

**Best Practice Example of Personalised Medicine
Research & Implementation - From Basic Research to
the Patient:**

Genomic Medicine Sweden (GMS) - Acceleration of
Implementation of Personalised Medicine for Rare
Diseases and Cancer

Office for Life Sciences

2018-11-20

Jenni Nordborg, PhD
National Life Science Coordinator,
Government Offices of Sweden



Roadmap Life Sciences - towards a national strategy



Holistic and long-term perspective

- Systems transformation
- Knowledge and competence
- Patient / user co-creation
- Prevention – health focus
- International attractiveness
- Next-generation strengths

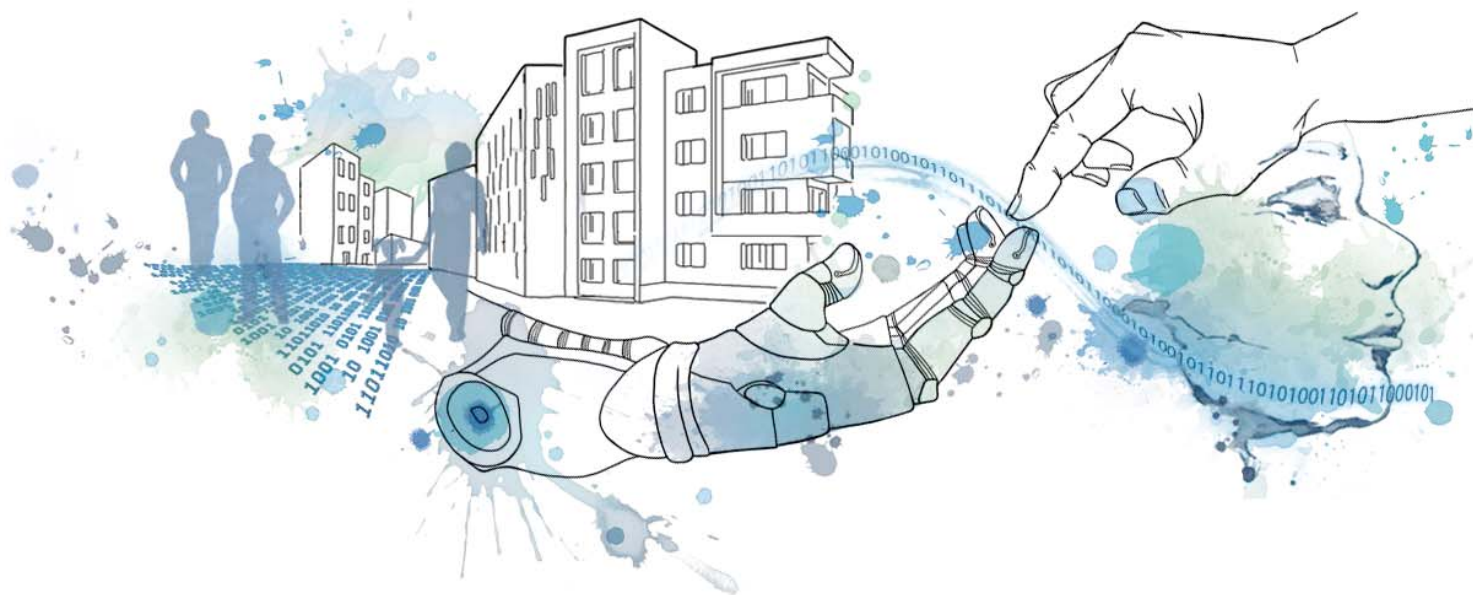


3

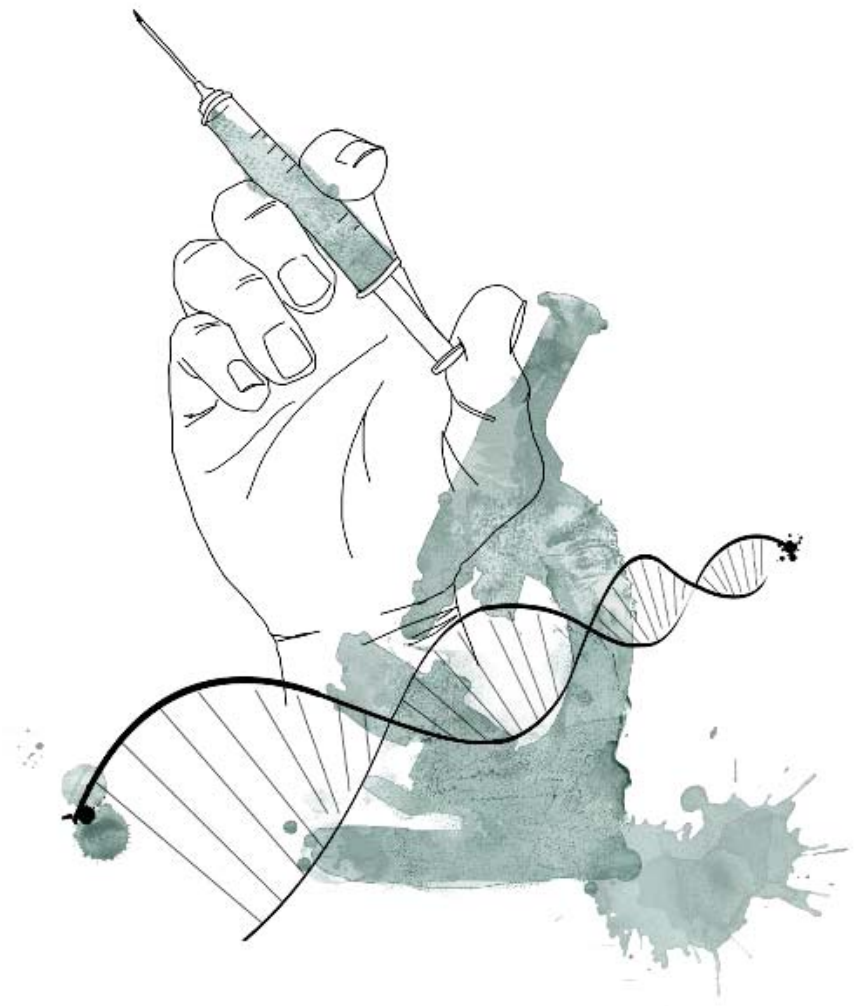
priority areas



Efficient use of health data



Precision medicine future diagnostics, therapy and cure

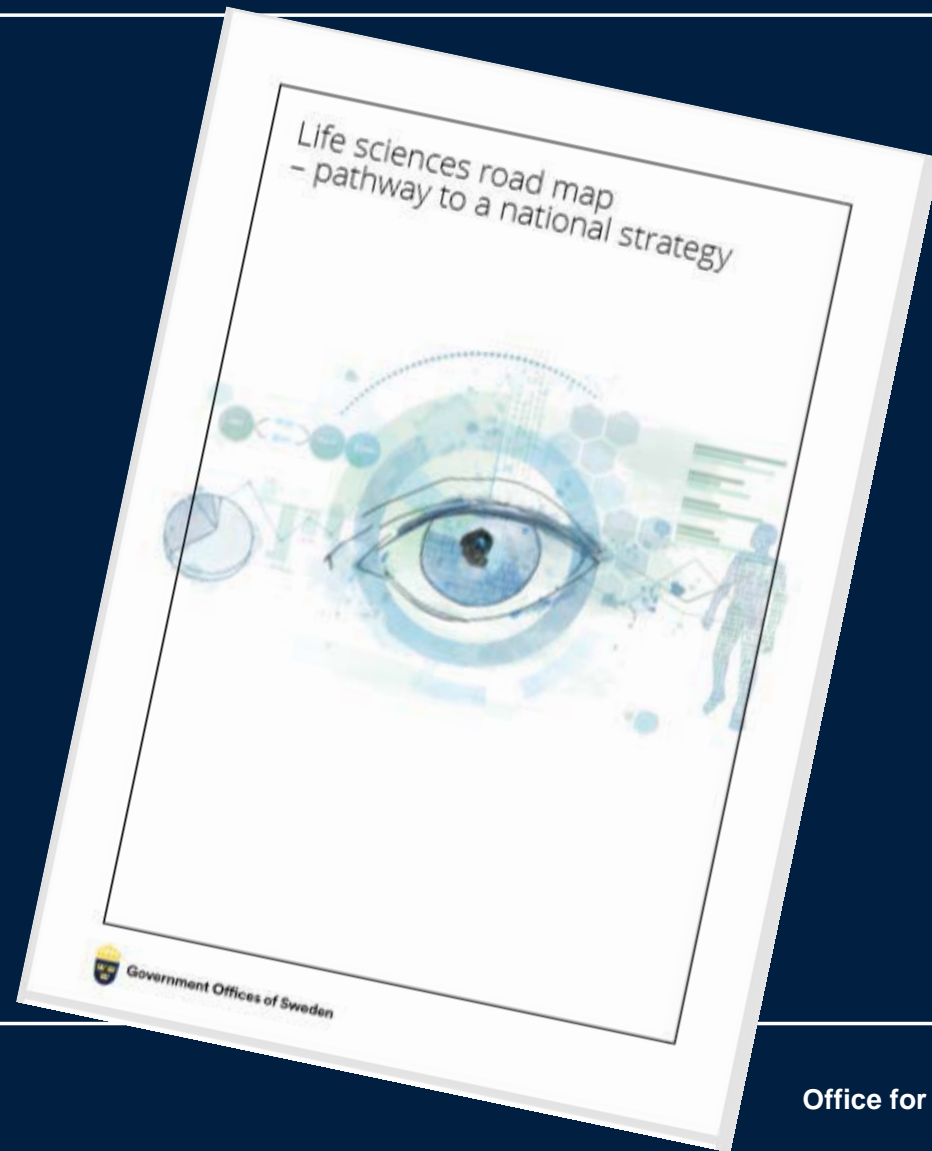


Future care improved integration of innovation and R&D



Thank you!

