

Physiomics plc Showcase Presentation BioTrinity May 2014

PHYSIOMICS
rational therapeutics





Introduction to Physiomics plc

➔ Business

➔ Founded 2001, Listed on AIM (2004), based in Oxford, UK

➔ Focus

➔ Predictive models to:

➔ Improve the success rate of drug discovery and development projects

➔ Reduce timelines

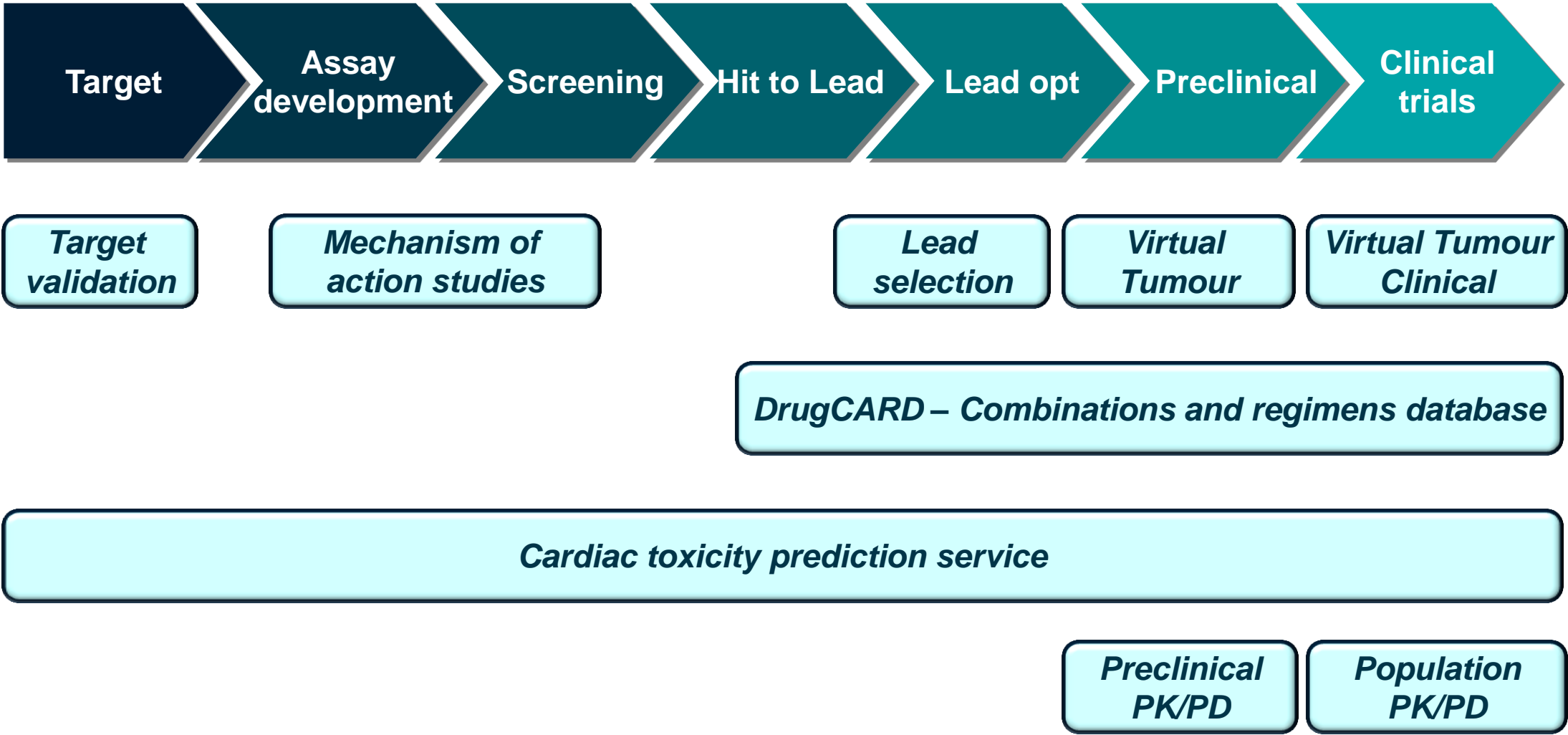
➔ Save money

➔ Make better decisions

➔ Particular focus in oncology

➔ Unique Virtual Tumour model

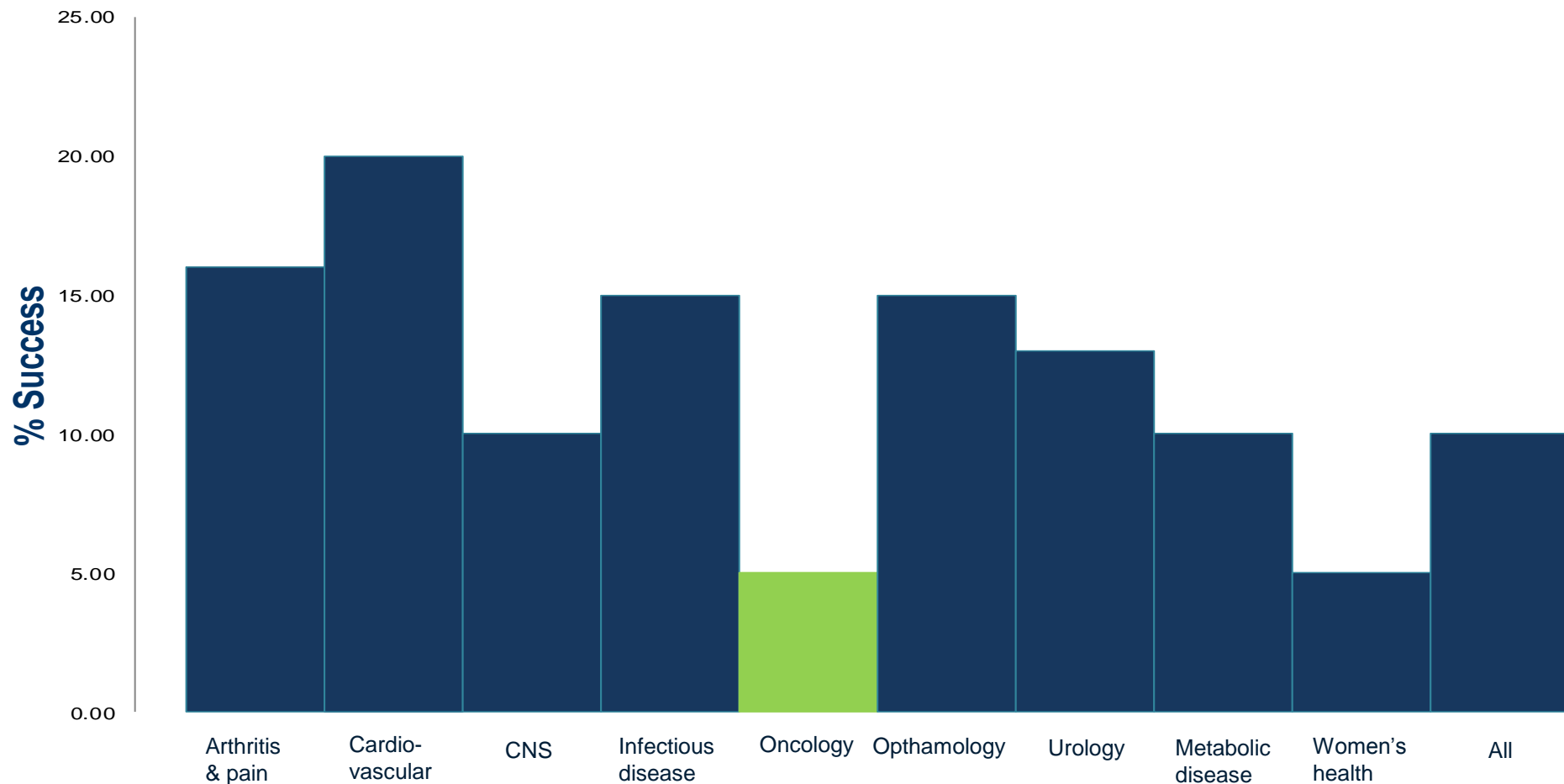
Physiomics Products and Services



