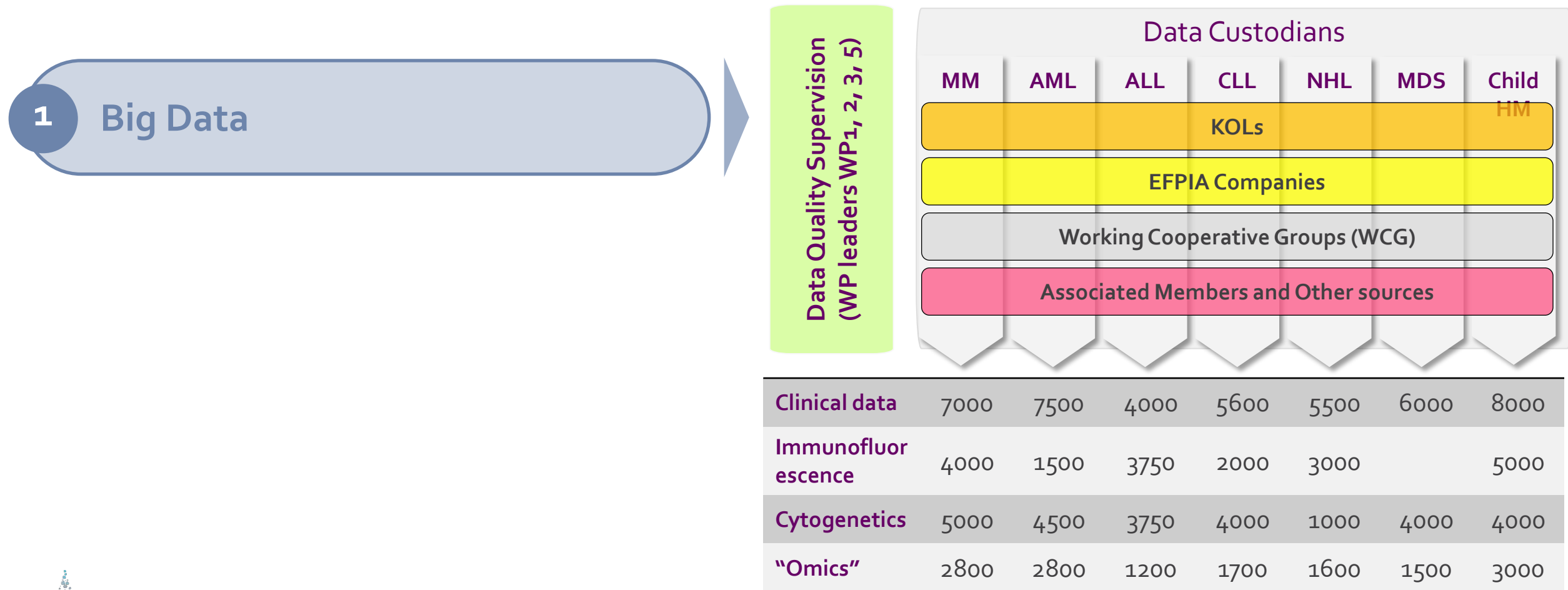


HARMONY: 8 Work Packages across 7 diseases



Specific questions by disease
Involvement of KOL + Working Groups
OMICs + Clinical Data

What makes HARMONY different from other projects?



What makes HARMONY different from other projects?