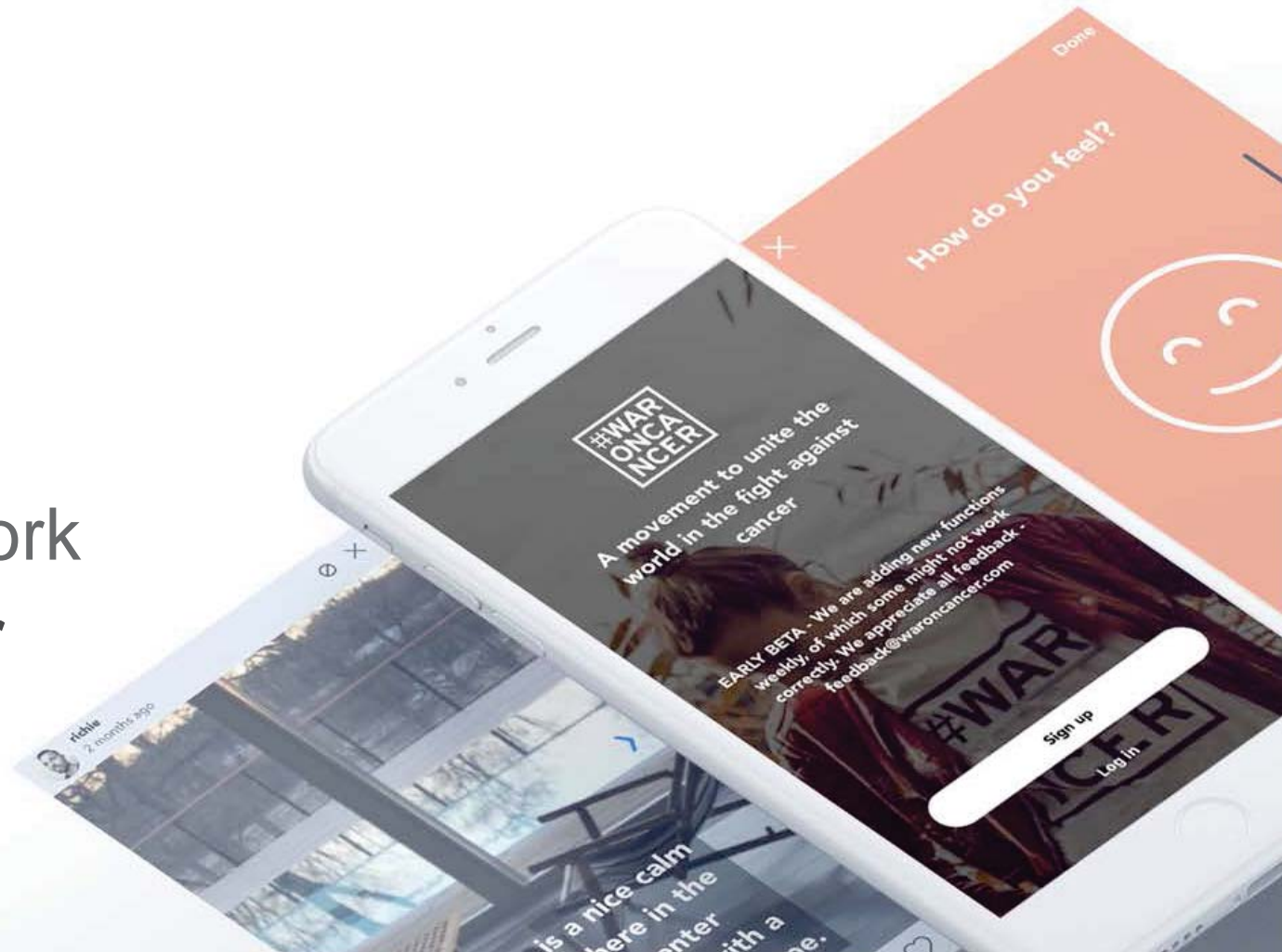
jenni.nordborg@gov.se



INTRODUCING



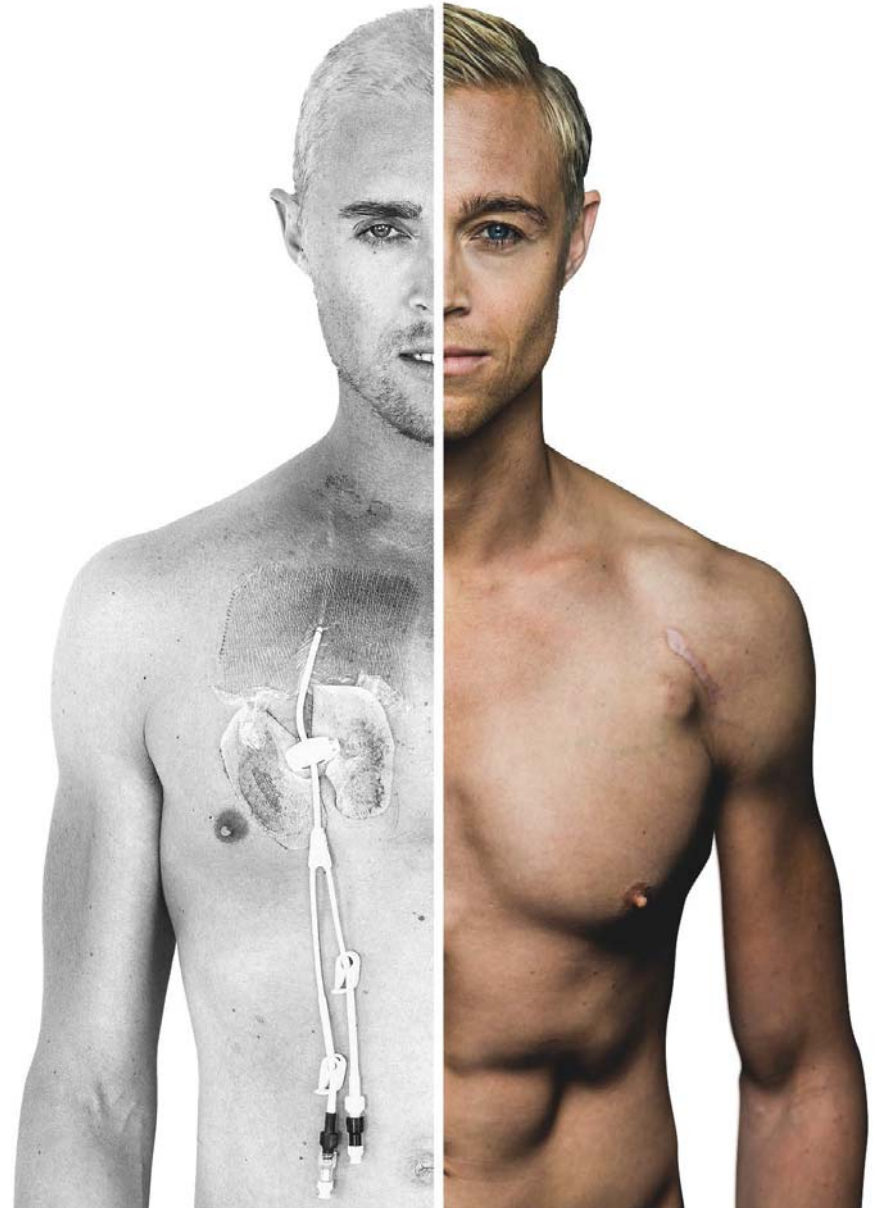
The social network
for cancer



Fabian Bolin

CEO & Co-founder,
WarOnCancer

@fabianbolin @waroncanceruntl





Fabian Bolin

Published by Fabian Bolin [?]

Like This Page · July 5, 2015 · Edited · €

Hello my friends, family and followers,

On the 2nd of July I was diagnosed with leukemia. For those of you who are not familiar with this term, it's blood cancer.

I apologize in advance for the lengthiness of this letter.... [See More](#) — 😞 feeling broken with Fabian Bolin at [Karolinska Institutet](#).

Tag Photo

Edit



Love



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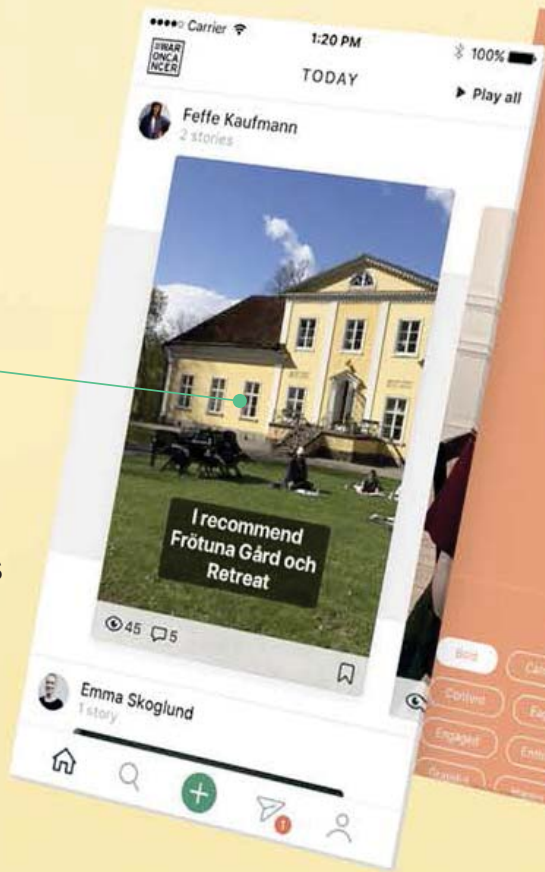
Henrik Lindell Alla ni som ser detta: det finns något ni kan göra. Ni kan anmäla er till Tobias-registret. Det är ett register man anmäler sig till om man vill vara donator av benmärg. Om man har



Write a comment...



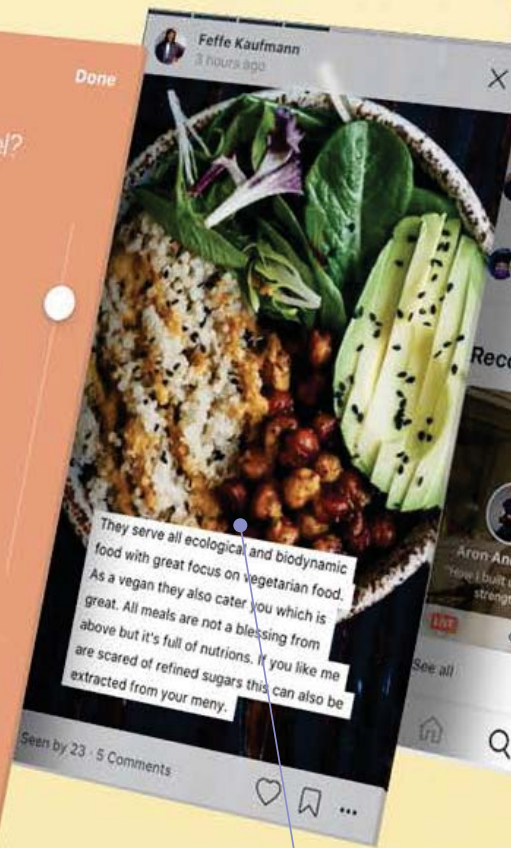
1
Share your journey
Follow others



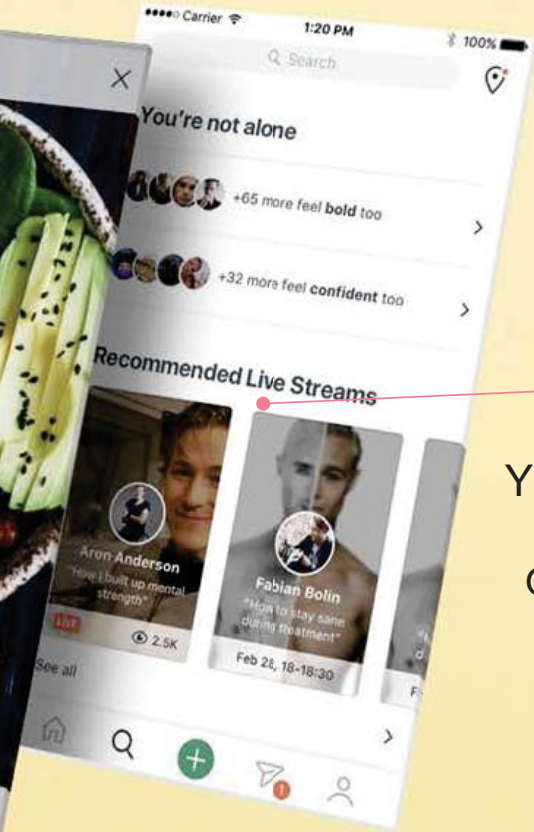
2
Share your health data
Track your impact



3
Share knowledge
Learn from others



4
You are not alone
Others feel like you



Sebastian Hermelin

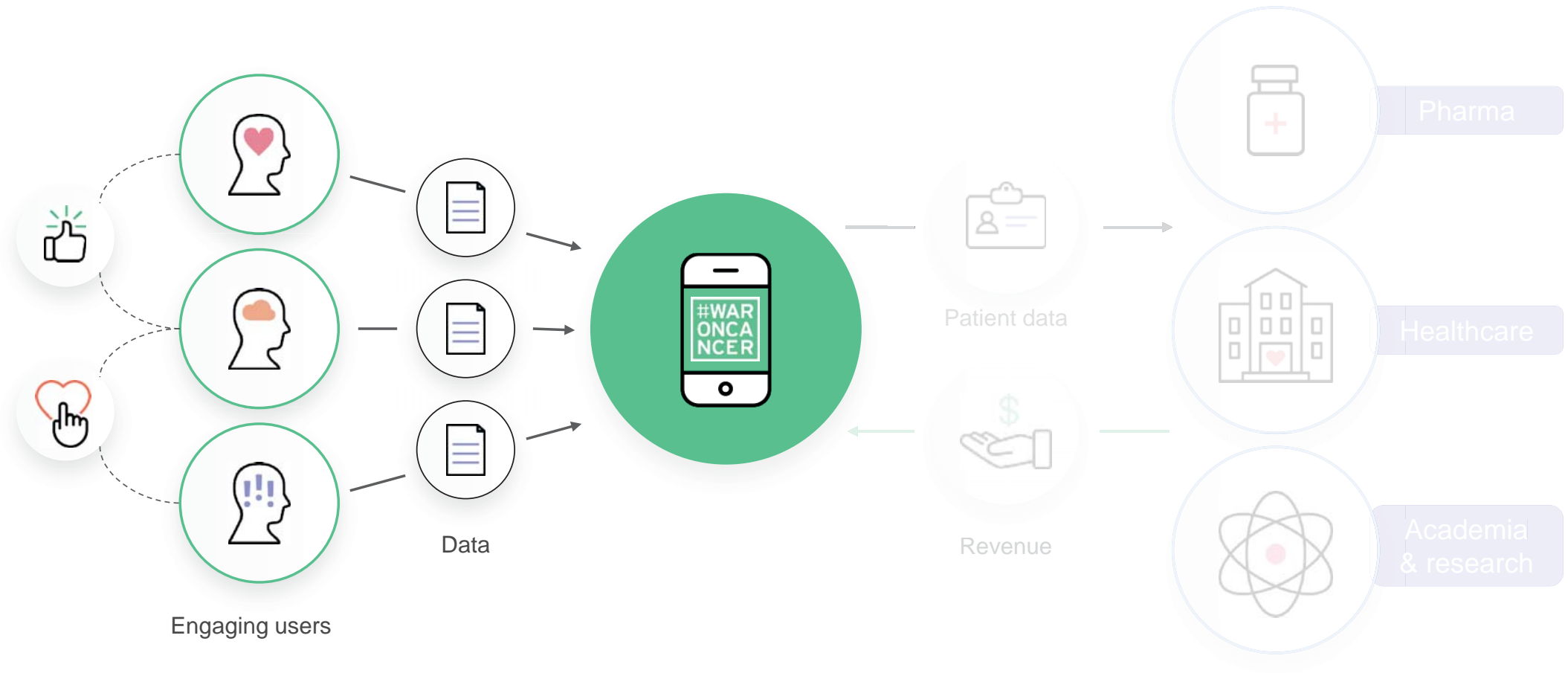
COO & Co-founder,
WarOnCancer

@sebhermelin @waroncancerunt



OPPORTUNITY

Social Network...