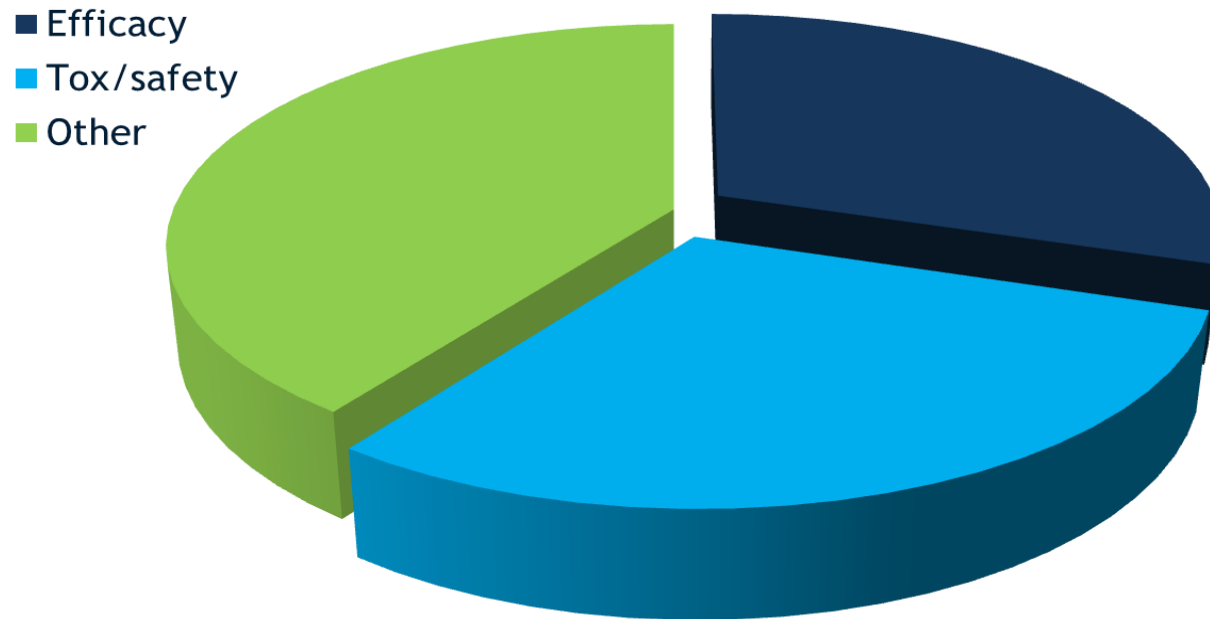


Target Market

➔ Physiomics currently focuses on services for oncology (cancer), where there has historically been a low success rate



Kola and Landis, *Nature Reviews Drug Discovery* (2004) 3:711-715



- ➔ Our technology has the potential to increase the success rate by:
- ➔ Optimising efficacy – responsible for ~ 30% of attrition
- ➔ Improving toxicity profile – toxicity and clinical safety responsible for ~ 30% of attrition

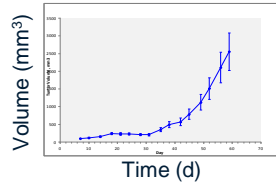
Virtual Tumour Preclinical



