

# Advancing utility and adoption of clinical genomic diagnostics

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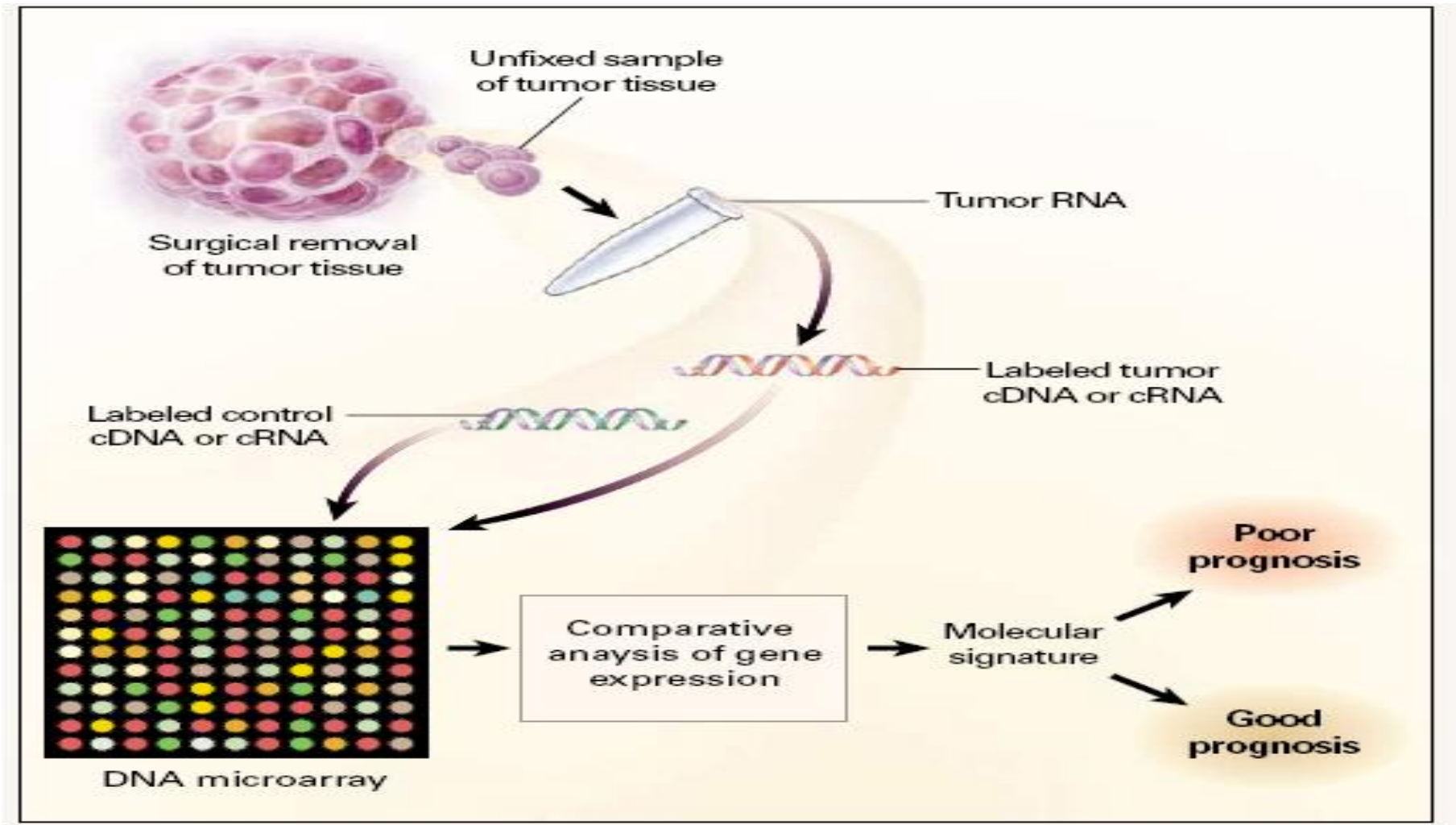
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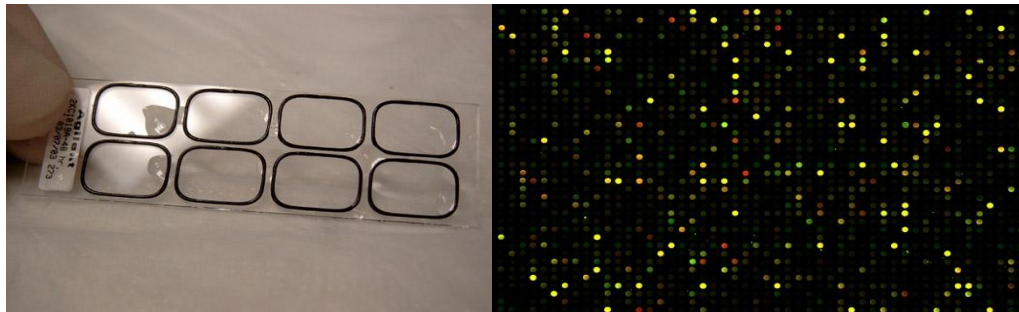
# Genomics in Clinical Practice:

‘Multigene index assay’ MammaPrint identifies risk of recurrence for Breast Cancer Patients



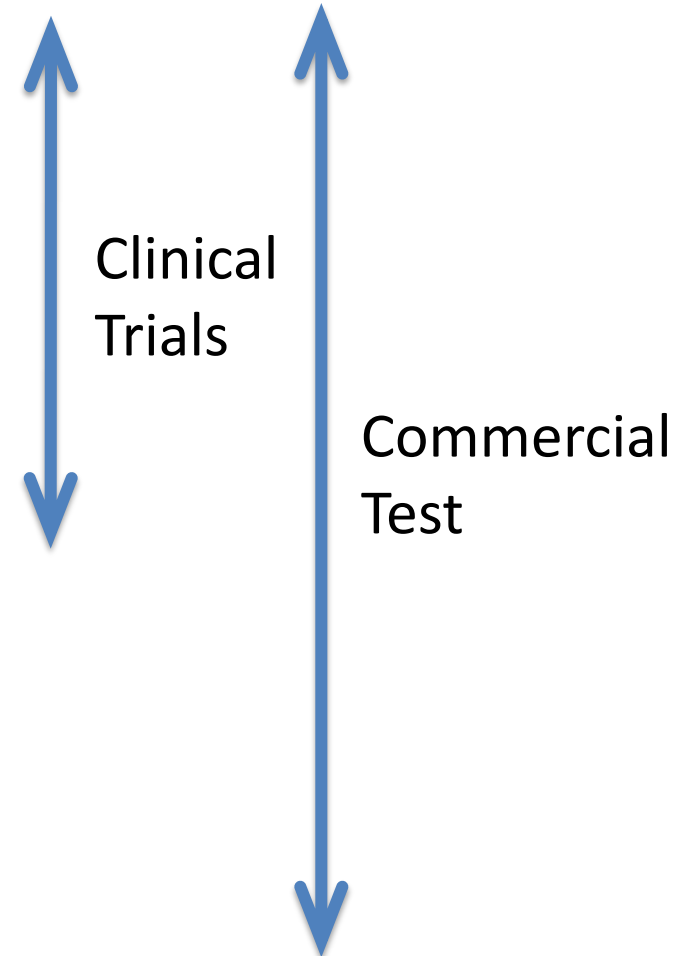
# MammaPrint from Research to Diagnostics

- Retrospective validation
- Prospective Technology assessment
- Diagnostic test
- Laboratory
- Diagnostic test
- Diagnostic test
- Diagnostic test and clinical use
- Clinical Trials treatment 'assignment'
- MammaPrint on 44K
- Clinical Trials implementation
- Treatment Recommendations
- Treatment Recommendations
- Reimbursement Insurance
- Completed
- Utility & Cost-effectiveness EU & US
- International CE marked
- CLIA registered
- ISO17025 certified
- CAP accredited
- FDA approved, IVD MIA feb07
- EU MINDACT, US I-SPY
- FDA IDE (Investigational Device Exempt)
- 8 countries, incl US and Japan
- Dutch Guidelines 08
- StGallen International Guidelines 09
- Netherlands, Italy, US