WARONCANCER

Gamification of Altruism

Track your impact

San Francisco Uni.
Research study on
diet and cancer



Stockholm
Hospital
Patient-reported outcome report



Rio de Janeiro
Pharmaceutical company,
Drug development: Liver
Cancer

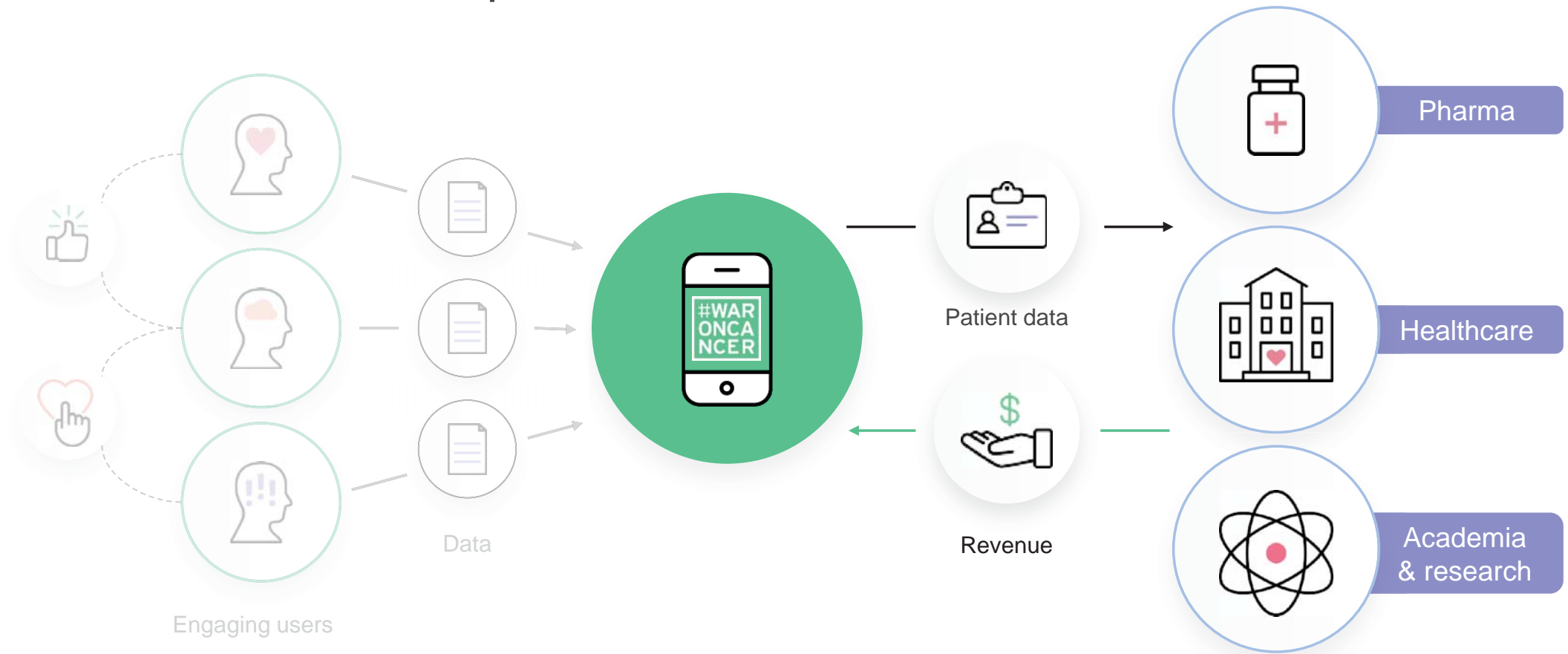


Sydney
Pharmaceutical company
Clinical trial match-making



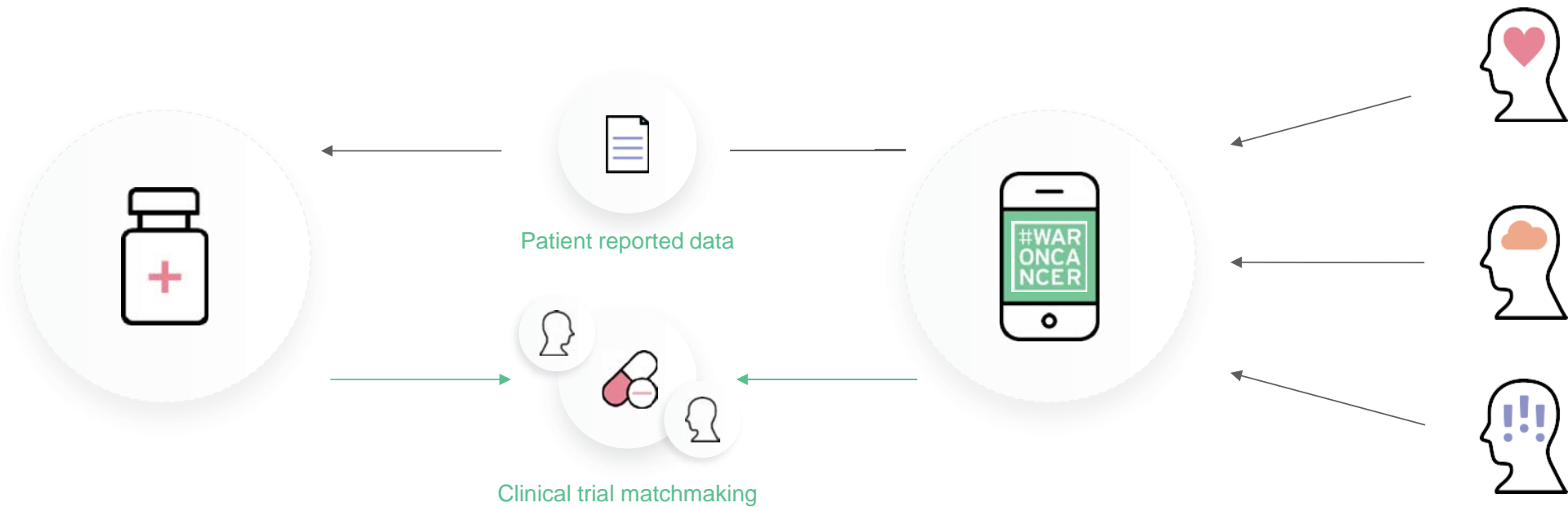
OPPORTUNITY

...meets Patient-reported data



WARONCANCER

Biopharma partnership



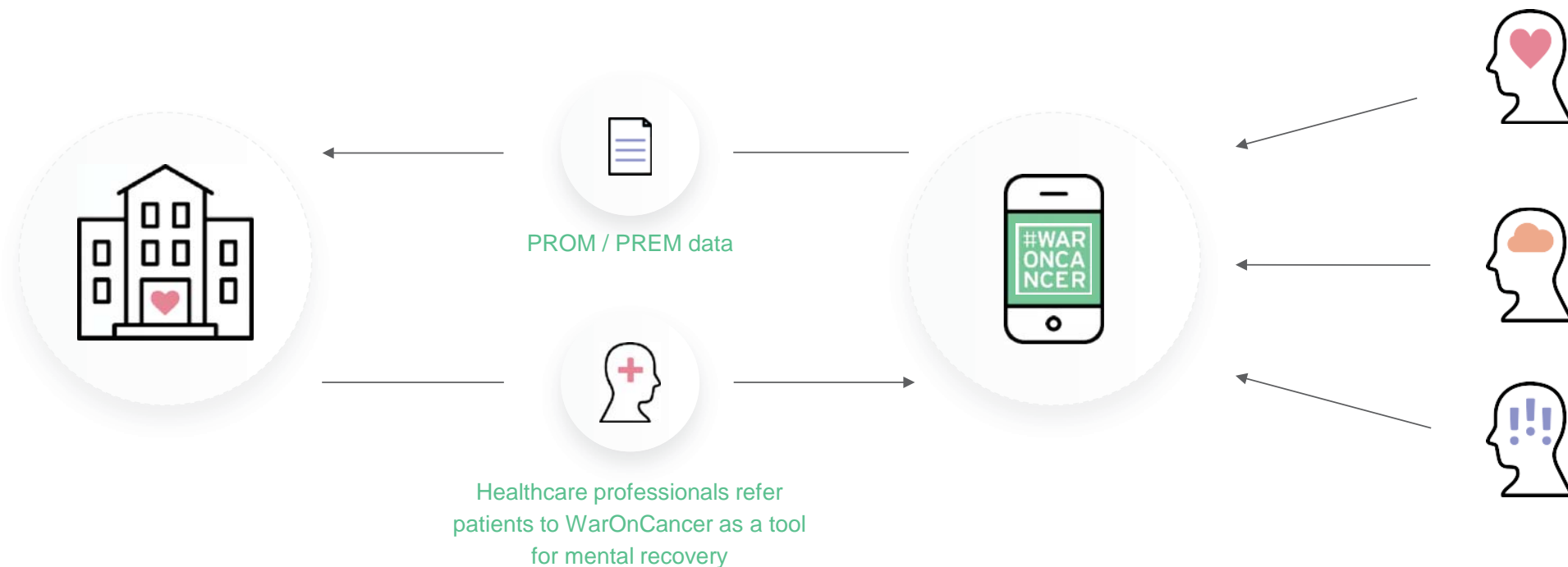
Partners:



Impact through:

- Targeted Surveys
- Insights/Reports
- Clinical trials matching
- Real Word Evidence

WARONCANCER
Healthcare partnership



In talks with



Impact through:

- Targeted Surveys
- Insights/Reports
- WarOnCancer prescription
- Link PRO- and clinical data





 WarOnCancerUnited

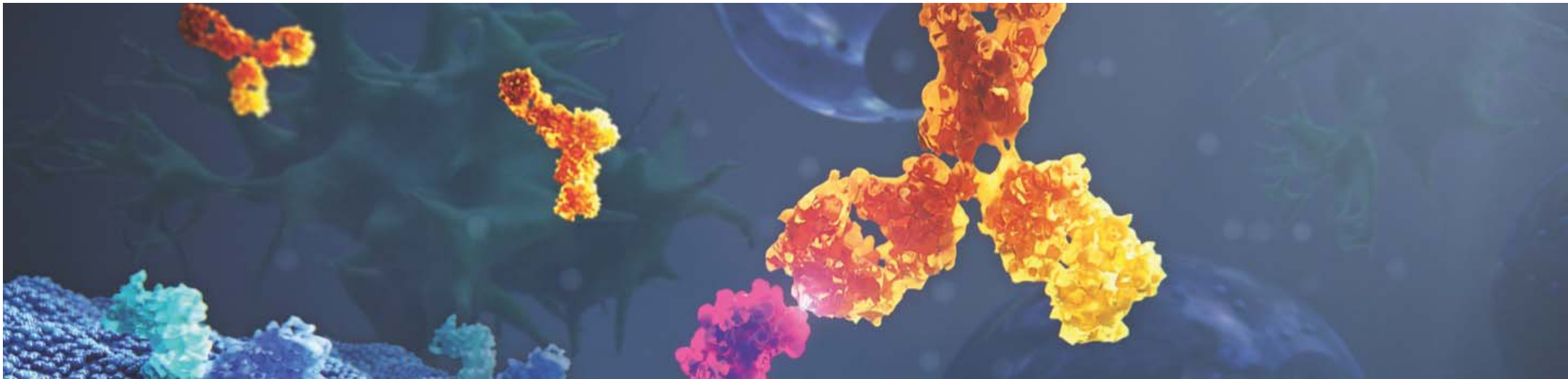
 WarOnCancerUntd

 WarOnCancer AB

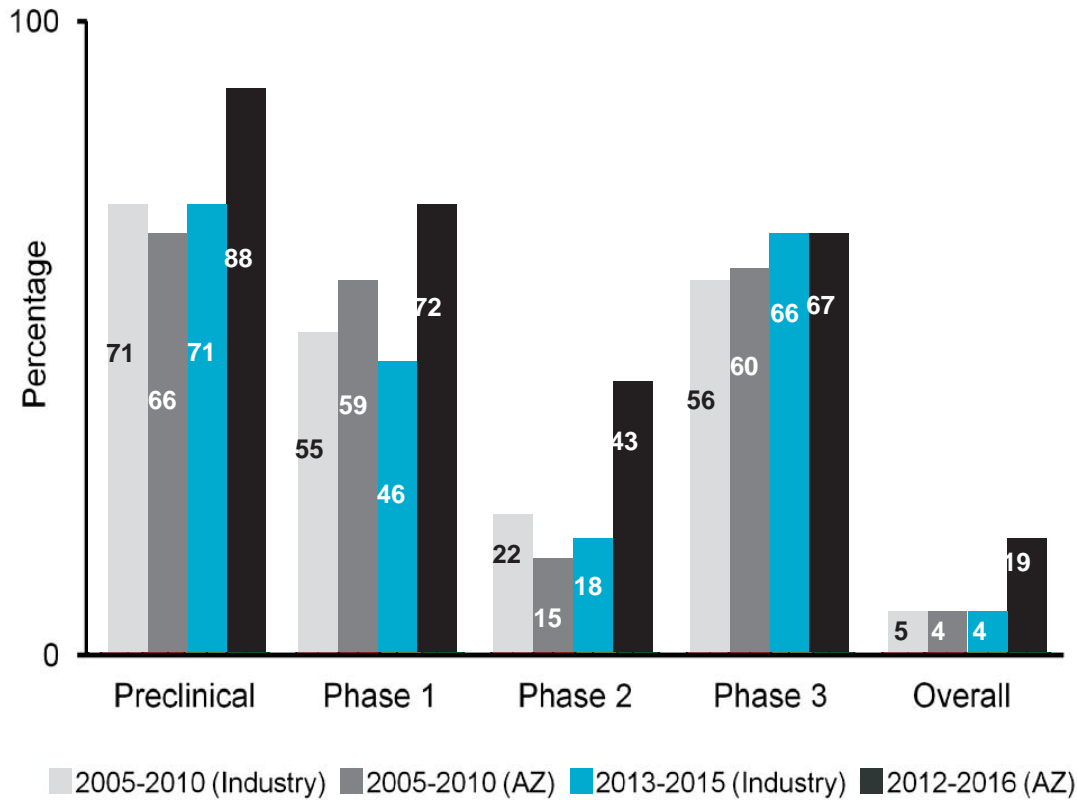
Personalised Medicine Research & Implementation - From Basic Research to the Patient

Joachim Reischl,
Precision Medicine & Genomics

November 2018



Focus on science is driving innovation and quality: 4 fold improvement in success rates since 2012



OUTLOOK Impact of a five-dimensional framework on R&D productivity at AstraZeneca

Paul Morgan, Dean G. Brown, Simon Lennard, Mark Anderton, J. Carl Barrett, Ulf Eriksson, Mark Fidock, Bengt Hamrén, Anthony Johnson, Ruth E. March, James Matcham, Jay Mettetal, David J. Nicholls, Stefan Platz, Steve Rees, Michael A. Snowden and Menelas N. Pangalos

Abstract | In 2011, AstraZeneca embarked on a major revision of its research and development (R&D) strategy with the aim of improving R&D productivity, which was below industry averages in 2005–2010. A cornerstone of the revised strategy was to focus decision-making on five technical determinants (the right target, right tissue, right safety, right patient and right commercial potential). In this article, we describe the progress made using this '5R framework' in the hope that our experience could be useful to other companies tackling R&D productivity issues. We focus on the evolution of our approach to target validation, hit and lead optimization, pharmacokinetic/pharmacodynamic modelling and drug safety testing, which have helped improve the quality of candidate drug nomination, as well as the development of the right culture, where 'truth seeking' is encouraged by more rigorous and quantitative decision-making. We also discuss where the approach has failed and the lessons learned. Overall, the continued evolution and application of the 5R framework are beginning to have an impact, with success rates from candidate drug nomination to phase III completion improving from 4% in 2005–2010 to 19% in 2012–2016.