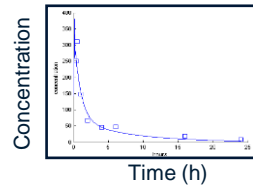


Virtual Tumour Mechanics

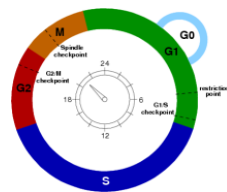
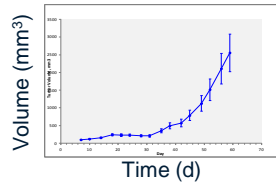
1) Cell line growth data: control xenograft growth curves



2) Compound PK data: plasma/tumour time courses



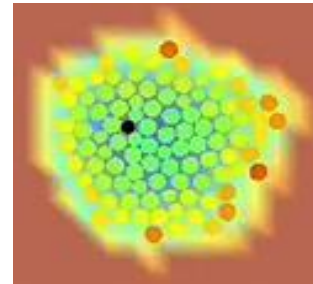
3) Compound PD data:
- xenograft inhibition data (growth curves)
- biomarker data (cell cycle, cell death, target biomarkers)



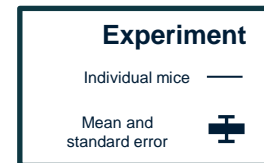
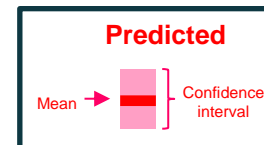
Required data
Optional data



