FORSKNING I OVERSETE SYGDOMME

ULLA MØLLER WEINREICH

REGION NORDJYLLAND
– i gode hænder

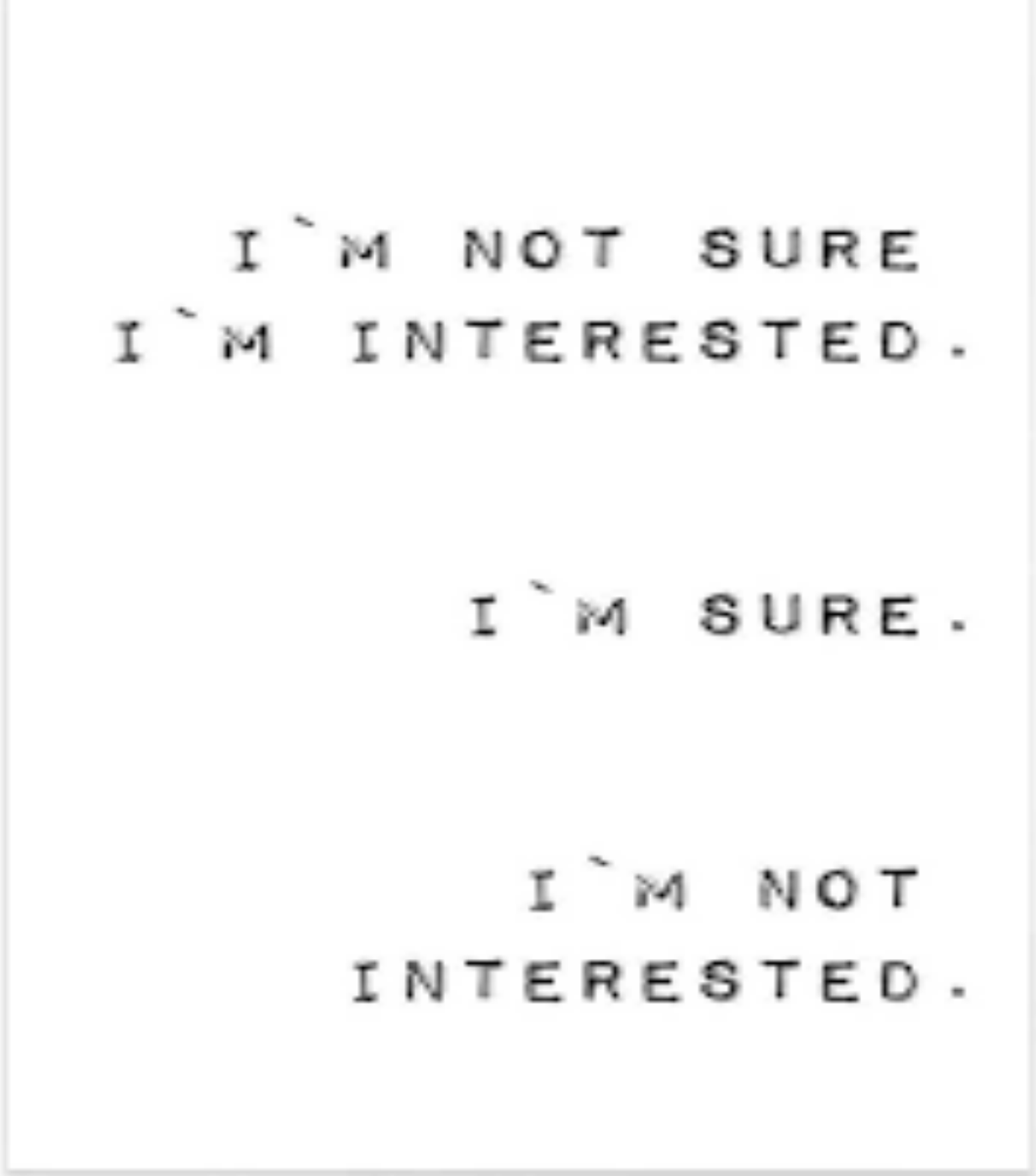
BAGGRUND

- Overlæge i lungemedicin på AaUH
- Forskningsansvarlig – primære fokusområder er KOL og obstruktive lungesygdomme generelt
- Medlem af styregruppen for Lungemedicin, Trial Nation
- Formand for Dansk Lungemedicinsk Selskab
- *Disclosure:*
- *Laver kliniske studier i samarbejde med Astra Zeneca, Novartis, Sanofi, GSK, Boehringer Ingelheim, InsMed, Genetech*
- *Advisory Board Member: Astra Zeneca, Novartis, Teva, Chiesi, ResMed*
- *Modtaget Speaker's fees fra AZ, Novartis, GSK, Chiesi, Pfizer, ResMed, Fisher&Paykel, Orion Pharma*
- *Modtaget travel grants og støtte til lægemiddelinitieret forskning fra Fisher&Paykel*

LAD OS SÆTTE SCENEN:

KOL

- Er faktisk ikke noget at grine af!
- En progressiv sygdom med
  - ➢Betydelig social slagside
  - ➢Socioøkonomisk slagside
  - ➢Høj grad af morbiditet
  - ➢Høj grad af komorbiditet
  - ➢Høj mortalitet
- En sygdom som primært behandes medicinsk
- En sygdom som endnu ikke er færdig-beskrevet phenotypisk og endotypisk



EKSEMPLER:

KOL	Astma	Bronkiektasi
• ***KOL som paraply-diagnose*** ➢ Beskrivelse af endo- og phenotyper ➢ Beskrivelse af genotyper ➢ Komorbiditeter –eller er det i virkeligheden en del af phenotype-beskrivelsen? ➢ Kønsforskelle?	• ***Fat, female, asthma*** ➢ Opfører sig anderledes end anden astma ➢ Betydende om astma opstår før eller efter adipositas ➢ Skal disse patienter overhovedet behandles med steroid?	• ***Genesis*** ➢ Endotype-beskrivelse ➢ Komorbiditeter ➢ Inflammatorisk pathway

FORMÅLET MED INHALATIONS- OG BIOLOGISK MEDICIN TIL KRONISK LUNGESYGE

…er at sikre en bedre og mere stabil hverdag, med så god sygdomskontrol som muligt og så få exacerbationer som muligt

De fleste kroniske sygdomme

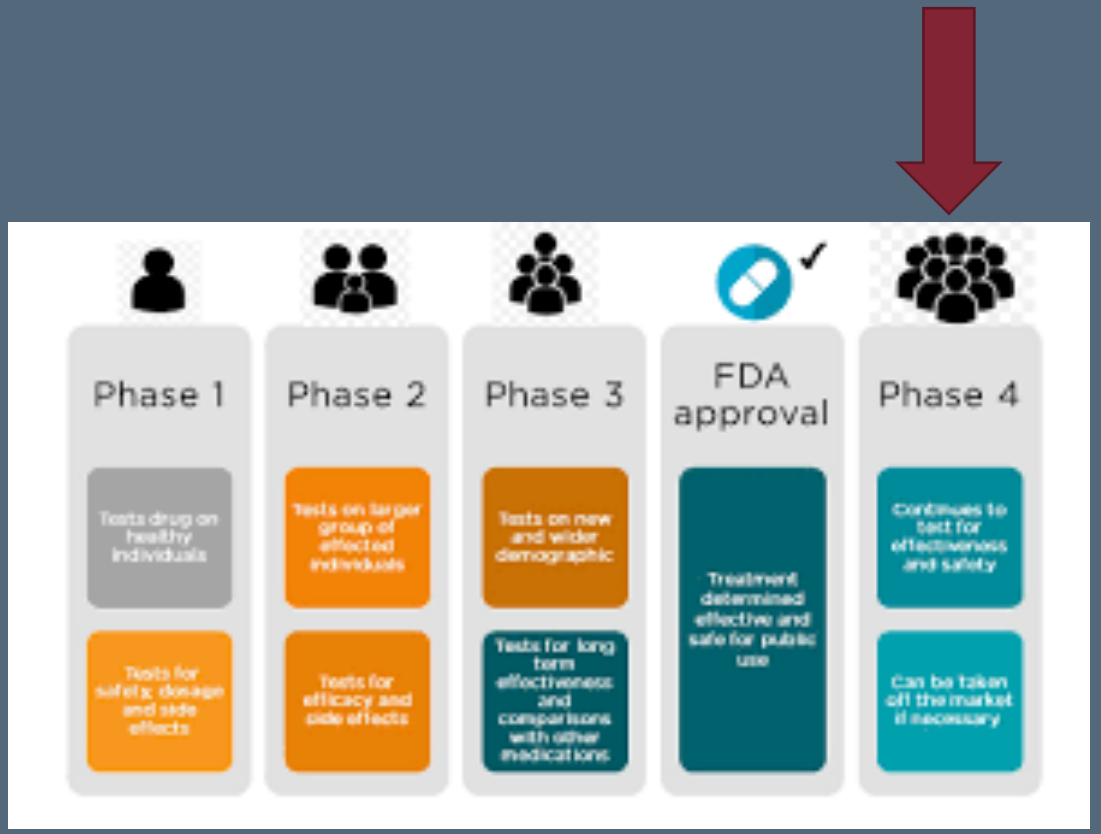
MEDICINSKE STUDIER INDEN FOR OBSTRUKTIV LUNGESYGDOM I DK

- Lungemedicinen arbejder inden for TrialNation samarbejdet og vi ved, vi har ry for at være kompetente.

  "Patienterne er der. Lægerne er der. Lysten er der. Alligevel får de kliniske forsøg ikke den position, de fortjener"

  Anders Perner

- Når vi når fase 4 mister industrien pusten og designer studier, hvor patienterne selv skal betale medicinen, og hvor det ikke er rentabelt for study sites at deltage



KLINISKE STUDIER

exogenous hormonal treatment.

nclusion criteria at randomization:

4. Subjects must have demonstrated a minimum 70% compliance with diary completion during the run-in period with a minimum of 4 days of compliance during the last 7 days of the run-in period

A compliant day requires completion of evening diary and subsequent morning diary

- The run-in period for this criterion is defined as the period between diary assignment (evening assessment) of Visit 2 (V2) and the randomization visit (morning assessment).