Integrating genomics across the portfolio can transform discovery and development

DISCOVERY



Innovative drug targets linked to molecular mechanisms: discover new biology and new targets

DEVELOPMENT



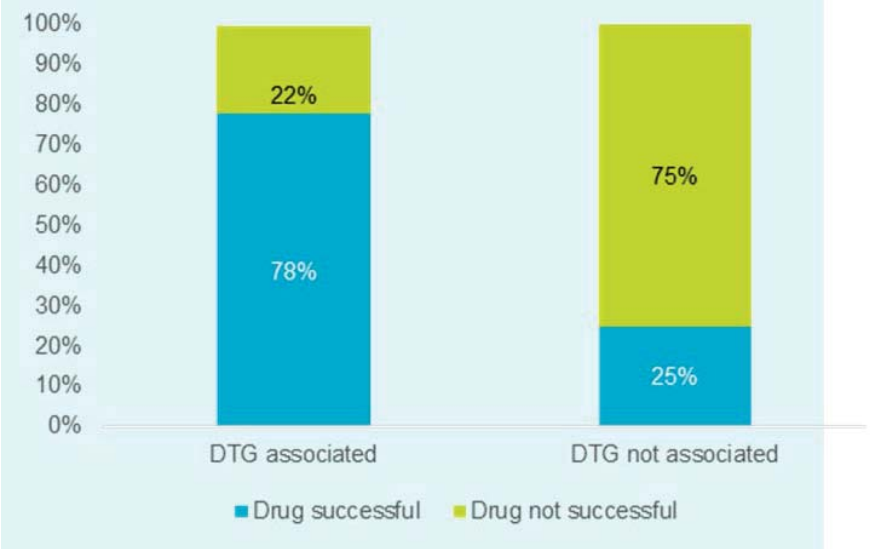
The right clinical trials: new patient populations matched to causative treatment

LAUNCH



Delivering better medicines, faster: launching new, more effective medicines for the right patients

Fig. 1. Drug target genes from successful drug programs have over 3-fold genetic associations compared with unsuccessful programs



AstraZeneca & MedImmune Genomics Initiative

We are harnessing the power of genomics through our integrated Genomics Initiative

2 million

We have the bold ambition to analyse up to two million genomes by 2026

500,000

Up to 500,000 genomes will be sequenced from genomic samples collected from AstraZeneca and MedImmune clinical trials



The power of genomics



Understand more about the biology of disease



Identify new targets for medicines



Support selection of patients for clinical trials



Allow patients to be matched with treatments more likely to benefit them




Approximately 90% of our NME clinical pipeline follows a Precision Medicine approach

~ 90% of our clinical pipeline follows a Precision Medicine approach, compared with 10% in 2009

Includes significant fixed dose combination projects, and parallel indications that are in a separate therapeutic area. Individual studies and indications not displayed.

Partnered
 ¶ Registrational P1 / P11 study
 Pipeline correct as of Q4 2017.

	RIA
	CVRM
	Oncology
	Other
	Project with PMG Approach
	PMG Not Applicable

PMG adoption across AstraZeneca pipeline

Phase I – 27 New Molecular Entities

IMED	MedImmune
AZD4573 CDK9 haematological malignancies	MEDI9197# TLR 7/8 solid tumours
AZD2811# AURN solid tumours	MEDI0562# hOX40 solid tumours
AZD0156 ATM solid tumours	MEDI1873 GTR solid tumours
AZD4785 KRAS solid tumours	MEDI3728# PSMA prostate cancer
AZD5153 BRD4 solid tumours	MEDI4276 HER2 solid tumours
AZD5991 MCL1 haematological malignancies	MEDI5083 immune activator solid tumours
AZD1390 ATM-BBB, GBM	MEDI-565# CEA BITE GI tumours
AZD0496 SERD breast	MEDI7247 antibody drug conjugate haematological malignancies
AZD1402# IL4 / Anticalin® asthma	MEDI9447 CD73 mAb solid tumours
AZD5634 ENaC cystic fibrosis	MEDI3506 IL-33 mAb COPD
AZD0567 oSGRM	
AZD0284 ROPg psoriasis	
AZD4831 Myeloperoxidase	
AZD8001# VEGF-A	
MEDI1814# amyloidβ Alzheimer's disease	
MEDI1341 Alpha-synuclein Parkinsons Disease	
MEDI7352 NGF/TNF osteoarthritis pain	

Phase II and Life Cycle Management – 31 New Molecular Entities

IMED	MedImmune
AZD1775# WEE1 solid tumours	MEDI0382 GLP-1/glucagon type-2 diabetes
AZD6738 ATR solid tumours	MEDI5884# cholesterol modulation
AZD0150# STAT3	MEDI8012 LCAT cardiovascular disease
AZD5069 STAT3 CXCR2	Inebilizumab# CD19 neuromyelitis optica
AZD8186 PI3Kβ solid tumours	Mavrilimumab# GM-CSFR rheumatoid arthritis
AZD4635 A2aR inhibitor solid tumours	MEDI5872# B7RP1 mAb primary Sjögren's syndrome
AZD5363# AKT breast cancer	MEDI3902 Psl/PcrV Pseudomonas pneumonia
AZD4547 FGFR solid tumours	MEDI8852 mAb influenza A treatment
vistusertib TORC 1/2 solid tumours	MEDI8979# RSV mAb-YTE passive RSV prophylaxis
AZD7594# iSGRM asthma/COPD	MEDI4893 mAb Staphylococcus aureus pneumonia
AZD1419# TLR9 asthma	anifrolumab# Type I IFN receptor systemic lupus erythematosus (subcutaneous)
AZD8871# MABA COPD	
abediterol# LABA asthma/COPD	
AZD7986# DPP1 COPD	
PT010 Triple MDI asthma	
PT027 asthma	
AZD5718 FLAP coronary artery disease	
verinurad URAT-1 chronic kidney disease	

PMG adoption across AstraZeneca pipeline

Phase III and Life Cycle Management – 20 Entities

IMED	MedImmune
savolitinib# MET pRCC	durvalumab# PD-L1 solid tumours
olaparib# solid tumours	moxetumomab# CD22 hairy cell leukaemia
osimertinib EGFR	lanabecestat# BACE early Alzheimer's disease
acalabrutinib# BTK inhibitor	anifrolumab# Type I IFN receptor SLE
selumetinib MEK differentiated thyroid cancer	tezapelumab# TSLP atopic dermatitis
fulvestrant ER antagonist advanced breast	benralizumab# IL-5R COPD
PT010 LABA/LAMA/ICS COPD	
ZS-9 potassium binder hyperkalaemia	
roxadustat HIFPH anaemia CKD/ESRD	
epanova omega-3-carboxylic acids	
ticagrelor P2Y12	
dapagliflozin SGLT2	
saxagliptin DPP4 Type 2 diabetes	
exenatide GLP1	



This has enabled 26 Diagnostic test approvals to date

- AstraZeneca has achieved **26 diagnostic test approvals** since 2014, in **three major global markets** (US, EU and Japan).
- These innovative diagnostics are linked to **five therapies**, including **four AstraZeneca precision medicines**.

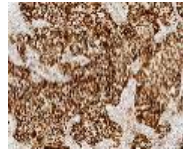


Diagnostics linked to four AZ medicines to guide therapy

Durvalumab

PD-L1 monoclonal antibody

PD-L1 complementary Dx (for Bladder – US), CE IVD (for NSCLC – EU)



Partner: Ventana



Gefitinib

EGFR inhibitor

EGFR tissue (US) & plasma (EU)
1st plasma CDx CE-IVD for solid tumour
Partner: Qiagen



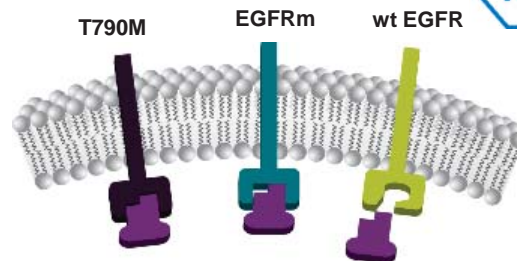
EGFR tissue & plasma (US) Partner: RMS



Osimertinib

Mutant-selective EGFR inhibitor

EGFR T790M tissue & plasma (US, EU, JPN)
AZ's first FDA approved ctDNA test
EGFRm tissue & plasma (US, JPN)
1st concurrent CDx tissue & plasma
Partner: RMS



EGFR T790M tissue NGS panel (US)
Partner: FMI



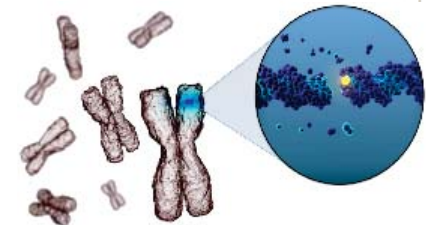
Olaparib

PARP inhibitor

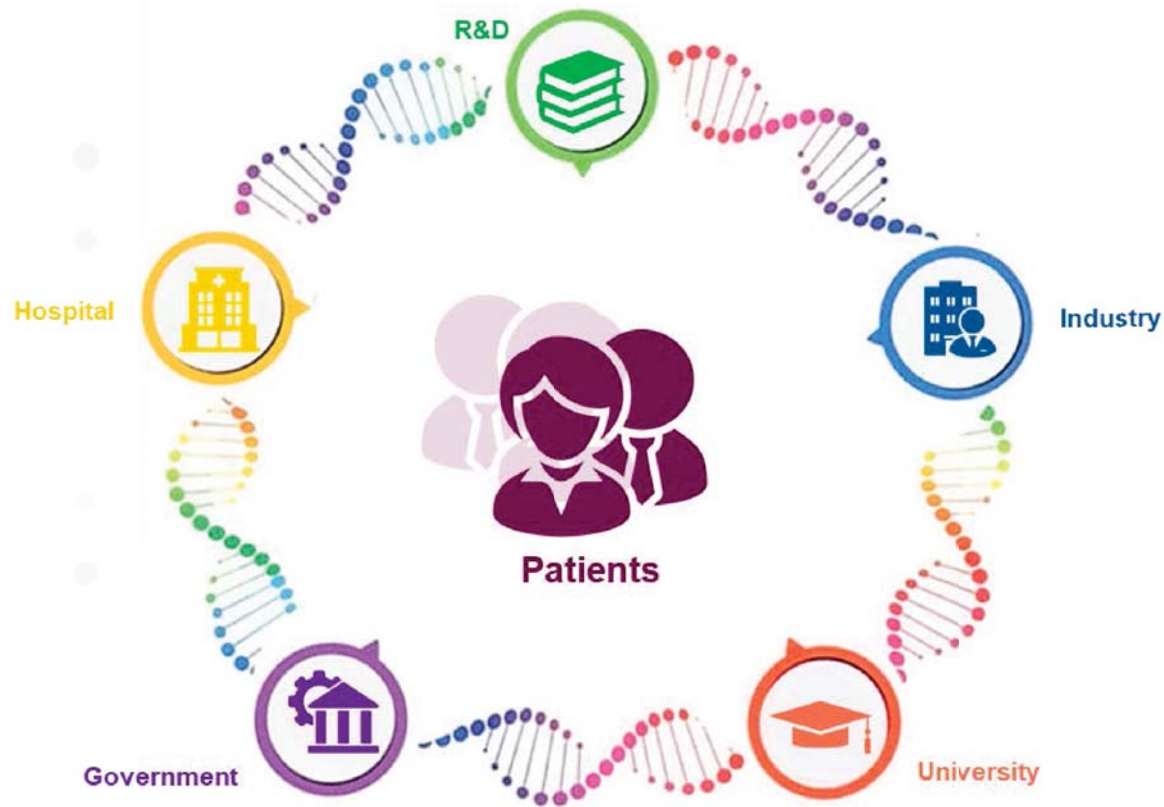
Germline BRCA (US, EU, JPN)
Partner: Myriad
1st BRCA LTD CDx



Tumour BRCA CE IVD (EU)
Partners: Myriad, Multiplicom, Qiagen



Build a patient-centric cross-sector ecosystem to bring innovation to patients fast



What is needed?

- Ensure **access to high quality testing**
- Move **testing to earlier stages of disease**, linked to treatment decisions
- Build national and international **databases with large patient cohorts**, linking genomic and clinical data
- Harness the **power of data for research and clinical decision making** – apply AI / machine learning



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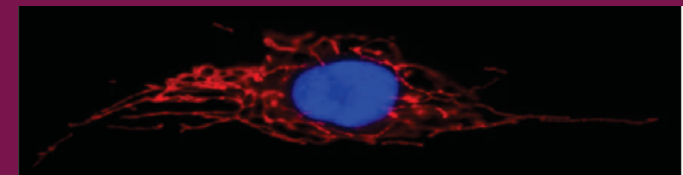




Clinical Implementation of Whole Genome Sequencing

Anna Wedell, MD, PhD, Professor

Head, Centre for Inherited Metabolic Diseases



SciLifeLab



Karolinska
Institutet

KAROLINSKA
Universitetssjukhuset

Inborn Errors of Metabolism (IEM): around 1 000 rare diseases

Affect all clinical disciplines. Often treatable.