# From Research Finding to Diagnostics: Clinical Trial / Commercial Test

- Discovery
- Research Confirmation
- Independent Validation
- Quality Assurance
- Regulatory Oversight
- Clinical Trial Group
- Technology Assessment
- Guideline Recommendation
- Cost Effectiveness
- Health Care Reimbursement



# Opportunities for Implementation Efficiency

## 1. Validation Protocol

*Independent validation*

*External Audits*

*Pre-defined statistical Protocol*

# TRANSBIG (EU 6<sup>th</sup> framework)

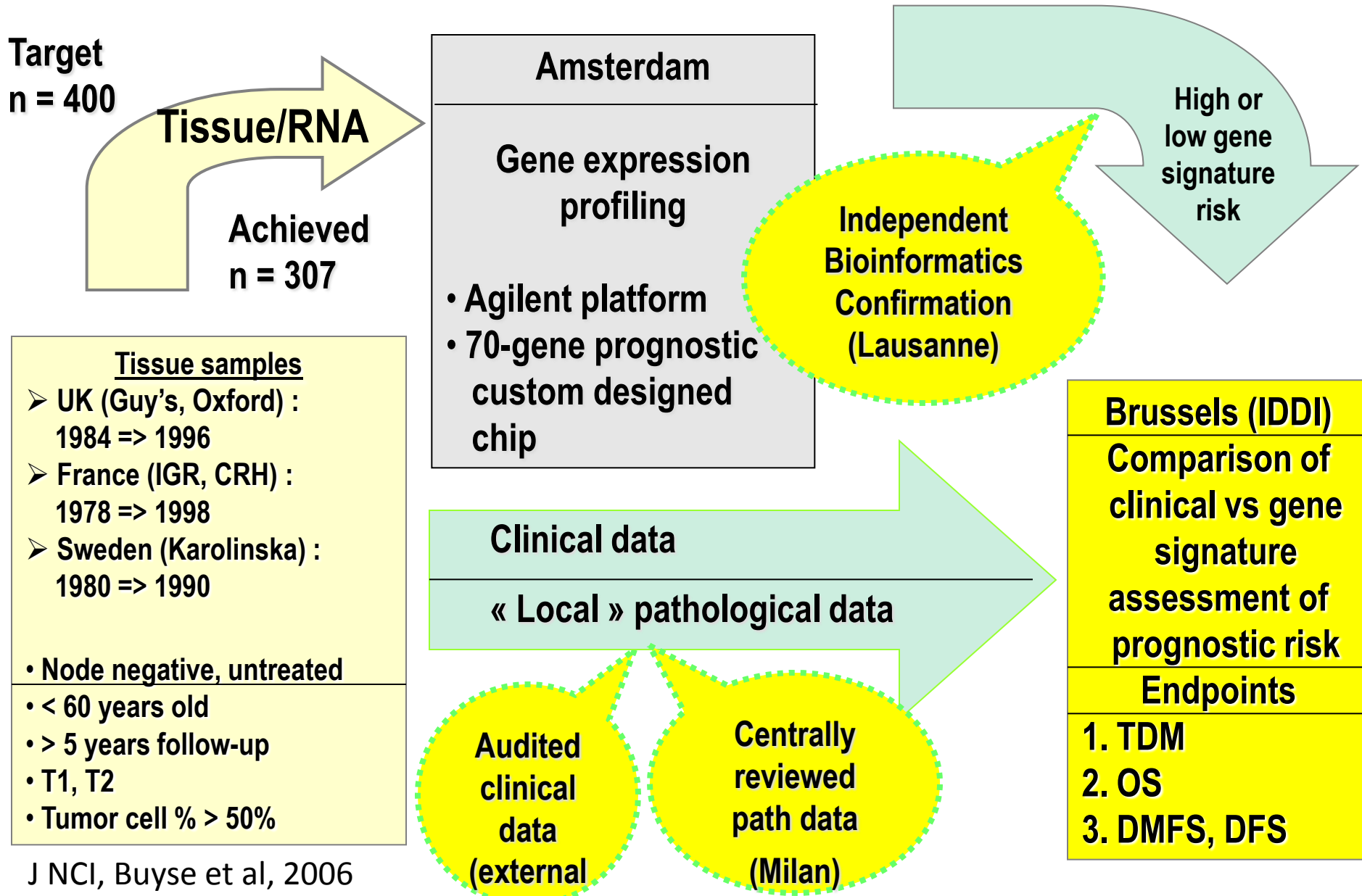
## Independent Validation Protocol

September 2004

### **AIM OF THE VALIDATION**

- The purpose of the validation is to show the robustness of the genetic risk assessment across different patient samples, using the Agilent microarray platform at NKI/ Agendia (validation, robustness, reproducibility)
- This sets the background for the EORTC/TRANSBIG clinical microarray trial MINDACT to commence in the last quarter of 2005.