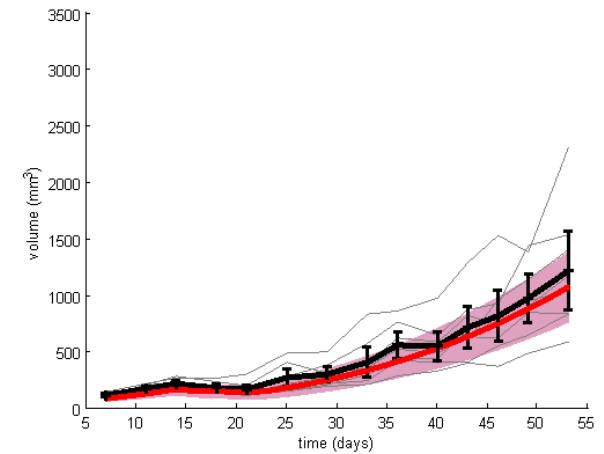
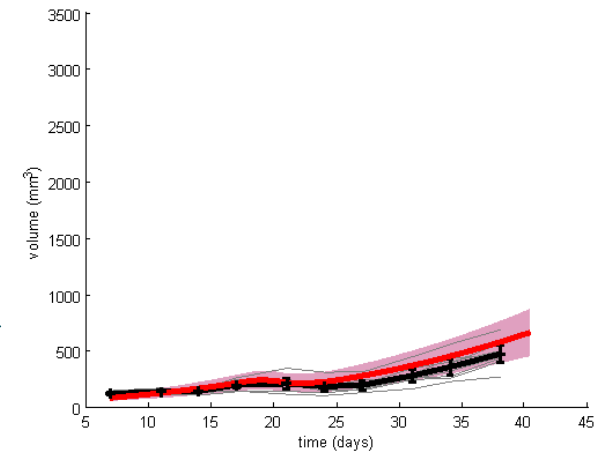
Virtual Tumour



proprietary cell population model

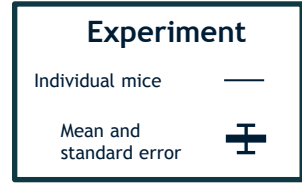
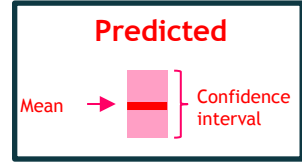