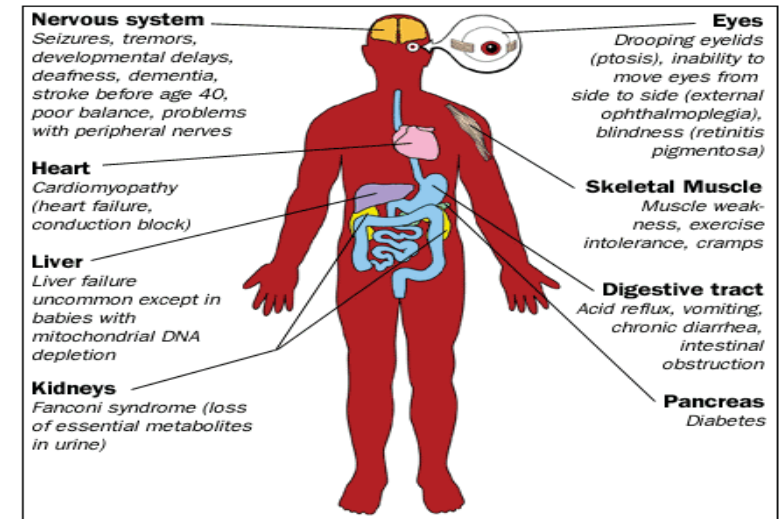
Acute, neonatal



Gradual, progressive



Adult



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Centre for Inherited Metabolic Diseases, CMMS

Cross-disciplinary organisation

Laboratory medicine: clinical genetics, clinical chemistry

Clinical medicine: pediatrics, neurology, endocrinology

Biochemical + genetic investigations + treatment controls

Mitochondrial investigations: Muscle biopsy

ATP synthesis, activities of enzyme complexes, morphology, RC assembly



PKU laboratory

National neonatal screening program

115 000 Swedish newborns/year

24 diseases as of Nov, 2010

National registry for patient follow-up

KI – Max Planck lab for molecular metabolism



MAX PLANCK INSTITUTE FOR BIOLOGY OF AGEING



LA | Cont



SciLifeLab

A national center for high-throughput bioscience

Focus on genomics, protein profiling, bioimaging and bioinformatics with relevance for environment and health



SciLifeLab



Clinical whole genome sequencing

- Stringent and ethically acceptable
- Quality assured
- Restricted to relevant information
- Accurate medical interpretation
- Rapid translation into clinical action



SciLifeLab Clinical Genomics

KAROLINSKA
Universitetslaboratoriet

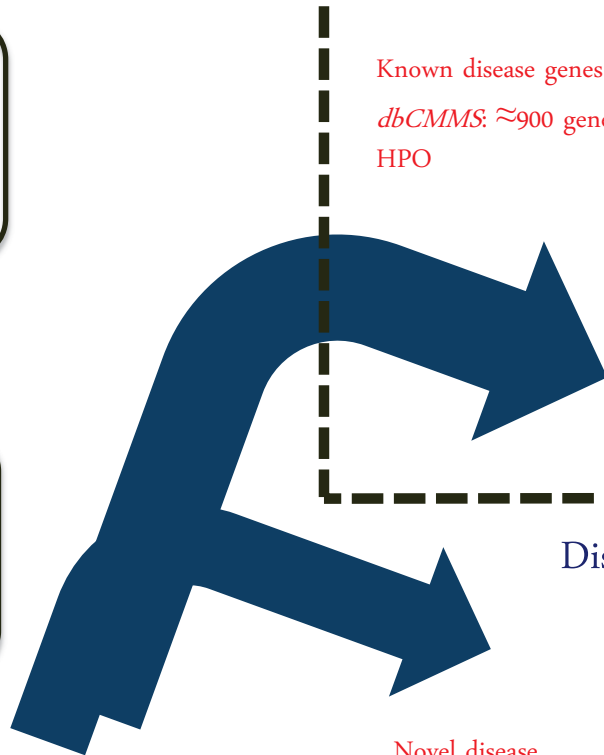
Filter



Whole genome sequencing



List of variants



Known disease genes
dbCMMS: ≈ 900 genes
HPO

Discovery

Novel disease
mechanisms

Clinical Grade Analysis



Multidisciplinary team



Experimental validation



Custom data processing strategy



- Automated bioinformatics pipeline for processing raw data to annotated and ranked variants ready for clinical interpretation.
- Enables individualized analysis based on patient phenotypes (HPO)
- Exomes 2-3 hours, WGS 24 hours.
- Developed by *Henrik Stranneheim* (CMMS) and *Måns Magnusson* (CMMS, Clinical Genomics)

- Sample specific quality report addressing coverage on gene and transcript level. Identifies regions with insufficient coverage.
- Developed by *Robin Andeer* (Clinical Genomics)

- Custom-developed, browser-based reporting tool enabling clinicians to view the ranked variants
- Enables data sharing between teams
- Developed by *Robin Andeer*, *Måns Magnusson*, and *Henrik Stranneheim*.

- <https://github.com/Clinical-Genomics/scout>



Henrik Stranneheim



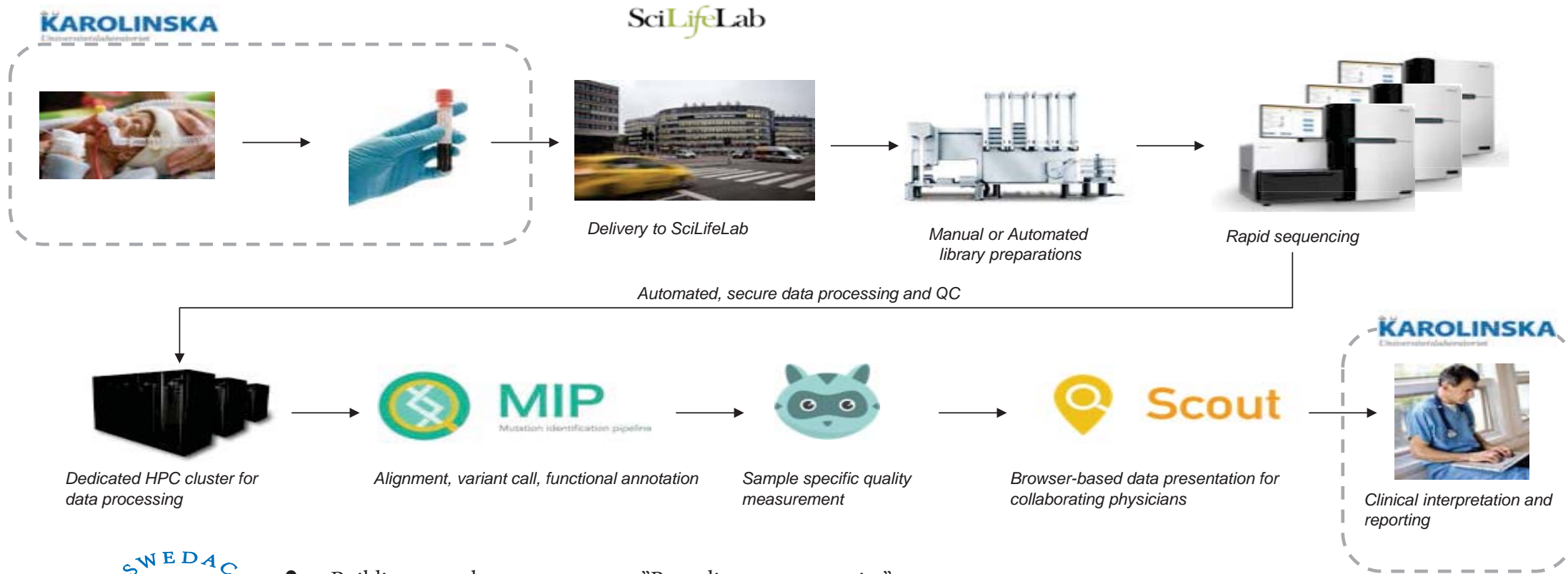
Robin Andeer



Måns Magnusson



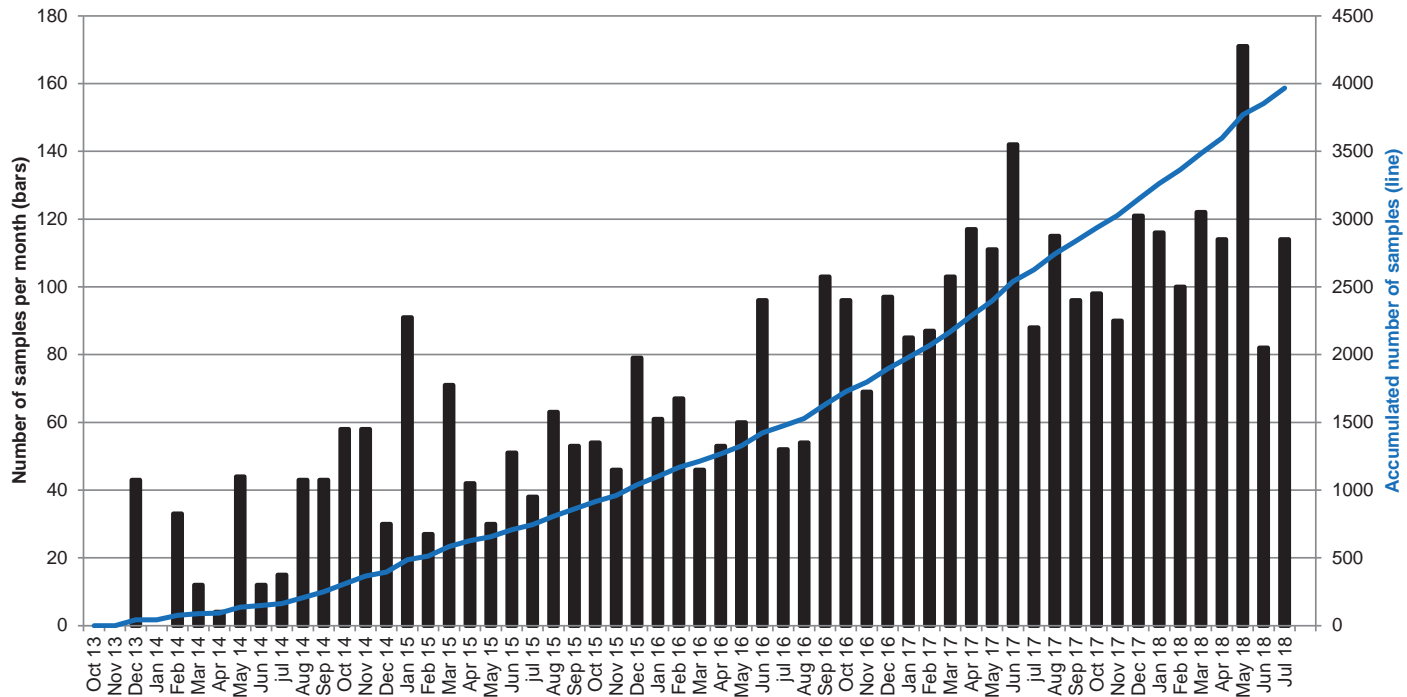
Collaboration SciLifeLab Clinical Genomics – Karolinska



- Building complementary teams, "Rare disease community"
- Data sharing
- Genomic Medicine Center Karolinska, GMCK



Clinical WGS, > 4000 Rare Disease samples processed



Turnaround time approximately 10-12 days on average (5 – 21 days)



Results, Clinical IEM track (known genes)

790 patients with suspected IEM

266 solved

180 different genes. Extreme heterogeneity!