5. Subjects must have demonstrated a minimum 70% compliance with background asthma medication during the run-in period.

16. For WOCBP only: have a negative urine pregnancy test prior to administration of the IP.

17. Subjects must have the ability to perform acceptable inhaler and spirometry techniques as judged by the Investigator.

18. Subjects must have a successful bronchial biopsy procedure at Visit 3b as judged by

16. Subjects that have been treated with bronchial thermoplasty in the last 24 months prior to V1.

17. Known or suspected history of immunosuppression, immune dysfunction or immune dysregulation which may include but is not limited to conditions such as: Guillain-Barré syndrome, invasive opportunistic infections (eg. histoplasmosis, listeriosis, coccidioidomycosis, pneumocystosis, aspergillosis), or unusually frequent, recurrent, or prolonged infections, per Investigator judgment

Prior/concurrent clinical study experience

18. Known history of sensitivity to any component of the IP formulation or a history of drug or other allergy that, in the opinion of the Investigator or medical monitor, contraindicates their participation (see section 6.1.1)

19. History of anaphylaxis or documented immune complex disease (Type III hypersensitivity reactions) following any biologic therapy.

20. Concurrent enrolment in another clinical study involving an IP.

21. Subject randomization in previous tezepelumab studies.

22. Involvement in the planning and/or conduct of the study (applies to AstraZeneca staff and/or site staff), or subjects employed by or relatives of the employees of the site or sponsor.

Diagnostic assessments

23. Any clinically meaningful abnormal finding in physical examination, vital signs, ECG, hematology, clinical chemistry, or urinalysis during the run-in period, which in the opinion of the Investigator, may put the subject at risk because of his/her participation in the study, or may influence the results of the study, or the subject's ability to complete the entire duration of the study.

24. Evidence of active liver disease, including jaundice or aspartate transaminase, alanine transaminase, or alkaline phosphatase > 2 times the upper limit of normal (ULN) at V1.

25. Positive hepatitis B surface antigen, or hepatitis C virus antibody serology at screening, or a positive medical history for hepatitis B or C. Subjects with a history of hepatitis B vaccination without a history of hepatitis B and subjects with hepatitis C who have been cured are allowed to participate.

s/mycosis, Churg-Strauss syndrome,

l to, cardiovascular, gastrointestinal, hepatic,
fectious, endocrine, metabolic,
ysical impairment that is not stable in the

oughout the study

or the interpretation

plete the entire duration of study

arcinoma, localized squamous cell
rcinoma of the cervix are eligible to
at curative therapy was completed at least 12

gnancies are eligible provided that curative
ears prior to V1.

required OCS for an asthma exacerbation
who had more than 3 asthma exacerbations
year prior to V1 or who had either been
asthma exacerbation in the year prior to
udy, an asthma exacerbation is defined as a

urst of systemic corticosteroids for at least
-injectable dose of corticosteroids will be
3-day burst of systemic corticosteroids

epartment visit (defined as evaluation and
an ER or urgent care center) which required
s per above)

due to asthma (defined as admission to an
aluation and treatment in a healthcare facility

nce dose of OCS, a temporary increase
e stable existing maintenance dose

cluding upper (URTI) or lower
reatment with antibiotics or antiviral
during the run-in period.

in 6 months prior to V1 that has not
standard of care therapy.

tory ≥ 10 pack-years. Former smokers
st have stopped for at least 6 months

in 12 months prior to V1.

2 months prior to V1.

including a positive human
he subject taking antiretroviral
and/or subject's verbal report.

lanned surgical procedures requiring
day during the conduct of the study.

logic agent within 4 months or 5 half-
ipt of any investigational non-biologic
r is longest) prior to V1.

t are allowed to enter the study
filled.

hin the last 12 weeks prior to
immunomodulating drugs (eg.
CS used in the treatment of
T2 cytokine inhibitor suplatast

within 30 days prior to V1.

ior to the date of randomization

men.

drawn for women of childbearing potential
sitive, the subject should be excluded. Since
ancy in the first days after conception,
istory, including methods of contraception,
se menstrual and/or sexual history suggests
d be excluded.

bject should not participate in the study if
udy procedures, restrictions and

plant.

ansfusion within 120 days of genetic sample

asma from the time of informed consent, and

ast 2 hours prior to all lung function

ving FeNO assessment.

is restricted prior to V1 and throughout the

≥ 10 pack-years at V1 are not allowed.
ack years must have stopped for at least 6
oughout the course of the study

the course of the study.

HVERDAGEN = LIVING ON THE EDGE

- Forskning i medicinens effekt efter de kliniske forsøg på den generelle patient-population er yderst sparsom
- Forskning i medicinens effekt på multimorbide/multimedicinerede er yderst sparsom
- Forskning i medicinens effekt i forbindelse med psykisk og fysisk stress er yderst sparsom

”Pengene skal gå til forskningsidéer med potentiale for nybrud og langsigtet kapacitetsopbygning af dansk forskning”

-lad os overveje om hverdags-forskning ikke også kan være ny-tænkende forskning…