1 Big Data

2 Stakeholders involved (patients, regulators, HTA, policy makers)

Dedicated WP6 to HTA, EMA, patients alignment & optimisation

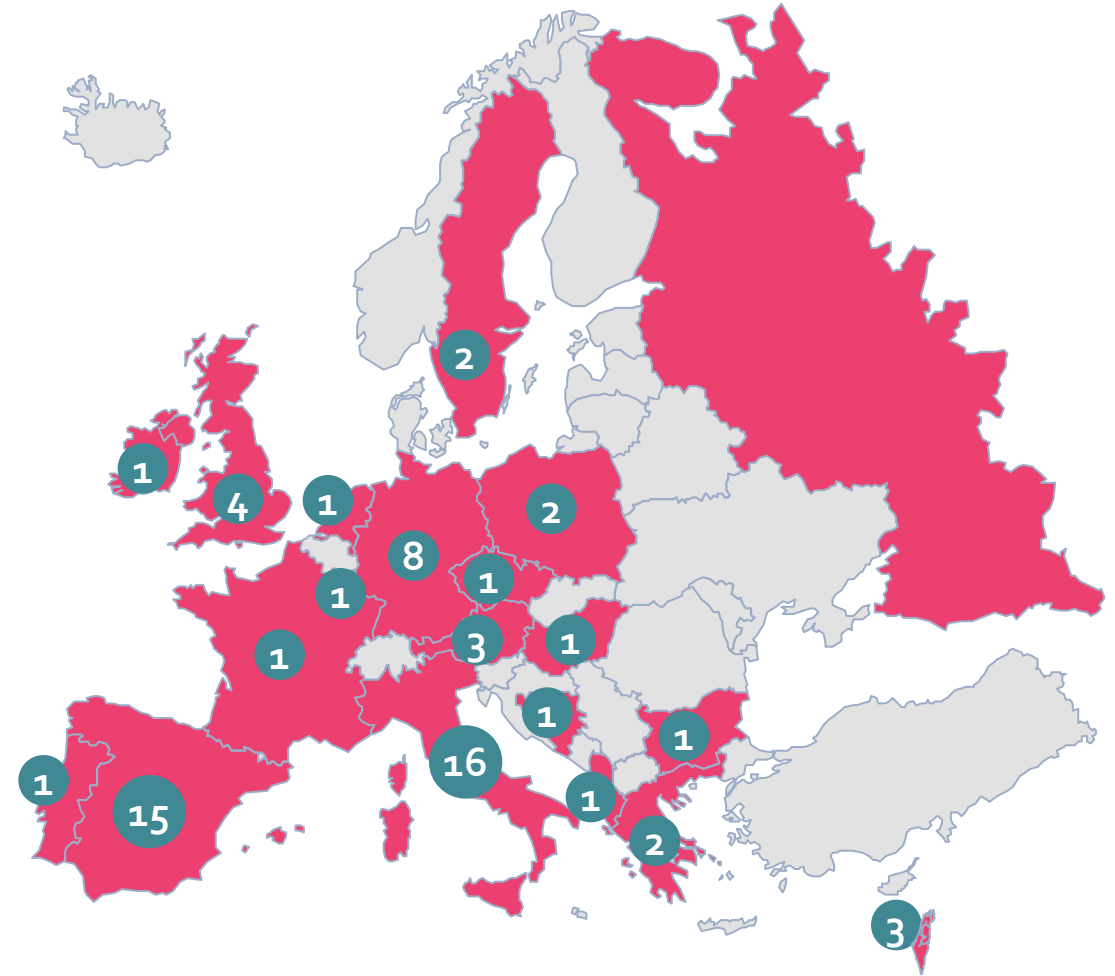
- Constitution of a **Policy Health Stakeholder Feedback Forum** (PHSFF)
- Development of a **Clinical Value Framework**
- Development of set of **outcomes relevant for decision-makers**
- **Health literacy**: communication strategy for transfer and adoption of project results
- **Patients perspective** incorporated – link with EUPATI

What makes HARMONY different from other projects?

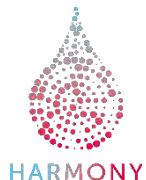
1 Big Data

2 Stakeholders involved (patients, regulators, HTA, policy makers)

3 Associated members & variable budget



20 countries, 65+ members, 6.4 M€ budget



AML Proof-of-Principle Study

Objectives:

1. Identification of additional gene-gene interactions and impact on outcome

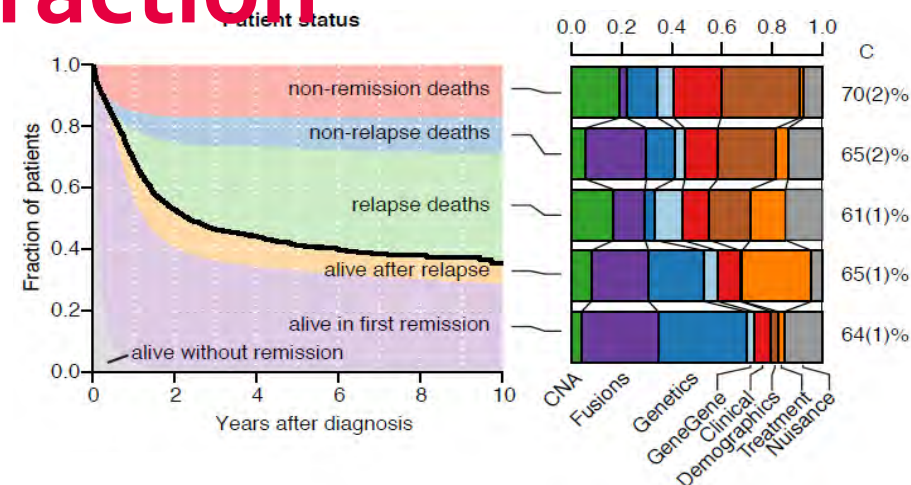
& validation and further refinement of novel genomic classification
2. Evaluate the impact of “intensive therapy” on “overlap cases”, i.e. aggressive MDS cases (RAEB II) that are treated like AML
3. Evaluate genomic information with regard on chemotherapy side effects, infectious complications, etc.
4. Determine impact on allogeneic transplantation

AML "Knowledge Database"

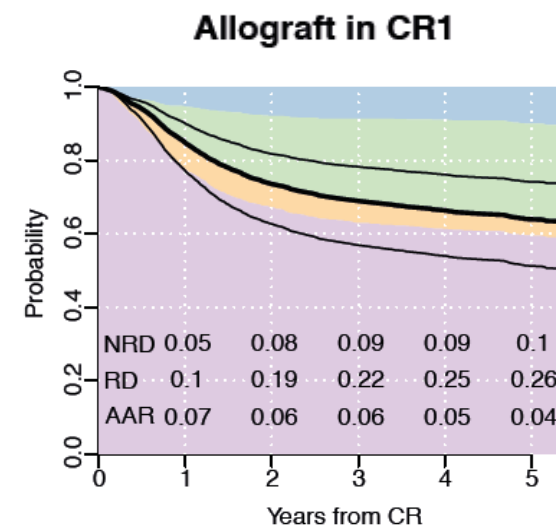
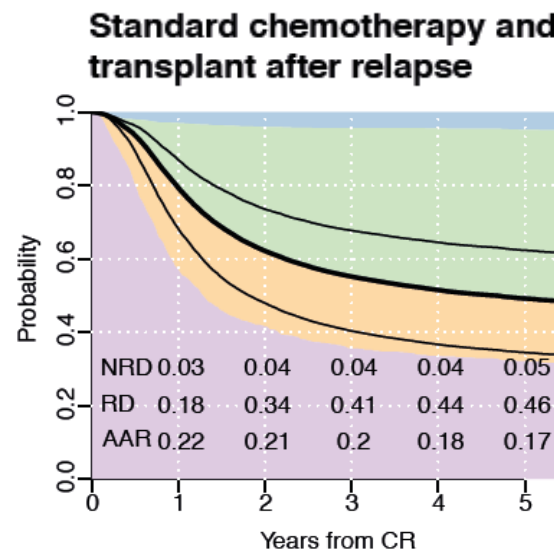
WP2 - WP5 interaction

Prototype:

⇒ Individual risk prediction depending on different treatment options



49yr old male
NK
NPM1,
DNMT3A,
IDH1



Projects in HARMONY

MDS



Prognostic factors of treatment with hypomethylating agents (HMAs) in high-risk MDS

Azacytidine or decitabine
Chemo or SCT
Mutational analysis
Several WCG

CLL



Create novel prognostic/predictive scheme for improved risk stratification aimed at personalized medicine

Mutational analysis
ERIC

Pedi
atrics



What is the most efficient way to integrate risk factors to improve patient risk stratification?