21 newborn screening positive

18 solved cases

15 different genes

119 abnormal mitochondrial biochemistry

52 solved cases

46 different genes

270 epileptic encephalopathies

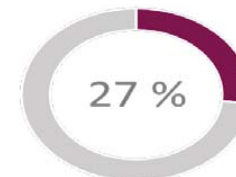
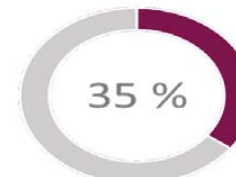
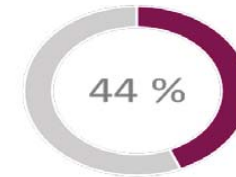
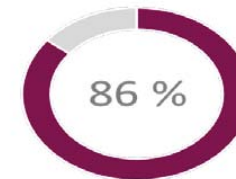
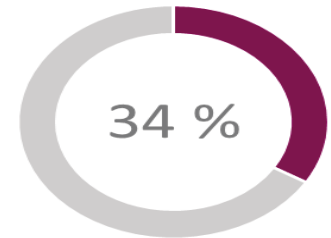
95 solved cases

54 different genes

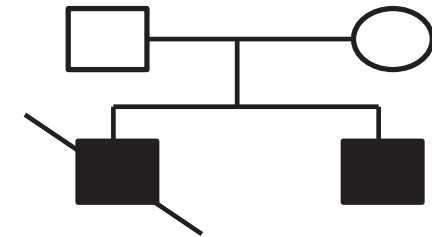
380 other

101 solved cases (of 380)

65 different genes



Case Clinical track (*dbCMMS*):



- Boy born healthy, at 5 weeks lethargy and lack of appetite
- Seizures 2 days later
- Develops severe brain damage (MRI)
- Dies at 2 months

- Younger brother born healthy 1.5 years later
- Lethargy at 5 weeks
- MRI: first signs of similar brain damage

- Clinical WGS in 4 days, mutations in *SLC19A3*
- Diagnosis: Biotin-responsive basal ganglia disease
- Treatment: High dose thiamine & biotin



Newly discovered diseases & metabolic pathways:

Wibom R et al: **AGC1** deficiency associated with global cerebral hypomyelination.
N Engl J Med (2009): 361:489-495

Bjursell MK et al: **ADK** deficiency disrupts the methionine cycle and causes hypermethioninemia, encephalopathy and abnormal liver function.
Am J Hum Genet. (2011) 89:507-515

Freyer C et al: Rescue of primary ubiquinone deficiency due to a novel **COQ7** defect using 2,4-dihydrobenzoic acid.
J Med Genet (2015) 52:779-783

Kishita Y et al: Intra-mitochondrial methylation deficiency due to mutations in **SLC25A26 (SAMC)**
Am J Hum Genet. (2015) 97:761-768

Stödlberg T et al: Mutations in **SLC12A5** in epilepsy of infancy with migrating focal seizures
Nature Commun. (2015) 6:8038

Haack TB et al: Absence of the Autophagy Adaptor **SQSTM1/p62** Causes Childhood-Onset Multisystem Neurodegeneration with Ataxia
Am J Hum Genet. (2016) 97:761-768



Clinical genome sequencing in rare diseases

- Dramatic clinical impact!
- A new landscape of monogenic diseases is emerging
- Early identification of treatable disorders
- Identification of pathways relevant for human pathology
- Discovery of novel disorders and disease mechanisms
- Discovery of biomarkers and drug targets / treatment
- Relevance for common disorders

Integration &
Data sharing
between teams

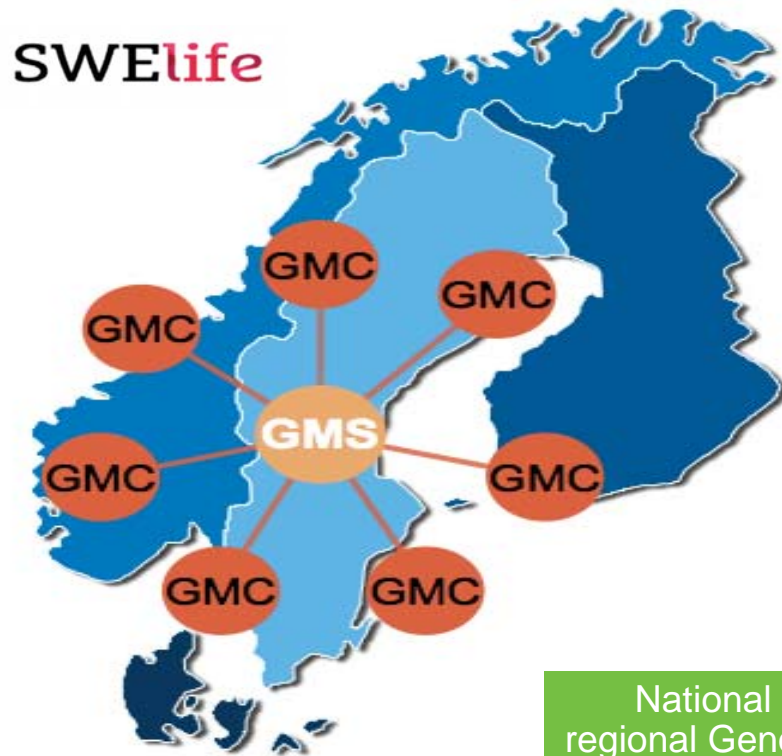
Laboratory medicine
Clinical medicine
High-throughput technology
Basic experimental science



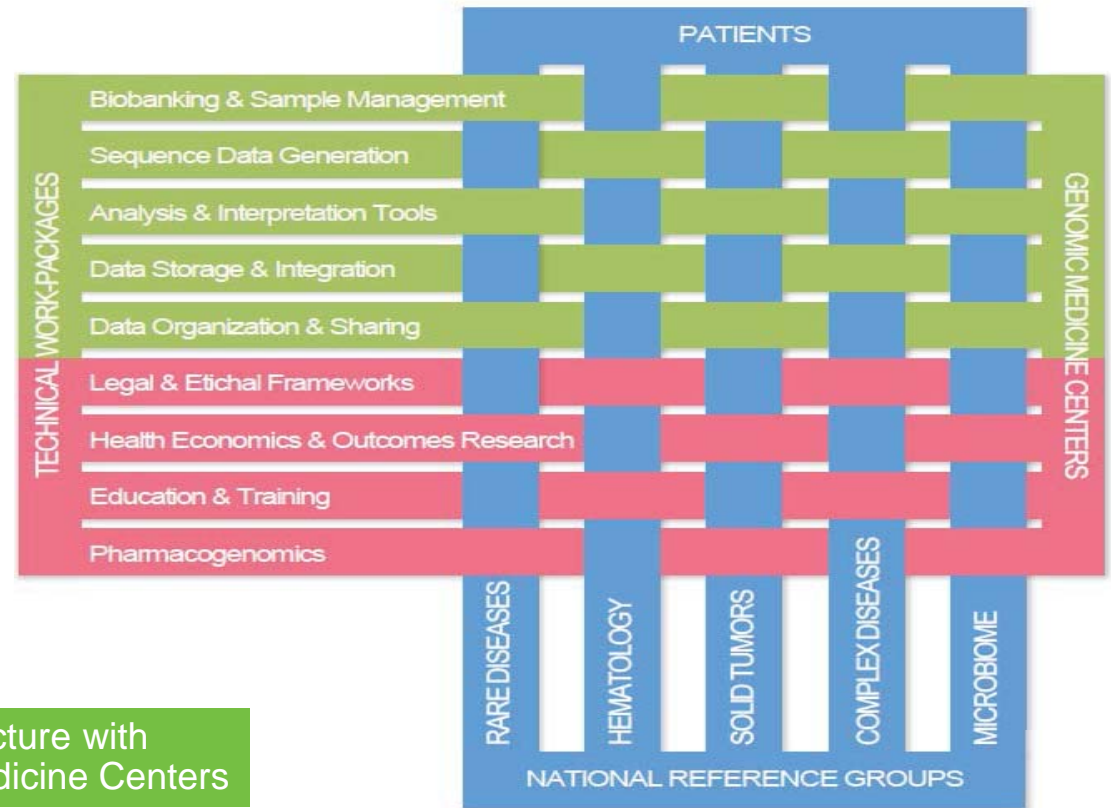
Genomic Medicine Center Karolinska (GMCK)

a part of

Genomic Medicine Sweden (GMS)



National infrastructure with regional Genomic Medicine Centers





**Karolinska
Institutet**

SciLifeLab

CMMS

Henrik Stranneheim

Måns Magnusson

Nicole Lesko

Martin Engvall

Karin Naess

Michela Barbaro

Rolf Zetterström

Helene Bruhn

Eliane Sardh

Rolf Wibom

Ulrika von Döbeln

Anna Wedell

Pediatrics

Tommy Stödberg

Maria Dahlin

Sofia Ygberg

Neuroradiology, Karolinska

Daniel Martin

Molecular metabolism

Anna Wredenberg

Chris Freyer

Joanna Rorbach

Nils-Göran Larsson

Paula Clemente

Javier Calvo-Garrido

Camilla Maffezzini

Florian Schober

Endocrinology, Karolinska

Mikael Oscarson

Daphne Vassiliou

Svetlana Lajic

Anna Nordenström

Maria Halldin

*Knut och Alice
Wallenbergs
Stiftelse*



Robin Andéer

Mats Dahlberg

Valtteri Wirta

Neuroscience, KI

Anna Falk

Gothenburg University

Jorge Asin Cayela

Maria Falkenberg

Claes Gustafsson

University of Bari

Ferdinando Palmieri

UMC Amsterdam

Henk Blom



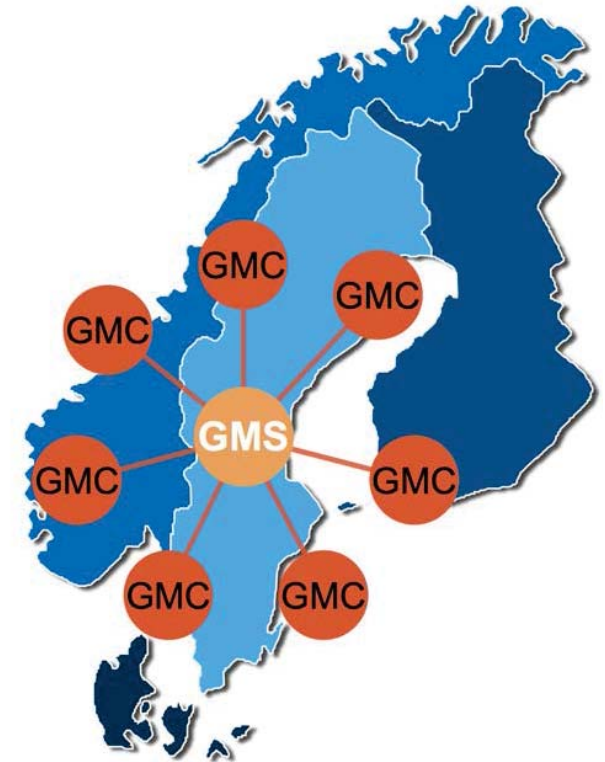
**Max Planck
Institute**

MAX PLANCK INSTITUTE FOR **BIOLOGY OF AGEING**



Genomic Medicine Sweden

Richard Rosenquist Brandell
Karolinska Institutet &
Karolinska University Hospital



New tool box for diagnostics & research

Whole-genome



3 000 000 000 bp

Exome



21 000 genes

Gene panels



100 genes

Whole-genome sequencing, exome sequencing and targeted sequencing are now offered as clinical tests

INFRASTRUCTURE SERVICES

Infrastructure units A-Z ▾

Genomics

Proteomics

Metabolomics

Single Cell Biology

Bioimaging and Molecular Structure

Chemical Biology and Genome Engineering

Drug Discovery

Diagnostics

Bioinformatics

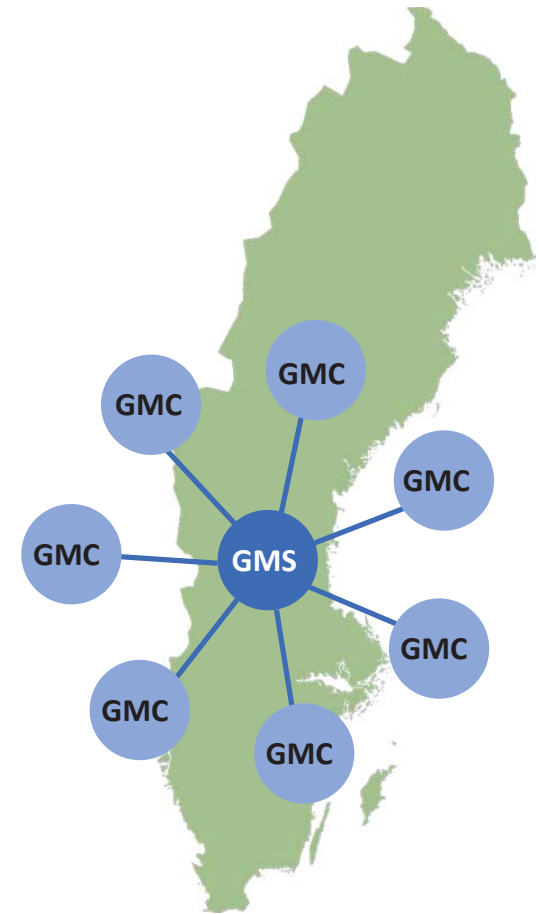


Developed NGS-based tests for healthcare since 2013 (WGS, WES, gene panels)
Collaborative effort between healthcare, universities & SciLifeLab (at 4 sites)
Initiated Genomic Medicine Sweden

What Genomic Medicine Sweden aims to accomplish?

Through a nation-wide collaborative effort offer all patients equal care regardless of healthcare region

- Front edge diagnostics– e.g. with next-generation sequencing technologies
- Precision medicine – the right treatment to the right patient and the right time
- A national research database
- Innovation and industry cooperation



How do we create a leading PM infrastructure?