# INDEPENDENT VALIDATION : DESIGN



# Validation Protocol and Review

- Develop and establish  
outline of required validation protocol  
needed at time of clinical implementation  
will facilitate efficient development
- Include predefined acceptance criteria



# Opportunities for Implementation Efficiency

## 2. Quality Control and Regulatory Oversight

*Europe: IVD CE-marking\*, Quality - ISO certification,  
(no EMEA oversight)*

*US: CLIA\*, FDA - IDE and 510K IVDMIA*

\* by law

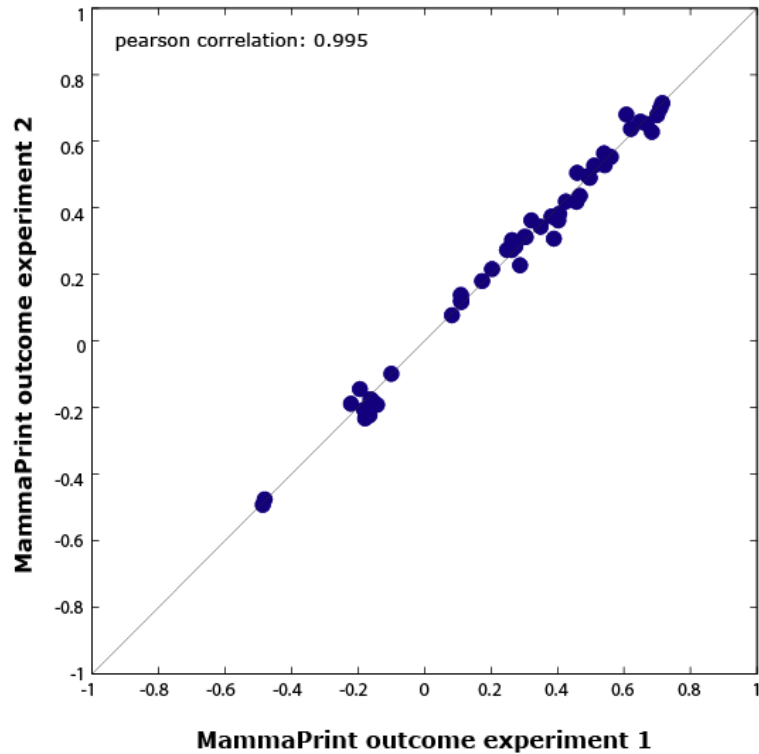
# Quality Assessment for Clinical trials