Several WCG including iBFM/AIEOP

MM



“Curable” Myeloma

NHL

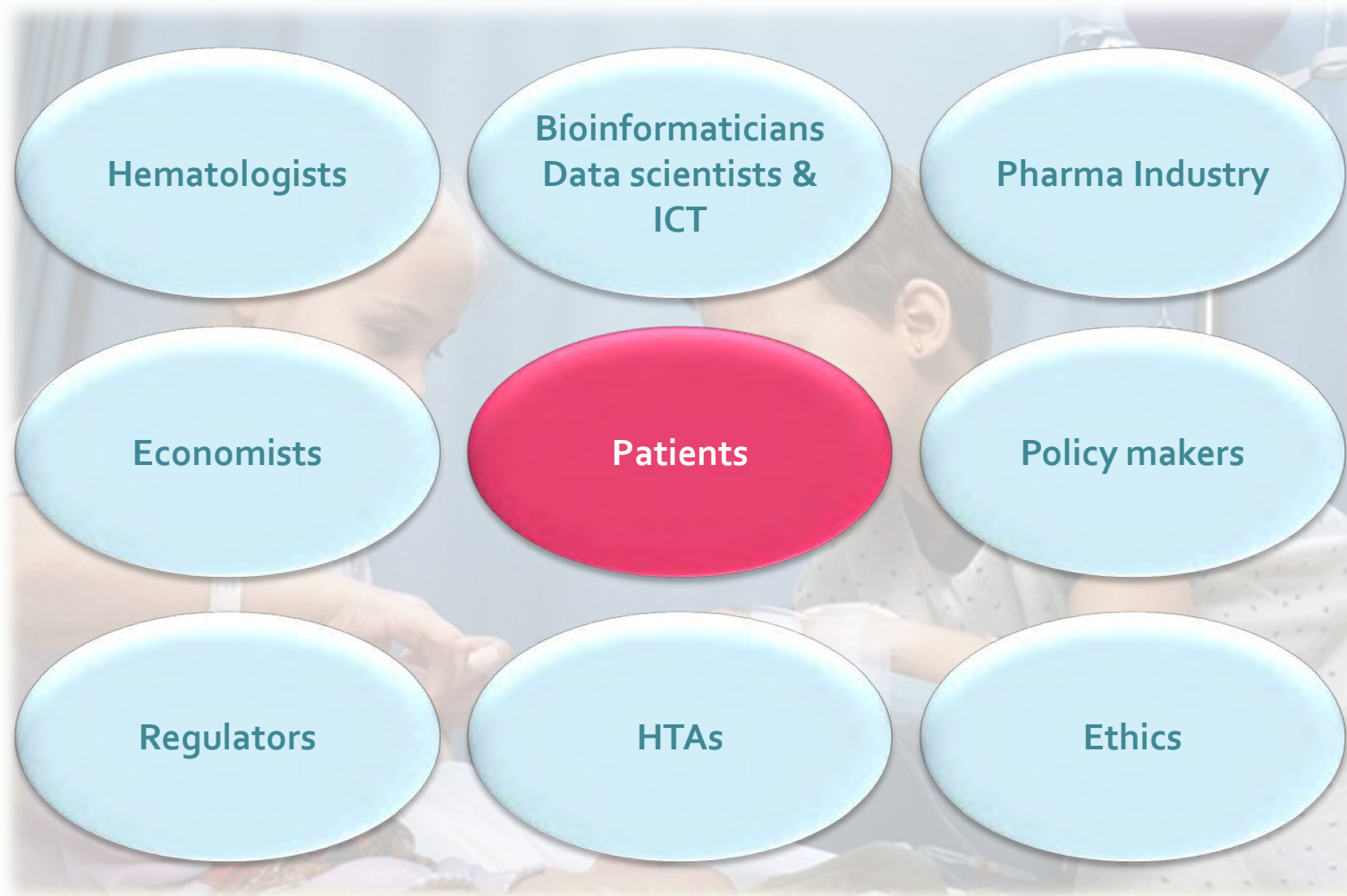


T-Cell NHL

Clinical characteristics
Mutational analysis

The patient is at the center of HARMONY:

Collaboration of all stakeholders needed to meet patients' needs



HARMONY Summary

1. First IMI Project in Hematological Malignancies.
2. A comprehensive Project focused in Hematological Malignancies.
3. To integrate Big Data Series of patients with high-quality data.
4. Stakeholders involvement: Payers, HTAs, Regulators and Patients.
5. Open project: Pharmaceutical companies, Working Cooperative Groups and Hospitals are welcome.

HARMONY: Future Awareness Meetings



1



EHA, Madrid, 23 June 2017

2



HARMONY, Berlin, 23 October 2017

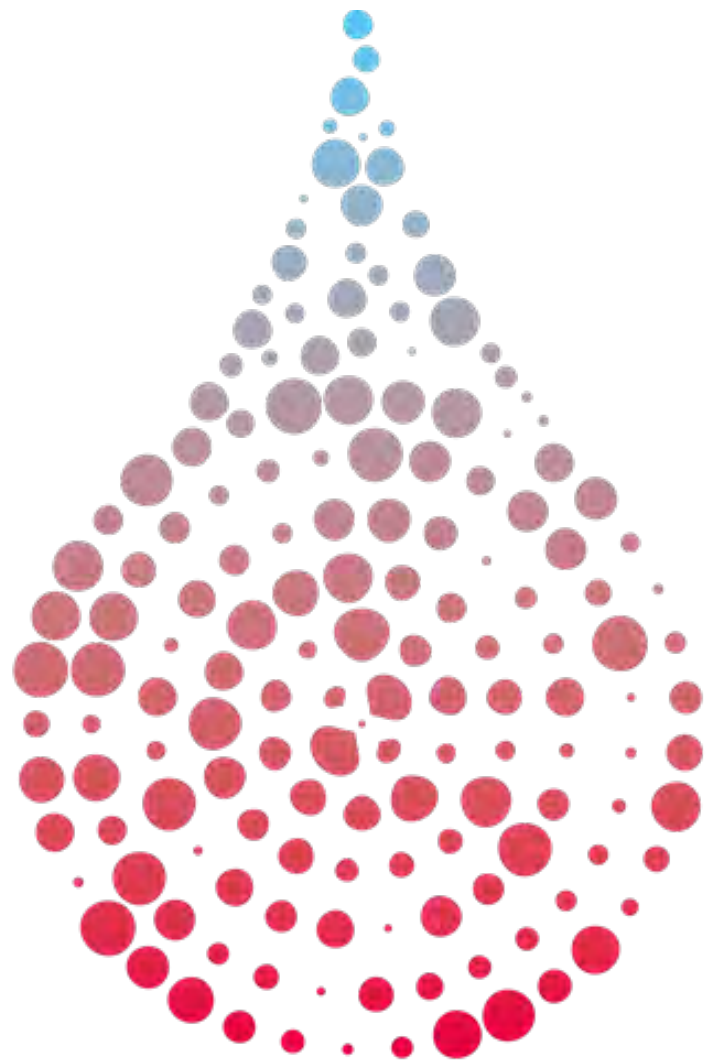
3



ASH, Atlanta, 10 December 2017

Healthcare Alliance for Resourceful Medicines Offensive
against Neoplasms in HematologY





HARMONY

спасибо
danke 謝謝
ngiyabonga
teşekkür ederim
tapadh leat
dank je
gracias
mochchakkeram
go raibh maith agat
arigato
takk
dakujem
merci
hvala
mauruuru
dziękuję
sagolun
sukriya
kop khun krap
grazie
terima kasih
감사합니다
obrigado
bedankt



HARMONY, Kick-Off Meeting, Salamanca, Jan, 2017