Building on existing national resources:

- Science for Life Laboratory (SciLifeLab)
- Biobank Sweden
- Swedish National Quality Registries
- Regional Cancer Centres
- Centres for Rare Diseases
- Clinical studies in Sweden (trial alliances)

SciLifeLab

 NATIONELLA
BIOBANKSRÅDET

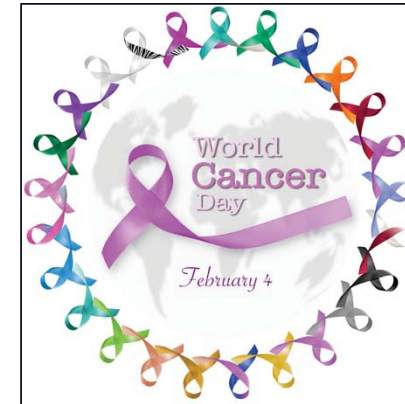
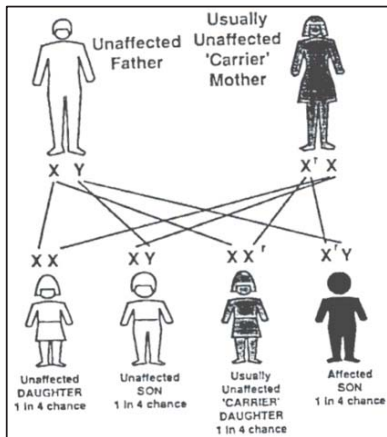
 REGIONALA
CANCERCENTRUM
I SAMVERKAN

 NFSD
NATIONELLA FUNKTIONEN SÄLLSYNTA DIAGNOSER

 NATIONELLA KVALITETSREGISTER
Kunskap för bättre vård och omsorg

 Kliniska Studier
Sverige

GMS focus areas



Rare Diseases:

- Whole-genome sequencing
- Samples per year in routine diagnostics:
 - Today: <2,000 samples/year
 - In 5 years: 5,000 samples/year

Cancer:

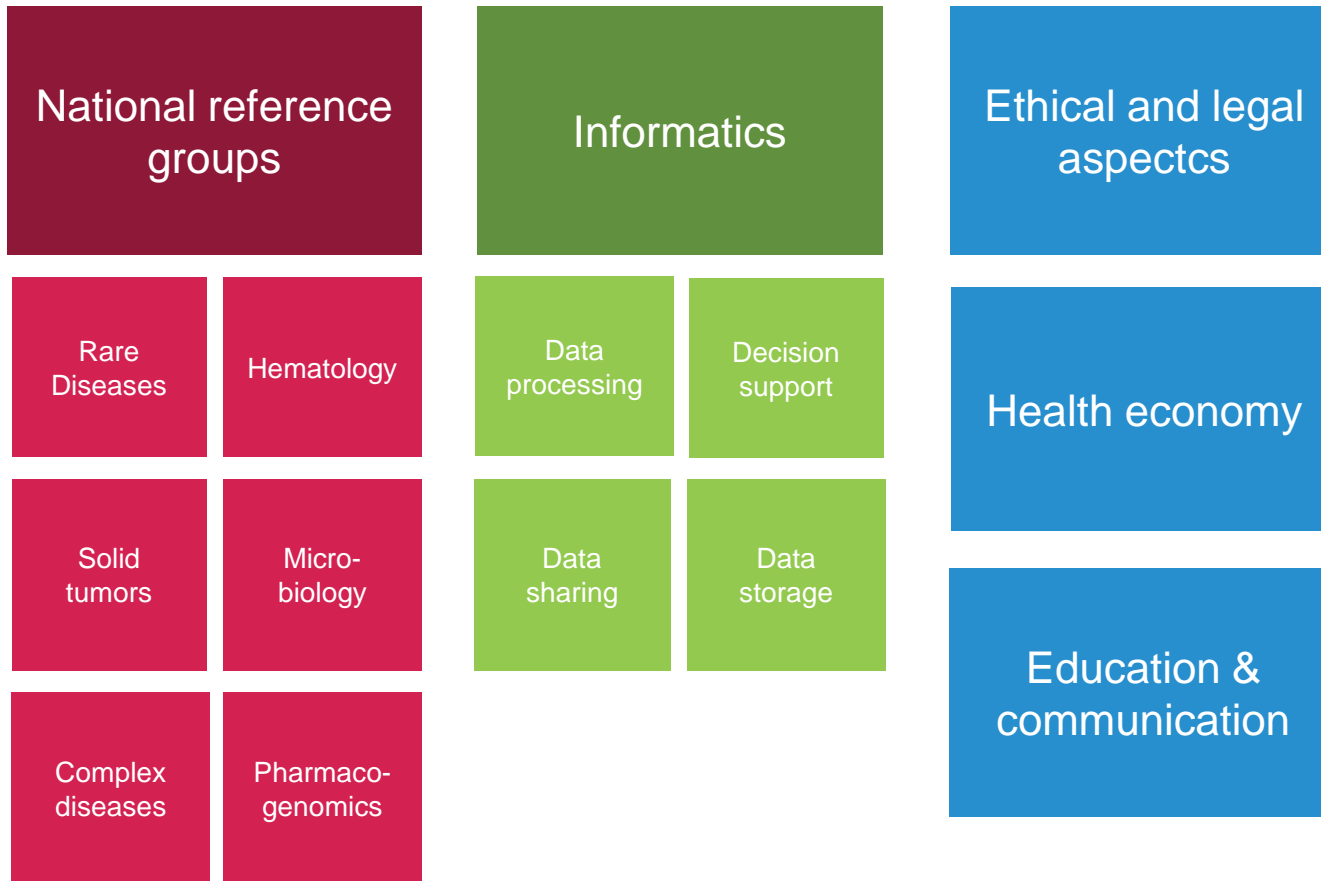
- Solid tumors and leukemia:
 - Gene panels
 - RNA-sequencing/WGS
- Samples per year in routine diagnostics:
 - Today: >5,000 samples/year
 - In 5 years: 45,000 samples/year