Tumour growth inhibition for selected schedules

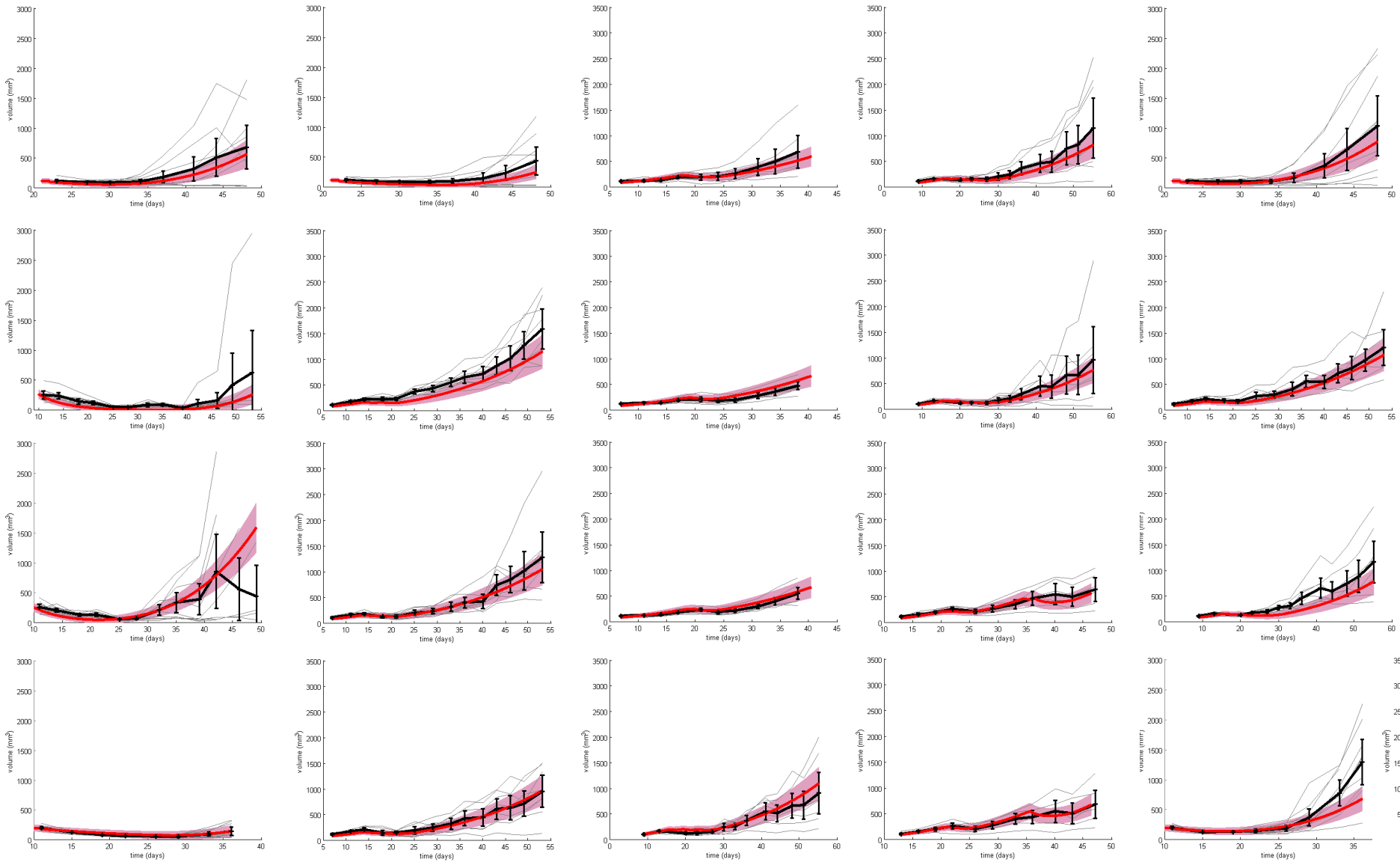


Case Study – Blind Validation for Large Pharma

19/21 Different Combination Dosing Schedules Predicted Accurately



- DNA repair inhibitors
- Targeted agents
- SOC's





Virtual Tumour Pre-Clinical - Summary

➔ Preclinical Virtual Tumour

➔ Predicts the change in mean tumour volume over time

➔ Over 35 preclinical studies have confirmed the predictive capability of the model

➔ *Modelled over 200 xenograft experiments*

➔ Three large pharma customers

➔ *Lilly licensed the progenitor of the Virtual Tumour platform*

➔ *Two other pharmas (one top five) actively engaged in preclinical Virtual Tumour projects*