## Technical Validation

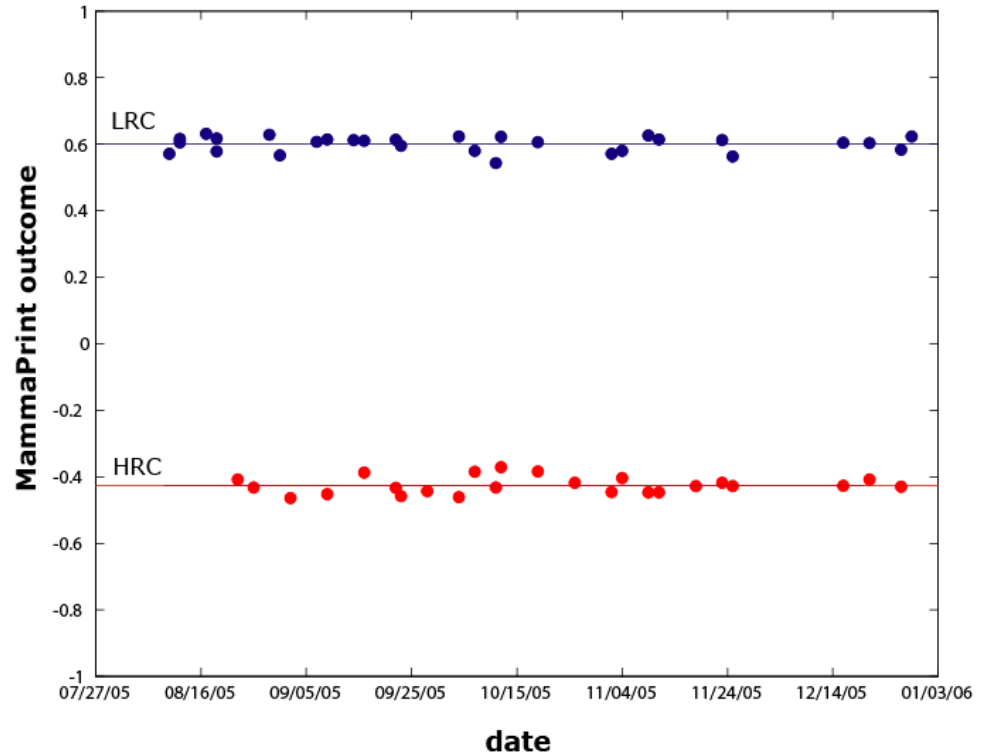
- Precision
- Reproducibility
- Repeatability
- Accuracy
- Sensitivity
- Robustness

## Software Validation

# MammaPrint replicate & repeated experiments



Pearson correlation 0.995  
ANOVA for 70 gene values  
per sample  $p=0.96$



LRC: Cosine correl: 0.60, Stdev 0.023  
HRC: Cosine correl: -0.43, Stdev 0.026

# Quality control and regulatory oversight

- Genomics tests used in clinical trials should obtain IDE status
- For companion diagnostics IDE as part of IND

# Protocol Review

- IRBs need guidance how to review genomics tests
- Establish external party to review genomics tests in case of 'local hospital trial'

# FDA oversight Market Approval: 510K, PMA

## Clinical Validation

- Clinical Claim (Intended Use)
  - Instruction for Use
  - Indication for Use









## Technical Validation

(in compliance with NCCLS EP5-2A document)

- Precision
- Reproducibility
- Repeatability
- Accuracy
- Sensitivity
- Robustness

## Software Validation

# FDA oversight -IVDMIA

<b><i>Home Brew (CLIA) versus IVDMIA (FDA)</i></b>	<b>“Home Brew”</b>	<b>IVDMIA</b>
<b>CLIA laboratory</b> (laboratory competency)		
<b>FDA Clearance</b> (product safety and effectiveness)		
<b>Quality System Regulation (GMP)</b> (procedural Quality)		
<b>Post Market Surveillance &amp; Medical Device Reporting</b> (adverse events)		

# Opportunities for Implementation Efficiency

## 3. Technology assessment

*Uptake of new technology by patients  
and physicians; cost-effectiveness*



# Technology Assessment and Education

- Implementation needs review of logistical processes in hospitals
- Education about clinical use and clinical impact of new technology

# Opportunities for Implementation Efficiency

## 4. Clinical Utility

*Definition of clinical utility*

*Prognosis; Prediction*

*Retrospective; Prospective*

# Clinical Utility

- Guideline Committees and Regulatory Bodies have different requirements to show clinical utility
- Harmonize and differentiate

*Prognosis – Prediction*

*Retrospective analysis on prospectively collected biospecimens*

*Randomized trials – Large Cohorts*

# Opportunities for Implementation Efficiency

## 5. process for future efficiency

# Biomarkers in I-SPY 2

- When a drug leaves the trial, we learn the probability of success to predict response for
  - Established/Approved Biomarkers FDA Cleared/Approved  
used for stratification/assignment
  - IDE Biomarkers CLIA  
used for stratification/assignment
  - Qualifying Biomarkers CLIA  
used for evaluation
  - Exploratory Biomarkers Research Laboratories  
used for evaluation or  
discovery of new markers

1-3 Efficient Process to move to next trial

4 needs further development

Netherlands Cancer Institute  
Agendia  
EORTC Breast Group  
TRANSBIG Breast International Group  
ISO Accreditation  
FDA  
ISPY TRIAL GROUP  
et al