Genomic Medicine Sweden – Time line



Basic concepts - organisation

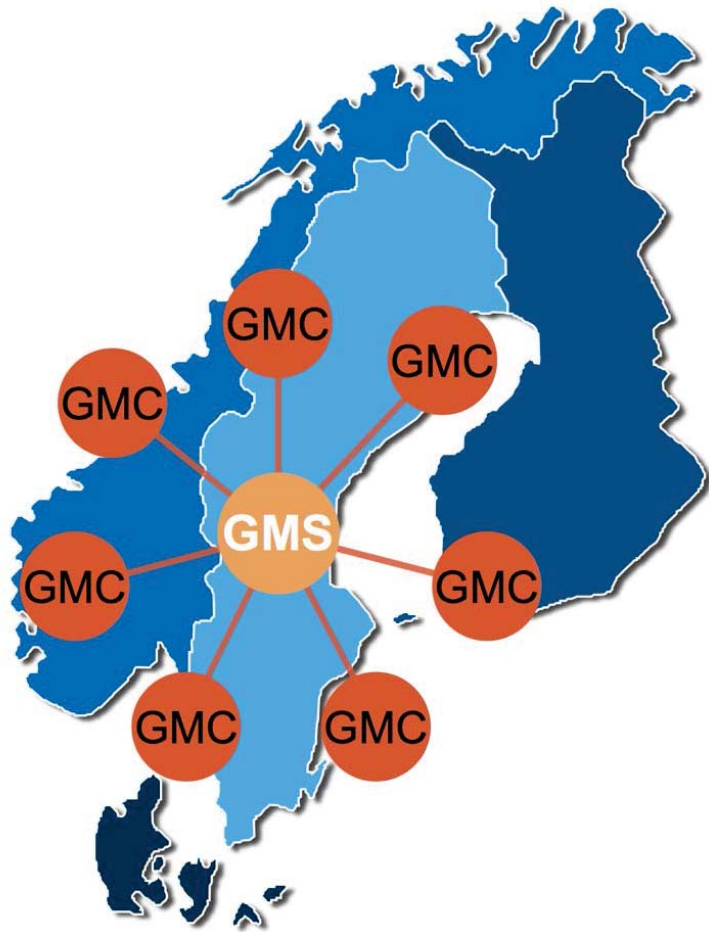
National infrastructure



Regional infrastructure

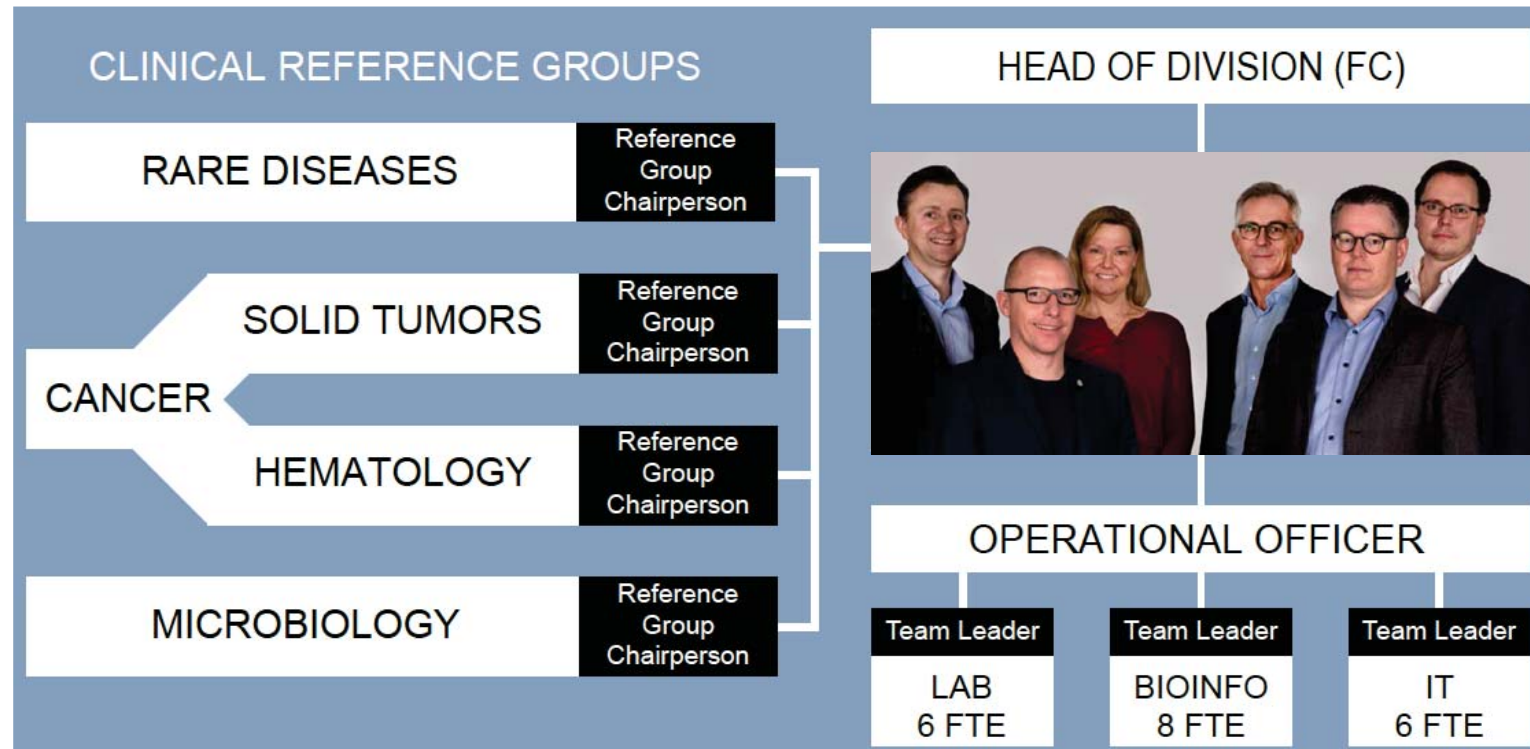


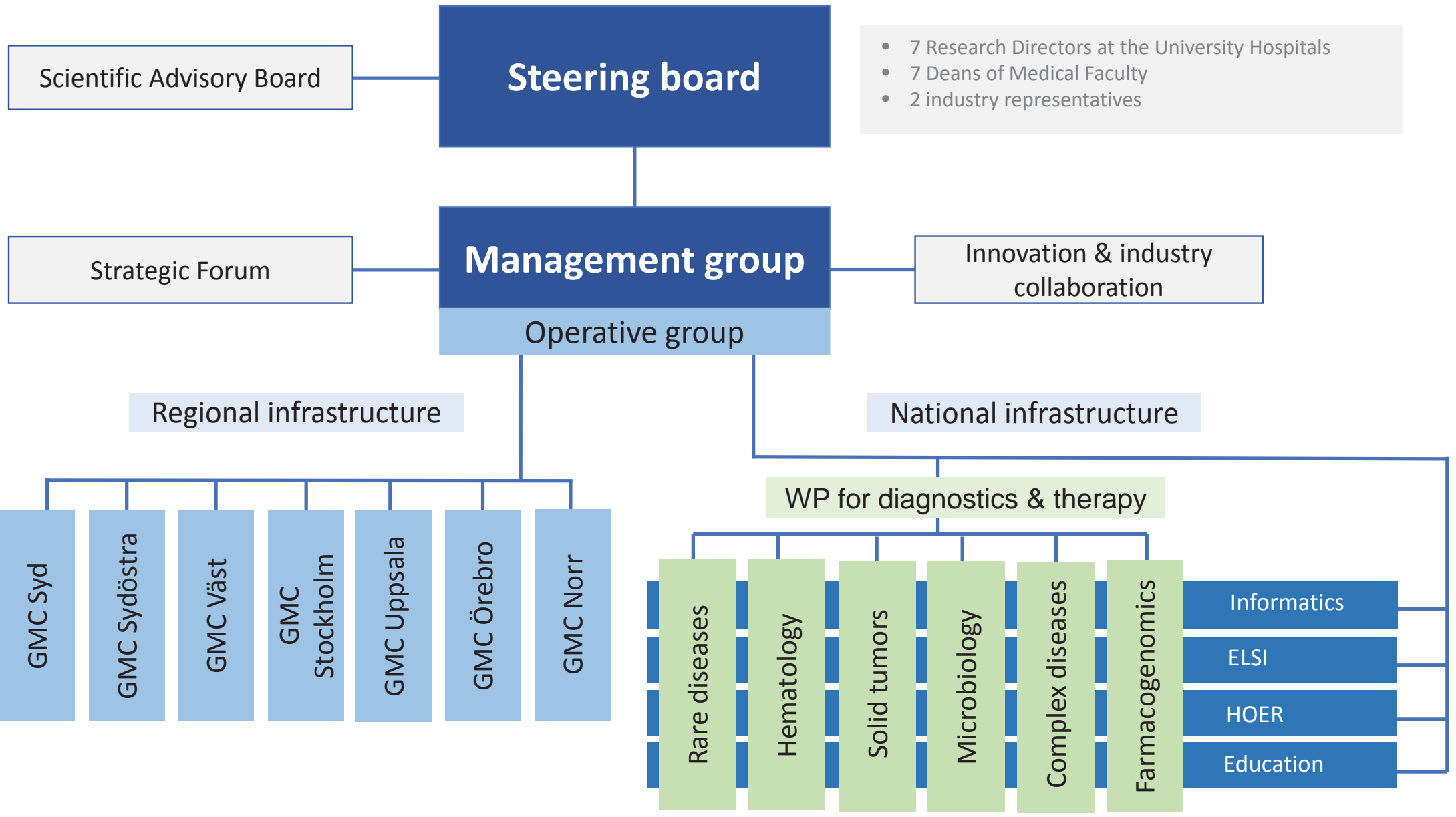
Genomic Medicine Centers



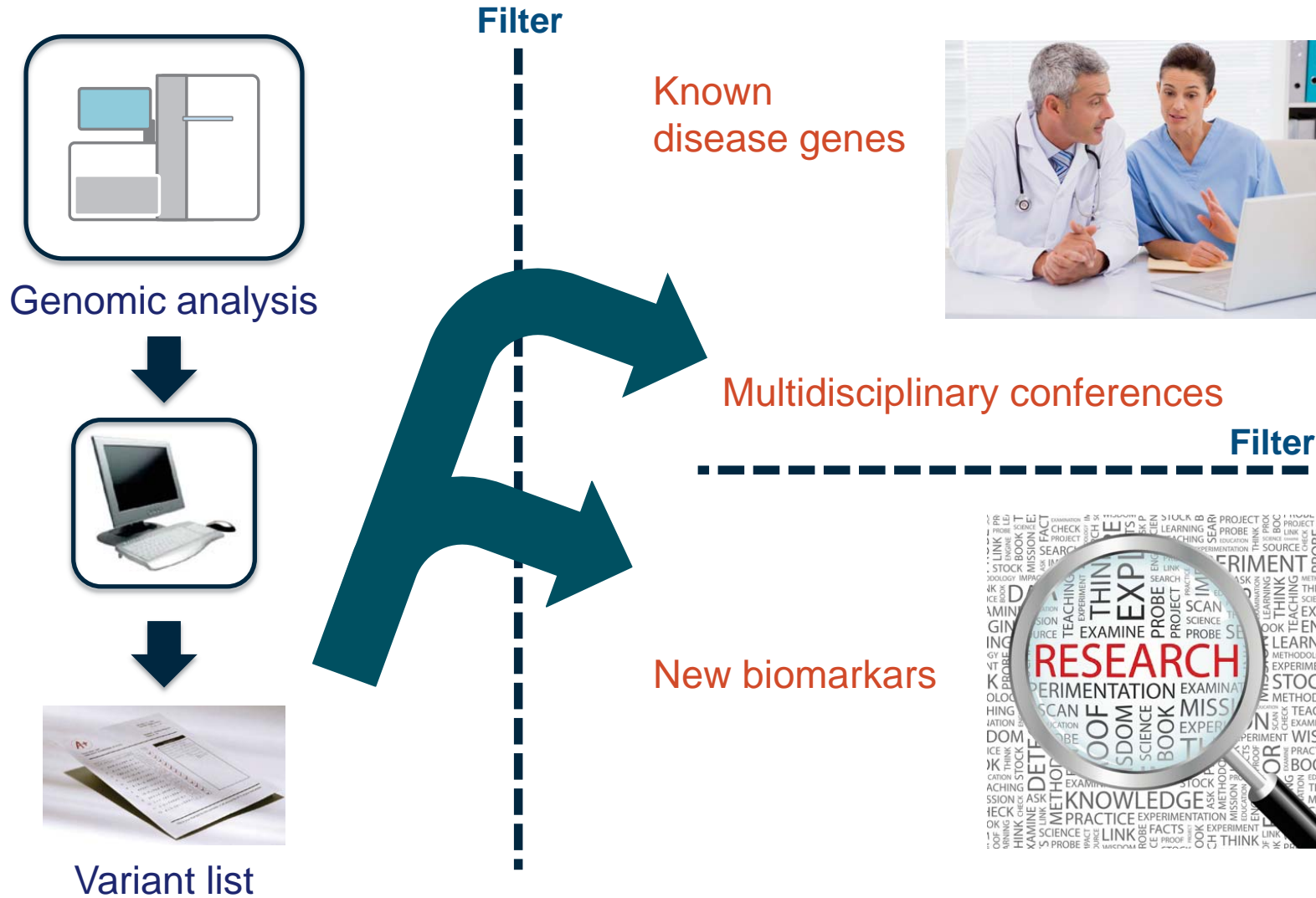
- At the university hospital in collaboration with the university
- Build on regional expertise and investments
- Broad competence in advanced molecular diagnostics
- Build expert PM teams
- Node for inclusion in clinical trials
- Promote coordination at national level

Genomic Medicine Center Karolinska





Clinical Diagnostics

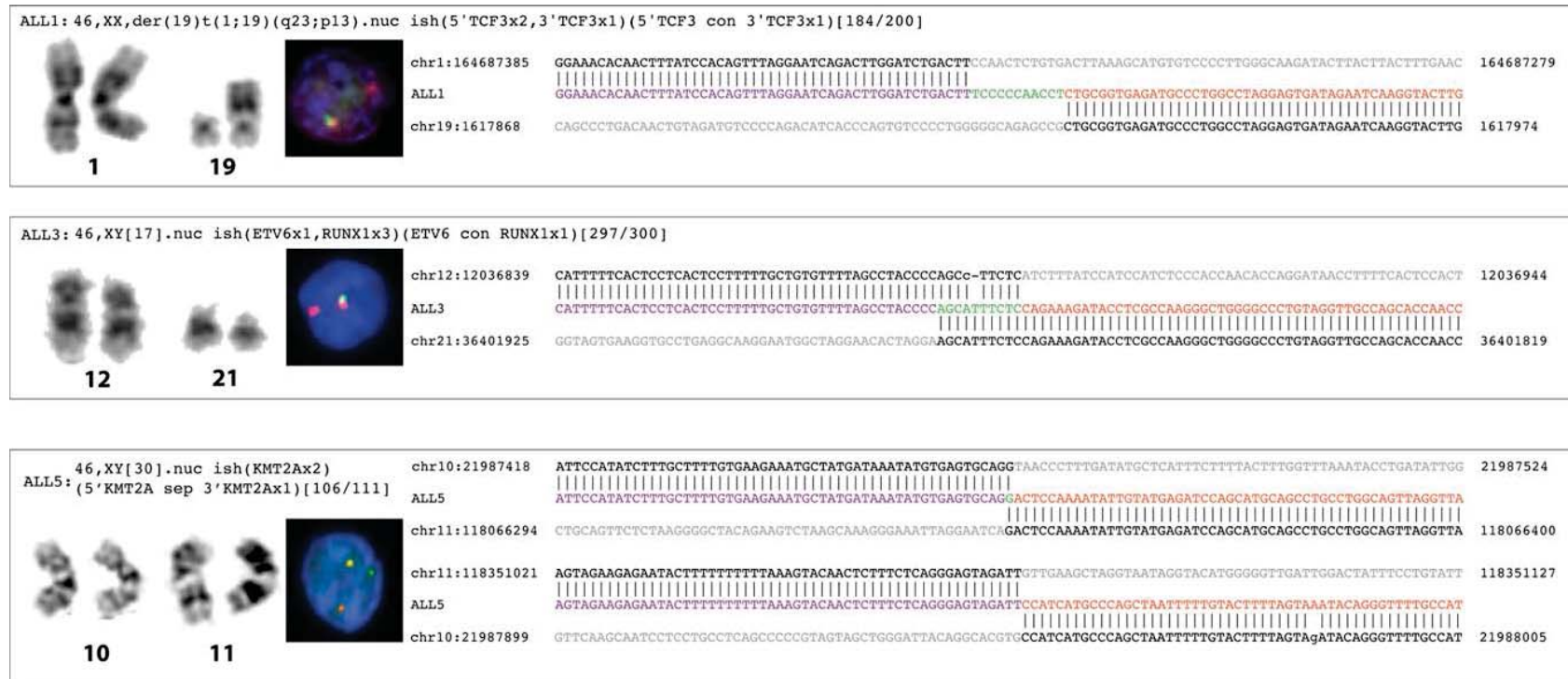


Cancer sequencing – future challenges



- ✓ 1st generation gene panels (5-50 genes)
- ❑ 2nd generation gene panels (500 genes)
All treatable targets, all forms of cancer
- ❑ 3rd generation - global sequencing
WES, WGS, RNA-Seq

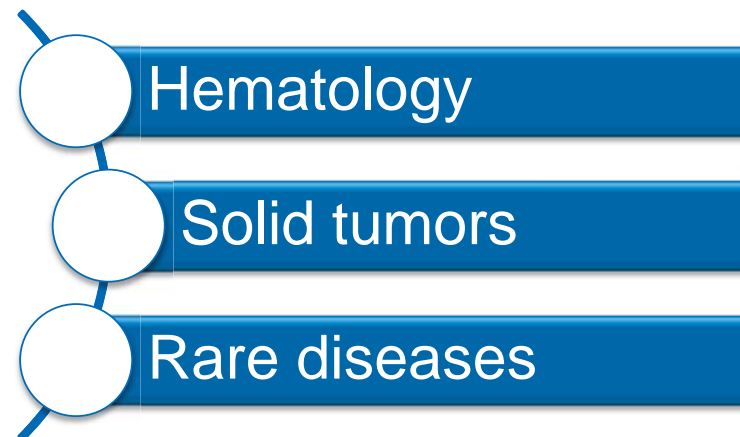
Implementing WGS in acute leukemia



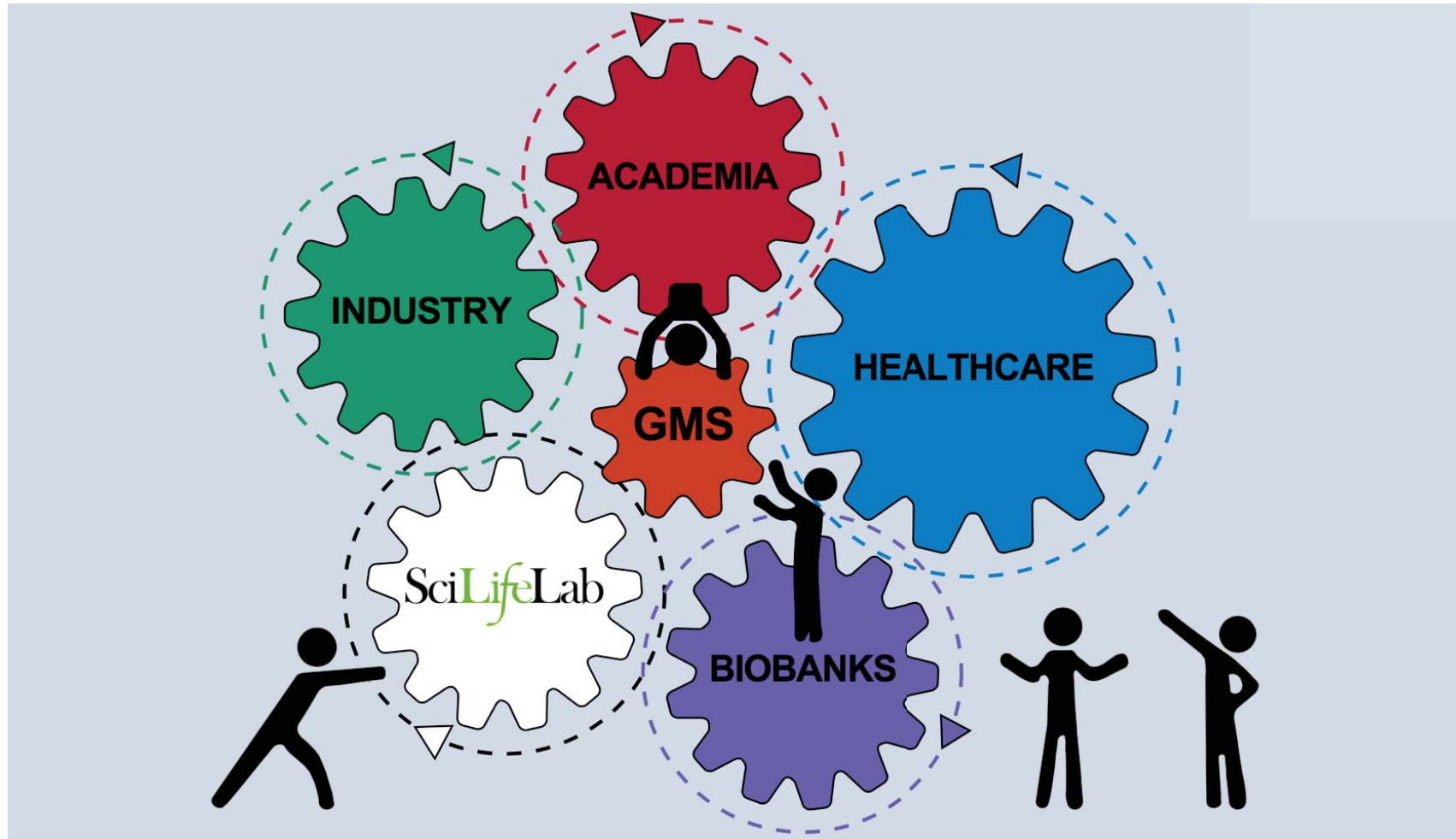
GMS – Pediatric Cancer

- National collaborative effort:
 - Swedish Childhood Tumor Biobank
 - Pediatric hematology and oncology
 - Genomic Medicine Sweden
 - Swedish Childhood Cancer Society

- WGS on 350 children per year



Thank you for listening!



A common IT infrastructure where all Swedish registries are linked with biobank registries and genomic data.

The first step is to listen to what those needs might be

Support for our cross-disciplinary approach, allowing deep integration of laboratory medicine, clinical medicine, and basic science

Access to high quality tests for patients early in the disease journey

Joint union between industry, healthcare and academia to strengthen PM.

A more straight forward way for healthcare to adopt patient-led innovation and for entrepreneurs to get an understanding of this process