➔ **Strong demand to translate regimen optimisation into the clinic**

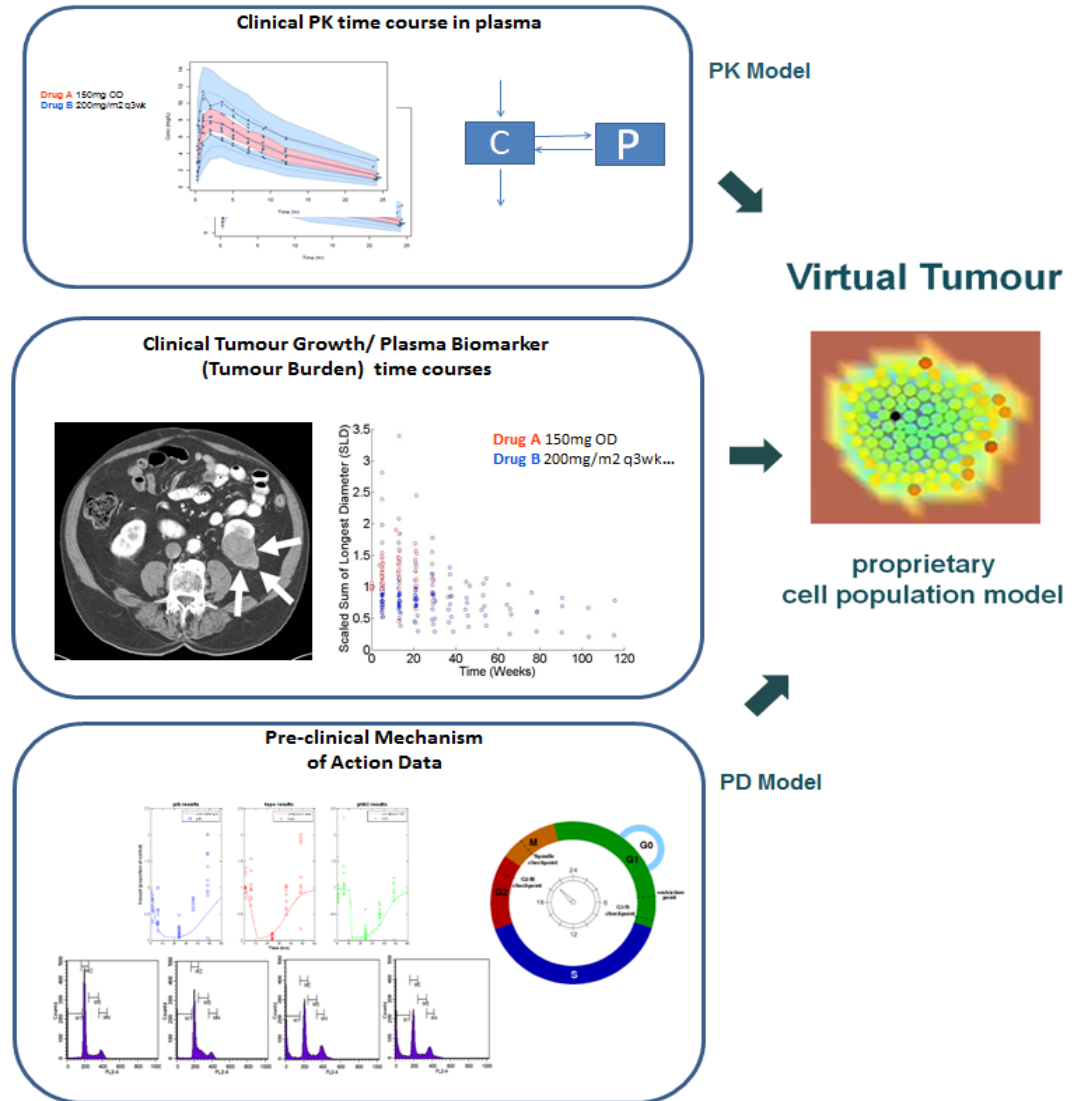
Virtual Tumour Clinical





Virtual Tumour Clinical Development

- ➔ Biomedical Catalyst grant from the UK Technology Strategy Board
- ➔ NIH collaboration within metastatic castrate-resistant prostate cancer – *first validation*
- ➔ Oxford University/Churchill Hospital – melanoma study - *second validation*
- ➔ Early results suggest that the existing preclinical model architecture may be appropriate for making clinical predictions
- ➔ Advanced discussion with large pharma to start clinical collaborations



Case Study - Translational Validation

Predicting Clinical Efficacy Using Preclinical Data



ADVANCE:	Validation of the translational capability of the Virtual Tumour
OBJECTIVE:	To determine whether our technology could accurately predict the mean change in tumour size over time in a phase II clinical study of Docetaxel vs. Docetaxel/Selumetinib in BRAF WT metastatic melanoma
PARTNER:	Mark Middleton, Oxford ECMC
START POINT:	Single drug xenograft dose-response data, preclinical and clinical PK
DURATION:	6 weeks
OUTCOMES:	Correctly predicted mean change in tumour size over time in both arms of the study and provided schedule options to ameliorate toxicities

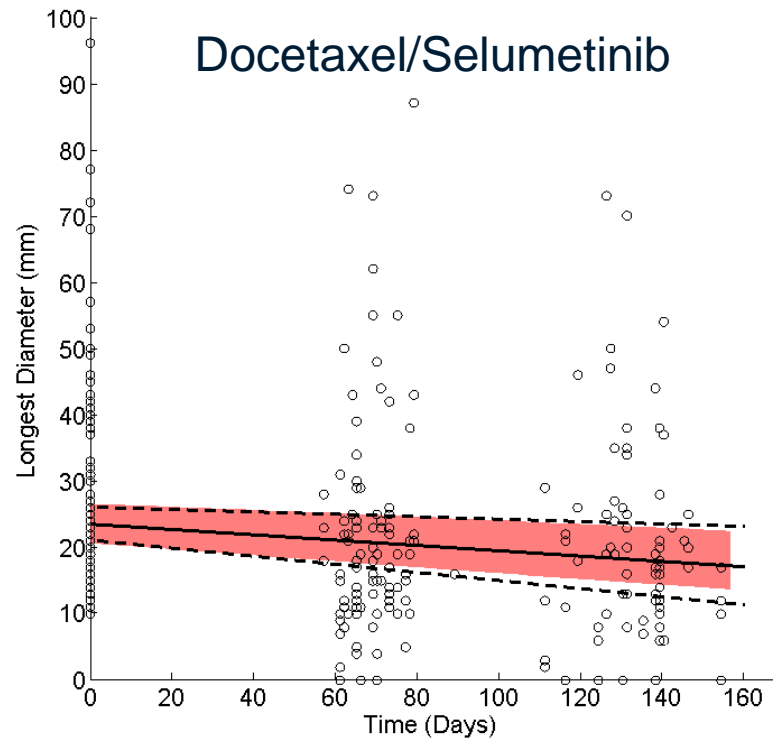
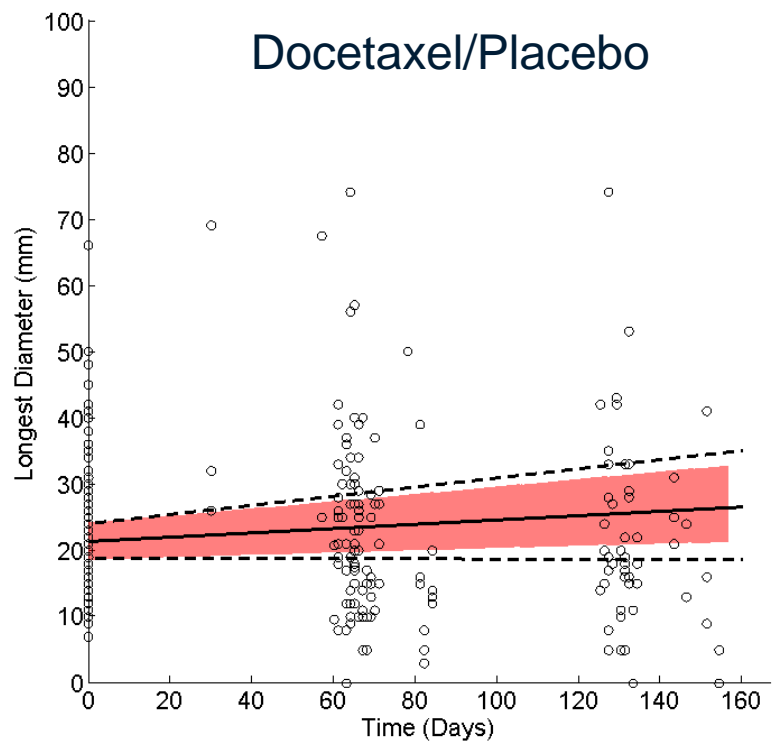






- ➔ **Step 1: Calibrate** Virtual Tumour to preclinical data for each agent
 - ➔ PK and xenograft data sourced from literature
- ➔ **Step 2:** Switch preclinical growth settings for clinical growth settings
- ➔ **Step 3: Predict** the two-arm phase II trial
 - ➔ Clinical PK models sourced from literature
- ➔ **Step 4:** Population analysis of the clinical study
- ➔ **Step 5:** Compare prediction with actual result

Case Study – Translational Validation: Steps 4 and 5: **Validation**



- ➔ Perform a population analysis of the clinical data and overlay the results
- ➔ Accurate predictions for both arms of the study



Predicted
 Prediction interval
Experiment
Mean 
95% C.I. 
Data point 



- ➔ **Successfully predicted the mean change in lesion size for each arm of the phase II trial, using monotherapy preclinical efficacy data and clinical PK data**
 - ➔ Performed further predictions for Oxford ECMC, exploring different dosing regimens and changing docetaxel for paclitaxel
- ➔ **Virtual Tumour Clinical can provide significant cost-savings**
 - ➔ accurate translation of preclinical efficacy reduces the number of clinical studies required to find optimal doses and schedules
- ➔ **Virtual Tumour Clinical could reduce attrition rates**
 - ➔ Optimised regimens can enhance efficacy, increasing the chance of clinical trial success.
- ➔ **Fee-for service and licensing options available**